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PEP Talks: Partnerships for Educational Planning Talks

Audra Sitterly

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PEP TALKS: PARTNERSHIPS FOR EDUCATIONAL PLANNING TALKS

A Doctoral Capstone Project
Submitted to the Rangos School of Health Sciences

Duquesne University
In partial fulfillment of the requirements for
the degree of Occupational Therapy Doctorate

By
Audra Sitterly

December 2016
ABSTRACT

PEP TALKS: PARTNERSHIPS FOR EDUCATIONAL PLANNING TALKS

By
Audra Sitterly
December 2016

Doctoral Capstone Project supervised by Dr. Jeryl Benson

The PEP TALKS: Partnership for Education Planning Talks was an addition to the programs already offered at Butler County Children’s Center (BCCC). The goals of this program were to increase ease with transition for families from Early Intervention to Preschool Special Education services, to increase the advocacy material parent educators provide to parents of children birth to three transitioning out of early head start programs, and to increase parent understanding, satisfaction, and participation with the IEP process. In order to accomplish these goals, educational materials were developed and presented to parents in individual and group settings, and current parent educators at the Butler County Children’s Center (BCCC) were trained on the implementation of educational materials to ensure sustained use of resources.
ACKNOWLEDGEMENT

I would like to thank everyone who contributed to my Doctoral Experience and made this journey possible.

To everyone at Butler County Children’s Center, thank you for welcoming me with open arms, and providing me the opportunity to implement my program as I had envisioned it. A special thank you to all of the children and families that participated in the program, as well as the parent educators that guided me in this process.

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LIST OF ABBREVIATIONS

BCCC – Butler County Children’s Center

IEP – Individualized Education Program

IFSP – Individualized Family Service Plan
Chapter One

The Practice Scholar Capstone Project

Problem Statement

With the poverty level in Butler County being almost 9% (U.S. Census Bureau, 2015), and the amount of children with disabilities receiving head start/early intervention services increasing (Brault, 2011), the transition process for parents from early intervention to preschool special education is challenging and increasingly important to address. An increased push for parental involvement in transition and in school-based meetings (IDEA Section 614(d) (1)(B)), has led to an important shift that all members of the Individualized Education Program (IEP) team are educated and knowledgeable about the IEP process, the educational model and services offered by support therapies, including occupational therapy. Currently, the transition and team meetings often do not run as the Individuals with Disabilities Education Act (IDEA) has envisioned them and team members often leave with negative feelings towards the process. The literature supports a need for parent education to increase sufficient knowledge to ease the transition process, effectively contribute to IEP documents and collaborate in IEP team meetings (Connelly, 2007; Fish, 2008; Plunge & Kratochwill, 1995).

Needs Assessment

The Butler County Children’s Center, Inc. (BCCC) is a non-profit organization that provides children’s programs and services for families across Butler County. The BCCC mission is to “provide a variety of children’s programs and quality services designed to meet the comprehensive needs of families” (Butler County Children’s Center, Inc., 2016a). The BCCC currently offers services to children and families through five different programs: Head Start, Early Head Start, Child Care, Kindergarten, and Pre-K Counts (Butler County Children’s Center,
Inc., 2016d). The Early Head Start is a child development and family services program that is offered for children birth to 3 years old and their families based on income guidelines (Butler County Children’s Center, Inc., 2016c). Families in this program receive weekly home visits from a parent educator, focusing on child development, safety, nutrition, and family goals; as well as playgroups twice a month for parents and children to socialize and share experiences (Butler County Children’s Center, Inc., 2016c). All services offered through Early Head Start are free for families, and have the goal of supporting parents in their role as the child’s most important teacher (Butler County Children’s Center, Inc., 2016c). There are not occupational therapists employed through the BCCC, but many of the children in Early Head Start have Individualized Family Service Plans and are receiving services (occupational therapy, physical therapy, developmental, speech therapy) through early intervention.

A needs assessment was completed following the Three-Phase Model (Finlayson, 2006). The Three-Phase Model is a tool that facilitates the planning of a needs assessment (Finlayson, 2006). This model consists of three phases, the pre-assessment phase, the assessment phase, and the post-assessment phase (Finlayson, 2006). In the pre-assessment phase, the needs assessment team learns about the social and political context of the community (Finlayson, 2006). The pre-assessment phase of this needs assessment included visiting and shadowing BCCC staff parent educators. There are 8 parent educators employed with the BCCC working with families of children birth-three years old with IFSPs. Parent educators working at the site are expected to see 10-13 families/children per week, and typical interventions sessions focus on child development, safety, nutrition and family goals. In the assessment phase, the needs assessment team plans data collection, determines resources/budget/timeline, gathers data and analyzes findings (Finlayson, 2006). An in-person conversation occurred with the Early Head Start Program Manager, Kathy
Frederick, in which the current program and needs of the site were discussed. Kathy identified a need to increase the volume and quality of advocacy information that families receive, as well as information for parent educators regarding advocacy and the transition process of children out of early head start. The site supervisor and parent educator’s working at the site were interviewed to determine their perspectives about prioritized needs. Some of the questions included: (1) If you could add a new program that would enhance the services provided by the BCCC what would it be? (2) What are the BCCC’s greatest strengths? And (3) I am interested to find out more about parent’s experiences in IEP meetings. Can you tell me about your experiences with parents in IEP meetings?

One of the strengths that was identified by the staff at BCCC was the number of families that this organization serves. With a variety of services and programs offered for children of all ages, BCCC is able to work with many families spread all over Butler County. Another identified strength was the amount of professional development opportunities and trainings offered to BCCC staff. The last strength identified was the dedication of the BCCC to increasing services and opportunities for low-income families in Butler County. They are always seeking opportunities to provide additional services to these families and enhance the quality of services to meet the comprehensive needs of these families.

Along with providing strengths of working at BCCC, the staff also identified areas for improvement. One recommendation was increased collaboration between staff members both inside and outside of the agency. Many of the families receiving services through BCCC also receive services from other organizations such as Children and Youth, Totin Family Services, Center for Community Resources, and Kids Count Family Psychological. BCCC staff reported if they were able to better collaborate with these agencies, they would be able to support the family
in a more holistic way. Another recommendation was to increase the knowledge parents have of the IEP process. When families have a child with a disability, they are asked to participate in transition meetings and IEP meetings, but often have very little to contribute. With more education on these processes, the families may be better able to participate in a manner that ensures their children are receiving the best services possible.

In the last phase, the post-assessment phase, the needs of the community were translated into priorities for action and potential solutions are identified (Finlayson, 2006). After presenting an analysis of the literature and meeting with individuals working at BCCC, priorities for program development were identified. The priorities that were identified in order for BCCC to increase quality of services were to increase education parents receive regarding advocacy and the IEP process, increase parent satisfaction and involvement with the IEP process, and increase resources parent educators use with families regarding advocacy. In order to do this, educational materials were created for parents of children in early head start to increase their understanding of the IEP process, as well as their role in advocating for their child.

Aim and Purpose

Through this project, parents were educated on the transition process from early intervention to preschool special education and the IEP process, in order to increase collaboration and participation in IEP meetings, ensuring the child is receiving the services he/she needs. The goals of the program were to (1) define what an IEP is, how the process works, and define team member roles (2) explain the transition process from early intervention to preschool special education (3) develop evidence-based educational materials for parents of children birth-three years old in early head start programs, (4) train current parent educators at BCCC on implementation of advocacy education into intervention. Parents of children in early
head start received 1-on-1 instruction, and attend two informational sessions focusing on the IEP process, and “related services” as defined by IDEA. The parent educators currently working at BCCC, attended a 2-hour in-service presenting information on advocacy and how to incorporate into their weekly intervention sessions. Through this program, parents may become more informed about the transition and IEP processes, ultimately increasing satisfaction and congruency in IEP meetings.
Chapter Two

Review of Relevant Literature

Introduction

Of the 186,818 people living in Butler County, Pennsylvania, almost 9% are living in poverty (U.S. Census Bureau, 2015). All pregnant women, and families with children age birth-3 years old living in poverty are eligible for Early Head Start Services (EHS). In Butler County specifically, 86 children/families are enrolled in EHS. Of these children, 27 or 31% qualify for early intervention services and have an individualized family service plan (IFSP) (Butler County Children’s Center, Inc., 2016b). These children will transition into school-based services at age 3, contributing to the increase of children with disabilities in public school settings (Brault, 2010). Special education laws mandate that families be considered full partners in the transition process, and development/revision of their child’s IEP (IDEA Section 614(d) (1)(B), n.d.). Due to the increasing number of children with IEP’s in public school settings, and the mandated parental involvement during the transition process and IEP meetings, parents must be knowledgeable about how the transition occurs and what to expect during the IEP process. Despite these guidelines, parents often lack sufficient knowledge of the components of the transition process, and report the transition as stressful and uncomfortable (Connelly, 2007; Pany, 2010). Reports also show parents are often dissatisfied with Special Education Services, specifically the IEP process (Fish, 2006). Parents express that much of this frustration results from their lack of understanding of special education laws, confusion with the IEP process, and a feeling of being disconnected from the rest of the IEP team (Fish, 2006; Fish, 2008; Zeitlin & Curcic, 2013). This raises several questions about whether parents of children with disabilities are provided adequate education about the transition process including, what are parent’s overall
feelings regarding the transition and IEP processes, what are the primary barriers/factors they feel may cause negative experiences, and what facilitates positive experiences within the transition processes?

