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Meeting Date:		May12, 2004
Item No.:	VIII-	4-2

# **AGENDA SUMMARY SHEET**

<u>Title</u>	LEAP
<u>Type o</u>	<u>f Item (</u> check as appropriate)
	Action     X     Information       Request Discussion/Presentation/Commendation
	Request Scheduled Time (hearing or out-of CDE guest)
	Staff member responsible at Board meeting

#### Abstract: Summary Statement and Background of Issue

LEAP (The Learning Experiences: An Alternative Program for Preschooler and Parents) project is designed to train and assist local school districts in developing and implementing a highly effective, developmentally appropriate and a less costly means of service delivery with positive child outcomes. Three districts are chosen each year to participate for a period of 2 years in intense training and monthly onsite mentoring. See attachment (Exhibit A) for the Statement of Work and Responsibilities breakdown.

#### **Recommendation for Board Action**

Approved the interagency agreement between the State of Colorado – for the use and benefit of the Department of Education, Exceptional Student Services Unit, and the University of Colorado at Denver – Leap Project, in the amount of \$149,997.00, from July 1, 2004 through June 30, 2005

Originated by:		Date:	
Submitted by:		Date:	
	Deputy/Assistant Commissioner (PLEASE ROUTE <u>CONTRACTS</u> TO DONNA JOHNSON NEXT)		
Fiscal Impact:	(I LEASE ROUTE <u>CONTRACTS</u> TO DONNA JOINSON NEXT)	Contract Approval	
	Karen L, Stroup, Chief of Staff		
Approved for A	genda:	-	
	William J. Moloney, Commissioner		

form date: 5/14/02

Colorado Department of Education Special Education Services Unit Department Number <u>DAA</u> Contract Routing

# Interagency Agreement

**THIS** contract, made this <u>11<sup>th</sup></u> day of <u>March</u> <u>2004</u>, by and between the State of Colorado for the use and benefit of the <u>Department of Education</u>, <u>Exceptional</u> <u>Student Services Unit</u> hereinafter referred to as **CDE/ESSU or the State**, and <u>University of Colorado at Denver</u>, <u>School of Education</u>, hereinafter referred to as **UCD or the Contractor**.

WHEREAS, authority exists in the Law and Funds have been budgeted, appropriated and otherwise made available and a sufficient uncommitted balance thereof remains available for encumbering and subsequent payment of this contract under Encumbrance Number <u>04C08</u> in Fund Number <u>100</u>, Appropriation Account <u>F75</u> and Organization Number <u>3401</u>.

**WHEREAS**, required approval, clearance and coordination has been accomplished from and with appropriate agencies; and

**WHEREAS**, the **CDE/ESSU** has a need to develop a statewide plan to train and assist local school districts in developing and implementing a highly effective, developmentally appropriate and a less costly means of service delivery with positive child outcomes for young children with autism spectrum disorders.

**WHEREAS**, the Learning Experiences: An Alternative Program for Preschooler and Parents (LEAP) program began in 1981 in Pittsburgh, Pennsylvania as a federally funded (i.e., Handicapped Children's Early Education Program) model demonstration program serving young children with autism and typical children, ages 3-5 years, within an integrated preschool program.

**WHEREAS**, in 1998, a model replication LEAP site began in Denver, Colorado as a cooperative effort between the Colorado Department of Education, the University of Colorado at Denver, and the Douglas County School District. At the time of its inception, the LEAP program was one of the few early childhood programs throughout the country that was committed to inclusive practices for young children with autism and their families.

**NOW THEREFORE**, it is hereby agreed that

#### 1. Statement of Work and Responsibilities

LEAP (The Learning Experiences: An Alternative Program for Preschooler and Parents) project is designed to train and assist local school districts in developing and implementing a highly effective, developmentally appropriate and less costly means of service delivery with positive child outcomes. Emphasis will be placed on the critical role that family support, skill development for young children with autism, and specific training in the LEAP family component. Two school districts, previously trained, will be targeted for additional training to become state resources. The third component will be regional workshops available to all school districts in the state of Colorado on topics of critical importance to quality exclusionary practices.

