


News Letter



THE GOVERNOR'S PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES & THE DEVELOPMENTAL DISABILITIES PLANNING OFFICE OF THE STATE PLANNING AGENCY

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Developmental problems remain, Meier says

During the past century, the infant mortality rate in this country has dropped dramatically. But infant morbidity or developmental problems have not decreased similarly.

Why not?

Poor nutrition, child abuse and neglect, poverty, and very young mothers are among the reasons, John Meier, director of the Dept. of HEW's Office for Child Development in Washington, DC, said in a recent speech to the Midwest Association for the Education of Young Children.

"Right now, 70% of the world's population has some

degree of brain damage due to poor nutrition," Meier stated. "That includes everything from very minimal to severe damage." He explained that if

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SPA named for DD advocacy role

Gov. Wendell Anderson has designated the DD Planning Office, State Planning Agency, as the agency in Minnesota for planning and implementing a statewide system of advocacy and protection of individual rights of developmentally disabled persons.

Minnesota was among the

first states to name an agency for this purpose. The DD Act of 1975 (P.L. 94-103) requires the establishment of a statewide advocacy system in each state by Oct. 1, 1977. In order to be designated, an agency must have no responsibility for providing direct services to developmentally disabled persons.

The State Planning Agency is the host agency for the DD Council and already has considerable experience in advocacy and developmental disabilities.

The State Planning Agency's effort will include a documentation of existing advocacy services and an exploration of ways of using available resources more effectively and efficiently.

INSIDE: Early childhood theme

Early childhood services for disabled children is the theme of this issue of *DD News Letter*. Besides describing 2 early education projects in Minnesota, this edition summarizes a recent study of the accuracy of early identification of potential disabilities and highlights relevant state and federal legislation. It also contains an analysis of current screening efforts in Minnesota, calling attention to the problem of coordinating early childhood services to disabled children. In addition, a national perspective is offered through a speech by John Meier, Director of the Dept. of HEW's Office for Child Development in Washington, DC.

Bruininks returns to Special Ed. at U

After 2 years as director of the DD Planning Office of the State Planning Agency, Bob Bruininks has accepted a position as coordinator of Special Education Programs at the University of Minnesota. He will resign as DD director effective July 16.

Bruininks regards his tenure as DD director as a "richly rewarding" experience. "I have enjoyed the opportunity of working with Council members, staff of the State Planning Agency, consumers, and state and local service providers who are knowledgeable and truly committed to improving services for handicapped people," he said. "I have especially appreciated my association with Council members and the support provided the program by the State Planning Agency."

During Bruininks' directorship, a written work program was adopted by the Council for the first time, a structured planning process for the Council was designed and implemented, the service and planning grants program was improved, a public information program was developed, and the amount of staff support for the program increased substantially. These and other improvements have strengthened the capacity of the Council to plan and promote improved services for developmentally disabled people.

Bruininks also led efforts to insure that developmentally disabled people and their

representatives actively participate in the most significant part of the planning process — the establishment of goals and priorities — as well as other aspects of DD Council activities.

"Although I understand, and sympathize with, Bob's desire to return to his professional career field at the University after a 2-year leave of absence, I'm sorry to see him leave the State Planning Agency," commented Peter Vanderpoel, director of the State Planning Agency.

"Bob has done a job here that can only be described as super-rational, efficient, thoroughly professional. He's been a thorough-going asset to state government," he said.

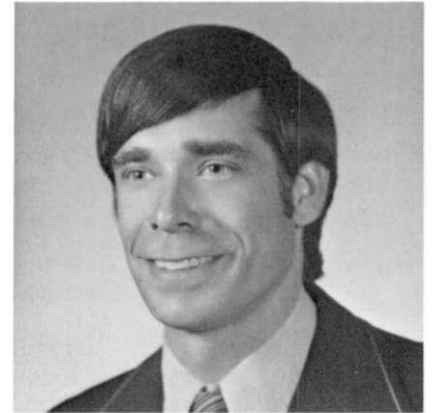
DD Council members agree that Bruininks has demonstrated capable leadership and made important contributions to the DD program.

