PROGRAM EVALUATION OF PROJECT TEAM AND PROJECT PREP, PRESERVICE INTERDISCIPLINARY EARLY CHILDHOOD TRAINING PROGRAMS

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A survey of graduates who participated in Project TEAM (School Psychology, Social Work, and Speech/Language Pathology) and Project PREP (Interdisciplinary Early Childhood Education) is presented. Graduates completed coursework, seminars and practica that emphasized knowledge and skills related to working with children in the birth through 5 age group and their families. The survey determined in which competencies graduates indicated they were best and least prepared by the program and which competencies were most and least applicable to their present careers. The survey also determined what teaming models the graduates are currently using and would prefer to use in their careers. Results indicated a general trend towards the interdisciplinary and transdisciplinary teaming models as those that graduates would prefer to use. The survey also looked at the process of the programs (i.e., participating in seminars with various disciplines, participating in the practica as a team, taking courses with other disciplines, etc.) to determine whether or not participants benefited from the program's overall organization. Results indicated that graduates agreed with the program process.

Introduction

For this project, the rationale, methodology, and results of a study of graduates who participated in Project TEAM and Project PREP are presented. The purpose of the study was primarily to determine which program competencies the program graduates would identify as best and least prepared and to determine which competencies were most and least applicable to the graduates' present careers. The researcher also determined how strongly the graduates agreed or disagreed with the process of the programs (e.g., participating in coursework and seminars with various disciplines, participating in the practica as a team, etc.). First, information will be given that supports the need for professionals, such as School Psychologists, Speech/Language Pathologists, and Social Workers, to be trained in early intervention (birth through five) services. Second, information will be given that supports the need for Early Childhood Educators, School Psychologists, Speech Pathologists, and Social Workers to be trained in interdisciplinary or transdisciplinary teaming approaches. Recommended practice standards are presented for personnel planning to work in the field of early intervention. Program descriptions of Project PREP and Project TEAM are presented. Finally, the development, procedure and results of the study are presented, as well as a discussion of the results.

Public Law 99-457 and the amendment of IDEA (P.L. 105-17, 1997) has intensified the need for state agencies, professional organizations, and university personnel to develop standards and effective training programs to prepare early intervention personnel (Bailey, et al., 1990b). In Part H of P.L. 99-457, the requirement is that individual states establish comprehensive multidisciplinary early intervention systems for children with developmental delays or disabilities from birth up to their third birthday and their families. Part H also includes children with diagnosed conditions and children at risk of substantial delays (Mental Health Law Project, 1992; Forbes, 1995).

Part B of P.L 99-457 required that services be provided for children ages three to five with special needs and their families. It is also specified that parents of children with special needs are to participate fully in evaluation, assessment, and planning activities (Saunders, 1995). There are five reasons for this requirement, (a) to minimize potential for developmental delay by enhancing the development of infants and toddlers, (b) to reduce the need for special education services when these children reach school age, (c) to increase the likelihood that these children will reach their full potential, (d) to assist families in meeting the needs of their infant or toddler with a disability, and (e) to increase agencies' capacity to identify, evaluate, and meet the needs of underrepresented populations (Forbes, 1995). P.L.99-457 also states that a multidisciplinary teaming approach must be established and that interdisciplinary training should be available when appropriate (House Report No. 99-860, 1986; TEAM Grant, 1991).

The U.S. Department of Education (1995) reports that nationally there are 165,253 infants and toddlers (ages birth through 3) receiving early intervention services under Part H funds as of December 1, 1994. This number of infants and toddlers is 1.41% of the total population. In Kentucky, there were 1, 336 infants and toddlers receiving early intervention services during the 1994-95 school year. This number increased to 1,933 in1995-96 and increased again to 2,614 in 1996-97 (Cabinet for Health Services, 1998; U.S. Department of Education, 1995). It is also estimated that by the year 2000, there will be 3,698 children ages birth through three who will be eligible for services (Schneider & Gale, 1993).

In the U.S. Department of Education (1996) report, the number of 3 through 5 year olds who are being served nationally has increased to 524,458 during the 1994-95 school year. This figure represents a 6.7% increase which is the largest growth rate of all the age groups served under IDEA, Part B. In 1996-97, the number of children ages 3 through 5 has increased to 549,154 nationally (deFosset, Hardison & Ward-Newton, 1996). In Kentucky, the number of children with disabilities ages three through five who

have been served under Part B has increased from 12,600 in 1993-94, to 13,973 in 1994-95, to 14,683 in 1995-96, to 15,020 in 1996-97 (deFosset & Carlin, 1997). Schumacher et al. (1998) report that the number of 3 through 5 year olds identified as at risk in Kentucky is 7650 as of April 1998. The number of children ages 3 through 5 with Developmental Delays is 3846. The number of this same age group with Communication Disorders is 3753. Finally, the number with severe disabilities is 282 in Kentucky. When you look at the growth of these numbers over the last several years, it is easy to see that qualified professionals will be more and more in demand to work with the children ages birth through 5.

The Children's Defense Fund (1998) reported through the U.S. Department of Education and Social Security Administration that 14,683 children ages 3 through 5 participated in federal education and disability programs (i.e., Individual's with Disabilities Education Act) in Kentucky during the 95-96 school year. Nationally, 544,482 children ages 3 through five participated in these programs. Through the U.S. Department of Health and Human Services Head Start Bureau, 15,988 children were enrolled in the Head Start program in Kentucky during the 96-97 school year. Nationally, there were 798,513 children to participate in the Head Start program for the 96-97 school year (Children's Defense Fund, 1998). Through the U.S. Department of Agriculture, Food, and Consumer Service, 29,479 infants participated in Food Stamps and Child Nutrition Programs (WIC) during 1997 in Kentucky. Nationally, 1,803,946 infants participated in this same program (Children's Defense Fund, 1998). These statistics again support a growing need for services for children who are at-risk or identified with special needs at an early age.

Also included in the U.S. Department of Education (1995) report was the number of personnel employed and needed to provide early intervention services to infants and toddlers with disabilities and to their families as of December 1, 1992. Nationally, there were 30,747 personnel employed and 6,434 needed. The number of special education

teachers employed and needed to serve children with disabilities ages 3-5 during the 92-93 school year was 18,997 employed and 2,209 needed nationally. For Kentucky, there were 253 employed and 20 needed for the 92-93 school year. The U.S. Department of Education (1996) report indicated that the shortage of personnel qualified to work with the birth through 5 age group and their families was still an issue targeted for needed improvement across many states.

These numbers indicate a definite need for personnel preparation programs to adequately prepare professionals to work with children ages birth through 5 (Hebbeler, 1994). Hebbeler (1994) reported that national personnel shortages exist in many professions that provide Part B services (i.e., speech/language pathology, social work, psychology, etc.). Inclusive services for infants, toddlers, and preschoolers with disabilities must be provided by professionals who have skills and knowledge to meet the range of needs and abilities. The increasing shortage of early childhood personnel indicates that interdisciplinary programs need to be offered (Rosenkoetter & Stayton, 1996; Stayton & Miller, 1993; Fenichel & Eggbeer, 1991; Bailey, Simeonsson, Yoder & Huntington, 1990b; Crais & Leaonard, 1990; McCollum & Thorpe, 1988). The Education of the Handicapped Act Amendment - P.L. 105-117 (House Report No. 105-95, 1997) outlines the special education services required to be delivered to children, birth through five, and their families. Since the passage of the original law (Individuals with Disabilities Education Act, P.L., 1990), rapid growth of services for children birth through 5 and their families has increased. As more children and families are identified and receive these services, there will be an increased need for professionals to provide services to this population.

Campbell et al. (1988) reported that "dramatic personnel shortages exist in every related profession when analyzed with regard to specific training and skills for working with families and infants" (p. 39). Rooney, Gallagher, Fullagar, Eckland, and Huntington (1992) also identified a shortage of qualified personnel in the early intervention area.

Both of these sets of researchers stated that higher education programs and state agencies were needed to facilitate the personnel preparation process to meet the requirements of Part H.

Recommended Practices

Many authors and organizations have outlined recommendations for early childhood educators. These recommendations are to be considered when training professionals from various disciplines whether it be preservice training or inservice training. In order to successfully implement Part H and Part B of IDEA (Individuals with Disabilities Education Act), it is important that all professionals who work with children with disabilities understand the legislation and develop the knowledge and skills to effectively provide services for this age group (Saunders, 1995). Recommendations will be discussed according to content or knowledge needed to work with children ages birth through five and their families and, then, according to skill application or field experiences needed to work with this age group.

Knowledge Needed to Work with the Birth through Five Age Group

Members of various disciplines should be involved in all aspects of work with infants/toddlers and their families (National Association of School Psychologists (NASP), 1991; NASP, 1987). The TASK Project suggested that professionals should have a knowledge base of concepts common to all disciplines working with infants, toddlers, and their families (Fenichel & Eggbeer, 1991). This knowledge base allows professionals to understand the terminology of colleagues from a range of disciplines, to appreciate the specific roles of other disciplines, and to understand the methodology and philosophy of other disciplines which will increase the amount of support that many disciplines can give one another (Rosenkoetter & Stayton, 1996). The interdisciplinary (Rosenkoetter & Stayton, 1996; McGonigel, Woodruff, & Roszmann-Millican, 1994; Stayton & Karnes, 1994; McCollum & Bailey, 1991) and transdisciplinary teaming approaches should be taught and modeled during the training of professionals (McCollum

& Stayton, 1996; Salisbury & Smith, 1993; Bailey, et. al., 1990b). Training preservice professionals in these teaming models facilitates mutual respect and understanding among various disciplines (Paget, 1992; Fenichel & Eggbeer, 1991). Bailey (1989) stated that infant intervention is uniquely interdisciplinary and requires specialized interdisciplinary skills. McCollum & Stayton (1996) stated that early childhood services should integrate goals from multiple developmental domains. Bailey (1989) found that generally most fields in early intervention receive little training in the interdisciplinary team process. Bailey, Palsha and Huntington (1990a) found that even special education training programs with early childhood emphasis were not providing more exposure to the interdisciplinary teaming process than other special education programs.

