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NORA ELEY CARTLEDGE

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PARENTS OPINIONS REGARDING THE VALUE OF HOMEBASED PROGRAMS  
FOR PRESCHOOL HANDICAPPED CHILDREN

by

Nora Eley Cartledge

Dissertation submitted to the Graduate Faculty of the  
Virginia Polytechnic Institute and State University  
in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

in

Educational Administration

APPROVED:

---

Kenneth E. Underwood, Chairman

---

Ann Sherman

---

Houston Conley

---

Winston M. Whitehurst, Sr.

---

Jim C. Fortune

May, 1977

Blacksburg, Virginia

## DEDICATION

To Harrison Jr.

## ACKNOWLEDGEMENTS

The author wishes to express her sincere gratitude to her doctoral committee: Dr. Kenneth Underwood, Chairman; Dr. Houston Conley; Dr. Jim Fortune; Dr. Ann Sherman; and Dr. Winston Whitehurst, Sr. who gave valuable suggestions on the dissertation and supplied continuous support and encouragement to the author.

Appreciation is extended to Mr. James T. Micklem, Sr. of the Virginia State Department of Education who suggested the need for the study.

Gratitude also goes to the superintendents, Child Development Specialists, Supervisors of Special Education and the parents from the Chesapeake, Norfolk, Portsmouth, and Surry County School Systems, who gave cooperation and assistance in carrying out the dissertation.

Special thanks is extended to Dwarika Nayak and other personnel in the Southeastern Virginia Training Center and to personnel in Chesapeake Public Schools, Old Dominion University, and Norfolk State College for their assistance in the study.

Finally, genuine appreciation is expressed to my family, and to others whose names were not mentioned for their sacrifice, understanding, love, encouragement, and support.



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## CHAPTER I

### INTRODUCTION

In a majority of cases, parent participation in the education of their preschool handicapped children has been related primarily to program implementation rather than to program evaluation. Calvert (1971) has pointed out, however, that parents should also be involved in setting project goals and evaluating how well the goals have been met. This latter aspect--evaluation--appears to be an area in which parents can and should also be involved. Moreover, as Calvert maintains, the formation of consumer groups by parents suggests that they want to be asked what they expect from programs and want to be included in determining if the program has succeeded in reaching those expectations.

Parent participation has been defined by Chilman (1972:2) as:

. . . a participatory process directed toward involvement of adults as individuals or in groups, with the goal of helping them develop skills, knowledge, attitude, and influence so that they may improve the physical, emotional, social, and economic life of themselves and their families.

Professional advocacy organizations such as the Association for Retarded Citizens and the Association for Children with Learning Disabilities have encouraged parent participation. Educators have insisted upon parent participation in the development of special education programs. Public interest and parental concern for services for handicapped children has resulted in a federal law mandating

education for such children ages two to twenty-one (Calvert, Olshin, DeWeerd and Benson, 1969). This law, entitled, "The Handicapped Children's Early Education Assistance Act," PL 91-230 (formerly PL 90-538) was enacted in 1969.

The Handicapped Childrens' Early Education Program (HCEEP), sometimes referred to as the First Chance Network, initially funded twenty-four projects. At this time, at least one project is operated in each state (DeWeerd and Cole, 1976). According to a grant application (1977), the program was designed to accomplish the following six objectives:

1. To insure every handicapped child an appropriately designed education.
2. To assist the states in providing appropriate educational services to the handicapped.
3. To insure that every handicapped child receives career educational training that is relevant to the job market, meaningful to his/her career aspirations, and realistic toward the development of his/her fullest potential.
4. To assure that all handicapped children served in the schools have a trained teacher or other resource person competent in the skills required to aid the child in reaching his/her full potential.
5. To assure the enrollment of preschool aged handicapped children in federal, state, and local educational and day care programs.
6. To encourage additional educational programming for severely handicapped children to enable them to become as independent as possible, thereby reducing their requirements for institutional care,

and providing opportunities for self-development.

A major requirement of PL 92-130 is parental participation in the planning, operation, evaluation, and development of funded programs. The application for grants under the act states that parent participation shall include (1) opportunities to advise and assist in planning, development, operation, and evaluation of the project; (2) training of parents and other family members (where appropriate) as a component of the project; (3) appropriate participation in the educational and therapeutic components of the program, and (4) opportunities to advise and assist in the dissemination of information regarding the program. As Levitt and Cohen (1968) noted, the Bureau of Education for the Handicapped (BEH) emphasis upon parent participation in early education program for handicapped children has been so strong that in 1973 seventy five percent of the proposals submitted under PL 92-130 were denied because of insufficiencies in proposed parent participation.

Research studies have revealed the effectiveness of parent participation in training programs in which parents were taught to teach their preschool handicapped children (Weikart, Deloria, Lawsen and Wiegerink, 1970). In the majority of these studies, effectiveness has been measured primarily in the cognitive domain with emphasis on changes in behavior or on child gains. Considerable literature exists which reports cognitive growth or behavioral changes in preschool handicapped children whose mothers were their primary educators (Karnes and Teska, 1975; Levenstein, 1970; Jordon, 1969). Many of these studies utilize pre-test and post-test IQ scores of children as assessment instruments.

Karnes (1975) reported that there was to her knowledge no attempts to assess the affective effects of such programs. Spauling's study (1968) of a "Social Learning Approach to Early Childhood Education" was reported as an exception. A thorough search of the literature revealed no studies which have assessed the effectiveness of homebased preschool programs for handicapped children in terms of their value to parents as consumers and implementators. A telephone call to Paul Viananza, coordinator of Region III Department of Health, Education and Welfare, led to no studies.

#### PURPOSE OF THE STUDY

The purpose of this study was to assess parents' opinions regarding their involvement in a homebased preschool training program according to "A Comprehensive State Plan for the Education of Young Handicapped Children Below Age 5 in Virginia" (Virginia, 1974). The program utilized frequent visits by Child Development Specialists (home teachers) in an effort to train parents to teach developmental skills to their preschool handicapped children.

#### STATEMENT OF THE PROBLEM

The problem was to investigate the following question: What are parents' opinions regarding the value of homebased programs in which they were taught to teach their preschool handicapped children? In order to investigate this question, six specific research questions were formulated. These research questions were designed to be asked of a study sample of forty parents whose children are homebased preschool

handicapped and who were selected from four Southeastern Virginia school divisions. Responses to these questions and background information were gathered through structured interviews for summary analysis.

#### RESEARCH QUESTIONS OF THE STUDY

In order to determine parents' opinions of the value of homebased programs, the following research questions were considered:

1. What information or program content appears useful to parents?
2. Does acceptance of the homebased preschool program by parents as measured by their willingness to be identified with it, differ as associated with (A) their varying educational levels, or with (B) their child's type of handicap?
3. Does preference for the homebased program by parents, as measured by their seeking, wanting, and pursuing it, differ as associated with (A) their varying educational levels, or with (B) their child's type of handicap?
4. Does commitment to the homebased program by parents as measured by their acts to further the program, differ as associated with (A) their varying educational levels, or with (B) their child's type of handicap?
5. Do the parents and the home teachers differ in their reporting of the parents' acceptance, preference, and commitment to the homebased preschool program?
6. Do the parents and home teachers differ in their ratings of topics which might be used in training programs for parents?

## FRAME OF REFERENCE

The term "value", as used in the statement of the problem, is one of the categories in the affective domain of the Taxonomy of Educational Objectives by Krathwohl, Bloom, and Masia (1964). The categories in the affective domain presented in hierarchical order follow:

- 1.0 Receiving (attending)
  - 1.1 Awareness
  - 1.2 Willingness to receive
  - 1.3 Controlled or selected attention
- 2.0 Responding
  - 2.1 Acquiescence in responding
  - 2.2 Willingness to respond
  - 2.3 Satisfaction in response
- 3.0 Valuing
  - 3.1 Acceptance of a value
  - 3.2 Preference for a value
  - 3.3 Commitment (conviction)
- 4.0 Organization
  - 4.1 Conceptualization of a value
  - 4.2 Organization of a value system
- 5.0 Characterization by a value or value complex
  - 5.1 Generalized set
  - 5.2 Characterization

The instrument used in this study employed questions relative to characteristics one might expect to categorize under the value category. These characteristics may be found in the Definition of Terms section of this chapter.

### Brief History of Parent Participation

Kraft and Chilman (1966) reported that parent programs in the United States were initiated in an organized fashion at the turn of

the last century. These programs were in the form of clubs, discussion groups, film forums, lectures, brief workshops, printed material, mass media and inschool observations, and they served primarily middle class parents. They were parent-initiated under the auspices of P.T.A.'s, churches, and other organizations serving children.

According to Cain (1976), parents organized local groups to share common problems and to help their children, as well as themselves, cope with family and social pressures. One of the earliest parent groups, the National Society for Crippled Children, dates back to 1921. Cain reported that the major thrust of parent group involvement occurred in the 1940's and 1950's when groups were organized to emphasize the welfare of mentally retarded and other handicapped individuals. The National Association of Retarded Children (Citizens is now substituted for Children) and the United Cerebral Palsy Association are two such groups. Since public education did not include programs for the handicapped, these parents later sponsored legislation to make programs for handicapped children a responsibility of the public schools. They were successful in obtaining services for children by educational, as well as health and welfare, agencies.

Lazar and Chapman (1972) reported that it was not until the 1960's, however, that parents' activities expanded to include parent involvement in developing knowledge, attitudes, and skills in family life education. During the 1960's, poverty became a national concern resulting in the initiation of parent-child centers where parents became involved in educational programs. These programs were not designed primarily for parents of handicapped children; rather the



emphasis was on families who were economically disadvantaged.

It was suggested by Calvert, Olshin, DeWeerd and Benson (1969) that perhaps the greatest impetus toward parent participation in programs for the handicapped occurred after 1968 when an epidemic of German Measles resulted in 20,000 to 30,000 babies being born with handicaps. The reaction of the nation to this catastrophe was to take responsibility for providing these children with early education programs. Using funds provided through the Handicapped Childrens' Early Education Assistance Act, various model programs were established to provide services to these children, including homebased, center based, and combination home and center based models.

The model that was implemented in Virginia is homebased. In these programs, home teachers (Child Development Specialists) visit the homes of handicapped children on a weekly basis or as often as needed. During the visits, through demonstration and written or verbal means, they instruct parents to accomplish activities prescribed for the child. The home teacher observes the parent performing the activity and leaves activity sheets with instructions for the following week. When the home teacher returns, he/she and the parent review the child's progress and the next increment of instruction is taught to the parent.

#### SIGNIFICANCE OF THE STUDY

In Virginia the home teaching model has been in operation for more than one year as a statewide program. It has been stated that homebased training programs may create problems to parents as consumers (Levitt and Cohen, 1976).

Research has shown that parents are capable of teaching their children when given instructions, and are able to foster cognitive change in them as a result (Karnes and Teska, 1975; Levenstein, 1970; and Jordon, 1969). Presently lacking in the literature are studies which ask parents, as consumers, whether they accept the idea of teaching their handicapped child, or whether they are committed to the practice of homebased programs. A survey designed to fill this gap in research is a primary justification for this study.

A second justification for the study was to satisfy an interest by Virginia State Department of Education, Division of Special Education, in discerning parents' judgements regarding the value of home programs in which they were taught to teach their handicapped children. The Division, in a letter to the researcher (Appendix A), stated that this information would be valuable in developing guidelines across the State of Virginia. The present study did not attempt to secure the perceptions of parents across the state. Rather, a selected sample of parents who had participated in homebased programs in one section of Virginia was surveyed. The information gathered will therefore not be representative of the entire state of Virginia, but of the section of Virginia that was studied. Nevertheless, the study presents an evaluation model and instrument which can be used in the future to more extensively evaluate parents' opinions of the value of homebased programs in Virginia.

Finally, from the standpoint of an administrator charged with designing special education programs for a school division, the researcher was interested in satisfying questions she had relative to

parents' reactions to this particular type of program. (1) What factors parents react negatively or positively to? (2) Are there factors related to parents' opinions about teaching their own child? (3) Are parents in favor of having a home teacher visit the home to offer suggestions? Answers to these questions would provide useful information to the researcher.

In 1974, members of the Special Education Division received a planning grant from Technical Assistance Development Systems (1974), a United States Office of Education Project at the Frank Porter Graham Child Development Center in Chapel Hill, North Carolina. Utilizing the grant, a task force, and a state consultant, the Division developed a program of action (Appendix B). A Comprehensive State Plan for the Education of Young Handicapped Children Below Age 5 in Virginia was the result of this action. The Plan suggested a "supermarket of services" involving the assistance of a trained Child Development Specialist in each school division. The model used to provide services was called the home program. In the home program, the Child Development Specialist visited the home of the handicapped child weekly to demonstrate to the parent the task the child was to learn. Simple written directions were left with the parent as a reminder of instruction to be accomplished. The Child Development Specialist returned the following week to receive a progress report and to give further instruction. Homebased programs of this nature were provided to parents in forty-two Virginia school districts in the 1975-76 school year (Virginia, 1974).

## LIMITATIONS OF THE STUDY

The study was restricted to parents who participated in home programs during the 1975-77 school years in the Public School of Chesapeake, Norfolk, Portsmouth, and Surry County, Virginia.

The results of the study should be interpreted as indications of relationship rather than of causal associations between and among the various dimensions under study.

The intent of the study is to provide descriptions of parents' opinions and reactions to processes associated with the program and is not to evaluate the program in regard to effectiveness with children.

The specific variables selected for the study (parents' educational level, and child's type of handicap) were not intended to be exhaustive. Other possible variables could include sex, race, age and socioeconomic status. The two variables selected for this study were chosen to determine if educational levels or child's type of handicap related to parents' willingness to teach their child.

The validity of the data obtained from both the questionnaires and the interviews directly related to the researcher's skill, knowledge, and techniques in selecting the content and in phrasing the statements precisely.

Parents understood questions differently as a function of their background. It was therefore necessary that some questions be rephrased during the interviews. Validity, therefore, is also related to the extent to which the researcher was able to achieve understanding by respondents of questions asked.

## ASSUMPTIONS OF THE STUDY

Parents who participate in homebased training programs are willing to report their feelings to the researcher in good faith.

Parents who are interviewed for this study have participated in programs designed to have uniform treatment effects which are the sources of the study.

Expressed opinions of parents can be measured or assessed.

Parents expressed opinions are reflections of their acceptance, preference, and commitment to the program.

Parents vary in acceptance, preference, and commitment to their child, and therefore, will vary in response to questions of that nature.

## DEFINITIONS USED IN THE STUDY

Division - The Virginia State Department of Education, Division of Special Education.

Home Program - A program in which the home teacher visits the home of a handicapped child weekly to provide an enrichment program of "developmental education and therapeutic activities" (Virginia, 1974:8). The purpose of the program is to promote the ability of the child to function by minimizing problems caused by the handicap. The home teacher demonstrates to the parent tasks which the child must learn to perform and leaves written instructions with the parent. The parent follows the instructions and gives a progress report to the home teacher upon his/her return. The progress of the child is noted and the parent is given new instructions and demonstrations. The term home program is used synonymously with homebased program in this study.

Home Teacher - The individual who visits the homes of handicapped children on a regular basis to take instructional materials and to assist parents with the developmental training of their children. A program of demonstration and suggestions by the home teacher is designed to "assist parents in their roles and to enrich the quality of life for the children (Virginia, 1974:8). The term home teacher is used synonymously with Child Development Specialist in this study.

Parent - The mother or female guardian unless otherwise specified.

Opinion - A belief that one holds. . . that is capable of verbal expression under appropriate circumstances (English and English 1970:359).

Perception - The opinions or judgements held by an individual.

Preschool handicapped child - A child two through five years of age who "deviates significantly from established milestones or norms in motor, adaptive and social, sensory and/or language development" (Virginia, 1974:2). Professional groups including education, medicine, and child development specialists have established normal limits in these areas of development. Child development clinics identify and verify significant deviance (Virginia, 1974).

Training - All activities planned, initiated, encouraged, or supervised by instructors and which cause interaction or reaction by the trainee toward promoting child development.

Value - A category in the affective domain, devised by Krathwohl et. al. (1958:180), having the following three subcategories:

- a. acceptance of a value, characterized by consistent behavior in responding to a phenomena and in identifying with a belief or attitude.

- b. preference for a value, characterized by sufficient commitment to the value to pursue it, want it, and seek it.
- c. commitment to a value, characterized by action to further the thing valued or to extend the possibility of developing it.

Severely handicapped child - The status confirmed by Child Development Specialist, as a result of reading the child's psychological record.

Moderately handicapped child - The status confirmed by Child Development Specialist as a result of reading the child's psychological record.

First Chance Network - The more than 100 preschool demonstration projects distributed throughout the United States for children having physical, emotional, health and/or mental handicaps. The authorization for the development and operation of the programs was the 1968 Congressional enactment of the Children's Early Education Assistance Act. The administration agency is the Bureau of Education for the Handicapped (Technical Assistance, 1974).

Audiological Management - Management of hearing handicaps through evaluation of hearing loss, selection of hearing aids, and training attention to sounds (McConnell, 1974).

#### SUMMARY AND OVERVIEW

This chapter was designed to clarify the problem and to state the purpose of this study. Included in this chapter are the introduction, purpose of study, statement of the problem, research questions of the study, frame of reference, brief history of parent participation,

significance of the study, limitations of the study, assumptions of the study, definitions of terms used in the study, and summary and overview.

Chapter two presents a review of related literature.

Chapter three describes the procedures used in the conduct of the study. Included are descriptions of the sample, description of the data collection instrument, data collection methods, and treatment of the data.

Chapter four contains the findings of the study and the analysis of data obtained.

Chapter five presents a summary of the study, the conclusions based on findings, and recommendations.



## CHAPTER II

### REVIEW OF LITERATURE

Parent education is not a new phenomenon. Schloffman (1976) reported a history of parent education efforts that dates back to the early 1800's in the United States. Current studies, papers, and monographs have revealed the importance and effectiveness of parents as partners in the early education of their handicapped children (Calvert, 1971; Chilman, 1972; Karnes and Teska, 1975; Warfield, 1975). Recently, emphasis has been given to providing means by which parents of handicapped children may be involved to a greater degree in their child's structured educational programs. One means is to train parents to teach their handicapped children in the home.

Relatively few studies have reported the value of such training as perceived by parents, the consumers and implementators. The progress of the child is often reported but the opinions of parents are either reported briefly and subjectively or not at all. This study was designed to investigate the opinions of parents regarding the value of homebased programs in which they were taught to teach their preschool handicapped children.

This chapter reviews the current literature on models of homebased parent training programs, effects of parent training programs on handicapped children and parents' perceptions of programs. Models of homebased programs that served as demonstration models for the Virginia Plan are discussed in this chapter. Some of these models (Marshalltown

and UNISTAPS) are referenced in "A Comprehensive State Plan for the Education of Young Handicapped Children Below Age 5 in Virginia" (Virginia:1974). The other models presented in this chapter had similar offerings to the Virginia Plan or their evaluation instruments served as references for the instruments used in this study.

#### MODELS OF HOMEBASED PARENT TRAINING PROGRAMS

A large number of homebased parent training programs originated in large target areas. Among these projects are Portage, ERANDA, and Marshalltown. Table 1 presents an overview of these models and a description of each follows:

##### The Portage Project

The Portage Project (Shearer and Shearer, 1972), administered by the Cooperative Educational Service Agency 12, in Portage, Wisconsin, focused on service to seventy-five handicapped children ages from birth to six years. It was originally funded in 1969 by the Education of the Handicapped, Act. P.L. 91-230, Title VI, Part C.

Program: The home teacher visited each home weekly and left with the parent three to four prescriptions. Prior to leaving prescriptions, baseline data was taken on each child. Instructional materials were based on this data. Each parent received an activity chart on which to plot the child's progress. The chart also provided the parent with goals for the child written in behavioral terms. It described how often the skill was to be practiced, what behavior to reinforce, and how to reinforce it. The original project served

Table 1

## Models of Homebased Parent Training Programs

Program	Target Group	Nature of Intervention	Outcome Measures	Summary of Findings	Comments
The Portage Project, Portage, Wisconsin, (Shearer & Shearer, 1972).	75 handicapped children, ages birth - six years.	Parents were taught educational techniques to apply to their children in weekly visits by a home teacher.	Cattell Infant Intelligence Scale and the Stanford-Binet Intelligence Test	Project children made 13 months progress in an 8-month period.	Parents appeared to be effectively training to teach their children.
ERANDA Project Educational Research and Development Associates Project, (Higgins, Pelero, & Seidel, 1974).	66 handicapped children, ages birth - ten years.	Parents and babysitters were taught in one of three units through weekly home visits by a home teacher.	Peabody Picture Vocabulary Test, Slosson Intelligence Test, Inferred Self-Concept Scale, and the Vineland Social Maturity Scale.	Children in two units made progress but children in one unit regressed. Parental evaluations of the project were favorable.	No explanation was suggested for regression of children in one unit.
Marshalltown Project, Marshall and Poweshiek Joint County School Systems, (Montgomery, 1975).	46 handicapped children, ages birth - six years.	Weekly visits to home by home advisor to assist parents to develop skills in prescriptive writing and teaching for their children.	Alpern-Boll Developmental Profile, Stanford Binet Form L-M and Slosson Intelligence Scale.	On motor and social scales, 39 of 40 children made significant gains on the communication scale only 9 of the 46 made significant gains.	The overall progress of children in the project would suggest successful parental training.

seventy-five handicapped children. The project was recently reported to be serving 150 children (Shearer and Shearer, 1974). The project was based on these assumptions:

(1) Parents care about their children and want them to attain their maximum potential, however great or limited that potential may be.

(2) Parents can, with instruction, modeling, and reinforcement, learn to be more effective teachers of their own children.

(3) The socio-economic and educational or intellectual levels of the parents do not determine either their willingness to teach their children or the extent of gains the children will attain as a result of parental instruction.

(4) The precision teaching method is the preferred learning model since feedback is provided daily to parents and weekly to staff, thereby reinforcing both when goals are met. Moreover, the method provides a continual data base for curriculum modification, thus maximizing the likelihood of success for parents and children.

Results: Scores from data on the Cattell Infant Intelligence Test and the Stanford-Binet Intelligence Test were used in the evaluations. The average I.Q. of children in the project was reported to be seventy-five. It was anticipated that the normal rate of development for these children would be 75 percent of that for a child with average intelligence. It was reported, however, that after an eight-month period the project children gained thirteen months developmental growth. That gain was reported to be 60 percent more than the gain of their counterparts.

Children who remained in the program for a second year were retested in September of the following school year. It had been anticipated that regression would occur. However, test results were reported to have revealed no significant difference in scores. The authors concluded that parents had continued to work with their children during the summer, without the assistance of a home teacher.

#### The ERANDA Project

The Educational Research and Development Associates Project (ERANDA) was funded under Title III, ESEA, Section 306 for the West Virginia Region VIII Early Childhood At-Home Project.

Program: According to Higgins, Peters, and Seidel (1974), the project included three units - the Babysitter Unit, the In-Home Day Care Unit and the At-Home Handicapped Unit. In each unit the home teacher provided prescriptions for the sixty-six children enrolled. The parents were responsible for reinforcement of activities taught weekly by the teacher. To enrich weekly visits, other activities were planned such as field trips, parties, picnics, and visits to other children's homes. The In-Home Day Care Unit and the Babysitter Unit were designed to (a) work with the child on his level, (b) meet individual needs, and (c) aid the parent or babysitter in providing and recognizing needs and abilities of the children in their care. The At-Home Handicapped Unit added the component of bringing together parents and children. This allowed for sharing of problems by parents and for socialization by children.

Results: Testing for all children included the administration of the Peabody Picture Vocabulary Test (PPVT), the Slosson Intelligence Test (SIT), the Inferred Self-Concept Scale, and the Vineland Test of Social Maturity. Parents responded to a mailed questionnaire. Staff members also responded to an evaluation questionnaire. A t-test between correlated sample means was completed to determine the significance of gains between pre- and post-tests. It was reported that the children in the Babysitter Units grew significantly; the children in the In-Home Day Care Unit grew, but not to a significant degree; and the At-Home Handicapped Unit regressed slightly.

Evaluations by babysitters and by parents were reported to be positive. It was also reported that they expressed statistically significant increases in their adequacy for teaching the children. Staff member evaluation results were reported to have met the evaluation criterion desired by the project objectives.

#### The Marshalltown Project

According to Project Director Montgomery (1976), the Marshalltown Project was designed to provide in-the-home services to children, ages birth to six years. The project was sponsored by Marshall and Poweshiek Joint County School Systems in Marshalltown, Iowa, under a grant from the Department of Health, Education and Welfare, Office of Education, Bureau of Education for the Handicapped. The project served forty-six children who had various types of handicaps.

