

*SPECS for Include Me from the Start:*

An Independent Authentic Program Evaluation Research Proposal on Public School Inclusion of Children with Severe Disabilities for ARC of Pennsylvania

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## Brief Overview of Inclusion Concepts, Research, and Mandates

The 'Include Me from the Start' initiative of ARC of Pennsylvania seeks to provide high quality mentoring to receiving teachers and adaptive programming in inclusive settings for 300 children with severe-profound disabilities in kindergarten and first grade. The associated program evaluation research is designed to determine the impact and programmatic elements for successful inclusion.

This proposal is based upon support for the philosophical concept within the disability community of "nothing about us, without us". As Klenovec (2009) espouses, it is normal to be different. Diversity of many types and degrees are a constant in life. Thus, universal design in physical architecture, technology, computers, educational curricula and tests, and, of course, instruction and related accommodations in schools must be available and individualized for all. This universal design concept is also supported internationally by the World Health Organization within the International Classification of Functioning (ICF). The ICF fronts activity-participation and environmental changes to reduce disabling barriers and to facilitate inclusion. Include Me from the Start exemplifies this international movement.

### Legal Mandates for Inclusion

Since the initial programs including children with disabilities in regular classrooms were developed in the 1970's, much has been learned about inclusion. In addition to accumulated experience and understanding of the issues surrounding inclusion, there have been other significant developments. The least restrictive environment (LRE) statute was written into the Individuals with Disabilities Education Act (IDEA), 20U.S.C. §§ 1400-1485. Families and advocates sued the Pennsylvania Department of Education for failure to comply with the federal legislation, particularly the LRE mandate and the case was settled in 2005.

In accordance with the Gaskin Settlement (Id At Provision IV.4(C)(1).), ARC professionals from 'Include Me from the Start' will train, mentor, and support teachers in the provision of services to children with disabilities in regular classrooms. Districts with the lowest LRE Index Scores will participate in the program (Id. A Provision IV.4(C)(1).)

### Effective Elements for Successful Inclusion

From a philosophical standpoint, moral and legal issues surrounding inclusion have prevailed, but as Diane Bricker (1995) so eloquently stated, the complexity of successful implementation of inclusion is often overlooked or given little consideration. Bricker and other inclusion advocates have indicated strongly that placement isn't enough; high quality programming, adaptations, and supports must be in place to accommodate the individual needs of children. 'Include Me from the Start' offers the rich opportunity to focus on the most effective elements of implementation for successful inclusion.

Researchers have sought to define the elements of successful inclusion, building on empirical evidence and today's realities. Children must acquire skills, be accepted as full members of the group and have relationships within the classroom (Billingsley, Galluci & Peck, 1995). Cross and her colleagues provided additional specifics, stating that children should make progress on IEP goals and in the general education curriculum and added that parental satisfaction with child progress is another important outcome (Cross, Traub, Hutter-Pishgahi, & Shelton, 2004). Diane Bricker, a pioneer in this area, cites three conditions, at minimum, which must be addressed to ensure successful inclusion: attitudes, professional skills and knowledge, and support systems (Bricker, 2000). Gualnick and others argue the importance of social integration of children with disabilities in the classroom (e.g. Odom, 2002, Odom et al, 2004; Gualnick, 2001; Buysse, Goldman & Skinner, 2002; Gualnick & Groom, 1988).

For adapting curriculum and instruction in inclusion classrooms, DeSchenes, Ebeling, & Sprague (1994) identify 9 categories of curricular adaptations which have been proven to be effective for teachers to facilitate inclusion and progress in children with a range of significant disabilities: quantity, input, participation, time, difficulty, alternative goals, level of support, output, and functionality.

### Importance of the ARC of PA Inclusion Initiative

According to the US Department of Education (2004), the numbers of preschool and kindergarten children with developmental delays served in inclusive settings has increased considerably. Evidence has shown that inclusion placements decline, however when children transition to first and second grades (Guralnick, Neville, Hammond & Connor, 2008) and children with developmental problems originally enrolled in fully inclusive settings are placed in less inclusive settings as they move from the early childhood to the early elementary years (Hanson et al., 2001).

Buysse and Hollingsworth (2009) have reported that efforts to measure quality in early childhood have focused on overall program quality and not inclusive program quality for children with disabilities. The evaluation of the components of 'Include Me from the Start' will be a crucial piece in deciphering how children in this critical demographic can succeed in inclusive classrooms and which facets of the implementation produce favorable results. The practices can then be replicated in other programs and carry on the mission that began with the Gaskin decision. In discussing technical assistance (TA) projects Wesley and Buysse (2009) write "... the unique combination of external expertise and stakeholder involvement- the link between research and practice- is perhaps the most overlooked formula for effecting successful innovation and systems-level change" Wesley & Buysse, 2009, p.497). Include Me from the Start and it's evaluation will be important to the program, the state, and to the field of education in general. The following schematic shows the overarching variables which are likely associated with successful inclusion of children with disabilities in the ARC of PA model.