Early childhood or infant specialists from different disciplines should have training that includes within-discipline knowledge and skills as well as cross-discipline knowledge and skills (Division of Early Childhood (DEC), National Association of Educators of Young Children (NAEYC), Association of Teacher Educators (ATE), 1995; McCollum & Thorpe, 1989). Training programs should include instruction with professionals and students from other disciplines (Rosenkoetter & Stayton, 1996; Bailey et al., 1990b). The teaming aspect of these preparation programs is very important in that young children have multifaceted problems that are too complex for a professional of a single discipline to address (Coling, 1991; Raver, 1991; Woodruff & McGonigel, 1988). A team of several professionals from several disciplines would result in assessment and intervention that is comparable to the needs of the child.

Just having a team does not necessarily mean that best practices are being adhered to because there are three types of teams: multidisciplinary, interdisciplinary, and transdisciplinary. When recommendations for teaming are made, it is usually the interdisciplinary or transdisciplinary approaches that are being recommended. Multidisciplinary teams have members of different professions, yet the members of the team function independently. Interdisciplinary teams have members of varying

disciplines that have formal channels of communication between disciplines. Transdisciplinary teams have members from varying disciplines who are involved in role extension, role enrichment, role expansion, role exchange, role release, and role support. Also, with transdisciplinary teaming, the family has an active role as team members. The goal is to make sure that the families are able to make informed decisions. The transdisciplinary approach maximizes the communication and collaboration of professionals (Coling, 1991; Raver, 1991; Fenichel & Eggbeer, 1991; Woodruff and McGonigel, 1988).

Recommended practice with infants and toddlers also involves using a developmentally and chronologically age appropriate knowledge base (McLean & Odum, 1993; Salisbury & Smith, 1993; Carta, Schwartz, Atwater, & McConnell, 1991; NASP, 1991; Wolery & Bredekamp, 1994; NAEYC, 1982). This knowledge base is important when working with children aged birth through five because each program must fit the individual needs of the child (McLean & Odum, 1993; Wolery & Bredekamp, 1994). Programs based on unique developmental characteristics of young children are recommended. Also, programs should include all aspects of the young child, including cognitive, motor, self-help, social competence, and communication (NASP, 1987).

It is recommended that professionals must understand the assessment techniques needed for dealing with young children ages birth through five. Some of the skills and knowledge needed to assess a young child are observation skills, knowledge of test procedures, and feedback skills (Fenichel & Eggbeer, 1991; Drotar and Sturm, 1989). An understanding of transdisciplinary play-based assessment is also recommended (Myers, McBride, & Peterson, 1996; Linder, 1993). When working with this age group, assessment must include various disciplines in order to get a better understanding of the individual needs of each child (Vacc & Ritter, 1995; Bergen, 1994). Another area of understanding that professionals need to have before working with children ages birth through five is that of legislative mandates for early intervention services (Bailey, et. al.,

1990b). This knowledge is crucial because professionals working with this age group need to know what assessment and intervention services are legally required for this age group.

Skills Application or Field Experiences

Preparation programs should be interdisciplinary in nature (to gain experience working with other disciplines) and include hands-on experience. An interdisciplinary practica is suggested in order for students to fully understand the perspectives of various disciplines (Rosenkoetter & Stayton, 1996; McCollum & Stayton, 1996; McCollum, Rowan, & Thorpe, 1994; Stayton & Miller, 1993; McCollum and Thorpe, 1989). Preparation programs should include clinical experiences with professionals and students from other disciplines (Rosenkoetter & Stayton, 1996; Bailey et al., 1990b).

The TASK Project and Rosenkoetter and Stayton (1996) recommend that professionals should have opportunities to observe and interact with a variety of children under the age of 3 and their families. It is also suggested that individual supervision should be given to trainees to allow the trainee time to reflect upon all aspects of work with infants, families, and colleagues (Fenichel & Eggbeer, 1991). Ideally, training should begin during graduate school and continue throughout the internship because the more clinical exposure and knowledge of infants and young children, the better the services provided (Drotar and Sturm, 1989). Preservice and inservice training should allow the trainee to get direct interaction and observation with young children (Fenichel & Eggbeer, 1991). More than just short-term lectures and seminars are needed. Long-term or intense field-based training or hands-on experience is the key (Campbell, et. al., 1988). Bailey, et al. (1990b) found that even when opportunities were available for students to have hands on or clinical experiences working with infants with disabilities or those at risk, students rarely took advantage of these unless they were required. Training should include exposure of trainees to actual early intervention programs and services for young children and their families (Bailey et. al., 1990b). Skill development and clinical

experience are both needed for professionals to serve as an early childhood or infant specialist (Fenichel & Eggbeer, 1991; Drotar and Sturm, 1989).

Another integral part of a practica experience is in practicing the skill of assessment with this young age group. Assessments of the young child should be more informal and ongoing than regularly used with older children (Wolery & Bredekamp, 1994; McLean & Odum, 1993). Ecological, comprehensive, and curriculum-based assessment is recommended (NASP, 1991). Transdisciplinary play-based assessment (TPBA) is recommended and should be a part of the training process because it takes less time than standardized assessments, parents and staff perceive TPBA as more favorable than standardized assessments, and TPBA has high congruence with developmental ratings (Myers, McBride, & Peterson, 1996).

An integral part of training for working with this age group is being sure that the trainee understands family functioning and is able to collaborate with families in identifying their resources, priorities, and concerns (Paget, 1992). Bailey et al. (1990b) found that for the majority of programs there are few opportunities for students to work with families during training. As part of the field experience, preservice professionals find it necessary and important to work hand in hand with the families of the young children with whom they work. For children ages birth through 5, including the child and the child's family throughout the entire process is a strongly recommended. It is important to include the family in the assessment and intervention process, and to make sure families are able to have a great deal of input as to what decisions are made for their child (Rosenkoetter & Stayton, 1996; Capone & Divenere, 1996; McCollum & Stayton, 1996; Wright & Ireton, 1995; Salisbury & Smith, 1993; Bailey, McWilliam, & Winton, 1992; Fenichel & Eggbeer, 1991; Drotar and Sturm, 1989; Guralnick, 1989; Bailey & Simeonsson, 1988). The families should be considered a part of the interdisciplinary or transdisciplinary team. The family-centered approach is extremely important when working with this age group. It is also best practice to be a family and child advocate. The

National Association for the Education of Young Children (NAEYC) recommends that the family and the early childhood professionals have good communication throughout their involvement with each other (McLean & Odum, 1993; Wolery & Bredekamp, 1994). Assessment and intervention should take into account home and family factors (NASP, 1987). It is always beneficial to have parental support, so including the family and the child is in the best interest of the entire family (NASP, 1987).

Recommended practice when working with young children should utilize the least intrusive and most normal strategies to achieve effective intervention (DEC, 1993). Services could be recommended without attempting to assign labels for disabling conditions. Assessments and practices should be directly linked to intervention strategies. One's practice should be nondiscriminatory and valid for the purposes intended (NASP, 1987). Field experiences are excellent means in which to allow students to practice directly linking assessment to intervention. It is also strongly recommended that professionals have a multicultural perspective which allows for an openness to cultural diversity (NAEYC, 1998; Zill, 1995; Wolery & Bredekamp, 1994; DEC, 1993; McLean & Odum, 1993). Again, field experiences allow students the opportunity to work with families from various cultures.

The recommendations and guidelines of the Division of Early Childhood (DEC) of the Council of Exceptional Children (CEC), the National Association for the Education of Young Children (NAEYC), and the National Association of School Psychologists (NASP) for the preparation of professionals to work in the area of early intervention are summarized as follows: practica should be included; experience should be gained working with other professionals; assessment, intervention and observation techniques for infants and toddlers should be understood; collaboration and teaming should be emphasized; IFSP/IEP development should be practiced; developmentally appropriate practice should be reinforced (Stayton & Miller, 1993); and family-centered services should be emphasized (Woodruff & McGonigel, 1988). More specifically, course work

and clinical experience related to children ages birth to 5 and their families are recommended. Also, programs should have within discipline competencies as well as a common core of competencies for all early interventionists (Fenichel & Eggbeer, 1989; McCollum & Thorpe, 1988).

Project PREP and Project TEAM

Project TEAM and Project PREP are interdisciplinary programs in the areas of social work, psychology, speech/language pathology, and interdisciplinary early childhood education. These programs are designed to educate preservice professionals in working with children ages birth through five with disabilities and their families. Students in these fields complete a competency-based area of emphasis to prepare them to work with young children and their families. Through course work, seminars, and intensive practica experiences, students earn either a B.S. in Social Work, a M.A./M.S. in Speech/Language Pathology, a M.A. in Interdisciplinary Early Childhood Education, or an Ed.S. in Psychology with an emphasis in working with children ages birth through five. These programs are interdisciplinary in both process and content with the program of study being developed by faculty from each of the four disciplines. Students participate in course work, seminars, and practica with other students and practicing professionals from multiple disciplines. There are approximately 15 new Project PREP or interdisciplinary early childhood students each year with a variety of professional backgrounds and training. There are up to 5 positions yearly for each of the remaining disciplines of social work, school psychology, and speech/language pathology (Rosenkoetter & Stayton, 1996).

The culminating experience for both Project PREP and Project TEAM students is an interdisciplinary, five-week practicum. The students participate in a variety of activities during preparatory seminars. Three seminars are scheduled during the preceding fall and spring semesters, and five seminars are scheduled during the 5-week summer term prior to the practicum. There are also special seminars held during the practicum to

support team functioning. Some of the topics for the seminars are the following: introduction to the program and its philosophy, the individualized family service plan (IFSP) process, arena assessment, collaboration and team structure and function, early childhood curriculum, integrating objectives into the daily routine, and CPR training.

The students are assigned to teams of 5-6 persons at the beginning of the spring semester. The goal is to have at least one person from each discipline on each team and a faculty member from one of the four disciplines. One faculty member is assigned to each team to facilitate effective team functioning. Each team is then assigned to either an infant, toddler, or preschool setting based on the students' interests and their past experience. The setting for the five-week practicum is the WKU Child Care and Head Start Center. This center is NAEYC accredited and serves children with and without disabilities. Following the course work and seminars, the students are expected to have a sound knowledge base to apply core competencies in the practicum setting. At the beginning of the practicum, each student and that student's supervisor will develop an individualized practicum plan. Each student must include as part of that plan that he or she will function as service coordinator for one child and family, plan and implement activities with children and families, participate in an arena assessment, chair at least one of the required weekly team meetings, and attend weekly seminars. Each student is also required to complete a portfolio of all the work done during the practicum (Rosenkoetter & Stayton, 1996; McCollum & Stayton, 1996). Each team is on-site for 5 hours per day, 5 days per week for 5 weeks (McCollum & Stayton, 1996).

