



DIRECTIONS

Technology in Special Education

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The Promise of Full-Service Schools

by Carolyn Cosmos

Source: Today, The Council For Exceptional Children, Vol.7, No.5 September/January 2001

Too often, it seems, special education teachers know they could have a much greater impact on a child's learning if they could have more influence in the child's life outside the classroom, help get the child counseling or medical attention, assist the parents in improving their parenting skills, or find a way to relieve the family's poverty. One way schools are trying to meet the needs of the whole child is through service integration or full-service schools. Service integration programs provide a wide array of services to students and families. In addition to educational services, these schools may provide health, mental health, and social and human services. Some may also provide services for parents such as employment counseling and training. Service integration programs go by a wide variety of names, including full service schools, community schools, extended services sites, whole-child approaches, and wrap-around schools, and they often vary in their approach and services offered. Full-service programs have been initiated in a number of states, and we are beginning to see gains in student achievement. However, we are still learning how to best implement these programs, the problems that must be overcome, and how extensive services must be if these programs are to result in greater gains for students.

Despite these questions, support for such schools appears to be growing. More professionals are seeing the need to integrate services if children are to succeed. Furthermore, due to the changing demographics of our children and youth — more children and families have multiple needs — full-service programs may be needed more now than ever before. In fact, the federal government is also recognizing that adverse circumstances outside the classroom are affecting growing numbers of children with disabilities. It allows local education agencies to use up to 5 percent of their IDEA state grant funds to develop strategies to improve the access of eligible children and their families to comprehensive social, health, and education services

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ACCESSIBLE LEARNING

by Lorianne Hoenninger

For many students with learning disabilities, spelling is one of their greatest challenges, and, over the years, "Weekly Speller" from <http://www.datacom.ca/~ron/> has been my favorite shareware tool for spelling practice. Recently, however, I discovered Ray's educational software at <http://ourworld.compuserve.com/homepages/raylec/>. His "Spelling and Word Games" for Windows is another excellent tool for spelling mastery.

Just like "Weekly Speller", "Ray's Spelling and Word Games" allows users to create their own word lists, and record a voice file. They both have an on screen keyboard, and use visual and auditory prompts to guide success. "Ray's Spelling and Word Games", though, has a more visually attractive interface. The Find the Word and Word Jumble games use the same word list that has been chosen for the Spelling activity, and provides for three levels of difficulty. It can keep track of spellings and vocabulary for up to 40 children, and includes special characters for foreign language study.

Both Ron and Ray have developed excellent math software as well. Ron's shareware math game is "Math Flight" and also can be downloaded from <http://www.datacom.ca/~ron/>. The interface is the same as "Weekly Speller".

Ray's math shareware game is called "Kid's Table and Time". It provides variable, timed practice with addition, subtraction, multiplication and division facts, thus enabling even students with

processing difficulties game success. Combined with the included calculator and the Speaking Clock module, this game is a great value at \$18.00. Other programs available from Ray include chemistry tutors "Atoms, Bonding and Structure" and "Atoms, Symbols and Equations", "Ray's Letters and Numbers" and "Teachers Report Assistant".

For Mac users with a 3-D accelerator card (read newer mac), take a look at "M&M's The Lost Formulas". This fast paced arcade game requires quick remembrance of math facts, or your car will crash and burn! It can be downloaded from <http://www.kidsdomain.com/down/mac/getoutoftown.html>.

"Master Spell" from <http://www.macinmind.com/> contains spelling drills that use the Mac's Plaintalk Text-to-Speech to add supports for spelling practice. The built in text editor can be used to input chosen spelling words, and the animated owl and hangman game provide entertaining follow-up activities.

As always, I hope you find these programs as fun and useful as I do. If you have questions, do not hesitate to e-mail me at accessiblelearning@erols.com, visit my website at <http://members.nbc.com/ALTA.1> or write c/o: Accessible Learning Technology Alternatives, P.O. Box 597, Shirley NY, 11967.§

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Full-service continued from page 1

that can help children succeed in school.

Two Models of Service Integration

One model of service integration, school-linked services, focuses on the school. In this model, which has been initiated in several states including California, Missouri, Utah, Kentucky, and New Jersey, the services and objectives are based on the schools' accountabilities and the educators' objectives, according to Hal A. Lawson, University of Albany, State University of New York, and Wayne Sailor, University of Kansas. The schools try to ensure that children receive the services they need so that they enter school ready and able to learn, states Lawson and Sailor in their paper, *Integrating Services, Collaborating, and Developing Connections with Schools*.

