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ABSTRACT

This report describes achievements and activities of the Parent Early Evaluation of Kids (PEEK) Outreach Project at the University of Oregon. This project focused on assisting state agencies, regional and tribal entities, and local health and education programs to develop comprehensive, low-cost systems for child-find and referral. Rural and inner city areas with high concentrations of under-served children and families were especially targeted. Training modules included: (1) best practice in screening and assessment of young children, including the use of parent-completed questionnaires; (2) collaborative Child Find and public service awareness activities; (3) referral and tracking systems; and (4) evaluation of screening/tracking efforts. A training-of-trainer model was used. The project has resulted in providing assistance to state and county programs as they develop interagency, coordinated, and comprehensive systems for screening and tracking infants and preschool age children. Personnel from a variety of agencies received training in screening that focused on the inclusion of parents as partners in the screening/tracking process. Community-based personnel were provided with skills and materials to assist in screening, identifying, and referring young children. Training-of-trainers sessions were conducted to allow states to continue independently training their agency directors and service providers. (DB)

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Parent Early Evaluation of Kids:
PEEK Outreach Training Project

FINAL REPORT

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ABSTRACT

Finding and serving infants and preschool children with developmental needs is a national priority under the Individuals with Disabilities Education Act (IDEA). Although states are developing child-find and referral systems, there remain young children with developmental delays who are not identified until entry into school. Identifying and intervening with these young children in their preschool years may improve developmental outcomes, support families, and save resources for school districts and society at large.

The Parent Early Evaluation of Kids (PEEK) Outreach Project proposed to assist state agencies, regional and tribal entities, and local health and education programs to develop comprehensive, low cost systems for child-find and referral. Rural and inner city areas with high concentrations of under-served children and families were targeted. Training modules included: 1) best practice in screening and assessment of young children, including the use of parent completed questionnaires; 2) collaborative child-find and public service awareness activities; 3) referral and tracking systems; 4) evaluation of screening/tracking efforts. A training-of trainer model, coordinated through Early Intervention (Part C) and Early Childhood Special Education (Section 619) directors was proposed.

The impact for state education and public health programs was broad. State and county programs received assistance in developing interagency, coordinated and comprehensive systems for screening and tracking infants and preschool age children. Personnel from a variety of agencies received state-of-the-art training in screening, focusing on the inclusion of parents as partners in the screening/tracking process. In

addition, community -based personnel were provided with skills and materials to assist in screening, identifying, and referring young children and families to early intervention and special education and related services in a timely and effective manner. Training-of-trainers sessions were conducted to allow states to independently continue training their agency directors and service providers. The trainer-of-trainers model ensured that children and families will continue to receive direct benefits through ongoing monitoring and timely referral to services, preventing some developmental delays and reducing the sequelae of other delays.

I. Parent Early Evaluation of Kids: PEEK Outreach Training Project

Finding and serving infants and preschool age children with developmental needs is a national priority under the Individuals with Disabilities Education Act (IDEA). Furthermore, building coordinated, comprehensive, interagency systems that include parents as partners is recognized by IDEA and in best practices as being the optimal way in which child find should occur. The proposed modules for the PEEK Outreach Training Project were developed to facilitate state and county efforts in meeting Federal requirements and best practice in screening, tracking, and providing referrals for infants and young children.

The modules for PEEK training include: 1) best practice in screening and assessment of young children, including the use of parent completed questionnaires; 2) collaborative child-find and public service awareness activities; 3) referral and tracking systems; 4) evaluation of screening/tracking efforts. A training-of trainer model, coordinated through Early Intervention (Part C) and Early Childhood Special Education (Section 619) directors was used.

Although the modules remained consistent between training sites, each training was unique and different in that it reflected the needs of the state. States differed in the lead Part C agency (e.g., education, public health, health, and disabilities) and in the degree of interagency collaboration that currently existed. The content and context of PEEK training also differed by size and structure of the state. For example, in Hawaii, Idaho, and New York, statewide personnel coordinated the trainings. In California,

PEEK training sessions were most frequently coordinated by county or by individual agency representatives (e.g., Head Start, California proposition 10).

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II. Parent Early Evaluation of Kids: PEEK Outreach Training Project

Goals and Objectives

The overarching goal of the PEEK project was to improve developmental outcomes for young children and families, including enabling children with disabilities to reach higher levels of academic achievement through early identification and intervention. To improve child-find and early identifications, the following objectives were proposed.