#### **EXHIBITS:**

The following exhibits are hereby incorporated:

Exhibit A- Statement of Work and Responsibilities breakdown

#### 2. Payment Amount

Salaries, benefits, and Operating Expenses for 10 months:						
For the services of Dr. Phil Stra	•					
Role	FTE	Salaries				
Phillip Strain, Project Director	0.05	\$25,276.00				
PRA: Ted Bovey	0.20	\$7,985.00				
PRA: Ron Roybal	0.80	\$29,808.00				
PRA: Kelley Wilson	1.0	\$32,820.00				
Total Salaries		\$95,889.00				
Benefits @ 23.67%		\$22,697.00				
Total Salaries & Benefits		\$118,586.00				
Operating Expenses		Proposed \$				
Staff Travel	\$11,000.00					
Supplies and Materials (printing, postag	\$3,900.00					
Other: Rent Office Space	4,000.00					
Total Operating Expense		\$18,900.00				
Total Salaries & Benefits	\$118,586.00					
Total Operating Expense	\$18,900.00					
Sub-Total of Salaries, Benefits, & Op	\$137,486.00					
Total Indirect @ 9.1%		\$12,511.00				
Total Costs		\$149,997.00				

#### 3. Price, Cost, and Billing Procedure.

In consideration of the obligation of **UCD** to perform in accordance with paragraph one, and that the contract is financed with federal funds **CDE/ESSU** will transfer **\$149,997.00** upon satisfactory completion of performance, to be paid in three installments of \$49,999. on September 30, 2004 February 1, 2005 and June 30, 2005.

#### 4. Term.

The term of this interagency agreement is from July 1, 2004 through June 30, 2005.

## 5. Availability of Funds.

Payment pursuant to this agreement, if in any part federally funded, is subject to and contingent upon the continuing availability of federal funds for the purposes hereof. If any of said federal funds become unavailable, as determined by the department, either party may immediately terminate or seek to amend this agreement.

#### 6. Record keeping Requirements.

**UCD** shall maintain a complete file of all records, documents, communications, and other material which pertain to this agreement for a period of three (3) years from the date of final payment under this agreement, unless **CDE/ESSU** requests that the records be retained for a longer period.

- **7. UCD** shall permit **CDE/ESSU** and federal agency monitoring and auditing of records and activities, which are or have been undertaken pursuant to this agreement.
- **8.** Except as otherwise provided the duties and obligations of **UCD** shall not be assigned, delegated or subcontracted except with the express prior written consent of **CDE/ESSU**. All subcontractors will be subject to the requirements of this agreement.
- **9.** Except as otherwise stated this agreement shall inure to the benefit of and be binding only upon the parties hereto and their respective successors and assigns. No third party beneficiary rights or benefits of any kind are expressly or impliedly provided herein.
- **10.** For the purpose of this agreement, the persons named below are designated the representatives of the parties. All notice required to be given by the parties shall be given by registered or certified mail to the representative named below. The parties may designate in writing a new or substitute representative:

#### **Original to: UCD**

Dorothy Yates, Director of Sponsored Proj Campus Box 129, P.O. Box 173364 Denver, CO 80217-3364

Phone: 303/ 556-4060 Fax: 303/ 556-3377 dyates@carbon.cudenver.edu

# **Original to: CDE/SESU**

Dr. Lorrie Harkness, State Director CDE - Special Education Services 201 East Colfax Avenue, Room 300 Denver, CO 80203-1799

Phone: 303/ 866-6695 Fax: 303/ 866-6811 Harkness L@cde.state.co.us

#### Copy to: UCD

*Dr. Phil Strain* Campus Box 129, P.O. Box 173364 <u>Denver, CO 80217-3364</u>

Phone: 303/ 556-3943 Fax: 303/ 556-3310 Phil strain@ceo.cudenver.edu

## Copy to: CDE/ESSU

Darlene Martinez CDE – Special Education Services 201 East Colfax Avenue, Room 300 Denver, CO 80203-1799