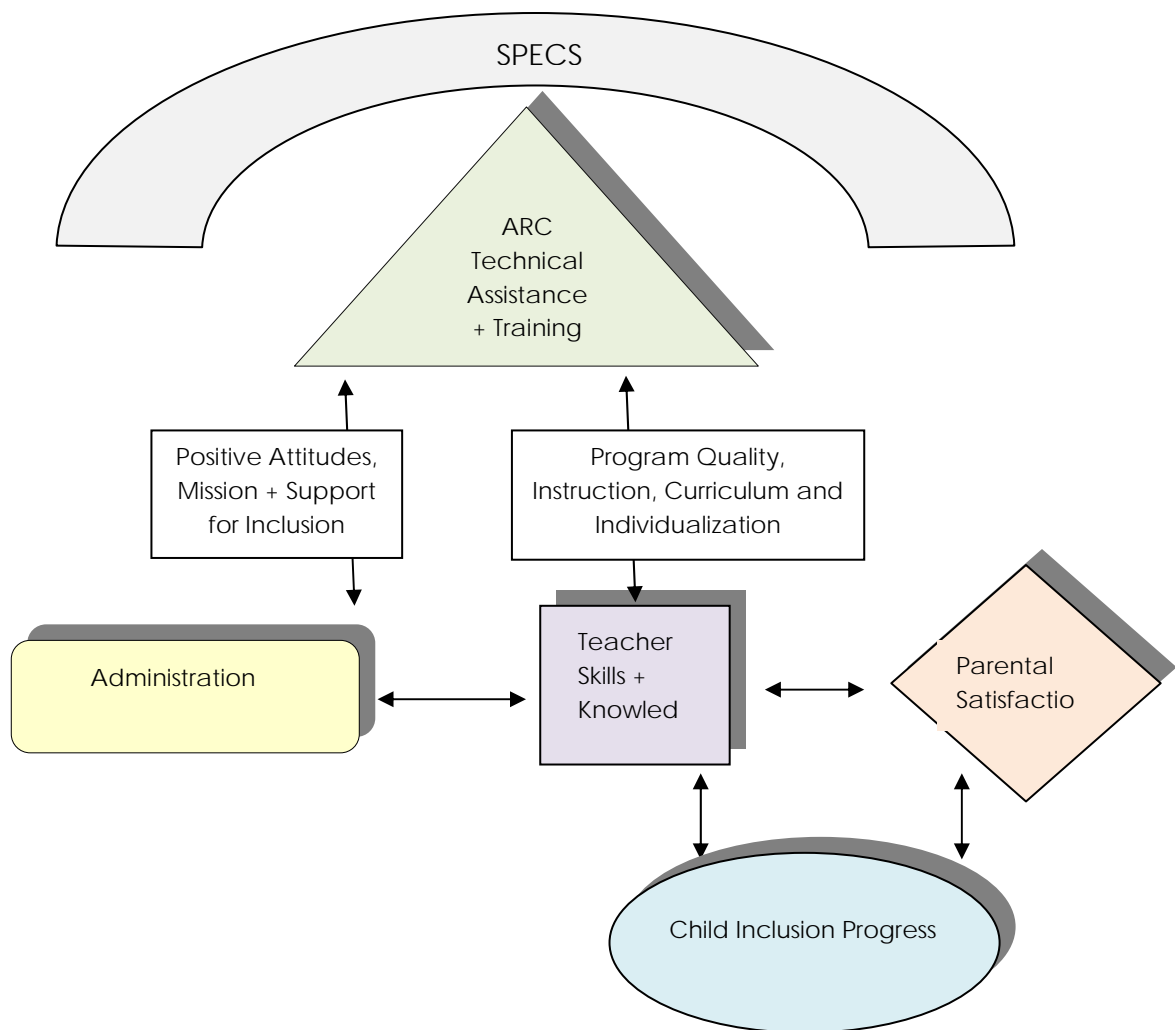
## SPECS for Include Me from the Start: Model Overview

### Research Logic Model

Based on inclusion research, the National Professional Development Center on Inclusion (2009) recommends the DEC/NAEYC (2009) joint position statement on early childhood inclusion be used as a guide to inclusive practices in three separate but equally important areas:

- 1) Features of high quality inclusive programs (access, participation and supports)
- 2) Effective supports to facilitate successful inclusion (technical assistance and mentoring)
- 3) Desired results of quality programs (sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential).