The Project TEAM and Project PREP course work, seminars, and practica experiences are based on program competencies which were created by a review of recommended personnel guidelines from the Association of Teacher Educators (1990), Division for Early Childhood (McCollum, McLean, Mc Cartan, & Kaiser, 1989), and National Association for the Education of Young Children (1988) (Stayton & Miller, 1993). The eleven main areas of the competencies are educational foundations, typical

child development, atypical child development, assessment of the young child, curriculum/methods birth through 5, families of young children, interdisciplinary and interagency teaming, physical and medical management, organizing environments for early intervention, environmental and behavior management, and awareness of cultural diversity (NAEYC, 1995; DEC, 1993; Bailey, 1989; McCollum & Thorpe, 1988).

The program philosophy of Project TEAM and Project PREP is based on the following premises (Rosenkoetter & Stayton, 1996, p. 45). The first premise is that "current research and best practice suggest that social work, psychology, speech/communication disorders professionals must develop knowledge and skills specific to young children with disabilities to be accurately prepared to work in early intervention programs." A second premise is that "young children with disabilities and their families" need to "receive services from a variety of professionals who must be trained to work as team members." Third, "services for young children must exemplify a family-centered approach with personnel having knowledge and skills in a family systems model." Fourth, "young children with disabilities benefit from placement in integrated settings, and professionals require integrated training to work in such settings." Finally, research suggests that it is important for adults to be "actively involved in the learning process, with course work having the flexibility...to make choices about their learning experiences."

Since Project PREP and Project TEAM work together to educate students from four different disciplines (Social Work, Speech/Language Pathology, School Psychology, and Interdisciplinary Early Childhood Education), there are many benefits to these programs. Stayton and Miller (1993) point out these advantages. The first advantage is administrative in that there is "less duplication in course work across programs" (p. 382). The second advantage is curricular in that faculty model the interdisciplinary teaming approach. The third advantage is faculty related in that faculty have increased communication, collaboration, and interaction. The fourth advantage is student related in

that students will receive a broader perspective of other professional fields and "opportunities to practice shared decision making" (p.383). The fifth advantage is social in that graduates will have the skills to meet the challenge of diversity and thereby will be able to reduce the number of referrals "of young children to special education programs" (p. 383). This social advantage will also increase the involvement of families because students will understand the importance of family-centered services. Stayton and Miller (1993) suggest that the "merging of disciplines to establish interdisciplinary programs must occur if we are to (a) meet the need for greater numbers of professionals, (b) ensure quality in preparation, and (c) prepare for fully inclusive early childhood programs in the 21st century" (p. 386).

This overview of Project TEAM and Project PREP reveals what both of these programs set out to do. Now, it is imperative to see if the knowledge and skills gained by the participants in these programs is in actuality important to the present careers of the participants. It will be interesting to see how many students who have gone through this training are actually working with children ages birth through five. It will also be interesting to see in which program competencies the program graduates indicate they were best and least prepared and how applicable the competencies are to the graduates' present careers.

Purpose

The purpose of this study is to determine how well the preparation and experience received from Project PREP and Project TEAM has prepared program graduates in the program competencies. It is also the purpose of this study to determine how applicable the program competencies are to the graduates' present careers. This information will be gathered via a survey sent to former participants of these programs. The following research questions will be addressed:

1. How many graduates of the programs are currently working with children ages birth through 5?

2. What type of teaming model are graduates using in their present careers?

3. What teaming model do program graduates prefer?

4. In what competency areas do program graduates identify they were best prepared?

5. In what competency areas do program graduates identify they were least prepared?

6. What competency areas will be determined by the program graduates as the most applicable to their present careers?

7. What competency areas will be determined by the program graduates as the least applicable to their present careers?

8. What process components do the program graduates identify as the most advantageous?

Information obtained from this survey may encourage or discourage other universities to use these programs to prepare other students of various disciplines in the area of early intervention. If graduates of these programs (especially those graduates who are working in the early childhood field) consider themselves well prepared in the program competencies, and indicate that the program competencies are applicable to their current careers, then the implication to other universities would be that the training and experience given by the programs is something of value and may need to be repeated in other universities for further preservice and inservice training.

Method

<u>Subjects</u>

Subjects or respondents in this study included all students who have participated in Project PREP or Project TEAM at Western Kentucky University completing their practica experience from 1993-1996. The pool consisted of 77 graduates of Project PREP or Project TEAM. The subject pool consisted of 26 Interdisciplinary Early Childhood Education graduates, 19 School Psychology graduates, 18 Speech/Language Pathology graduates, and 14 Social Work graduates. All subjects were contacted by mail. A pilot study consisted of 21 Project PREP and Project TEAM students enrolled in the two programs during the 95-96 school year.

<u>Instrumentation-Survey Development</u>

A survey was created to assess the graduates of Project TEAM and Project PREP and determine in what program competencies the graduates identified themselves as best prepared and least prepared and to also determine what competencies the graduates identified as most applicable and least applicable to their present careers. In creating this survey, the program competencies proposed by NAEYC (NAEYC, 1982) and DEC (McCollum et. al., 1989) were the primary resource. Attention was given to organization of the responses in that the competencies that were held to be the most important by the literature and by the researcher were given a greater number of items to cover that competency area. For example, teaming was considered to be the most important competency area, thus 10 items covered the teaming section of the survey. Competency areas that had high importance, but not as high relative to the teaming area, were cultural diversity, families of young children, curriculum/methods, and foundations of early childhood special education. Each of these areas had 5 to 7 items. The remaining competency areas, including assessment of the young child, environmental and behavior

management, organization of environments for early intervention, educational foundations, and physical, health, and medical management had 3 to 4 items. These competency areas are still important, but were not considered as important as the previous areas listed by the researcher.

The survey consisted of 8 demographic questions, 1 ten-part item related to the program graduates' current and preferred teaming model used for various activities, 54 items related to the competencies, and 8 overall items (see Appendix A, Survey). The final overall item was an open-ended question for participants in the study to reveal their overall impression of the training and experience of Project PREP or Project TEAM. The program graduates provided information as to how well they were trained on each competency and how applicable they considered each competency to be to their current careers. The graduates indicated the five competencies in which they were most prepared and the five competencies in which they were least prepared. They also indicated the five competencies most applicable to their present careers and the five competencies least applicable to their present careers.

A survey method of collecting data was chosen for this study because it enables a researcher to gather information directly from subjects or respondents to answer specific questions (Kosecoff & Fink, 1985). The survey was first presented to the 95-96 cohort of Project TEAM and Project PREP participants to see if they considered the questions to be worded properly and whether or not they considered the questions appropriate to ask program graduates. The pilot study with the 95-96 participants of Project PREP and Project TEAM was implemented to reduce problems with clarity on the survey, such as ambiguous questions and problems with the length of the survey. The survey was also presented to the Project TEAM and Project PREP Advisory Councils. The advisory councils consist of representatives from various community agencies and parents. They provide input on program content and process. The advisory councils provided feedback on the survey and made many suggestions as to how to improve the format of the survey.

Content validity was assessed through the pilot study and by recommendations made by educators in the fields of school psychology, interdisciplinary early childhood education, speech/language pathology, and social work.

One result of the pilot study was that program participants felt that the survey was possibly too long. To try to optimize the return rate of the survey, an effort was initiated to reduce the number of items so that respondents would be more likely to fill the survey out and return it (Kosecoff and Fink, 1985). The number of items was reduced by consolidating some of the competencies that were under each main competency area. If each competency had been used, the total number of items would have been 114. Instead, competencies were consolidated so that only 50 competency items were answered by the respondents. This reduction of item number would greatly increase the return rate.

Procedure

A cover letter was attached to the front of the survey to describe it and its purpose (Kosecoff and Fink, 1985). Kosecoff and Fink (1985) suggest that a stamped reply envelope should be included with the survey so that the respondent will have no expense and the likelihood of the respondent to return the survey increases.

Surveys were mailed to all graduates of the Project PREP and Project TEAM programs. Included with the survey was a cover letter (see Appendix B, Survey Cover Letter to the graduates of Project TEAM and Project PREP) and a stamped return envelope for respondents to return the completed survey. Subjects were asked to return the cover letter with the appropriate space checked if they desired to receive information regarding the results of the study. A second mailing was sent to those subjects who did not reply within 3 weeks of the original mailing (see Appendix C, Second Mailing Cover Letter). All surveys that were received within 3 weeks of the second mailing were analyzed. The overall response rate to the survey was 57%.

Data Analysis

After collecting the data on these surveys, demographic characteristics were analyzed by frequency and percentage for each of the demographic items. Frequencies were also calculated to determine what teaming approach program graduates are currently using in their careers and what they would prefer to be using. Also, a composite score was determined as the mean of each main competency area. For example, the mean of the teaming questions was analyzed in comparison to the other competency areas to determine the overall importance of the program graduates' teaming knowledge and experience. This procedure was done for all 11 competency areas. A Coefficient Alpha was calculated for each of the competency areas to determine the reliability of each competency and to determine if the competency's mean would be more reliable if certain items were deleted.

Twenty One-Way Analyses of Variance were calculated between the composite responses for Project TEAM graduates and Project PREP graduates to determine if there were any significant differences between the two groups of graduates' responses in each of the competency areas for the preparation items, as well as the applicability items. The effect of pyramiding was accounted for in order to reduce the likelihood of a type one error. An item analysis based on frequency was calculated on the items that asked the program graduates to list the 5 competencies they were best and least prepared in and those most and least applicable to their present careers. The process items were looked at individually with means of each item to determine if program graduates' overall agreed or disagreed with the statements presented. Written responses to the final question concerning the graduates overall feelings or comments about the program are included.