Phone: 303/ 866-6819 Fax: 303/ 866-6811 martinez darlene@cde.state.so.us

- **11.** Any failure of either party to perform in accordance with the terms of this agreement shall constitute a breach of the agreement. Any dispute concerning the performance of this agreement which cannot be resolved at the divisional level shall be referred to superior departmental management staff designated by each department. Failing resolution at that level, disputes shall be presented to the executive directors of each department for resolution. Failing resolution by the executive directors, the dispute shall be submitted in writing by both parties to the State Controller, whose decision on the dispute shall be final.
- **12.** Any of the parties shall have the right to terminate this agreement by giving the other party thirty (30) days notice. If notice is given, the agreement will terminate at the end of thirty (30) days, and the liabilities of the parties hereunder for further performance of the terms of the agreement shall thereupon cease, but the parties shall not be released from duty to perform up-to-the-date of termination.
- **13.** Controller's Approval. This interagency agreement shall not be deemed valid until it has been approved by the State Controller or such assistant as he may designate.

University of Colorado at Denver Colorado Department of Education

# Authorized Signature

Director of Sponsored Projects University of Colorado at Denver Campus Box 129, P.O. Box 173364 Denver, CO 80217-3364 Authorized Signature Chief of Staff Colorado Department of Education 201 East Colfax Avenue, Room 505 Denver, CO 80203-1799

#### APPROVAL

STATE CONTROLLER or DESIGNEE

# IMPORTANCE AND NEED FOR A REPLICATION MODEL TO SUPPORT STATEWIDE TRAINING

# **Introduction**

Based upon our prior work in this area we have modified our workscope for this year in order to expand our statewide impact on practice and outcomes for children and families. We do this in three ways:

- 1) Emphasizing the critical role that family support and skill development plays for young children with autism and providing specific training in our family component.
- 2) Selecting two sites that will be targeted for training to become state resources (expanding the use of Douglas County alone).
- 3) Providing regional workshops to <u>All</u> districts on topics of critical importance to quality inclusionary practices.

# **Description of Need of Quality Inclusion for Preschools with Autism**

In a recent, comprehensive review of early intervention programs for children with autism, the National Research Council (2001) of the National Academy of Sciences could identify only <u>eight</u> programs nationwide with unambiguous effectiveness data. Of the eight, only LEAP provided children with autism with systematic, daily exposure to typical age-peers. Currently, LEAP stands as the only <u>empirically validated</u> inclusion model for the education of young children with autism. As such, we see replication of the LEAP Model as playing a vital role in developing other than maximally segregated service options.

Are educational resources being used most effectively with young children with autism? In order to answer this question, it is important to consider that one-to-one, tutorial-like instruction is still the predominate and most often advocated teaching strategy for learners with autism (cf. Penn Sac, 1993). In fact, of the eight empirically validated programs identified by the National Academy of Sciences (2001), only LEAP relies on naturally occurring, group instructional arrangements. Significantly, research evaluating the effects of one-to-one versus group instruction shows uniformly that group instruction is either equal to or superior to one-to-one arrangements when child gains are considered (Biderdort & Pear, 1977; Favell, Favell, & McGimsy, 1978; Fink & Sandall, 1978; Jenkins, Mayhall, Peschka, & Jenkins, 1974). Even assuming no outcome differences, one would have to favor group instruction from a resource allocation basis. By and large, the evidence shows that tutorial-like instruction is not necessary for learning to occur for children with autism. Thus, we suspect that educational resources spent toward approximating a maximum amount of one-to-one instruction are not well spent. Of course, such arrangements may also be seen as inhibiting integrated service options. In spite of the evidence, we should note that over the last 12 months administrative law judges and federal judges have required districts to establish one-to-one teaching for as much as 70 hours per week! LEAP replication, on the other hand, can offer a highly effective, developmentally appropriate, and potentially less costly means of service delivery that does not compromise on child outcomes. Thus, we see LEAP replication as not just benefiting children with autism and their families each year, but also helping surrounding school districts to allocate their always limited resources more prudently.