Program: The focus of the program was upon parents of educationally deprived and handicapped children. The aim was to make them

effective first teachers for their children. The program operated through the services of a home advisor who visited the home weekly. During the sixty to seventy-five minutes spent with the parent, the home advisor assisted the parent in developing skills in descriptive writing and teaching for the handicapped child. A typical home visit included most of the following components:

1. A postline was taken to determine whether the child had learned a new skill the preceding week.
2. The parent and home teacher analyzed problems and successes for future references.
3. A new skill to be learned was discussed.
4. A baseline was taken to determine degree of proficiency.
5. The parent and home teacher developed a prescription as a team.
6. The home teacher demonstrated, with the child, how the prescription was to be applied, and
7. The parent re-demonstrated to ensure agreement in technique.

Results: Assessment instruments at the end of the first year included the Alpern-Boll Developmental Profile, Stanford-Binet Form L-M, the Slosson Intelligence Tests, and the Marshalltown Behavioral Developmental Profile. Since there was not available an existing group of comparable children to compare with the treatment group, reports of a t-test comparison of predicted and observed group scores on the Marshalltown Behavioral Developmental Profile were used and revealed the following: Nine of the forty-six subjects showed a statistically significant

(.05) difference between predicted and observed scores on the communication scale. Eleven of the subjects showed negative differences in scores, and the others showed positive differences but not to a statistically significant degree.

On the motor and social scales thirty-eight of the forty-six children showed significant (.05) differences between predicted and observed scores. The other subjects also showed gains but not to a significant degree. In addition, there were significant gains reported on intelligence measures by the Stanford Binet Test. Moreover, all five of the scales on the Alpern-Boll Test (physical, self-help, social, academic and communication) were reported to have revealed significant scores between what was expected of the subjects and what was observed. The procedure used for evaluating child gains was to compare predicted progress against actual progress.

The preceding discussion concerned homebased parent training projects that originated in large target areas. Other homebased programs have been coordinated with existing educational or treatment centers. Among the well-known centers are Prouty, Saturday School, and UNISTAPS.

#### The Winston Prouty Center

According to Hodson (1976), the Winston Prouty Center in Battleboro, Vermont, conducted a program to assist parents of handicapped children under the title of Vermont Parent/Child Center (VPC). The program was funded by the Bureau of the Handicapped-Vermont Division of Special Education.



Program: The project was designed to provide intensive parent training and homebased child treatment for children, ages 0 to 48 months. The training sessions consist of a week of seminars for parents. Topics included these: child management; genetic counseling; toilet training; record keeping; speech and language; child rights; fine and gross motor training; leisure time with the handicapped child; how to work with the child at home; and other related subjects.

All sessions were held in the Winston Prouty Center Building. Parents were housed in private homes or motels at the expense of the VPC. Expenses for training, transportation, food, travel, and baby-sitting were also incurred by the VPC. Sessions were held once a month from September through May.

While in the center each child received an educational diagnostic evaluation and he/she was supervised in the nursery room while the parent received training. Following the week of training each parent was visited weekly by a home teacher, who assisted in the child's ongoing educational program.

Results: The goals of the training sessions were developed in relation to parent gains. The five goals for each were as follows:

- (1) that a change take place in the attitude of parents about their ability to cope with their handicapped child. This change should be evident at the end of the week's training session;
- (2) that parents choose goals for the week's training;
- (3) that parents feel that their goals for the training were accomplished at the end of the week;

(4) that parents obtain useful information from the individual training activities; and

(5) that information be obtained about the nature of the parent/child relationship at the time of the training session.

The author reported that the majority of parents moved in a positive direction on the attitudes measured. Of the five items measured, three changes moved in a positive direction, no change took place on one, and there was change in the negative direction on two. Parents are reported to have felt more confidence in ability to teach and to discipline the child, and to help the child once the homebase visits began. The report stated that parents felt less optimistic about what their child would be able to learn after the week of parent training than they had felt prior to the training. The parents were reported to have felt equally discouraged about how the child would do in school before and after the training.

Information regarding child gains was not available at the time of this writing. It would appear, however, from the evaluation reports by parents that the motivation of parents was high and that this might contribute to successful intervention with the children.

#### The Saturday School

The Saturday School was a federally funded project under Title III, Section 306, ESEA with additional funds from the Bureau of Education for the Handicapped. The program operated in the Ferguson-Florissant School District in Ferguson, Missouri, under the direction of Marian M. Wilson, Project Director and Warren Brown, Superintendent of Schools (Wilson, Brown and Beeba, 1975).

Program: The Saturday School was designed for all four-year-olds living in the school district, including handicapped children. Approximately 75 percent of the district's four-year-olds were reported to have been enrolled in the program.

Four-year-olds attended class on Saturday morning or afternoon in a neighboring elementary school. Certified teachers provided direct service to the children in the school. They also visited the homes of the children weekly, twice a week, or monthly as deemed necessary to provide instructions to parents. Every six weeks each mother worked in the classrooms during small group instructional periods. It was reported that at home, as well as at school, the learning activities focused upon skills needed to facilitate later learning. These skills included language, hand-eye coordination, math and science concepts, auditory and visual discrimination, gross motor, creative arts, and social growth.

Also reported as available to serve the children were specialists in the fields of testing and evaluation, speech and language, audiology, nursing, child psychology, and family counseling. Some of these specialists are reported to have also visited the homes to provide service to children.

Results: The measurement devices used in the project included the Slosson Intelligence Test, the Berry Test of Visual-Motor Integration, and the Merrill Preschool Language Test. It was reported that the goal of the program was that during the seven months between test periods each child would gain eight months in all areas measured.

Results reported revealed that children exceeded the expectations. It was reported that over a three-year period the children averaged 16 months in intellectual growth, 15 months in language development, and 12 months in visual-motor skill development. Children with the lowest entering scores were reported to have gained 17 months in intellectual growth, 20 months in language development, and 16.5 months in perceptual skill development.

Eighty-five percent of the children diagnosed as learning disabled were reported to be functioning at levels commensurate with their chronological age at the end of the year. Only one in eight children diagnosed as mentally retarded fell into that range at the end of the year. All pupils identified as emotionally disturbed were said to have showed marked improvement in behavioral patterns and in ability to adjust.

Parents were also reported to have made gains. There were reports of increased abilities: (1) to interact with their children, (2) in awareness of their child's needs, and (3) in providing reinforcement and motivation techniques.

#### The UNISTAPS Program

The acronym, UNISTAPS, was used to identify the combined project roles of three agencies - the University of Minnesota, the Minnesota State Department of Education, and the Minneapolis Public Schools - in developing an early intervention program for preschool handicapped children. The project, operating in the National First Chance Network, was in its sixth year at the time of this writing. It was funded under

the Handicapped Children's Early Education Program, PL 91-230, Title VI, Part C, Section 623 (Northcott, 1974).

Program: According to Northcott, Project Director, the basic premises under which the program operated included the following:

(1) Parents benefit from active involvement in a preschool program as a prerequisite for expansion of their parental skills.

(2) Increased involvement is useful in parental development of a successful identity, including a feeling of personal worth, as a prerequisite for assurance of a stimulating home environment in which maximum listening, sharing, and learning can take place.

(3) Parents learn as well from each other as from a professional staff.

The program, originally for hearing impaired children, expanded to a family oriented noncategorical preschool program for severely handicapped children. The program focus was on parent guidance and education; therefore, the first pupils for the program were parents. The reported goal of the program was to facilitate the development of families who were emotionally stable, confident, and competent enough to provide stimulating environments for their children.

It was reported that prior to training sessions an individually prescriptive program was developed for parent and guardian involvement. Training sessions were scheduled weekly either in the homes or in the preschool, program center. The family advisor/teacher demonstrated to the parent a specific activity or instructional technique to be used with the child. The parent observed and later assumed teaching

Table 2

Models of Homebased Parent Training Programs  
Coordinated with Existing Centers

Program	Target Group	Nature of Intervention	Outcome Measures	Summary of Findings	Comments
Prouty Project, Winston Prouty Center, Battleboro, Vermont, (Hodson, 1976).	5 parents of handicapped children, ages 0 - 3	A group of parents meet for a week in the Prouty Center for training. This is followed by weekly home visits by a professional teacher.	Evaluation questionnaire completed by parents.	Parents felt more confident to teach, less optimistic about what their child would be able to learn, and no change in feeling about what child would do in school.	Information regarding child gains was not available.
Saturday School, Ferguson-Floris-Sant School District, Missouri (Wilson & Brown, 1975).	Four-year old normal and handicapped children.	Saturday classes for children, tutoring by teachers for mothers as needed.	Slosson Intelligence Test, Berry Test of Visual Motor Integration, Merrill Pre-school Language Test.	Over a 3-year period children made an average growth of 15 months in language, 16 months in intelligence and 12 months in motor development.	Parents reported increased confidence in their abilities to teach their child.
UNISTAPS Project, St. Paul, Minnesota, (Northcott, 1974).	60 hearing impaired and severely handicapped children and their families.	Weekly home visitor taught parent to teach through observation and participation. Group parent meetings were attended.	Peabody Picture Vocabulary Test, Gesell Developmental Schedules, Bayley Scales of Infant Development, phone-me vocabulary listening test and others.	87% of the children achieved at least 75% of their individual objectives.	Parents reported favorable responses toward participating in the project.

responsibilities. In addition, parents participated in group meetings and in what were called Saturday Workshop Sessions. The parents listened to panel discussions and submitted questions for discussion. While parents participated in workshops and group meetings, their children were engaged in toy-making activities and game-playing.

Results: Assessment instruments used by the preschool program staff included the Peabody Picture Vocabulary Test, Gessell Developmental Schedules, Bayley Scales of Infant Development, Phoneme-Vocabulary Listening Test (PVL), Merrill-Palmer Scale of Mental Tests, Houston Test for Language Development, Boehm Test of Basic Concepts, Cognitive Skill Assessment Battery, Goodenough Harris Drawing Test, Test for Gross Motor and Reflex Development, and McCarthy Scale of Children's Abilities.

While instruments were used for measuring child development levels, they were considered inappropriate for assessing interim progress of children in the program. According to Northcott (1975), Norm-Referenced Tests were not sensitive enough to measure the progress of the children because each milestone needed to be broken down into smaller steps. Therefore, as a means of measurement, behavioral objectives were developed for each child by his family advisor/teacher. The child's evaluation consisted of computing the percentage of objectives achieved for each child. It was reported that 87 percent of the children achieved at least 75 percent of their individual objectives. This finding was reported as meeting the 80 percent level of criterion which had been established as standard. Table II summarizes the preceding models which are homebased programs coordinated with existing educational and treatment centers.

### Summary of Models of Homebased Parent Training Programs

The current homebased program models for preschool handicapped children can be characterized as having primary focus on the parent, as the first learner. Paramount to this consideration are the philosophy and the aim of program models. Perhaps one of the best statements underlying the philosophy was presented by Payne (1970:33).

The rationale for involving parents in teaching their children, was based on the assumption that not only do parents have a greater influence on their children than do persons outside the home, but the children are exposed to their parents for longer lengths of time.

The program models presented were all federally funded projects under the Bureau of Education for the Handicapped or ESEA. They were included in the review of literature because they served as demonstration models and they were (1) referenced in the Virginia Plan for educating young handicapped children (Virginia, 1974) or (2) they are nationally known projects which were similar in operation to the Virginia Plan. The professional services to parents and to children ranged from once a month to twice a week. Services included at-home intervention, as well as a combination of home and school based intervention.

From the data examined, it seems that those programs which aspired to train parents as prime educators for their children to some extent attained their goals. It also appears that those programs which intended to increase cognitive, social, motor, and language development in handicapped children attained those goals as well.



EFFECTS OF HOMEBASED PARENT TRAINING PROGRAMS  
ON HANDICAPPED CHILDREN

Levitt and Cohen (1973) reported that intervention in the homes of blind and physically handicapped children has been a traditional phase of assistance to parents by professionals. These professionals have concentrated on methods of assisting children to develop self-help skills and to receive physical therapy through parent training.

The transition from providing parents with medically oriented techniques to training them to assist in cognitive skill development in their children is a major step in parent involvement. Not only is the procedure a major step, it is also considered an effective step. In fact, Schaefer (1972) reported that parent-centered intervention programs are as effective as child-centered programs. Moreover, they cost less and they are capable of spreading treatment effect to siblings of target children and to nearby families (Gray and Klaus, 1970).

The studies reported in this section deal with experimentally designed studies of parent-centered intervention in the teaching of their children. Risley (1968:65) reported a study that involved parents in a training program designed to teach parents good teaching techniques. When the program first began, parents were considered poor teachers because they used little, if any, praise and they responded to lack of success on the part of the child by nagging, threatening, or punishing him/her. Risley suggested that "by the end of the year, though they praised the children's appropriate behavior much more

often, they still did not praise it often enough; and a tendency to nag and threaten persisted."

During the second year of the study, a different group of parents were chosen as subjects. They began the program by teaching someone else's child rather than their own. The amount of praise the parents displayed was charted. After they learned to praise someone else's child, the mothers were allowed to teach their own children. It was reported by Risley that,

. . . when a mother taught her own child a lesson she already had taught other children, she tended to praise him more than she had the others. When she taught him a lesson she had not taught before, she praised her child less than she later praised other children.

Karnes, Studley, Wright and Hodgins (1968) described a study designed to teach parents how to stimulate language development of their preschool children. A control group of children not enrolled in the preschool program matched the experimental group on intelligence quotients and sex. At the conclusion of the twelve week study period, there were thirteen matched pairs. The Stanford-Binet Intelligence Scale (SB) and the Illinois Test of Psycholinguistic Abilities (ITPA) were administered as pre- and post-tests. Results indicated that the experimental group whose parents were trained received significantly higher scores than the control group, whose parents were not trained, on the Stanford-Binet at the .05 level. The experimental group scored significantly higher (.10) on the total language score on the ITPA. This group also scored significantly higher at the .05 level of

confidence in the areas of Visual Decoding, Auditory-Vocal Association, and Auditory-Vocal Sequential.

The parents were paid \$3 a session to attend a two-hour session once a week. The parents made educational materials at these sessions for use during the following week in teaching their children at home. Items made included sock puppets, flannel boards, lotto games, counting books, etc. The teachers also taught the parents songs and finger plays. Books and puzzles were also available for the parents to use at home. The significant growth indicated by the children over such a short duration and the simple procedure which produced it is meritorious for replication by anyone wishing to provide a program of this nature.

A study by Radin (1969) indicated that children's cognitive skills can be greatly enhanced through training by their parents at home. Three groups of children were selected for the study from the Ypsilanti Public School low income population. From a total of eighty-six children, thirty-six were selected who had the highest Stanford-Binet IQ's. All of the children were enrolled in some type of kindergarten program. Group I children received a supplementary program and their parents were instructed bi-weekly by a counselor in ways of teaching academic concepts. Children in Group II received a supplementary program while Group III children received services in the kindergarten class only and were considered the control group.

The program was in operation for six months. The Stanford-Binet Intelligence Scale, Metropolitan Reading Readiness Test, and Cognitive Home Environment Scale were used to evaluate differences.

The groups were compared using t-tests. Results indicated no significant differences between Groups II and III. Group I scored significantly higher on all three evaluative measures. This group was also analyzed by comparing subjects whose parents had participated in training programs at both the preschool and kindergarten level with parents who had only been minimally involved in a preschool parent-training program. Results indicated that subjects of parents in the former situation attained the largest gains. The results of this study indicated that parent training designed to teach them to teach their high ability students can be effective.

In a similar study, but with contrasting results, Gordon (1969) compared three experimental groups with a control group using three degrees of intervention. Two groups of parents whom Gordon identified as Group C C received no training over a two-year period. One group identified as Group E received weekly training by a professional staff member when their infants were three months to two years of age. Another group, Group E C, received weekly training while their infants were three months to one year of age, while parents in Group C E received weekly training when their infants were one to two years of age. It was reported that at the end of the two-year period, there were no significant differences in the gains made by the control groups over the experimental groups. In contrast, there were reported gains by four parents of the experimental group at the end of the first year. This gain was revealed on the Griffith's Mental Developmental Scale for Testing Babies to Two Years.

Brown (1971) suggested that a parent's motivation and the enactment of that motivation in the parent-child interaction affects the child's behavior and development. If one accepts that as true, it is conceivable that parents in the program for the second year were less motivated and, therefore, did not react as effectively with their children as they had the first year.

Klaus and Gray (1968) compared the effectiveness of supplementing the regular preschool program with a homebased parent training program. The home visitor taught parents how to develop abilities in their children at home. Reports indicated that children who experienced both programs were significantly superior in cognitive growth to those who had not received at-home instruction. The results of this study were similar to reports of studies by Fowler (1972), Gray and Klaus (1970), and Levenstein (1970). These studies also discussed the effectiveness of parent training programs as a supplement to regular preschool programs.

In a study by the Merrill-Palmer Institute (Boger, 1969), parents were reported to have received one of three twelve-week training sessions: developmental language, structured language, or a placebo workshop. One hundred parents were in the placebo control group and seventy-two mothers comprised the other two experimental groups. Parents in the experimental groups were taught by teachers to use teacher-developed materials.

Pre- and post-testing of children was accomplished by administration of the Weschler Preschool and Primary Scale of Intelligence (WPPSI), Hess and Shipman Mother-Child Sort and Block

Design, and the Experimental Self-Concept Social Constructs Measure. Reported results indicated that children whose parents participated in language education programs increased in language skills.

Three studies (Weikart, 1969; Kirk, 1969; and Karnes and Teska, 1970) investigated the effects of training parents to stimulate their infants below age three. Weikart's research, accomplished over a two-month period, involved the use of professional teachers to train parents at home. While the parent observed, the teacher demonstrated methods of tutoring the child. The parent followed with a demonstration while the teacher observed. Parents were encouraged to continue the tutoring after the teacher left. At the end of the two-month period, the seven children in the study were reported to have shown significantly greater gains than had been expected. These gains were determined from pre and post administration of the Bayley Scales on Infant Development. It was reported that gains of 2.94 months were accomplished rather than the expected gain of 2.24 months.

The Kirk Study lasted for one year, with tutors working with children five days a week. Unlike Weikart's work, an experimental and a control group were used in the study. Parents of children in the experimental group were requested to tutor their children as demonstrated by the home tutors. At the end of the research period, the experimental group was reported to have scored seven IQ points over the comparison group on the Stanford-Binet Intelligence Test.

Differing from the Kirk or Weikart efforts, in a more recent study conducted by Karnes, parents were trained weekly in two-hour

group meetings rather than individually trained in their homes. In addition, a toy lending library was included for parent use. Monthly home visits by staff members were made to observe the parents activities. The research was conducted over a two-year period.

It was reported that at the end of that period, the experimental group obtained scores 16 IQ points higher on the Stanford-Binet Intelligence Test than did a control group. Furthermore, results of the Illinois Test of Psycholinguistic Abilities were reported to have revealed a mean language age approximating the chronological age.

The use of a toy lending library as a part of a parent training program was included in a study by Levenstein (1971). In the study, which spanned a seven month period, parents were trained by home teachers in semi-monthly visits. Both professional and non-professional staff members were employed to teach the parents. Comparable results were obtained by both members. At the end of the research period, the experimental group was reported to have increased in mean IQ as much as seventeen points while the comparison group remained unchanged.

#### Summary of Effects of Homebased Parent Training Programs on Handicapped Children

Reports of homebased programs for preschool handicapped children have been favorable. Positive results were reported both when children were served in a total homebased program as well as when served in a regular preschool program. In fact, it was interesting to note that the literature reported no studies of unfavorable homebased programs for handicapped children. Since Payne (1970) found that homebased

programs could be detrimental to non-handicapped children, it would be wise to study long-term effects of such programs on handicapped children.

#### PARENTS' PERCEPTIONS OF PROGRAMS

As in Virginia, opinions of parents are considered important by the Illinois State Board of Higher Education. That agency has developed a "parent participation project." This project offers parent involvement in the identification of a child's needs. An instrument has been developed for use by schools as a part of what is called the Special Needs Assessment Program (SNAP). This instrument is designed for teacher use. The teacher assessment is completed prior to the parent perception aspect. Therefore, the school is able to determine if there are discrepancies in parents' and teachers' perceptions of a child's needs (Illinois, 1975:12-21).

The studies reported in this section have been grouped into two categories. The categories include: (1) parental perceptions of programs in which they were participants, and (2) parental perceptions of programs in which their children were participants.

#### When the Parent is a Participant

The most recent report involved 393 parents who had been taught to teach their preschool children at home. This "Feasibility Study of the Parent as Educator Concept" was accomplished by Skinner and Renez-Daple (1976:1). The exploratory study assessed the perceptions of parents regarding the importance of teaching their children at home.



A Likert-type interval scale was used on which parents rated degrees of importance. The response range was from not very important to very important. Reported results suggested that parents overwhelmingly believed it is important to learn how to teach their children with 72 percent of the parents considering this factor as very important.

Prior to that study, Warfield (1975) examined the effects of an educational program for parents of retarded children. Sixty-one parents who had participated in the Sheltering Arms School were the respondents. An interview schedule was constructed to elicit responses regarding the program's influence on the parents' personal lives and the effectiveness of the program in easing family problems. It was reported that a statistically significant relationship existed between help from the directors and teachers in individual conferences and the perceived benefits of the program by the parent.

In a study of a different nature, Berreen (1976) sought to determine if significant relationships existed between 402 male and female parents relative to their perceptions of parental involvement in seven dimensions. These included academic preparation, education in a Catholic school, number of children enrolled in a Catholic elementary school, grade level of these children, views about the relationship between a parents' involvement and the child's academic progress, views about parent involvement through the Home and School Association. The instrument used for parental responses was the Parental Involvement Questionnaire. The findings led to the conclusion that little or no opportunity existed for parents to be involved in decision making and implementation roles in the Catholic school.

Two studies assessed the effects that training programs had on the perceptions of parents. The first, by McKay (1976), investigated the effect of the Systematic Training for Effective Parenting (STEP) program, published by American Guidance Services. The program is a mini session, multimedia program which combines communication skills with Adlerian principles, which emphasizes the importance of feelings. A Likert-type instrument, the Adlerian Parental Assessment of Child Behavior Scale, was used to assess the perceptions of parents regarding child behaviors. The sample included twenty parents of children between the ages of four and thirteen. The results of Analysis of Covariance showed that STEP was effective in changing a parent's perceptions of their child's behavior.

In the second study, Zimmern (1976), investigated the following:

(1) What is the effect of a six-weeks' course in parent training upon retardate's parents' attitudes toward discipline, protection, indulgence, and rejection?

(2) What behavior change will be seen in severely or profoundly retarded children as a result of the parents' training?

The sample consisted of twenty-four parents and their children who were between the ages of four and fourteen years. The six-week training course was provided by the researcher in Behavior Modification training. Pre- test and post-test scores of parents on the Maryland Parent Attitude Survey were analyzed with Analysis of Covariance and a Repeated Measures Analysis of Variance. Covaried were parent attitudes and behavior change on the part of retarded children. These variables were assessed before and after the training program. The findings in the study

indicated that statistically significant differences existed between scores of the experimental group when compared to a control group of parents who received no training.

#### When the Child is a Participant

White (1969) investigated parent perceptions toward a school in an effort to realize a level of acceptance of the school. The sample was parents of children attending the Pembroke Elementary School in Virginia Beach, Virginia. An attitude inventory was mailed to the parents. Results suggested that 33 percent of the parents were very satisfied with the school and 35 percent of them were satisfied most of the time.

Examined were the perceptions of parents concerning early childhood education in a study by Duford (1975). The sample was composed of 219 parents from parent-teacher association groups. Data were collected by administering questionnaires to the respondents. Hypotheses were examined by the analysis of variance and chi-square test. Findings were that parents had favorable perceptions toward early childhood education, significant at the .0001 level. The area selected as most important in early childhood education was to help the child to feel good about himself. Parents were reported to have perceived this area as the one in which teachers often fail.

Two studies were conducted to determine how parents perceive year-round school. One study (Vouga, 1976) was conducted on the west coast in Southern California, while the other (Schlechty Associates, 1973) was done on the east coast in Virginia Beach, Virginia.

Vouga mailed a twenty-two item questionnaire to 1,000 randomly selected parents from twenty year-round schools in California. Analysis of data was reported to have yielded the following findings relative to parents' perceptions: (1) In reference to the child's academic achievement and attitude toward school, the year-round school is an advantage over the traditional year school. Schlechty Associates (1973) conducted a survey entitled, "Parent Attitudes Toward and Perceptions About the Virginia Beach 45-15 Pilot Program." The purpose of the study was to assess the impact of the change on families involved in the program, and their responses to the program. The results of the study revealed favorable perceptions of parents in spite of the need for compensating changes in family routines.

