

News Letter

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

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Early intervention involving both children and parents

Early Intervention

In Minnesota, many schools, agencies and individuals are involved with what is called, early intervention of children who have handicaps. "Early" refers to children from birth to about age five, depending upon the nature of the physical or mental limitations spawned by the disability and upon provisions of federal and state laws. The "intervention" aspect refers to deliberate programming to alleviate or correct the handicapping condition.

The rationale for promoting early intervention for pre-schoolers from birth is that all children have a right to a fair start during their developmental years so they may live satisfying and constructive lives.

Nationally, according to a 1974 survey, it was estimated there

were about one million handicapped children. There may be as many as 20,000 pre-school aged children with handicaps in Minnesota who require early intervention. According to the Minnesota Department of Education (SDE), as of December 1, 1978, there were nearly 8,000 handicapped children under age 5 for which the public schools had developed individual education plans (IEPs). Of

these, 551 were under age two.

Discussing and planning for early intervention programs in Minnesota began formally, like other programs for the handicapped, during the 1960s. At the SDE level, such planning increased dramatically because of the occurrence of a major health problem. This was the rubella (German measles) epidemic of 1964-1965. The Minnesota State Department of Health, Center for Health Statistics, reports that 5,142 Minnesota children were struck with this disease in 1964-1965 causing significant numbers of deafness and hearing losses as well as damage to vital processes. The results were impeded and delayed learning abilities among newborn and developing children.

In the aftermath of the rubella siege, the Special Education Section of the SDE took a special interest. Winifred Northcott, and then Special Education Director, John Groos, identified - with the help of a University of Minnesota Special Education Advisory Committee, state agencies, communi-

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ty and parent organizations, and the Minneapolis public schools—the numbers of children affected by the epidemic and the kinds of physical and mental damage inflicted.

Northcott, then the statewide consultant for the Deaf and Hard of Hearing for SDE, sought to develop special education services to meet the needs (including home environment needs) of rubella victims — in particular those whose hearing was damaged. Findings of a demonstration model, it was reasoned, could be applied to any and all handicapped children during their developmental years.

To promote a legal basis for such special education services to be delivered by local districts, the 1967 State Legislature was approached by Special Education with backing from state Departments of Health and Welfare, community organizations for the handicapped, and parent groups. As a result, the 1967 Legislature approved \$120,000 in aids for pre-school handicapped children to be used by local school districts as approved by the SDE.

In 1970, the Legislature increased state aid monies for the Special Education budget because it had been demonstrated how early intervention for hearing impaired children through early identification, fitting of hearing aids, and special consultant services to families, enhanced child development and eased the family burden.

In 1971, the Legislature again expanded its support by including children with severe mental retardation and made the early intervention appropriation a regular part of the SDE budget. The 1976 Legislature included visually impaired in early intervention programs and eventually the legislation became non-categorical in scope; that is, it included all

disabilities among pre-school age children.

Concurrent with this support on the state legislative level, the Special Education Division of SDE applied for a grant, in 1969, from the U.S. Bureau of Education for the Handicapped (HEW/BEH) to demonstrate a model of special services to pre-schoolers who were hearing impaired. A grant for \$18,000 was awarded and the project was undertaken by the University of Minnesota, Special Education staff, the SDE, and the Minneapolis Public Schools. It was acronymed "UNISTAPS"—a family oriented program for severely hearing impaired children from birth to age five. By 1977, the grant had been increased to \$177,000.

By 1974, the SDE published its first "Guidelines, Pre-school Education Program for the Handicapped in Minnesota" with UNISTAPS findings serving as a base.

DACs responded early

But the first formal programming and delivery of early intervention services for handicapped children in Minnesota were developed and provided by Developmental Achievement Centers (DACs). DACs developed services in response to local needs as identified and promoted by consumer organizations and parents throughout the state.

Phillip Saari, Director of North Suburban DAC located in Ramsey County states that DACs began serving children with developmental disabilities during the mid-sixties. Services were funded by then Title IV, now Title XX, State Welfare Department reimbursements. Saari points out that not until 1972 were local public school districts mandated by state law to serve handicapped. The mandate was limited to those with severe mental retardation from age five to twenty-one.

Thus, as of 1972, the DACs could no longer serve this age group unless they were brought under contract by a local school district (purchase of services). Also, effective September 1, 1977, the state mandate broadened to include four-year olds of all handicaps; the DACs could therefore serve only up to age four.