Are children with autism generally afforded interventions of demonstrable effectiveness? Probably no category of exceptionality has been exposed to more "Cures." Megavitamins, Doman-Delacato, allergy-sensitive diets, rigorous exercise, appetite suppressants and more recently, discrete trial training, have all been touted as the "silver bullet" in the search for a cure to autism. These interventions, coupled with a long history of parent-blaming psychotherapy, suggest that the generally poor prognosis for these children is as much attributable to weak or developmentally inappropriate interventions as it is to the chronic nature of the disorder. While the high rate of institutionalization of adults with autism (approximately 90%) is undeniable, this outcome is clearly avoidable with early, intensive programming (Strain, Goldstein, & Kohler, 1996; Strain, Jamieson, & Hoyson, 1986; Strain & Hoyson, 2000). The disparity between the "average" outcome for children and what has been achieved in a few model programs suggests the need for further replication efforts.

# Empirical Support For The Leap Demonstration Model

With over three dozen peer-reviewed empirical studies in the professional literature, the LEAP demonstration model may well be the most extensively validated intervention program in EC/SE history. Table I summarizes the results of a 12 year study that compared the outcomes of LEAP graduates to a similar group of children who received an alternative, comparison model of early intervention.

 Table 1. Summary of Longitudinal Study Data

- 1) Children in LEAP generally show significant reductions in autistic symptoms after 2 years of intervention, comparison children do not (Strain & Cordisco, 1991).
- 2) Children in LEAP make marked developmental progress on intellectual and language measures, comparison children do not (Hoyson, Jamieson, & Strain, 1985).
- 3) On observational measures taken in school and at home, LEAP children are far more socially engaged and appropriate (Strain, Goldstein, & Kohler, 1996).
- 4) No negative and some positive (e.g., better social skills, fewer disruptive behaviors) outcomes accrue to typical children in the LEAP model (Strain, 1987).

- 5) Gains for LEAP children maintain following program participation with 24 of 51 children now enrolled in regular education classes (oldest cohort in 10th grade) with no signs of developmental regression (Strain, 1996).
- 6) Adult family members who participated in LEAP are significantly less likely than comparison families to show signs of significant stress and depression following the early intervention experience (Strain, 1996).

In addition to these enrollment-specific results, <u>we have considered it to</u> <u>be ethically and scientifically necessary to conduct various sub-studies to</u> <u>demonstrate the efficacy of key model components</u>. These include: a) teaching typical children to facilitate the social and communicative competence of their class peers with autism, b) teaching IEP objectives within routine class activities; and c) providing extensive skill training for family members in order to address child behavior issues in home and community settings. Table 2. summarizes results from these areas of study.

#### Table 2. Summary of Sub-Studies

- Typically developing peers as young as 36 months can be taught easily to utilize facilitative social and communicative initiations with their peers with autism (Goldstein & Wickstrom, 1986; Strain & Danko, 1995).
- 2) Peers' use of facilitative strategies results in higher rates of communicative interaction for preschoolers with autism (Goldstein et al, 1988; Strain, 1987; Kohler & Strain, in press).
- 3) The peer facilitative strategies often produce "day one" effects, suggesting that the delayed social and communicative abilities of many young children with autism may be attributable, in part, to the socially non-responsive settings in which they are most often educated (Strain & Odom, 1986; Kohler & Strain, 1993).
- 4) For many children who receive the peer-mediated intervention, their eventual level of social participation falls within the typical range for their age cohorts (Strain, 1987).
- 5) The potency of the peer-mediated intervention extends across both settings (Strain, 1987) and time (Strain, Goldstein, & Kohler, 1996).
- 6) The naturalistic or incidental teaching used at LEAP to influence cognitive outcomes yields approximately two months developmental gain for each month enrolled (Hoyson, et al, 1985; Strain & Cordisco, 1991).
- 7) When compared to one-to-one, tutorial instruction, the LEAP incidental teaching model yields more active engagement and more complex developmental skills by children with autism and their typical peers (Kohler & Strain, in press).
- 8) LEAP's parent skill training component produces broad-based and long- lasting effects, including: a) family use of skills in naturalistic contexts; b) child behavior improvements in active engagement and challenging behaviors; c) high levels of family satisfaction with the training program; and d) decreased levels of stress and

# **Essential Components Of The Replication Classroom**

Composition of Children

We propose that the classroom include 8-10 typical children and 3-4 children with autism or PDD for each session. The program could therefore potentially serve up to eight children with autism and their families. We further propose an age range of participants from 2 1/2 years through five years of age. For district children diagnosed with autism prior to 30 months of age we propose to offer our family skill training component and transition planning into the classroom.