"Bob has shown outstanding ability to deal with complex problems and to establish working relationships with a large variety of agencies and programs related to developmental disabilities," said Dr. Eunice Davis, DD Council chairperson and head of the Child Development Section at St. Paul-Ramsey Hospital.

Before becoming the director of the DD Planning Office, Bruininks taught at the University of Minnesota for 6 years. "In returning to a faculty role," he said, "I hope to continue my involvement in issues of importance to the DD

program through assisting in the planning and development of state programs and policies, and in working with state and community agencies that provide services to handicapped people."

What about future directions for the DD program? One of the most serious issues to be addressed is the fragmentation and inaccessibility of community services for handicapped people, Bruininks feels.



Dr. Robert Bruininks

In addition, Bruininks cited services for adults as an area of need. "Significant changes are occurring in the age structure of Minnesota's population," he said, "and as a result, improved and expanded services will be needed for handicapped adults."

Regarding his own future plans, Bruininks stated that improving training programs for personnel who serve handicapped people and developing improved coordination and delivery of human services to handicapped people are among his goals.

Recent research:

Caution required in classifying and labeling children

Initial results of a study in the Dept. of Psychoeducational Studies at the University of Minnesota indicate that the relationship between pre-school and school-age performance may not be as strong as some experts in early childhood education assume.

The study is one of a series of studies known as the Educational Follow-Up Project, an ongoing investigation of educational and behavioral outcomes associated with conditions and events around the time of birth and during early childhood, directed by Rosalyn A. Rubin and Bruce Balow.

The 732 children in the study were born in the University of Minnesota Hospitals during the 1960s. They were given the Metropolitan Readiness Tests at age 5 (pre-kindergarten) and again at age 6 (pre-first grade). Those who scored in the lower 24% on both testings were considered "low;" the rest of the children were "high."

The same children took the Stanford Achievement Test at age 9. Those who scored at least one year below their actual grade placement were classified as "low;" the other children were "high."

Were the children who scored low on pre-school tests also low at age 9? For approximately 50% of the children, this was not the case. Half of the children classified as low on pre-school tests were classified as high at age 9.

Almost all the children who scored high on pre-school tests also scored high at age 9, however.

Thus, high pre-school readiness scores accurately predicted high later performance for about 83% of the children in the high pre-school group. But low pre-school scores did not accurately predict low later performance for half of the children in the low pre-school group.

What does this imply for screening and intervention programs? "It suggests that we should be cautious about classifying and labeling children," said Jeanne Dorle, a co-author of the study. "We must be sensitive to the potential damage to a child that may result from labeling. When we

classify children, we must remember that the underlying assumption — early performance is related to later performance — may be inaccurate, especially for those whose early performance is low."

"In short," Dorle added, "we must admit that we don't have all the answers, and we can't talk dogmatically as if we do."

A more complete report of this study — "Accuracy of Preschool Identification of Potential Learning Disabilities" by Rosalyn A. Rubin, Bruce Balow, Jeanne Dorle, and Martha Rosen — is available from the Educational Follow-Up Study, Dept. of Psychoeducational Studies, Rm. 5 Pattee Hall, U of M, Minneapolis, MN 55455.

EDGE provides verbal stimulation

A university early intervention project is studying the long-range effects of communication stimulation on the development of children with Down's Syndrome.

Down's Syndrome, sometimes called Mongolism, is the most common form of clinical mental retardation. It is caused by the presence of an extra chromosome in the child's cells and appears in nearly one out of every 600 children born in this country.

Since 1969, Project EDGE (Expanding Developmental Growth through Education) has provided systematic verbal

and social instruction to 18 children with Down's Syndrome. For these children today, and perhaps many more in the future, this project may offer just the edge they need to develop fuller, more "normal" lives.

The federally-funded project was designed by Profs. John E. Rynders and J. Margaret Horrobin of the University of Minnesota. It relies on early tutoring and pre-school training by the child's mother to stimulate the child's learning abilities. Impetus for EDGE came from experimental evi-

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State law creates current funding base for Special Ed., expands role of Dept. of Ed.