Perceptions of parents was one means explored, by Follow Through, a national research program with a parent training component, to determine the feasibility of continuing the program. The results of a study by McNamara (1972) indicated that parents seemed highly convinced that the program should continue.

Parents' perceptions of a correspondence course for educating preschool children at home was studied by McGaw (1975). Through a correspondence course parents were offered resources and guides to help them provide home learning experiences for their preschool-age children. Thirty-four families who used the program were interviewed in their homes in Queensland, Australia. Parents were reported to have assessed as favorable, the effects of the program on the target child and on their relationship with the child. The replication of

this program for remote areas in the public schools of the United States could, perhaps, be beneficial.

Perceptions of parents in Head Start Programs were the focus of two studies. The first study dealt with a comparison between Head Start parents and teachers' perceptions of curriculum content and activities to be included in the Head Start Early Childhood Program (Draine, 1975). Surveyed were 399 parents and 232 teachers from fifteen agencies in region VII (Iowa, Kansas, Missouri, and Nebraska). A thirty-six item instrument was mailed to parents and teachers to obtain data relative to their perceptions of what should take place in the Head Start program. It was hypothesized that there were no significant differences between parents' and teachers' perceptions of curriculum content to be included in the Head Start Early Childhood Program in Region VII. Results revealed a diversity of responses among states resulting in acceptance of the hypothesis in some states and rejections in others. However, overall, there were no significant differences reported for the region and the null hypothesis was, therefore, retained.

The second study relative to perceptions of parents in Head Start programs dealt with parents' perceptions regarding services provided by the programs in Washington, D.C. (Madison, 1976). Data were gathered through a questionnaire designed to obtain the perceptions of parents about the services listed. The findings revealed were these:

1. Parents have positive concerns regarding services provided their children in Head Start programs.

2. Services included in this study are important to the parents of Head Start children.

3. Parents' perceptions regarding the importance of services varied to a degree according to the parents' ages.

4. Neither employment status nor level of education affect parents' perceptions of the importance of services.

5. The degree to which parents participate in activities at Head Start centers does not affect their perception of the importance of services.

6. Parents tend to participate often in activities provided by Head Start centers.

7. Parents want the best services for their children regardless of their educational or employment status.

8. Parents tend to view certain services as more or less important depending upon their age.

9. Many services which parents consider important appear not to be provided in Head Start programs.

Other studies have compared the perceptions of mothers and fathers. Bacon (1975) found that fathers and mothers differed in their perceptions of the social behavior of boys and girls. On the other hand, in a study by Longshore (1976) fathers and mothers did not differ in their perceptions of academic achievement expected for their learning disabled sons. Still another study revealed that mothers possessed greater accuracy than did fathers in predicting the responses their sons would give on tests of personality, vocational interests, and study habits and attitudes (Bangs, 1969).

### Summary of Parents' Perceptions of Programs

As revealed by the preceding review of literature, the perceptions of parents has been one means utilized in program assessment. Parents have given their perceptions of programs in which the mother's perceptions were compared with those of the father's. Parents have also provided their perceptions relevant to programs in which they or their children participated. Absent, however, are reports of studies in which parents have given their perceptions of the value of homebased parent training programs for preschool handicapped children. This void in the literature lends support to a need for this study which is designed to investigate that dimension.

A criticism of the studies reported is that they used questionnaires to obtain responses from parents rather than structured interviews (Warfield's study is an exception). As in the present study, interviews would seem more appropriate for securing opinions from parents for the following reasons:

1. It is possible to obtain a higher percentage of respondents with the interview than with a questionnaire;
2. Incomplete responses are rarely found in interviews;
3. Interviews help to put respondents at ease because interviews allow them to ask questions of the interviewer, which is not true for questionnaires. This increases feelings of confidences which lead to more truthful and more cooperative responses;
4. Difficulties related to limited literacy can be eliminated in an interview, but might be experienced in questionnaires;

5. The interview can take care of mechanical details such as marking the proper item which might be done incorrectly on a questionnaire (Travers, 1958:182-183).

#### SUMMARY

Chapter two has reviewed literature related to models of homebased parent training programs, effects of parent training programs on handicapped children and parents' perceptions of programs. It appeared that some homebased projects originated in large target areas. These included Portage, ERANDA and Marshalltown among others. Further programs were established in coordination with existing centers. These programs focused on the parent as the first learner and aspired to train the parent to be prime educators of their children.

Most investigators seemed to agree that homebased parent training programs have been effective in increasing cognitive, social, motor, and language development in handicapped children.

Many studies have investigated the perceptions of parents regarding programs in which they or their children were involved. While many studies reported parental perceptions in a subjective matter, only a few were located which were designed primarily to assess parents' perceptions regarding homebased programs for handicapped children, and no studies were found which reported parents' perceptions of the value of homebased preschool programs for handicapped children. This aspect was investigated in the present study.



## CHAPTER III

### METHODOLOGY

#### INTRODUCTION

This study investigated parental perceptions of the value of homebased preschool programs for handicapped children. The strategy for examining their perceptions was to interview parents who met the criteria below and who had participated in homebased preschool programs. This chapter presents the design and methodology used in the study.

#### SELECTION AND CHARACTERISTICS OF SUBJECTS

The forty parents interviewed resided in four selected school divisions in Southeastern Virginia. The school divisions were Chesapeake, Portsmouth, Norfolk, and Surry County.

#### Criteria for Inclusion in the Study

Parents were included in the study if:

1. Their division superintendent indicated a willingness to have the school division included in the study;
2. The parents were being trained to teach their preschool child at home by a Child Development Specialist through lectures and demonstrations;
3. The parent indicated a willingness to participate in the study on the Parent Questionnaire (see Appendix C);
4. The parents had children who were physically handicapped,

mentally retarded or speech/language impaired;

5. The Child Development Specialist in the school division indicated a willingness to participate in the study on the Home Teacher Questionnaire.

#### Family Background

Information relative to parents' educational level, name of the child, his/her type of handicap, parents' occupational status and a statement of willingness to participate in an interview with the researcher was gained by requesting the information from the Child Development Specialist on the Parent Questionnaire form (Appendix C).

#### Selection of Subjects

A total of seventy-seven parents met the criteria stated above. A quota sample of forty parents was selected for the study. Two independent variables were built which were parents' educational level and child's type of handicap. The educational levels had the following three classifications: (1) below high school, (2) high school, and (3) above high school. The types of handicaps were classified as follows: (1) physically handicapped, (2) mentally retarded, and (3) speech/language impaired. A table of random numbers was used to select a quasi-random sample of at least ten parents in each of the above classifications.

#### INSTRUMENTS USED IN THE STUDY

The Parent Questionnaire was used by the Child Development Specialist prior to the interviews to collect family background

information and to secure statements of willingness on the part of parents to participate in the study (Appendix C). During the interview the Estimate of Child's Potential Instrument (ECPI) (Appendix D) was used to ascertain parent's estimate of the child's potential development as a participant in the training program. The instrument was adapted by the Southeastern Virginia Training Center in Chesapeake, Virginia, from the Denver Developmental Scale (Frankenburg, 1969). The Value of Program Instrument (VPI) (Appendix E) was also used during the interview to assess the parents opinions regarding the value of homebased preschool programs. The questionnaire was developed for the study using Krathwohl's (1964) definition of value as a guide for framing the questions. In addition, questionnaires from model projects which were discussed in Chapter II served as a frame of reference for the VPI. The Home Teacher's Interview Schedule (Appendix F) was used to collect data from the Child Development Specialist pertaining to her judgements regarding the parent, the child, and the program.

### Validity

To check for content validity, the instruments were administered individually to three parents who were participating in homebased preschool programs for handicapped children. The parents were requested to respond to the indicators on the instrument by indicating degrees of agreement or disagreement with the indicators. A copy of the instrument was given to the parent who read silently while the researcher read orally. Prior to and during the administration period, parents were asked to give their interpretations of the indicators;

to tell whether or not they understood them; were they related to the program; were they too personal; were they embarrassing; whether or not the five point scoring scale gave them adequate choices; and did the instrument require too long for administration.

To further check for content validity, the instruments were shown to an Early Childhood Specialist, a Child Development Specialist and a Statistician (See Appendix G). These individuals were asked to add or delete any response alternate they considered necessary, and to consider the instrument in three critical areas - relationship of content to the parent training program and to Krathwohl's definition of the term value; clarity of the items; and the scoring scale. After analyzing the responses from parents and professionals changes were made in the scoring scale, in the format of the instrument, and three indicators were restated. The instrument was then prepared for a pilot study.

#### Pilot Study Procedures

The purposes of the pilot study were to pretest and refine the study instruments, to refine the research procedure and to determine feasibility of methods for contacting respondents. A total of nine parents were interviewed who had participated in the homebased parent training program for handicapped children in Chesapeake, Virginia. The instruments were modified and presented to the researcher's dissertation committee. Based on their review and recommendations, modifications were made and the instruments were prepared in final form.

### Reliability

Reliability of the VPI was established by employing the Cronbach Coefficient "Alpha" Technique (1951). This type of reliability test measures the internal consistency of an instrument. The "Alpha" value was found to be .37 when the instrument was administered in a pilot study to parents in Chesapeake Public Schools who were similar to those who would be used in the study. The low score obtained was probably a function of the small (n=9) group to which it was administered and to the homogeneity of the group. Responses were not sufficiently discriminating to obtain a higher score. It was anticipated that the reliability would be increased when the instrument was administered to a larger sample; therefore the instrument was used in the study.

Following the interviews with the larger sample of forty parents the instrument was again tested for reliability. The "Alpha" value was determined to be .54 for the fifteen questions on the instrument. Considering the small quantity of items on the instrument, this reliability figure is considered good. Each of the subtests on the instrument was further tested for reliability, with the exception of program preference. Program preference was not tested because both factual and attitudinal items were included in this subtest.

For program acceptance the "Alpha" value was .48; and for program commitment the "Alpha" value was .60. Again considering that each of these areas had only five indicators, the subtests may be considered reliable with respect to the parents surveyed.

## METHODS OF DATA COLLECTION

A letter was mailed to the selected school divisions requesting assistance in identifying parents who were eligible for inclusion in the study (Appendix H). Enclosed with the letter were the following letter and forms which were forwarded to Child Development Specialists.

1. Cover letter (Appendix I)
2. Home Teacher Questionnaire (Appendix J)
3. Parent Questionnaire (Appendix C)

These forms were completed and returned to the researcher.

Following receipt of the forms, the quota of forty parents were quasi-randomly selected from the group of seventy seven parents and appointments were made for interviews. In the first contact with the parent by the researcher it was stipulated that no one would have access to information received in the interview but the researcher. Permission to use a tape recorder was also requested. Cooperation was encouraged by informing the parents that the results of the study could lead to suggested methods of how the program might be improved and that results pertaining to positive aspects might encourage continuation of those aspects. Procedures were followed for conducting interviews as outlined by Van Dalen and Meyer (1966). These procedures follow.

1. Appropriate questions were asked to extract desired data.
2. Comments were inserted to make the respondent feel at ease and to stimulate the flow of conversation.
3. Interviews were conducted in an environment that was

familiar to the respondents (their homes).

4. The researcher was pleasant, straightforward and poised.

5. The researcher dressed in a manner that would make her appear as a peer.

6. Suitable vocabulary and approaches for working with particular respondents were used.

7. Questions were paced at comfortable speeds for the respondents.

8. General questions were asked first, to sharpen focus on succeeding questions.

9. Clues and the line of questions were followed until all useful information was extracted.

10. Careful wording was used for probing to find depth responses.

11. The researcher refrained from showing surprise or happiness about responses.

12. The same information was sought in two separate ways during the interview in order to check the honesty of responses.

13. Interviews were completed before the interviewee became tired.

14. A schedule was used that allowed notetaking and structure of question asking.

15. Notes were made of significant emotional displays such as stammering, sudden silence, quickly corrected words, etc.

The interviews were held in the homes of the parents and an allotted time of from 45 to 90 minutes was given to each. The procedure followed in the interview was to:

1. Check background information obtained in Child Development Specialist on Parent Questionnaire.
2. Give the parent a blank copy of the Mother's Interview Schedule (Estimate of Child's Potential) to be read silently while the researcher read orally and recorded the responses.
3. Use a tape recorder to record parents' responses to questions from a predesigned set of questions (Appendix K).
4. Give the parent a blank copy of the Mother's Interview Schedule (Value of Program) to be read silently while the researcher read orally and recorded responses. Notes were made on the interview schedule when responses seemed to differ from what had been said on the tape, and these scores were averaged to obtain a final score. It should be noted that this procedure may have resulted in a response that was not a true opinion, but an intermediate opinion between two that had been given.
5. Give the parents a set of 3 x 5 cards which listed individually topics for a parent training program and to request the mother to read each card, decide which topics would be most important to her, to put them in order of importance and read them to the researcher. The order was recorded on the ranking section of the Mother's Interview Schedule.
6. Play the tape recordings in privacy and to make necessary scoring adjustments on the interview schedule, based on a scoring



code (Appendix L).

Appointments were made with the Child Development Specialist in each of the school division following interviews with the parents. She was requested to complete a Home Teacher Interview Schedule for each parent interviewed.

#### ANALYSIS OF DATA FOR THE STUDY

The Statistical Package for the Social Sciences (SPSS) program was used to analyze the interview schedule responses (Nie, Hull, Jenkins, Steinbrenner, and Bent, 1975). The program offers a subprogram procedure for contingency table analysis called CROSSTABS. This procedure computes and provides two-way to n-way crosstabulation tables of discrete variables. Tests of statistical significance are also available.

The actual process employed in this study is known technically as crosstabulation, which is defined as "a joint frequency distribution of cases according to two or more classification variables" (Nie, et. al.: 218). These joint frequency distributions were analyzed using the Chi Square statistic. This statistic is used to determine the independence of the variables. The Yates Correction for Continuity Formula was applied when appropriate. It is appropriately applied when any of the expected frequencies in the cells of a contingency table are less than five. The Chi Square statistic was used in analyzing the data relevant to the questions of how parents responded to their value of the program in relation to their differences in educational levels, and to their child's type of handicap.

Tables of frequencies and percentages were used to describe the distribution of responses across educational levels and across types of handicaps. This information was included for two reasons: to assist those individuals who may wish to review the study for further research purposes and to help the reader to better understand the statistical descriptions of the data. The inclusion of tables of frequency and percentages as well as mean scores for parent responses was for the same reasons.

The statistical analysis used to measure consistency of responses pertaining to parents' and home teachers' rankings was Kendall's tau Coefficient. This statistic measures the extent to which pairs of rankings agree. The confidence interval was established as ( $\leq .05$ ) for all statistical analyses because at that level one could expect at least ninety five percent of the assumptions to be correct and a maximum of five to be incorrect.

#### SUMMARY

The purpose of this descriptive study was to assess the perceptions of parents regarding the value of homebased programs in which they were taught to teach their preschool handicapped children. The sample used in the study was forty mothers from four southeastern Virginia school districts.

The following instruments were used as data sources for the study analysis:

1. Parent Questionnaire;
2. Estimate of Child's Potential Instrument;

3. Value of Program Instrument; and
4. Home Teacher's Interview Schedule.

The data was analyzed using crosstabulations, non-parametric statistical tests of significance, and appropriate descriptive statistics. The following chapter reports the analysis of data and a description of the findings relative to parents' opinions of the program.

## CHAPTER IV

### DATA ANALYSIS

#### INTRODUCTION

The data used to determine the parents' opinions of the value of homebased preschool programs will be presented in this chapter. The first group of data represents specific demographic data. The second group of data is related to parents' opinions regarding program content. The third group of data concerns two variables (parents' educational levels and child's type of handicap) and their association with parents' acceptance, preference and commitment to the program. The fourth group of data describes the relationship between parents' and home teachers' reports of parental value of the program and also the relationship between their rankings of topics for parent training programs. The last group of data is related to parents' estimates of the skill development potential for their children.

The parents in the study resided in four school divisions in Southeastern Virginia. They had participated in homebased parent training programs in which they were taught by Child Development Specialists to teach their handicapped children.

#### DESCRIPTIVE ANALYSIS OF DEMOGRAPHIC DATA

Tables for this analysis are found on pages 61 and 62. Table

3 shows the number of children included in the study and their handicapping conditions. Seventy five percent of the children were boys. The majority of boys and girls were moderately handicapped. There were more speech/language impaired children than there were physically handicapped or mentally retarded.

The age and sex distributions of children in the study are found in Table 4. The majority of children were between the ages of three and four years. Of the forty children in the study, only five percent were in the age range of five to six years.

Table 5 reveals the educational levels of parents. The distribution of parents was approximately the same across the three classifications of educational levels.

Occupations of parents are found in Table 6. The majority of parents were unemployed homemakers. Two of the parents were school teachers who were on leave from their positions; four parents were part-time employed in business related fields; and one parent was employed part-time as a domestic.

#### DESCRIPTIVE AND INFERENTIAL ANALYSIS OF RESPONSES TO RESEARCH QUESTIONS

##### Parents' Opinions Regarding Usefulness of Program Content

Research Question 1 (What information or program content appeared most useful to parents?) Tables are found on pages 65 to 67.

The five parts to the research question regarding usefulness of program content were as follows:

Table 3

## Children by Sex and Level of Handicap

Sex	Level of Handicap									Grand Total
	PH			MR			SI			
	S	M	N	S	M	N	S	M	N	
Male	3	5	8	2	8	10	5	7	12	30(75%)
Female	1	1	2	3	3	6	0	2	2	10(25%)
Total	4	6	10(25%)	5	11	16(40%)	5	9	14(35%)	40(100%)

Abbreviations: PH = Physically handicapped  
 MR = Mentally retarded  
 SI = Speech impaired  
 S = Severely handicapped  
 M = Moderately handicapped  
 N = Total handicapped

Table 4

## Children by Sex and Age\*

Sex	Ages			
	0-2	3-4	5-6	Total
Female	2(5%)	8(20%)	0(0%)	10(25%)
Male	7(17.5%)	21(52.5%)	2(5%)	30(75%)
Total	9(22.5%)	29(72.5%)	2(5%)	40(100%)

\*Date January 1, 1977

Table 5

## Parents' Educational Levels

Parents' Educational Levels	Frequency	Percentage
Below High School	13	(32.5%)
High School	14	(35.0%)
Post High School	13	(32.5%)
Total	40	(100%)

Table 6

## Parents' Occupations

Parents' Occupations	Frequency	Percentage
Executive and Professional	2	(5%)
Skilled Nonmanual and Managers	4	(10%)
Semi and Unskilled Workers	1	(25%)
Public Assistance or Unemployed	33	(82.5%)
Total	40	(100%)

- (A) Kinds of information needed by parents or administrators
- (B) Suggestions for program changes
- (C) Sources of child referral to the program
- (D) Satisfaction with teacher
- (E) Choice of topics for parent training programs

Table 7 provides a description of the kinds of information parents said they needed in order to fulfill the intent of the program. More than thirty seven percent of the parents reported that they needed information on how to help their children learn; while more than thirty two percent said they needed information that would facilitate their adjustment to their children and the other thirty percent were non-specific.

A description of the suggestions offered by parents for program changes is found in Table 8. Of the parents sampled, approximately half of them would make no changes, while more than forty two percent of them would have the home teacher visit more frequently than once a week. Five of the forty parents said they would have their children taught in school rather than at home. Reasons cited by parents for wanting the change included the points that it would allow them time away from the child and it would provide the child with opportunities for socialization with peers.

Table 9 reports a description of sources of child referrals to the program. Approximately half of the parents had been contacted initially by the home teacher; while thirty five percent of the parents had made the initial contact with school representatives after hearing about the program from various sources.



Responses from parents relative to selection of teachers is found in Table 10. Of the forty parents sampled, thirty seven would select the same teacher the following year; while two would not, and one had no opinion. Of the two who would not select the same teacher, only one had negative feelings concerning the teacher. The other parent had received services earlier from a different teacher who she preferred.

Table 11 shows how parents responded to the selection of topics for parent training programs. The three top rankings were given respectively to Helping my child learn; Accepting the handicapped child; and Dealing with emotional tensions. The lowest rankings were given respectively to Managing money; What testing tells us; and Making plans for the future.

#### Parents' Opinions Regarding Acceptance of the Homebased Program

Research Question 2 (Does acceptance of the homebased program by parents differ as associated with (A) their varying educational levels; (B) their child's type of handicap?) Tables are found on pages 70 to 80.

Part A. A description of responses to indicator one, "I received suggestions on ways I could teach my handicapped child. . ." as reported by parents of varying educational levels is found in Table 12. The distribution of responses is skewed toward agreement approximately the same across categories of educational levels; but there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

Table 7  
Reported Needs by Parents

Reported Needs	Frequency	Percentage
Help Child	15	(37.5%)
Help Self	13	(32.5%)
Other Help	30	(30.0%)
Total	40	(100%)

Table 8  
Program Changes Recommended by Parents

Program Changes	Frequency	Percentage
No Changes Needed	18	(45.0%)
More Frequent Service	17	(42.5%)
Other Changes	5	(12.5%)
Total	40	(100%)

Table 9

Sources Leading to Program  
Placement of Children

Sources Leading to Program Placement	Frequency	Percentage
Child Development Specialist	18	(45.0%)
Pediatrician	5	(12.5%)
Child Development Clinic	3	(7.5%)
Parent Solicited	14	(35.5%)
Total	40	(100%)

Table 10

Response Alternatives Relative  
to Choice of Teacher

Response Alternate	Frequency	Percentage
Yes	37	(92.5%)
No	2	(5.0%)
No Response	1	(2.5%)
Total	40	(100%)

Table 11

Parents' Ranking of Topics in Order of Importance  
for Use in Parent Training Programs

Topic	Rankings										Rank Order	Mean Rank
	1	2	3	4	5	6	7	8	9	10		
Dealing with emotional tensions	2	5	5	7	1	7	3	4	3	3	3	5.3
Helping my child learn	22	5	4	2	3	0	0	2	1	1	1	3.8
What Special Education is	2	2	6	2	4	7	7	4	5	1	5	5.8
What testing tells us	1	1	4	5	6	3	5	9	3	3	8.5	8.0
Making plans for the future	4	2	2	2	4	8	3	2	11	2	8.5	8.0
Obtaining professional help	1	4	10	6	8	2	2	2	2	3	7	7.0
Understanding my own feelings	0	9	2	8	6	5	4	4	2	0	4	5.5
Managing money	0	1	1	0	3	3	2	4	2	24	10	10.0
Accepting the handicapped child	8	6	1	3	2	2	8	6	2	2	2	5.0
How to get my child in school	0	5	5	5	3	3	6	3	8	2	6	6.4

Table 13 illustrates how parents of varying educational levels responded to indicator was, "I have told others about my participation. . ." Approximately the same distribution of agreement is revealed across categories of educational levels; however the Chi Square statistic shows no significant ( $p \leq .05$ ) difference.

A description of parents' responses to indicator three, "I was glad to have suggestions provided to me. . ." is found in Table 14. The distribution of responses is skewed toward agreement across categories of educational levels; but there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

Table 15 presents data related to responses by parents concerning indicator four, "Friends and family members have seen progress. . ." The distribution of responses is approximately the same across educational levels; but there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

The data presented in Table 16 illustrates how parents of varying educational levels responded to indicator five, "I have gained confidence. . ." Approximately the same distribution of agreement is shown across educational levels and the Chi Square statistic reveals significant difference beyond the .05 level. This indicates that parents differed in their response to this indicator in relationship to their educational levels. The data reveals that the lower the educational level of parents the more they tended to agree with this indicator.

Part B. A description of responses to indicator one, "I

received suggestions on ways I could teach. . ." as reported by parents of children with different handicaps is found in Table 17. The distribution of responses is skewed toward agreement across educational levels; but there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

Table 18 reveals the responses of parents to indicator two, "I have told others about my participation. . ." The distribution of responses is also skewed toward agreement across educational levels, and there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

In Table 19 is shown parents' responses to indicator three, "I was glad to have the suggestions provided to me. . ." The distribution of responses is skewed approximately the same toward agreement; but there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

A description of responses to indicator four, "Friends and family have seen progress. . ." as reported by parents having children with different handicaps is found in Table 20. Approximately the same distribution is shown toward agreement; but there is no significant ( $p \leq .05$ ) difference in the Chi Square statistic.