## Physical Environment

The physical environment will reflect a typical, developmentally appropriate setting similar to the classrooms already in existence in the state of Colorado. The classroom will be arranged so that there are clearly defined interest areas (e.g., block area, house corner, table toys, art, sand and water, library) that support child-initiated, child-directed play. Additional environmental adaptations will be made such as more visual props/schedules, concrete materials, and augmentative systems for communication to further facilitate the participation of children on the autism spectrum.

#### <u>Curriculum</u>

The LEAP model does not specifically endorse or recommend the use of any one specific preschool curriculum as we understand different districts, schools, and classrooms use a wide variety of available curriculums. While our model sites utilize a combination of The Storybook Journey: Pathways to Literacy Through Story and Play (McCord, 1995) and The Creative Curriculum for Early Childhood (Dodge & Colker, 1988) as a guide for instructional planning. The LEAP model has been designed to be adaptable to fit a variety of Important components of any preschool curriculum preschool curriculums. that LEAP does recommend include the use of Weekly themes to help children learn about the world around them and to enable children to acquire information and concepts through planned activities that will take place in each interest area. The classroom daily schedule will be designed to provide a balance of activities that include quiet/active, individual/small group/large group, child-directed/ teacher-directed, large muscle/small muscle, and indoor/outdoor learning activities. Weekly instructional (curriculum) planning will focus on both general skill concepts to be emphasized with all children during both child-directed and teacher-directed learning activities (e.g., recalling a sequence of events, identifying functional use of objects, sharing toys with peers), as well as individual goals for children with autism (e.g., verbally requesting desired food items during snack time). As children are ready to leave the program and transition to kindergarten the curriculum will reflect a next environment focus, with skills emphasized that maximize success in the early elementary school grades.

#### IEP Development

New strategies for IEP development will be introduced. Goals will be broken down into a "task analysis" approach for measuring child outcomes. Specific instructions for individualizing strategies to achieve desired outcomes will be written for every goal on a child's IEP (Specially Designed Instructions). A classroom wide plan for adapting the environment will also be included in the body of every IEP document (Generally Designed Instructions). We also expect to assist in the IFSP development of district children diagnosed prior to 30 months of age.

# Naturalistic Teaching Methods

The classroom component will combine developmental learning traditions and an applied behavior analytic approach to teaching. Instead of teaching the children skills that are non-meaningful or taught in isolation, the program will focus on teaching functional skills that embed engagement that supports learning and generalization into everyday classroom activities and routines. With the combination of these approaches, the drive toward a truly functional and effective approach to curriculum can be realized. The basic focus will center upon following the child's lead, clear attention to antecedent statements by teaching staff, and both natural consequences and consequences delivered by the teaching staff. Planned, systematic and individualized approaches to all aspects of teaching will be our hallmark.

Instructional strategies utilized by classroom staff will reflect both a developmentally appropriate practice approach to early childhood education as well as a 'best practice" approach to early intervention. Classroom staff will be taught to facilitate all children's learning by: (a) providing opportunities for children to choose from a variety of activities, materials, and equipment; (b) increasing children's engagement with materials by assisting and guiding them; and (c) extending children's learning by asking questions or making suggestions that stimulate their learning.

# **Individualization**

To best meet the needs of children with autism, the early childhood curriculum will be supplemented with learning activities and instructional strategies specifically designed to facilitate the development of functional skills, independent play and work skills, social interaction skills, language skills, and adaptive behavior. Functional skills instruction will focus on teaching children with autism skills such as transitioning from one activity to another, selecting play activities, following classroom routines, and participating in group activities. For children under 30 months of age, skills needed to function successfully in the home environment will have equal priority.