Operational Elements of the ARC Model for SPECS Evaluation of Include Me from the Start



Based on both the research literature and the logic model, the following chart lists salient operational features which must be measured in order to capture best the most effective elements of the Include Me from the Start model:

Inclusion Features	Indicators	Dependent Measures*	Assessors
Administration	Mission statement Attitudes and support	Inclusion tool	SPECS SPECS
	School demographics	Demographics Survey	School database
Teachers	Teacher demographics	Demographics Survey	School database
	Teacher use of inclusion "best practices"	Inclusion tool	SPECS
	Curricular adaptations	Video samples DeSchenes categories (1994)	SPECS SPECS
	Teacher satisfaction	"How My Mentor Helped Me"	Teacher
Parents	Parental participation/ satisfaction	Include Me from the Start Consumer Survey	Parent/Guardian
Child	Child Characteristics: gender, age, severity of disability, SES	Demographics Survey SPECS Disability Severity Scale	Parent/Guardian SPECS
	Functional progress	Inclusion tool FACTER	SPECS Teacher
	IEP goals	Goal Attainment Scaling (GAS)	SPECS
	Social integration	Inclusion tool Video samples	SPECS Teachers/ARC mentors
ARC Mentoring Model	Mentoring features; Technical assistance and support elements	SPECS Mentoring Monitor	ARC Mentor  SPECS
	Mentor Satisfaction	"How I Helped My Teacher"	ARC Mentor

\*The final choice of measures is subject to change based on PAR and available funding.

## Research Methodology



Early Childhood Partnerships uses *Scaling Progress in Early Childhood Settings (SPECS)* a participatory action research (PAR) methodology in our collaborative work with community partners. Basically, PAR involves all relevant parties in actively examining together current processes in order to improve upon them. It is a democratic or non-coercive process whereby stakeholders determine the purposes, methods, and expected outcomes of the evaluation research (Wadsworth, 1998). Before beginning the ARC of PA research, SPECS will engage the ARC team in PAR discussions to modify and customize the model as stated in this proposal.

*SPECS* is an authentic assessment and program evaluation research approach which has an evidence-base through its field-validation in numerous studies, particularly its use over a 15-year period to evaluate the impact and outcomes of the Heinz Pennsylvania Early Childhood Initiatives (ECI) and Pennsylvania Pre-K Counts, encompassing nearly 15,000 children and families, 3000 teachers, 700 classrooms in diverse early childhood intervention programs across Pennsylvania (Bagnato, 2002; Bagnato, et al, 2002; Bagnato et al, 2004; Bagnato et al, 2009). The SPECS model was field-validated in the Pennsylvania Preschool Integration Initiative (PAPII; Bagnato & Neisworth, 1989-1993) and also the Pennsylvania Early Intervention Outcomes Study (PEIOS; Bagnato, et al, 2007) [see SPECS [www.earlychildhoodpartnerships.org](http://www.earlychildhoodpartnerships.org)].

SPECS' authentic assessment strategies are unique and effective because they:

- Use a collaborative research model with community partners for the formative and summative research phases.
- Ask whether the program works in a natural setting rather than a laboratory setting.
- Infuse computer-based evaluation methods into typical, everyday work routines of the program's teachers and staff.
- Assess *all* children, families, and programs in the study without exclusions.
- Apply the developmentally appropriate quality guidelines of the National Association for the Education of Young Children, the Division for Early Childhood, Council for Exceptional Children, and the OSEP indicators.
- Rely on observations of natural child behavior and learning competencies in everyday play and work routines in their classrooms.
- Do not use traditional "tabletop testing" and remove the child, teachers, or parents from their natural situation or "developmental ecology."
- Rely on ongoing observational assessments from consistent caregivers-teachers in the child's life.
- Offer feedback to teachers, parents, and the community about children's learning and needed program refinements in the summative evaluation.
- Operationally implement longitudinal, repeated-measures, regression design using HLM and path analysis strategies.

## Dependent Measures & Data Collection

SPECS will combine a formative and summative evaluation and measurement model as outlined previously as the overarching structure to document the quality, impact, and outcomes of *Include Me from the Start*. Assessments are written into the table on page 5 demonstrate how we will measure each factor involved in the inclusion process. SPECS team members will complete assessments based on interviews and videotaped observations of classrooms and individual children, using flip-camera technology. Administration personnel, teachers, parents, and mentors, will be asked to complete relevant survey's and questionnaires to answer the research questions. ARC mentors or school staff will be provided with small video flip-cameras and asked to record the included children involved in their classrooms. ECP will provide specifics on the process. The observations will then be used to complete assessments.