Table 21 reports the distribution of responses to indicator five, "I have gained confidence. . ." The distribution is skewed toward agreement; but there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

Table 22 presents a summary of Chi Square statistics regarding parents' acceptance of the homebased program. It shows that among

Table 12

Crosstabulations of Program Acceptance  
Indicator One by Parents of Varying Educational Levels (n=40)

Education Level	Count			Uncertain 3	Agree 4	Strongly Agree 5	Row Total
	Row Pct	Col Pct	Tot Pct				
Below High School	1		1		4	8	13
			7.7		30.8	61.5	32.5
			50.0		26.7	34.8	
			2.5		10.0	20.0	
High School	2		0		6	8	14
			0.0		42.9	57.1	35.0
			0.0		40.0	34.8	
			0.0		15.0	20.0	
Post High School	3		1		5	7	13
			7.7		38.5	53.8	32.5
			50.0		33.3	30.4	
			2.5		12.5	17.5	
Column Total	Total		2		15	23	40
			5.0		37.5	57.5	100.0

Table 13

Crosstabulations of Program Acceptance  
Indicator Two by Parents of Varying Educational Levels (n=40)

Education Level	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	1 7.7 100.0 2.5	1 7.7 25.0 2.5	1 7.7 50.0 2.5	5 38.5 33.3 12.5	5 38.5 27.8 12.5	13 32.5
High School	2	0 0.0 0.0 0.0	0 0.0 0.0 0.0	0 0.0 0.0 0.0	5 35.7 33.3 12.5	9 64.3 50.0 22.5	14 35.0
Post High School	3	0 0.0 0.0 0.0	3 23.1 75.0 7.5	1 7.7 50.0 2.5	5 38.5 33.3 12.5	4 30.8 22.2 10.0	13 32.5
Column Total	Total	1 2.5	4 10.0	2 5.0	15 37.5	18 45.0	40 100.0

Chi Square = 8.73015    8 df    p = 0.3656



Table 14

Crosstabulations of Program Acceptance  
Indicator Three by Parents of Varying Educational Levels (n=40)

Education Level	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	0 0.0 0.0 0.0	3 23.1 75.0 7.5	2 15.4 15.4 5.0	8 61.5 36.4 20.0	13 32.5
High School	2	0 0.0 0.0 0.0	0 0.0 0.0 0.0	6 42.9 46.2 15.0	8 57.1 36.4 20.0	14 35.0
Post High School	3	1 7.7 100.0 2.5	1 7.7 25.0 2.5	5 38.5 38.5 12.5	6 46.2 27.3 15.0	13 32.5
Column Total	Total	1 2.5	4 10.0	13 32.5	22 55.0	40 100.0

Chi Square = 7.84292      6 df      p = 0.2498

Table 15

Crosstabulations of Program Acceptance  
Indicator Four by Parents of Varying Educational Levels (n=40)

Education Level	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	0 0.0 0.0 0.0	0 0.0 0.0 0.0	5 38.5 41.7 12.5	8 61.5 33.3 20.0	13 32.5
High School	2	0 0.0 0.0 0.0	2 14.3 66.7 5.0	2 14.3 16.7 5.0	10 71.4 41.7 25.0	14 35.0
Post High School	3	1 7.7 100.0 2.5	1 7.7 33.3 2.5	5 38.5 41.7 12.5	6 46.2 25.0 15.0	13 32.5
Column Total	Total	1 2.5	3 7.5	12 30.0	24 60.0	40 100.0

Chi Square = 6.41025      6 df      p = 0.3788

Table 16

Crosstabulations of Program Acceptance  
Indicator Five by Parents of Varying Educational Levels (n=40)

Education Level	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	0 0.0 0.0 0.0	1 7.7 100.0 2.5	1 7.7 25.0 2.5	1 7.7 6.7 2.5	10 76.9 52.6 25.0	13 32.5
High School	2	0 0.0 0.0 0.0	0 0.0 0.0 0.0	0 0.0 0.0 0.0	10 71.4 66.7 25.0	4 28.6 21.1 10.0	14 35.0
Post High School	3	1 7.7 100.0 2.5	0 0.0 0.0 0.0	3 23.1 75.0 7.5	4 30.8 26.7 10.0	5 38.5 26.3 12.5	13 32.5
Column Total	Total	1 2.5	1 2.5	4 10.0	15 37.5	19 47.5	40 100.0

Chi Square = 19.02983    8 df     $p = 0.0147$

Table 17

Crosstabulations of Program Acceptance  
Indicator One by Parents Having  
Children with Different Handicaps (n=40)

Handicap	Count		Uncertain 3	Agree 4	Strongly Agree 5	Row Total
	Row Pct	Col Pct				
	Tot Pct	Tot Pct				
PH	1		1	3	6	10
			10.0	30.0	60.0	25.0
			50.0	20.0	26.1	
			2.5	7.5	15.0	
MR	2		0	7	9	16
			0.0	43.8	56.3	40.0
			0.0	46.7	39.1	
			0.0	17.5	22.5	
Speech	3		1	5	8	14
			7.1	35.7	57.1	35.0
			50.0	33.3	34.8	
			2.5	12.5	20.0	
Column Total	Total		2	15	23	40
			5.0	37.5	57.5	100.0

Chi Square = 1.77267      4 df       $p = 0.7775$

Abbreviations: PH = Physically handicapped

MR = Mentally retarded

Speech = Speech/language impaired

Table 18

Crosstabulations of Program Acceptance  
Indicator Two by Parents Having  
Children with Different Handicaps (n=40)

Handicap	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
PH	1	0 0.0 0.0 0.0	0 0.0 0.0 0.0	0 0.0 0.0 0.0	4 40.0 26.7 10.0	6 60.0 33.3 15.0	10 25.0
MR	2	1 6.3 100.0 2.5	2 12.5 50.0 5.0	0 0.0 0.0 0.0	6 37.5 40.0 15.0	7 43.8 38.9 17.5	16 40.0
Speech	3	0 0.0 0.0 0.0	2 14.3 50.0 5.0	2 14.3 100.0 5.0	5 35.7 33.3 12.5	5 35.7 27.8 12.5	14 35.0
Column Total	Total	1 2.5	4 10.0	2 5.0	15 37.5	18 45.0	40 100.0

Chi Square = 7.37380      8 df       $p = 0.4969$

Abbreviations: PH = Physically handicapped  
MR = Mentally retarded  
Speech = Speech/language impaired

Table 19

Crosstabulations of Program Acceptance  
Indicator Three by Parents Having  
Children With Different Handicaps (n=40)

Handicap	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
PH	1	0 0.0 0.0 0.0	0 0.0 0.0 0.0	3 30.0 23.1 7.5	7 70.0 31.8 17.5	10 25.0
MR	2	1 6.3 100.0 2.5	1 6.3 25.0 2.5	5 31.3 38.5 12.5	9 56.3 40.9 22.5	16 40.0
Speech	3	0 0.0 0.0 0.0	3 21.4 75.0 7.5	5 35.7 38.5 12.5	6 42.9 27.3 15.0	14 35.0
Column Total	Total	1 2.5	4 10.0	13 32.5	22 55.0	40 100.0

Chi Square = 5.41396      6 df      p = 0.4919

Abbreviations: PH = Physically handicapped  
MR = Mentally retarded  
Speech = Speech/language impaired

Table 20

Crosstabulations of Program Acceptance  
Indicator Four by Parents Having  
Children with Different Handicaps (n=40)

Handicap	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
PH	1	0 0.0 0.0 0.0	1 10.0 33.3 2.5	2 20.0 16.7 5.0	7 70.0 29.2 17.5	10 25.0
MR	2	1 6.3 100.0 2.5	0 0.0 0.0 0.0	5 31.3 41.7 12.5	10 62.5 41.7 25.0	16 40.0
Speech	3	0 0.0 0.0 0.0	2 14.3 66.7 5.0	5 35.7 41.7 12.5	7 50.0 29.2 17.5	14 35.0
Column Total	Total	1 2.5	3 7.5	12 30.0	24 60.0	40 100.0

Chi Square = 4.55357      6 df      p = 0.6022

Abbreviations: PH = Physically handicapped  
MR = Mentally retarded  
Speech = Speech/language impaired

Table 21

Crosstabulations of Program Acceptance  
Indicator Five by Parents Having  
Children with Different Handicaps (n=40)

Handicap	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
PH	1	0 0.0 0.0 0.0	1 10.0 100.0 2.5	2 20.0 50.0 5.0	4 40.0 26.7 10.0	3 30.0 15.8 7.5	10 25.0
MR	2	1 6.3 100.0 2.5	0 0.0 0.0 0.0	0 0.0 0.0 0.0	4 25.0 26.7 10.0	11 68.8 57.9 27.5	16 40.0
Speech	3	0 0.0 0.0 0.0	0 0.0 0.0 0.0	2 14.3 50.0 5.0	7 50.0 46.7 17.5	5 35.7 26.3 12.5	14 35.0
Column Total	Total	1 2.5	1 2.5	4 10.0	15 37.5	19 47.5	40 100.0

Chi Square = 11.19899      8 df      p = 0.1907

Abbreviations: PH = Physically handicapped  
MR = Mentally retarded  
Speech = Speech/language impaired



Table 22

Summary of Chi Square Statistics  
Regarding Parents' Acceptance of the  
Homebased Program

Indicator	Varying Education Levels of Parents			Different Handicaps of Children		
	$\chi^2$	df	p	$\chi^2$	df	p
(1) Received Suggestions	1.4	4	.84	1.8	4	.78
(2) Told Others	8.7	8	.37	7.4	8	.50
(3) Glad to Have Suggestions	7.8	6	.25	5.4	6	.49
(4) Friends and Family Have Seen Progress	6.4	6	.38	4.6	6	.60
(5) Gained Confidence	19.0	8	.01*	11.2	8	.19

\*Significant ( $p \leq .05$ )

parents of varying educational levels indicator five revealed significant ( $p \leq .05$ ) difference. This indicates that there is a relationship between responses from parents and their educational levels regarding confidence gained as a result of the program. As shown in Table 16, the lower the educational level of parents the more they tend to agree that gains have been made in their confidence regarding their ability to teach their handicapped child.

A possible explanation for these findings is that the more education a parent has the more likely that she has been exposed to courses in child growth and development and the more knowledgeable she is about methods of helping her child. That being so, this type of parent would initially have a degree of confidence in her ability and gains made as a function of the training program would be less. The opposite would then be true for parents of lower educational levels.

#### Parents' Opinions Regarding Preference for the Homebased Program

Research Question 3 (Does preference for the homebased program by parents differ as associated with (A) their varying educational levels; (B) the child's type of handicap?) Tables are found on pages 85 to 95.

Part A. A description of responses to indicator one, "I contacted the home teacher for suggestions. . .", is found in Table 23. Of the forty parents sampled, twenty two disagreed, one was uncertain, and seventeen agreed. The distribution of agreement

and disagreement vary to a small degree across educational levels; but there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

Table 24 illustrates how parents of varying educational levels responded to indicator two, "Parents should be taught to teach. . ." The distribution of responses is skewed toward agreement across educational levels; but the Chi Square statistic shows significant ( $p \leq .05$ ) differences. The data reveals that the higher the educational level of the parents the more they tended to agree. This finding suggests that parents having lower educational levels are less inclined to feel that parents should teach their handicapped children. This may be related to a feeling by these parents that their ability to teach their children is limited.

The data presented in Table 25 illustrates how parents of varying educational levels responded to indicator three, "Time passes so fast that I don't have time to work with my child. . ." The distribution of negative, uncertain and positive responses is uniformly reported across educational levels; and the Chi Square statistic revealed no significant ( $p \leq .05$ ) difference.

Table 26 reports the distribution of parents' responses to indicator four, "I attended some parent group meetings. . ." Negative, uncertain, and positive responses are uniformly distributed across educational levels; but the Chi Square statistic revealed significant ( $p \leq .05$ ) differences among responses as a function of educational levels. It should be noted that responses counted as strongly disagree (5) represent parents who had parent group meetings available but who

did not attend them; while disagree (4) represents parents who did not have parent group meetings available. Of the four school divisions represented in the study, two provided parent group meetings. In school divisions where parent group meetings were available the data reveals that the lower the educational level of the parents the more likely they were to attend the meetings.

The distribution of responses to indicator five, "I was at home. . .", is found in Table 27. The responses are skewed toward agreement approximately the same across educational levels; but there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

Part B. Table 28 reports how parents of children with different handicaps responded to indicator one, "I contacted the home teacher for suggestions. . ." Responses both negative and positive have approximately the same distribution across types of handicaps; and the Chi Square statistic reveals no significant ( $p \leq .05$ ) difference.

In Table 29 is shown responses to indicator two, "Parents should be taught ways to teach. . .", as reported by parents of children with different types of handicaps. The distribution is skewed toward agreement approximately the same across the types of handicaps; and there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

The distribution of responses to indicator three, "Time passes so fast that I don't have time to work with my child. . .", is found in Table 30. The distribution of negative, uncertain,

and positive responses is approximately the same across types of handicaps; and the Chi Square statistic reveals no significant ( $p \leq .05$ ) difference.

The data presented in Table 31 shows how parents of children with different types of handicaps responded to indicator four, "I attended some parent group meetings. . ." The distribution of negative, uncertain, and positive responses is approximately the same across types of handicaps; and there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

Table 32 reports responses from parents to indicator five, "I was at home. . ." The distribution of responses is skewed toward agreement approximately the same across types of handicaps; and there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

Table 33 reports a summary of Chi Square statistics regarding parents preference for the homebased program. It shows that significant differences ( $p \leq .05$ ) existed for indicators two and four for parents of varying educational levels.

The data indicates with regards to indicator two, that the lower the educational levels of the parents, the more inclined they were to feel that parents should not be taught to teach their children. This suggests that there is a feeling among parents having less than high school education that they should not teach their handicapped children. That being so would further suggest that this feeling is related to parents' lack of confidence in their ability to teach their children.

With regards to indicator four, the data indicates that the

Table 23

Crosstabulations of Program Preference  
Indicator One by Parents of Varying Educational Levels (n=40)

Education Level	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	2 15.4 66.7 5.0	6 46.2 31.6 15.0	1 7.7 100.0 2.5	2 15.4 18.2 5.0	2 15.4 33.3 5.0	13 32.5
High School	2	0 0.0 0.0 0.0	6 42.9 31.6 15.0	0 0.0 0.0 0.0	6 42.9 54.5 15.0	2 14.3 33.3 5.0	14 35.0
Post High School	3	1 7.7 33.3 2.5	7 53.8 36.8 17.5	0 0.0 0.0 0.0	3 23.1 27.3 7.5	2 15.4 33.3 5.0	13 32.5
Column Total	Total	3 7.5	19 47.5	1 2.5	11 27.5	6 15.0	40 100.0

Chi Square = 6.37817      8 df      p = 0.6049

Table 24

Crosstabulations of Program Preference  
Indicator Two by Parents of Varying Educational Levels (n=40)

Education Level	Count Row Pct Col Pct Tot Pct	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	2 15.4 100.0 5.0	3 23.1 100.0 7.5	0 0.0 0.0 0.0	8 61.5 28.6 20.0	13 32.5
High School	2	0 0.0 0.0 0.0	0 0.0 0.0 0.0	4 28.6 57.1 10.0	10 71.4 35.7 25.0	14 35.0
Post High School	3	0 0.0 0.0 0.0	0 0.0 0.0 0.0	3 23.1 42.9 7.5	10 76.9 35.7 25.0	13 32.5
Column Total	Total	2 5.0	3 7.5	7 17.5	28 70.0	40 100.0
Chi Square = 14.09732      6 df      p = 0.0286						

Table 25

Crosstabulations of Program Preference  
Indicator Three by Parents of Varying Educational Levels (n=40)

Education Level	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	3 23.1 60.0 7.5	3 23.1 37.5 7.5	0 0.0 0.0 0.0	4 30.8 25.0 10.0	3 23.1 42.9 7.5	13 32.5
High School	2	0 0.0 0.0 0.0	4 28.6 50.0 10.0	1 7.1 25.0 2.5	6 42.9 37.5 15.0	3 21.4 42.9 7.5	14 35.0
Post High School	3	2 15.4 40.0 5.0	1 7.7 12.5 2.5	3 23.1 75.0 7.5	6 46.2 37.5 15.0	1 7.7 14.3 2.5	13 32.5
Column Total	Total	5 12.5	8 20.0	4 10.0	16 40.0	7 17.5	40 100.0

Chi Square = 9.69544    8 df    p = 0.2871



Table 26

Crosstabulations of Program Preference  
Indicator Four by Parents of Varying Educational Levels (n=40)

Education Level	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	1 7.7 16.7 2.5	6 46.2 42.9 15.0	0 0.0 0.0 0.0	2 15.4 33.3 5.0	4 30.8 36.4 10.0	13 32.5
High School	2	0 0.0 0.0 0.0	6 42.9 42.9 15.0	3 21.4 100.0 7.5	2 14.3 33.3 5.0	3 21.4 27.3 7.5	14 35.0
Post High School	3	5 38.5 83.3 12.5	2 15.4 14.3 5.0	0 0.0 0.0 0.0	2 15.4 33.3 5.0	4 30.8 36.4 10.0	13 32.5
Column Total	Total	6 15.0	14 35.0	3 7.5	6 15.0	11 27.5	40 100.0

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Chi Square = 15.33895      8 df       $p = 0.0529$

Table 27

Crosstabulations of Program Preference  
Indicator Five by Parents of Varying Educational Levels (n=40)

Education Level	Count		Disagree 2	Agree 4	Strongly Agree 5	Row Total
	Row Pct	Col Pct				
	Tot Pct	Tot Pct				
Below High School	1		1	1	11	13
			7.7	7.7	84.6	32.5
			50.0	20.0	33.3	
			2.5	2.5	27.5	
High School	2		0	3	11	14
			0.0	21.4	78.6	35.0
			0.0	60.0	33.3	
			0.0	7.5	27.5	
Post High School	3		1	1	11	13
			7.7	7.7	84.6	32.5
			50.0	20.0	33.3	
			2.5	2.5	27.5	
Column Total	Total		2	5	33	40
			5.0	12.5	82.5	100.0

Chi Square = 2.49084      4 df      p = 0.6463

Table 28

Crosstabulations of Program Preference  
Indicator One by Parents Having  
Children with Different Handicaps (n=40)

Handicap	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
PH	1	0 0.0 0.0 0.0	7 70.0 36.8 17.5	1 10.0 100.0 2.5	2 20.0 18.2 5.0	0 0.0 0.0 0.0	10 25.0
MR	2	3 18.8 100.0 7.5	8 50.0 42.1 20.0	0 0.0 0.0 0.0	3 18.8 27.3 7.5	2 12.5 33.3 5.0	16 40.0
Speech	3	0 0.0 0.0 0.0	4 28.6 21.1 10.0	0 0.0 0.0 0.0	6 42.9 54.5 15.0	4 28.6 66.7 10.0	14 35.0
Column Total	Total	3 7.5	19 47.5	1 2.5	11 27.5	6 15.0	40 100.0

Chi Square = 14.77921      8 df      p = 0.0636

Abbreviations: PH = Physically handicapped  
MR = Mentally retarded  
Speech = Speech/language impaired

Table 29

Crosstabulations of Program Preference  
Indicator Two by Parents Having  
Children with Different Handicaps (n=40)

Handicap	Count		Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
	Row Pct	Col Pct					
	Tot Pct	Tot Pct					
PH	1		1	1	1	7	10
			10.0	10.0	10.0	70.0	25.0
			50.0	33.3	14.3	25.0	
			2.5	2.5	2.5	17.5	
MR	2		0	1	1	14	16
			0.0	6.3	6.3	87.5	40.0
			0.0	33.3	14.3	50.0	
			0.0	2.5	2.5	35.0	
Speech	3		1	1	5	7	14
			7.1	7.1	35.7	50.0	35.0
			50.0	33.3	71.4	25.0	
			2.5	2.5	12.5	17.5	
Column Total	Total		2	3	7	28	40
			5.0	7.5	17.5	70.0	100.0

Chi Square = 7.18027      6 df      p =

Abbreviations: PH = Physically handicapped

MR = Mentally retarded

Speech = Speech/language impaired

Table 30

Crosstabulations of Program Preference  
Indicator Three by Parents Having  
Children with Different Handicaps (n=40)

Handicap	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
PH	1	1 10.0 20.0 2.5	0 0.0 0.0 0.0	1 10.0 25.0 2.5	6 60.0 37.5 15.0	2 20.0 28.6 5.0	10 25.0
MR	2	2 12.5 40.0 5.0	5 31.3 62.5 12.5	2 12.5 50.0 5.0	4 25.0 25.0 10.0	3 18.8 42.9 7.5	16 40.0
Speech	3	2 14.3 40.0 5.0	3 21.4 37.5 7.5	1 7.1 25.0 2.5	6 42.9 37.5 15.0	2 14.3 28.6 5.0	14 35.0
Column Total	Total	5 12.5	8 20.0	4 10.0	16 40.0	7 17.5	40 100.0

Chi Square = 5.38801      8 df       $p = 0.7154$

Abbreviations: PH = Physically handicapped  
MR = Mentally retarded  
Speech = Speech/language impaired

Table 31

Crosstabulations of Program Preference  
Indicator Four by Parents Having  
Children with Different Handicaps (n=40)

Handicap	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
PH	1	2 20.0 33.3 5.0	4 40.0 28.6 10.0	3 30.0 100.0 7.5	0 0.0 0.0 0.0	1 10.0 9.1 2.5	10 25.0
MR	2	3 18.8 50.0 7.5	5 31.3 35.7 12.5	0 0.0 0.0 0.0	4 25.0 66.7 10.0	4 25.0 36.4 10.0	16 40.0
Speech	3	1 7.1 16.7 2.5	5 35.7 35.7 12.5	0 0.0 0.0 0.0	2 14.3 33.3 5.0	6 42.9 54.5 15.0	14 35.0
Column Total	Total	6 15.0	14 35.0	3 7.5	6 15.0	11 27.5	40 100.0

Chi Square = 14.95268      8 df       $p = 0.0601$

Abbreviations: PH = Physically handicapped  
MR = Mentally retarded  
Speech = Speech/language impaired

Table 32

Crosstabulations of Program Preference  
Indicator Five by Parents Having  
Children with Different Handicaps (n=40)

Handicap	Count Row Pct Col Pct Tot Pct	Disagree 2	Agree 4	Strongly Agree 5	Row Total
PH	1	1 10.0 50.0 2.5	0 0.0 0.0 0.0	9 90.0 27.3 22.5	10 25.0
MR	2	1 6.3 50.0 2.5	2 12.5 40.0 5.0	13 81.3 39.4 32.5	16 40.0
Speech	3	0 0.0 0.0 0.0	3 21.4 60.0 7.5	1 78.6 33.3 27.5	14 35.0
Column Total	Total	2 5.0	5 12.5	33 82.5	40 100.0

Chi Square = 3.49026      4 df       $p = 0.4794$

Abbreviations: PH = Physically handicapped  
MR = Mentally retarded  
Speech = Speech/language impaired

Table 33

Summary of Chi Square Statistics  
Regarding Parents' Preference for  
the Homebased Program

Indicator	Varying Educational Levels of Parents			Different Handicaps of Children		
	$\chi^2$	df	p	$\chi^2$	df	p
(1) Contacted the Teacher	6.4	8	.60	14.8	8	.06
(2) Parents Should be Taught To Teach	14.1	6	.02*	7.2	6	.30
(3) Time Passes so Fast	9.7	8	.29	5.4	8	.72
(4) Attended Parent Meetings	15.3	8	.05*	15.0	8	.06
(5) Was at Home	2.5	4	.65	3.5	4	.48

\*Significant ( $p \leq .05$ )



lower the educational level of parents the more likely they were to attend parent group meetings.

Parents' Opinions Regarding Commitment  
to the Homebased Program

Research Question 4. (Does commitment to the homebased program by parents differ as associated with (A) their varying educational levels; (B) their child's type of handicap?) Tables are found on pages 99 to 109.

Part A. Table 34 shows responses to indicator one, "I have taken action to help develop or further the homebased program," as indicated by parents of varying educational levels. Of the forty parents sampled, twenty two disagreed while seventeen agreed and one was uncertain. The distribution of responses is approximately the same across educational levels, and there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

Reported in Table 35 are the responses by parents to indicator two, "I have told others about the advantages of the program." The distribution is skewed toward agreement across educational levels, but the strongest agreement is indicated by parents having less than high school education. The Chi Square statistic reveals significant ( $p \leq .05$ ) differences in responses among parents of varying educational levels.

Table 36 provides a description of parents' responses to indicator three, "I have requested school personnel to continue the program." The distribution is skewed toward disagreement across educational levels, however thirty five percent of the parents reported

agreement. The Chi Square statistic is not significantly ( $p \leq .05$ ) different.

Table 37 presents data related to responses by parents concerning indicator four, "I have taken action that led to other children being served. . ." The distribution is skewed toward disagreement approximately the same across educational levels; but there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

A description of responses to indicator five, "If I were asked to write a letter or sign a petition. . ." is found in Table 38. The distribution is skewed toward agreement across educational levels; but the Chi Square statistic shows no significant ( $p \leq .05$ ) difference.