1. To disseminate a valid and reliable child-find system that incorporated the use of a parent completed screening tool (ASQ).
2. To educate training participants about the purposes of screening.
3. To improve state child-find and tracking efforts by providing collaborative training, planning and follow-up.
4. To assist participants with an evaluation system that provides formative and summative evaluation on the use of the ASQ and on general screening and tracking efforts.

To meet the goals listed above, the following activities occurred:

a. State representatives were contacted regarding their interest in receiving training and technical support related to their child find and referral obligations under Part C of IDEA.

b. Peek staff followed up on the results of conversations with state representatives by making phone calls to the directors of the agencies identified by the state as providing child find and referral services.

c. An agency representative coordinated interagency, multidiscipline trainings for their agency staff and all community partners with the support of the PEEK personnel.

d. The content of the trainings was selected from a menu of training topics by the agency repesentative following a conversation with PEEK outreach staff. The length and depth of each training was determined by the menu selections of the agency representative.

e. Training was provided (ranging from 1 - 3 days) for each site on the requested content.

f. Follow-up training and technical assistance was provided as requested by the agency. Note that the time lapse for follow-up training ranged from the next day to three years later.

III. Conceptual Framework

A major obstacle to the delivery of appropriate early intervention service is the timely identification of infants and young children who are disabled (Bricker, 1989). This obstacle was clearly recognized by the framers of the Individuals with Disabilities Education Act (IDEA), when they required that states develop comprehensive child-find systems. Three barriers hinder the early identification of young children with disabilities. First, state funding for education and welfare programs has diminished so that fewer resources are available for establishing child-find programs (Ensher & Clark, 1994). Second, the number of infants at-risk for developmental delays has increased (Widerstrom, Mowder, & Sandal, 1997) so that states are needing to assess larger

populations of young children with potential problems. Third, while many states have established comprehensive early intervention/early childhood special education *services* (Guralnick, 1997), few have developed effective, collaborative statewide child-find *systems*. Therefore many young children with disabilities are not identified until entry in school (Bennett, Nickel, Squires, & Woodward, 1997), which can have a devastating impact on their development and later academic performance (Liptak, 1996).

In our nation, the resources available to finance education and welfare programs are diminishing at the same time as the numbers of children living in poverty and at-risk for developmental problems are increasing (Children's Defense Fund, 2002; Halpern, 1993). Currently, 19.7% of children under the age of 5 live in poverty. This percentage represents one of every five children (Children's Defense Fund, 2001); 10.8 million children have no health insurance, and 1 in 13 is born at low birth weight (Children's Defense Fund, 2002); in 1996, approximately 547,000 children were in foster care (Children's Defense Fund 2001). For minority populations these numbers are especially alarming as more than 1 in 3 black and Hispanic children are poor (U.S. Bureau of the Census, 2000). Children from poor, ethnic minority backgrounds have limited access to health and developmental screening services. For example, one-third of black and Hispanic children do not visit health care providers during the first year of life (Arcia, Keyes, Gallagher, & Herrick, 1993; Brookes-Gunn & Duncan, 1997). Children from poor environments are more likely to experience developmental and academic problems. Increased poverty rates, improved survival rates of medically fragile neonates (Piecuch, Leonard, Cooper & Sehring, 1997) and social problems such as teenage pregnancies, maternal abuse of alcohol and drugs during pregnancy, inaccessibility of prenatal care,

and child abuse and neglect are contributing to increased numbers of infants and children with developmental delays (Children's Defense Fund, 2001; Ensher & Clark, 1994; Widerstrom, 1997).

Increased numbers of young at-risk children have underscored the inadequacies of child-find systems that exist in many states. Child-find systems are inadequate for three reasons. First, professionals and paraprofessionals engaged in child-find efforts often lack formal training in the identification of young children with or at risk for developmental delays (Bricker & Widerstrom, 1996; Carlson, 1992). Training on assessment tools was rated as the number one need by early intervention/early childhood special education practitioners in Oregon (Templeman & Peters, 1997) as well as many other states (Winton, McCollum, & Catlett, 1997). In addition, many personnel also need training on family-directed assessment procedures (Berman & Shaw, 1995) that can be provided in collaborative, community-based child-find systems (Winton et al., 1997). Personnel in agencies responsible for screening and child-find in many states have requested training and technical assistance from NEC-TAS, Regional Resource Centers, and Early Education for Children with Disabilities (EEPCD) outreach projects (A. Pierce, Co-Director, Western Regional Resource Center, personal communication, November, 1997).

A second reason for inadequate child-find systems is that many states lack the resources to oversee multi-agency efforts. Rather, child-find services are scattered across local and regional programs and may operate infrequently. For child-find systems to be effective, they must be large scale efforts that are coordinated across agencies and personnel involved in health, education, and human services (Winton et al., 1997).