## Behavioral Support

The early childhood curriculum will be adapted as needed to meet the needs of children who display challenging behaviors. Intervention procedures will include the development and implementation of strategies to prevent behavior problems (e.g., effective use of classroom rules, environmental arrangements, scheduling, activities, and materials) as well as the use of positive reinforcement procedures for increasing desired behaviors. Staff will be trained on procedures for conducting functional analyses of behaviors and for implementing and evaluating individualized behavioral interventions within the classroom.

# Social Skills Training

Social interaction training will focus on teaching children with autism the necessary skills for developing friendships with same-age typical peers. The following strategies will be implemented for facilitating social interactions: structuring the environment to promote peer interactions (e.g., limiting play materials, structuring thematic play activities); peer imitation training (cf. Apolioni & Cooke, 1978); peer-mediated strategies (cf. Odom & Strain, 1984); teacher cueing, prompting, and reinforcement for peer interactions (cf. Strain, Shores, & Kerr, 1976); and socio-dramatic script training (Goldstein, Wickstrom, Hoyson, Jamieson & Odom, 1988).

# Speech and Language

The language skills of all children will be facilitated within the classroom through a variety of stimulating and enriching activities. A more intensive and systematic approach will be used to develop age-appropriate language skills for children with autism. A variety of "milieu-teaching" procedures (Warren & Kaiser, 1988) (e.g., incidental teaching, mand-model technique, and time delay) will be incorporated to facilitate the language of children with autism within routine classroom activities. A "Total Communication" approach will be taken and communicative strategies such as those utilized by "The Picture Exchange Communication System" will be implemented. Direct instruction will also be employed as needed to teach targeted language skills during initial stages of learning.

# Monitoring Progress

Individual children's progress (i.e., children with autism) towards identified goals and objectives will be monitored on an ongoing basis. Skill acquisition will be evaluated via assessments of how frequently or how long, how well, with what level of assistance (e.g., level of prompts), and under what conditions (e.g., materials, adults, activities, settings) children performed desired skills. <u>Systematic data collection procedures</u> will be utilized and

progress closely monitored via monthly data meetings. In addition to assessment of skill acquisition, assessments of maintenance and generalization will be conducted as a means of evaluating the effectiveness of instructional strategies. Sample data sheets have been included at the end of the packet.

#### Interdisciplinary Teaming Process

Current best practices guidelines in early intervention and early childhood special education (Sandall, McLean & Smith, 2000) reflect a movement from individual one-on-one intervention to intervention within the context of everyday routines and activities. For this to happen effectively the four major specialized disciplines in early intervention and early childhood special education: early childhood special education, speech language pathology, occupational therapy and physical therapy must work together efficiently. Interdisciplinary team processes (with a movement towards a Transdisciplinary model of intervention) will be stressed and team functioning (e.g., communication, planning, role acceptance and role release) will be monitored throughout the training process. Consistent non-contact time for team members to engage in collaborative planning will be essential for this program component.

# **Importance And Need For Family-Directed Services**

Most research studies in the field of early intervention have focused on outcomes for children (Bryant & Maxwell, 1997; Spiker & Hopmann, 1997). However, over the past 23 years it has been widely recognized that early intervention has a broader purpose. It is now accepted that early intervention has a responsibility to support families of children with disabilities (Bailey et al., 1986; Dunst, 1985). The LEAP Preschool Program has extensively researched its own family component over its 23 year existence, and determined that adult family members who participated in LEAP training were significantly less likely than comparison families (without LEAP intervention) to show signs of significant stress and depression following the early intervention experience (Strain, 1996). Furthermore, it has been ascertained that LEAP's parent skill training component produces broad-based and long-lasting effects, including: a) family use of skills in naturalistic contexts; b) child behavior improvements in active engagement and challenging behaviors; and c) high levels of family satisfaction with the training program.