The history of DAC involvement in providing early intervention services to children with disabilities is a record of early and heavy involvement. Much information about curriculum and techniques of instruction was accumulated by and shared between the centers. Thousands of Minnesota children with handicaps were involved with such services during the 1960s and 1970s. Yet changes in legislation in 1972 and 1977 mandating local school involvement brought about a gradual but significant reduction in the numbers of children who could be served by the DACs.

Saari reports that presently there are 107 DACs in Minnesota; 69 of which provide early intervention services to nearly 1,400 children from birth to age four. An additional 104 handicapped children over age four are being served by DACs on the basis of individual contracts let by local school districts around the state.

The bulk, therefore, of day programming for early intervention is found in DACs and local school districts. Yet there are other sources of such special programming for children with disabilities provided through hospitals, clinics and Head Start programs.

Indian Health Board

A good example of other early intervention day programming is that provided by the Medical and Mental Health units of the *Indian Health Board* in Minneapolis.

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Glossary

Assessment—the process of determining whether or not a student needs special education services and the types of services needed.

Child Find—locating, contacting or identifying pre-school children with developmental problems. A number of strategies can be employed to complete a child find program.

Developmental Achievement Center (DAC)—a community-based facility which serves persons who have mental retardation and/or cerebral palsy, both pre-school (birth to age 4) and adults over 21 who reside in the community. DACs are programmed for the development of an individual's social, physical and mental skills.

Demonstration Grant—a grant awarded to a project which is designed to test the effectiveness and efficiency of a particular program or services.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)—a program which ascertains a child's physical or mental problems and provides health care, treatment and other corrective measures.

Head Start—a program serving pre-school children which is funded through the Office of Child Development. Ten percent of all children enrolled in Head Start have handicaps.

Incentive Grant—a grant awarded to stimulate development or research in a specific area.

Individual Education Plan (IEP)—a tool used in developing a plan that will match the needs of a child with options for services available in the local districts.

Perinatal—involving or occurring during the period closely surrounding the time of birth.

Prenatal—existing or taking place before birth.

Legislation providing for early intervention

FEDERAL LAWS

Handicapped Children's Early Education Assistance Act - 1968 (P.L. 90-538) and its 1974 amendments were designed to establish experimental programs that could serve as models for state and local educational agencies to highlight exemplary practices and materials. The 1974 amendments provided for grants to develop local school district child find programs.

Education Amendments of 1974 (P.L. 93-380) sent to the states a federal philosophical commitment and required states to set a goal for serving all handicapped children from birth to age 21. The goal was to be described in a state plan submitted to the Bureau of Education of the Handicapped.

(According to an analysis of federal education laws which appeared in a 1979 issue of *Teaching Exceptional Children*, this law specified no deadlines as to when the states would start achieving goals and allowed state timelines to be couched in terms of availability of funds and changing state education laws.)

Also, P.L. 93-380 mandated that states systematically make efforts to find all handicapped children birth to 21. The child find efforts would serve as a data base for planning and documenting needs for pre-school intervention.

Section 504 of the Rehabilitation Act of 1973 (P.L. 92-112) requires that any state which offers services to non-handicapped pre-school children must offer these same services to handicapped children as well.

Head Start Legislation: Head Start Economic Opportunity, and Community Partnership Act of 1974 (P.L. 93-644) requires that "no less than 10 percentum of the total number of enrollment opportunities in Head Start programs in each state shall be available for handicapped children . . . and that services shall be provided to meet their special needs."

The Education of All Handicapped Children's Act of 1975 (P.L. 94-142) provides that a free appropriate public education will be available for all handicapped children between the ages of three and twenty-one within the state no later than September 1, 1980, except that with respect to handicapped children aged three to five and aged eighteen to twenty-one, inclusive, the requirements would be inconsistent with state law or the courts.

Yet if state laws do require free public education for any child, then those of the same age group must be served.

Pre-school incentive grant Program (P.L. 94-142) identified certain conditions under which the state must provide a free appropriate public education for three to five year olds:

- when state law or court orders require it;
- if public agency provides education to non-handicapped in those age groups;
- when a public agency provides education to 50% of handicapped served by the agency then it must provide for all the children of that age with the given disability.