**Synthesis of the Literature**

In 2010, it was reported that of the 53.9 million school-aged children in the United States, about 2.8 million or 5.2% were reported to have a disability (Brault, 2011). More specifically, in Pittsburgh, Pennsylvania, greater than 6 percent of children enrolled in public schools were reported to have a disability (Brault, 2011). Since the Individuals with Disabilities Education Act (IDEA) was enacted in 1990, children with disabilities have been entitled to a free appropriate public education that meets each individual’s unique needs (U.S. Department of Education, 2010). In the past, children were initially segregated or put in institutions, but with the addition of IDEA children began attending local public schools and receiving accommodations to allow them the opportunity to be successful in an inclusive setting. Along with expanding the opportunities for children with disabilities, IDEA also incorporated families and considers them partners in meeting the educational needs of the child (U.S. Department of Education, 2010). Thus parents of children with disabilities are recognized members of the Individualized Education Program Team with responsibility for engaging in the transition process for early intervention to preschool special education, and contributing to the development/revisions of their child’s IEP (IDEA Section 614(d) (1)(B), n.d.).

Section 619 in IDEA requires a “smooth and effective transition” from early intervention to preschool special education services (Connelly, 2007). Though a smooth transition is required by law, families often report that the entire transition experience was stressful and uncomfortable (Connelly, 2007; Pang, 2010). Families that should be making decisions about intervention
strategies, child’s placement, and transition goals, instead often report feeling left out of the process (Pang, 2010). Hanson et al. (2000) interviewed 22 families with a child transitioning out of early intervention into preschool special education and found that most families did not feel as though the transition was a process. Parents reported knowing a transition was occurring, but lacking specific knowledge of the tasks and components of the process (Hanson et al., 2000). Positive experiences occurred when families received basic information about the transition process, visited preschool programs, or were knowledgeable about the transition process from early on (Hanson et al., 2000). Similarly, Podvey, Hinojosa & Koenig (2013) interviewed 6 families with children transitioning to preschool programs and found that parents felt as “outsiders” in the transition process. In early intervention (EI), parents are required to be actively involved with the EI professionals, but in the school-system the model switches to client-centered, and parents have less of an active role (Podvey, Hinojosa & Koenig, 2013). Podvey, Hinojosa and Koenig (2013) have argues that in order to eliminate confusion and increase parental involvement, professionals need to educate families on the transition process, and the differences in services between early intervention and preschool special education.

When developing and revising the IEP, the strengths of the child, the educational concerns of the parents, the results of evaluations, and the needs of the child all must be considered (IDEA Section 614(d)(3)(A)). Parents are not the only contributors to the IEP document, but they can play a fundamental role in establishing the IEP, which can ultimately influence their child’s future. Parents are more likely to make significant contributions to the process if they understand the needs of their child and have knowledge of the typical educational curriculum and special education services available. Even though parental input and contribution to the IEP document is important, parents are often unprepared to contribute to this role. Fish
(2008) surveyed 51 parents of students receiving special education services and found many parents did not feel that school personnel conveyed sufficient knowledge of the IEP process. Almost half of the participants reported that the knowledge they did have came from self-education (Fish, 2008). Similarly, Plunge & Kratochwill (1995) sent questionnaires to 200 parents with children receiving special education services and concluded that these parents also lacked an understanding of the school systems and special education services offered (Plunge & Kratochwill, 1995). Esquivel, Ryan & Bonner (2008) surveyed 17 parents of children receiving special education services. Based on the literature, to follow with the IDEA standards, parents of children with disabilities could benefit from further education on the educational model and their roles/responsibilities within the system.

While many of these studies reported negative experiences during IEP meetings, characteristics leading to positive experiences have also been reported. For example, when meetings were more collaborative in nature, with a common understanding of the child’s strengths, needs, and future goals, the IEP meetings were viewed as positive experiences (Fish, 2006; Goepel, 2009; Zeitlin & Curcic, 2013). Participation of all of the team members and honest dialogue between members were major contributors to a parent’s positive experiences of IEP meetings (Esquivel, Ryan & Bonner, 2008). Many parents have reported that they felt more involved in the process when they took on active roles in setting goals for their child and advocating for supports, or volunteering for support roles in their child’s classroom (Underwood, 2010). If programs were created to support parents in learning how to set goals, taking an active role in the IEP, it is possible that parents would experience the IEP process in a much more positive way.
Chapter Three

Theoretical, Conceptual or Quality Improvement Framework

The Person-Environment-Occupation-Performance Model (PEOP) was chosen as the OT theory to guide this program because it is a client centered approach that focuses on the interaction between the person, environment, occupation, and performance (Christiansen, Baum & Bass, 2015). In this model the factors of the person (physiological, cognitive, spiritual, neurobehavioral and psychological), the environment (social supports, social and economic systems, culture and values, built environment, and natural environment), and the occupation (roles, tasks, activities) all contribute to the occupational performance (Cole & Tufano, 2008). If one part of the interaction is impaired, the entire occupational performance is affected.

The PEP TALKS program uses the PEOP model as a guide to increase the quality of services children with disabilities in school-settings receive, ultimately increasing the occupational performance of students. First, to address the needs of the person, the program increases the knowledge parents of children in early head start have regarding their role in advocacy and the IEP process. The program also addresses the needs of the person by increasing parent/caregiver ability to support the child at home and in school, including an increase in participation in IEP meetings. The program addresses the environmental needs, by educating parent educators in a professional development training session. By increasing parent educator use of advocacy resources, knowledge regarding IEP/transition processes, and increasing collaboration with the early intervention organization, the context the families are in will be impacted, allowing them to increase performance. The occupations that the PEP Talks program addressed are the parent’s involvement and participation in the transition processes and team meetings that parents/guardians are encouraged to attend. By supporting the education of the
person, enhancing the environment and introducing supports, and addressing the parent/guardian role in the transition and IEP processes, the parent/guardian’s willingness and ability to participate in transition and IEP processes (performance) will be influenced. Using the PEOP model as a guide, parents/guardians will be more actively engaged in the transition and IEP processes, ultimately increasing the quality of services the children receive. With these changes and the quality of services offered, children with disabilities will have increased opportunities to fully participate and engage in the classroom, thus increasing their occupational performance.
Chapter Four

Description of The Practice Scholar Capstone Project

Title of Project: PEP Talks: Partnerships for Educational Planning Talks

Overall Program Goals:

Goal: 90% of parents who complete this program will demonstrate an increased knowledge of the IEP process via pre-/post-test in 4 months.
   Objective: 80% of parents who complete this program will accurately define the educational model in 1 sentence in 4 months.
   Objective: 75% of parents who complete the program will share one application of what they learned during the process in 4 months.
   Objective: 50% of parents who complete this program will report continued use of materials as a reference point during IEP meetings in 4 months.

Goal: 90% of parents that complete this program will demonstrate increased participation with IEP process via pre-/post-survey in 6 months.
   Objective: 80% of parents who complete this program will develop 1 SMART goal that could be included in an IEP in a school-based setting in 4 months.
   Objective: 50% of parents who complete this program will ask or answer 1 question in a mock IEP role-play setting to increase participation in a group setting in 4 months.

Goal: 90% of parent educators who attend the in-service will implement 50% of recommendations offered by OTD student to demonstrate an increase in advocacy resources used during weekly sessions in 6 months.
   Objective: 90% of parent educators who complete this program will describe in writing 3 components of the transition process from early intervention to preschool special education in 4 months.
   Objective: 90% of parent educators who complete the in-service will create one goal to incorporate a recommendation/resource into their interventions in 4 months.

Program Description

New/Existing

The proposed program was in addition to the programs already offered at BCCC and occurred in 2 parts. The first was individual educational sessions offered in the families’ homes during their weekly visits from the parent educators, and the second was group sessions located
at BCCC’s Mt. Chestnut site. Both components occurred in addition to the services already being provided to the families.

Theoretical Framework

The Person-Environment-Occupation-Performance Model (PEOP) is used to guide this program because it is a client-centered approach that focuses on the interaction between the person, environment, occupation, and performance (Cole & Tufano, 2008). The program addressed the needs of the person by increasing the knowledge parents of children with disabilities have regarding the transition from early intervention to preschool services, and the IEP process. The program addressed the environmental needs, by educating parent educators on advocacy, increasing knowledge regarding IEP/transition processes, and increasing collaboration with the Midwestern Intermediate Unit IV. By supporting the education of the person, and enhancing the environment, there will be an increase in satisfaction and involvement from parents/caregivers in the IEP process, and more collaboration between team members. Ultimately these factors aim to increase the quality of services children with disabilities receive in the public school setting.

Rationale for Program Design

The main components of the program include individual and group parent information sessions, and a group training session for parent educators at BCCC. Individual sessions are an effective way to provide information to parents, as it has been proven to increase knowledge compared to usual care (Friedman, Crosby, Boyko, Hatton-Bauer & Turnbull, 2010). During the individual sessions, both direct instruction and written information were provided. This combination of written and verbal information has been shown to decrease confusion and increase knowledge significantly, and was an effective way to teach parents of children with
disabilities about the transition and IEP processes (Friedman, Crosby, Boyko, Hatton-Bauer & Turnbull, 2010). Information sessions also occurred in groups with both the parents and parent educators. Group sessions are a way to increase understanding of information for individuals, and have been proven to allow individuals to remember more information (Friedman, Crosby, Boyko, Hatton-Bauer & Turnbull, 2010). Along with that, group sessions allow peers to support and encourage one another, as well as to practice skills needed to work effectively in a group (Jackson et al., 2014). This is extremely necessary, as both parents and parent educators will be involved in IFSP/IEP team meetings, and will need the skills to work collaboratively.

Sample or Population

The PEP Talks Program is a pilot program that was designed to increase the knowledge of low-income caregivers with a child with a disability on the transition and IEP processes and to gather data to evaluate program outcomes. All caregivers of children with a disability between the ages of 24-36 months that were enrolled in early head start at the Butler County Children’s Center from May-August were eligible for the program. The program developer sought to include 5-10 families.