Based upon the level of funding available to support the SPECS authentic program evaluation research, the following measures or portions of these measures can be used in the data collection process to document the impact and outcomes of *Include Me from the Start*. All these measures have been field-validated in previous national research on inclusion, particularly inclusion during the early childhood period through 3<sup>rd</sup> grade and samples can be reviewed in the separate Appendix document to this proposal. Final determination of measures will occur after the "participatory action research" (PAR) process between SPECS and ARC members. Measures (whole or part) may include:

- Quality of Inclusive Experiences Measure (QIEM (Wolery, Pauca, Brashers & Grant, 2000).
- The Inclusive Classroom Profile (ICP) (Soucacou, 2007)
- SPECS Mentoring Monitor (Bagnato, 2008)
- SPECS Severity of Disability Scale (Bagnato & Hawthorne, 1998)
- Functional Assessment of Classroom Teaching in Everyday Routines (FACTER) (Arick, Nave, Hoffman & Krug, 2004)

## Research Design and Timeline

The preferred research model and timeline for SPECS is outlined in the schematic below. The definitive timeline will be based on the PAR discussions with ARC and the level of funding for the evaluation research. The three levels of the intensity of the evaluation research: Gold; Silver, and Bronze will vary by funding level and will also involve pros-cons regarding research integrity. The optimal model with the greatest statistical power ( $r = .80$ ) involves an 18-24 month period of evaluation of the ongoing mentoring of school teachers by ARC mentors using the *Include Me from the Start* model consists of repeated observational assessments of the teachers for each academic year of the project (2010-2011 and 2011-2012): October-November and; May-June. Children will be assessed in October and then again in May.

	<i>October-November</i>	<i>January-February</i>	<i>May-June</i>
Teachers	X		X
Children	X		X
Parents			X
Mentors	X	X	X

SPECS will employ a pre-test/post-test repeated-measures regression design in which each child and teacher are their own controls. In this model field-validated by in other PA research (Bagnato & Suen, 2002; in press) individual growth curve analyses using HLM analytical methods will be implemented. The overall intent of the design is to explore the complex interrelationships among the ARC mentoring model and changes in school variables, teacher's attitudes and instructional practices for inclusion and their impact on child progress and parent satisfaction. Depending on the choice of tools, this may be supplemented by some randomly selected, single-subject behavioral studies to examine the functional relationship between ARC technical assistance and child progress. The following research questions underpin the SPECS research:

- Does ongoing ARC mentoring result in significant functional improvements in teaching practices and administrative supports for inclusion?
- Do changes in teacher's attitudes and instructional practices result in higher quality inclusion for children with severe disabilities in K and 1<sup>st</sup> grade?
- Are changes in teacher's practices and administrative supports associated with functional changes in children's developmental capabilities and level of activity and participation in school learning and social routines?

Based on our PAR collaborations, the SPECS team and ARC are likely to make modifications in the SPECS model to maintain rigor, but also meet budget limits. Such discussions and modifications will likely include implementation of a random selection process to target a limited number of students and teachers for direct classroom observation; use of ARC mentors and teachers to complete qualitative and quantitative scales on inclusion and child progress; and development and use of a "project missions quality and outcome scale" to gain systematic data on individual perspectives about the quality and success of the project.

### **Research Advisory Panel**

The SPECS team has made an initial overture to Dr. Mark Wolery, Peabody/Vanderbilt University, and gained his agreement to serve as a national expert and consultant on inclusion of young children with disabilities to serve as another level of independent support for the ARC mentoring model and the SPECS research. Dr. Wolery is an internationally renowned researcher in inclusion and has chaired the DEC/NAEYC task forces to forge the inclusion recommended practices standards for these professional organizations.



## Researcher Reputation and Organizational Capacities

### University of Pittsburgh, School of Medicine, Department of Pediatrics; Children’s Hospital of Pittsburgh

Dr. Bagnato’s team is affiliated with three core clinical and research units at the University-Hospital academic medical complex at Children’s Hospital/UPMC and the University of Pittsburgh.

- Child Development Unit/Division for Developmental and Behavioral Pediatrics.

Dr. Bagnato’s Early Childhood Partnerships program is part of the Division for Developmental and Behavioral Pediatrics and the Child Development Unit (CDU). These entities encompass clinical and research facilities which specialize in children at developmental risk and with developmental delays/disabilities, chronic medical conditions, and neurodevelopmental and neurobehavioral disorders. The specific disabilities--served in specialty services both at the hospital and “in-vivo” early childhood intervention classroom and agency settings with partner agencies—include autism (Autism Treatment Network—ATN), fragile X syndrome, speech/language disorders, cerebral palsy, and other mild to severe disabilities (affiliations with schools for children with blindness and deafness).