STATE LAWS

Minnesota Statutes: Chapter 120, General Provisions:

Section 120.03 defines "Handicapping Conditions"

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EDGE — U. of M. study findings

At the University of Minnesota, Minneapolis campus, Professors John Rynders, Special Education Programs, and Margaret Horrobin, Department of Pediatrics, have just published the final results of research which began in October of 1969.

The research called Project EDGE (Expanding Developmental Growth through Education) was a longitudinal study about early education of children with Down's syndrome.

Several groups (35 sets in all) of parents and their Down's syndrome children were involved. Early intervention activities were launched with experimental group children when they were approximately three months old. Rynders and Horrobin helped parents use "structured play techniques" to help maximize their children's language development.

The purpose of the play activities was to try to increase vocabulary, both expressive and receptive, by structured ways of playing with objects between the parents and their own child.

For example, by playing with a doll, parents directed the interaction sessions so that key concepts were taught (e.g., leg, doll, red dress). The child, hopefully, would say the word(s) in such a way as to conceptualize the parts and the whole.

At the same time, the parents built the crucially important parent-child social relationship through mutually enjoyable play activities (e.g. rocking the doll to sleep).

A control group consisting of 18 children with Down's syndrome who received testing only, was used for purposes of comparison.

After the experimental group children reached the age of five years, Rynders and Horrobin's results indicated that children in the EDGE structured play program, compared with the control group, showed significant developmental progress in motor development and IQ score, but not in language scores.

The motor development progress was measured in terms of fine and gross motor movements described as "dynamic balance", "static balance", and arm and hand coordination. Throwing a ball is an example of dynamic balance while standing on one foot is a static balance.

Rynders and Horrobin interpret their results as being supportive of early education for children with Down's syndrome because of improved motor development and the benefits of expanded social interaction between parent and child.

Yet they concluded that their findings were not supportive of specific curriculum they developed which was focused on language development.

Rynders and Horrobin will not publish their curriculum materials. They will continue to work with EDGE families by helping parents to advocate for their children's educational and social development.

Later this year, Rynders and Horrobin will do their first follow-up to find out continuous progress made by the Down's syndrome children in all areas of development.

Parents who have a child with Down's syndrome will be interested in knowing, according to Rynders, that there is a new (established six years ago) national organization for them. It is the Down's Syndrome Congress. This organization can be contacted by mail at:

529 South Kenilworth

Oak Park, Illinois 60304

The yearly dues are \$10 per family and members receive the monthly newsletter entitled "The Down's Syndrome News".

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 Minnesotans who are blind or have multiple handicaps.

State laws - continued from p. 3

Section 120.17 mandates services to school age children and establishes school age as four to 21 and that local independent districts *may* provide services from birth.

Section 123.701 requires school districts to provide a health and developmental screening to children before kindergarten.

Section 124.32 provides for the financing of educational services to handicapped children.

Educational Follow-up Study

— Information for this article was submitted by Rosalyn Rubin, Ph.D. Associate Professor, Dept. of Psychoeducational Studies, University of Minnesota, Minneapolis Campus.

The Educational Follow-up Study (EFS) is a long-term investigation of the relationships between prenatal, perinatal events, (see glossary of terms page 3) and later developmental and educational outcomes. It is expected that study findings will eventually contribute to the development of early identification and early intervention programs for preventing or reducing the number and severity of learning and behavior problems in "high risk" children. High risk refers to children who face a much greater than average probability of problems in basic functions like language, learning, mobility, etc.

The 1600 subjects of the study were all born at the University of Minnesota Hospitals between 1960-1964. They demonstrated no greater incidence of disability than average. Not only were the 1600 babies subjects of the EFS, they were participants in the University of Minnesota section of the nationwide "Collaborative Perinatal Study."

Information for this national study about perinatal medical characteristics and early physical, psychological, and neurological development was collected from the time of the mother's pregnancy through age eight. To this basic pool of data, the Educational Follow-up Study has added information about school readiness, oral and written language development, academic achievement, self-esteem, school behavior, and use of special educational services.

Thus far, in addition to interim research reports submitted since

1968, study findings have been presented at national conferences such as the Council for Exceptional Children and published in books and journals of education, psychology, and medicine. These findings have included the associations of a variety of infant characteristics such as prematurity and birthweight, socioeconomic status, later cognitive development and school progress.

Several recent EFS reports have had particular relevance for the field of Developmental Disabilities:

-1. It was found that children identified as having neurological abnormalities on more than one occasion during the first year of life have a significantly higher probability of showing later impairment of cognitive, perceptual-motor, and academic functioning than do children without such early signs of abnormality (Rubin & Balow, in press).