Families of children both with and without disabilities may participate in the family involvement component at LEAP. Families may complete a parenting program designed to teach the basic principles of behavior management and effective strategies for teaching young children. Parents are provided with training on specific behavior skills based on parent-identified needs and interests. This program is designed to reflect a family-centered approach, with activities being individualized for each family. Additional opportunities available to families include parent-to-parent support, referral services to various community agencies, transition planning and follow-up activities.

# **Components For Replication Of Family Services Program**

Our efforts in this area will begin at the age of identification and continue through to age 5. This will potentially require additional collaboration with the district's Part C agency to ensure children birth to three are accessing the parent training component. This may also require additional training activities for the district's Part C providers including but not limited to Service Coordinators, Speech and Language Pathologists, Occupational Therapists and district Child Find teams.

# Description of Practice

The Family Involvement activities of LEAP which include support, services and child-centered activities reflect the beliefs that:

- a) support, services and child-centered involvement should be responsive to the needs of families;
- b) program efforts should be family versus child-focused;
- c) program efforts should support families as decision-makers and encourage parent-professional partnerships;
- d) intervention strategies should be in congruence with family values and beliefs;
- e) intervention efforts should build upon family strengths and resources and provide families with opportunities to learn new skills; and
- f) both formal and informal sources of support should be utilized to address family concerns and priorities.

# Staffing Patterns

A variety of team members including Family Service Coordinators, Part C providers, Service Coordinators and classroom staff will work with the families who participate in these activities.

# Parent Skill Training Program

This program will focus on teaching parents the basic principles of behavior management as well as strategies for teaching children new skills. Training activities will include both didactic instruction (i.e., a behavior skill training curriculum for parents has been developed and field-tested over the last 23 years) as well as individual "practice sessions" in home and community settings. Behavior skill training will include instruction in the following areas: a) Describing your child's behavior; b) The ABCs of behavior; c) Keeping track of your child's behavior; d) Teaching your child to follow directions; e) What is reinforcement; f) How to use reinforcement with your child; g) Planning activities to increase desired behavior; h) Responding to your child's undesirable behaviors; i) Deciding what to teach your child; j) How to teach your child new skills; and k) Encouraging your child to communicate. These are the skill modules that the family service coordinator will present to parents. Parents may choose to do these in either a group or individually. Copies of all of the modules will be shared with participants.

The practice sessions focus on family-identified desired outcomes for training, both for their child and themselves. Specific intervention strategies for achieving desired outcomes (e.g., child will remain seated at the dinner table and eat a variety of food items) will be modeled (by the Family Service Coordinator) for the family in the natural environment. Family members then "practice" these skills with their child with the Family Service Coordinator providing encouragement and positive/corrective feedback. A variety of assessment measures (e.g., direct observation data, rating scales, parent reports) will be used to evaluate the effectiveness of intervention programs.

# PROPOSED SCHOOL DISTRICT TRAINING MODEL FOR 2004-2005

For 2004-2005 we propose to work intensively with one new district this coming school year. This will include the existing classroom training model with an added emphasis on the implementation of the parent training component. Our proposal for these components of our project is as follows:

- 1) The Colorado Department of Education will draft a letter proposing the opportunity to participate in intensive training to all districts across the state. These districts must offer one preschool classroom that will adopt the quality classroom strategies. To qualify for participation, the classrooms must have a ratio of <u>at least</u> 2 typically developing peers for every special needs child. For project purposes children enrolled in preschool through Head Start or the Colorado Preschool Program do qualify as typical peers however, it is our hope that some non-"at-risk" children will also be enrolled in the training classroom).
- 2) It is not a requirement that sites become full replications of LEAP. Classroom staff will choose which quality elements of the LEAP model they would like to adopt.
- 3) One new district will be selected based on their level of preparedness and overall willingness to receive the year long intensive training and support,
- 4) The participating staff from this district will commit to come to Denver for a one to two day on-site visit with 2 to 4 days of additional out of classroom training to be delivered either in Denver or at their site. Training will include a day of classroom observations at a model site with additional time for reflection (see number 5). The additional three days

of the training will involve participating in educational activities or classes related to pertinent areas including: An Overview of Autism, Dealing with Challenging Behaviors, Classroom Organization and Management, Data Collection, and Implementing the Social Skills Curriculum. For each training area we have designated objectives (training modules) to be learned, a detailed description of the skill area, activities to be completed, and criteria for module completion. Thus, trainees are provided with a permanent product in the form of an implementation manual that is available as a constant reference. Such permanent products, we know, play a critical role in sustaining long-term change in teaching practices (Osborne et al, 1993; Strain,1990).