- UCLID Center at the University of Pittsburgh

UCLID is one of the 37 national Leadership Education Institutes (LEND) devoted to best practices and interdisciplinary professional development in the disabilities field. The UCLID Center has been funded for 15 years by the US Department of Health and Human Services, Maternal and Child Health Bureau (MCHB) for the LEND (Leadership Education in Neurodevelopmental Disabilities) program. UCLID faculty and fellows/trainees (total of 55) represent the several interdisciplinary fields of nursing, pediatrics, psychology, communications disorders, audiology, special education/early intervention, physical therapy, occupational therapy, public health, social work, nutrition, and dentistry.

Dr. Bagnato is a core psychology faculty member for interdisciplinary training for UCLID; his ECP program serves as an internship and employment site for at least 12 of the interdisciplinary trainees whose activities will be shared on the IES Measurement project to meet UCLID training requirements.

- Early Childhood Partnerships (ECP)

Dr. Bagnato directs ECP as a University-Hospital-Community leadership collaborative dedicated to innovative interdisciplinary consultation, direct service, professional development mentoring, technical assistance, policy development, program outcomes evaluation, and applied research *on-site* within diverse early care and education/early intervention settings and programs across Pennsylvania and the tri-state region (e.g., Ohio, West Virginia, Maryland). ECP addresses the needs of professionals who provide support to families and young children who are at developmental or behavioral risk or who have developmental disabilities and/or chronic medical conditions.



Because of this satisfaction with and effectiveness of his work, 60 regional partners wrote letters of support so that Dr. Bagnato (PI) and his ECP team were recipients of the 2001 University of Pittsburgh Chancellor's Distinguished Public Service Award for the impact of their community-based service and research activities across PA. Similarly, Dr. Bagnato received the 2009 Penn State University Distinguished Education Alumna Award for his career of national and international research in early childhood intervention and psychology-in-education also supported by over 100 community sponsors and faculty colleagues. Dr. Bagnato was recently sworn-in by Governor Rendell to serve on the Commonwealth of Pennsylvania's Early Learning Council (ELC), and official leadership group to advise the executive and legislative branch on policy, practice, and research to promote early childhood intervention in the state.

Dr. Bagnato has the unique reputation of conducting the largest number of high-profile, longitudinal, and large sample research initiatives across Pennsylvania on early childhood intervention and inclusion efficacy and outcome studies since 1980. This experience is unequalled by other researchers in PA, particularly for young children with at-risk status, delays and various disabilities, birth to 8 years of age. These research studies include the following and can be downloaded from the SPECS section of the website [www.earlychildhoodpartnerships.org](http://www.earlychildhoodpartnerships.org):

- Bagnato, SJ etal (1989-1993). *The Pennsylvania Preschool Inclusion and Integration Initiative (PAPII)*. Pittsburgh, PA: University of Pittsburgh, and Commonwealth of PA, Bureau of Special Education. [1500 children-both typical and with mild to severe disabilities in 23 IUs and school districts].
- Bagnato, SJ (1997-2003). *Quality Early Learning: Key to School Success: Authentic Outcomes for the Heinz Pennsylvania Early Childhood Initiatives (ECI)*. Pittsburgh, PA: Early Childhood Partnerships. [2400 children in 25 state-wide early care and education programs]
- Bagnato, SJ (2005-2009). *Pre-K Counts in Pennsylvania for Youngster's Early School Success: Authentic Outcomes for an Innovative Prevention and Promotion Initiative*. Pittsburgh, PA: Early Childhood Partnerships. [10,000 children typical and with delays; 21 school district community partnerships; 500 teachers and classrooms across PA].

In addition, Dr. Bagnato and his ECP team have wide consultative and direct service experience in promoting and supporting inclusion of children with severe disabilities and medical and behavior problems in both early childhood and primary grade classrooms through various grants and contracts including:

- HealthyCHILD School-Linked Developmental Healthcare Partnerships (Collaborative Health Interventions for Learners with Disabilities) from 1994- present--mobile healthcare team providing services to children with disabilities in regular classroom settings in Western PA and West Virginia.
- Disabilities Services Quality Improvement Center (DSQIC), federal subcontract to provide mentoring and consultation to Head Start teachers, and administrators in programs in Region III including PA, VA, WVA, Delaware, and Maryland from 1997-2004.
- Center of Mentoring for Effective Teaching (COMET)—USDHHS and ACF 3-year research grant to field-validate an on-site model of direct professional development mentoring to teachers in early childhood intervention programs to support the inclusion and progress of all children by fostering improvements in teacher's instructional and management competencies (2008-2011).