Third, child-find systems are inadequate because there is a need for screening methods that are economical and accurate, making efficient use of the few funds available for evaluating the increasing numbers of children who are at-risk for developmental delays. Because most screening tools require professional administration (Squires, Bricker, & Potter, 1997), many states do not have adequate funds to launch comprehensive child-find efforts. In addition, the dynamic nature of child development necessitates frequent screenings of children, at least every 4-6 months for infants and toddlers, and every 6 months for preschoolers, so that delays are identified when they first occur (Bennett et al., 1997). Again, limited resources for child-find make this follow-along screening -- also called *monitoring* or *tracking* -- prohibitively expensive. Finally, states often lack funds to coordinate the efforts of existing child-find efforts. For example, during the recent federal monitoring of IDEA services in Oregon, the lack of communication between medical practitioners and special educators regarding child-find was identified as the most serious gap in Oregon's EI/ECSE system (J. Mulholland, Oregon Dept. Of Education, personal communication, May, 1997).

Taken together, these inadequacies create a national picture of child-find that is not able to support the timely, cost-effective and accurate identification of young children needing services.

The Ages & Stages Questionnaires (ASQ) (Bricker, Squires, & Mounts, 1995) address the service delivery problems described above by: 1) permitting accurate, low-cost screening of preschool children over time; and 2) providing the core of a screening system that can be easily used by a variety of professionals and paraprofessionals. The ASQ use parents and/or primary caregivers to supply developmental information about

their young children. By using parents as screeners, a more complete picture of the child's behavioral repertoire across settings may be obtained because parents possess information about their children that may not be accessible during a brief screening examination (Squires, 1996). Therefore, in addition to being cost-effective, child-find systems using parents may be more accurate than using systems based on infrequent, professionally administered screening tools. Using parents as evaluators also meets the requirements of IDEA 97, which calls for family-centered assessment procedures.

Previous research findings

Several screening tools have been developed that use parents to assess their young children (Squires, Nickel & Eisert, 1996). One of the first tools, the Prescreening Developmental Questionnaire (PDQ) (Frankenburg, Van Doorninck, Liddell & Dick, 1976) was developed from the Denver Developmental Screening Test (DDST) (Frankenburg & Dodds, 1967) to be used by parents, and thus function as a more efficient and economical procedure to prescreen large populations of infants. Several studies, however, suggest caution in the use of the DDST and the revised DDST version, the Denver II (Borowitz & Glascoe, 1986; Glascoe & Byrne, 1993; Glascoe, Byrne, Ashford, Johnson, Chang & Strickland, 1992; Diamond, 1987; Meisels & Provence, 1989; Sciarillo, Brown, Robinson, Bennett, & Sells, 1986) with at-risk infant populations. In addition, the PDQ has not been revised to correspond to the revised Denver II (Bennett et al.,1997).

The Early Screening Inventory (ESI) developed by Meisels and Wiske (1982) was originally designed as a professionally completed developmental screening tool. More recently, the Early Screening Inventory was re-normed and the validity of the

questionnaires was significantly enhanced with the addition of an accompanying Parent Questionnaire (Meisels, Henderson, Liaw, Browning & Ten Have, 1993). Meisels et al. (1993) found that the proportion of false positives for the ESI was significantly decreased with the additional information provided in the Parent Questionnaire.

The Child Development Inventories (Ireton,1992) (formerly called the Minnesota Child Development Inventories) are three separate parent-completed instruments of 60 items asking about the child's current developmental status, possible problems, and parent concerns during the preschool years (birth-72 months). Concurrent validity with standardized measures ranges from .50-.76 for sensitivity (ability to detect delays) and .76 for specificity (ability to detect typical development) (Ireton, 1992). In addition, Ireton has developed the Child Development Review (Ireton, 1996) which combines parents' and pediatricians' observations to monitor and development and adjustment of infants and young children.

Several language development screening tools that use parents to report on children's language skills have proven valid and useful. The Language Development Survey developed by Rescorla (1989) is a vocabulary checklist for toddlers. Using several standardized developmental and language assessments, correlations with the Language Development Survey ranged from .75 to .85. The Early Language Inventory, developed by Bates, Bretherton and Snyder (1988), was found to have substantial validity as indexed by correlations with the Bayley Scales of Infant Development (Bayley, 1969) and particularly with a language subscale derived from that test. The MacArthur Communicative Development Inventories (Fenson, 1993) have also been successfully used to identify young children with intervention needs in language areas.