Results

The response rate for this survey was 57% (N=44). The results will essentially be reported in the same order as the research questions were presented. First the results for the demographic data will be discussed. Second, the type of teaming approaches used and preferred will be discussed for various service delivery activities. Next, the reliabilities of each of the competency areas for both preparation items and applicability items will be presented. Any statistical differences between Project PREP graduate responses and Project TEAM graduate responses will be presented. What competencies graduates indicated they were best and least prepared in will then be presented. The competencies that graduates indicated are most and least applicable to their present careers are presented. Finally, a presentation of the responses to the overall open-ended item will be presented.

Demographic Data

The professional disciplines represented by the graduates of Project TEAM and Project PREP were as follows: Nineteen (43.2%) were graduates of the Interdisciplinary Early Childhood Education program; thirteen (29.5%) were graduates of the School Psychology program; seven (15.9%) were graduates from the Speech/Language Pathology program; and five (11.3%) were graduates of the Social Work program. In the area of current positions held by the graduates, 13 (29.5%) of the graduates were School Psychologists (see Table 1); seven (15.9%) were Speech/Language Pathologists; three (6.8%) were Social Workers; nine (20.5%) were Preschool Teachers; four (9.1%) were Elementary Teachers; one (2.3%) graduate was a Special Education Middle School Teacher; one (2.3%) graduate was a College Professor; one (2.3%) was a Preschool Resource Consultant for a school district; one (2.3%) was in Early Intervention/Administration; two (4.5%) were Developmental Interventionists; and two

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(2.3%) graduates chose the "other" option on the survey and indicated that they were employed at a nursing home and employed in accounts payable. Both of these graduates were Social Work students when they participated in the program.

In the area of the most recent degree obtained from Western Kentucky University, 6 (13.6%) had obtained a Bachelor's Degree, 22 (50%) had obtained a Master's Degree, 3(6.8%) had obtained a Rank I, and 13 (29.5%) had obtained a Specialist Degree (see Table 1). In the area of gender, 40 (90.9%) of the graduates that returned surveys were female and 4 (9.1%) of the graduates were male.

In the area that determined what ages the graduates were primarily working with, 5 (11%) are presently working with the Birth through 3 age group (see Table 2). Sixteen (36%) are presently working with ages 3 through 5. Fourteen (32%) stated that they worked with grades K through 5. Two (5%) indicated that they worked with grades 5 through 8. Seven (16%) indicated that they worked with adults. Overall, these numbers tell us that 21 (48%) of the sample of graduates work with Birth through 3 or 3 through 5 age groups primarily.

Of the 23 that do not work with ages Birth through 3 or 3 through 5, 18 (78%) indicated that they would work with this age group if they could. Some of the reasons that they are not currently working with this age group are as follows: (a) another consultant, Early Childhood Specialist or School Psychologist in the district currently works with this age group; (b) there is not a job opportunity with this age group available in their current area; or (c) the age group that they are currently working with has been rewarding. The 5 (22%) that stated that they would not work with this age group if they could stated that 1) they were interested in clinical practice with the mentally ill, 2) there were too few opportunities to work with that age group, 3) they enjoyed their current position with the age group they presently worked with, or 4) they felt that working with this age group brought low pay and no benefits.

In determining how many graduates work primarily with children with disabilities, it was found that 24 (54.5%) of the graduates work primarily with children with disabilities. Eight (18.2%) of the graduates work primarily with children without disabilities. Six (13.6%) of the graduates stated that they could not specify one or the other that they primarily worked with because they worked with children with and without disabilities about equally. Six (13.6%) stated that they primarily worked with neither of the two categories because they primarily worked with adults with disabilities.

Teaming Approaches Used and Preferred to be Used by Program Graduates

The results in this section are presented with Project TEAM and Project PREP graduates combined because there were no significant differences between these two groups nor between any of the individual disciplines on any of the activities discussed. The first research question asked what type of teaming approach are graduates currently using for various activities in their present careers. The survey indicated that when working with families (e.g., assisting families in identifying their resources, priorities, and concerns in relation to their child, building respect and important relationships between families and professionals, developing family service plans integrating the child and family with resources and service options, etc.), 49% of the graduates responded that the interdisciplinary approach was currently used (See Table 3). Twenty-eight percent of the graduates stated that the multidisciplinary approach was the one currently used. Fifteen percent stated that the transdisciplinary approach was currently used. Eight percent said that the unidisciplinary approach was currently used. The graduates were then asked what teaming model they would prefer to be using when working with families. Fifty-nine percent indicated the transdisciplinary approach. Thirty-six percent indicated that they would prefer to use the interdisciplinary approach and 5% indicated the multidisciplinary approach.

Fifty-nine percent of graduates indicated that when doing assessment (e.g., play-based assessment, observation of a young child with or without disabilities, summarizing

and integrating assessment information into implications and recommendations for interventions, etc.), the interdisciplinary approach is used in their careers. Thirty-three percent indicate that they currently use the multidisciplinary approach; 5% indicate that they currently use the unidisciplinary approach; and 3% indicate that they currently use the transdisciplinary approach for assessment. Forty-nine percent of the graduates would prefer to use the interdisciplinary approach; 41% would prefer to use the transdisciplinary approach; and 10% would prefer to use the multidisciplinary approach.

When looking at the activity of intervention (e.g., assisting families in identifying resources, priorities, and concerns in relation to their child and determining a plan of action to intervene for the child and the family), 41% of the graduates indicated that they currently used the interdisciplinary approach. Twenty-eight percent indicated that the multidisciplinary approach was currently used; 23% indicated the transdisciplinary approach; and 8% indicated the unidisciplinary approach. Sixty-seven percent of the graduates would prefer to use the transdisciplinary approach; 31% would prefer to use the interdisciplinary approach; and 3% would prefer to use the multidisciplinary approach.

When looking at the activity of IFSP/IEP development, 56% of the graduates indicated that they currently used the interdisciplinary approach. Twenty-two percent indicated that the multidisciplinary approach was currently used; 19% indicated the transdisciplinary approach; and 3% indicated the unidisciplinary approach. Sixty-seven percent of the graduates would prefer to use the transdisciplinary approach and 33% would prefer to use the interdisciplinary approach.

When looking at the activity of programming for children with disabilities (e.g., evaluating early intervention programs in relation to quality standards; effective use of space, time, peers, and materials; strategies within a program to maximize a child's self management skills; strategies within a program for the reduction of inappropriate behaviors and the increase of appropriate behavior; etc.), 50% of the graduates indicated that they currently used the interdisciplinary approach. Twenty-five percent indicated that

the multidisciplinary approach was currently used and 25% indicated the transdisciplinary approach. Seventy-eight percent of the graduates would prefer to use the transdisciplinary approach; 19% would prefer to use the interdisciplinary approach; and 3% would prefer to use the multidisciplinary approach.

Competency Reliabilities

The reliabilities of each of the composite areas were determined by using a coefficient alpha reliability analysis (see Table 4). For all the composite areas, all the items indicated were used to compute the composite scores because of the fact that reliabilities were the same or higher when all items were included. The reliability of each of the composites within the "how well you feel you were prepared" items is as follows: teaming composite (items 1-10) Alpha = .8906; cultural diversity composite (items 11-15) Alpha=.8973; families of young children composite (items 16-20) Alpha=.8689; curriculum/methods composite (items 21-27) Alpha=.9329; foundations of early childhood special education composite (items 28-33) Alpha=.9185; assessment of the young child composite (items 34-37) Alpha=.7948; environmental and behavioral management composite (items 38-41) Alpha=.8787; organization of environments for early intervention composite (items 42-44) Alpha=.7947; educational foundations composite (items 45-47) Alpha=.7384; and physical, health and medical management composite (items 48-50) Alpha=.8122.

The reliability of each of the composites within the "how applicable are the competencies to your present career" items is as follows: teaming composite (items 1-10) Alpha = .8745; cultural diversity composite (items 11-15) Alpha=.9191; families of young children composite (items 16-20) Alpha=.7942; curriculum/methods composite (items 21-27) Alpha=.8511; foundations of early childhood special education composite (items 28-33) Alpha=.8877; assessment of the young child composite (items 34-37) Alpha=.6462; environmental and behavioral management composite (items 38-41) Alpha=.8937; organization of environments for early intervention composite (items 42-

44) Alpha=.7716; educational foundations composite (items 45-47) Alpha=.8877; and physical, health and medical management composite (items 48-50) Alpha=.7325.

When comparing the differences between the Project PREP graduate responses and the Project TEAM graduate responses, there was only one significant difference between the two groups (see Table 5). This difference was found in how well the graduates felt they were prepared in the area of curriculum and methods by performing a One-Way Analysis of Variance (F Prob. = .0300). The Project PREP graduates felt that they were better prepared in the area of curriculum and methods than the Project TEAM graduates. In order to control for a Type 1 error, correction was made to account for the pyramiding effect. With this correction, the difference between the Project PREP and Project TEAM graduates was no longer significant in this area. In all other areas of how well the graduates felt they were prepared and in all areas in which the graduates were asked how applicable their training was to their current career, the Project PREP and Project TEAM graduates did not significantly differ in their responses regardless of whether or not the effect of pyramiding was accounted for.

Competency Areas-Best and Least Prepared

To determine in what items on the survey the graduates identified that they were best and least prepared, an item analysis according to frequency was calculated on the items that asked the graduates to indicate in which specific items they felt they were best and least prepared (see Table 6). Overall, the graduates chose the following six items as the ones in which they were best prepared: models of multidisciplinary, interdisciplinary, and transdisciplinary team process; interaction and communication with team members; issues faced by families of young children with disabilities; assisting families in identifying their resources, priorities, and concerns in relation to their child; IFSP and IEP development; and assessment techniques (knowledge of play-based assessment for young children with and without disabilities). This area was also analyzed by frequency by each individual discipline. For Interdisciplinary Early Childhood Education graduates, IFSP

and IEP development, assessment techniques (knowledge of play-based assessment for young children with and without disabilities), assisting families of young children with disabilities, and assisting families in identifying their resources, priorities, and concerns in relation to their child were the competencies in which graduates indicated they were best prepared. For Speech/Language Pathology graduates, IFSP and IEP development, assessment techniques (knowledge of play-based assessment for young children with and without disabilities), and assisting families of young children with disabilities were the areas in which graduates indicated they were best prepared. School Psychology graduates indicated they were best prepared in observation techniques for young children with or without disabilities, interaction and communication with team members, and summarizing and integrating assessment information into implications and recommendations for intervention. Social Work graduates indicated they were best prepared in issues faced by families of young children with disabilities, interaction and communication with team members, and strategies for team building.