### Research Budget

The specifics of the budget for the *SPECS for Include Me from the Start* authentic program evaluation research model will be determined through PAR discussions with representatives from ARC. The SPECS model described in the previous sections can be efficiently and effectively customized in scope based upon these discussions. SPECS is prepared to customize the optimal version for the state-mandated evaluation budget of \$60,000 (\$30,000 for each of 2 years). No university indirect cost rates will be requested for the SPECS research. The budget to be decided and itemized in discussions with ARC of PA will consist of personnel costs for a part-time (25%) coordinator; graduate student assistance, travel, statistical analysis, Dr. Wolery's national inclusion expert consultation, and minor administrative costs.

Moreover, Dr. Bagnato will provide the following **in-kind activities/costs** to support the conduct and completion and extension of the SPECS for Include Me from the Start program evaluation research:

- 10% time commitment to direct the project
- Provide consultation to the ARC of PA team to enhance the ARC of PA mentor model using "lessons learned" from Dr. Bagnato's USDHHS/ACF federal 3-year research grant to field-validate the COMET mentoring model on inclusion for children in Head Start programs
- Presentation to regional, state and national interest groups on the progress, success, and outcomes of the Include Me from the Start model from promotion purposes
- Collaboration with ARC of PA to compose a federal research grant proposal for a more extensive inclusion mentoring model and study.

## *SPECS for Include Me from the Start*

### Summary Details on Potential Dependent Measures

#### *The Quality of Inclusive Experiences Measure (QuIEM) (Wolery, Pauca, Brashers & Grant, 2000)*

- This tool uses a variety of procedures to collect information, including observation, interview, document review, and questionnaire. Scales address both global quality of the program and class and quality of the experiences for the individual child and involves assessing stakeholders of the inclusive process including administrators, teachers and students. The Abbreviated version is 74 pages.
- The QuIEM includes seven scales outlined in the table below:

<b>Scale</b>	<b>Purpose</b>
Program goals and purposes	Determine whether inclusive services are a nominal or meaningful part of the program's mission and focus
Staff supports and perceptions	Evaluate the supports for helping classroom staff plan and carry out high-quality inclusive experiences for young children with disabilities
Accessibility and adequacy of the physical environment	Determine how accessible and appropriate various aspects of the physical are for the child with disabilities
Individualization of goals, planning and implementation	Evaluate the extent to which the educational program for the child with disabilities is individualized
Participation and engagement	Determine whether the child with disabilities is participating in the same activities, routines, and transitions as other children in the class and is engaged in classroom activities
Adult-child contacts and relationships	Assess the amount of adult involvement with the child who has disabilities, the tone of interactions, and how responsive those interactions are
Child-child contacts and relationships	Measure interactions the child with disabilities has with his/her classmates who do not have disabilities

**The SpecialLink Child Care Inclusion Practices Profile and Principles Scale (Irwin, 2005).**

The SpecialLink Early Childhood Inclusion Quality Scale consists of a practice subscale of 11 items (physical environment, equipment and materials, director and inclusion, staff support, staff training, therapies, individual program plans, parents of children with special needs, involvement of typical children, board of directors or other similar unit, and preparing for transition to school) and 158 indicators as well as a principles subscale of 6 items (zero reject, natural proportions, same hours/days of attendance available, full participation, maximum feasible parent participation and leadership, pro-active strategies and advocacy) and 92 indicators.

**The Inclusive Classroom Profile (ICP) (Soucacou, 2007)**

The format of the ICP is based on the Early Childhood Environment Rating Scales (ECERS-R; Harms, Clifford, & Cryer, 1998), It is a 7- point scale which rates quality from 1 (practices considered highly inadequate) to 7 (practices that promote to the highest degree the developmental needs of children with disabilities). The scale consists of 11 items:

1. Adaptations of space and materials
2. Adult involvement in peer interactions
3. Adult guidance of children's play
4. Conflict resolution
5. Membership
6. Adult-child social interactions
7. Support for social communication
8. Adaptations of group activities
9. Transitions between activities
10. Feedback on children's learning
11. Planning and monitoring children's individualized goals.

**SPECS Mentoring Monitor (Bagnato, 2007)**

The scope, content, and intensity of mentoring will be coded and documented using the *SPECS Mentoring Monitor* . The Monitor is an Excel spreadsheet methodology that can be completed by individual mentors on a weekly or bi-weekly basis.