-2. It was found that elevated bilirubin (a waste product of hemoglobin) in the newborn, long suspected of being related to abnormal development, was indeed associated with decreased motor development during the first year of life.

However, on a long term basis, the high bilirubin group did not differ from normal control subjects on any measures of cognitive development obtained subsequent to the first year (Rubin, Balow, & Fisch, 1979).

- 3. An investigation of teacher identified behavior problems (Rubin & Balow, 1978) found that the *majority* of all children are identified by at least one of their teachers as a behavior problem during the course of their elementary school education. This finding raises serious questions regarding the definition and use of the term *behavior problem*. It

also suggests the futility of trying to identify children with potential behavior problems while they are still at the pre-school level, since if one simply predicts that all children will at some point be identified as a behavior problem, one will be correct more than 50% of the time.

Thus, recent EFS findings have contributed to the differentiation between those perinatal conditions which are and those which are not significant long-term predictors of impaired development. Other findings have drawn attention to the ambiguities and problems associated with common terminology such as "behavior problem" used in the identification of children with developmental difficulties.

Overview from p. 2

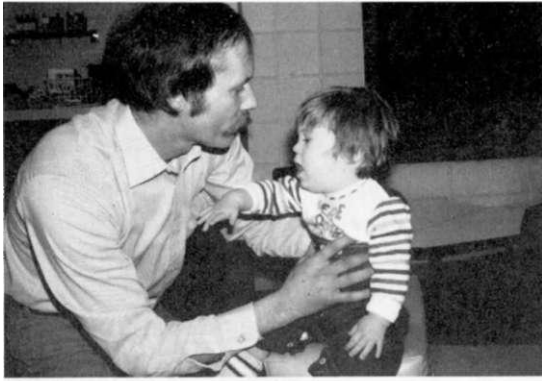
Housed at 2495 - 18th Avenue South, it is centrally located to serve the local neighborhood which has a large Indian population.

The *Indian Health Board* was established in 1971 as a non-profit organization to study Indian health needs and by 1974 it had opened its dental and medical clinics. The Board's program had an extensive *Community Health Worker Outreach* component and provides drivers to transport patients to and from the clinics. In 1979, the Indian Community Health Workers provided nearly 18,000 patient outreach services according to the Board's annual report.

Early intervention services are provided in both the medical and mental health departments at the clinic. Services include screening children from birth for severe disabilities and determination of high risk environmental factors. Such screening is provided at the pre-natal stage and is available to expectant mothers who use the clinic.

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Samples of early intervention



The Louise Whitbeck Fraser School, a Richfield based DAC, offers an infant program for the child with mental retardation and developmental delays.

Early intervention services are available, upon referral, to infants-ages six-weeks to two-plus years-on a homebound basis and to pre-schoolers, ages one and a half to four years, on an in-center basis.

In addition to academic-physical-social programming, there is music, speech, language and physical therapy. Occupational therapy and parent counseling are also available. Emphasis is placed upon the parent as the child's teacher.

FRASER DAC—From top to bottom:

Paul Schneider, age 16 months, responds to father's involvement which stresses eye contact and verbal imitation.

Laura Cooper, age two, engages in an object identification task with Fraser special education instructor.

Leslie Silvernagel, six months, rings a bell for mom to show auditory awareness.

Services for Children with Handicaps (SCH) is a program responsible for evaluation, treatment and habilitation of children with chronic handicapping or disabling conditions.

SCH, located within the Minnesota Department of Health, serves any Minnesota resident from birth to age 21 and persons over 21 who have cystic fibrosis or hemophilia. Services are provided through SCH field clinics or through purchase of services from medical specialists.