Other service integration initiatives, which are still in the early stages, focus on the needs of children, youth, families, and their local neighborhood communities, says Lawson and Sailor. These programs include "job and income supports, along with broader community economic and social development programs." Those models may also engender partnerships among private and public sector organizations and include provisions for changes in government agencies, Lawson and Sailor continue. Lawson and Sailor further contend that this broader view of services is necessary if we are to see substantial improvements in student performance.

The Benefits

Full-service schools can benefit both students and educators. A report by Joy Dryfoos, *Evaluation of*

Community Schools: Findings to Date, 2000, describes effectiveness data on 49 community schools with references as recent as last spring. Dryfoos cautions that the quality of current research on full-service schools varies greatly and rigorous studies of complicated social settings are expensive and hard to do. Even so, she concludes, "there is a body of evidence that community schools are beginning to demonstrate positive effects on students, families, and communities."

First, full-service schools enable educators to ensure that students can easily get the services they need to succeed, whether it be physical and/or mental health care, family counseling, or job assistance for parents. Some full-service schools reported better access to health and medical services than would have been available under more traditional education systems. Ann Hocutt, professor at the University of Miami, studied a program in Florida where the health care component worked well. The program served 800 students. It had three mental health counselors and offered individual and group therapy sessions to children in need of assistance. The children also got vision screening, dental care, and inoculations, Hocutt explains. In one telling incident, parents who spoke little English and couldn't decipher label directions brought head-lice medications to school. The school nurse gave shampoos and eliminated the problem. "Wonderful things were done," Hocutt says.

Other full-service schools also have reported improved health care for students. The Des Moines public schools in Iowa got 97 percent of all

students immunized. Broad Acres Elementary School in Maryland reduced the percentage of families without health insurance from 38 percent to 10 percent. Gains also have been made in improving children's mental health. In a draft report on special education in full-service schools for the Office of Special Education Programs, Cynthia Warger of Warger, Eavy, & Associates and CEC's Jane Burnette write that full-service schools with health clinics or mental health services on site had significant declines in rates of depression, fewer students considering suicide, declines in pregnancy rates, improved graduation rates, and lower absenteeism. For instance, 138 schools in California's Healthy Start program reported that students receiving services decreased drug use, and the Blenheim School in Missouri reported a 40 percent decrease in disruptive behavioral incidents. Additionally, 11 full-service programs reported reductions in rates of substance abuse, teen pregnancy, disruptive behavior in the classroom, or improvements in behavior in general. Six full-service programs reported lower violence rates and safer streets in their school neighborhoods.

What about academics? There, too, full-service schools have reported gains: 36 of the 49 programs reported academic gains, generally in reading and math test scores, and in 1999 Charles Drew Elementary School, West Philadelphia, showed more improvement on state reading and math tests than any other school in Pennsylvania.

Finally, some full-service schools also offer programs for parents that have helped them obtain jobs, as well as be better parents -- two results that can

have positive social and academic impacts for children.

For Teachers

The loose structure of full-service schools can offer educators freedom and flexibility. “We have very few restrictions” on what a school can do, says Pat Rainey, a program administrator for the California Department of Education, “because the focus is on outcomes, not procedures. We look for whatever makes kids achieve in school.” For example, O’Farrell, a community school in San Diego, Calif., has no principal. (There is a CEO.) “The teachers are the administrators,” says Mary Skrabucha, coordinator of O’Farrell’s Family Support Services team of professionals, including four social workers, all full-time, all on site. The school is divided into six “families,” and students stay with a “family” and the same teachers for three years. Murray, a member of O’Farrell’s special education team, says it works. Full service “gives the teachers the opportunity to teach,” she says. “They don’t have to wear so many different hats - social worker, mom. And we all work together,” she comments, speaking of the teachers, paraprofessionals, service providers, and parents. Plus, Murray says she has more flexibility than she had in traditional schools, and she’s able to organize her day around “what the kids need.”

Do They Work for Special Education?

Full-service schools can get services to students with disabilities quickly, even those who have multiple needs, and help prevent problems from escalating, according to Warger and Burnett in research cited in their report. Such programs:

*Can get services to special education students “in a natural and accessible setting — the neighborhood school.”

*Can get mental health services to all students faster, reducing the wait time for students with special needs and reducing the need for more intensive services, including special education.