Although each of these tools holds promise for screening infants and young children, none was developed to employ parents to monitor their infants over time. Sequential screening/monitoring is necessary for accurate follow-along of young children (American Academy of Pediatrics, 1997; Green, 1994; Meisels & Provence, 1989) and provides for timely referral to early intervention services upon first detection of problems. Many professionals believe that providing appropriate intervention for children with disabilities at the onset of the difficulty generally yields more positive outcomes (Bricker, 1989; Guralnick, 1997; Shonkoff, J., Hauser-Cram, P, Wyngaarden Krauss, M., & Christofk Upshur, C., 1992). Low cost child-find systems are necessary if growing populations of children at-risk are to be monitored, while maintaining adequate resources for providing quality intervention services for infants with developmental disabilities and their families. To be effective, these systems need to be useful with a wide range of culturally diverse parents and children and be flexible in their administration.

Ages and Stages Questionnaires System

The Ages and Stages Questionnaires, 2nd edition (ASQ) (Squires, Potter & Bricker, 1999) is a series of parent-completed questionnaires, which were developed at the Center on Human Development. The ASQ differs from most screening tools in two important ways. First, the ASQ questionnaires are designed to be easily responded to by parents or a primary caregiver. Second, the ASQ is a series of questionnaires that permit the low-cost monitoring of at-risk infants and young children from 4 months to 5 years. The ASQ has been extensively studied since their development in 1980 (Bricker & Squires, 1989a; 1989b; Squires et al., 1995; Squires et al., 1997) and were revised and

renormed to be more culturally adaptable (Squires et al., 1997). The validity, reliability, and cost of the ASQ meet the demands of an accurate, low-cost foundation for a child-find system allowing flexible strategies for screening large populations of infants and children at risk for developmental problems. The ASQ is currently being used as the base of child-find systems in several states (Squires, 1996).

It appears that many of the existing deficiencies in state-wide screening and tracking systems for diverse populations of at-risk children could be improved using child-find systems based on the ASQ. The ASQ offers a valid, reliable and economical tool that may be easily adapted for use in large-scale screening and tracking systems.

Historically, an average of 3 requests are received per week by the Center on Human Development for training on the ASQ. Educators, public health nurses, social service personnel, and physicians request training in three primary areas: 1) Use of the ASQ and other parent-completed tools for screening and child-find; 2) Assistance with coordination and integration of existing child-find and screening programs within states and regions; 3) Training on evaluating child-find efforts including the use of computer-assisted child-find and tracking systems. While many states have local or regional screening programs, few have coordinated, ongoing efforts in which a variety of agencies use one tool to track and screen at-risk children throughout their preschool years. In many states, the ASQ can provide an interagency link among agencies that serve children and families. Sites using the ASQ on a state-wide level report the questionnaires often provide a common language and bridge for agencies responsible for serving children, thereby improving child-find efforts and increasing the numbers of children

who receive early education services.

IV. Project Design

In the PEEK Outreach Model, child-find efforts were accomplished through use of the ASQ system at periodic intervals. Specific strategies were planned individually with states and locales, depending upon a variety of factors including the state child-find plan, existing child-find/tracking systems, and training of personnel involved in child-find. The ASQ were mailed to parents, completed on-site at a clinic or school, or completed on a home visit. Cultural adaptations were made to the tool, such as substituting toys and objects used by parents with their children and providing culturally appropriate supplemental materials. Table 1 describes the PEEK Outreach Training Topics

Table 1. Menu of PEEK Training Topics

A. Child-find Systems: Early identification; Definition of terms; Characteristics of effective systems; Diversity; State child-find plan
B. Ages & Stages Questionnaires: Conceptual rationale and purpose; Research and development; Organization and structure; Content
C. Using the ASQ and other parent-completed screening tools: Administration options; Cultural/ethnic adaptations; Scoring and interpretation of results; Establishing tickler system for follow-along
D. Establishing collaborative child-find systems: Identifying agencies/personnel involved in child-find, screening;

Identifying methods and tools used in child-find; Identifying existing systems for following identified and non-identified children
E. Establishing referral and tracking systems: Definition of terms; Identifying goals, objectives, and philosophy of child-find systems; Identifying existing agencies, systems engaged in referral tracking; Outlining action plan for collaborative systems
F. Evaluating child-find systems: Definition of terms, conducting data analyses (e.g., screening rates, return rates, risk factors); Measuring parent and practitioner satisfaction; Determining cost; Measuring changes in child-find, screening practices;
G. Planning and implementing collaborative child-find systems: Individualized to sites, action plans developed and evaluated in follow-up sessions

Peek Evaluation Plan

Thorough evaluation of all program components was essential for the dual purposes of 1) structuring feedback information necessary for program improvements and modification (formative evaluation); and 2) determining overall training effectiveness (summative evaluation).