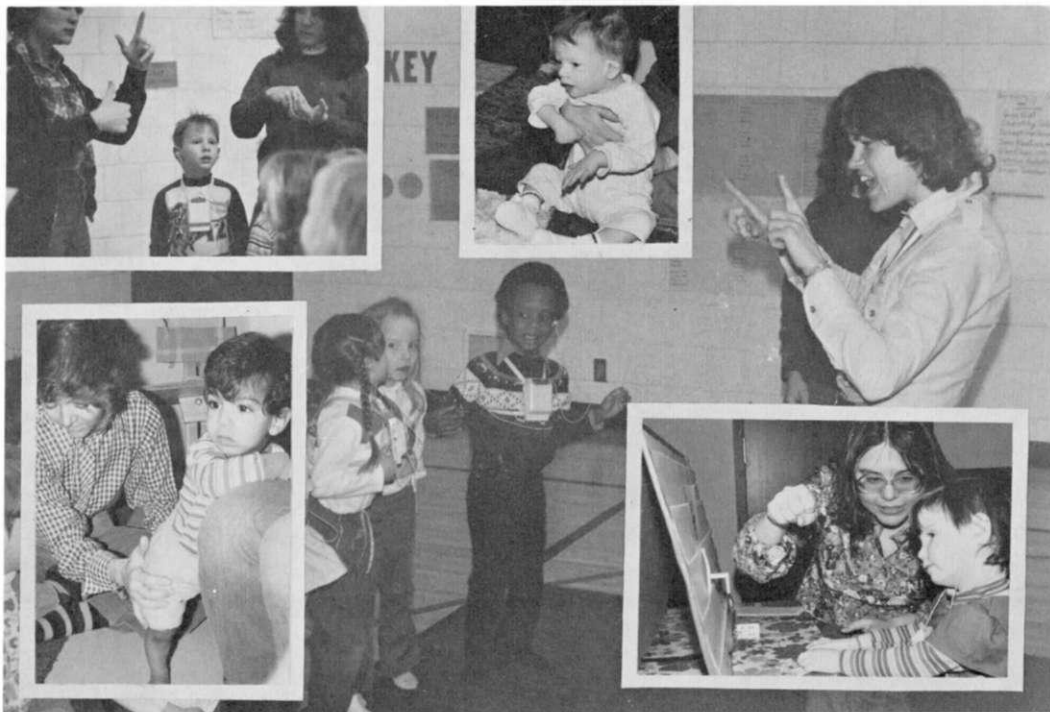
Services for Children with Handicaps—Sheila Devine and her mother of Belle Plaine work with a speech pathologist at Children's Hospital in St. Paul.

ion programs in Minnesota

St. Paul's Como School provides early intervention services for children with severe disabilities who live in the East Metro area. Services are provided for children with hearing and vision impairments, deaf-blind-multhandicaps and physical and neurological problems.

Services may begin at birth and continue until kindergarten age. Como also provides programming through the elementary grades for children with hearing and physical impairments.

Programs are provided on a homebound basis, itinerant basis (for children enrolled in other facilities like DACs) and on an in-center parent-infant basis.



COMO SCHOOL—Early intervention program activities — clockwise starting on the left: One-year-old, Felaan Amick works on his standing balance with help from an occupational therapist; Cody Weese, age four, looks to signed instructions to perform gross motor activities in the school gym; toddler, Bret Strawn, works on sitting balance as well as visual attention; a group of pre-schoolers who have hearing impairments work with team leader, Karen Crawford to expand signing communications and, pre-schooler, Denise Schutz with teaching assistant to expand early language development.



INDIAN HEALTH BOARD—David Turner of Minneapolis practices articulation with speech pathologist Brian Humphrey

The Indian Health Board was established in 1971 as a non-profit organization to study Indian health needs. The Board opened a dental and medical clinic in 1974 at 2495 18th Ave. So.

Early intervention services are offered in both medical and mental health departments at the clinic. Screening services are offered from birth for severe disabilities and determination of high risk environmental factors. Such screening is provided during the prenatal stage and is available to expectant mothers who use the clinic.

Screening, diagnosis and treatment services are provided by a resident pediatrician, regular nursing staff, and a speech pathologist who concentrates on hearing, speech and language assessments.



St. Paul's Infant Homebound Program—Left, Elissa John takes part in infant stimulation activity; top right, Zachariah Allman and Theresa Garske work with their mothers and a staff member in a language skills group; bottom right, Vernon Tischler works on gross and fine motor development with a staff member.

St. Paul's Infant Homebound Program is a DAC program which serves infants from birth through 18 months of age or until the child is ready for another form of service.

Parent education and participation are important aspects of the program and staff members recommend and demonstrate activities that parents can do to help their children acquire developmental skills. The program works in all areas of development including gross and fine motor, cognition, language, self-care and social-emotional development.

Since the program is funded by both state and local governments, its services are available free of charge to qualifying families.