Part B. The data presented in Table 39 illustrates how parents having children with different handicaps responded to indicator one, "I have taken action to help develop or further the homebased program." Of the forty parents sampled, twenty two disagreed; one was uncertain; and seventeen agreed. There is, however, no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

In Table 40 shown are the responses by parents to indicator two, "I have told others about the advantages of the program." The distribution of responses is skewed toward agreement across types of handicaps, but there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

The distribution of responses to indicator three, "I have requested school personnel to continue the program", is shown in

Table 41. The distribution of responses is skewed toward disagreement approximately the same across types of handicaps. However, thirty five percent of the parents reported agreement. The Chi Square statistic shows no significant ( $P \leq .05$ ) difference.

Table 42 shows how parents responded to indicator four, "I have taken action that led to other children being served. . ." The distribution is skewed toward disagreement approximately the same across types of handicaps; but the Chi Square statistic is not significantly ( $p \leq .05$ ) different.

In Table 43 are responses to indicator five, "If I were asked to write a letter or sign a petition. . ." by parents having children with different types of handicaps. The distribution of responses is skewed toward agreement across types of handicaps and there is no significant ( $p \leq .05$ ) difference of the Chi Square statistic.

Table 44 presents a summary of Chi Square statistics regarding parents commitment to the program. It reveals that significant difference existed for indicator two among parents of varying educational levels.

#### Teachers' Opinions Regarding Parents' Acceptance of, Preference for, and Commitment to the Homebased Program

Research Question 5. (Do parents and home teachers differ in their reporting of the parents' acceptance, preference, and commitment to the homebased preschool program?) Tables are found on pages 111 and 112.

The Home Teachers Interview Schedule was developed by extracting six indicators from the area of program acceptance, program preference

Table 34

Crosstabulations of Program Commitment  
Indicator One by Parents of Varying Educational Levels (n=40)

Education Level	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	1 7.7 100.0 2.5	6 46.2 28.6 15.0	0 0.0 0.0 0.0	1 7.7 11.1 2.5	5 38.5 62.5 12.5	13 32.5
High School	2	0 0.0 0.0 0.0	8 57.1 38.1 20.0	0 0.0 0.0 0.0	5 35.7 55.6 12.5	1 7.1 12.5 2.5	14 35.0
Post High School	3	0 0.0 0.0 0.0	7 53.8 33.3 17.5	1 7.7 100.0 2.5	3 23.1 33.3 7.5	2 15.4 25.0 5.0	13 32.5
Column Total	Total	1 2.5	21 52.5	1 2.5	9 22.5	8 20.0	40 100.0

Chi Square = 10.18184    8 df     $p = 0.2525$

Table 35

Crosstabulations of Program Commitment  
Indicator Two by Parents of Varying Educational Levels (n=40)

Education Level	Count Row Pct Col Pct Tot Pct	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	3 23.1 37.5 7.5	0 0.0 0.0 0.0	3 23.1 14.3 7.5	7 53.8 100.0 17.5	13 32.5
High School	2	2 14.3 25.0 5.0	3 21.4 75.0 7.5	9 64.3 42.9 22.5	0 0.0 0.0 0.0	14 35.0
Post High School	3	3 23.1 37.5 7.5	1 7.7 25.0 2.5	9 69.2 42.9 22.5	0 0.0 0.0 0.0	13 32.5
Column Total	Total	8 20.0	4 10.0	21 52.5	7 17.5	40 100.0

Chi Square = 21.29509      6 df       $p = 0.0016$

Table 36

Crosstabulations of Program Commitment  
Indicator Three by Parents of Varying Educational Levels (n=40)

Education Level	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	1 7.7 100.0 2.5	7 53.8 29.2 17.5	0 0.0 0.0 0.0	3 23.1 33.3 7.5	2 15.4 40.0 5.0	13 32.5
High School	2	0 0.0 0.0 0.0	8 57.1 33.3 20.0	0 0.0 0.0 0.0	3 21.4 33.3 7.5	3 21.4 60.0 7.5	14 35.0
Post High School	3	0 0.0 0.0 0.0	9 69.2 37.5 22.5	1 7.7 100.0 2.5	3 23.1 33.3 7.5	0 0.0 0.0 0.0	13 32.5
Column Total	Total	1 2.5	24 60.0	1 2.5	9 22.5	5 12.5	40 100.0

Chi Square = 7.05494      8 df      p = 0.5307

Table 37

Crosstabulations of Program Commitment  
Indicator Four by Parents of Varying Educational Levels (n=40)

Education Level	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	1 7.7 100.0 2.5	7 53.8 24.1 17.5	1 7.7 100.0 2.5	2 15.4 66.7 5.0	2 15.4 33.3 5.0	13 32.5
High School	2	0 0.0 0.0 0.0	12 85.7 41.4 30.0	0 0.0 0.0 0.0	0 0.0 0.0 0.0	2 14.3 33.3 5.0	14 35.0
Post High School	3	0 0.0 0.0 0.0	10 76.9 34.5 25.0	0 0.0 0.0 0.0	1 7.7 33.3 2.5	2 15.4 33.3 5.0	13 32.5
Column Total	Total	1 2.5	29 72.5	1 2.5	3 7.5	6 15.0	40 100.0

Chi Square = 7.28558      8 df       $p = 0.5062$

Table 38

Crosstabulation of Program Commitment  
Indicator Five by Parents of Varying Educational Levels (n=40)

Education Level	Count	Disagree 2	Agree 4	Strongly Agree 5	Row Total
	Row Pct				
	Col Pct Tot Pct				
Below High School	1	0	5	8	13
		0.0	38.5	61.5	32.5
		0.0	22.7	53.3	
		0.0	12.5	20.0	
High School	2	1	10	3	14
		7.1	71.4	21.4	35.0
		33.3	45.5	20.0	
		2.5	25.0	7.5	
Post High School	3	2	7	4	13
		15.4	53.8	30.8	32.5
		66.7	31.8	26.7	
		5.0	17.5	10.0	
Column Total	Total	3	22	15	40
		7.5	55.0	37.5	100.0

Chi Square = 6.51614    4 df    p = 0.1638



Table 39

Crosstabulations of Program Commitment  
Indicator One by Parents Having  
Children with Different Handicaps (n=40)

Handicap	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
PH	1	0 0.0 0.0 0.0	5 50.0 23.8 12.5	0 0.0 0.0 0.0	3 30.0 33.3 7.5	2 20.0 25.0 5.0	10 25.0
MR	2	1 6.3 100.0 2.5	10 62.5 47.6 25.0	0 0.0 0.0 0.0	3 18.8 33.3 7.5	2 12.5 25.0 5.0	16 40.0
Speech	3	0 0.0 0.0 0.0	6 42.9 28.6 15.0	1 7.1 100.0 2.5	3 21.4 33.3 7.5	4 28.6 50.0 10.0	14 35.0
Column Total	Total	1 2.5	21 52.5	1 2.5	9 22.5	8 20.0	40 100.0

Chi Square = 5.24319      8 df      p = 0.7313

Abbreviations: PH = Physically handicapped  
MR = Mentally retarded  
Speech = Speech/language impaired

Table 40

Crosstabulations of Program Commitment  
Indicator Two by Parents Having  
Children with Different Handicaps (n=40)

Handicap	Count Row Pct Col Pct Tot Pct	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
PH	1	1 10.0 12.5 2.5	3 30.0 75.0 7.5	5 50.0 23.8 12.5	1 10.0 14.3 2.5	10 25.0
MR	2	4 25.0 50.0 10.0	0 0.0 0.0 0.0	8 50.0 38.1 20.0	4 25.0 57.1 10.0	16 40.0
Speech	3	3 21.4 37.5 7.5	1 7.1 25.0 2.5	8 57.1 38.1 20.0	2 14.3 28.6 5.0	14 35.0
Column Total	Total	8 20.0	4 10.0	21 52.5	7 17.5	40 100.0

Chi Square = 7.43537      6 df       $p = 0.2825$

Abbreviations: PH = Physically handicapped  
MR = Mentally retarded  
Speech = Speech/language impaired

Table 41

Crosstabulations of Program Commitment  
Indicator Three by Parents Having  
Children with Different Handicaps (n=40)

Handicap	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
PH	1	0 0.0 0.0 0.0	6 60.0 25.0 15.0	1 10.0 100.0 2.5	1 10.0 11.1 2.5	2 20.0 40.0 5.0	10 25.0
MR	2	1 6.3 100.0 2.5	10 62.5 41.7 25.0	0 0.0 0.0 0.0	3 18.8 33.3 7.5	2 12.5 40.0 5.0	16 40.0
Speech	3	0 0.0 0.0 0.0	8 57.1 33.3 20.0	0 0.0 0.0 0.0	5 35.7 55.6 12.5	1 7.1 20.0 2.5	14 35.0
Column Total	Total	1 2.5	24 60.0	1 2.5	9 22.5	5 12.5	40 100.0

Chi Square = 7.18809      8 df       $p = 0.5165$

Abbreviations: PH = Physically handicapped  
MR = Mentally retarded  
Speech = Speech/language impaired

Table 42

Crosstabulations of Program Commitment  
Indicator Four by Parents Having  
Children with Different Handicaps (n=40)

Handicap	Count Row Pct Col Pct Tot Pct	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
PH	1	0 0.0 0.0 0.0	7 70.0 24.1 17.5	0 0.0 0.0 0.0	0 0.0 0.0 0.0	3 30.0 50.0 7.5	10 25.0
MR	2	1 6.3 100.0 2.5	10 62.5 34.5 25.0	1 6.3 100.0 2.5	1 6.3 33.3 2.5	3 18.8 50.0 7.5	16 40.0
Speech	3	0 0.0 0.0 0.0	12 85.7 41.4 30.0	0 0.0 0.0 0.0	2 14.3 66.7 5.0	0 0.0 0.0 0.0	14 35.0
Column Total	Total	1 2.5	29 72.5	1 2.5	3 7.5	6 15.0	40 100.0

Chi Square = 8.95936      8 df      p = 0.3457

Abbreviations: PH = Physically handicapped  
MR = Mentally retarded  
Speech = Speech/language impaired

Table 43

Crosstabulations of Program Commitment  
Indicator Five by Parents Having  
Children with Different Handicaps (n=40)

Handicap	Count		Disagree 2	Agree 4	Strongly Agree 5	Row Total
	Row Pct	Col Pct				
	Tot Pct	Tot Pct				
PH	1		0	9	1	10
			0.0	90.0	10.0	25.0
			0.0	40.9	6.7	
			0.0	22.5	2.5	
MR	2		1	6	9	16
			6.3	37.5	56.3	40.0
			33.3	27.3	60.0	
			2.5	15.0	22.5	
Speech	3		2	7	5	14
			14.3	50.0	35.7	35.0
			66.7	31.8	33.3	
			5.0	17.5	12.5	
Column Total	Total		3	22	15	40
			7.5	55.0	37.5	100.0

Chi Square = 8.35325      4 df      p = 0.0795

Abbreviations: PH = Physically handicapped  
MR = Mentally retarded  
Speech = Speech/language impaired

Table 44  
Summary of Chi Square Statistics  
Regarding Parents' Commitment  
to the Program

Indicator	Varying Educational Levels of Parents			Different Handicaps of Children		
	$\chi^2$	df	p	$\chi^2$	df	p
(1) I Have Taken Action to Help. . .the Program	10.2	8	.25	5.2	8	.73
(2) I Have Told Others	21.3	6	.001*	7.4	6	.28
(3) I Have Requested School Personnel to Continue	7.1	8	.53	7.2	8	.52
(4) I Have Taken Action That Led to Other Children	7.3	8	.51	9.0	8	.35
(5) If I Were Asked to Write a Letter	6.5	4	.61	8.4	4	.08

\*Significant ( $p \leq .05$ )

and program commitment on the parent questionnaire. Indicators three and five were extracted from the area of program acceptance; indicators one, four, and five were extracted from the area of program preference, and indicator one was extracted from the area of program commitment (See Appendix F). After the parents had responded to those indicators, the Child Development Specialist was requested to respond to them in terms of her knowledge of what had transpired among parents. The combined means of each response was calculated and a Chi Square test was applied to determine if there was a statistically significant ( $p \leq .05$ ) difference between parents' and teachers' responses.

Table 45 reveals that a significant ( $p = .001$ ) Chi Square value of 22.5 was obtained indicating a strong association between parents' and teachers' responses concerning the parents' value (acceptance, preference, and commitment) of the homebased preschool program. However, Table 46 shows that when a t test was employed, a significant ( $p \leq .05$ ) t value resulted from indicator one, "The mother seemed glad to receive instruction. . ."; and for indicator six, "The mother has taken action to help develop. . ." The evidence suggests that there is significant difference in parent and teacher opinions on those two indicators.

The analysis for the remaining indicators resulted in t values which were not significantly ( $p \leq .05$ ) different indicating that for four indicators there is no difference in opinions by parents and teachers concerning the mothers' value of the homebased preschool program.

Table 45

Crosstabulations of Parents' and Teachers' Ratings  
of Parental Acceptance, Preference,  
and Commitment to the Homebased Preschool Program

	Count Row Pct Col Pct Tot Pct	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Disagree	2	0 0.0 0.0 0.0	1 100.0 7.7 2.5	0 0.0 0.0 0.0	1 2.5
Uncertain	3	7 63.6 53.8 17.5	3 27.3 23.1 7.5	1 9.1 7.1 2.5	11 27.5
Agree	4	6 28.6 46.2 15.0	9 42.9 69.2 22.5	6 28.6 42.9 15.0	21 52.5
Strongly Agree	5	0 0.0 0.0 0.0	0 0.0 0.0 0.0	7 100.0 50.0 17.5	7 17.5
Column Total	Total	13 32.5	13 32.5	14 35.0	40 100.0

Chi Square = 21.60124    6 df    p = 0.0014



Table 46

Results of t Test for Parents' and Teachers' Ratings  
for Indicators of Parental Acceptance, Preference,  
and Commitment to the Homebased Preschool Program

Indicator	N	Adjusted Mean	Difference	t
The mothers seemed glad to receive suggestions. . .	40	4.375 4.575	0.200	1.27 ns
The mothers seemed to have gained confidence. . .	40	4.250 4.400	0.150	0.71 ns
The mothers contacted me for suggestions	40	2.950 3.475	0.525	2.55**
The mothers attended some group parent meetings. . .	40	3.050 2.875	0.175	0.65 ns
The mother was at home. . .	40	4.725 4.550	0.175	1.00 ns
The mother has taken action to help. . .the program	40	3.050 3.625	0.575	2.15*

ns = not significant

\* = significant at the .05 level

\*\* = significant at the .01 level

Parent and Teacher Ratings of Topics  
for Parent Training Programs

Research Question 6. (Do parents and home teachers differ in their ratings of topics for use in parent training programs?) Tables are found on pages 115 and 116.

Table 47 reveals correlations and means for home teacher and parent rankings of topics for parent training programs. As the table shows, there was no statistically significant correlation between ratings of topics 1 through 6 and topics 8 and 10. Topic number 7, "Understanding my own feelings" was significant at the .05 level; while topic number 9, "Accepting the handicapped child" was highly significant at the .001 level. This indicated that for these two topics there was significant correlation between rankings by teachers and by parents.

A Friedman (1956) Two-Way Analysis of Variance for Ranks test ( $\chi_r^2$ ) was computed to determine if significant differences existed among parents of varying educational levels when compared with teacher rankings. Table 48 shows that for parents with less than high school education two topics were rated significantly ( $p \leq .05$ ) different; while for parents with high school education one topic was significantly different and none were different for the parents with post high school educational levels.

The data shows that the higher the educational level of parents the more they tended to agree with the teacher in topic selections for parent training programs. Observation of raw scores for parent rankings revealed also that the lower the educational level of parents, the wider the dispersions of scores among them. These results indicate

that educational levels of parents need to be a primary consideration when planning for parent training programs.

#### PARENTS' ESTIMATION OF SKILL DEVELOPMENT POTENTIALITY FOR THEIR CHILDREN

As a part of the study, an investigation was made of the parents' estimate of potential (skills child could accomplish from the training program). The total skill development areas were broadly classified into seven areas namely, cognitive, social, eating, toileting, dressing, fine motor and gross motor skills. In each area there were several indicators to estimate the potentiality of the parent training program for the child. The distribution of indicators by categories can be seen in Appendix D. Tables are found on pages 122 to 128.

To secure responses from parents, each indicator was scaled from 1 to 4. The scale "1" was circled for activities the child could do before he started in the program; the "2" was circled for activities it was expected that the child would learn in the program; the "3" was circled for activities the child had learned in the program; and the "4" was circled for activities considered too advanced for the child's age level. The skill areas were broken into two age groups, 0-36 months and 37-72 months. Parents' estimations of skill development for their children in each skill area were as follows:

##### Cognitive Skills

Table 49 reveals that there were ten skill indicators for the age group 0-36 months and ten indicators for the age group 37-72 months. The table reveals that the first three indicators for the

Table 47

Correlations and Mean Ranks of Teacher and Parent Rankings  
of Topics for Parent Training Program

Topics	Correlation Coefficient (absolute value)	Mean Ranks		Significance Level
		Teacher	Parent	
1. Dealing with emotional tensions	.140	4.0	5.3	.12
2. Helping my child learn	.097	2.0	3.8	.24
3. What Special Education is	.078	7.1	5.8	.26
4. What testing tells use	.019	5.4	8.0	.44
5. Making plans for the future	.069	6.2	8.0	.29
6. Obtaining professional help	.075	3.8	7.0	.27
7. Understanding my own feelings	.197	4.3	5.5	.05 <sup>*</sup>
8. Managing money	.101	10.0	10.0	.25
9. Accepting the handicapped child	.377	6.0	5.0	.001 <sup>**</sup>
10. How to get my child in school	.040	6.3	6.4	.37

\*significant at .05 level

\*\*significant at .10 level

Table 48  
Friedman  $\chi_r^2$  Values for Comparison of  
Parent and Teacher Rankings of Topics  
for Parent Training Programs

Topic	Below High School Level	High School Level	Post High School Level
1. Dealing with emotional tensions	4.92*	0.00	0.31
2. Helping my child learn	0.69	0.07	0.00
3. What special education is	1.23	12.07*	0.69
4. What testing tells us	4.92*	0.29	1.23
5. Making plans for the future	0.08	2.57	1.23
6. Obtaining professional help	0.00	1.14	0.08
7. Understanding my own feelings	0.69	0.29	0.31
8. Managing money	1.92	1.14	2.77
9. Accepting the handicapped	0.08	1.79	0.31
10. How to get my child in school	1.92	1.14	0.00

\*Significant difference ( $p \leq .05$ )

age group 0-36 months were reported by parents to have been accomplished by the children prior to entering the program; while the indicators "says names, names parts of the body, and obeys rules" were reported by parents as expected to be learned by the child from the program.

The table further reveals that for the age group 37-72 months the indicators, "keeps busy, names common foods, matches pictures, and combines words" the parents considered as expected to be learned and had been learned by the child from the program, whereas the remaining indicators were considered too advanced for the child's present age levels.

#### Social Skills

Table 50 reveals that the first two indicators for the age group 0-36 months were reported by parents as having been accomplished by the child prior to entering the program; while for the indicator, "plays simple games" the parents reported that children were expected to learn from the program. Further, the table reveals that for the age group 37-72 months for the indicators "shares with others and sticks with an activity" the parents were in the opinion that the children were expected to learn while they were in the program. The last indicator "plays cooperative games" was reported as being too advanced for the children at their present age levels.

#### Eating Skills

Table 51 reveals that for the age group 0-36 months parents reported that the children could swallow soft food prior to entering the program. The parents reported for the next three indicators that

the children should learn the activity from being in the program. For the age group 37-72 months the parents reported that the indicator "eats with a fork" was expected to be learned by the children from the program; the indicator, "pours from the pitcher" had been learned by the child from being in the program; while the last two indicators were reported as being too advanced for the handicapped children at their present ages.

#### Toileting Skills

Table 52 reveals that for the age group 0-36 months, the first two indicators of the toileting skills, the parents had reported that the children were expected to learn from the program; while for the indicator, "stays dry" the child had learned from the program. The table further reveals that for the age group 37-72 months the indicators "uses toilet with help, washes face and uses toilet without help" had been learned by the child from the program.

#### Dressing Skills

Table 53 reveals that for the age group 0-36 months, parents reported the first two indicators were expected to be learned by the children from the program; whereas the next two indicators had been learned by the child while in the program. For the age group 37-72 months, the indicators, "pulls on shoes and distinguishes front and back of clothes" had been learned by the children from the program; while the indicators, "buttons coat or dress and dresses self" were presently too advanced for the children's age level.

### Fine Motor Skills

Table 54 reveals that for the age group 0-36 months, the first three indicators were reported by parents as having been accomplished by children prior to entry in the program; while the indicators, "throws toys, builds tower, and turns knobs" were expected to be learned in the program; and the indicators, "imitates scribbling, strings beads, and holds crayon" had been learned in the program. For the age group 37-72 months, the indicators, "cuts with scissors" and "attempts to lace shoes" were reported to have been learned in the program, while the remaining indicators were considered too advanced for the children's age level.

### Gross Motor Skills

Table 55 reveals that for the age group 0-36 months, the first two indicators were reported as accomplished by the children prior to entering the program; while the next seven indicators were expected to be learned and the last two indicators had been learned by the child from the program. Further, the table reveals that the first three indicators for age group 37-72 months had been learned by the children from the program, and the remaining four had been considered too advanced for the children's present age level.

## DISCUSSION

The smallest number of skills indicated as learned in the program was three. These were reported for a severely mentally retarded child whose mother had high school education. The mother's



opinion of the program was high in spite of the low number of skills her child had learned.

On the other hand, a mother with less than high school education whose speech/language impaired child had learned twenty three skills felt that parents should not be expected to teach their preschool handicapped child.

Furthermore, one parent, who said she would not select the same teacher the following year because she did not always come when expected, indicated that her child had learned 36 skills in the program. This number was the highest number of skills reported as learned by any single child. This parent had positive opinions about the program and she strongly believed that parents should be taught to teach their preschool handicapped child in spite of her feelings about the teacher.

It appears therefore, that skills were learned by all children in the study and that some learned more than others. However there did not seem to be any pattern associated with the number of skills learned by the child and the parents' opinion of the program.

#### SUMMARY OF ANALYSIS

This chapter has presented a description of the study since collecting the data. The forty parents involved in the study possessed varying educational levels and had children with three different types of handicaps.

Although parents indicated overwhelmingly acceptance of the program, there was only one indicator that was significantly different as associated with their educational levels; and two that were significantly different as associated with their child's type of handicap.

Although parents indicated preference for the program, there were no indicators found to be significantly different as associated with their educational levels or with their child's type of handicap.

Although parents indicated a smaller degree of commitment to the program, there was one indicator that was significantly different as associated with their child's type of handicap.

The following chapter will present a review, conclusions, implications of the study, recommendations and a summary. In addition, for the edification of the reader, excerpts from three parent interviews have been included in the Appendices (See Appendix M).