Evaluation Method/Design

Design and Analysis: Two methods were used to analyze data and information from the dependent measures. A group analysis was conducted to examine outcomes for all states (N= 19) and participants (N= 2,108). Data from Training Satisfaction Surveys were combined for the total number of training participants. These same data were examined for specific states or geographic regions and for other grouping variables such

as professional role.

Evaluation Measures. All individuals who participate in the PEEK project (e.g., direct service personnel, parents, administrators, coordinators) were asked to complete evaluation measures. The information from these individuals were used to address the evaluation questions and to make decisions and judgments about the project. A description of the evaluation form, purpose and schedule for administration can be found in Table 2. Levels of analysis for outcome measures include variables of participants (e.g., education level, job roles, populations served, field or type of agency); nature of training (e.g., number of days, how content was adapted); nature of follow-up training (e.g., adaptations to initial goals and objectives, on-site activities); and outcomes (e.g., participant satisfaction, changes in state system of service delivery, implementation progress at multiple points in time). The PEEK evaluation plan is described in Table 2.

Table 2. PEEK Outreach Evaluation Plan

Evaluation Activity	Measurement	Procedures	Time frame	Analysis
Needs Assessment	Verbal interview with the training coordinator	Each site representative was interviewed to determine needs and expectations for the training	1 month prior to training	Written agenda used to plan training and to verify that the training matches the needs
Needs Assessment verification	Interview (guided questions) with training participants	Prior to the training, participants were asked to share what they hope to get from the training	Immediately prior to training	Data was written out and then reviewed following the training
Demographic information	Survey consisting of questions that asked population demographics about attendees and those they serve. (attached)	Each training participant was asked to complete.	Immediately following the training	Data across sites were totaled for the following variables: Job Description, Type of agency, Age served, Population Served, Population ethnicity, Educational level of attendee, Work setting, program type, total number of children served.

Satisfaction information	Survey consisting of 5 likert questions with a 4 point response scale. 2 Open ended questions. (Attached)	Each training participant was asked to complete.	Immediately following the training	Frequencies and percentages for the following vaiables were reported: Content, Presentations, Presenters, Overall Quality, Ability to implement. Open ended data were reviewed for common themes.
Implementation	Follow-up phone calls were made to inquire if the training content is being implemented (e.g., ASQ screening, evaluation methods)	Site coordinator was contacted by phone	6 months following the training	Data were recorded in a file.

During the course of the PEEK grant, taining was administered to various agencies in 18 states and the District of Columbia. Table 3 lists the agencies that received training by state, the grant year in which the training occurred, additional or follow-up trainings, and the total number of participants who completed evaluations during each training.

Table 3. State agencies and number of participants for each training (N=2,108)

Site	# of Participants
Alaska	
Anchorage, Region X Head Start Association (year 2)	10
Arizona	
Chicanos por la Causa, Migrant Head Start (year 1)	38
California	
Humbolt County Office Of Education (year 2)	23
Technical Assistance (year 2)	13
Lake County - Sutter-Lakeside Community Services (Year 2)	30
Los Angeles, Childrens Institute International (year 3)	17
Los Angeles Partnership CA Prop 10 (year 3)	28
Mendocino County Office of Education (year 1)	40
technical assistance follow up	40
Monterey County Department of Health (year 1)	41
Napa County Health and Human Services (year 3)	16
Alameda County: Training of trainers (carry-over)	17
Placer County Community Action (year 2)	67
Technical Assistance (year 2)	52
Training of trainers (year 2)	18
Salinas Public Health/Social Services (year 2)	40
San Jose (year 2)	18
San Mateo Pre-to-Three (year 1)	39
San Mateo Early Head Start (year 2)	11
Santa Monica/Malibu Unified School District (year 3)	16
Sonoma County Ofc. Of Education (year 1)	22
Venice Family Clinic (year 1)	14
Follow up technical assistance (year3)	16
Ventura EHS (year 3)	17
Woodland Head Start Programs (year 2)	21
Training of Trainers and Technical Assistance	16
Florida	
Healthy Families (year 1)	
Panama City	81
Sarasota	36