Gillette Children's Hospital of St. Paul is a regional center for diagnosis and treatment of children and young adults who have disabilities. It is located adjacent to the St. Paul-Ramsey Medical Center near downtown St. Paul.

A variety of medical and psychological screening, diagnosis, assessment and treatment services are available at Gillette which relate directly to early intervention needs.

As a community service, Gillette conducts a free monthly Metro Screening Clinic aimed at detecting existing or potentially handicapping orthopedic disabilities in children. The clinic is held the second Friday of each month for people to age 21 living in the eight county metropolitan Twin Cities area.

For further information:

Gillette Children's Hospital
St. Paul, MN. 55101
(612) 291-2848



(Top) Joey Timmons of Circle Pines, age two, makes a good reaching/balancing effort with guidance of physical therapy student.

(Bottom) Troy Paulson, Goodridge, practices walking with aid of his orthoses and a walking device. Watching the two-year old are his father and physical therapist.

Ramsey Action Programs/Head Start serves children from three to five years of age in Ramsey County. The six Head Start centers have a total enrollment of 375 children.

Ninety percent of all children enrolled in Head Start must meet income eligibility guidelines. Ten percent of all children enrolled are handicapped.

Head Start operates from September through May each year and serves all handicapping conditions including physical handicaps, speech and language delay and sight and hearing impairments.



These VIP babies receive special care and therapies so that despite their early disabilities, they can adapt to their demanding environment. VIP newborns are making progress at St. Paul Children's Hospital, Newborn Intensive Care Unit

The Dakota County Developmental Learning Center, Inc., a DAC, provides early intervention programming to children with disabilities from birth to age four. Housed within the Mendota Elementary School, this Center offers two early childhood development programs: a Home-visiting Program for newborn to two-year-olds and an in-center Pre-school component for two to four-year-olds.

Served, in-center or on a home visit basis, are children who exhibit delayed development due to biological and/or environmental causes. An interdisciplinary team of therapists and teachers evaluate and assess the problems, and design individual educational plans. The staff works closely with parents to encourage growth and development activities in the home. Parents may attend in-center activities anytime, and may partake in evening groups and be involved in the *Mother Club*.



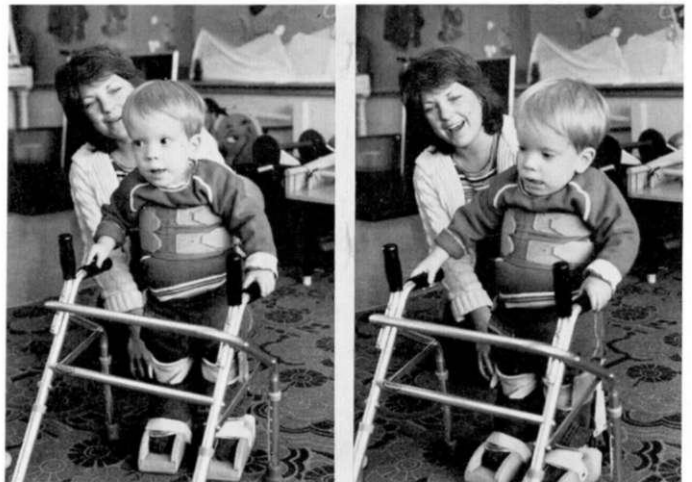
The Vital Infant Pre-school (VIP) is a Saint Paul Public School program funded by the State Special Education Section and the St. Paul Children's Hospital Association.

The program serves children between birth and four years and identifies infants with developmental delays caused by biological or environmental factors. It not only provides early intervention but documents effects of the intervention on long-term performance in the school setting. Included among those served are high risk infants who are patients in the Newborn Intensive Care Unit at the hospital.

The VIP team consists of an occupational and physical therapist and a speech and language pathologist.

Carolyn Fiterman, VIP physical therapist says, "We look at sick babies while they're still in the hospital and determine if they and their parents will need help to promote optimal long-term development."

Parents play a major role in the therapeutic activities both while their child is hospitalized and later when the child is in the home with follow-along help from the VIP staff.



DAKOTA COUNTY DLC—Two year old James Glisky of West St. Paul demonstrates his ability to use adaptive walking equipment. James works out with a Rollator walker as Janise Anderson, physical therapist, observes his progress.

Several months ago Riverview Hospital in Crookston, Minnesota recognized a need in their area for an early intervention program to serve young handicapped children. The need is considered an acute one in Crookston's rural setting because programs and services for children who would benefit from early intervention are often located long distances from the family.