This convenience sample was drawn from the families enrolled in Early Head Start at the Butler County Children’s Center (BCCC). The primary investigator had access to a database (N=27) of families that have a child with a disability enrolled in Early Head Start at BCCC. Both the Early Head Start Program Manager and Parent Educators that work in-home with the families recommended families appropriate for the program. A flyer explaining the primary investigator’s (PI) objectives was provided to recommended families (See Appendix B). In order to be included in this pilot program subjects wishing to participate must have had a child with a disability between the ages of 24-36 months with a current IFSP, and who was at the beginning of the
transition process between early intervention and preschool special education. The program was designed to admit the first 11 subjects who meet the inclusion criteria and gave consent to be selected for participation in the program.

Each participant recruited into the PEP Talks Program was asked to sign a Consent to Participate in a Research Study form (Appendix C.) before the data collection procedures. Consent was obtained prior to beginning the pilot program (PEP Talks). The purpose, risks and benefits of the study are detailed with participants and their parent or guardian. Strategies for confidentiality were pointed out on the consent form and reiterated verbally. Two signed copies of informed consent were collected. One copy remained with the participant and the Primary Investigator (PI) retained the other copy, which was maintained in a locked cabinet in the PI’s office. Respondents who did not agree to the terms of the study did not participate in the PEP Talks Program.

Program Structure

The specific components of the program included designing and developing educational materials, conducting individual and group parent information sessions, and training staff members on implementing the educational materials for continued use. The educational materials that were created included handouts explaining the transition process from early intervention services to preschool special education, defining components and terminology used in IEPs and how the IEP process works, and explaining team member’s roles and “related services” according to IDEA. This information was provided to parents of children with disabilities as their child is reaching transition age (30 months), and for reference should future questions arise. Plunge & Kratochwill (1995) found that parents often had difficulty understanding terminology
commonly used by professionals, so educational materials are a great way to provide that type of information.

For parents of children with disabilities transitioning from early intervention to preschool special education, one-on-one and group informational sessions were implemented. Individual sessions occurred in the family’s home, and began 1-2 weeks prior to the child’s transition meeting. Parents were provided information on the difference in services from EI in the home to special education in preschool, how the transition process occurs, differences between an IFSP and IEP including terminology, and the IEP process. Informational sessions occurred for 60-90 minutes at a time, and lasted until the parent felt comfortable with the information presented, and did not feel that further education was necessary.

The group information sessions occurred two times, in which the leader delivered the educational information, then the participants (parents) were able to share experiences and ask additional questions. This approach allowed the group to effectively build rapport, and allowed opportunities for parents to meet each other, share stores about their experiences, and learn fundamental information regarding the transition and IEP processes. The first group session was centered on the transition process (how to prepare for transitions, differences in services, when/where/how the transition from EI to Preschool occurs), and the second group session was focused on advocacy and learning to be an advocate for your child. Group sessions began with an opening discussion, included a period of observation or practice, and ended with a closing discussion. Group approaches are a cost-effective way to implement parent education to a larger group, allowing more parents in Butler County to be accessed and given the educational materials (Schultz, Schmidt & Stichter, 2011). Not only are groups cost-effective, but also IEP meetings take place in group settings, so this was an opportunity to practice speaking in a group
format and increasing confidence in this role. A scaffolding approach was used to build sharing skills and increase participation in group settings, by initially using pairs or small group discussions, and increasing to larger group discussions in the later sessions.

The last component of the program included educating the parent educators currently employed at BCCC, on the transition and IEP processes, and how they can increase the implementation of this information in their weekly sessions. The education occurred in a 2-hour long in-service presentation in which all parent educators were expected to attend. Information was first presented formally, and then parent educators broke up into groups and engaged in role-play activities to practice presenting the information to families. By using role-play, parent educators had opportunities to display the knowledge and skills they have learned through the in-service to work towards increasing parent knowledge of the transition and IEP processes. Once provided education, parent educators were better able to go into family’s homes and prepare them for the upcoming transition from early intervention services to preschool special education.

Program Implementation

The final stages of program development, as well as implementation, and evaluation were completed within a 16-week period. A pictorial representation of the timeline can be seen in Appendix C. Beginning in May, the pre-test was completed with parents/guardians of children enrolled in early head start with IFSP’s at transition age and parent educators. Also in May, data was gathered on information to include in the educational materials, individual/group sessions, and in-service presentation. To do this, time was spent shadowing parent educators and reviewing IEP/IFSP documents. In June, the information gathered, as well as OT research/literature, was used to create the educational materials (handouts, brochures).
Once the educational materials were created and approved by all supervisors, individual sessions with parents/guardians began. Due to the nature of the organization and the services already provided, these individual sessions took place in each family’s home. To ensure that all families in the program had an appropriate amount of individual sessions to learn the information, individual sessions continued into July and August. Along with individual sessions, two group sessions for parents were also held in July. Prior to the sessions, marketing materials were distributed to gather parents interested in the program and the outline of the sessions was created.

In the beginning of August, the parent educator in-service presentation was implemented. Following that, all outcome/process evaluations were completed. Parent educators completed a satisfaction questionnaire to determine their perspective of the program and information presented. Parent educators also completed the post-test to determine a change in knowledge regarding the transition and IEP processes. Parents/guardians in the program also completed a post-test following completion of the individual sessions. Concerning the program process, all parents/guardians completed a satisfaction questionnaire, and 1-on-1 phone interviews were completed with the primary investigator if the parents/guardians attended the group sessions.

Program Evaluation

When completing program evaluation, both process evaluations and outcomes evaluations occurred. The outcomes evaluation assessed the change in knowledge of parents/parent educators from pre-intervention to post-intervention, as well as parent satisfaction and involvement in the IEP process. When looking at the program process, the researcher assessed which components the parents/parent educators felt were most helpful, and the components they were least satisfied with, in order to change these components before using the
educational materials again. Also, the researcher assessed educational materials for ease of access and understandability, per parent and parent educator report. A graphical representation of the program evaluation plan can be seen in Appendix E.

For the outcomes evaluation, a pre-/post-test was completed with parents and parent educators to measure the change in knowledge from before the implementation of educational materials to after (See Appendix F). The pre-/post-test was created by the researcher and included true/false, multiple choice, matching and short answer questions. The tools for parents and parent educators were different, but will both include topics of transition, components of an IEP, IEP team meeting and parent/guardian role in the process. The parent educator pre-/post-test was more inclusive and included topics of related services and the parent educator role in the transition and IEP processes. The pre-/post-test tools were created by the researcher to ensure they were inclusive of the materials that were provided in the educational sessions.

Along with a pre-/post-test, phone interviews were also conducted with the parents who participated in the group sessions to assess participation/satisfaction with the IEP process and overall learning outcomes. With interviews, researchers are able to get more in-depth information with greater flexibility because the interviewer can adapt the questions as the interview progresses (Forsyth & Kviz, 2006). With there only being a small amount of parents who participated in the informational sessions, it was feasible to interview each parent/caregiver separately. Similar methods have been used in a study by Underwood (2010) in which parents were interviewed for 1-hour each in order to explore their views of the educational experience of children with IEP’s. This method was chosen as the method of evaluation because it allowed for in-depth conversation about the child, the experiences with the school system in general, the process of developing the child’s IEP, and describing how parents were working with the child’s
teacher and school staff (Underwood, 2010). Though the interviews that will be conducted with parents following the instructional session were not be 1-hour long, they were focused on gaining an understanding of the change in parent’s satisfaction/participation with the IEP process before and after the implementation of the session. The researcher had a list of 5-10 questions planned, but allowed flexibility and followed where the conversation leads. Since interviews have been used in the past to gather valuable information from parents, and they allow for greater flexibility in the questions being asked, this was the method used to assess parent participation/satisfaction with the IEP process and overall learning outcomes.

For the process evaluation, parent and parent educator satisfaction with the educational materials were assessed using qualitative methods. Qualitative data collection methods are used when the researcher wants to understand the experience of the participants. The qualitative methods that will be used to assess parent and parent educator satisfaction are self-report satisfaction questionnaires (see Appendix G). In using a self-report questionnaire, participants reflected on their experiences during the program and provided feedback on components of the program they felt were beneficial, and components that could be enhanced. A similar type of questionnaire was used in a study by Nilson (2007) in which a preventative intervention program was implemented for school-aged children in foster care. Following the intervention, parent satisfaction questionnaires were implemented with 18 families, to determine their satisfaction with the intervention (Nilson, 2007). The self-report questionnaires for parents and parent educators will be different because their educational materials are different. The parent satisfaction questionnaire assessed components of the program working in small groups and individual instruction. The parent educator satisfaction questionnaire was much different in that it assessed components of the in-service presentation such as lectures, role-playing, and quality
of learning. In addition to measuring satisfaction, parents and parent educators were asked to share a story of how the program impacted their child/weekly lessons. Based on the parent/parent educator feedback provided in the questionnaire, program components could be adapted to enhance the education for future recipients of the educational materials.

For parents, an adapted version of the Incredible Years Project Parent Satisfaction Questionnaire was used. The Incredible Years Project Parent Satisfaction Questionnaire is a 7-option rating-scale that assesses satisfaction in 5 areas (general satisfaction, program usefulness, technique ease, technique usefulness, leader satisfaction) (Webster-Stratton, 2001). The internal consistency of the questionnaire was measured for each of the 5 areas. The alpha scores are as follows: general satisfaction = .57, program usefulness = .95, technique ease = .92, technique usefulness = .93, leader satisfaction = .80 (Webster-Stratton, 2001). This questionnaire was provided to parents directly following completion of the informational sessions. The parents were asked to anonymously respond to the questionnaire before leaving the site. If they did not have time to finish the questionnaire on-site, they were provided an envelope to send the questionnaire back once they complete it at a later time.