+ training of trainers	
St. Petersberg Child Care	9
Statewide children's forum	19
Hawaii	
Healthy Start	
Kona (year 3)	13
Hilo (year 3)	20
Kauai (year 3)	11
Molokai (year 3)	7
Maui (year 3)	20
Oahu (2 sites) (year 3)	25
+training of trainers (year 3)	33
+technical assistance	16
Idaho	
Latah County Department of Health (year 3)	15
IdahoMigrant Head Start	85
Training of Trainers	69
State Part C coordination (year 3)	12
University of Idaho extension (year 2)	34
Kentucky	
Louisville Family and Children's Agency	25
Massachusetts	
Cambridge interdisciplinary training (carry over)	27
Michigan (Wayne County office of education)	
Wayne County Early Childhood (year 1)	41
Wayne County Early Childhood Referral and Resource (year 1)	16
Wayne County follow-up Technical Assistance (year 1)	28
Wayne County Training of Trainers (year 1)	12
Wayne County Mercy Hospital - Technical Assistance	21
Missouri	
National Parents as Teachers: Training of Trainers	10
Montana	
Butte - Aware Inc (year 3)	28
Great Falls - Public Health (year 3)	18
Billings - Young families (year 3)	21
Nebraska	
Lincoln Action Program (year 1)	11

New York	
New York Department of Health; Community Health workers Program	
Syracuse	53
+ training of trainers	16
New York	36
+ training of trainers	21
North Carolina	
Ashville Project TOTS (year 1)	18
+ Technical Assistance and training of trainers	28
Salem College (child care providers) (year 2)	34
Oregon	
Coos Bay (year 1)	16
Corvallis Healthy Start (year 1)	27
Lane Community College (year 1)	13
Follow-up Technical Assistance	14
Follow-up Technical Assistance	31
Oregon Migrant Head Start (year 1)	17
Salem/Willamette Educational School District (year 2)	33
Salem Family Building Blocks	31
Yamhill County Head Start (year 1)	12
South Dakota	
Spearhead (year 2)	41
West Virginia	
W. VA state conf on Maternal and Child Health (year 2)	22
Releigh County Schools (year 3)	26
Washington	
Kent Early Head Start (Year 2)	40
Moses Lake (Carry Over)	67
Seattle Early Head Start	21
Yakima Village Children's village (Year 2)	34
Washington DC -	
National Migrant Head Start (Years 2)	14
+ training of trainers	

PEEK Training Activities

The three sample agendas presented here depict the range of topics that were included in the PEEK trainings. Each agenda was somewhat modified based upon the individual needs of the agency as determined by the pre-training interview. The first sample agenda is didactic in nature and presents general information related to screening and monitoring young children. This agenda also teaches users to score and interpret the questionnaires. Hands on experiences include a case study and a role-play activity in which one participant acts as a service provider and another a parent.

The second sample agenda addresses the needs of agencies and communities in implementing the ASQ system. Often the focus of this agenda was to build internal policies and procedures and to assist with community partnerships. Typically, these meetings were attended by representatives of community collaboratives and interagency agencies.

The third sample agenda represents a training of trainer session. These occured when the agencies committed to wide scale use of the ASQ questionnaires and wanted to continue with internal training of personnel.

Agenda 1 – Initial training

09:00-09:30	Introductions Pre-evaluation
09:30-10:00	General information on screening and monitoring Child find and public awareness component of IDEA Best practice in screening procedures
10:00-10:30	Issues Specific to the ASQ Using parents in the screening process (validity of parents) Validity, reliability and normative sample
10:30-10:45	Break

10:45-11:10 Features of the Questionnaires

11:10-12:00 Scoring exercise
- Scoring and completing the questionnaire
- Interpreting results of the questionnaire
- Follow-up referrals and recommendations

Video tape: Using the ASQ on a home visit

12:00-01:00 Lunch

01:00-01:45 Small group case studies
- Practice in scoring a questionnaire
- Practice in interpreting the results of a questionnaire
- Practice in deciding appropriate follow-up activities based upon a questionnaire.

01:45-2:30 Effectively communicating results of the questionnaires
- Role play activity

02:30-2:45 Break

02:45-3:15 Implementation issues unique to the ASQ
- Method of implementation
- Managing Data
- Tracking referrals
- Monitoring

03:15-03:45 Benefits and challenges to using the ASQ

03:45-04:00 Post-training evaluation, follow-up, questions

Agenda 2: Follow-Up Technical Assistance

09:00-09:30 Introductions - representative's description of agency mission and services.