As a result, a grant application was written to HEW under the Handicapped Children's Early Education Program. This grant would provide a home-bound program of therapeutic intervention to children from birth to age three. It would be staffed by occupational, physical and speech therapists with support from social, psychological and medical services at Riverview Hospital. The parents would have their own resource center for literature, toys, and equipment and access to support groups to assist them as early as possible.

In the meantime, intervention services are being provided as an add-on (non-funded) effort by the regular therapeutic staff at Riverview Hospital.

Issues & Response

At the time of this writing, a bill sponsored by State Senator Jerome Hughes (Maplewood) was active in both houses of the State Legislature. This bill, Senate File 1829, would require a state assessment study to be conducted during school year 1980-81 cooperatively by the State Departments of Education, Health and Welfare to determine special education needs of handicapped children under age four.

The Senate bill further provides, that starting in school year 1981-1982, the minimum age for special education services would be lowered one year each school year until birth.* (Currently state law mandates services from age four but permits services to begin at birth).

The following question, in the light of provisions of the Hughes Bill, was posed to two public school special education administrators and two Developmental Achievement Center (DAC) directors in order to get some idea of local feeling about this legislation:

At what age do you feel local districts should be mandated to serve all handicapped children?

Here are responses in quotes.

Ray Dusek, Community Education Director, Crookston Public Schools

"I believe in early intervention. I think it is a community effort so I support the hospital being involved, the DAC or whatever agencies a community has.

"I have some hesitancy in it being a mandate to the schools without total funding because we are in a period of declining enrollment and the pressure upon schools to find resources in order to continue with existing programs is getting to be quite difficult.

"I would hope that the parents' point of view somewhere along the line would be, 'Hey, there are only so many things that we would expect a school to do'.

"Of course I think that to provide families (with handicapped children) resources to help the child earlier is fine. The problem comes out if we begin taking away parental responsibility.

"As a reference point, I feel that DACs are better equipped at the present time, to handle some of the children than the schools who would have to set up a whole new machinery in order to work with just five or six, or as few as two children with handicaps.

"I have full confidence in our DAC. We have an excellent communication system between the DAC and the school. We work cooperatively and we don't compete for children."

"Incidentally, our new building for the DAC is going to be located on the school grounds a block away from the elementary school so we will be able to cooperate in many things."

"I hope the DACs efforts are not diminished because our DAC has done a heck of a job and we appreciate the cooperation we have had with them.

"There is no doubt that early intervention is sensible, feasible and educationally profitable for the children who have handicaps."

Rita Hoff, Director, Polk County DAC, Crookston, MN

"There is presently no pre-school program, for four-year-olds, in any of the (22) school districts in our area. The schools are contracting with the DACs if the child is trainable handicapped or physically handicapped up to age six.

"We have to be careful that we don't have duplication of services. I certainly feel that if the schools can take over the pre-school (programming for children with handicaps)—great! Yet, it's a very costly program. My concern is that something isn't lost in the process of trying to get these children in to a school system at a point where they (the DACs) are still working on self help skills, feeding skills and therapy.

"(Also,) the schools may have only one or two handicapped children and, if only one teacher is hired, there will not be the support or special training and coordination to help that teacher set up the program.

"Parents in our area very definitely want their children in public schools because they see their child as being more successful if they are in a public school. Yet, if there is a quality program, parents aren't going to care where it is offered, just so their child gets the services.

"Our schools in this area are excellent supporters (of DAC programs). For example, the East Grand Forks school district uses its own drivers to transport their children to the DACs.

"The House version of the bill was amended to provide for the study only."

"The problem would be if the schools were to take on the responsibility (for handicapped children from birth) while the law would not layout just how responsible.

"For example, the school may be able to make only two home visits a year or one a month and serve every child on homebound to meet requirements. I personally question that this type of service would offer the child what an in-center base like ours does.

"Schools are not designed to do community relations. They are not into contacting parents informally. School programs normally do not involve parents the way our DAC does and we require it. I do not think the school has this kind of latitude."

Henry Panowitsch, Ph.D., Pre-school Programs Coordinator,
Mounds View Schools

"I think in the metropolitan area we should look at the many marvelous things existing right now to serve these children. I think we should look very carefully at what we have.

"There are so many excellent resources existing and I feel that it should be left up to the district to make the arrangements. I think the district should be involved to provide accountable programming for children (with handicaps) from birth but I think it shouldn't be automatically the schools who provide the service.