The self-report questionnaire to measure parent educator satisfaction following completion of the in-service presentation was created by the researcher using components from the Customer Satisfaction Questionnaire (Smith, n.d.). The Customer Satisfaction Questionnaire is a rating-scale that assesses customer satisfaction of a “product,” continued use of the “product,” and customer’s perception on the way the “company” performed (Smith, n.d.). This questionnaire served as a guide for design, format, and quality of questions, to include in the self-report questionnaire for parent educators. The parent educators were asked to anonymously respond to the questionnaire directly following completion of the in-service presentation.
Summary

The Partnerships for Educational Planning Talks Program (PEP Talks) aims to educate parents/caregivers of children with disabilities transitioning from early intervention to preschool special education on the transition process and IEP processes, and encourage parent educators to include educational information in their weekly session. By doing this, the goal is to increase participation in these processes among all members. Through the educational materials and individual/group informational sessions the knowledge parents/guardians and parent educators have regarding the processes will increase, ultimately meeting the needs of the population.
Chapter Five

Results

The PEP Talks Program provided an opportunity for 10 caregivers and 8 parent educators to develop knowledge and skills that could support more confidence in participation and potentially better outcomes for IEP meetings. The results examined changes in skills and knowledge in participating in IEP meetings, understanding the processes of transition, recognizing the role of parents/guardians, and caregiver self reported skills to apply what they were learning. Overall, 10 of 11 caregivers completed the PEP Talks Program. One parent began the program but did not complete it as she was removed from Early Head Start due to attendance issues. All 10 caregivers were females, and consisted of mothers, grandmothers, and foster moms. A total of 8 parent educators attended the informational session and completed the post-test. All 8 parent educators were female with years of experience working in Early Head Start ranging from 2 months to 10 years. All 10 parents/guardians and all 8 parent educators who participated in the PEP Talks Program completed both the pre- and post-tests.

Parent/Parent Educator Outcomes

There were many similarities in results between the parents/guardians and the parent educators. These similarities can be seen in Table 1. Overall, from pre-test to post-test, scores for parents/caregivers and parent educators increased in knowledge of the transition process from early intervention to preschool special education. For both parents/caregivers and parent educators, the highest scores in the post-test were in the areas of knowing a reevaluation for preschool services must occur and knowing the difference in focus of services between early intervention and preschool special education. Parents/caregivers also had a high post-test score in knowing if the family will have a service coordinator when exiting out of early intervention, but
the parent educators showed no improvement on this questions from pre- to post-test. Though still an improvement from the pre-test, the lowest scores in the post-test for both parents/caregivers and parent educators were seen in knowing the difference in primary decision maker between early intervention and preschool special education.

Both the parents/caregivers and parent educators were asked many of the same questions regarding the IEP content and IEP team meetings. In the pre-test, little to no parents/guardians and parent educators were able to write what the acronym S.M.A.R.T. meant in referring to annual goals. At the end of the instructional program, all parents/guardians and parent educators were able to identify what this acronym meant. When asked to match definitions of items frequently used in IEP documents, all scores improved from pre-test to post-test in both parents/guardians and parent educators. Specifically, in defining “IDEA” and “Related Services” 100% of participants correctly matched it to its’ definition. All parent educators were also able to accurately match “Least Restrictive Environment” to its’ definition. For both “Accommodation” and “Modification” there were improvements, but not 100% of participants matched them correctly.

Questions asked in the pre-/post-test were also similar in regards to the IEP and IEP Team Meeting processes; however, scores between parents/guardians and parent educators varied between questions. When identifying what is discussed at an IEP team meeting, parents/guardians and parent educators improved in knowing the child’s present level of performance is discussed. Parents/guardians also had improvements in knowing annual SMART goals and individualized supports and services are talked about in IEP team meetings. Parent educator’s scores decreased in knowing annual SMART goals were discussed, and remained the same with all parent educators knowing individualized supports and services are discussed. In
regards to knowing who attends and IEP Team Meeting, all participants (parents/guardians and parent educators) identified in the post-test that parents/guardians of the child, regular education teachers, special education teachers and related services are present. In knowing the school district representative and child can attend the IEP team meeting, scores increased from pre-test to post-test, but never reached 100% for parents/guardians and parent educators. The last questions regarding the parent/guardian role in the IEP process had improvements in scores for all participants in identifying their role, and scores remained the same in knowing if the parent/guardian could observe in the classroom.

Table 1. Parent/Parent Educator Comparisons

<table>
<thead>
<tr>
<th></th>
<th>Parents/Caregivers</th>
<th></th>
<th>Parent Educators</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Test (N=10)</td>
<td>Post-Test (N=10)</td>
<td>Pre-Test (N=8)</td>
<td>Post-Test (N=8)</td>
</tr>
<tr>
<td>Transition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knows when home-based services would end</td>
<td>50%</td>
<td>60%</td>
<td>25%</td>
<td>87.5%</td>
</tr>
<tr>
<td>Knows when child will need reevaluation for preschool services</td>
<td>80%</td>
<td>100%</td>
<td>87.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Knows if family will have a service coordination when exiting out of early intervention</td>
<td>40%</td>
<td>90%</td>
<td>12.5%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Knows if child can use IFSP in preschool if goals were not met in early intervention</td>
<td>40%</td>
<td>40%</td>
<td>87.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Knows the difference in focus of services between early intervention and preschool special education</td>
<td>70%</td>
<td>90%</td>
<td>87.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Knows the difference in primary decision maker between early intervention and preschool special education</td>
<td>10%</td>
<td>60%</td>
<td>0%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

IEP/IEP Team Meeting – SMART GOALS

<table>
<thead>
<tr>
<th></th>
<th>Parents/Caregivers</th>
<th></th>
<th>Parent Educators</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S: Specific</td>
<td>10%</td>
<td>100%</td>
<td>12.5%</td>
</tr>
<tr>
<td></td>
<td>M: Measurable</td>
<td>10%</td>
<td>100%</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>A: Attainable</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>R: Realistic</td>
<td>20%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>T: Time-Based</td>
<td>20%</td>
<td>100%</td>
<td>25%</td>
</tr>
</tbody>
</table>

IEP/IEP Team Meeting – IDEA Definitions

<table>
<thead>
<tr>
<th></th>
<th>Parents/Caregivers</th>
<th></th>
<th>Parent Educators</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S: Specific</td>
<td>10%</td>
<td>100%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Defines “Accommodation” as it is related to IEP</td>
<td>60%</td>
<td>80%</td>
<td>37.5%</td>
<td>87.5%</td>
</tr>
<tr>
<td>Defines “IDEA” as it is related to IEP</td>
<td>60%</td>
<td>100%</td>
<td>87.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Defines “Least Restrictive Environment” as it is related to IEP</td>
<td>70%</td>
<td>90%</td>
<td>87.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Defines “Modification” as it is related to IEP</td>
<td>70%</td>
<td>80%</td>
<td>37.5%</td>
<td>87.5%</td>
</tr>
<tr>
<td>Defines “Related Services” as it is related to IEP</td>
<td>60%</td>
<td>100%</td>
<td>75%</td>
<td>100%</td>
</tr>
</tbody>
</table>

IEP/IEP Team Meeting - Process

<table>
<thead>
<tr>
<th></th>
<th>Parents/Caregivers</th>
<th></th>
<th>Parent Educators</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands Child’s Present Level of Performance is discussed</td>
<td>90%</td>
<td>100%</td>
<td>87.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Understands Annual SMART Goals are defined</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
<td>87.5%</td>
</tr>
<tr>
<td>Understands how Individualized Supports and</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Services are added</td>
<td>50%</td>
<td>100%</td>
<td>62.5%</td>
<td>75%</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----</td>
<td>------</td>
<td>-------</td>
<td>-----</td>
</tr>
<tr>
<td>Understands how often IEP team meetings occur</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Knows that parents/guardians of the child attend an IEP team meeting</td>
<td>70%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Knows that regular education teachers attend an IEP team meeting</td>
<td>70%</td>
<td>100%</td>
<td>87.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Knows that special education teachers attend an IEP team meeting</td>
<td>20%</td>
<td>80%</td>
<td>37.5%</td>
<td>50%</td>
</tr>
<tr>
<td>Knows that school district representatives attend an IEP team meeting</td>
<td>40%</td>
<td>100%</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>Knows that the child can attend an IEP team meeting</td>
<td>70%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
</tr>
</tbody>
</table>

**IEP Process – Parent/Guardian Role**

| Knows parent/guardian role in the IEP team meeting | 30% | 90% | 62.5% | 100% |
| Knows that parent/guardian is allowed to observe in the classroom | 80% | 80% | 100% | 100% |

**Parent Outcomes**

**Playgroup Outcomes**

The design of the PEP Talks program was that parents/caregivers who had undergone the individual training would be invited to a playgroup session to have the opportunity to implement some strategies that would be followed up with phone interviews. In practice, the doctoral candidate was asked to open the playgroup to all families (those who participated in the training and others at BCCC). Only one of the 10 caregivers chose to participate in the playgroup, however, the procedure was followed and a total of 4 parents/guardians attended.

After the group session on transition, phone interviews were completed with 4 caregivers that attended. During the group session, caregivers reported which recommendations they wanted to try at home, and these were recorded in Table 2 below, as well as which transition recommendations the family still utilized and how well they were working via report in follow-up interviews. Each caregiver reported still utilizing at least one of the transition recommendations at 1-month follow-up. Some recommendations that caregivers felt were most effective were songs and rhymes, offering advanced notice, and commenting on successful
transitions. Two caregivers reported challenges with countdown, as their children did not grasp the concept of time yet. One caregiver reported using a transitional object to help the child transition to supervised visits with birth mom. The caregiver noted that there have not been enough supervised visits to determine whether it is successful or not, but she will continue utilizing this strategy. All four caregivers report that the strategies were useful and they will continue using them as the children face bigger transitions, such as the transition to preschool.