09:30-10:30 Development of group mission for screening and monitoring

10:30-10:45 Break

10:45-11:15 Development procedures for handling incoming and outgoing referrals (within agency)

11:15-12:00 Identification of needs for interagency collaboration regarding screening, monitoring and referrals

12:00-01:00	Work groups to propose policies and procedures that address identified needs.
01:00-02:30	Group sharing from work groups
02:30-02:45	Break
02:45-3:30	Development of unified plan, interagency agreements, and timelines for implementation
3:30-4:00	Evaluation

Agenda 3 – Trainer or Trainers

09:00-09:30	Introductions, past experiences with ASQ system
09:30-10:30	Review of initial training, review of handouts
10:30 –10:45	Break
10:45-11:30	Participants practice presenting the introductory sections to each other while in pairs.
11:30-12:00	Participants practice scoring exercise with each other while in pairs.
12:00-01:00	Lunch
01:00-02:00	Participants develop site specific case studies and role plays
02:00-02:15	Break
02:15-03:15	Preparing for frequently asked questions, preventing common errors made by users, and avoiding pitfalls.
03:15-03:45	Group practice
03:45-04:00	Evaluation

Each site had the flexibility to decide which elements of the PEEK trainings they wanted and when they wanted the trainings. In many cases, programs would request a stand-alone training with technical assistance and training of trainers at a later date. On occasion, the sites would want the technical assistance and training of trainers at the same

time as the initial training. Table 3. lists the type of PEEK training each site received and the grant year in which that training occurred.

V. Evaluation Findings

Training Participants

The initial and follow-up training sites included data for 2,108 participants over a 3-year period. Each participant completed the Participant Demographic Questionnaire contained in Appendix A. Participants did not always complete each item on the questionnaire so the total number of responses to that item accompanies each variable. The data are summarized in tables 4-7.

Educational Level of Participants

Participants in the ASQ trainings represented a diverse range of educational levels. The majority of participants had either 4 year or advanced college degrees (53%). Numerous participants had completed high school and had attended some college (38%). Less than 5% of the attendees had less than a high school education. The diversity represented in these data were reflected in the diversity of participants that attended each training. It was not uncommon to have parents, paraprofessionals and professionals sitting next to each other during trainings. This is consistent with the collaborative nature of child find.

Table 4. Educational level of participants (N=1871)*

Educational Level	Number of Respondants	Percent
6 years or less	43	2.3%
Partial High School	45	2.4%
High School degree	204	10.89%
Partial collage/AA	575	27.48%
4 year college degree	566	30.20%
Graduate school degree	438	23.37%

* 63 respondents left this blank

Occupation of Participants

Attendees were asked to indicate their job description to determine which disciplines and professions that were involved in screening young children. The greatest percent or participants were teachers/early interventionists (31.03%) and direct service providers (17.6%). Coordinators (16.86%), administrators (9.01%) and parents (9.96) also attended the PEEK trainings. Interdisciplinary participation in early screening was evident by the attendance of related specialists such as social workers (11.91%) and nurses (9.96%). Other specialists in the field such as counselors, therapists, and speech and language consultants made up a smaller percentage of attendees. Interestingly, 24.2% of attendees indicated that they had "other" job descriptions.

Table 5. Occupation of Respondents (N=2670)*

Occupation	Number of Participants	Percent
Parent/Primary caregiver	189	9.96
Administrator	171	9.01
Coordinator	320	16.86
Direct service provider	334	17.6
Social worker	226	11.91
Therapist (OT/PT)	29	1.53
Counselor	64	3.37

Teacher/Early Interventionist	589	31.03
Speech/Language consultant	11	.58
Nurse	189	9.96
Physician	7	.37
Student	82	4.32
Other	459	24.20

* Some respondents indicated more than one response

Agency Affiliation of Participants

Participants were asked to identify the type of agency they worked for or the field that the agency best represents. The predominant agencies involved with the PEEK training project were educational (40.21%). Interagency participation in the trainings was evident by agencies representing other fields such as social services (25.48%), public health (17.5%), and mental health (5.53%). There was minimal representation from legal services (.74%) and law enforcement (.16%). A number of attendees indicated that they represented "other" agencies not represented on the form (20.64%).

Table 6. Field/Agency Respondents (N=2327)*

Field/Agency	Number of Participants	Percent
Parent/Caregiver	181	9.63
Public Health	329	17.5
Education	756	40.21
Social Service	479	25.48
Medical	73	3.88
Law Enforcement	3	.16
Legal Service	14	.74
Mental Health	104	5.53
Other	388	20.64

* Some participants indicated affiliations with multiple agencies

Geographic Work Setting of Participants

Participants were asked to identify the geographic density of the area in which they work. Agencies that participated in PEEK trainings appeared to equally span rural (31.29%) and urban (29.78%) areas and many participants indicated that they served both types of areas (29.78%)

Table 7. Work Setting of Respondents (N=1881)*

Work Setting	Number of Participants	Percent
Rural	581	31.29
Combination	673	36.34
Urban	553	29.78
Other	74	3.98

*Some participants indicated multiple work settings, others did not respond to the item.