Beginning with the 1976-77 school year, Minnesota school districts will be paid for special education services they currently provide for handicapped children. Now, districts are reimbursed annually for services provided the previous year.

The change is a result of the Omnibus School Aids Bill (1976 Minnesota Session Laws, Chapter 271), signed April 13 by Gov. Wendell Anderson.

The new formula represents an improvement over previous reimbursement procedures in at least 3 areas, according to Roy Anderson, administrator of state and federal programs with the State Division of Special Education: "The level of state aid for programs for handicapped children is increased; school districts will receive money for current expenses rather than having to wait a year, and the incentive for mainstreaming (participation of handicapped pupils in regular classes) is strengthened."

In addition to a \$9 million increase in basic special education funds, the 1976 Legislature appropriated another \$5 million for 1976 summer school and special residential programs. These extra funds will assist districts in the transition from reimbursement to current funding.

The amount of money paid to each district will be based on the salaries of essential special education personnel in

the district. The state will pay not less than 55% and not more than 75% of their salaries (depending on the appropriation), up to \$11,000 per instructor. In addition, each district will receive an amount equal to 10% of the salaries of essential personnel, in recognition of the additional support costs of special education. The state will also continue to pay 50% of the cost of supplies and equipment up to \$50 per year for each handicapped child served.

In recognition of the foundation aid (basic support for each enrolled child) school districts receive for all pupils, including handicapped children, and to encourage mainstreaming of handicapped pupils, the state will deduct 25% of the foundation aid allowance from the special education aid for each handicapped pupil enrolled in special education programs for 50% or more of the school day.

The new special education law also expands the role of the State Dept. of Education: department personnel will review all programs and budgets and recommend their approval or disapproval. They also plan to monitor local special education programs through site visits.

Two alternative models for funding special education were considered and rejected by the Legislature. First, a pupil-based formula was reject-

ed because it could encourage over-identification and excessive labeling of children. Second, an excess cost model, in which special education costs would be based on the difference between the cost of educating (a) a student not receiving special services and (b) a special education student, seemed to be the most equitable approach. However, it was rejected because no uniform financial accounting and reporting system for Minnesota school districts exists.

While the formula is improved over-all, some problems remain. For example, the formula does not give extra weight to programs for seriously handicapped students, who are more costly to serve than less severely handicapped students. "School districts are paid for these programs on the same scale as for other special education programs," said Anderson. "They must bear the remaining cost, which can still be very great. An excess cost formula would deal with this problem."

"In addition," said Dan Bryan, special education regional consultant for southeastern Minnesota, "the 50% cutoff point is artificial and may result in appropriate mainstreaming for financial reasons. A child who needs to spend 60% of his or her time in special education may now get only 49%, so the school can

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P.L. 94-142 gives due process steps

A new federal law of significance to early childhood services for disabled children is the Education of the Handicapped Act (P.L. 94-142). It provides federal funds to states and local school districts for educating handicapped children.

The law calls for sharply increased federal commitment to full and appropriate educational services for all handicapped children. Current estimates indicate that less than 50% of the nation's 8 million handicapped youngsters are now receiving an appropriate education.

One highlight of the law is a set of due process procedures that parents or guardians of handicapped children must follow when they are dissatisfied with a school's

decision about their child. The parents have the right to examine all relevant records regarding their child. They must be given a written description of the school's decision about their child. If the parents do not speak English, the notice must be written in their native language.

If the parent and the school are unable to resolve their differences, the parent has a right to an impartial hearing on the unresolved issues. The decision of the hearing officer is final, subject to appeal.

Other provisions of P.L. 94-142 include:

- A goal of serving all handicapped children aged 3-21 by Sept. 1, 1980.
- Removal of architectural barriers in educational

facilities.

- Non-discriminatory testing and evaluation materials.

The law will go into effect in Fiscal Year 1978. Under a new formula for distributing money appropriated under this Act, a percentage of federal money must be passed through to school districts. By 1982, districts will be receiving 75% of the federal funds. However, the State Dept. of Education will have the power to prevent a local district from receiving funds if the district is not complying with standards of the Act.