Table 2. Transition Playgroup

<table>
<thead>
<tr>
<th>Caregiver</th>
<th>Transition Recommendation</th>
<th>Transition Recommendations still utilized at follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>CG 1</td>
<td>Songs and rhymes</td>
<td>Songs and rhymes</td>
</tr>
<tr>
<td></td>
<td>Countdown</td>
<td>Countdown</td>
</tr>
<tr>
<td></td>
<td>Offer Advanced Notice</td>
<td>Offer Advanced Notice</td>
</tr>
<tr>
<td>CG 2</td>
<td>Comment on successful transitions</td>
<td>Comment on successful transitions</td>
</tr>
<tr>
<td></td>
<td>Give child control in transitions</td>
<td></td>
</tr>
<tr>
<td>CG 3</td>
<td>Countdowns</td>
<td>Songs and rhymes</td>
</tr>
<tr>
<td></td>
<td>Songs and rhymes</td>
<td></td>
</tr>
<tr>
<td>CG 4*</td>
<td>Countdowns</td>
<td>Songs and rhymes</td>
</tr>
<tr>
<td></td>
<td>Songs and rhymes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transitional Object</td>
<td></td>
</tr>
</tbody>
</table>

*Denotes parent that attended other parts of the PEP Talks Program, including individual sessions

Parent Satisfaction Survey

At the conclusion of the PEP Talks Program, parents/caregivers were provided a satisfaction survey to complete regarding the teaching format, overall program and the leader. In the teaching format, respondents reported the format to be useful and extremely useful, with no feedback on how it could be improved. All respondents reported they would recommend the program to a friend or relative, and their overall feelings of the program were positive. When asked how confident the parent/caregiver was in preparation to actively participate in future team meetings, 6/10 (60%) reported very confident, 1/10 (10%) reported confident, and 3/10 (30%) felt neutral. In describing the leader, scores were mostly at superior, but a few were between
average and above average. When asked to identify aspects of the program that were most beneficial, some things identified were:

“The handouts were colorful and easy to read. The handouts provided information in a format that was understandable for people with little or no knowledge.”

(Parent #2)

“The presenter was very knowledgeable” (Parent #6)

“Explaining the process, fully involved in process” (Parent #9)

“Resources” (Parent #1)

**Parent Educator Outcomes**

Parent Educators at Butler County Children’s Center working in Early Head Start had questions in the pre- and post-test that were unique to them. These questions were more detailed than questions asked in the parent edition of the pre-/post-test, but still surrounded on the topics of the IEP and the IEP team meeting.

One of the questions that was unique was identifying specific components included in the IEP document. In the initial survey, only 5/8 (62.5%) respondents were able to identify things included in an IEP, with majority of answers being very general (name of child, goals, etc.). After the professional development session 8/8 (100%) respondents were able to identify 3 things included in an IEP. The responses were much more specific and included things like child’s present level of function, annual SMART goals and strengths/priorities/concerns.

Responses were similar in identifying things included in a team meeting invitation. Initially, only 5/8 (62.5%) respondents were able to identify things included in a team meeting invitation, and answers were very general (date, time, and location). After the professional development session 8/8 (100%) respondents were able to identify 3 things included in a team meeting invitation. The
responses were much more specific and included date/time/place, purpose of the meeting and people who will be in attendance.

Parent educators were also asked questions regarding related services and the parent educator role in these processes. Parent educators were asked three different true/false questions about related services. After the instructional session, 7/8 (87.5%) respondents reported correctly that related services are any services required to assist an individual with a disability to benefit from special education; 7/8 (87.5%) respondents correctly identified that transportation is a related service; and 3/8 (37.5%) respondents correctly identified that all goals need to have specific criteria, regardless of whether they are related services or educational. For the parent educator role, parent educators were asked three different questions to determine how well they understood their role. After the informational session, 8/8 (100%) respondents correctly reported that parent educators in early head start programs have a role in informing parents about the transition from early intervention to preschool special education. In the post-test, 3/8 (37.5%) respondents were able to correctly select the 3 roles of the parent educator working with the family as the child transitions (providing family with information on the importance of planning for transition, discussing priorities/concerns with the family regarding transition, and discussing skills the child will need to successfully transition into preschool). Finally, in the post-test, 8/8 (100%) respondents were able to correctly answer that the way to help families with transitions is to empower the parents to act as advocates for their children.

**Parent Educator Satisfaction Surveys**

At the end of the 2-hour informational session for parent educators, the participants were provided a satisfaction survey to complete regarding the presenter and the overall training experience. All participants reported scores of excellent to very good for the presenter speaking
clearly and knowledgeable, providing relatable examples, providing information in an understandable way and time management of the session. When asked if the presentation style was appropriate, two participants responded with comments: “Yes! The presentation had a good balance of large group and small group discussion” and “Yes it was appropriate. PowerPoint was clear and easy to follow. Handouts will be useful for parents.” All participants reported scores of excellent to very good for the overall training experience including: met my expectations, well-organized, suitable environment for learning, and time allotted was appropriate for the topic. When asked if they would recommend the training to others, 8/8 (100%) respondents checked “Yes” and provided explanations that it was very informative and presented in a well-organized manner.
Chapter Six

Discussion

The PEP Talks Program set out to determine whether a parent and parent educator program focused on providing information on IEP/Transition processes would improve parents' self-perceived ability to feel prepared for the transition from home-based to school-based services. Overall, the results showed that this type of education program has the potential to be beneficial for low-income families with children with disabilities transitioning from early intervention to preschool special education, who also receive services through Early Head Start.

Based on the results of the pre-test with both the parents/guardians and parent educators, conclusions can be made about what these two groups already know and what they know less well. Prior to the individual informational sessions, parents were most familiar with the components of the transition process, but required more information on the IEP document, the IEP process, and their role as a parent/guardian in the processes. Similarly, Hanson et al. (2000) reported, that parents lacked specific knowledge of the tasks/components of the transition process prior to receiving education on these topics, reinforcing the need for an educational program. After the educational session, parents were much more familiar with all of the components of the transition/IEP processes, as evident by the post-test results. This indicates that they remembered much information following the individual instructional sessions, just like Friedman et al. (2010) reported for families following individual education. An example in the PEP Talks program can be seen in one of the components of the IEP document. Parents/guardians had minimal to no understanding of what S.M.A.R.T. goals were prior to the instruction, but after the program definitely understood what the acronym meant. This shows the parents do not research these components on their own, but when the information is provided to
them in an easy to understand matter, they most certainly take the time to learn the information. This is true for much of the information that was provided to parents in the individual sessions, and creates awareness for professionals working with children with disabilities age birth-three, to begin introducing more information to families. In order for parents/guardians to be prepared for the school-aged years, they need to start learning this information early, and since they are willing to accept it when their children are still young, the amount of resources/information they receive needs to be increased.

Parent educators were also familiar with the components of the transition process, but required more education on their role in the process and helping the family’s transition prior to the informational session. Similar to the parents, the parent educators were also less familiar with the components of the IEP document, the IEP team meeting, and related services. When asked to identify the most important area to learn regarding the IEP process, parent educators identified simplifying the information for the parents to understand and how to incorporate IFSP/IEP’s into their weekly sessions. This provides insight into Lee-Tarver (2006) conclusions that training for educators on development and implementation of the IEP is necessary. After the implementation of the instructional session, parent educators were much more familiar with their role in helping families transition, as well as components of the IEP/transition processes. Following the group session, parent educators understood that it was not their sole responsibility to educate parents/guardians on these processes, but they could contribute since they had such good rapport with many of the families. Since parent educators strictly work with a low-income population, they are able to truly understand the challenges they face, and relate information in a way the families are willing and able to learn. Parent educators reported excitement in using the handouts they were provided with families and see how much this will benefit families. These results
provide reasoning for why this type of educational program needs to be provided in all Early Head Start Programs. Since parent educators play such a big role in these families lives, and have the skills to teach families, providing them information on the transition/IEP processes for children with disabilities can be extremely beneficial in preparing parents/guardians for these processes.

As components of the PEP Talks Program, individual and group instructional sessions were provided. Parents/Guardians that attended the group session reported learning information about handling transitions, and were continuing to use recommendations provided after 1 month. Friedman et al. (2010) also found that group education resulted in significant improvements. Though the group session did not run as initially planned and occurred with a different sample (not just the parents/guardians from the PEP Talks Program), it still provides insight into the learning that is possible from this type of interaction. With more group sessions available to parents/guardians of children with disabilities age birth-three, members will be able to learn pertinent information and trial more strategies, creating a lasting impact and ultimately helping their child succeed.

After the PEP Talks Program, majority of parents/caregivers reported feeling very confident in preparation to actively participate in future team meetings. This is a change from before the program, as many parents/caregivers had never participated in team meetings and reported not knowing how to advocate for their child. After receiving education on the transition/IEP processes, team member roles, and special education law, parents/caregivers felt comfortable attending team meetings. Just like Connelly (2007) reported families were satisfied with the transition process when they were educated on the process and team member roles, parents/guardians in the PEP Talks Program also felt satisfied and prepared for future team
meetings. Since there was not observation of the parents/guardians attending team meetings following the PEP Talks Program, the results were based on parent report. With majority of the educational information because about knowledge of the different components of the transition/IEP processes, and less about how to assert yourself, advocate for your child, and express your needs in a meaningful way, it is possible that parents/guardians are not as prepared to participate in future team meetings as they are reporting.

Implications for Practice

Parent Educators in Early Head Start Programs can use recommendations and knowledge learned in the PEP Talks Program to increase ease in the transition process for families of children with disabilities. Knowing the importance of collaboration, parent educators can act as an advocate for these families and provide a bridge between families, educators and service providers. Parent educators can also begin early in helping parents/guardians advocate for their child, and stress the importance of this role.