Service Delivery Model used by Participants

Participants were asked to identify the service delivery model used by the agency they represented. The majority of respondents indicated they worked for a home-based agency (36.24%) closely followed by a center-based model (31.29%). Of respondents, 29.78% worked for agencies that combine home visiting with center-based services.

Table 8. Service Delivery Model of Participant's Program (N=1881)*

Service Delivery	Number of Participants	Percent
Center based	581	31.29
Home based	673	36.24
Combination	553	29.78
Other	74	3.98

* Some respondents did not respond to this item.

Age of Population served by Participants

Participants were asked to identify the age of the population that they served in their agencies. Participants predominantly served children birth to three (76.22%) and over half served children three to five (52.26). There were participants in the PEEK trainings that worked with populations older than 5 (39%). Participants who viewed themselves as parent educators or supervisors indicated that they worked mostly with adults (20.76).

Table 9. Age of Population Served by Respondents (N=3159)*

Age of Population Served	Number of Participants	Percent
0-3 years	1436	76.22
3-6 years	984	52.26
6-18 years	348	18.47
Adult	391	20.76

*Many respondents work with children Birth-3, 3-5, and parents therefore indicated multiple responses

Ethnicity of Population Served

Participants were asked to identify the ethnicity of the population they served. The majority of respondents served children who were White (non-Hispanic) 68.11% and Hispanic/Chicano/Latino (67.10%). Programs also served children who were Black/African American (49.95%), Asian/Pacific Islander (33.92%), and Native American/Alaskan (31.03%). Respondents in this category responded to multiple responses if they served more than one ethnic group.

Table 10. Ethnicity of Population Served by Respondents (N=4667)*

Ethnicity of Population Served	Number of Participants	Percent
Hispanic/Chicano/Latino	1252	67.10
Native American/Alaskan Native	579	31.03
Asian/Pacific Islander	633	33.92
Black/African American (Non Hispanic)	932	49.95
White (Non Hispanic)	1271	68.11

* Respondents replied to more than one category

Participants were asked to indicate the type of population they serve based upon risk or non-risk status. Respondents indicated that many served populations with environmental risk factors (40.10%) and biological/medical risk factors (36.31%). About one-fourth of respondents however indicated that they also served non-risk populations of infants, toddlers and preschoolers (24.75%) and families (8.44%)

Table 11. Description of population served (2052)*

Description of population	Number of Participants	Percent
Biological/Medical Risk	680	36.31
Environmental Risk	751	40.10
General Infant/Toddler/Preschool	463	24.72
Families	158	8.44

*Respondents replied to more than one category

Evaluation Results on Training Content

Evaluation data on the content, presentation, and presenters were collected using the Training Evaluation Kit (TEK) developed by Browning and Foss (1977). Table 12 presents the mean ratings and standard deviations for the combined PEEK trainings. The number of survey respondents was 2108. Overall the participants rated the training content, presentation and presenters between 3 –4 on the scale in which 1 equals the

poorest rating and 4 equals the highest. Of high interest to the PEEK project was the participants' ability to implement the training content. According to the evaluation data collected, participants indicated a high ability to implement the content of the PEEK training (e.g., effective child find, screening and referral within an interdisciplinary context.

Table 12. Mean Evaluation of PEEK trainings across sites (N=2108)

Items Rated on Evaluation		Mean (Scale: 1=low, 4=high)	Standard Deviation
Content	Informative	3.34	.56
	Relevant	3.66	1.65
	Useful	3.67	.59
Presentations	Clear Objectives	3.67	.59
	Organized	3.63	.62
	Involving	3.63	.65
Presenters	Knowledgeable	3.58	.45
	Articulate	3.80	.55
	Engaging	3.71	.63
Overall Quality of Training		3.62	.58
Ability to Implement Training		3.65	.64

VI. Conclusion

The PEEK project focused on four broad-based goals. In review, the goals were as follows:

1. To disseminate a valid and reliable child-find system that incorporated the use of a parent completed screening tool (ASQ).
2. To educate training participants about the purposes of screening.
3. To improve state child-find and tracking efforts by providing collaborative training, planning and follow-up.

4. To improve state child-find and tracking efforts by providing collaborative training, planning and follow-up.

Over the course of the grant period, PEEK staff provided training to 2,108 individuals in 19 states and/or territories. Participants from the trainings reported that they were highly informative and relevant. Most importantly, participants responded that they were able to implement the results of the training into their programs. Training participants represented multiple disciplines, assisting with the collaborative focus of child find systems within communities.

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