Region 4 DD Office will move on July 1

On July 1, the Region 4 DD Office will move from the Min-Dak Health Planning Agency to the West Central Regional Development Commission in Fergus Falls. The new address will be Fergus Falls Community College, Fergus Falls, MN 56537, and the phone number will be 218/739-3356.

DD News Letter is printed in bold type to make it more legible for the visually handicapped readers in our audience.

Portions of *DD News Letter* are read over the Talking Book Radio Network, which serves blind people and people with multiple handicaps in Minnesota.

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avoid the deduction."

"A related problem is the lack of a clear definition of mainstreaming," Bryan continued. "For example, for a retarded child who needs to work on eating skills, is the time spent in the lunchroom with nonhandicapped peers considered mainstreaming? As of yet, there is no clear answer."

There are other problems regarding expanding programs and personnel. "Maintaining the status quo may be the order of the day," said Charles Hagen, director of special education for the St. Paul Public Schools. "If the

formula drops from the current 65% reimbursement level to 55% of the salaries of essential personnel, developing additional programs for unserved or underserved children may be fiscally irresponsible."

These problems illustrate some of the ways in which "the new formula may result in aversive conditioning for special education," commented Hagen.

"Nonetheless, the legislators deserve a great deal of credit," said Bryan, "for one of the strongest efforts I've seen in trying to deal with a complex, major problem area."



Thousands of young children in Minnesota — including children with existing or potential disabilities — are not receiving services they need, although many of the services exist.

This problem is far-reaching: every third family in Minnesota has a child under age 6; more than 400,000 pre-school children live in the state.

At least 77 different statewide programs in Minnesota provide various services to young children and their families, and hundreds of additional programs serve children on a local level.

But as a 1974 survey showed, many children are going without needed services. The survey included 200 families with children under 6 in 3 Minnesota counties. More than 50% of the 4-to-6-year-old children surveyed had not been checked for vision, hearing, or dental problems, for example.

Comments by parents at a workshop in Minneapolis in 1975 illustrate the frustration they often experience in trying to get needed services for their disabled children.

"We couldn't get help for our child until we could define and categorize her problem. We still aren't sure what is wrong, but we are sure that she needs some help."

"You can't give up. You just have to keep trying and trying, everywhere, until you finally get some help."

Why are children failing to receive the services they need?

Parents and child development experts in Minnesota agree that one reason is lack of coordination of child development services. "The frustration of this field," said Kathleen McNellis, interagency pre-school coordinator with the State Division of Special Education, "is that it is expanding rapidly but there is no coordination of authority. No one is responsible for the overall picture."

As a result, she said, there is no single place where people can go to find out what services exist, or how to get services, or even what services their children need.

AN EXAMPLE: SCREENING EFFORTS

An example of a service area hampered by lack of coordination is screening of young children.

Screening's hampered by lack of coo

Early childhood screening by periodic examination of children for mental problems. Screening is by diagnosis and appropriate later serious handicaps and learning

At least 5 governmental programs governmental organizations coordinate Minnesota. This article does not present screening programs, but it does derway which illustrate the scope

- The Dept. of Public Welfare Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, which is free to 0-to-6-year-old children eligible for medical assistance. Under agreement, the Dept. of Health provides assistance to local clinics to provide with the Dept. of Health's goal. In Minnesota, other children may also be charged on a sliding-fee scale. Children also get EPSDT screening through hospitals, and public health clinics.

EPSDT includes screening for growth, teeth, nutrition, and development, and emotional development. EPSDT advertises in newspapers and radio; local welfare departments assist families of EPSDT. In Minnesota, 100,000 children were screened

Services

Education

ally involves a systematic and to identify health or development because, when followed intervention, it may help prevent difficulties.

ms and a dozen or more non-act screening programs in Minnesota a comprehensive review of describe several efforts now underway in the area.

administers the federally funded diagnosis, and Treatment (EPSDT) for 3-5-year-old children in families. Through an interagency provides training and technical support for EPSDT services. Consistent with screening all children in Minnesota EPSDT services and may be provided to children who are medically underserved. Private physicians, outpatient

health needs (vision, hearing, immunization status), learning development. A family history is also taken through fliers, newspapers, and other media. Each year, about 10,000 medical examinations are conducted through EPSDT in Minnesota.