Table 49  
Mean Distribution of Cognitive Skills Indicators

Age Groups	Indicators	Mean Scores
0-36 Months	Reacts to light	1.05
	Make sounds	1.10
	Recognizes names	1.23
	Communicates with people	1.75
	Mimics sounds	1.53
	Follows directions	1.60
	Obeys rules	2.05
	Says hello	1.88
	Names parts of the body	2.46
	Says name	2.43
37-72 Months	Keeps busy	2.50*
	Names common foods	2.63*
	Reads names	3.48*
	Combines words	2.77*
	Matches pictures	3.23*
	Says basic colors	3.53
	Counts numbers	3.73
	Says alphabet	3.70
	Cares for belongings	3.53

Code      1.0 - 1.4   Accomplished prior to program  
             1.5 - 2.4   Expected to learn from program  
             2.5 - 3.4   Were learned from the program  
             3.5 - 4.0   Too advanced for present age  
             \*Learned from the program

Table 50  
Mean Distribution of Social Skills Indicators

Age Groups	Indicators	Mean Scores
0-36 Months	Smiles at people	1.30
	Responds to gestures	1.15
	Plays simple games	1.75
37-72 Months	Shares with others	2.25
	Plays cooperative games	3.70
	Sticks with an activity	2.48

Code      1.0 - 1.4   Accomplished prior to program  
             1.5 - 2.4   Expected to learn from program  
             2.5 - 3.4   Were learned from program  
             3.5 - 4.0   Too advanced for present age  
             \*Learned from the program

Table 51  
Mean Distribution of Eating Skills Indicators

Age Groups	Indicators	Mean Scores
0-36 Months	Swallows soft food	1.20
	Eats without mess	1.70
	Drinks from a cup	1.70
	Eats with a spoon	1.90
37-72 Months	Pours from pitcher	3.10*
	Eats with fork	2.28
	Spreads butter	3.53
	Uses knife	3.53

Code      1.0 - 1.4   Accomplished prior to program  
             1.5 - 2.4   Expected to learn from program  
             2.5 - 3.4   Were learned from program  
             3.5 - 4.0   Too advanced for present age  
             \*Learned from the program

Table 52  
Mean Distribution of Toileting Skills Indicators

Age Groups	Indicators	Mean Scores
0-36 Months	Shows regular pattern	2.33
	Indicates needs	2.28
	Stays dry	2.50*
37-72 Months	Uses toilet with help	2.53*
	Washes face	3.10*
	Uses toilet without help	2.85*

Code    1.0 - 1.4   Accomplished prior to program  
          1.5 - 2.4   Expected to learn from program  
          2.5 - 3.4   Were learned from program  
          3.5 - 4.0   Too advanced for present age  
          \* Learned from the program

Table 53  
Mean Distribution of Dressing Skills Indicators

Age Groups	Indicators	Means Scores
0-36 Months	Cooperates in dressing	1.63
	Takes off clothes with help	2.05
	Puts on pants	2.70*
	Undresses completely	2.70*
37-72 Months	Pulls on shoes	2.93*
	Buttons coat or dress	3.52
	Dresses self	3.50
	Distinguishes front and back of clothes	3.07*

Code      1.0 - 1.4   Accomplished prior to program  
             1.5 - 2.4   Expected to learn from program  
             2.5 - 3.4   Were learned from program  
             3.5 - 4.0   Too advanced for present age  
             \* Learned from the program

Table 54  
Mean Distribution of Fine Motor Skills Indicators

Age Groups	Indicators	Mean Scores
0-36 Months	Clenches fingers on contact	1.13
	Holds rattle	1.23
	Grasps two blocks	1.35
	Throws toys	1.68
	Builds tower	1.83
	Imitates scribbling	2.50*
	Turns knobs	2.00
	Strings beads	2.75*
	Holds crayon	2.93*
37-72 Months	Cuts with scissors	3.15*
	Picks up objects	3.52
	Attempts to lace shoes	3.15*
	Draws pictures of man's head	3.25*
	Touches thumb	3.52
	Imitates line drawing	3.50
	Draws a man	3.78
	Prints capital letters	3.76

Code      1.0 - 1.4   Accomplished prior to program  
             1.5 - 2.4   Expected to learn from program  
             2.5 - 3.4   Were learned from program  
             3.5 - 4.0   Too advanced for present age  
             \* Learned from the program



Table 55  
Mean Distribution of Gross Motor Skills Indicators

Age Groups	Indicators	Mean Scores
0-36 Months	Lifts head	1.00
	Rolls from side to side	1.28
	Brings feet to mouth	1.80
	Crawls	1.80
	Sits alone	1.55
	Stands alone	1.62
	Walks independently	1.75
	Runs flat footed	1.98
	Walks downstairs	2.05
	Runs with ease	2.58*
	Hops on one foot	2.95*
37-72	Pedals a trike	2.98*
	Turns around obstacles	3.05*
	Balances on one foot	3.55
	Walks a line	3.58
	Throws ball	3.55
	Catches ball	3.56
	Turns sharp corners	3.52
	Climbs ladders	3.58
	Pedals trike around obstacles	3.53
	Runs on tip toe	3.58
	Balances on beam	3.65
	Walks backwards	3.55

Code      1.0 - 1.4   Accomplished prior to program  
             1.5 - 2.4   Expected to learn from program  
             2.5 - 3.4   Were learned from program  
             3.5 - 4.0   Too advanced for present age  
             \* Learned from the program

## CHAPTER V

### CONCLUSIONS AND RECOMMENDATIONS

#### REVIEW

The purpose of this study was to assess perceptions of parents regarding a homebased preschool program in which the parents were taught to teach their handicapped children.

The research questions for the study were:

1. What information of program content seems useful to parents?
2. Does acceptance of the homebased preschool program by parents as measured by their willingness to be identified with it, differ as associated with (A) their varying educational levels; (B) their child's type of handicap?
3. Does preference for the homebased program by parents, as measured by their seeking, wanting, and pursuing it, differ as associated with (A) their varying educational levels; (B) their child's type of handicap?
4. Does commitment to the homebased program by parents, as measured by their acts to further the program, differ as associated with (A) their varying educational levels; (B) their child's type of handicap?
5. Do parents and the home teacher differ in their reporting of the parents' acceptance, preferences and commitment to the homebased preschool program?

6. Do parents and home teachers differ in their rankings of topics for use in parent training programs?

## DISCUSSION

The majority of parents in the study desired information regarding how to help their children learn. This was not unexpected since the purpose of the program is educational. Thirty two percent of the parents desired information that would help them to adjust to their handicapped children.

The literature reveals no negative opinions from parents about homebased preschool programs. The majority of parents in this study also indicated no negative opinions when asked what would they change about the program. Forty five percent would make no changes, forty two percent would have the home teacher visit more often.

The impact of the Virginia State mandate for school divisions to locate and serve preschool handicapped children was evident in this study. The majority of children being served had entered the program because the Child Development Specialist had contacted the parents or the parent had contacted the school because she had heard from the media and other sources that the program was being offered.

The majority of parents were pleased with the home teacher and indicated that they would select the same one to serve them the following school year, if they had a choice. One parent, who had indicated that she would prefer having her child taught in school refused to say whether or not she would select the same teacher. One other parent said she would not select the same teacher because

she liked the one better who taught her child the year before. A third parent said she would not choose the same teacher because she did not always come when she was expected and did not inform her in advance.

There was strong agreement among parents regarding the most important and least important topics for use in parent training meetings. There was also strong agreement between parents and teachers regarding choice of topics. Helping my child learn was chosen as most important, while Managing money was chosen as least important. Although the literature reveals that managing money has been a concern of parents with severely handicapped children, it is not surprising to find the parents in this study differed. One possible reason is the availability of medical insurances and another apparent reason is that the majority of the children in this study were moderately handicapped. These two reasons would indicate little need for concern about managing money in relation to having a handicapped child.

There was also strong agreement among parents regarding acceptance of the homebased preschool program. The distribution of responses on all five indicators of program acceptance was skewed toward agreement by parents across educational levels and across handicapping conditions.

Indicators of parental preference for the program did not receive the overwhelming agreement with all five of the indicators as acceptance did. Only three of the indicators obtained responses that were skewed toward agreement. Those three were indicators two,

three and five. (See Appendix E for indicators)

It is not surprising that parents' responses regarding commitment to the program were slight, since indications of commitment in this study required the parent to go beyond what was expected. To be committed required the parent to take action to further the program. Only two of the indicators obtained responses that were skewed toward agreement. They were indicator two and indicator five.

There was significant agreement between responses by parents and teachers concerning the parents' value of the homebased program. Data revealed that the majority of parents accepted, preferred and were committed to the program. It should be pointed out however, that contrary to the opinions of most parents in this study some parents definitely do not want their children taught at home. Most of those not wanting their children taught at home had a more impoverished educational background than others in the study. Those parents who stated that they would rather have their child taught at school by a teacher, said they felt that way because they desired the socialization that the school would provide.

The findings of this study suggest that this could be a legitimate concern since children seemingly did not learn the social skills their parents had expected them to learn. For example, parents expected their children to learn to play simple games, share with others, and to stick with an activity but these skills were not learned. The fact that there was no association with other children might account for the lack of skill growth. If skill acquisition is to

be a part of the training process, it might become necessary to arrange for more social interaction of preschool handicapped children with peers.

A few of the parents seemingly gave responses on the VPI in terms of what they thought the researcher wanted to hear. This was indicated by conflicting statements by parents when questions from the predesigned set were asked (See Appendix K). When there were conflicting responses an average was taken of the two scores registered by the parent. It should be noted that this procedure might have resulted in the reduction of their true opinions to indications of uncertainty but this was a risk taken in the study. It should also be noted that there were not many of these cases. The majority of parents were consistent in their responses, and their responses were consistent with teachers' responses of how they perceived the parents' felt about the program. This made the researcher feel that she had received legitimate responses primarily from the parents.

It appears from the results of this study that parents are apprehensive about discussing their handicapped child with others. This was gathered by the fact that when asked whether or not they had told others about the advantages of the program, most of the parents indicated no, they had not told others. This could mean that they have some apprehension about talking about their child because to talk about the advantages of the program would verify the presence of a handicapped child.

In the area of skill development, parents reported that skills had been learned by their children. The range of skills learned per child was from three to thirty six. There was however, no pattern associated with parents' opinion of the program and the number of skills learned by the child.

In closing the discussion on the findings from this study, a discussion will be made of the relationship of the results of the study to the competencies the Child Development Specialist (DCS) training program was designed to develop in CDSs. As shown in Appendix B section 4.4 lists five competencies the CDS trainee was to develop.

Of the five competencies listed, section 4.4.4 can more easily be considered in light of the intent and findings of this study. The remaining four areas are suggested for future studies. The results of the present study indicate that the Child Development Specialists from the four Southeastern Virginia school divisions have developed the competencies of "teaching, stimulating, facilitating, supporting, and supervising parents or guardians in the use of instructional materials for project developed child-centered instructional packages." The fact that this competency had been developed was revealed in the following ways:

1. Ninety five percent of the parents reported that they had received instruction on ways to teach their preschool handicapped child.

2. Parents reported that teaching materials were left in the homes by Child Development Specialists for instructional purposes.

3. All of the children in the study were reported to have gained skills as a result of the program.

4. Eighty percent of the parents reported a gain in confidence in their ability to teach their preschool child.

In short, reports by parents indicate that Child Development Specialists teach, stimulate, facilitate, support and supervise parents equivalently across educational levels of parents. The data from this study suggests however that the needs of the parents vary with their levels of educational attainment. The parent who has education beyond the high school level indicated a need for support primarily; while parents with less than high school education needed to be taught, supervised, stimulated as well as supported in their endeavor to teach their child. This fact is reflected in the comment of one parent who said, "I was already carrying out these activities with my child before the teacher came but she assured me that what I was doing was right. It might be concluded that educational levels of parents might possibly be a factor to consider in designing the type of program a parent is to receive in relation to both curricula content and to supervision.



## CONCLUSIONS

The assessment of parents perceptions of the homebased preschool program which was carried out by the six research questions was based on the following answers to the research questions: Tables are found on pages 143 to 147.

1. Thirty-seven and one half percent of the parents needed information on how to help their children learn and 32.5 percent needed information that would help them to adjust to their children.

2. Forty-five percent of the parents felt no change was needed in the homebased preschool program and 42.5 percent wanted to have the home teachers visit more frequently than once a week; while 12.5 percent of the parents wanted the children taught in school rather than at home and also to have more intensive training in skill development.

3. Forty-five percent of the children who were in the program were placed through initial contact with the parent by the Child Development Specialist; 12.5 percent were referred by pediatricians; 7.5 percent were referred by child Development Clinics and 3.5 percent of the children were placed after initial contact with school representatives by parents.

4. Ninety-two and one half percent of the parents would choose the same home teacher to train them, if they had choice.

5. Fifty-five percent of the parents chose the topic, "helping my child learn" as the most important topic for a parent training program and 60 percent of them chose "managing money" as the least important of

ten possible topics.

6. Among parents of varying educational levels 92.5 percent indicated acceptance of the program, while 2.5 percent did not accept the program and 5 percent were uncertain when calculations of the mean responses for each of the five indicators were performed. A Chi Square value of 4.4 was not significant at the .05 level, and indicated that although the percentage of parents accepting the program was high, there was no association between their acceptance and the parents' educational levels. Results are found in Table 56

7. Among parents of varying educational levels, 65 percent indicated preference for the program, while 2.5 percent did not prefer the program and 32.5 percent were uncertain when calculations of the mean responses for each of five indicators were performed. A Chi Square value of 9.1 was not significant (at the .05 level) and indicated that there was no association between the parents' preference and their educational levels. Results are found in Table 57.

8. Among parents of varying educational levels, 35 percent indicated commitment to the program, while 57.5 percent were uncertain and 7.5 percent were not committed to the program. A Chi Square value of 7.4 was not significant (at the .05 level) and indicated that there was no association between the parents' commitment and their educational levels. Results are found in Table 58.

9. Among parents having children with different handicaps, 92.5 percent indicated acceptance of the program, while 2.5 percent did not accept it and 5 percent were uncertain. A Chi Square value of 6.1 was not significant (at the .05 level) and indicated no

association between parents' acceptance of the program and the type of handicap possessed by their children. Results are found in Table 59.

10. Among parents having children with different handicaps, 65 percent indicated preference for the program, while 2.5 percent did not prefer it and 32.5 percent were uncertain. A Chi Square value of 4.1 was not significant (at the .05 level) and indicates no association between parents' preference for the program and the type of handicap possessed by their children. Results are found in Table 60.

11. Among parents having children with different handicaps, 35 percent indicates commitment to the program, while 7.5 percent were not committed, and 57.5 percent were uncertain. A Chi Square value of 3.7 was not significant (at the .05 level) and indicated no association between parents' commitment to the program and the type of handicap possessed by their children. Results are found in Table 61.

12. Parents and home teachers did not differ in their reporting of the parents' acceptance, preference and commitment to the homebased preschool program. Table 45 reveals that 67.5 percent of the responses were for agreement indicators and 32.5 percent were for uncertain indicators. These scores were obtained by crosstabulation of individual mean scores, by parents and teachers, for each of the indicators related to program value. A Chi Square value of 21.6 was significant at the .001 level. This indicates that there was strong agreement between responses of parents and teachers concerning parents' value of the homebased program.

13. Parents and teachers differed in their opinions of the importance of ten selected topics for parent training programs. Two

of those ten topics were an exception. They were "understanding my own feelings" and "accepting the handicapped child." Both of these topics received ratings between 4 and 5 by both teacher and parent. The difference in perceptions indicates that the home teachers and parents had different concepts of parent needs.

The parents' answers to the research questions indicated that they overwhelmingly accepted the homebased program; that the majority of parents preferred it; but that the majority of them were uncertain in terms of their commitment to the program. These responses were elicited following parents participation in the program and pretests were not done to determine their perceptions prior to beginning the program. We cannot determine whether the responses represent a set of indicators relative to parents' perceptions of the value of preschool homebased programs or merely the statistical result of what was considered acceptable responses. Therefore, since the study was not done under the most systematic conditions, results should not be taken as conclusive findings, but rather, as indications warranting further study.

#### IMPLICATIONS OF THE STUDY

The problems that homebased programs may cause the parent, as suggested by Levitt and Cohen (1976) were not apparent in the parents studied. The parents seemed to accept those aspects that were listed as problems which included:

1. Parents having to give up autonomy in handling their child and follow a prescribed approach.

2. Parents being expected to acquire certain skills.
3. Parents being expected to implement those skills through interaction with their child.
4. Parents having to adjust to receiving an outsider in the home.

Whether or not these problems did exist but were outweighed by expected gains for the child was not determined. The data from this study suggests that parents are very receptive to the homebased parent training programs and they believe parents should be taught to teach their children. This finding is not surprising since parent participation in the program was of a voluntary nature. This finding was in keeping with findings in a study conducted by Skinner and Perez-Daple (1976).

The program offered the parent information which helped them to better understand child development, child behavior and the child's potential in light of his/her handicap, thereby enabling the parents to gain more confidence in their ability to help the child. The findings indicated that parents have positive perceptions of the value of the homebased program for preschool handicapped children. Further, the data suggests that trained Child Development Specialists can make significant contributions to education of preschool handicapped children by assisting parents in improving their skills, knowledge and self concept relative to helping their own child at home.

## RECOMMENDATIONS

1. The parent who received the training in the programs cited here were all mothers. Since all persons living in the home may have influence on the development of the child the future programs should stress involvement of fathers and peers in the training program.

2. More research is needed relative to parents' perceptions of the value of homebased programs for preschool handicapped children (using a larger sampling from a cross-section of geographic areas).

3. Follow-up studies should be done involving the children who were trained by their parents to determine the status of the children once they begin school.

4. Research is needed which utilizes pre-measures of parents' perceptions before they enter the program and post measures of perceptions at the close of the program.

5. Effects of homebased parent training programs on siblings of the target children and on nearby families need additional study.

6. Research is needed to determine if parents who receive training can effectively serve as parent teachers for other homebased programs.

7. Possible negative effects of homebased parent training programs should be investigated.

8. Research is needed which utilizes control groups in studies relative to parents' perceptions of preschool homebased programs.

9. There is a need to assess the impact of group and individual parent training programs on the perceptions of parents.

10. There is a need for research to determine what aspects are considered important to parents for parent training programs.

11. More Child Development Specialists are needed in order to provide more frequent and more intensive training to parents of preschool handicapped children.

12. Consideration should be given to the educational level of parents in designing homebased educational programs. More emphasis should be placed on supervision and methodology for parents with less than high school education, while those with education at the high school level and above should be provided more concentrated efforts of support.

Table 56

Crosstabulations of Indicators for Program Acceptance  
by Parents Having Varying Educational Levels

Education Level	Count Row Pct Col Pct Tot Pct	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	0 0.0 0.0 0.0	1 7.7 50.0 2.5	5 38.5 26.3 12.5	7 53.8 38.9 17.5	13 32.5
High School	2	0 0.0 0.0 0.0	0 0.0 0.0 0.0	7 50.0 36.8 17.5	7 50.0 38.9 17.5	14 35.0
Post High School	3	1 7.7 100.0 2.5	1 7.7 50.0 2.5	7 53.8 36.8 17.5	4 30.8 22.2 10.0	13 32.5
Column Total	Total	1 2.5	2 5.0	19 47.5	18 45.0	40 100.0

Chi Square = 4.39496      6 df       $p = 0.6234$



Table 57

Crosstabulations of Indicators for Program Preference  
by Parents Having Varying Educational Levels

Education Level	Count Row Pct Col Pct Tot Pct	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	0 0.0 0.0 0.0	6 46.2 46.2 15.0	5 38.5 25.0 12.5	2 15.4 33.3 5.0	13 32.5
High School	2	0 0.0 0.0 0.0	2 14.3 15.4 5.0	11 78.6 55.0 27.5	1 7.1 16.7 2.5	14 35.0
Post High School	3	1 7.7 100.0 2.5	5 38.5 38.5 12.5	4 30.8 20.0 10.0	3 23.1 50.0 7.5	13 32.5
Column Total	Total	1 2.5	13 32.5	20 50.0	6 15.0	40 100.0

Chi Square = 9.13017      6 df      p = 0.1664

Table 58

Crosstabulations of Indicators for Program Commitment  
by Parents Having Varying Educational Levels

Education Level	Count Row Pct Col Pct Tot Pct	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
Below High School	1	1 7.7 33.3 2.5	7 53.8 30.4 17.5	2 15.4 18.2 5.0	3 23.1 100.0 7.5	13 32.5
High School	2	1 7.1 33.3 2.5	8 57.1 34.8 20.0	5 35.7 45.5 12.5	0 0.0 0.0 0.0	14 35.0
Post High School	3	1 7.7 33.3 2.5	8 61.5 34.8 20.0	4 30.8 36.4 10.0	0 0.0 0.0 0.0	13 32.5
Column Total	Total	3 7.5	23 57.5	11 27.5	3 7.5	40 100.0

Chi Square = 7.38970      6 df       $p = 0.2863$

Table 59

Crosstabulations of Indicators for Program Acceptance  
by Parents Having Children with Different Handicaps

Handicap	Count Row Pct Col Pct Tot Pct	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
PH	1	0 0.0 0.0 0.0	0 0.0 0.0 0.0	4 40.0 21.1 10.0	6 60.0 33.3 15.0	10 25.0
MR	2	1 6.3 100.0 2.5	0 0.0 0.0 0.0	8 50.0 42.1 20.0	7 43.8 38.9 17.5	16 40.0
Speech	3	0 0.0 0.0 0.0	2 14.3 100.0 5.0	7 50.0 36.8 17.5	5 35.7 27.8 12.5	14 35.0
Column Total	Total	1 2.5	2 5.0	19 47.5	18 45.0	40 100.0

Chi Square = 6.14598      6 df      p = 0.4070

Table 60

Crosstabulations of Indicators for  
Program Preference by Parents Having Children  
With Different Handicaps

Handicap	Count		Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
	Row Pct	Col Pct					
	Tot Pct	Tot Pct					
PH	1		0	4	6	0	10
			0.0	40.0	60.0	0.0	25.0
			0.0	30.8	30.0	0.0	
			0.0	10.0	15.0	0.0	
MR	2		1	5	7	3	16
			6.3	31.3	43.8	18.8	40.0
			100.0	38.5	35.0	50.0	
			2.5	12.5	17.5	7.5	
Speech	3		0	4	7	3	14
			0.0	28.6	50.0	21.4	35.0
			0.0	30.8	35.0	50.0	
			0.0	10.0	17.5	7.5	
Column Total	Total		1	13	20	6	40
			2.5	32.5	50.0	15.0	100.0

Chi Square = 4.10796      6 df      p = 0.6621

Table 61

Crosstabulations of Indicators for  
Program Commitment by Parents Having Children  
With Different Handicaps

Handicap	Count Row Pct Col Pct Tot Pct	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5	Row Total
PH	1	.0 0.0 0.0 0.0	6 60.0 26.1 15.0	4 40.0 36.4 10.0	0 0.0 0.0 0.0	10 25.0
MR	2	2 12.5 66.7 5.0	9 56.3 39.1 22.5	4 25.0 36.4 10.0	1 6.3 33.3 2.5	16 40.0
Speech	3	1 7.1 33.3 2.5	8 57.1 34.8 20.0	3 21.4 27.3 7.5	2 14.3 66.7 5.0	14 35.0
Column Total	Total	3 7.5	23 57.5	11 27.5	3 7.5	40 100.0

Chi Square = 3.73630      6 df      p = 0.7123

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## APPENDIX A

Letter from Virginia State Department of Education,  
Division of Special Education



# COMMONWEALTH of VIRGINIA

STATE DEPARTMENT OF EDUCATION  
RICHMOND, 23216

June 15, 1976

Mrs. Nora E. Cartledge  
Supervisor of Special Education  
Chesapeake City Public Schools  
School Administration Building  
P. O. Box 15204  
Chesapeake, Virginia 23320

Dear Mrs. Cartledge:

In response to your letter of May 26, 1976, Mr. Micklem and I offer the following suggestions as to the possible areas to be considered regarding home-based programs for handicapped children. It would seem appropriate to consider home-based programs for handicapped children through evaluative data which would--

1. verify the effectiveness of home-based programs;
2. discern parents perception and value of home-based programs;
3. determine the appropriateness of home-based programs for specific age groups;
4. determine the effectiveness of combining home-based with center-based programs;
5. determine the effects of a home-based program on other children in the home.

These data and similar kinds of data would be of value to the Division of Special Education in developing program guidelines for children across the State.

We trust this information will assist you as you develop your study and if I can be of further assistance, please do not hesitate to contact me.

Sincerely,

(Ms.) Charlene B. Imhoff  
Supervisor of Instructional Programs

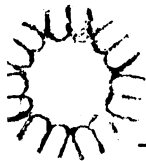
CBI/pl

cc: James T. Micklem



## APPENDIX B

### Program of Action for the Virginia Project for Early Education of Young Handicapped Children

**Madison  
College**

Harrisonburg, Virginia 22801

Department of Special Education Services

## SUPERINTENDENTS WORKSHOPS FEBRUARY 13 - 28, 1975

VIRGINIA PROJECT FOR EARLY EDUCATION  
OF YOUNG HANDICAPPED CHILDREN

The following pages are designed to provide you with a basic overview of major parts of the Virginia Project for Early Education of Young Handicapped Children. Please read them carefully. They should serve as a major point of reference when you leave the workshop.

As can be readily seen, this is a rather involved Project which will require the cooperation and participation of numerous educational and non-educational agencies to successfully attain the objectives set forth in the following pages.

Your assistance will be greatly appreciated as together we attempt to provide appropriate educational services to young handicapped children, their families, and the communities in which they live.