- 5) The participating staff will spend their site visit at a model site conducting live classroom observations. One of the essential prerequisites to successful skill training with adults is establishing credibility (Trohanis, 1994). We feel that there is no better way to do this than to have staff directly demonstrate skills with children and parents. Of course, such demonstrations also have an important modeling function. Persons receiving consultation service in Colorado during the past four years responded through surveys that having strategies modeled was one of the most helpful and efficient methods for learning new teaching strategies.
- 6) The district staff will take part in discussions of skill areas between trainee(s) and trainer(s). While our field-tests of the training materials suggest that the written products are generally sufficient and stand on their own as introductory material, we are convinced that discussion of the training areas can help trainees understand how a specific skill fits within the entire model and why the skill is included in the replication package. This discussion moves skill training from the "bag of tricks" domain to a necessary conceptual frame of reference that allows adult learners to generalize skill use to new situations, persons, and challenges (Sadowski, 1993).
- 7) The LEAP staff will schedule a series of on-site visits (a minimum of every other month for 2-5 days at a time if a great distance is involved) wherein the trainees will adopt quality practices and practice with observation and feedback provided by the trainer. Once trainees have been able to read about a skill, discuss it, and see it demonstrated, they have the opportunity to practice the skill in-vivo back in their own classrooms with their own children. Trainers closely monitor these rehearsals and provide highly specific feedback on performance. It is within these actual teaching situations that trainees must demonstrate criterion performance in order to complete a skill module. It is clear that this competency-based approach is far superior to analog modes for ensuring intervention agents' competence (Kerr et al, 1979).
- 8) The LEAP Staff will assist in the start up of the Parent Skill Training Component at both the preschool and Part C level through additional

training workshops, paired family visits with district providers and attending initial parent skill training group meetings.

- 9) The LEAP trainer will provide follow-up training and consultation after intensive training has been completed, we will institute a consultative model of continued support. This may involve additional in-service training, standing weekly telephone appointments, and asking for videotaped samples of trainees provided for LEAP staff for examination to provide specific feedback on trainee performance.
- 10) The LEAP staff will evaluate trainee competency based upon a direct observation of skills. Considerable thought has been given to the primary use of direct observation to monitor skill acquisition by trainees. Admittedly, direct observation is costly vis-a-vis trainers' time. However, we are persuaded that this is the correct choice of outcome because of: a) the documented disparity between trainees' verbal or written skills and actual performance (Kerr et al., 1979); and b) the complexity of delivering effective instruction to learners with severe disabilities (Dawson, 1996).
- 11) The classroom will be open to visitors not participating in the intensive training program one week per month (accommodating over 100 visitors per year).
- 12) The LEAP staff will continue to provide follow-up consultation to sites that received their initial training in the 2003-2004 year.

# **Development of Additional Statewide Training Sites**

In order to expand the impact of our efforts and to respond to the geographic challenges of our state we propose to establish two additional training sites from our previous cohort of model sites. We would propose to target Grand Junction and Colorado Springs (District 11) for this work. Specifically we propose to:

- 1) Assist two sites in designing policies and practices to facilitate visitations to their locales.
- 2) Co-host visitors for a 3 to 4 month period to these sites.
- 3) Trouble-shoot with training sites on issues that emerge during an initial period (3 to 4 months)
- 4) Provide these sites with support, if needed, to inform their local policymakers regarding their new status as a training site.

In addition to this intensive work with school districts we will offer regional, one-day workshops on the following topics: a) linking initial evaluations, on-going assessment and functional IEP goals; b) providing peermediated social skills training; and c) preventing problem behaviors. We propose repeating these three workshops in each of four regions (12 total workshops). Participants will receive extensive written materials appropriate for children 3 to 8 years of age.