The pictures used with this story depict screening activities in the Mounds View School District. The children will start kindergarten in the fall of 1977.

- Twelve early childhood and family education programs in Minnesota funded by a special legislative appropriation through the Council on Quality Education provide screening for health, learning, and emotional development to children through 5 years old. These programs advertise their services through newsletters, home visits, and telephone calls to families of pre-school children in their geographical areas.

- Thirty-four Head Start programs throughout the state provide health screening (for vision, hearing, and dental problems, for example) for more than 4,000 pre-school children. In addition, they may assess developmental progress and skill areas such as learning, language, self-help, motor, and social-emotional development.

- The public schools traditionally have identified school-aged children with health or developmental problems through referrals from teachers who noticed the children's problems in the classrooms. However, federal law now requires that schools actively seek to find pre-school children with less obvious problems and refer them for services, being careful to avoid falsely labeling a child as handicapped. Thus, many public schools in Minnesota now screen 4-year-old children for school readiness and physical problems as part of kindergarten enrollment. School readiness screening may include assessment of speech and language, socialization, or psychological development. Physical screening is done by observation of vision, hearing, growth, teeth, and immunization records. Parent histories are also usually taken.

- The Dept. of Health provides vision and hearing screening for school-aged children through public and private schools at the

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Meier from p. 1

a child doesn't have proper nutrition during the first 3 or 4 years of its life, the brain simply doesn't develop to its full capacity. No amount of later education can remedy this problem, once the damage is done, he said.

The likelihood of deficient development is also increased by the large amount of child abuse and neglect that occur in this country, according to Meier. Child abuse seems to be cyclical. In many cases, parents who batter their children were themselves abused. Child abuse and neglect contribute to the major health hazard to pre-school children after age one — accidents, Meier said.

Meier cited efforts underway to combat this problem. All 50 states now have child abuse reporting laws. Researchers have recently studied mothers' behaviors toward their infants

in delivery rooms in an attempt to predict which mothers later are likely to abuse their children. These researchers are trying to identify children at high risk of developmental delay and intervene when prevention is still possible.

Other factors which contribute to the likelihood of developmental problems include the continual growth of the number of children living in poverty, Meier said. "Of course, there are many exceptions, but the data show generally that low income level is often accompanied by large family size. And large impoverished families usually find it difficult to provide enough enriching experiences for the optimum development of their children."

Meier also noted a recent upsurge of unwed teenage pregnancies. "And the probability of neurological abnormalities in a newborn," he

said, "is far greater when the mother is under 18 than when she is in the 18 to 34 age range."

POSSIBLE SOLUTIONS

What is the Office for Child Development doing to improve the state of children? In an interview, Meier told *DD News Letter* that the public schools are beginning to expand their role in early childhood education.

"The schools have some resources available — teachers out of employment and empty classrooms," he said. "The Office for Child Development will share its findings with the Office of Education and the public schools. For example, we will encourage them to involve parents in their early childhood programs.

"Then, our focus will move to an earlier age range of 0 to 3 years. We will continue to explore new frontiers in optimizing the development of children.

"The result of these complementary efforts will be more and better services for children," Meier said.

To underscore the importance of the early childhood area, Meier quoted from Walter Mondale, Democratic senator from Minnesota: "It is ironic that we invest less than 10% of our gross national product in a group of citizens (children and youth) who represent 40% of our population and 100% of our future."

Meier added, "That investment has the greatest payoff when children are very young."

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schools' request. Last year, more than 150,000 school-aged children were screened. Volunteers, such as PTA members, assist with the screening, which occurs in school buildings and is available to children attending the school. The Dept. of Health also provides vision, hearing, and other health and developmental screening to pre-school children at the request of communities through organizations such as Jaycees or PTAs.