According to the Pennsylvania Office of Child Development and Early learning, occupational therapists, as well as other EI professionals, have a role in preparing families for the transition, with a focus on: the skills needed by the child, adaptations/acquisition, community resources, connections/information, and the environment (“Early Intervention Transition at Three”). These expectations parallel the objectives of the PEP Talks program which provides families with resources, information, and environments that will be useful when their child transitions. With a shift in EI to utilizing a coaching model, occupational therapists can utilize the PEP Talks program to work with the parents/caregivers on becoming advocates for their children. Since occupational therapists work to help individuals “live life to its fullest,” OT’s are
the ideal professionals to implement such a program. Through this program, occupational therapists can help families be a part of a successful transition.

**Limitations**

There are some limitations in the PEP Talks Program that warrant discussion. First, the sampling approach used in this study was limited to parents/guardians in the Butler County Children’s Center Early Head Start program. Secondly, by using the pre-/post-test as a means for gathering data, it is possible that questions were misinterpreted, or not understood by the parents/guardians and parent educators taking the tests. This would skew results as parents/guardians and parent educators may be missing questions due to an inability to understand what is being asked. In addition to the tests possibly being misinterpreted, they were also only testing knowledge. This creates a limitation because it is possible that participants were just memorizing the facts and not actually learning the material.

In order to increase the quality of the evaluation procedures, future programs should include an application component to the pre- and post-tests. Examples of this could include case studies or multiple choice case scenario questions. Along with adding application components to the tests, additional application components could also be added to the parent educator instructional session. Though parent educators practiced goal writing in the session, the instructor never looked at these goals to ensure they were following the S.M.A.R.T. format. Parent educators could also identify components in sample goals as part of the post-test to ensure true understanding of the acronym.

It is probable that results from this study may not be generalizable to all families of children with disabilities transitioning from early intervention to preschool special education services, creating another limitation. Families included in this study were multi-problem,
complex families that were experiencing times of great stress, many resulting from low-income. Along with that, these families were in a very rural area creating increased challenges such as decreased access to public transportation and limited resources. For these reasons and possibly others, individual sessions were not completed on a consistent basis, but spread across a 16-week period. If the session had run with families being seen for 4 consecutive weeks, carry over of information and results on the post-tests may have been different.

The last and biggest limitation was in regards to the group sessions that occurred with parents/caregivers in the PEP Talks Program. The program develop was not in total control of inclusion/exclusion of the group session, as the program became open to others outside of the PEP Talks Program, including other families receiving services from BCCC. As a result, only 1 family involved in the PEP Talks Program attended the group sessions. To limit barriers, transportation was offered, gas cards were offered to those who were driving, and snacks were served, however, this did not increase the number of attendees. One reason that parents in the PEP Talks Program may not have wanted to attend is because they did not want to be there with parents of children without disabilities. Another factor may have been the stress and lack of time management skills of the parents/guardians, causing them to forget about or miss the sessions. Not having the group sessions run as plan could have impacted the increase in knowledge the parents/caregivers had, as well as their satisfaction with the overall program.
Chapter Seven

Summary

The Partnerships for Educational Planning Talks Program (PEP Talks) aimed to educate parents/caregivers of children with disabilities transitioning from early intervention to preschool special education on the transition process and IEP processes. The program was run through an early head start program in which parents received 1-on-1 instruction, and attended 2 informational sessions focusing on the IEP process, and “related services” as defined by IDEA. These sessions utilize small/large group discussion, lecture, reading and role-play to provide participants with information regarding the transition and IEP processes. Parents/Guardians demonstrated an increased understanding of the functions of the transition process and an increased knowledge and participation in the IEP process from the pre-test to post-test. The PEP Talks program was implemented in early head start but all parents with children in this transition process could benefit from such a program. In order to ensure sustained use of resources, parent educators at BCCC were trained on the content of the PEP Talks Program and implementation of the educational materials. Parent Educators demonstrated an increase in knowledge via post-test, and are prepared to continue educating parents of children with disabilities on the transition and IEP process in the future.
Bibliography


## Appendix A.

### Key Studies Informing the Program

<table>
<thead>
<tr>
<th>Citation</th>
<th>Study Purpose/ Research Question</th>
<th>Design</th>
<th>Sample</th>
<th>Data Collection Strategies</th>
<th>Findings that Inform this Study</th>
</tr>
</thead>
</table>
| Connelly (2007)   | Understand the family’s experience as they transition from infant/toddler services of Part C of IDEA to preschool education of Part B of IDEA when the child turns 3 years of age | Key Points from Article:  
- Section 619 or IDEA requires “a smooth and effective transition”  
- Many families report that they had limited choices for their children and that the entire transition experience was stressful or uncomfortable  
- The outcome of the transition experience can have long-term effects on both the families and service providers  
- In most cases, families reported transition occurred as an “event” rather than a “process” and was seen as stressful by parents and professionals  
- 43% of parents found transition to be uncomfortable and anxiety producing, felt abandoned by the EI staff, did not understand the process, had difficulties communicating with new providers, and felt they had few choices in the process  
- Families that were most satisfied with the transition process were those that were educated about the process, including what roles the parents, EI providers, and local education association representatives would play | 17 current & past parent members of the district special ed advisory committee w/ children currently receiving special ed services  
1. E-mail survey + mailed survey f/u  
2. F/U survey & interpretation for member check  
3. Presented to a regular meeting of advisory committee to member check | 1. (-) dynamics between staff members created (-) meetings  
2. Contributions of all team members and honest dialogue lead to (+) experiences  
3. (-) experiences noted when regular ed teachers show up for a few minutes to say how the child is doing in that class and then leave |  |
| Esquivel et al., (2008) | ID parents’ perceptions of +/− experiences in school-based team mtgs | Phenomenology | 7 families with child with autism & attended public school districts in north Texas  
All were members of a family support group in the Association for Neurologically Impaired Children | 1. Audio-recorded semi-structured interviews created from literature review research – 5 open-ended questions | 1. All participants indicated their overall initial IEP experiences were (-)  
2. Most participants indicated (-) treatment by educators during IEP mtgs  
3. Parents desire the IEP meetings to be more cooperative, where they felt like equal contributors  
4. Parents requested |  |
| Fish (2006)       | Understand the perception of parents of students with autism toward the IEP meeting | Qualitative  | 7 families with child with autism & attended public school districts in north Texas  
All were members of a family support group in the Association for Neurologically Impaired Children | 1. Audio-recorded semi-structured interviews created from literature review research – 5 open-ended questions | 1. All participants indicated their overall initial IEP experiences were (-)  
2. Most participants indicated (-) treatment by educators during IEP mtgs  
3. Parents desire the IEP meetings to be more cooperative, where they felt like equal contributors  
4. Parents requested |  |
<table>
<thead>
<tr>
<th>Author</th>
<th>Focus</th>
<th>Methodology</th>
<th>Sample Size</th>
<th>IEP Questions</th>
<th>Key Findings</th>
</tr>
</thead>
</table>
| Fish (2008)             | Investigate parental perceptions of the (IEP) mtg | Phenomenology     | 51 parents of students who receive special ed services from family support service agency | 1. Survey questions created from literature review research – 11 demographical questions, 32 likert-type questions, 2 open-ended questions | 1. Parents want more knowledge of special ed law  
2. Parents concerned w/ school district personnel’s knowledge of the IEP process  
3. Educators need to be trained in determining educational needs, and writing IEP objectives, conflict resolution, problem solving, and effective communication skills  
4. Parents want more information on special ed law and the IEP process |
| Friedman, Cosby, Boyko, Hatton-Bauer & Turnbull (2010) | Determine effective teaching strategies & methods for patient education | Systematic Review | 23 systematic reviews and meta-analyses met selection criteria | Key Findings:  
- Written information improved patient knowledge and reduced confusion, especially if provided before appointments  
- Written combined with verbal information increase knowledge significantly  
- With “instructional sessions” patients remembered more information  
- Individual education increased knowledge compared to usual care  
- Group education resulted in significant improvements compared to individual education 6-9 mo. post-intervention |
| Goepel (2009)           | Investigates to what extent there is common agreement between the teacher, parent and child, as well as partnership expressed through the targets shown on the IEP | Qualitative       | 4 children ages 10-11 receiving support for their special ed needs, their parents and their teachers | 1. Questionnaire to understand the perceived needs of the child (strengths & weaknesses)  
2. 1-on-1 interview with children | 1. A common understanding between team members was fundamental to a supportive partnership & effective IEP  
2. Children need an awareness of the content of their IEP in order to participate and remain engaged in the curriculum |
<table>
<thead>
<tr>
<th>Hanson et al. (2000)</th>
<th>Provide qualitative description of the transition process, family choices, and participation in decision making from EI to preschool special education</th>
<th>Qualitative</th>
<th>22 families recruited through part C service providers and service coordinators with children transitioning</th>
<th>1. Semi-structured interviews (parent, SC, teacher, therapist), participant observation, document analysis (transition plan IFSP, assessment information, school policies/procedures, meeting notes &amp; placement info)</th>
<th>1. Families report the transition felt like a formality or a marker event, not a process 2. Parents knew a transition was occurring, but lacked specific knowledge of tasks/components of process 3. The transition meeting was often the first time professionals and families met – lack of info exchange prior to meeting (-) influenced collaboration of the parent/professional s in determining future goals for the child 4. Families were given no choices or few options for type/location of child’s preschool services 5. (+) experiences when families received basic information about system and transition process, visited preschool programs, or informed early on about transition</th>
</tr>
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<tr>
<td>Jackson et al. (2014)</td>
<td>Understand views of small group learning, and explore options for retaining positive aspects of group work</td>
<td>Qualitative</td>
<td>35 masters level postgraduate students who participated in student feedback process</td>
<td>1. 4 open-ended questions from online survey 2. Data thematically analyzed</td>
<td>1. Challenges of group work: communication, differing levels of expertise and knowledge, accessibility of group members 2. Benefits of group work: support and encouragement from peers, practice skills needed to effectively work in</td>
</tr>
</tbody>
</table>
| Lee-Tarver (2006) | ID perceptions of regular ed teachers on utility of IEPs and participation in IEP process | Quantitative | 123 regular ed teachers from Alabaman & Georgia | 1. Likert scale questionnaire, alpha coefficient of .70 | 1. 12.2% strongly agree & 51.2% agree that IEPs help organize & structure teaching better  
2. 13% strongly agree & 52% strongly agree that IEP goals/objectives plan instructional activities  
3. 25.2% disagree and 13.8% strongly disagree that they help choose IEP goals for students  
4. 24% agree that placement & 22% agree that service delivery are the only components that are team decisions  
5. Training is required for regular ed teachers on purpose, development, and implementation of IEP  
6. There are (+) benefits of including children, parents, and regular ed teachers in development of IEPs |
| Pang (2010) | To review literature on family involvement in the transition from EI to programs for 3 y/o AND describe family-centered practices for developing quality transition services | Key Points from Article:  
• Issues to address include increasing the connection between the EI program and the receiving program, relieving the stress associated with the transition procedure, and improving the quality of services to smooth the transition  
• Providing families a “mentor mother” or support learning group help families gain resources/support  
• Reduce family stress by explaining available services before transition  
• (-) experiences in transition d/t transition being an event rather than a process, or solely paperwork  
• (+) experiences when families & professionals collaborate on transition goals/plans  
• Families need to make final decisions about intervention strategies, child’s placement, & transition goals |
<table>
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<tr>
<th>Study</th>
<th>Research Question</th>
<th>Methodology</th>
<th>Participants</th>
<th>Key Findings</th>
</tr>
</thead>
</table>
| Plunge & Kratochwill (1995)                | Determine levels of parental knowledge, participation in special-education related activities, and satisfaction with special education services | Phenomenology | 200 parents with a child with a disability receiving special education services in Midwestern metropolitan school district, grades preschool-4th | 1. Parents unable to understand terminology used by professionals including “least restrictive environment”  
2. Parents got info from written material and from child’s teachers  
3. Parents suggested an increase in trained teachers |
| Podvey, Hinojosa & Koenig (2013)           | Explore and understand the families’ transition experiences as their children transitioned from early intervention to preschool special education | Qualitative | 6 families (5 mothers, 2 fathers), middle-class, ages 30-45 – all children were receiving therapy services from four agencies and had not yet begun their preschool program | 1. Families had an integral role in EI & developing the IFSP, but a peripheral role in the school system & developing the IEP  
2. Families actively involved with EI professionals, but in preschool no longer had direct observation/communication to understand child’s progress/treatment  
3. Families not present at school, impossible for them to be closely involved in their child’s educational or therapy programs  
4. School schedule for the transitioning child made a new daily schedule for the entire family  
5. Professionals need to communicate difference in services to families before transition begins (agency expectations, opportunities for involvement)  
6. Families had no input into goals |
| Underwood (2010) | Explore parents’ views of the educational experience of children with IEP’s | Qualitative | 31 families of children with IEPs in 11 public schools who voluntarily participated in the study. Children had developmental disabilities (6), mild ID (3), LD (17), and PDD (5) | 1. In-depth interviews lasting 1 hour, parents answered 4 general questions (describe the child, describe first experiences with school system, discuss development of child’s IEP, and describe how they worked with the child’s teacher and school staff this year)  
2. Questionnaire about participation and satisfaction with programming for children | 1. Parents ranged in involvement and took on active roles (set goals, advocated for supports, seeking resources) or support roles (volunteers at school)  
2. Very few parents were asked to contribute information on the IEP or in any other planning activity  
3. Many parents reported that they were not at all, rarely, or only somewhat involved in the development of the IEP  
4. Overall, parents were satisfied with the children’s teachers, but varied in satisfaction with IEP development |
| Zeitlin & Curcic (2013) | Understand the parent’s perspectives of the IEP as a process and a product (document) in order to improve | Qualitative | 20 parents of children who have IEP’s ranging in age, income, and educational level, diagnoses of children vary greatly | 1. First author conducted interviews at mutually agreeable dates, times, and sites, audio-recorded, lasted 45 minutes-2 | 1. Parents felt their role in the IEP process was that of experiencing depersonalization and not valued as part of the process  
2. Parents experienced |
<table>
<thead>
<tr>
<th>special education services</th>
<th>hours</th>
<th>significant barriers in regards to shared decision-making and active participation</th>
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<td></td>
<td>2.</td>
<td>Guiding questions were then established that related to parents’ perceived role in the IEP process, their participation in formulating goals, their perceptions regarding IEP process and document, ad provide recommendations</td>
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<td></td>
<td>3.</td>
<td>Parents reported role-tension and unequal relationships during IEP meetings</td>
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<td></td>
<td>4.</td>
<td>Parents describe the IEP document as deficit focused, a tool to label, and daunting and unnecessary</td>
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<td></td>
<td>5.</td>
<td>Parents recommended better communication and more collaboration among the team members, they also want to play a more active role in the IEP process</td>
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Appendix B.
PI’s Objectives Introduction Flyer