CONTENTS

- 1.0 Background, Philosophy, and Goals
- 2.0 Child-Centered Instructional Packages
- 3.0 Parent Involvement and Training
- 4.0 Child Development Specialist Training

Larry L. Dyer, Ed.D.  
Director  
Virginia Project for Early Education  
of Young Handicapped Children

THE VIRGINIA PROJECT FOR EARLY EDUCATION OF  
YOUNG HANDICAPPED CHILDREN

1.0 Background, Philosophy, and Goals

- 1.1 The Virginia Project for Early Education of Young Handicapped Children is firmly supported by research-based conclusions of the following sort:
  - 1.1.1 The pattern of development exhibited by human beings progresses in a sequential, orderly, and predictable manner. Each milestone in development serves to promote or inhibit an individual's ability to function or to behave in a characteristic manner.
  - 1.1.2 Generalized schedules or scales of sequentially-arranged developmental tasks can be constructed with respect to the pattern of development exhibited by human beings. Such scales have been constructed and validated. They are available for use in the planning of developmental programs and the appraisal of individual status and progress in development.
  - 1.1.3 The pace and course of development are influenced by the interaction of many internal and external factors, including inherited characteristics, patterns of nurture, conditions of mental and physical health, environmental settings, etc.
  - 1.1.4 The pace and course of development can be modified or influenced through the use of planned interventive and/or educational techniques, programs, and services that feature the managed utilization and control of specific physiological, psychological, sociological, cultural, and/or ecological factors associated with the individual and/or his or her immediate environment.
  - 1.1.5 Planned interventive and/or educational techniques, programs, and/or services have come too late for many children--especially those who are handicapped. The damage inflicted by abnormal physical, mental, and social conditions are almost irreversible by the time children enter school and a large portion of the children's prime time for learning and development has been lost or misapplied. The need for home-based early educational opportunity has been clearly established.
  - 1.1.6 There is no better teacher than a parent or guardian who has been taught to recognize and to meet the developmental needs of his or her child. From birth, the child is dependent upon other members of his or her family for behavior and language models which will influence his or her development throughout life. Family members are in unique positions to stimulate the young child and to encourage early social interaction.

- 1.1.7 The parents or guardians of young handicapped children as well as parent substitutes and paraprofessionals can be trained to stimulate, facilitate, and support individual child development. Field-tested training programs and approaches are available with respect to individual child sensorimotor, intellectual-cognitive, social-emotional, language, and self-help skills development.
- 1.1.8 The need for and value of trained child development specialists assisted by trained paraprofessionals in home-based educational programs and services have been clearly demonstrated. The child development specialist functions, primarily, in planning educational programs and services for and in coordinating the delivery of such programs and services to handicapped children using all available home, school, and community resources.
- 1.1.9 A wide variety of field-tested models for the delivery of developmental and/or educational programs and services to young handicapped children and their parents or guardians are currently available. They have been developed and tested by innovative and exemplary projects throughout the country. Many such models feature the use of trained child development specialists who work directly with the parents or guardians of young handicapped children and who are assisted by trained paraprofessionals according to the number of children to be served and the severity of the children's handicapping conditions.
- 1.2 The philosophical positions upon which the Virginia Project for Early Education of Young Handicapped Children is based include, but are not necessarily limited to, the following:
  - 1.2.1 The public schools of Virginia must assure equality of educational opportunity for all children and youth residing within the State.
  - 1.2.2 The public schools of Virginia must seek out young handicapped children and provide them an education appropriate to their needs.
  - 1.2.3 The public schools of Virginia shall work cooperatively with other public and private providers of programs and services to young handicapped children to assure adequate and appropriate developmental opportunities for young handicapped children from the time of their identification.
  - 1.2.4 The public schools of Virginia should provide special assistance to the parents or guardians (families) of young handicapped children to stimulate, facilitate, and support their efforts to further the development of such children.
- 1.3 The primary goals toward which the Virginia Project for Early Education of Young Handicapped Children is oriented to include, but are not necessarily limited to, the following:
  - 1.3.1 To support attainment of the State goal to provide at least a minimum program of service to every handicapped child below age five and to encourage the development of a multiplicity of services to appropriately meet the needs of young handicapped children.

- 1.3.2 To design, develop, adapt, and/or adopt child-centered instructional packages for use by parents, parent substitutes, and/or other paraprofessionals with handicapped children under five years of age.
- 1.3.3 To develop parent, parent substitute, and/or paraprofessional training approaches which can be used by child development specialists to train and assist parents, parent substitutes, and/or other paraprofessionals in the use of child-centered instructional packages with handicapped children under five years of age.
- 1.3.4 To develop, install, and operate a training program for 140 child development specialist trainees representing local school divisions in Virginia, which program shall entail a minimum of nine semester hours of academic training or the equivalent thereof.
- 1.3.5 To assess and evaluate the quality and effectiveness of the child-centered instructional packages, training approaches, and child development specialist training program utilized by the project.

## 2.0 Child-Centered Instructional Packages

- 2.1 The child-centered instructional packages to be developed by the project must be designed for use with young handicapped children by parents, parent substitutes, and/or other paraprofessionals as trained and supervised by child development specialists. The term "young handicapped children" is defined as children under five years of age who deviate significantly from established milestones or norms for child growth and development in areas such as: (1) motor; (2) adaptive and social; (3) sensory; and/or (4) language development.
- 2.2 The criteria established for approval of child-centered instructional packages developed by the project are:
  - 2.2.1 Materials are to be directed toward specific developmental milestones;
  - 2.2.2 Costs must be reasonable to allow the user to purchase materials;
  - 2.2.3 Materials must be easily usable by parents, parent substitutes, or paraprofessionals with minimal training;
  - 2.2.4 Materials must be self-contained in a packageable form including instructions for use and suggestions for appropriate modification based upon individual needs;
  - 2.2.5 Materials must be easily transportable in a passenger car by one individual;
  - 2.2.6 Materials must be designed to be easily stored in a minimum amount of space;
  - 2.2.7 Materials must have a useable life sufficient to justify their cost;
  - 2.2.8 Materials are not to be copyrighted or patented;
  - 2.2.9 Materials must be developed in a form suitable for reproduction; and

- 2.2.10 Materials are subject to approval by the Department of Education prior to reproduction.
- 2.3 Twenty separate packages, each containing a minimum of twenty-five task-oriented developmental sequences, will be developed by the project. Each package will be developed as a resource unit that is designed to stimulate, facilitate, and support individual child development. The following outline of developmental areas reveals the titles of individual packages to be developed by the project:
  - 2.3.1 Sensorimotor development will be furthered by separate packages pertaining to: (1) gross motor, (2) body movement coordination, (3) perceptual motor, and (4) fine motor skills development.
  - 2.3.2 Intellectual-cognitive development will be augmented by separate packages oriented to: (1) attention span, (2) task completion, and (3) school readiness skills development.
  - 2.3.3 Social-emotional development will be furthered by separate packages devoted to: (1) self-identification, (2) adaptive behavior, (3) inter-personal behavior, and (4) impulse control development.
  - 2.3.4 Language development will be augmented by separate packages oriented to: (1) pre-articulation, (2) auditory discrimination, (3) language comprehension, and (4) language expression skills development.
  - 2.3.5 Self-help skills development will be furthered by separate packages pertaining to: (1) toileting, (2) feeding and/or eating, (3) dressing and/or undressing, (4) personal hygiene, and (5) personal welfare skills development.
- 2.4 Specific provisions for child assessment and evaluation must be included in the design of each child-centered instructional package as well as each of its component lessons. More specifically, provisions must be made for the assessment and evaluation of child status and accomplishment with respect to sequentially-arranged strategies of developmental milestones that constitute the design basis for each child-centered instructional package as well as for each of its component lessons.
- 2.5 Each separate child-centered instructional package to be developed must be regarded as a component in an integrated system of instruction. The design of each package must be evolved with due consideration for the interrelationships and interactions occurring between and/or among: (1) the child as learner, (2) the parent, parent substitute, or paraprofessional as teacher, (3) the child development specialist as trainer and supervisor, (4) the curriculum or learning experiences, (5) the methods-means-media to be used in instruction, (6) the learning environment and/or instructional setting, (7) the physiological, psychological, sociological, and/or educational aspects of training, supervising, teaching, and learning, and (8) the learning itself as an outcome of instruction. To realize maximal benefits from the foregoing system of instructional considerations, the child-centered instructional packages will be designed to give due attention to the careful specification of: (1) the properties of the behavior or task to be learned, (2) the behavioral characteristics of the learners, (3) the conditions which

permit the learners with behavioral characteristics in (2) to attain the behavior or task competencies described in (1), and (4) the conditions under which the learned behavior will be maintained and the individual learners will be motivated to use it.

### Parent Involvement and Training

- 3.1 A comprehensive program of parent involvement is featured in the Virginia Project for Early Education of Young Handicapped Children. The involvement of parents or guardians and other family members is critically necessary to assure the quality, effectiveness, and success of home-based educational opportunities for young handicapped children. To the maximum extent possible, parents or guardians will be involved in:
  - 3.1.1 Assessing, evaluating, and interpreting the needs of young handicapped children.
  - 3.1.2 Planning, developing, and implementing home-based educational programs and services for young handicapped children as well as interpreting the adequacy and appropriateness of such programs and services relative to the needs of young handicapped children.
  - 3.1.3 Stimulating, facilitating, and guiding the developmental progress of young handicapped children.
  - 3.1.4 Assessing and evaluating the developmental status and progress of young handicapped children as well as assessing and evaluating the quality effectiveness and success of home-based educational programs and services delivered to such children.
  - 3.1.5 Determining the need for change in as well as effecting necessary revisions in home-based educational programs and services for young handicapped children.
  - 3.1.6 Collecting, summarizing, and transmitting essential data and information relative to the developmental status and progress of young handicapped children as well as providing consultation to professional and technical specialists regarding such children.
  - 3.1.7 Surveying the availability of adequate and appropriate community resources for use in meeting the needs of young handicapped children.
  - 3.1.8 Effecting a smooth transition between home-based and community-based educational programs and services for preschool age handicapped children and school-based educational programs and services.
- 3.2 The Virginia Project for Early Education of Young Handicapped Children has made extensive provisions for providing parents or guardians with child-centered instructional materials which they (or other members of the family) can use to foster the continued development of a young handicapped child. These materials will be provided on an individual case basis to meet the special educational and/or developmental needs of a specific child. The parents (or other members of the family) of the young handicapped child

will be provided instruction in the use of such materials. In addition, follow-up consultation services will be provided by a social worker, school nurse, public health nurse, child development specialist, or home visitor on a regularly scheduled basis. The child-centered instructional materials and related parent instruction and consultation will focus on a specific area of physical, social-emotional, intellectual-cognitive, or language development.

- 3.3 Child-centered training programs and consultation services will be made available to the parents or guardians of young handicapped as coordinated by child development specialists. Such programs and services should include:
  - 3.3.1 Assistance in understanding and coping with the needs and problems of young handicapped children.
  - 3.3.2 Psychological and/or sociological consultative services.
  - 3.3.3 Information regarding the growth and development, behavior of young children.
  - 3.3.4 Information regarding special education methods, techniques, procedures, programs, and services.
  - 3.3.5 Instruction regarding developmental experiences which the parents or guardians can provide for young handicapped children in home situations.
  - 3.3.6 Visitation to the operational settings of special education programs and services provided older handicapped children which such individuals are being served.
  - 3.3.7 Information regarding the availability of community resources for young handicapped children and instruction in necessary ways and means for gaining access to such resources.
  - 3.3.8 Instruction in the relationships between the needs of young handicapped children and the design features of special education programs and services.
  - 3.3.9 Instruction relative to the significance of the role that parents or guardians and other family members play as behavior, language, and/or personality models for young handicapped children.
  - 3.3.10 Training parents or guardians in the role and art of parenting as well as teaching them to act as educational facilitators in order that they can assist in the continuing education and development of their young handicapped children.

#### Child Development Specialist Training

- 4.1 The training program for child development specialists to be mounted by the Virginia Project for Early Education of Young Handicapped Children shall be performance based. The CDS training program will possess the following design features:



- 4.1.1 The competencies to be developed in and demonstrated by child development specialists will be: (1) derived from explicit conceptions of the child development specialist's role in attaining prespecified goals for the early education of young handicapped children; (2) supported by research, child development, and job analysis, and/or expert judgment; (3) stated so as to make possible assessment of child development specialist trainee behavior in relation to specific competencies; and (4) specified in advance of the initiation of training.
- 4.1.2 The criteria to be employed in assessing the competencies of child development specialist trainees will be: (1) based upon, and in harmony with, specified competencies; (2) explicit in stating expected levels of proficiency in terms of knowledges and skills to be demonstrated under specified conditions; and (3) specified in advance of the initiation of training.
- 4.1.3 The CDS training program will be designed to foster the development and provide for the evaluation of CDS trainee achievement of each of the competencies specified relative to the "real world" role of the CDS.
- 4.1.4 Assessment of the CDS trainee's competency shall: (1) use his or her performance and productivity as primary sources of evidence; (2) take into account evidence of the CDS trainee's knowledge and skill relative to planning for, analyzing, interpreting, and/or evaluating job-related situations and behaviors; (3) strive for objectivity; and (4) facilitate future studies of the relationships between the training program, CDS trainee competency attainment, "real world" CDS trainee performance and productivity, and the attainment of prespecified goals for the early education of young handicapped children.
- 4.1.5 The CDS trainee's scope of opportunity and rate of progress in the training program will be determined by his or her demonstrated competency with respect to prespecified training program objectives.
- 4.2 With respect to CDS responsibilities regarding the collection, review, integration, evaluation, and expansion of relevant data and information pertaining to young handicapped children, the training program will be designed to help CDS trainees develop competencies in:
  - 4.2.1 Gathering and handling available data and information pertaining to such children, including professional correspondence and reports, referral reports, screening and appraisal reports, etc.
  - 4.2.2 Reviewing available data and information, identifying gaps, and determining what additional data and information is needed to complete an adequate profile of development.
  - 4.2.3 Collecting additional data and information as needed through the use of personal observations, assessment procedures and instruments, or other data and information acquisition techniques.

- 4.3 The CDS training program will help CDS trainees develop competencies in the assessment and evaluation of individual child status and progress in development and in the determination of educational and/or developmental needs for young handicapped children. In this regard, the training program will be designed to help CDS trainees develop competencies in:
  - 4.3.1 Assessing and evaluating the discrepancy between the handicapped child's level of development and that of a normal child his age in the areas of sensorimotor, intellectual-cognitive, social-emotional, language, and self-help skills development.
  - 4.3.2 Assessing and determining those developmental milestones that have been reached and those yet to be mastered in the five areas of development specified in 4.3.1.
  - 4.3.3 Assessing the effect of specific handicaps on potential achievement in each of the five areas of development specified in 4.3.1.
  - 4.3.4 Involving parents or guardians in the assessment process, using input from them, familiarizing them with the process, and discussing prognosis for future development.
  - 4.3.5 Developing a statement of developmental needs in each of the five areas of development that must be met by the child's program.
- 4.4 With respect to the formulation, implementation, and evaluation of realistic immediate and long-range educational plans for young handicapped children, the CDS training program shall be designed to help CDS trainees to develop competencies in:
  - 4.4.1 Formulating or developing, in cooperation with parents or guardians, realistic immediate and long-range goals and objectives for the development and/or education of young handicapped children.
  - 4.4.2 Specifying verifiable performance or behavioral objectives for parent-child instruction and home-based special education programs and services.
  - 4.4.3 Designing, developing, and implementing educational and/or developmental programs and services to meet the needs of young handicapped children and coordinating the delivery of available resources in support of home-based educational programs and services.
  - 4.4.4 Teaching, stimulating, facilitating, supporting, and supervising parents or guardians in the use of instructional materials for project-developed child-centered instructional packages.
  - 4.4.5 Working with parents or guardians, parent substitutes, and other para-professionals in the delivery of home-based educational programs and services, the assessment and evaluation of child status and progress in development, and the determination of educational program and service quality, effectiveness, and success.

- 4.5 With respect to coordinating the delivery of available community, state, and federal resources for use in home-based educational and/or developmental programs and services for young handicapped children, the CDS training program will be designed to help CDS trainees develop competencies in:
  - 4.5.1 Identifying all community, state, and federal resources available for the mentally retarded, physically handicapped, hearing impaired, emotionally disturbed, learning disabled, speech impaired, multiply handicapped, and otherwise handicapped children as defined by the Board of Education.
  - 4.5.2 Establishing contact and building and maintaining good working relationships with each identified source of available resources.
  - 4.5.3 Integrating available community, state, and federal resources into the educational and/or developmental programs and services planned for young handicapped children.
  - 4.5.4 Facilitating the adaptation (where possible) of existing local programs and services for non-handicapped children to the needs of young handicapped children.
- 4.6 With respect to the need for CDS trainees to learn how to involve, train, and supervise parents or guardians, parent substitutes, and other paraprofessionals, the CDS training program will be designed to help CDS trainees develop competencies in:
  - 4.6.1 Establishing, building, and maintaining effective relationships with parents or guardians, parent substitutes, paraprofessionals, and others who work with young handicapped children.
  - 4.6.2 Consulting with parents and other family members to determine parent and family needs related to the handicapped child.
  - 4.6.3 Responding to parent needs for information, emotional support, direction, and education.
  - 4.6.4 Instructing or facilitating the instruction of parents in areas of need, such as developing skill in food selection and preparation, oral language development, self-help skills development, etc.
  - 4.6.5 Facilitating acceptance of the handicapped child by parents and stimulating positive parent-child interaction.
  - 4.6.6 Exchanging feedback, ideas, and information with parents or parent substitutes relative to a young handicapped child's developmental progress.
  - 4.6.7 Securing parental involvement in home training programs.
  - 4.6.8 Instructing parents and/or parent substitutes in assessing, interpreting, and meeting the handicapped child's developmental needs. Child-centered instructional packages will provide focus for this effort.

- 4.6.9 Facilitating the development of parent groups to support developmental learning sessions in the community and to develop cohesive advocacy structures for young handicapped children.
- 4.6.10 Working with parents in learning sessions, demonstrating, giving feedback, and supporting parental efforts.
- 4.6.11 Evaluating with parents the effects of the program on the young handicapped child's developmental progress.
- 4.7 With respect to the need for assistance in effecting a smooth transition between preschool development programs and other public school programs, the CDS training program will be designed to help CDS trainees develop competencies in:
  - 4.7.1 Establishing contact and building and maintaining effective working relationships with public schools and other public agencies providing programs and services for young handicapped and non-handicapped children.
  - 4.7.2 Facilitating articulation between preschool and school programs and services for handicapped children.
  - 4.7.3 Counseling parents, parent substitutes, and other paraprofessionals working with young handicapped children as to ways and means whereby a smooth transition can be effected between preschool developmental and public school programs for handicapped children.

## **APPENDIX C**

### **Parent Questionnaire**

## PARENT QUESTIONNAIRE

Interview Number \_\_\_\_\_

Date \_\_\_\_\_

The Homebased Parent Training Program Interview Instrument\*

## I. Family Data

Name of Parents \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Name of Child \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Birthdate \_\_\_\_\_ Major Handicap \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

## Occupation of Father or Father Figure

\_\_\_\_\_ executive and professional

\_\_\_\_\_ skilled nonmanual and managers

\_\_\_\_\_ semi and unskilled workers

\_\_\_\_\_ public assistance or unemployed

## Occupation of Mother or Mother Figure

\_\_\_\_\_ executive and professional

\_\_\_\_\_ skilled nonmanual and managers

\_\_\_\_\_ semi and unskilled workers

\_\_\_\_\_ public assistance or unemployed

## II. School Data

Parent Who Received Training

Years completed in elementary school \_\_\_\_\_

Years completed in secondary school \_\_\_\_\_

Years completed in college or university \_\_\_\_\_

Child Who Received Training

Years of participation in homebased instruction:

1975-76 \_\_\_\_\_; 1976-77 \_\_\_\_\_

Years completed in other day care, nursery, or preschool prior to  
enrollment in homebased program: \_\_\_\_\_-----  
RELEASE OF INFORMATION FORM

I grant permission for the information completed on this form to be given to Mrs. Nora E. Cartledge, Supervisor of Special Education, Chesapeake Public Schools. I understand that my name will not be used in her study, nor will any information that would identify me be used.

Date \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_ If I am selected, I am willing to be interviewed by Mrs. Cartledge.

\_\_\_\_\_ If I am selected, I am not willing to be interviewed by Mrs. Cartledge.

## APPENDIX D

### Estimate of Child's Potential Instrument



Interview Number \_\_\_\_\_

## ESTIMATE OF POTENTIAL INSTRUMENT

DIRECTIONS: Circle the "1" for each activity the child could do before he started in the parent-training program. Circle the "2" for each activity it was expected that the child would learn in the time he/she has been in the training program. Circle the "3" for each activity the child has learned since being in the program. Circle the "4" for each activity that is presently too advanced.

I. Cognitive, Verbal, Linguistic

(0 - 36 MONTHS)

Show some kind of reaction to lights or sounds. (For example, he/she turns away from a bright light, is startled by loud noises, and so on.) 1 2 3 4

Make sounds. (For example, he/she coos, babbles, grunts, and so on. Note: If the child can already talk, just circle the 1 for this behavior.) 1 2 3 4

Recognize his/her own first name when someone says it. (For example, if an adult called his/her name, he/she would look over at the adult or show in some way that he/she heard his/her name.) 1 2 3 4

Communicate with people using gestures or "pantomime" when he/she can't say what he/she wants. (For example, if he/she wants a drink of water but can't ask for it, he/she points to a glass, pulls someone by the arm over to the sink, or finds some other way to get the message across. 1 2 3 4

Mimic simple sounds an adult makes. (For example, he/she says "dada", "mama", "baby", and so on if an adult says them first. 1 2 3 4

Follow simple directions if they are combined with gestures. (For example, he/she comes when called if an adult says "Come here" and gestures with a wave of the arm.) 1 2 3 4

Obey simple rules and commands without alot of fussing. (For example, he/she goes to bed when told to, comes to meals when called, stays out of places he/she knows are off limits, and so on.) 1 2 3 4

Say "hello" or "hi" to people when they say "hello" to him/her. 1 2 3 4

Say the names of parts of the body such as eye, nose, arm, leg, hand, and foot. (For example, if the adult points to his/her leg and says "What do we call this?", he/she says "leg".) 1 2 3 4

Say his/her first and last name correctly when asked "Tell me your name." 1 2 3 4

(37 - 72 MONTHS)

Find ways to keep himself/herself busy when there is no one around to talk to or play with. (For example, he/she will get out toys and play by himself/herself. Note: This does not include watching TV or listening to the radio or records.) 1 2 3 4

Say the names of common foods like cereal, apple, hotdog, bread, and so on. (For example, he/she says "milk" if someone points to a glass of milk and says "What is this?".) 1 2 3 4

Interview Number \_\_\_\_\_

Cognitive, Verbal, Linguistic (cont)

Read his/her own first and last name when they are written out. 1 2 3 4

Match pictures. 1 2 3 4

Combine two or three words into a "sentence". (For example, he/she strings words together like "Daddy bye-bye", "big dog", or "drink all gone".) 1 2 3 4

Read by way of pictures. 1 2 3 4

Say the names of basic colors such as black, white, red, blue, orange, green, and so on. (For example, if shown a blue pillow and asked "What color is this?" he/she says "blue".) 1 2 3 4

Say the numbers from one to a hundred from memory without making more than one or two mistakes. 1 2 3 4

Say the alphabet from memory without making more than one or two mistakes. 1 2 3 4

Take reasonable care of his/her own belongings. (For example, he/she keeps clothes from getting torn or very dirty, remembers not to leave things where they might get taken, lost, or damaged, and so on.) 1 2 3 4

II. Social

(0 - 36 MONTHS)

Smile at familiar people when they come up and say "hello". 1 2 3 4

Respond to gestures of affection like kissing, hugging, and praise by smiling, laughing, or other ways of showing that he/she likes the attention. (Note: If your son/daughter gets embarrassed by kissing and hugging, just think of how he/she reacts when he/she is praised for doing something well.) 1 2 3 4

Play simple games with an adult. (For example, he/she rolls a ball back and forth, plays "patty-cake", and so on.) 1 2 3 4

(37 - 72 MONTHS)

Will sometimes share things with others. (For example, he/she gives part of a treat to someone else, allows other people to borrow his/her belongings, lets another person play or work with a new game of his/hers, and so on.) 1 2 3 4

Play games with other people that involve cooperation (such as hide-and-seek, board games where the players take turns, make-believe games where the players take different parts, team sports, and so on.) 1 2 3 4

"Stick with" an activity he/she likes to do for short periods of time like 15 minutes without getting restless, tired, or wandering off. (Note: It doesn't matter whether he/she will only do this if an adult is around. Another Note: Watching TV, listening to the radio, or playing records doesn't count here. The activity must be something "active" like playing games.) 1 2 3 4

III. Eating

(0 - 36 MONTHS)

Swallow soft food like milk, soup, stew, and hot cereal without spitting, coughing, or drooling. 1 2 3 4

Interview Number \_\_\_\_\_

Eating (cont)

Eat "finger-food" without making alot of mess. (For example, he/she picks up and eats cookies, crackers, and bread.) 1 2 3 4

Drink from a cup or glass without spilling the contents or dribbling it all over his/her face and clothes. 1 2 3 4

Eat with a spoon. (For example, he/she uses a spoon to eat cereal, stew, and soup without making a great mess on the table or his/her clothes.) 1 2 3 4

(37 - 72 MONTHS)

Pour from pitcher without spilling. 1 2 3 4

Eat with fork. 1 2 3 4

Spread butter on bread with knife. 1 2 3 4

Use a knife to cut food. (For example, he/she cuts meat or bread using a table knife.) 1 2 3 4