- Two types of non-governmental groups also provide screening. First, many organizations screen for a specific problem, such as the Pre-school Medical Survey of Vision and Hearing, a project of the Minnesota Medical Association and the Minnesota Society for the Prevention of Blindness. The Pre-school Survey examines approximately 25,000 4-year-old children a year for vision and hearing problems, usually in community facilities such as day care centers or churches. The Pre-school Survey is now active in 180 communities throughout the state. Other non-governmental groups, such as the Minnesota Lung Association, typically advertise widely once a year and conduct a large-scale

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Handbook of laws to be available in fall

A handbook of state and federal laws pertaining to handicapped persons will be available next fall. Mick Joyce, legal researcher with the Southwest State University Rehabilitation Services, is directing the study through a grant from the Northwest Area Foundation, St. Paul. Each of the first 1000 persons requesting a copy before Sept. 1, 1976, will get it free. For more information, write Mick Joyce, Midwest Information Center for Equality for the Physically Handicapped, Southwest State University, Marshall, MN 56258.

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screening effort for a specific problem area.

- Finally, other non-governmental groups conduct more comprehensive screening programs, such as community service centers or health clinics. These groups typically do not actively advertise but do provide screening to those who come to them.

Thus, numerous groups throughout the state provide screening services for young children. However, in the absence of a coordinated effort to link children with existing services, many children still go unscreened.

Further complications result because some counties choose not to participate in any screening activities on the grounds that local physicians provide screening as a part of their regular child health care services.

Among children who are screened, some get to screening agencies by accident. For example, a mother may take her child along when she goes to a clinic for medical treatment for herself, and while there, the child gets screened.

Where children live might also influence whether or not they get screened. In some rural areas, the best place to find pre-school children is in Sunday school classrooms. Unless screening agency personnel look there, the children may go without services until they enter school.

MINNESOTA'S RESPONSE

Among the efforts now underway in Minnesota to address the lack of coordination of early childhood services are an interagency committee and a citizens' coalition. An interagency Committee on Young Children and Their Families was appointed in Feb. 1975 to explore ways to facilitate coordination. Representatives of 6 state agencies serving young children make up the Committee.

Concerned citizens of the state formed the Minnesota Child Development Coalition in Nov. 1975. The Coalition members are currently studying possible structures for coordination of services for young children.

Assistance might be available from the federal level. "Lack of coordination of early childhood services is a major problem in all 50 states," said John Meier, director of the Office for Child Development in Washington, DC. One of the office's major goals for the coming year is to help each state mobilize and organize its resources. "The main thrust," Meier explained, "will be to try to locate a person in each state with visibility and clout, someone in an over-reaching role that cuts across line agencies, someone to act on behalf of children."

Strong leadership is important but will be effective only if complemented by efforts of people throughout the state. As is usually the case with issues of this complexity, there are no quick or easy answers. But progress is being made in identifying and understanding the issues. And, as screening programs have demonstrated, identification is a necessary and important first step toward dealing with a problem.

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dence that children reared at home tend to develop better intellectually than those reared in institutions; and from the belief that focusing on communication skills, if done properly, may overcome a tendency of Down's children to show a decline in verbal development as they grow older.

For the 18 children involved in EDGE, formal education began at the age of 3 to 9 months, after their mothers had completed an intense 6-week training course to learn EDGE tutoring methods. Hourly lessons were then conducted by the mother (or other family member) on a daily basis, with semi-weekly home visits from EDGE staff members.

The lessons involve simple materials, short activities and vocabulary lists. They furnish enough structure to guide the mother toward certain goals but also enough flexibility to allow her to teach in her own style. Each lesson in-

corporates several EDGE principles, such as affectionate mother-child interaction in the handling of materials and the mother's use of a step-by-step approach to each learning activity.

When the children reached 30 months of age, they were enrolled in the EDGE Pre-school. Staff members then assumed full responsibility for daily instruction, but parents still were expected to read to their child 30 minutes each day at home.

The children will remain in the pre-school until they are 5. Then parents and staff members will meet with public school officials to plan the best course for the child's continued education. When all 18 of the children have "graduated" from pre-school, the intervention segment of the project will end and a follow-up phase will begin.