Hello,

I would like to introduce myself, I am Audra Sitterly and I am currently a student at Duquesne University. I am planning to graduate in December with my Doctorate in Occupational Therapy. I am currently completing a 16-week internship at the Butler County Children’s Center, Inc. Early Head Start program with a focus on advocacy for families and children as they transition out of Early Head Start.

I am writing this letter in order to give you some information concerning myself and the project I hope to implement this summer, as well as to ask for permission to work with your family. I have much experience working with families of children birth-3 years old at both The Early Learning Institute and The Children’s Institute in Pittsburgh, PA, and I am very passionate about working with these individuals. I feel that with both my personal and professional experiences, I have much information to offer regarding advocacy that will be beneficial to you and your child as you transition.

I am very hopeful that you will allow me the opportunity to work with your family, and if you have any concerns about this please report them directly to your parent educator.

Sincerely,

Audra Sitterly

Audra Sitterly
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: PEP Talks Program

INVESTIGATOR: Audra Sitterly, B.S.
4825 Centre Ave, Pittsburgh, PA 15213

ADVISOR: Dr. Jeryl Benson, EdD, OTR/L
OT Department, Rangos School of Health Sciences
(412) 396-1611

SOURCE OF SUPPORT: This study is being performed as partial fulfillment of the requirements for the clinical doctorate Degree in Occupational Therapy at Duquesne University

PURPOSE: You are being asked to participate in a project that is designed to evaluate the program designed to increase caregiver knowledge of the transition between early intervention and preschool special education, and the Individualized Education Plan (IEP) and process.

In order to qualify for participation, you must be a caregiver of a child with a disability, already enrolled in Early Head Start, and being evaluated to transition into preschool special education.

PARTICIPANT PROCEDURES: To participate in this study, you will be asked to do four things. (1) Take an initial survey to check your understanding of the transition and IEP processes. Survey questions, both pre and post, will include true/false, multiple choice and short answer questions. Questions will focus on the transition between early intervention and preschool education, what an IEP is, about the IEP team meeting, and the parent/guardian role in the IEP process. (2) Participate in a 90 minute individual session that provides you with information about the transition and IEP processes and is geared to answer your specific questions.
You will be provided information on the difference in services from EI in the home to special education in preschool, how the transition process occurs, differences between an IFSP and IEP including terminology, and the IEP process. (3) Participate in 2-90 minute group sessions (approximately 10 people) to apply some of what you learned including practicing skills useful in transition meetings. The first group session is centered on the transition process (differences in services, when/where/how the transition occurs), and the second group session is focused on the IEP process (learning terminology, writing sample goals, understanding team member roles). (4) Take a final survey to check what you have learned.

RISKS AND BENEFITS: There are minimal risks associated with this participation but no greater than those encountered in everyday life. During the program you may benefit from the individualized instruction or the group sessions. Some studies report parents with an increased understanding of the transition/IEP processes and how to advocate for their child, are more satisfied and participate more effectively in the IEP process.

COMPENSATION: There will be no compensation of any kind provided for your participation. However, participation in the project will not cost you anything.

CONFIDENTIALITY: Your participation in this project and all personal information will be kept confidential. The investigators cannot guarantee confidentiality of information discussed in the group sessions. Your name will never appear on any survey or research instruments. All written materials and consent forms will be stored in a locked file in the researcher’s home. No identity will be made in the data analysis. Your response(s) will only appear as statistics of data summaries. All materials will be destroyed at the completion of the research.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time. All of your data, upon withdrawal, will be destroyed.
SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Audra Sitterly, the Principal Investigator, Dr. Jeryl Benson, the Advisor, or Dr. Linda Goodfellow, Chair of the Duquesne University Institutional Review Board.

________________________________________  ________________
Participant's Signature                      Date

________________________________________  ________________
Researcher's Signature                       Date
Appendix D.
Timeline
Appendix E
Program Evaluation

Outcomes Evaluation

- Pre-/Post-Test Parents knowledge of transition and IEP processes
- Pre-/Post-Test Parent Educator knowledge of transition and IEP processes
- Interviews with parents who complete group session lasting 10-15 minutes

Process Evaluations

- Parent Satisfaction Questionnaire to assess parent satisfaction with program
- Parent Educator Satisfaction Questionnaire to measure parent educator satisfaction of in-service presentation
Appendix F.
Parent/Parent Educator Pre-/Post-Test

PEP Talks: Partnerships for Educational Planning Talk
Pre-/Post-Test (Parent Edition)

Please circle only one relevant answer for each question, unless instructed otherwise.

Transition

1. True/False: Once your child turns 3, his/her home-based services will end.

2. True/False: Your child has to be re-evaluated for preschool services.

3. True/False: You will have a service coordinator once your child transitions out of early intervention.

4. True/False: If your child did not meet all of his/her Individual Family Service Plan (IFSP) goals, you can continue using the IFSP in preschool.