*Have the potential to “positively affect developmental outcomes for children living in high-risk situations.”

*Helps prevent and reduce “escalation of problems.”

However, multi-site studies of special education in Healthy Start schools present less rosy results. Problems appear to stem from failures in collaboration and reliance on the school-linked approach where more services are offered off site. Also, Warger and Burnette report that studies published by SRI International from 1996 through 1998 showed that:

*Only 20 percent of the special education teachers surveyed were involved in the planning process for California school-linked and school-based services.

*On the average, only 33 students with disabilities used the Healthy Start services, although 80 percent of the teachers had referred students and families to the programs.

*Only 41 percent of special education teachers reported that full-service program staff took part in IEP meetings.

*Only 25 percent of the programs provided adequate feedback to special education teachers. Feedback tended to be informal and insufficient.

In conclusion, where coordination was good and special education teachers and students took full part in the programs, results also were good, with 90 percent of surveyed special

education teachers saying that students with disabilities benefited from program access when it occurred. The SRI researchers concluded that locating an integrated services program on school grounds is extremely important to special education students. Where that happened both teachers and students were better informed and more involved.

One of O’Farrell’s team leaders, Tom Evans, keeps in contact with Family Support Services on a daily basis, he says. At his San Diego school, Healthy Start staff attend IEP meetings. Members of the two teams confer regularly, and “we try to figure out ways to be at each other’s meetings,” he explains. “We can always do better, nobody’s perfect, but I see communication as a key element,” Evans says.

Problems in Full-Service Schools

The “working together” piece in full-service schools can be a real problem. In one Florida initiative studied by the University of Miami’s Hocutt and Marjorie Montague, effective coordination of people and programs was missing, in part for lack of a full-time person to do it. At the end of the program’s first year, some teachers were not even aware of the program, she explains, while others thought it served the emotionally disturbed alone. The principal complained children were enrolled without parental approval. And the health care component was in financial trouble, struggling with Medicaid red tape and private-provider scrimping.

In contrast, Hocutt says, another Florida school effort did better with full service. In this case, the program was

run by a professional coordinator and a multi-disciplinary Home School Services Team. The team tracked children with special needs, including special education students. Team members channeled families to "survival services" such as rent assistance or guided them to counseling. However, as at the first Florida site, funding the health care component proved difficult. §

Assistive Technology Partners

Assistive Technology Partners has several trainings coming up in the near future. Go to www.uchsc.edu/atp/training/traincal.htm to the atp web site or call 303-315-1280 and ask for a training calendar. We offer scholarships for people with disabilities and their families.

The 5th annual "Achieving New heights with Assistive Technology" collaborative conference is scheduled for November 1-3, 2001. We are presently accepting call for paper applications. An application can either be completed online at our web-site, www.uchsc.edu/atp (follow the conference link), or requested by calling (303) 315-1280.

Assistive Technology Partners hosts open houses one Wednesday a month. These informal events are free and offer the public an opportunity to see and play with a range of adapted technologies. The next few open houses include: 1) AT for Recreation: Wednesday April 18th from 5:00-7:00, 2) Senior Tech Brunch: Wednesday May 23rd from 10:00-12:00

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Family-Centered Decision Making in Assistive Technology

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Alan VanBiervliet, University of Arkansas for Medical Sciences

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Part 2

Source: *Journal of Special Education Technology*, 15(1), Winter 2000

THE CRITICAL ROLE OF CULTURAL BACKGROUND IN AT DECISION MAKING

Coinciding with growing recognition of the importance of family participation in AT decision making has been greater emphasis placed on diversity and cultural issues (Covington, 1998; Huer, 1997; Huer & Lloyd, 1990; Parette, 1998). Many reports have described variations across cultural groups along such diverse dimensions as perception of disability, child-rearing practices, value placed on education, and involvement of families in education processes (Battle, 1993; Ford, Obiakar, & Patton, 1995; Lynch & Hanson, 1992a; Roseberry-McKibbin, 1995). Such dimensions have direct implications for AT service delivery (Parette, VanBiervliet, Reyna, et al., 1999), and have helped professionals come to understand that family members from varying cultures might perceive and desire technology very differently (Parette, 1998; Parette, Brotherson, & Huer, in press; Smith-Lewis, 1992; Taylor, 1994).