According to Prof. Rynders, it is impossible now to gauge the success of the project. "The pre-school phase will be

finished this summer," he said. "Then comes the follow-up period, when we analyze data and disseminate information on the project."

During the follow-up study,



An EDGE child at play. Affectionate teacher-child interaction in the handling of materials is a principle of this project.

EDGE directors plan to maintain contact with the children and parents, accumulating data indefinitely. The nature of the project, said Rynders, makes it a "lifelong obligation."

EDGE parents are optimistic about their participation in the project and its success. "Through the project," said one father, "we've learned how to be a stimulus to our son, how to keep him interested. We don't have any long range plans for him, nor do I think we should, not when things are changing for the better all the time."

For more information about EDGE, contact the U of M's Dept. of Psychoeducational Studies, Minneapolis, MN 55455(612/373-3291).

Should we place our Down's Syndrome child in a foster home or institution?

To help answer this and other "soul searching" questions that parents of Down's Syndrome infants must ask themselves, U of M professors J. Margaret Horrobin and John E. Rynders put together a booklet called *To Give an Edge*, a "guide for new parents of Down's Syndrome (mongoloid) children."

Written in 1974 and now in its second printing, the guide approaches potential problems factually, without trying to convince parents to adopt any one particular point of view. Its aim, above all, is to be informative, to dispel the many myths that surround Down's Syndrome children.

To order *To Give an Edge* contact The Colwell Press, Inc., 500 S. 7th St., Minneapolis, MN 55415. Copies cost \$2 each.

Mobile classroom serves preschoolers

An innovative mobile classroom is providing services to developmentally disabled infants and preschoolers in rural areas of northeast Minnesota. Due to lack of transportation, distance, or inadequate family resources, these youngsters previously did not have access to needed services. The project operates in a mobile van specially equipped as a classroom and is funded by the DD Council.

Known as the Mobile Resources Learning Unit, the project began in July 1975. It is affiliated with the East Range Day Activity Center in Eveleth.

The Mobile project is currently serving its full capacity of 13 children. There is no charge to the families of the children who participate. A parent contract, signed by the project director and the parents at the outset, specifies what will be expected of the parent and of the project staff while the child is participating in the project.

The project's early childhood specialist, Jean Spragg, goes to each child's home once a week. She

spends an hour and a half alone with the child in the mobile classroom and then meets with parents to explain the child's activities and progress, and how the parent can follow through.

At the initial session, the child's language, personal-social, gross and fine motor, perceptual and cognitive, and self-help skills are measured. A program plan is designed for each child according to his or her individual needs. Weekly sessions may include such activities as practicing dressing skills such as buttoning, zipping, snapping, and lacing on a dressing frame; sorting objects by color, size, and shape; or dialing and role-playing telephone conversations.

Although it is too early to draw final conclusions about the success of the Mobile project, Ms. Spragg is optimistic. "Most of the children have already made noticeable progress," she said, "and the parents have been eager to cooperate."

Whether the progress will show up on standard tests

remains to be seen. "Most of the children have worked on basic skills, as outlined in the parent contracts. Their improvement in these areas may or may not be reflected in test scores," Ms. Spragg explained.

Providing parental relief and suggesting to parents activities to pursue with their disabled children are other benefits of this project.

What problems has the project encountered? "One obstacle has been mechanical problems with the van," said Ms. Spragg. "Fortunately, these problems have been relatively easy to correct," she said.

"In addition, I would have preferred to spend more time per week with each child," Ms. Spragg commented. "A once-a-week schedule means that I must depend heavily on the parents to follow through."

In addition to providing much needed and previously unavailable early childhood services, the Mobile project represents a major research effort toward serving children in rural areas. Developmental progress of the children served by the Mobile project will be compared with progress of children participating in other intervention programs at Nett Lake Indian Reservation and International Falls. The children are similar in age, sex, and race.

For more information, contact Ms. Spragg at the East Range Day Activity Center, Eveleth, MN 55734.