<b>Mentoring Categories</b>	<b>Mentoring Activities</b>
Pre-Mentoring Estimate of Effort Needed	
Type of mentoring provided (3)	Face-to-face mentoring to director of program; Face-to-face mentoring to the

	teacher/provider; Indirect guidance to the caregiver via the director
Number of mentoring sessions	
Number of mentoring hours	
Number of persons mentored	
Number of goals set	
Number of goals achieved	
Communication modes used (5)	Face to Face Meetings, phone calls, written reports, e-mail, chat room
Mentoring strategies used (6)	Observation of classroom/setting; Demonstration/modeling specific skills; Goal-planning; Formal on-site workshop training; verbal feedback; Written feedback; Collecting resources
Mentoring topics covered (5)	Emotional support; Classroom organization; Instructional support; Literacy environment; Literacy activities
Quality of relationship between mentor and teacher	
Post-mentoring effort needed	

**How I Helped My Teachers/How My Mentors Helped Me (Hollingshead & Bagnato, 2009)**

How I Helped My Teachers/ is a modified version of the Mentorship Profile Questionnaire developed by the Johns Hopkins University School of Nursing program (Berk, Berg, Mortimer, Walton-Ross, & Yeo, 2005). This survey measures the relationship from the perspective of the mentor/consultant.

**Developmental Healthcare Severity Scale (Bagnato & Hawthorne, 1998)**

The DHCSS is a classification format for documenting status and changes in an individual child's severity of developmental disabilities and related functional life features such as medical conditions, extent of need for support by family and schools, and capability to function in real-life activities

**Functional Assessment and Curriculum for Teaching Everyday Routines (FACTER) (Arick, Hoffman & Krug, 2004)**

FACTER is an individualized functional assessment and instruction for everyday routines and related skills using a curriculum-referenced approach

The age range for this tool is early primary grade students (1-6) with moderate to severe developmental disabilities. However, the functional nature of routines and skills makes it appropriate for younger children.

The following domains are included in this assessment: Living Skills, Transition, Academics, Leisure, Community and Career with related areas in Expressive Communication, Receptive communication, Problem solving, Teamwork/Social skills, Motor skills, Functional Academics

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## PROFESSIONAL PROFILE



**STEPHEN J. BAGNATO, Ed.D., NCSP** is a Developmental School Psychologist and Professor of Pediatrics and Psychology at the University of Pittsburgh, School of Medicine. Dr. Bagnato holds joint appointments in Psychology-in-Education/Applied Developmental Psychology, School of Education and Clinical/Developmental Psychology—both at the University. He is Director of the Early Childhood Partnerships program at the University and Children's Hospital and core interdisciplinary faculty member for The UCLID Center at the University of Pittsburgh, a USDHHS, Maternal and Child Health Bureau leadership education institute in developmental disabilities.

In 1986, Dr. Bagnato received the Braintree Hospital national brain injury research award for his research on the impact of interdisciplinary intervention for young children with acquired and congenital brain injuries; **in 2001, he was recipient of the University of Pittsburgh Chancellor's Distinguished Public Service Award for the innovation and community impact of his consultation and research programs in *Early Childhood Partnerships***; and in 2008, Dr. Bagnato received the Penn State University Excellence in Education Alumni Award for his career of innovative national and international service and research in education and psychology. Dr. Bagnato has been recently appointed to Governor Rendell's *Pennsylvania Early Learning Council, a task force to influence early childhood intervention policy and practices through systems integration efforts among education, public welfare, and health.*

Dr. Bagnato specializes in authentic curriculum-based assessment and applied program evaluation research for infants, toddlers, preschoolers, and families at developmental risk and with neurodevelopmental disabilities and neurobehavioral disorders. He has published over 130 applied research studies and professional articles in early childhood care and education, early intervention, early childhood special education, school psychology, neurodevelopmental disabilities, and developmental neuropsychology.

Dr. Bagnato is Director of *Early Childhood Partnerships (ECP--[www.earlychildhoodpartnerships.org](http://www.earlychildhoodpartnerships.org))* a community-based consultation, training, technical assistance, and research collaborative between Children's Hospital and The UCLID Center at the University of Pittsburgh with community partners. ECP consists of six core "partnership" programs: (1) *SPECS Program Evaluation Research Team* (Scaling Progress in Early Childhood Settings): authentic measurement of the efficacy and outcomes of high-quality early childhood intervention programs; (2) The *HealthyCHILD* School-linked Developmental Healthcare Partnership: a field-validated RTI/R&R model using a mobile developmental healthcare team and a prevention-intervention continuum to meet the complex needs of preschoolers with acute and chronic medical conditions, developmental delays/disabilities, and challenging behaviors in-vivo in early childhood classrooms (e.g., Head Start, early intervention, ECE); (3) *TRACE* Center for Excellence in Early Childhood Assessment: research on the evidence-base for promising early intervention assessment practices to guide policy changes for improved professional practices; (4) *COMET*—Center on Mentoring for Effective Teaching: research on the impact of mentoring to improve Head Start and ECI teacher practices; (5) Center to Investigate Violence and Injury in Communities (*CIVIC*): epidemiological research; (6) *Early Childhood Research Systems*: innovative observational assessment procedures and database management of standards and assessment links.