"The thing is to come up with certain standards for serving this population and then see if the present programming meets the standards and, if not, then the public schools would come in to do it.

"I think too often in education we jump right in without looking over the whole terrain. I'm reluctant about this whole idea of various agencies becoming involved in the family's business. The family is still one of the most marvelous places to do a good job with children.

"(Yet) I can see, with children who are developing atypically, there should be intervention and support for the family. But I see a trend to reduce the role of the family and it seems as if there were a special consultant and service for nearly every family need.

"With the special education child, I think the parents definitely need help, but we should explore all settings including public schools.

"I think the year of study (proposed in the Hughes bill) is a marvelous idea—it is crucial."

Phil Saari, Director, North Suburban DAC, Little Canada, MN

"I do not feel that local school districts should be mandated to serve all handicapped children under the age of four.

"I take this position because there are programs such as DACs, Headstart, programs for the physically handicapped and perhaps others, that have been in existence for a good many years, and have established, credible, qualitative services, which to replicate, would be fiscally irresponsible. And, they would remove the opportunity for parents' choice when it comes time to select a program which they feel is going to be most appropriate for their child.

"Parents have opposition to this type of legislation because they have not, as I see it, been satisfied with the kinds of pre-school services being provided by school districts basically because this is a new area of programming for the public schools. The districts have not been involved with the special staff required such as physical therapists, occupational therapists, special nurses, etc. Also, they are not experienced in the special teaching techniques in working with children with handicaps under age four. It is not a traditional public school model but more one of a developmental model unfamiliar to schools.

"Designing and implementing an assessment study (as the Hughes Bill proposes) makes very good sense and at the point where the data are analyzed, then recommendations would come forth for meeting the defined service needs.

"At that point, not the Department of Education alone, but State Departments of Health and Welfare would be involved because pre-schoolers' needs are more of a medical or health related nature and Welfare may be involved with medical cost assistance with Education being involved at a later point. These three State departments should be involved with the study."

The Indian Health Board clinic houses special staff who perform the early screening, diagnosis and treatment services. Included are a resident pediatrician, regular nursing staff, a family planning nurse, and a speech pathologist who concentrates on hearing, speech, and language assessments.

Otitis media (middle ear infection) occurs at a high rate in the Indian population and sometimes results in severe hearing losses which cause problems in understanding, talking and/or learning. This kind of early intervention activity can do much to reduce the damaging effect impairments have during developmental years upon future growth and behavior.

Pertinent information about the child's diagnosed problems can be and is shared in confidentiality with DACs, local schools and other places where the child is involved.

Beyond DACs, schools and resources similar to the Indian Health Board's clinic, it is likely that there is a considerable amount of early intervention, training, etc. effectively provided by parents themselves. This is because a major component of day programming is training

parents how to help their children develop within the home setting.

It is evident there is a great awareness and drive in Minnesota to provide locally based early intervention programs. The problems which persist are many: lack of adequate funding, gaps in legislation, absence of specific regulations and state plan by the SDE and a scarcity of incentives for local school districts to launch child fund efforts prerequisite to effective early intervention services.

The remainder of this issue on early intervention expands upon some of these problems, provides a photographic display showing specific early intervention activities in progress around the state, and reviews some major research recently conducted. Finally, a list of legislation bearing upon early intervention is provided along with a glossary of terms to assist the reader.

DD Newsletter is a publication of the Governor's Planning Council on Developmental Disabilities and the DD Planning Office of the State Planning Agency.

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Special education state plan & regs

School district special educators, consumer organizations and parents are demanding specific special education regulations and a state plan for early intervention education of handicapped children. Jeanne Dorle, Assistant Manager, Special Education for the State Department of Education, says that "there are rules governing education to all handicapped children but not by age group or by disability and there are no such rules currently proposed.

Dorle points out that there are "Rules of the State Board of Education Governing Standards and Procedures of Special Education Instruction and Services for Children and Youth Who Are Handicapped." The reference numbers for these proposed rules are 5 MCAR 1.0120 - 1.0129.

Dorle stressed that the state special education plan required by P.L. 94-142 does have a component on identification (child find) and evaluation of all handicapped children. In addition, there is an annual Pre-School Incentive Grant application prepared by the department.

Any questions regarding the content of the proposed rules or the state plan or about incentive grants should be directed to:

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