Council writes philosophy statement

A Statement of Philosophy and Mission of the DD Council was completed in April, 1976. Written by a Task Force of the Council during the past year, the statement addresses the fundamental beliefs, goals, activities, local implementation, composition, placement, and

historical background of the Council.

Copies will soon be available from the DD Planning Office, State Planning Agency, 110 Capitol Square Bldg., St. Paul, MN 55101 (612/296-4018).

Grant monies available:

• For projects which involve innovative methods or promote a coordinated approach to the problems of persons with educational deficiencies. Contact Sherwood Clasen, Adult Basic Ed., Rm. 679, Capitol Square Bldg., St.

Paul, MN 55101 (612/296-4053).

• For sub-state projects to improve the coordination and efficient use of existing transportation services (and not for capital expenditures) for persons who are developmentally disabled, aging, rehabilitation clientele, etc. Deadline for pre-application is July 26, 1976. Contact the Office of Human Development, Developmental Disabilities Office, 300 S. Wacker Dr., Chicago, IL 60606.

• For outdoor recreation projects. Local units of government may apply. Deadline is July 16, 1976. Contact the Office of Local and Urban Affairs, Capitol Square Bldg., St. Paul, MN 55101 (612/296-4703).

• For rehabilitation of private homes in Minneapolis to remove hazards to handicapped persons living in the house. Contact Minneapolis Housing and Redevelopment Authority, 1400 Park Ave., Minneapolis, MN 55404 (612/348-4980).

DD Dateline

6/22-28 — "A Declaration of Independence: The Rights of Autistic Citizens"; Natl. Society for Autistic Children, Sheraton-Oak Brook Motor Hotel, Oak Brook, IL. Contact Natl. Society for Autistic Children, 169 Tampa Ave., Albany, NY 12208.

7/1 — Presentation by Sybil Elgar, founder of facility for autistic youth in England; Twin Cities Chapter of Natl. Society for Autistic Children. Contact Joan Schoepke, 612/831-0231.

Regional Conferences on Handicapped Individuals, coordinated by the State Council for the Handicapped, will be held as indicated below. For more information, contact Kurt Strom, 612/296-6785.

6/15 — Region 2, Holiday Inn, Bemidji
6/16 — Region 4, Moorhead State University
6/17 — Region 5, Holiday Inn, Brainerd
6/18 — Region 6, Vinje Lutheran Church, Willmar
6/19 — Region 7, Germain Motor Hotel, St. Cloud
6/19 — Region 8, Windom Area High School
6/19 — Region 10, Rochester Community College
6/20 — Region 11, Minneapolis Convention Center
6/22 — Region 1, Northland Community College
6/26 — Region 9, Holiday Inn, Mankato
6/30 — Region 3, Holiday Inn, Eveleth, and U of M, Duluth

Developmental Disabilities News Letter
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*Eunice Davis, DD Council
Chairperson*

*Robert Bruininks, DD Planning
Office Director*

Linda Baucom, Editor

*Christopher Allen, Assistant
Editor*

DEAR READER:

In an effort to evaluate *DD News Letter* and improve future issues, we are conducting a survey of our readers.

Please take a few seconds to complete the postcard questionnaire on page 10. Then clip along the perforated line and drop the card in the mail. The postage is already paid.

Thanks for your help.

Cordially,

A handwritten signature in cursive script that reads "Linda Baucom".

Linda Baucom, Editor

1. Would you like to see *DD News Letter* continued? ____ Yes ____ Indifferent ____ No

2. Which topics in *DD News Letter* interest you? (Check as many as you wish.)

____ Information on DD topics (e.g., autism)	____ News of DD Council
____ Descriptions of projects	____ Recent research findings
____ Profiles of DD leaders in Minn.	____ Grant monies available
____ State and federal legislation	____ Calendar of events

3. a. Is the boldface type easier to read than regular type of the same size?

____ Easier ____ More difficult ____ Makes no difference

b. Are you visually impaired? ____ Yes ____ No

4. In what county and state do you live? _____

5. What is your occupation? _____

6. What is your affiliation with DD? ____ consumer ____ provider

____ agency ____ other

7. Do you have any suggestions for future issues? If so, please describe below.