For nearly 15 years, Dr. Bagnato and his ECP program have been funded by the Heinz Endowments to conduct longitudinal research on the impact and outcomes of high-quality early childhood intervention programs on nearly 15,000 high-risk children in 30 school districts and regions across Pennsylvania (e.g., Early Childhood Initiative; Pre-K Counts). Dr. Bagnato is a Fellow of the American Psychological Association (APA) in Division 16 and past or current journal editorial board member for *Journal of School Psychology, School Psychology Review, School Psychology Quarterly, Journal of Psychoeducational Assessment, Journal of Early Intervention, Topics in Early Childhood Special Education, Infants and Young Children, Journal of Early Childhood and Infant Psychology, Child Assessment News, and Early Childhood Research Quarterly.*

Dr. Bagnato received the 1995-1996 Best Research Article Award from Division 16 of APA for his "national study on the social and treatment invalidity of intelligence testing in early childhood intervention". He is co-author of the professional "best practice" policy statements and standards on early childhood assessment, evaluation, and early intervention for The National Association of School Psychologists, and the Division for Early Childhood of the Council for Exceptional Children.

Dr. Bagnato is in demand to provide consultation on early childhood intervention "best practices", challenging and atypical behaviors, authentic assessment in early childhood, and authentic program outcomes evaluation research. In addition, he collaborates internationally (e.g., Sweden, Italy, Germany, Portugal) with ATLANTIS: a joint US-EU grant on the design of a universal, web-based curriculum in early childhood intervention for pre-service education of interdisciplinary professionals.

Dr. Bagnato's published books and instruments include: the widely used companion resources and texts--*Authentic Assessment for Early Childhood Intervention: Best Practices* (Guilford, 2007); and the 4<sup>th</sup> edition of *Linking Authentic Assessment and Early Intervention: Best Measures for Best Practices* (2010; Paul Brookes); and the *Temperament and Atypical Behavior Scale (TABS): Early Childhood Indicators of Developmental Dysfunction* (1999; Paul Brookes).

**EILEEN MCKEATING** has a Master's degree in Applied Developmental Psychology and is currently a doctoral student in the Early Intervention program in the School of Education at the University of Pittsburgh. Ms. McKeating has worked extensively with children with disabilities. At Watson Institute, she provided programming and supports for children with Autism Spectrum Disorders. Subsequently, she was employed as a discrete trial therapist for children with autism at Western Psychiatric Institute & Clinic. Facilitating the inclusion of children with autism into mainstream settings was integral to both positions.

For over six years, Ms. McKeating has worked at Early Childhood Partnerships (ECP) of Children's Hospital of UPMC and the University of Pittsburgh. During this time, she has been a Developmental Specialist for the HealthyCHILD program, providing onsite consultation to preschool teachers on mental health and behavioral concerns of children with and without disabilities. Duties also included facilitating monthly roundtable discussions and preparing and presenting in-service trainings for staff.

On a research level, Ms. McKeating assisted in the coordination of the Pennsylvania Early Intervention Outcomes Study, reviewing charts and documenting the status of children enrolled in Part C and Part B programs statewide. Data was collected and compiled from early intervention providers and reported to the federal and state governments. Work at ECP has involved several other research studies including program evaluation for Pennsylvania Pre-K Counts and mentoring and assessment for a nationally funded study, Center on Mentoring for Effective Teaching (COMET). She has collaborated on a national webinar and several publications on eligibility and assessment for early intervention and special education.

In addition to working at ECP, Ms. McKeating has received teaching fellowships for the last three years through the department of Instruction and Learning at the University of Pittsburgh. She has also been a teaching assistant for a class on assessment for young children with disabilities. She has provided supervision for Master students in their placements in the Early Intervention/Autism Specialization program. Through her doctoral studies, Ms. McKeating completed an internship at the NICU Outpatient Follow-up Clinic of Magee Women's Hospital, where she assisted in performing developmental/neurological assessments of premature infants at follow up visits. She has also completed nine credits toward the Special Education Supervisor certificate program.

This past year, Ms. McKeating participated in the University, Community Leaders for Individuals with Disabilities (UCLID) program at Children's Hospital and the University of Pittsburgh. She served as School Liaison for children with disabilities and their families attending the clinic, observing children in their natural environments (the vast majority of which were inclusive settings). The purpose of this role was to bridge the knowledge gap between home, school and clinic for individuals ranging from 3 to 21 years of age and to advocate on their behalf.