For example, in the area of AAC service delivery, Smith-Lewis (1992) found that African American family members often choose not to use AAC devices when such usage drew attention to their

children. A strongly held value among many African American families is to fit into the community, versus being identified as being different from others

(Parette, 1998; Roseberry-McKibbin, 1995; Willis, 1992). AT devices can draw considerable attention to children in public settings. As a result, some families simply choose not to use AT devices outside the home environment, thus contributing to the technology abandonment problem experienced by many school systems. In an era when accountability for fiscal resources has grown substantially, minimizing the potential for AT abandonment through greater cultural sensitivity must be a priority for educators.

Culture and communication

Individuals from different cultures frequently demonstrate differences regarding their communication approaches with others (Lynch & Hanson, 1992a; Roseberry-McKibbin, 1995). When professionals and family members come from differing cultural backgrounds, these differences may lead to ineffective communications during AT decision-making (Dunst & Paget, 1991; Munschenck & Foley, 1995; Nahmias, 1995). During any AT planning process, it is critical that all professionals make every effort to maintain open, two-way communication to ensure that families are both heard and understood (Simpson, 1996). This is especially critical in that families from cultural backgrounds that are

different from those of team professionals may be more likely to perceive those professionals as experts, and may defer their voices in the AT decision-making process. When this occurs, valuable information will be lost.

Some families may come to AT planning meetings with inaccurate notions regarding AT devices. For example, they may believe that, once a child has an AT device, the child should be able to demonstrate desired skills immediately (Parette, Brotherson, Hoge, & Hostetler; 1996). Families may also state their expectation that vendors should assume responsibilities for teaching families how to use AT devices in the home, and that vendors should be available on demand by families in need of technical assistance. Such preferences may be seen as unrealistic by professionals. Nevertheless, professionals must afford families the opportunity to effectively express themselves, providing an environment in which parents can clearly communicate their perceptions in a non-threatening and supportive atmosphere (Cobb & Reeve, 1991).

Evolving Practices

Despite their theoretical acceptance of culturally sensitive family-centered strategies, during the actual AT decision-making processes many so-called helping approaches that actually may not be very helpful (McGonigel & Garland, 1988). For some professionals, involving families simply means (a) having family members complete questionnaires that deal with family assistive technology needs and support networks (Trivette, Deal, & Dunst, 1986), or (b) relying on professional observations of AT

devices parents have had success with in the home setting (Parette et al., 1993).

It may be that typical contemporary AT decision-making practices relegate families to more passive roles (e.g., information provider, trainer) than those they often assume during IFSP and IEP service plan development (Parette, 1995). Turnbull and Turnbull (1985) have suggested that when professional input is the primary source of information in the decision-making process, conflict between family and professional priorities and insights may be anticipated, particularly when professional perspectives are not shared by family members from diverse cultures (Soto, Huel; & Taylor; 1997).

Assessment and planning

Given the importance of effective initial AT assessment, a variety of proposed assessment models have been described in the professional literature. One particularly promising approach to AT assessment is represented by Education Tech Points (Bowser & Reed, 1995). This assessment system is composed of general program policies and procedures that identify useful assistive technology questions, and the points at which they should be considered. These questions include initial referral questions, evaluation questions, extended assessment questions, plan development questions, implementation questions and periodic review questions (Reed & Bowser, 1998). Such a systematic approach provides support structure to educational teams, helping them to more effectively select and implement assistive technology services. Another useful approach—the Student, the

Environment, the Tasks, and the Tools (SETT) Framework (Zabala, 1995)—offers guidance for AT teams. This approach basically provides initial questions that address (a) a student's need for AT, (b) the type of AT needed, and (c) personnel involved in making these decisions. To facilitate team information gathering regarding each of the targeted areas (e.g., student, environment, tasks, tools), a collaborative process is used. The SETT process helps build consensus regarding (a) the direction that intervention will take, (b) the tools needed to move in that direction, (c) the measures used to evaluate the effectiveness of the tool system, and (d) the interventions in supporting the student's progress.

Other perspectives on AT planning have resulted in the design of unique approaches and instrumentation. For example, The Institute for Matching Person & Technology (1999) has developed the Matching Person and Technology (MPT) assessment process, a personalized approach to matching individuals with the technologies necessary to enhance the quality of their lives. The MPT model and process is designed to be user-driven and person-centered, and includes a series of instruments, primarily self-report checklists about consumer predispositions to, and outcomes of, technology use. These checklists consider (a) the environments in which a person uses AT, (b) the individual's characteristics and preferences, and (c) the functions and features of the AT. For individuals considering some new AT, but continue to have reservations, the Survey of Technology Use (SOTU) identifies those technologies with which an individual already feels comfortable or

successful in using so that any proposed new technologies can be built around present comfort or success.