Overall, the graduates chose the following six items as the ones in which they were least prepared (see Table 6): interpreting medical histories and understanding medical care for children at risk, children with disabilities, premature, and low birth weight babies; federal, state and local funding sources and requirements for early intervention programs; behavior management; IFSP and IEP development; legislation and social policy related to cultural diversity; and variations in beliefs, traditions and values across cultures within American Society. This area was also analyzed by frequency by each individual discipline. For Interdisciplinary Early Childhood Education graduates, interpreting medical histories and understanding medical care for children at risk, children with disabilities, premature, and low birth weight babies and variations in beliefs, traditions and values across cultures within American Society, and behavior management were the competencies in which graduates indicated they were least prepared. For Speech/Language Pathology graduates, evaluating early intervention

programs in relation to quality standards and strategies for the reduction of inappropriate behavior and the increase of appropriate behavior were the areas in which graduates indicated they were least prepared. School Psychology graduates indicated they were least prepared in IFSP and IEP development, legislation and social policy related to cultural diversity, and federal, state and local funding sources and requirements for early intervention programs. Social Work graduates indicated they were least prepared in IFSP and IEP development.

Competency Areas-Most and Least Applicable

To determine what items on the survey the graduates indicated as most and least applicable to their careers, an item analysis by frequency was calculated on the two items that asked the graduates to indicate which specific items were most and least applicable to their present careers (see Table 7). Overall, the graduates chose the following five items as the ones most applicable to their current careers: interaction and communication with team members; IFSP and IEP development; behavior management; strategies for the reduction of inappropriate behavior and the increase of appropriate behavior; and proficiency in oral and written communication (reporting requirements and record keeping). This area was also analyzed by frequency by each individual discipline. For Interdisciplinary Early Childhood Education graduates, IFSP and IEP development and behavior management were the competencies in which graduates indicated were most applicable to their current careers. For Speech/Language Pathology graduates, summarizing and integrating assessment information into implications and recommendations for intervention and the importance of the family, their roles and their equality on intervention teams were the competencies graduates indicated were most applicable to their current careers. School Psychology graduates indicated that the most applicable competencies to their careers were strategies for the reduction of inappropriate behavior and the increase of appropriate behavior, behavior management, and summarizing and integrating assessment information into implications and

recommendations for intervention. Social Work graduates indicated that the most applicable competencies in their current careers were in interaction and communication with team members, proficiency in oral and written communication (reporting requirements and record keeping), and building respect and relationships between families and professionals.

Overall, the graduates chose the following six items as the ones least applicable to their present careers (see Table 7): health and safety procedures; history and philosophy of public education and theories of learning and human development; federal, state and local funding sources and requirements for early intervention programs; evaluating early intervention programs in relation to quality standards; development of family service plans integrating the identified child and family outcomes with resources and service options; and legislation and social policy related to cultural diversity. This area was also analyzed by frequency by each individual discipline. For Interdisciplinary Early Childhood Education graduates, federal, state, and funding sources and requirements for early intervention programs and legislation and social policy related to cultural diversity were the competencies in which graduates indicated were least applicable to their current careers. For Speech/Language Pathology graduates, history and philosophy of public education and theories of learning and human development, evaluating early intervention programs in relation to quality standards, and development of family service plans integrating the identified child and family outcomes with resources and service options were the competencies graduates indicated were least applicable to their current careers. School Psychology graduates indicated that the least applicable competencies to their careers were federal, state and local funding sources and requirements for early intervention programs, evaluating early intervention programs in relation to quality standards, and health and safety procedures. Social Work graduates indicated that the least applicable competencies in their current careers were in etiology and symptomalogy

of common developmental disabilities or conditions in young children and their developmental impact and IFSP and IEP development.

Program Process Items

When looking at the overall/process questions at the end of the survey, the graduates rated eight different process statements as to whether they strongly agreed, agreed, disagreed or strongly disagreed with the statements (1=Stongly Disagree to 4=Strongly Agree) (see Table 8). The graduates that participated in this study agreed overall that the program was an effective training program (X=3.19), that the training and knowledge received from the program would be important for other professionals in the field to experience who want to work with this age group (X=3.28), that an advantage of the program was that participants participated in the seminars with various disciplines (X=3.21), that an advantage of the program is that participants participated in the practica as a team (X=3.47), and that taking courses with other disciplines increased understanding of those disciplines (X=3.40). Overall, the graduates agreed, but not to the extent that they agreed with the earlier statements, with the statement that program competencies were strongly reinforced by the practicum (X=2.88), that the philosophy of the training program was clear to participants (X=2.93), and that an advantage of the program was that teams were assigned early in the seminars (X=2.85). Twenty-five (56.8%) of the graduates in the study stated that they would have participated in the program without a stipend. Nineteen (43.2%) of the participants stated that they would not have participated in the program if there had not been a stipend. Nine of the nineteen participants who stated they would not have participated without a stipend indicated with an open-ended response the reasons why they would not have participated: 1) Not enough emphasis on the graduates' professional field (N=3); 2) daycare center was not supportive (N=2); the course work was beneficial without the practicum (N=2); 3) time limitations during graduate school (N=1); and 4) program unorganized (N=1).

Positive comments within the open-response item were also made by many graduates about the programs. The comments are reflected in the ideas that are represented as follows: overall the program was enjoyable and a valuable experience; a great deal was learned about the other disciplines from talking to teammates and at team meetings; the program was thorough and prepared students well; this was an excellent program; the team aspect was very beneficial; the program benefited my professional development a great deal; the program was rigorous and demanding, but participants are well prepared when they complete it; the coursework requirements were intense, however, a great deal of useful knowledge came form the entire experience; the teams worked well together, common goals were shared, the program was very well planned, the experience was enjoyable; the practicum concept was excellent; the hard work that goes into the program is appreciated; it was a privilege to be part of a great team; and working as a team was the most encouraging part of the experience.

Discussion

The survey that was presented to the graduates of the Project TEAM and Project PREP programs has yielded answers to all of the previously mentioned research questions. According to this sample of graduates who returned their survey, the number of graduates currently working with children ages birth through 5, the reasons some graduates are not currently working with this age group, the type of teaming approach the graduates are currently using for various activities, the teaming approach the graduates would like to be using if they were not satisfied with their current teaming model, the competencies in which the graduates identified as best prepared and least prepared, the competencies in which the graduates identified as the most applicable and the least applicable to their present careers, and the programs' process has been rated or determined by the graduates of these programs.

When looking at what teaming approaches graduates currently use and would prefer to use in each of the activities previously mentioned in the results section (working with families, assessment, intervention, IFSP/IEP development, and programming for children with disabilities), there is a general trend towards a more interdisciplinary or transdisciplinary approach. Those who are currently using one of these two models are satisfied with that model. Those who are currently using unidisciplinary or multidisciplinary approaches see the need for change and would prefer to use a model that involves more communication and role release between team members. Some of the graduates' reasons for wanting to change their current teaming approach are seen in the following statements: this change would be more effective in meeting the individual needs of the children, this change would allow more effective communication among individuals involved with the team; the change would provide better services to families and children; the change would allow more input from other disciplines. The importance

of the team influence and team dynamics seems to have made an impression on the graduates of Project TEAM and Project PREP based on these results. Literature (McCollum & Stayton, 1996; Rosenkoetter & Stayton, 1996; McGonigel, Woodruff, & Roszmann-Millican, 1994; Stayton & Karnes, 1994; Salisbury & Smith, 1993; McCollum & Bailey, 1991) supports this trend toward interdisciplinary and transdisciplinary teaming. These teaming approaches are considered best practices when preparing professionals to work with children ages birth through five.

When comparing the differences between the Project PREP graduate responses and the Project TEAM graduate responses, the PREP graduates indicated that they were better prepared in the area of curriculum and methods than the TEAM graduates. When a correction for pyramiding was performed, this difference between the two groups was no longer significant. In all other areas of how well the graduates felt they were prepared and in all areas in which the graduates were asked how applicable their training was to their current career, the Project PREP and Project TEAM graduates did not significantly differ in their responses. This researcher felt that there would be a more definite difference between the two programs; however, this was not the case. This finding indicated that the Project PREP graduates may have felt better prepared in the area of curriculum and methods than the Project TEAM graduates (although when the pyramiding effect was accounted for, there was no significant difference between the two groups). This indication of better preparation may have been due to the fact that Project PREP students received more coursework in their program in this area than did the Project TEAM students. For example, the School Psychology students are exposed to curriculum and methods only through two reading courses which do not even apply to the birth through five ages. Of course, some curriculum and methods is discussed during the seminars, but the Project PREP students have been exposed to this knowledge base throughout their graduate school experience. For the School Psychology students and other Project TEAM participants (e.g., Social Work and Speech/Language Pathology), the seminars are the

first exposure to curriculum and methods that they have and therefore may be the reason graduates from Project TEAM may not feel as prepared in this area as do the Project PREP graduates. Another explanation for the similarities between the Project PREP and Project TEAM graduates may be that the survey was not sensitive enough to detect a significant difference between the graduates of the Project TEAM program and the Project PREP program.

Two of the items that the graduates indicated they were best prepared in were again indicated on the list of items that the graduates felt were applicable to their careers. These two items were interaction and communication with team members and IFSP and IEP development. It also needs to be stated that the competency of IFSP and IEP development was indicated in the best prepared and least prepared category. This result is possible only because of the fact that graduates of the program could list any of the 50 competency items as best prepared or least prepared. Many graduates feel that they were best prepared in the area of IFSP and IEP development, while many other graduates feel that is a competency in which they were least prepared. The fact that this competency was mentioned in the best and least prepared, as well as the most applicable to their careers, indicates that this needs to remain an important competency for both the Project TEAM and Project PREP programs.

Also, the "behavior management" item was indicated in the area that the graduates felt least prepared in; however, it was also indicated in the area that graduates felt was most applicable to their present careers. One indication of this result may be that the Project TEAM and Project PREP programs need to be more focused on behavior management during student preparation as professionals who will be working with children ages Birth through 5. Another possible indication may be that one discipline needs to be stronger or more loaded in the area of behavior management so that it can be used as a resource for reducing inappropriate behavior and increasing appropriate behavior. The field of School Psychology and/or Interdisciplinary Early Childhood

Education may be the more appropriate disciplines to promote expertise or serve as resources for the behavior management competency.