IV. Toileting

(0 - 36 MONTHS)

Show regular patterns in bladder and bowel elimination. 1 2 3 4

Indicate toilet needs by restlessness or vocalization. 1 2 3 4

Stay dry during the day. 1 2 3 4

(37 - 72 MONTHS)

Use the toilet if taken there and helped by an adult. (Note: If the child can use the toilet without any help, just circle the 1 for this behavior.) 1 2 3 4

Wash face using washcloth, soap, and towel if supervised by an adult. (Note: If the child can wash his/her face without any supervision, just circle 1 for this behavior.) 1 2 3 4

Use the toilet without help from anyone. (For example, he/she doesn't have to be reminded to go to the toilet, helped with undressing or getting into position, or washing up afterwards. In other words, he/she does the "whole thing" by himself/herself.) 1 2 3 4

V. Dressing

(0 - 36 MONTHS)

Cooperate in dressing -- extends arm or foot. 1 2 3 4

Take off clothes, needs help with buttons. 1 2 3 4

Interview Number \_\_\_\_\_

Dressing (cont)

Put on pants or shorts -- may put them on backwards. 1 2 3 4

Undress completely. 1 2 3 4

(37 - 72 MONTHS)

Pull on shoes. 1 2 3 4

Button coat or dress. 1 2 3 4

Dress self except for tying shoes. 1 2 3 4

Distinguish front and back of clothes. 1 2 3 4

VI. Fine Motor

(0 - 36 MONTHS)

Clench finger on contact. 1 2 3 4

Hold rattle for 5-10 seconds then drops it. 1 2 3 4

Grasp 2 small blocks -- one in each hand. 1 2 3 4

Throw toys. 1 2 3 4

Build tower of two blocks. 1 2 3 4

Imitate scribbling with pencil after demonstration. 1 2 3 4

Turn knob on toy radio. 1 2 3 4

String beads -- at least four. 1 2 3 4

Hold crayon or pencil by fingers instead of whole hand. 1 2 3 4

(37 - 76 MONTHS)

Cut with blunt scissors. 1 2 3 4

Pick up pins, thread, etc; each eye covered separately. 1 2 3 4

Attempt to lace shoes. 1 2 3 4

Draw head of man and one other part after demonstration. 1 2 3 4

Touch thumb to 2 of 4 fingers on same hand. 1 2 3 4

Imitate line drawings of capital letters or numbers. 1 2 3 4

Draw a man on request with at least 2 parts. 1 2 3 4

Print capital letter using first letter of name -- on request "show me how to write your name". 1 2 3 4

Interview Number \_\_\_\_\_

VII. Gross Motor

(0 - 36 MONTHS)

Lying on stomach, baby can lift head. 1 2 3 4

Roll from side to side, left and right. 1 2 3 4

Bring feet to mouth. 1 2 3 4

Forward and backward creeping or crawling -- abdomen raised weight support. 1 2 3 4

Sit alone and change positions without falling . 1 2 3 4

Stand alone with feet apart. 1 2 3 4

Walk independently but may still fall occasionally. 1 2 3 4

Run flat-footed; eyes fixed on ground. 1 2 3 4

Walk downstairs -- one hand held. 1 2 3 4

Run with ease -- stopping, starting, and avoiding obstacles. 1 2 3 4

Hop on one foot -- 2 or more hops. 1 2 3 4

(37 - 72 MONTHS)

Pedal a trike. 1 2 3 4

Turn around obstacles while running and while pushing or pulling big toys. 1 2 3 4

Balance on one foot 2-5 seconds. 1 2 3 4

Walk a line at least 5 ft. heel to toes. 1 2 3 4

Use shoulder and elbow in throwing ball. 1 2 3 4

Catch ball when bounced. 1 2 3 4

Turn sharp corners running, pushing, pulling. 1 2 3 4

Climb ladders and jungle gym equipment. 1 2 3 4

Pedal trike and guide it around obstacles. 1 2 3 4

Run on tiptoe. 1 2 3 4

Maintain balance on beam at least 4 inches off ground. 1 2 3 4

Walk backward heel to toe. 1 2 3 4

## APPENDIX E

### Value of Program Instrument

Interview Number \_\_\_\_\_

## VALUE OF PROGRAM INSTRUMENT

DIRECTIONS: Indicate the degree to which you agree or disagree with the statement read by selecting a number between 1 and 5.

I. Program Acceptance

	<u>Scale</u>				
	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
I received suggestions on ways I could teach my handicapped child at home by a home teacher.	5	4	3	2	1
I have told others about my participation in this training program.	5	4	3	2	1
I was glad to have the suggestions provided to me by the home teacher on ways I could teach my child.	5	4	3	2	1
Friends and family members have seen progress in my child since I have been in this program.	5	4	3	2	1
I have gained confidence in my ability to teach my handicapped child.	5	4	3	2	1

II. Program Preference

I contacted the home teacher for suggestions when I had problems with my child.	5	4	3	2	1
Parents should be taught ways to teach their handicapped children.	5	4	3	2	1
Time passes so fast that I don't have a chance to work with my child like the teacher wants me to.	5	4	3	2	1
I attended some parent group meetings since I have been in the program.	5	4	3	2	1
I was at home when the home teacher was expected.	5	4	3	2	1

Interview Number \_\_\_\_\_

III. Program Commitment

	<u>Scale</u>				
	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
I have taken action to help develop or further the home based program.	5	4	3	2	1
I have told others about the advantages of the program.	5	4	3	2	1
I have requested school personnel to continue the program.	5	4	3	2	1
I have taken action that led to other children being served in the program.	5	4	3	2	1
If I were asked to write a letter or sign a petition to keep the program I would.	5	4	3	2	1

IV. Expectations for Students

My child is doing as well as can be expected for his/her condition.	5	4	3	2	1
My child could do better if only he/she tried a little harder.	5	4	3	2	1

V. Basic Information and Program Content

1. As a parent who received training about how to teach your handicapped child, what kinds of information did you feel a need for? \_\_\_\_\_  
\_\_\_\_\_
2. If you could change one thing about the program, what would you change? \_\_\_\_\_  
\_\_\_\_\_
3. How did your child get in this program? \_\_\_\_\_  
\_\_\_\_\_



Interview Number \_\_\_\_\_

4. If you had your choice, would you choose the same teacher to work with next year? \_\_\_\_\_

5. Here is a list of contents which might be used in training programs with parents. Number them from 1 to 10 in the order of importance. Assign a number 1 to the most important and assign a number 10 to the least important. Use each number once.

\_\_\_\_\_ Dealing with emotional tensions  
\_\_\_\_\_ Helping my child learn  
\_\_\_\_\_ What Special Education is  
\_\_\_\_\_ What testing tells us  
\_\_\_\_\_ Making plans for the future

\_\_\_\_\_ Obtaining professional help  
\_\_\_\_\_ Understanding my own feelings  
\_\_\_\_\_ Managing money  
\_\_\_\_\_ Accepting the handicapped child  
\_\_\_\_\_ How to get my child in school.

## APPENDIX F

### Home Teacher's Interview Schedule

Parent Interview Number \_\_\_\_\_

## HOME TEACHER INTERVIEW SCHEDULE

I. Parent Acceptance, Preference, and CommitmentScale

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
The mother seemed glad to receive suggestions I offered on ways to teach her handicapped child.	5	4	3	2	1
The mother seemed to have gained confidence in her ability to teach the handicapped child.	5	4	3	2	1
The mother contacted me for suggestions or for information to help her child.	5	4	3	2	1
The mother attended some parent group meetings.	5	4	3	2	1
The mother was at home when you were expected.	5	4	3	2	1
The mother has taken action to help develop or further the homebased program.	5	4	3	2	1

II. Student's Handicapping Condition

The handicap of the child is: Severe \_\_\_\_\_ Moderate \_\_\_\_\_

- III. Here is a list of contents which might be used in training programs with parents. Number them from 1 to 10 in the order of importance. Assign a number 1 to the most important and assign a number 10 to the least important. Use each number once.

_____ Dealing with emotional tensions.	_____ Obtaining professional help
_____ Helping my child learn	_____ Understanding my own feelings
_____ What Special Education is	_____ Managing money
_____ What testing tells us	_____ Accepting the handicapped child
_____ Making plans for the future	_____ How to get my child in school.

- IV. If you could choose parents to work with next year, would you choose this one?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

## APPENDIX G

### Names of Individuals Who Contributed to the Development of the Interview Instrument

Dr. Katherine Kersey, Assistant Professor  
Early Childhood Education  
Old Dominion University  
Norfolk, Virginia

Mrs. Genoa McPhatter, Child Development Specialist  
Chesapeake Public Schools  
Chesapeake, Virginia

Mr. Dwarika Nayak, Statistician  
Southeastern Virginia Training Center  
Chesapeake, Virginia

## **APPENDIX H**

### **Letter to Division Superintendents**

Dear

Earlier this school year you agreed to have your school division participate in a study I plan to conduct for my dissertation. As you may recall, the study is designed to obtain parents' assessments of homebased programs in which they are or were taught to teach their preschool handicapped children.

My Doctoral Committee has suggested that I conduct direct interviews rather than to mail questionnaires to parents. I will also need to conduct an interview with the home teacher who instructed the parents. In my written report there will be no identifying information which could be attached to any particular parent, school division, or home teacher. However, upon your request, I will be happy to share with you my findings regarding your school division as well as a copy of my study.

In order to know what population I have to work with, I need answers on the enclosed questionnaires. One is provided for the home teacher and one for each parent who participated in the program between September, 1975 and 1977. From the questionnaires returned, I will randomly select a sample to interview directly. You may note that the questionnaires require written approval by the parent for this interview.

Please assist me in this endeavor by having your home teacher complete his/her questionnaire and by having him/her administer the other questionnaire to parents. I would greatly appreciate it if they could all be returned to me by February 16, 1977, as I would like to conduct the interviews during the week of February 21, 1977. Enclosed is a stamped, self-addressed envelope for use in returning the questionnaires. Thank you in advance for your cooperation.

Sincerely,

(Mrs.) Nora E. Cartledge

## APPENDIX I

### Cover Letter to Home Teacher





## Chesapeake Public Schools

School Administration Building  
Post Office Box 15204  
Chesapeake, Virginia 23320

February 2, 1977

Dear Home Teacher:

Your superintendent has agreed to have your school division participate in a study I plan to conduct. I would appreciate it if you would assist me by doing the following:

1. Complete the enclosed questionnaire entitled "Home Teacher Questionnaire."
2. Take the questionnaire entitled "Parent Questionnaire" to mothers who participated in a parent training program operated by your school division either this school year or last school year.
3. Explain to the mothers that I will conduct a study to determine how parents feel about being taught to teach their preschool handicapped children, and that I would like to interview them.
4. Help each mother complete the questionnaire and then return yours and theirs to me in the enclosed stamped, self-addressed envelope by February 16, 1977.

Thanks in advance for your cooperation. Please do not hesitate to call me if you have questions. My home number is 804 487-0083 and my office number is 804 547-6303.

Sincerely,

(Mrs.) Nora E. Cartledge, Supervisor of  
Special Education

NEC:alt  
Enc.

## APPENDIX J

### Home Teacher Questionnaire

## HOME-TEACHER QUESTIONNAIRE

Name of home teacher \_\_\_\_\_

Work telephone number \_\_\_\_\_

1. Number of parents who received instruction in teaching their handicapped children:

1975-76 \_\_\_\_\_; 1976-77 \_\_\_\_\_

2. Average number of visits made to instruct parents per week: \_\_\_\_\_  
(No.)

3. Instruction was provided:

In parents' homes for \_\_\_\_\_ children.  
(No.)

In centers for \_\_\_\_\_ children.  
(No.)

4. Check major types of handicaps found in children whose parents were taught:

_____ Learning Disabled	_____ Physical Disability
_____ Mentally Retarded	_____ Motor Delay
_____ Emotionally Disturbed	_____ Auditory
_____ Speech/Language Delayed	_____ Others (Specify)

I am willing to participate in an interview with Mrs. Cartledge,  
Supervisor of Special Education, Chesapeake Public Schools.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPENDIX K

### Predesigned Questions for Interview

PREDESIGNED QUESTIONS FOR INTERVIEWS

PROGRAM ACCEPTANCE

Question number 1

Tell me about the program your child is in; how does it work?

Did you receive suggestions from the home teacher?

How did she give suggestions (demonstration, pictures, talk, etc.)?

Have you received many suggestions?

Question number 2

What do your neighbors say about the program?

How did they learn about it?

Does anyone else know about your participation in the program?  
Who?

What have you told others about the program?

Question number 3

What kinds of suggestions has the home teacher given you?

Which suggestions have you found most helpful?

Which way do you like best for receiving suggestions  
(demonstration, pictures, talk, etc.)?

How often did the home teacher visit you?

Do you work with your child while the home teacher is here?

How often do you do the things she has suggested to do  
with your child?

Did your child learn anything you did not want him to learn?

Question number 4

Have friends and family members said anything about how the  
program is helping or is not helping your child?

What changes have they seen?

Could your child have made the same progress without this  
program? Why?

Question number 5

Are you more afraid to work with your child now than you were before you started in this program?

Do you feel that you might do the wrong thing?

PROGRAM PREFERENCE

Question number 1

Have you ever contacted the home teacher at a time when she was not expecting you?

What did you do if your child refused to do what the teacher wanted you to have him or her do?

Question number 2

What do you think of the idea of parents being trained to teach their handicapped child?

Would you rather have your child taught at home by you or in school by a teacher? Why?

Do you think the teacher should teach the child rather than you in order for him to learn to do things correctly?

Question number 3

If this program stopped now and parents could no longer be taught to teach their children, what would this mean to you?

Question number 4

What about parent group meetings . . .

Has there been any? (Discontinue questions if answer is no)

Did you attend any? Why?

How many have been held?

How many have you attended?

Were they helpful? How?

Question number 5

Were you usually at home when the home teacher was expected?

Did the home teacher come when she was expected?

PROGRAM COMMITMENT

Question number 1

Did you do everything that you were asked to do by the home teacher?

If not, why not?

If so, were the things asked easy to do? In what way?

Did you do anything for the good of the program?

Question number 2

What do your friends and neighbors actually know about this program?

Question number 3, 4 and 6

Have you talked about this program to school personnel or school board members?

Do you want the program to continue next year?

If you could do something such as write a letter, talk to a school official, sign a petition or anything to keep the program next year, would you do so?

Have you done any of those things?

Do you have any complaints about the program?

Question number 5

Do you know any other children who should be in this program?

Have you helped any other children to get into this program?

**APPENDIX L**  
**Scoring Code**



## SCORING CODE

(Samples of responses and scores used)

PROGRAM ACCEPTANCEStatement scored on  
interview schedule

I received suggestions on ways  
I could teach my handicapped  
child at home by a home teacher.

I have told others about my  
participation in this training  
project.

I was glad to have the suggestions  
provided to me by the home teacher  
on ways I could teach my child.

Friends and family have seen  
progress in my child since I  
have been in this program.

Codes for scoring responses  
to predesigned questions

She follows suggestions that I  
have received for his private  
speech and psychological tests-1;  
She's not really giving specific  
suggestions-2; She brings materials  
once a week-4; talk-4; demonstra-  
tion-4; she gives me ideas-5; she  
comes once a week and shows me  
how to teach him-5.

They're nosey-1; I don't visit-1;  
I haven't talked to them about  
it-2; They're aware of it-3;  
They say it's nice-4; They're  
thrilled-4; I told them-5; They  
agree with me that I'm lucky to  
have it-5

I didn't get a chance that often-  
2; I get to it in bits and pieces-  
3; She shows me things I can do  
each week-4; I planned 3 to 5  
days a week to work with him-4;  
It brought so much out of him-5;  
I set aside a time daily to work  
with him-5.

They don't think he has a problem-  
2; Everybody seems to approve-3;  
I can see the changes and I see  
him everyday-3; They're amazed-4;  
They have noticed improvement in  
a lot of things-5; Mama and daddy  
say he's difference-5.

PROGRAM ACCEPTANCE Continued

I have gained confidence in my ability to teach my handicapped child.

She has more influence over him than I do-2; No I'm not afraid-4; I knew some things to do for him before she started, she just helped me to see that I was doing right-5.

PROGRAM PREFERENCEStatement scored on interview scheduleCodes for scoring responses to predesigned questions

I contacted my home teacher for suggestions when I had problems with my child.

No-1; I haven't need to yet-2; We have open lines of communication-3; I talk to her in parent meetings-4; Yes-5.

Parents should be taught ways to teach their handicapped child.

The teacher should teach the child-1; I'd rather she be taught at school-2; Either way is OK-3; They almost have to be-5; Absolutely necessary-5.

Time passes so fast that I don't have a chance to work with my child like the teacher wants me to.

I don't know what I would do-2; I would teach him/her-5; I have all the time in the world for him, so I would teach him-5.

I attended some parent group meetings since I have been in the program.

No, I haven't had time-1; No, it's too dangerous to go out at night-1; We don't have any-2; I have been to most of them-4; I have been to all of them-5.

I was at home when the home teacher was expected.

Most of the time-4; Oh yes-5; I made a point to be here-5.

PROGRAM COMMITMENTStatement scored on interview scheduleCodes for scoring responses to predescribed questions.

I have taken action to help develop or further the homebased program.

No-1; I would have if I had known what to do-2; I made posters, puppets, signs, etc. for meetings-4; I spoke to the School Board about it-5; I tried to do everything she asked me to do-5.

PROGRAM COMMITMENT Continued

I have told others about the advantages of the program.

I have requested school personnel to continue the program.

If I were asked to write a letter or sign a petition to keep the program, I would.

I have taken action that led to other children being served in the program.

I have not talked with them about it-1; Not many know about it-2; They know that it comes from the public schools-4; They know it helps him to learn-5; They know it's free-5.

No-2; I would if I were asked-4; I would do anything I could to keep it-4; Most definitely-5; I wish she could come every day-5; I would definitely write a letter-5.

I know someone but I haven't had a chance to tell them about the program-1; No, I don't know anyone-2; I talked to my association group about it but I don't know if anyone got in the program-4; I gave a mother the teacher's telephone number-5.

## APPENDIX M

### Excerpts From Three Parent Interviews

Interview Number 2 Code: I = Interviewer, P = Parent  
Handicap of Child Speech/Language  
Parents Educational Level High School

I. Tell me about the program your child is in; how does it work?

P. Well, she tries to teach him his colors right now and try to teach him how to talk and put the words where you can understand them and. . .how to eat and drink without making a total wreck of hisself.

I. How did she give you suggestions?

P. Well, she showed me the way that she teach him and for me to teach him 'bout the same way that she does.

I. How often do you do the things she told you to do with your child?

P. Well, I work with him every day on different problems. We pick out what we figure would be for that day what he needs the worse and we work on that and the next day we might switch over to something else to change it around.

I. Have you received many suggestions?

P. Yes she does some that I didn't even know of.

I. How does she give you suggestions?

P. First she usually sit down and talk about \_\_\_\_\_ problem, what can do to help him and then she shows me suggestions of what she thinks might would help him and I show her things I have done with him and we work together so that we will be doing the same things.

I. What do your neighbors say about this program?

P. Well they think it's good for him and they wish it was longer, more days a week.

I. Did you talk with your neighbors about the program; how did they know he was in it?

P. Well they keep seeing her (the home teacher) leaving and coming back and they couldn't figure out what she was doing so they were nosey and came and asked.

I. What did you tell them about it?

P. Well I told them its a training thing for him and to me its giving great help.

## Interview Number 2 continued

- I. What do you think of the idea of parents being trained to teach their handicapped child?
- P. I think they ought to. Parents need to learn just as much as kids do.
- I. Would you rather have your child taught at home by yourself or at school by a teacher?
- P. Well I like him at school by the teacher. He picks up more from a stranger or from somebody different from me. He acts like he will do more for someone else than he will for me.

Interview Number 14

Code: I = Interviewer, P = Parent

Handicap of Child MR

Parents Educational Level Below High School

I. Tell me about the program your child is in; how does it work?

P. Well I think its nice for Mrs. \_\_\_\_\_ coming around teaching my child.

I. Did you receive suggestions from the home teacher?

P. Yes.

I. How often does the home teacher visit you?

P. Once a week.

I. How often do you do the things she told you to do with your child?

P. About twice a week.

I. What do your neighbors think about this program?

P. Well they say it was very nice for Mrs. \_\_\_\_\_ coming around teaching my child.

I. Does anyone else know about your participation in the program?

P. Yes.

I. Have you told others about the program?

P. No.

I. Do you think the teacher should teach the child rather than you in order for him to learn?

P. I think the teacher should teach.

I. Should the teacher teach you or teach your child, which one?

P. Should teach my child.

I. Would you rather have your child taught at home by yourself or in school by a teacher?

P. At school.

I. What do you think of the idea of parents being trained to teach their handicapped children?

P. Well I think they should have a teacher teaching the handicapped children.

Interview Number 32

Code: I = Interviewer, P = Parent

Handicap of Child PHParents Educational Level Beyond High School

- I. Tell me about the program your child is in; how does it work?
- P. The teacher and an aide try to get here once a week and. . .
- I. Why do you say try to get here once a week?
- P. It is my understanding that they have so many they cannot get to us. So they try to get here once a week or she'll bring by materials for us to use. He has been tested and the examiner has given me some areas that we might work with and I have passed them on to them. I've been doing what I could do in this particular area and they have been working in those areas and bring materials by for him.
- I. How often do you work with your child?
- P. Well one reason that I stopped teaching two years ago was because the prognosis was that he might be severely retarded. So I decided to quit and spend time with him and what I have done is we spend 15 minutes to an hour of planned time during the day. . . we knock off on the weekend. But the main thing I do is to make everything a learning experience when possible.
- I. What do you think about the idea of parents being taught ways to teach their handicapped children?
- P. I think they have to. I don't know any other way. . .you've got to have consistency and you've got to have it all the time.
- I. What do your friends and neighbors say about the program?
- P. They're aware of it.
- I. Have they said anything to you about what they think about it?
- P. No.
- I. What about relatives, do they know about it?
- P. Well. . .(sigh) it's not my--I think the grandparents feel he has absolutely no problem and (pause) let me think--I have simply explained to them in the terms of even if he doesn't have a problem he can benefit from this and left it at that.
- I. Could your child have made the same progress without this program?
- P. I don't know I kinda feel like its more a question of what I could



## Interview Number 32 continued

have done without the program. There are a lot of things that I have learned that I have passed on to him, that he probably would not have gotten.

- I. Were they learned from the program or from your experience as a teacher?
- P. There were somethings that I did not know. . .the things that are done in kindergarten and developmental steps that I think helped me to help him. So in a sense I think it helped me more than it helped him.
- I. Would you rather have your child taught at home by yourself or at school by a teacher?
- P. I chose the home program over the school program because I had seen the class that he would go in and I didn't think he would gain from it.

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PARENTS' OPINIONS REGARDING THE VALUE OF HOMEBASED PROGRAMS  
FOR PRESCHOOL HANDICAPPED CHILDREN

by

Nora E. Cartledge

(ABSTRACT)

The problem of the study was that of determining parents' opinions regarding the value of homebased programs in which they were taught to teach their preschool handicapped children.

The data in the study consisted of responses by forty selected parents on the Value of Program Instrument which was developed for the study using the definition of value as defined by Krathwohl, Bloom and Masia. Parents' acceptance, preference, and commitment to the program were measured in association with the parents' educational levels and their child's type of handicap.

All computations were done on an IBM computer using the Statistical Package for the Social Sciences (SPSS). The data was analyzed using crosstabulations, non-parametric statistical tests of significance, and appropriate descriptive statistics.

The following are the conclusions made as a result of the findings:

As participants in a parent training program, parents needed information on how to help their children learn and on how to help them to adjust to their children.

Parents were pleased with the way the homebased preschool program operated but they also wanted to have the Child Development Specialist visit more frequently than once a week.

Parents, to a small degree had initiated contact which led to the placement of their children in the program; the majority of children were placed however through initial action of the Child Development Specialist.

Parents were pleased with the Child Development Specialist to the extent that they would choose them if they had a choice of teachers.

"Helping my child learn" was chosen as the most important of ten topics for use in a parent training program, while "managing money" was chosen as the least important.

Parents overwhelmingly accepted the homebased programs as indicated by their willingness to be associated with it, but there was no relationship between their acceptance and their educational level or their child's type of handicap.

Parents preferred the program as indicated by their wanting, seeking, and pursuing it, but there was no relationship between their preference for the program and their educational level or their child's type of handicap.

More than one third of the parents were committed to the program as indicated by their acts to further it, but the majority of parents were uncertain about their commitment. There was no association between their feelings of commitment about the program and their educational level or child's type of handicap.

Parents and home teachers did not differ in their reporting of the parents' acceptance, preference and commitment to the homebased preschool program.