Other AT-specific forms designed by The Institute for Matching Person & Technology (1999) include (a) The Assistive Technology Device Predisposition Assessment to help people select assistive technologies; (b) The Educational Technology Predisposition Assessment to help students use technology reach identified educational goals; (c) The Workplace Technology Predisposition Assessment for employers, vocational counselors, and others who introduce new technologies into the workplace and who train persons in their use; and (d) The Health Care Technology Predisposition Assessment for health care providers who recommend or prescribe technologies for health maintenance, pain relief, and other medical reasons. Each of these MPT instruments (except the Health Care Technology Predisposition

Assessment) is actually a pair of instruments. One is designed for the provider of technology (e.g., a counselor, therapist, teacher; employer; or trainer), while the other is designed for the technology user (e.g., a client, student, employee). The two versions are designed to be used jointly to most accurately identify those technologies that offer the greatest promise for the user; and are most likely to be fully utilized.

Each MPT instrument was developed from the experiences of AT users and non-users through participatory action research to ensure that providers and users might work together most effectively to achieve a variety of goals. Those goals include: (a) an accurate assessment of the degree of match between user and provider perspectives (b) consideration by providers of all relevant influences on the use of a AT while focusing on the user's quality of life, (c) early

identification of potential mismatches between a proposed AT and a potential user to reduce inappropriate use or non-use and eliminate the accompanying disappointment and frustration, and (d) identification of appropriate training strategies for an individual's optimal use of a AT. Any effective AT assessment system must incorporate family and cultural factors. A number of reports based on interviews with families across cultures have emerged in recent years proposing assessment protocols and questions for teams to consider when making decisions regarding appropriate AT for children with disabilities and their families (Angelo, 1997; Hourcade, Parette, & Huer; 1997; Huer; 1997 ; Parette, 1999; Parette, Brotherson, Hourcade, & Bradley, 1996). Sensitivity to these cultural and family factors early in the AT decision-making process significantly enhances the likelihood of success of any team decisions.§ *Part 3 next month*

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HalfthePlanet News

Did you know that:

* fully 20 percent of our U.S. population, or 56 million people, have disabilities, and another 100 million people within the U.S. are touched in some way by having close ties to those of us with disabilities?

* your knowledge and experience of having a disability or knowing someone with a disability—whether it is personally, professionally, or socially—is very much needed and appreciated by others?

* only 21.6 percent of people with disabilities are using computers and the Internet while 42.1 percent of people without disabilities are doing the same, and that this gap has widened while the overall number of Americans using the Internet and computers increased by 58 percent?

* Congressional plans for election reform do not adequately include the needs of people with disabilities?

HalfthePlanet knows, and we invite you to get involved and join a community!

WHAT IS HALFTHEPLANET FOUNDATION?

HalfthePlanet Foundation was established as a nonprofit organization in tandem with HalfthePlanet.com—a for-profit Internet portal offering comprehensive, reliable information, products and services to people with disabilities, their families and friends. HalfthePlanet.com closed its doors in November 2000 due to market conditions, leaving its assets to the HalfthePlanet Foundation. Among those assets is its well-known web site—halftheplanet.com—the most comprehensive disability resource on the web, created by people with disabilities for people whose lives are touched by disability.

HOW CAN YOU GET INVOLVED?

HalfthePlanet Foundation is pleased to announce that it has relaunched the HalfthePlanet web site, accessed either at <http://www.halftheplanet.org/> or at <http://www.halftheplanet.com/>. The web site has been redesigned and is currently operated as a program of HalfthePlanet Foundation. I would like

to invite you to visit our redesigned, streamlined, and accessible web site focused on bringing people together and providing current and valuable information around disability issues—meet people and share information on our community bulletin boards, find information related to disability in our resource directory and articles, and learn about our many nonprofit partners. Chat rooms will be online soon! For those of you who haven't visited us in a while, you are always welcome, and I hope you will return to our site soon. For those of you who are regular visitors and have found our new site already, thank you for your interest and commitment, and please let us know what you think of the new site.

Please send us an email at info@halftheplanet.org, and spread our good news to your friends and family by forwarding this email to them.

John D. Kemp, President & CEO §



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