Another interesting point to address is that two competency items ("federal, state and local funding sources and requirements for early intervention programs" and "legislation and social policy related to cultural diversity") were indicated in both of the categories of least prepared in and least applicable to career. When looking at funding sources and requirements for early intervention programs, graduates may feel that this area is one they do not have to deal with on a day to day basis in their careers; therefore, it is not as applicable to their careers. When looking at social policy related to cultural diversity, graduates may feel it was not a focus of the preparation programs and it is not a focus in their careers because of the fact that the Project TEAM and Project PREP programs ingrain the idea that every single child and family is an individual and unique case; regardless of the child's cultural background, the goal is to obtain the most appropriate services for the child and the family.

When you look at the competencies that each individual discipline indicated as its best and least prepared and its most and least applicable to current careers, insight is given to each of the disciplines' programs as to where the programs should continue to focus attention or where the programs may want to focus more attention. For Interdisciplinary Early Childhood Education graduates, IFSP and IEP development, assessment techniques (knowledge of play-based assessment for young children with and without disabilities), assisting families of young children with disabilities, and assisting families in identifying their resources, priorities, and concerns in relation to their child were the competencies in which graduates indicated they were best prepared. The IECE program should continue to emphasize student preparation in each of these competency areas. This preparation effort is especially necessary for the competency of IFSP and IEP development since this competency is again mentioned as one that is most applicable to the IECE graduates' current careers. One competency that the IECE graduates indicated

they were least prepared in, yet was most applicable to their current careers, was behavior management. This competency may need to be given more focus within the IECE coursework or practica experience to better prepare the IECE graduates for their careers. The fact that the IECE graduates indicated they were least prepared in behavior management, yet it was a competency in which was most applicable to their careers, may indicate that role release concerning this competency needs to be achieved by another discipline working on the interdisciplinary team. The experts on the competency of behavior management, which would most likely be the School Psychology discipline, may need to convey behavior management techniques during the coursework and practica in order to better prepare other disciplines for what they may encounter in their careers. As indicated later in the discussion section, the School Psychology students indicated that two of the most applicable competencies to their careers were strategies for the reduction of inappropriate behavior and the increase of appropriate behavior and behavior management.

For Speech/Language Pathology graduates, IFSP and IEP development, assessment techniques (knowledge of play-based assessment for young children with and without disabilities), and assisting families of young children with disabilities were the areas in which graduates indicated they were best prepared. For each of these competencies, the Speech/Language program should continue to emphasize its preparation efforts. The competencies in which the Speech/Language Pathology graduates indicated they were least prepared were evaluating early intervention programs in relation to quality standards and strategies for the reduction of inappropriate behavior and the increase of appropriate behavior. The Speech/Language Pathology program may want to consider more course work or practica experience based on these two competencies to provide their graduates more preparation in these areas. These competencies may also be areas in which role release and the gathering of information from the experts on these competencies may be beneficial to the Social Work graduates.

The Speech/Language programs should also continue to focus or strengthen their focus on the areas that the graduates indicated were most applicable to their present careers. These competencies were summarizing and integrating assessment information into implications and recommendations for intervention and the importance of the family, their roles and their equality on intervention teams.

School Psychology graduates indicated they were best prepared in observation techniques for young children with or without disabilities, interaction and communication with team members, and summarizing and integrating assessment information into implications and recommendations for intervention. For each of these competencies, the School Psychology program should continue to emphasize its preparation efforts. School Psychology graduates indicated that the most applicable competencies to their careers were strategies for the reduction of inappropriate behavior and the increase of appropriate behavior, behavior management, and summarizing and integrating assessment information into implications and recommendations for intervention. More emphasis in course work or practica experience may be beneficial to the program regarding these competencies to assure that the School Psychology graduates are receiving the needed skills and knowledge for their careers. School Psychology graduates indicated they were least prepared in IFSP and IEP development and legislation and social policy related to cultural diversity. Since these graduates indicated that these are the competencies in which they were least prepared, additional coursework or practica experience may be beneficial to those in the School Psychology program; however, these competencies were not indicated as most applicable to the graduates current careers. One competency that was indicated in the least prepared and least applicable to School Psychology graduates' current careers was federal, state and local funding sources and requirements for early intervention programs. The indication may be that this competency may need to remain a lesser focus within the School Psychology program.

Social Work graduates indicated they were best prepared in issues faced by families of young children with disabilities, interaction and communication with team members, and strategies for team building. For each of these competencies, the Social Work program should continue to emphasize its preparation efforts. Preparation efforts should definitely continue in the area of interaction and communication with team members since this competency was also indicated as most applicable to Social Work graduates' current careers. Other competencies that Social Work graduates indicated were most applicable to their current careers were proficiency in oral and written communication (reporting requirements and record keeping) and building respect and relationships between families and professionals. Since these graduates indicated that these competencies were most applicable, the Social Work program should continue, if not increase, efforts to prepare their graduates in these two competencies. Social Work graduates indicated they were least prepared in IFSP and IEP development. They also indicated that IFSP and IEP development was a competency that was least applicable to their current careers. The indication may be that this competency may need to remain a lesser focus within the Social Work program.

Overall, the results of this survey and past research (Rooney, Gallagher, Fullagar, Eckland, & Huntington, 1992; Crais & Leaonard, 1990; Campbell, et al., 1988) have determined that there is a need for personnel preparation programs to adequately train future professionals to work with children ages birth through 5. The research indicated that there was a definite need for professionals to work with this age group; however, several of the graduates of this program who completed this survey (23 out of 44) stated that they were not presently working with this age group for various reasons (e.g., not a job opportunity with this age group available in their current area, too few opportunities to work with that age group, working with this age group brought low pay and no benefits, etc.). This information from the program graduates may indicate that a part of the program may need to include aiding the graduates with searching for a job involving

work with children in this age range. The opportunities for working with this age range may be out there; however, graduates who have experience through the practica in working with this age group may be having some difficulty finding those opportunities. An important point to consider is the fact that although 48% of the graduates who participated in this study are not primarily working with ages birth through five, many of them still consider the training and experience they received from these programs as applicable to their current careers. Many of the competency areas can easily encompass working with elementary and older students, their families, and adults.

As in the research (McCollum & Stayton, 1996; Rosenkoetter & Stayton, 1996; McCollum, Rowan, & Thorpe, 1994; McGonigel, Woodruff, & Roszmann-Millican, 1994; McCollum & Bailey, 1991; McCollum and Thorpe, 1989), the program graduates also indicated the importance of interdisciplinary and transdisciplinary teaming. The literature states that the interdisciplinary and transdisciplinary teaming approaches are recommended best practices. The graduates indicated that they were best prepared in understanding the multidisciplinary, interdisciplinary, and transdisciplinary teaming models and in interaction and communication with team members. The graduates practiced the interdisciplinary teaming model in the programs' practica experience and therefore gained most experience with that teaming model. The graduates also indicated that interaction and communication with team members was applicable to their present careers. This point was also seen in the fact that there was a general trend upward from unidisciplinary and multidisciplinary approaches that the graduates are currently using to interdisciplinary and transdisciplinary approaches that the graduates preferred to use. Graduates who were already using the interdisciplinary and transdisciplinary approaches seemed to be satisfied with their current teaming model. Within the processing items, graduates agreed that an advantage of the program is that students participated in the practica as a team. Of the eight processing items on the survey, this item is the one that graduates agreed with most strongly.

The graduates also indicated that an advantage of the program was that students participated in the seminars with various disciplines and that taking courses with other disciplines increased understanding of those disciplines. Once again the literature (Rosenkoetter & Stayton, 1996; Bailey et al., 1990b; McCollum & Thorpe, 1989) supports the importance of preparation programs that include instruction with professionals and students from other disciplines. The suggestion is that the Project TEAM and Project PREP programs should continue to include various disciplines in coursework requirements and seminars in order for each discipline to increase its across discipline knowledge. The results of these particular process items may also suggest that more courses should be geared toward various disciplines being able to take the courses together.

The research (Capone & Divenere, 1996; McCollum & Stayton, 1996; Rosenkoetter & Stayton, 1996; Wright & Ireton, 1995; McLean & Odum, 1993; Bailey & Simeonsson, 1988; Wolery & Bredekamp, 1994) also strongly recommended working with the birth through five age range, including the child's family throughout the entire process. Project TEAM and Project PREP programs allow students opportunities to observe and interact with a variety of children and their families (Rosenkoetter & Stayton; 1996). This point was reinforced in the fact that the graduates indicated that they were best prepared in issues faced by families of young children with disabilities and in assisting families in identifying their resources, priorities, and concerns in relation to their child.

Research supports training that includes a practicum experience that allows more clinical exposure, more direct interaction and observation of young children (Fenichel & Eggbeer, 1991; Drotar and Sturm, 1989; Campbell, et al., 1988; Bailey, et al., 1990b). The results of this survey as represented in the open response item show that program graduates indicated that the practicum concept was excellent and that working as a team was one of the most encouraging parts of the experience.

Limitations of the results of this study include that only 57% of the original sample of program graduates returned the survey (N=44). This lower percentage may be due to the fact that the survey length was still a deterrent to completing the survey despite the fact that it had been substantially shortened as a result of the pilot study.

In conclusion, the results of this survey indicate that the outcomes of the Project PREP and Project TEAM programs have been very positive in nature. Suggestions that could be made for the program based on the survey results include the following: aid in locating a job working with the birth through five age group after completion of the program; the program should consider focusing more effort on behavior management techniques (strategies for the reduction of inappropriate behavior and the increase of appropriate behavior) since this was indicated in the area that the graduates felt least prepared in and, yet, most applicable to their present careers; an area that should remain a focus for both programs should be interaction and communication with team members because graduates felt that this component was applicable to their careers and was an area that they were best prepared in; program competencies need to be strongly reinforced by the practicum (this process item was not as strongly agreed upon as many of the other process items); and the philosophy of the training program needs to be clear to the participants (this process item was not as strongly agreed upon as many of the other process items). Information obtained from this survey is encouraging and should be considered by other universities for programs in training students of various disciplines in the area of early intervention. The graduates of these programs considered themselves well trained in many of the program competencies and felt that the program competencies were applicable to their current careers.

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Appendix A

Project TEAM and Project PREP Graduate Survey

I. Demographic Information

1. Please indicate the most recent degree you have obtained from Western Kentucky University:
___ Bachelor's Degree; Area of Study/Training:_____
___ Master's Degree
___ Rank I
___ Specialist Degree

2. Gender:___ Male   ___ Female

3. What year did you complete your summer practicum? ___1993 ___1994 ___1995 __1996

4. What best describes your current position?
__ Developmental Interventionist   __ Pre-School Teacher   __ Elementary Teacher
__ School Psychologist   __ Social Worker   __ Speech/Language Pathologist
__ Other (Specify)_____

5. In your current job position, what is the age or level of the individuals with whom you primarily work?
___Birth through two   ___Grades K-4   ___Grades 9-12   ___Other (Specify)_____
___Three through five   ___Grades 5-8   ___Adults

6. In your current job position, do you work primarily with:
___ Children without disabilities   ___ Children with disabilities
___ Other (please specify)_____

7. If you are presently working with children aged birth through five, skip to question 9. If you are not presently working with children aged birth through 5, but if the opportunity presented itself, would you work with children aged birth through five? ___ yes   ___ no

8. If you are not presently working with children aged birth through five, what is your reason or reasons for not working with this age group?_____

_____

_____

_____

9. For each of the activities listed below, circle the number corresponding to the approach that is currently used in your position and in the second column, circle the number for the approach that you would prefer to use. Use the following key: 1 = Unidisciplinary   2 = Multidisciplinary 3 = Interdisciplinary 4 = Transdisciplinary

Activities	Currently Using				Would Prefer to Use			
Working with Families	1	2	3	4	1	2	3	4
Assessment	1	2	3	4	1	2	3	4
Intervention	1	2	3	4	1	2	3	4
IFSP/IEP Development	1	2	3	4	1	2	3	4
Programming for Children with Disabilities	1	2	3	4	1	2	3	4

10. Why would or wouldn't you change your current position's teaming model?_____

_____

_____

_____

(Appendix A, cont.)

II. Project TEAM and Project PREP's Preparation

In the first column, please indicate how well you feel you were prepared by Project TEAM or Project PREP in each of the competencies. Use the following key:

1 = Very Unprepared
2 = Unprepared
3 = Prepared
4 = Very Prepared

In the second column, please indicate how applicable the competencies are to your present career. Use the following key:

1 = Very Unapplicable
2 = Unapplicable
3 = Applicable
4 = Very Applicable

	How well were you prepared in.				How applicable was your training in..			
	Very Unprep	Unprep	Prep	Very Prep	Very Unappl	Unappl	Applic	Very Applic
1. ...dynamics of team roles?	1	2	3	4	1	2	3	4
2. ...problem solving and decision making?	1	2	3	4	1	2	3	4
3. ...strategies for team building?	1	2	3	4	1	2	3	4
4. ...structures supporting interagency collaboration including interagency agreements, referral, and consultation?	1	2	3	4	1	2	3	4
5. ...roles of team members in the interdisciplinary and transdisciplinary team process?	1	2	3	4	1	2	3	4
6. ...models of multidisciplinary, interdisciplinary, and transdisciplinary team process?	1	2	3	4	1	2	3	4
7. ...functions of early intervention teams as determined by mandates and service delivery needs of children and their families?	1	2	3	4	1	2	3	4
8. ...professional roles and issues in service delivery of intervention teams?	1	2	3	4	1	2	3	4
9. ...conflict resolution?	1	2	3	4	1	2	3	4
10. ...interaction and communication with team members?	1	2	3	4	1	2	3	4
11. ...variations in beliefs, traditions and values across cultures within American Society?	1	2	3	4	1	2	3	4
12. ...cultural diversity's effect on the relationship between child, family, and schooling?	1	2	3	4	1	2	3	4
13. ...assessment strategies that reflect understanding of the family system and cultural differences?	1	2	3	4	1	2	3	4
14. ...intervention strategies that reflect understanding of the family system and cultural differences?	1	2	3	4	1	2	3	4
15. ...legislation and social policy related to cultural diversity?	1	2	3	4	1	2	3	4
16. ...theories and models for understanding family systems and family development?	1	2	3	4	1	2	3	4
17. ...issues faced by families of young children with disabilities?	1	2	3	4	1	2	3	4
18. ...assisting families in identifying their resources, priorities, and concerns in relation to their child?	1	2	3	4	1	2	3	4
19. ...building respect and important relationships between families and professionals?	1	2	3	4	1	2	3	4
20. ...development of family service plans integrating the identified child and the family outcomes with resources and service options?	1	2	3	4	1	2	3	4

(Appendix A, cont.)

	How well were you prepared in ..				How applicable was your training in...			
	Very Unprep	Unprep	Prep	Very Prep	Very Unappl	Unappl	Applic	Very Applic
21. ...models of early intervention and developmental intervention?	1	2	3	4	1	2	3	4
22. ...options for service delivery?	1	2	3	4	1	2	3	4
23. ...IFSP and IEP development?	1	2	3	4	1	2	3	4
24. ...instructional strategies and environments conducive to development, learning and independence?	1	2	3	4	1	2	3	4
25. ...individual and group intervention?	1	2	3	4	1	2	3	4
26. ...importance of the family, their roles, and their equality on intervention teams?	1	2	3	4	1	2	3	4
27. ...integrating knowledge and strategies from multiple disciplines in design and implementation of intervention strategies?	1	2	3	4	1	2	3	4
28. ...history, philosophy, and legal issues of services for young children both with and without disabilities?	1	2	3	4	1	2	3	4
29. ...sequences, characteristics and interrelationships in development across domains?	1	2	3	4	1	2	3	4
30. ...biological factors which place the young child at risk for abnormal development?	1	2	3	4	1	2	3	4
31. ...environmental factors which place the young child at risk for abnormal development?	1	2	3	4	1	2	3	4
32. ...potential impacts of general and specific disabilities, delays, or risk factors on parent-child interactions and on different domains of development?	1	2	3	4	1	2	3	4
33. ...characteristics and related educational needs of, and typical approaches to, children with disabilities?	1	2	3	4	1	2	3	4
34. ...assessment techniques (knowledge of play-based assessment) for young children with or without disabilities?	1	2	3	4	1	2	3	4
35. ...providing a summary at a family conference?	1	2	3	4	1	2	3	4
36. ...observation techniques for young children with or without disabilities?	1	2	3	4	1	2	3	4
37. ...summarizing and integrating assessment information into implications and recommendations for intervention?	1	2	3	4	1	2	3	4
38. ...behavior management?	1	2	3	4	1	2	3	4
39. ...effective use of space, time, peers, and materials?	1	2	3	4	1	2	3	4
40. ...strategies to maximize a child's self-management skills?	1	2	3	4	1	2	3	4
41. ...strategies for the reduction of inappropriate behavior and the increase of appropriate behavior?	1	2	3	4	1	2	3	4
42. ...supervision, consultation, and confidentiality?	1	2	3	4	1	2	3	4
43. ...evaluating early intervention programs in relation to quality standards?	1	2	3	4	1	2	3	4
44. ...federal, state and local funding sources and requirements for early intervention programs?	1	2	3	4	1	2	3	4

(Appendix A, cont.)

	How well were you prepared in.				How applicable was your training in			
	Very Unprep	Unprep	Prep	Very Prep	Very Unappl	Unappl	Applic	Very Applic
45. ...history and philosophy of public education and theories of learning and human development?	1	2	3	4	1	2	3	4
46. ...professional development through organizations, literature, as well as, ethics and standards?	1	2	3	4	1	2	3	4
47. ...proficiency in oral and written communication (reporting requirements and record keeping)?	1	2	3	4	1	2	3	4
48. ...health and safety procedures?	1	2	3	4	1	2	3	4
49. ...interpreting medical histories and understanding medical care for at risk children, handicapped children, premature, and low birth weight babies?	1	2	3	4	1	2	3	4
50. ...etiology and symptomology of common developmental disabilities or conditions in young children and their developmental impact?	1	2	3	4	1	2	3	4

Of the 50 items above, what are the 5 competencies in which you received the best preparation?

_____ _____ _____ _____ _____

Of the 50 items above, what are the 5 competencies in which you received the least preparation?

_____ _____ _____ _____ _____

Of the 50 items above, what are the 5 competencies that are most applicable to your present career?

_____ _____ _____ _____ _____

Of the 50 items above, what are the 5 competencies that are least applicable to your present career?

_____ _____ _____ _____ _____

III. Overall

Please answer how strongly you agree or disagree with the following questions. Use the following key.

1 = Strongly Disagree   2 = Disagree   3 = Agree   4 = Strongly Agree

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. This program is an effective training program.	1	2	3	4
2. The training and knowledge received from this program would be important for other professionals in my field to experience who want to work with young children.	1	2	3	4
3. Program competencies were strongly reinforced by the practicum.	1	2	3	4
4. An advantage of the program is that participants participated in the practica as a team.	1	2	3	4
5. An advantage of the program is that participants participated in the seminars with various disciplines.	1	2	3	4
6. Taking courses with other disciplines increased understanding of those disciplines.	1	2	3	4
7. The philosophy of the training program was clear to participants.	1	2	3	4
8. An advantage of the program was that teams were assigned early in the seminars.	1	2	3	4

9. If I had the possibility to participate in this program without a stipend, I would have. __ yes   __ no

10. Please make any additional comments that you would like to make about the program (e.g., overall impressions of the program, specific things you liked about the program, things you would like to see changed, etc.).

_____

_____

_____

Appendix B

Department of Psychology   Bowling Green, KY 42101
                                                              502-745-6933

Date: 3/10/97
Dear *Jane Doe*:

As a graduate student in the School Psychology Program at Western Kentucky University, my specialist project involves surveying you, a graduate of the Project TEAM or Project PREP (Masters degree) program. Project TEAM and Project PREP are interdisciplinary programs in the areas of social work, psychology, speech/language pathology, and interdisciplinary early childhood education. These programs train pre-service professionals in working with children ages birth to five with disabilities and their families. Pre-service and practicing professionals from multiple disciplines participate in the course work, seminars, and practica. The purpose of this survey is to determine how applicable these training programs are to your present career and to determine how well you feel you were prepared in the program competencies. Information form this study will be used to continue to revise and improve the programs so that they better meet the needs of students who are preparing to work with children age birth through five.

For some of the survey items, you will be asked to indicate a teaming model that you use in your present career. I would like to refresh your memory on what each of these teaming models mean. Unidisciplinary means only one discipline is represented on a team. Multidisciplinary teams have professionals from several disciplines working independently. Interdisciplinary teams have professionals from several disciplines communicating their results with other team members. Transdisciplinary teams have professionals from several disciplines and parent(s) communicating and working directly with each other. Transdisciplinary teams also involve a release in professional roles.

I would appreciate you taking a few minutes to complete the enclosed survey which should take approximately 10 minutes to complete. Participation in this study is voluntary. Returning the survey indicates your consent to take part in this project. There are no anticipated risks associated with your involvement in this study. To participate, please complete and return the survey in the enclosed stamped envelope. If you have any questions, please call me at the number below. <u>Your response is important, regardless of whether you are currently working with infants, toddlers, preschool children, school aged children, or with some other group of individuals.</u> Thank you for your time and participation. Please check below if you are interested in obtaining information on the results of this study. If you are interested in obtaining results please include your name and address so that the results can be sent to you. Please return the survey by 3/24/97.

Sincerely,

Sarah M. Whittaker   _____ I am interested in obtaining
Graduate Student   information on the results of this study
Psychology Department   Name:_____
(502) 843-8387 (home)   Address:_____
(502) 745-5374 (work)   _____

Appendix C

Department of Psychology   Bowling Green, KY 42101
                                                              502-745-6933
Date: 3/24/97
Dear *Jane Doe*:

Recently, you should have received a survey regarding 1) the applicability of your training and experience in Project PREP or Project TEAM to your present career and 2) how well these programs have you prepared you in program competencies. Information form this study will be used to continue to revise and improve the programs so that they better meet the needs of students who are preparing to work with children age birth through five. As of 3/24/97, I have not received your response.

For some of the survey items, you will be asked to indicate a teaming model that you use in your present career. I would like to refresh your memory on what each of these teaming models mean. Unidisciplinary means only one discipline is represented on a team. Multidisciplinary teams have professionals from several disciplines working independently. Interdisciplinary teams have professionals from several disciplines communicating their results with other team members. Transdisciplinary teams have professionals from several disciplines and parent(s) communicating and working directly with each other. Transdisciplinary teams also involve a release in professional roles.

If you have recently completed the survey, thank you for participating in this project. If you have not returned the survey, I would appreciate you taking a few minutes to complete the enclosed survey which should take approximately 10 minutes to complete. Participation in this study is voluntary. Returning the survey indicates your consent to take part in this project. There are no anticipated risks associated with your involvement in this study. Your response is important, regardless of whether you are currently working with infants, toddlers, preschool children, school aged children, or with some other group of individuals. To participate, please complete and return the survey in the enclosed stamped envelope.

If you have any questions, please call me at the number below. Thank you for your time and participation. Please check below if you are interested in obtaining information on the results of this study. If you are interested in obtaining results please include your name and address so that the results can be sent to you. Please return the survey by 4/7/97.

Sincerely

Sarah M. Whittaker   _____ I am interested in obtaining information
Graduate Student   on the results of this study.
Psychology Department   Name:_____
(502) 843-8387 (home)   Address:_____
(502) 745-5374 (work)   _____

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Table 1

Demographic Data Based on Program Graduate's Current Position and Degree

Position	n	P	Bach.	Mast.	Rank I	Spec.
School Psychologist	13	29.5	-	-	-	13
Preschool Teacher	9	20.5	-	8	1	-
Speech/Language Pathologist	7	15.9	1	5	1	-
Social Worker	3	6.8	3	-	-	-
Elementary School Teacher	4	11.3	-	3	1	-
Developmental Interventionist	2	4.5	-	2	-	-
Other	6	11.3	2	4	-	-

Table 2

Demographic Data Based on Program Graduate's Current Position and Age or Grade

Range With Whom the Graduate Primarily Works

Position	Age or Grade Ranges				
	B-Age3	Age3-5	K-Gr.5	Gr.5-Gr.8	Adult
School Psychologist	-	3	9	-	1
Preschool Teacher	-	9	-	-	-
Speech/Language Pathologist	1	3	-	1	2
Social Worker	1	-	-	-	2
Elementary School Teacher	-	-	5	-	-
Developmental Interventionist	2	-	-	-	-
Other	1	1	-	1	2

Table 3

Teaming Approaches Currently Used and Preferred to Use by the Project PREP and Project TEAM Program Graduates

	Teaming Approach							
	Currently Used				Preferred to Use			
	Uni	Multi	Inter	Trans	Uni	Multi	Inter	Trans
Activity	n(P)	n(P)	n(P)	n(P)	n(P)	n(P)	n(P)	n(P)
Working with Families	3(8)	11(28)	19(49)	6(15)	-	2(5)	14(36)	23(59)
Assessment	2(5)	13(33)	23(59)	1(3)	-	4(10)	19(49)	16(41)
Intervention	3(8)	11(28)	16(41)	9(23)	-	1(3)	12(31)	26(67)
IFSP/IEP Development	1(3)	8(22)	20(56)	7(19)	-	-	12(33)	24(67)
Programming for Children with Disabilities	-	9(25)	18(50)	9(25)	-	1(3)	7(19)	28(78)

Note. Uni = Unidisciplinary; Multi = Multidisciplinary; Inter = Interdisciplinary; Trans = Transdisciplinary; n = number; P = percentage.

Table 4

Reliability (Coefficient Alpha) of the Competency Composites for How Well the Program Prepared the Graduates and How Applicable the Competencies are to Graduates' Current Careers

Composites (items)	Item Type	
	Preparation by Program	Application to Current Job
Teaming (1-10)	.8906	.8745
Cultural Diversity (11-15)	.8973	.9191
Families of Young Children (16-20)	.8689	.7942
Curriculum/Methods (21-27)	.9329	.8511
Foundations of Early Childhood Special Education (28-33)	.9185	.8877
Assessment of the Young Child (34-37)	.7948	.6462
Environmental and Behavioral Management (38-41)	.8787	.8937
Organization of Environments for Early Intervention (42-44)	.7947	.7716
Educational Foundations (45-47)	.7384	.8877
Physical, Health and Medical Management (48-50)	.8122	.7325

Table 5

Comparison of Means Between Project TEAM and Project PREP Graduate Responses for Each of the Competency Areas for Preparation and Applicability Items

Competency Area	Preparation		Applicability	
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
	PREP(n=16)	TEAM(n=28)	PREP(n=16)	TEAM(n=28)
Teaming	3.24 (.37)	3.13 (.45)	3.19 (.53)	3.24 (.45)
Cultural Diversity	2.93 (.61)	2.75 (.65)	2.85 (.71)	3.14 (.56)
Families of Young Children	3.34 (.55)	2.99 (.58)	3.33 (.56)	3.15 (.44)
Curriculum/Methods	3.35 (.66)	2.90 (.62)*	3.37 (.59)	3.14 (.51)
Foundations of Early				
Childhood (EC) and				
EC Special Education	3.25 (.63)	2.92 (.60)	3.31 (.66)	3.03 (.47)
Assessment of Young Child	3.25 (.74)	2.99 (.57)	3.31 (.70)	3.04 (.62)
Environmental and Behavioral				
Management	2.96 (.81)	2.85 (.54)	3.42 (.80)	3.40 (.46)
Organizations of Environment				
for Early Intervention	3.04 (.81)	2.94 (.59)	3.15 (.68)	2.93 (.65)
Educational Foundations	3.16 (.56)	3.04 (.59)	3.11 (.67)	3.25 (.49)
Physical, Health, and Medical				
Management	3.00 (.68)	2.74 (.63)	3.24 (.68)	3.21 (.55)

Note. *p<.05 prior to correction for pyramiding

Table 6

Frequency Table for Competency Items in Which Program Graduates Rated Best and Least Prepared

Category	Item (f)
Best Prepared	-interaction and communication with team members (13)
	-IFSP and IEP development (12)
	-models of multidisciplinary, interdisciplinary, and transdisciplinary team process (10)
	-assessment techniques (knowledge of play-based assessment) for young children with or without disabilities (10)
	-issues faced by families of young children with disabilities (9)
	-assisting families in identifying their resources, priorities, and concerns in relation to their child (9)
Least Prepared	-interpreting medical histories and understanding medical care for children at risk, children with disabilities, premature and low birth weight babies (17)
	-legislation and social policy related to cultural diversity (16)
	-variations in beliefs, traditions and values across cultures within American Society (10)
	-IFSP and IEP development (10)
	-Behavior management (9)
	-federal, state and local funding sources and requirements for early intervention programs (9)

Table 7

Frequency Table for Competency Items Program Graduates Rated Most and Least
Applicable

Category	Item (f)
Most Applicable	-Behavior management (13)
	-IFSP and IEP development (12)
	-proficiency in oral and written communication (report requirements and record keeping) (11)
	-interaction and communication with team members (10)
	-strategies for the reduction of inappropriate behavior and the increase of appropriate behavior (10)
Least Applicable	-federal, state and local funding sources and requirements for early intervention programs (16)
	-legislation and social policy related to cultural diversity (10)
	-development of family service plans integrating the identified child and family outcomes with resources and service options (8)
	-history and philosophy of public education and theories of learning and human development (8)
	-health and safety procedures (8)

Table 8

Overall or Process Items Presented by Means and Standard Deviations

Process Items	M	SD
Program is an effective training program	3.19	.76
Training and knowledge received would be important for other professionals to experience who would want to work with young children	3.28	.80
Program competencies were strongly reinforced by the practicum	2.88	.82
Advantage of the program is that participants participated in the practica as a team	3.47	.55
Advantage of the program is that participants participated in the seminars with various disciplines	3.21	.77
Taking courses with other disciplines increased understanding of those disciplines	3.40	.73
Philosophy of the training program was clear	2.93	.88
Advantage of the program was that teams were assigned early in the seminars	2.85	.88

Note. Means are based on a scale from 1-4 (1=Strongly Disagree-4=Strongly Agree).