5. Services in early intervention are ________ focused, while services in preschool are ________ focused.
   a. Child, Family
   b. Needs, Strengths
   c. Family, Child

6. In early intervention services, the _____ is the primary decision maker, AND in preschool, the ____ is the primary decision maker.
   a. Social worker, School
   b. Family, School
   c. Family, Family

IEP

1. What does IEP stand for?
   a. Individualized Education Program
   b. Informed and Educated Parent
   c. Informed Education Plan

2. True/False: Having an IEP means your child will be in a special education classroom?
3. Your child’s IEP will have annual goals that state what the child will be working on during the school year. Annual goals need to be SMART. What does SMART stand for?

S:

M:

A:

R:

T:

4. Match the definitions above to the terms in the table below by writing the letter in the box under “Definition (letter)”: 
   a. A change in what the student is expected to learn and demonstrate
   b. A change in the learning environment
   c. A law that guarantees all children with disabilities have access to a free and appropriate public education
   d. Any services your child needs to benefit from special education (ex. occupational therapy, transportation)
   e. A law that states students must be taught in the same settings as students without disabilities as much as possible

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition (letter)</th>
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<tbody>
<tr>
<td>Accommodation</td>
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<td>IDEA</td>
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<tr>
<td>Least Restrictive Environment</td>
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<td>Modification</td>
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<td>Related Services</td>
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**IEP Team Meeting**

1. True/False: The school is required to invite you to your child’s IEP meetings.

2. How often do IEP Team Meetings occur?
   a. Only when the goals need to be revised
   b. At least once a year
   c. At the end of every quarter

3. Circle all that apply: What is discussed at an IEP team meeting?
   a. Child’s present level of performance
   b. Annual SMART goals
   c. Individualized supports and services
4. Circle all that apply: Who attends an IEP team meeting?
   a. Parent/Guardian of the child
   b. Regular education teacher
   c. Special education teacher
   d. School district representative
   e. Related services
   f. Child

Parent/Guardian

1. Circle all that apply: What is the role of the parent/caregiver in the IEP team meeting?
   a. Comply with what the team members advise you to do, sign off at the end that
      you attended the meeting
   b. Provide input to define/refine annual goals, and child’s strengths/weaknesses
   c. Watch your child while the other team members talk

2. True/False: As a parent/guardian you are allowed to observe the child in the classroom.

3. Write your response in the box below: What is your biggest fear about your child
   transitioning from early intervention to preschool?

4. Write your response in the box below: What is your biggest priority for the transition of
   your child from early intervention to preschool?

5. Write your response in the box below: What is most important for you to learn regarding
   the IEP process?

Please use the space below to make any additional comments:

Thank you for your participation in the survey. When you have answered all of the questions and
are satisfied with your responses, you are done.
PEP Talks: Partnerships for Educational Planning Talk
Pre-/Post-Test (Parent Educator Edition)

Please circle only one relevant answer for each question, unless instructed otherwise.

Transition

7. True/False: Once the child turns 3, his/her home-based early intervention services will end.

8. True/False: The child has to be re-evaluated for preschool services.

9. True/False: The family will have a service coordinator once their child transitions out of early intervention.

10. True/False: If the child did not meet all of his/her IFSP goals, you can continue using the IFSP in preschool.

11. Services in early intervention are _________ focused, while services in preschool are _________ focused.
   a. Child, Family
   b. Needs, Strengths
   c. Family, Child

12. In early intervention services, the _____ is the primary decision maker, AND in preschool, the ____ is the primary decision maker.
   a. Social worker, School
   b. Family, School
   c. Family, Family

IEP

5. What does IEP stand for?
   a. Individualized Education Program
   b. Informed and Educated Parent
   c. Informed Education Plan

6. True/False: Having an IEP means the child will be in a special education classroom?
7. Name 3 things that must be included in an IEP.

_______________________________
_______________________________
_______________________________

8. The child’s IEP will have annual goals that state what the child will be working on during the school year. Annual goals need to be SMART. What does SMART stand for?

S:
M:
A:
R:
T:

9. Match the definitions above to the terms below:
   a. A change in what the student is expected to learn and demonstrate
   b. A change in the learning environment
   c. A law that guarantees all children with disabilities have access to a free and appropriate public education
   d. Any services your child needs to benefit from special education (ex. occupational therapy, transportation)
   e. A law that states students must be taught in the same settings as students without disabilities as much as possible

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<td>Modification</td>
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<td>Related Services</td>
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</table>
IEP Team Meeting

5. The school is required to invite the parents to their child’s IEP meetings. What are the 3 things that must be included in the invitation?

____________________
____________________
____________________

6. How often do IEP Team Meetings occur?
   a. Only when the goals need to be revised
   b. At least once a year
   c. At the end of every quarter

7. True/False: A parent educator can be a member on the IEP team.

8. Circle all that apply: What is discussed at an IEP team meeting?
   a. Child’s present level of performance
   b. Annual SMART goals
   c. Individualized supports and services

9. Circle all that apply: Who attends an IEP team meeting?
   a. Parent/Guardian of the child
   b. Regular education teacher
   c. Special education teacher
   d. School district representative
   e. Related services
   f. Child

Related Services

1. True/False: Related Services are any service required to assist an individual with a disability to benefit from special education.

2. True/False: According to IDEA (2004) transportation is NOT considered a related service.

3. True/False: Goals for related services in an IEP require more specific criteria than educational goals.
Parent/Guardian

6. Circle all that apply: What is the role of the parent/caregiver in the IEP team meeting?
   a. Comply with what the team members advise you to do, sign off at the end that you attended the meeting
   b. Provide input to define/refine annual goals, and child’s strengths/weaknesses
   c. Watch your child while the other team members talk

7. True/False: As a parent/guardian you are allowed to observe the child in the classroom.

Parent Educator

1. True/False: Parent Educators in Early Head Start Programs are responsible for informing parents about the transition from early intervention to preschool special education.

2. Circle all that apply: What is the role of the parent educator in working with the family as the child transitions to preschool special education?
   a. Provide the family with information on the importance of planning for transition
   b. Discuss priorities/concerns with the family regarding transition
   c. Discuss with family what services their child will be receiving in preschool
   d. Discuss the child’s present levels of development and skills needed to successfully transition

3. One way to help the family with transition is to empower the parents to act as ________ for their children.
   a. Helpers
   b. Advocates
   c. Therapists

4. Open-ended: How would you describe your role as a parent educator when the child is transitioning from early intervention to preschool?

5. Open-ended: What is most important for you to learn regarding the IEP process?
Please use the space below to make any additional comments:

Thank you for your participation in the survey. When you have answered all of the questions and are satisfied with your responses, you are done.
Appendix G.
Parent/Parent Educator Satisfaction Survey

PEP Talks Program
Parent Participant Evaluation Form

In an effort to provide the highest quality training experience, I request your honest and constructive feedback in the areas below. Your input is valuable as we strengthen our training skills and improve my presentation model. Thank you in advance!

Presenter: Audra Sitterly

Teaching Format

<table>
<thead>
<tr>
<th></th>
<th>Extremely Useless</th>
<th>Somewhat Useless</th>
<th>Neutral</th>
<th>Useful</th>
<th>Extremely Useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content included in the presentation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Handouts provided</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Information provided was presented in a way that was understandable to me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>If you attended playgroup sessions, did you find them:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Was the presentation style appropriate for the topic? How could it be improved?

Overall Program

<table>
<thead>
<tr>
<th>Met my expectations</th>
<th>Very Bad</th>
<th>Bad</th>
<th>Neutral</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you recommend the program to a friend or relative?</td>
<td>Strongly Not Recommend</td>
<td>Not Recommend</td>
<td>Neutral</td>
<td>Recommend</td>
<td>Strongly Recommend</td>
</tr>
<tr>
<td>How confident are you in your preparation to actively participate in future team meetings (IEP/IFSP)?</td>
<td>Unconfident</td>
<td>Somewhat Unconfident</td>
<td>Neutral</td>
<td>Confident</td>
<td>Very Confident</td>
</tr>
<tr>
<td>My overall feeling about the program delivered to my child/family is:</td>
<td>Very Negative</td>
<td>Negative</td>
<td>Neutral</td>
<td>Positive</td>
<td>Very Positive</td>
</tr>
</tbody>
</table>

63
<table>
<thead>
<tr>
<th>Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that the leader’s teaching was</td>
</tr>
<tr>
<td>Very Poor</td>
</tr>
<tr>
<td>I feel that the leader’s preparation was</td>
</tr>
<tr>
<td>Very Poor</td>
</tr>
<tr>
<td>Concerning the leader’s interest and concern in me and my child, I was:</td>
</tr>
<tr>
<td>Extremely Dissatisfied</td>
</tr>
<tr>
<td>At this point, I feel that the leader in the parenting program was:</td>
</tr>
<tr>
<td>Extremely Unhelpful</td>
</tr>
</tbody>
</table>

Identify three things that were most beneficial about this program:

1.

2.

3.

Identify three things that you would suggest to improve this program:

1.

2.

3.

Additional Feedback:
PEP Talks Program  
Parent Educator Participant Evaluation Form  
August 2, 2016

In an effort to provide the highest quality training experience, I request your honest and constructive feedback in the areas below. Your input is valuable as we strengthen our training skills and improve my presentation model. Thank you in advance!

Presenter: Audra Sitterly  
Topic: PEP Talks

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenter spoke clearly and knowledgeably</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Examples provided were relatable to me</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Information provided was presented in a way that was understandable to me</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The time allotted was appropriate for the topic</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Was the presentation style appropriate for the topic? How could it be improved?

Overall Training Evaluation

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met my expectations</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Training was well-organized</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The environment was suitable for learning</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The time allotted was appropriate for the topic</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Would you recommend this training to others? Y__ N___. Why or why not?

Any training you would like to see in the future, or content added to this presentation?

Additional Feedback: