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How do parents perceive support systems in their early intervention programs?

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HOW DO PARENTS PERCEIVE SUPPORT SYSTEMS IN THEIR EARLY
INTERVENTION PROGRAMS?

A Thesis

Presented to

The Faculty of the Department of Special Education

San Jose State University

In Partial Fulfillment

of the Requirement for the Degree

Master of Arts

by

Kristene Geering

December, 2007

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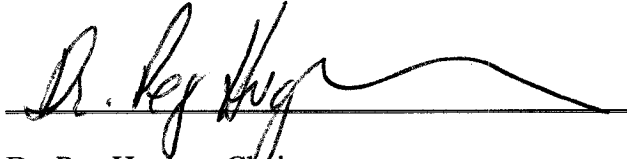
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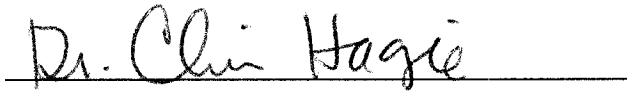
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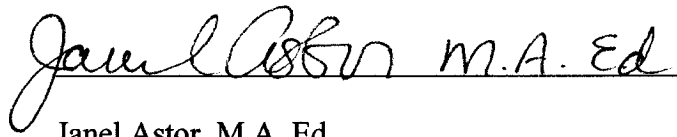
THE DEPARTMENT OF SPECIAL EDUCATION

A handwritten signature in cursive script, appearing to read "Dr. Peg Hughes", written over a horizontal line.

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APPROVED FOR THE UNIVERSITY

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ABSTRACT

HOW DO PARENTS PERCEIVE SUPPORT SYSTEMS IN THEIR EARLY INTERVENTION PROGRAMS?

By Kristene Geering

Given the debate in the literature as to how to define “natural environments” and the movement in early intervention to serve families in homes and away from centers, there seemed a call for more information coming from the families receiving these services. The purpose of this study was to determine parental perceptions of support systems in their early intervention programs. The study looked at both community-based and relationship-based support, as well as how the quality of services compared with the value placed on these services. Further, the information was broken down into home-based, center-based, and a mix of both home- and center-based service delivery models. Overall quality and value of support services were generally positive, with no significant difference between community-based support and relationship-based support. There was a significant difference between quality and value of these services, with the value being higher than the quality of the services. This may indicate both the necessity for these services as well the need to continue to improve upon them. When service delivery models were compared, no significant difference was found among them. This may imply that in terms of support services, parents perceive no advantage of one model over another, further signifying the importance of determining the placement of services on the individual needs of the family and not solely upon pre-determined definitions of natural environments.

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And finally, I would like to thank all of the families who took the time to fill out the survey. In working with families dealing with the challenges of having a child with special needs, I have continuously been impressed by the courage and compassion I see every day. It is to those families I dedicate this work.

TABLE OF CONTENTS

Chapter I: Introduction.....	1
Statement of the Problem.....	4
Purpose of the Study.....	5
Research Question.....	5
Definition of Terms.....	5
Chapter II: Review of Literature.....	8
Best Practices in Natural Environments.....	9
Interpretations of Natural Environments.....	15
Parent and Professional Perceptions of Part C Implementation.....	19
Summary.....	23
Chapter III: Method.....	25
Research Design.....	25
Participants.....	25
Setting.....	27
Instrument.....	27
Data Collection Procedures.....	28
Data Analysis.....	29

Chapter IV: Results.....	30
Data Analysis.....	30
Research Question 1: How do parents/caregivers perceive the support services they receive from their early intervention program.....	31
Research Question 2: How much value do parents place on these services?.....	31
Research Question 3: Are there any differences among families perceptions who receive services in the home, in a center, or in a combination of both environments?.....	32
Inferential statistics.....	32
Within group comparisons.....	33
Chapter V: Discussion.....	35
Introduction.....	35
Relationships and community resources.....	35
Value versus perception.....	37
Comparing service delivery models.....	37
Summary.....	38
Limitations.....	39
Implications for further research.....	39
References.....	41

Appendix A	English Survey	47
Appendix B	Spanish Survey	57
Appendix C	Division of Survey Statements.....	68

Chapter I

Introduction

Civil rights in American society are ideally offered to all people, regardless of race, nation of origin, religious beliefs, gender, sexual orientation, or ability. In reality, however, society continues to struggle with these issues. Discrimination based on a disability is something the Americans with Disabilities Act (ADA) of 1990 recognized as being an ongoing problem and directly addressed. This legislation was monumental in the civil rights of the thousands of Americans who live with disabilities in the United States. Further federal mandates concerning the education of people with disabilities have since been defined and redefined. The most recent Individuals with Disabilities Education Act (IDEA) (2004) gives guidelines to schools in educating students who have been identified as having special needs. One of these guidelines reflects the intent of ADA and re-emphasizes that segregation in the classrooms should not be common practice. IDEA states clearly that children with disabilities must be educated in the “least restrictive environment,” meaning that as much as possible children with disabilities should be in classrooms and environments surrounded by their peers who do not have disabilities. Integrating children with disabilities into the general milieu of school life serves as a pattern for later life, modeling for the community at large to end segregation and discrimination based on a person’s abilities. IDEA extends this right to all children, from birth through high school. The least restrictive environment for children birth to three is referred to as the “natural environment,” an environment in which other infants or toddlers without disabilities would typically be found.

The law does recognize, however, that education for people with disabilities should always be individualized. In order to tailor each child's education to suit the needs of that child, IDEA (2004) mandates that a team of professionals determine what services will be best for a student over the age of three identified as having special needs in an Individualized Education Plan (IEP). The IEP addresses the specific needs of a particular student, personalizing an intervention plan that will maximize the student's potential and support him or her so that an education equal to that of the student's peers can be achieved. For children under the age of three, the structure of the Individualized Family Service Plan (IFSP) put forth in IDEA is such that the child is recognized as being part of the family system, and with that understanding services are designed to support the overall family structure. Again, all services are personalized to support the growth and development of the child, through supporting the child, parents, and siblings, and other caregivers. The focus on the child for the first three years of life is actually on the child's family as a whole, and not just on the child as an individual.

To that end, service delivery models for families of children birth to three are diverse in order to meet the needs of many types of families. Some models are home-based, where teachers and therapists go to a family's home to provide support and education to the parents and caregivers. Other models are center-based, where toddlers and infants with special needs work under the tutelage of a team of professionals to address the children's individual needs. Some of these center-based programs utilize the staff as the primary interventionists, and others are based on family-participation. When families are a part of the facilitation of early intervention practices, the team focuses on

teaching the parents how to work with their children and generalize interventions to different environments. It is also an opportunity for parents to look to each other for support in what can be a difficult time as a family begins to adjust to caring for a child with a disability.

Again, the latest version of IDEA (2004) has re-emphasized the importance of working with children under the age of three in their natural environments. As practitioners have begun to incorporate natural environments into their service delivery models, some center-based programs have switched to home-based models (Brault, Ashley, & Gallo, 2001). This trend has moved families toward being served in their homes or community, but at the same time has had the effect of isolating some parents and breaking the connections they once had with other parents in center-based programs who also had children with special needs.

The intent of the law is clear in that children are to be integrated into their community settings as much as possible (IDEA, 2004). It has been suggested, however, that this emphasis on integrating children with disabilities into the general school population has to some extent diminished the individualization of services to meet the needs of the child, and in the case of children birth to three, the needs of the family. (Bricker, 2001). When a cookie cutter approach is taken to any service delivery model, the personalization of an educational plan is lost. The law already recognizes that children under the age of three need a different approach to special education than older children. Typical settings for infants and toddlers are the home or small day care. Limiting choices to these settings also limits these families' opportunities to meet other

parents and caregivers in like circumstances. Unlike older children who are typically provided special education services in school settings and therefore have social schemas for parents and children alike, these parents are often alone and uncertain of where to turn for encouragement and information. If the intent of the law is to provide support for the entire family through the IFSP, in the interest of the child's well-being, narrow interpretations of natural environments may have the undesired effect of reducing support for these families.

Statement of the Problem

The current law allows for exceptions to providing services in an inclusive environment. It is true that very young children must be served in their natural environment to the maximum extent possible (IDEA, 2005), but questions arise as to what defines the maximum extent possible. The IFSP must be individualized for the needs of each family. Therefore, considerations such as what the family is comfortable with may contradict services being provided at home or in the community. How much importance the family places on being with other families in similar situations is an important part of that individualization, but whether or not the parents' need for peer support is valid justification for placement in a center-based program, for example, is difficult to determine. The literature has much to say on natural environments, best practices within them, the benefits to be gained from a variety of placements, and how important peer support is for families (Dunst et al., 2001; Horn & Sandall, 2000; "Part C still requires....", 2005; Seligman, 1993). The literature does not, however, give a voice to the parents themselves in regards to how much value they place on peer support and

parent groups, as well as other forms of support that can be offered by early intervention programs. And although there has been some research done as to how parents rate the overall effectiveness of their early intervention services (Dunst & Bruder, 2002; Mahoney & Filer, 1996), more empirical data from families themselves needs to be reported. As early intervention programs respond to the most recent IDEA mandates, it is vital the teams understand not only how parents perceive the effectiveness of their early intervention support systems, but how much value they assign to these support systems.

Purpose of the Study

This study will seek to examine parental perceptions of the importance of parent groups, peer support, and general support offered by early intervention programs at five center-based programs in the San Francisco Bay/Peninsula area.

Research Questions

How do parents and caregivers perceive the quality of support services they receive from their early intervention programs? How much value do parents place on these services? Are there any differences among families who receive services in the home, in a center, or in a combination of both environments?

Definition of Terms

- 1. Least Restrictive Environment:* To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability

of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (IDEA, 2004).

2. *Natural Environment*: Settings that are natural or normal for the child's age peers who have no disabilities (34 e-C.F.R. §303.18, 2006).
3. *Disability*: The term "disability" means, with respect to an individual: (a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment (ADA, 1990).
4. *Center-based Programs*: Programs in which children are served in a central location (Howard, Williams, & Lepper; 2005).
5. *Home-based Programs*: Programs which offer intervention services in the home, focusing on supporting the development of healthy parent-child relationships in the home environment (Cook, Klein, & Tessier; 2004).
6. *Early Intervention Services*. The term "early intervention services" means developmental services that are provided under public supervision; at no cost except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees; designed to meet the developmental needs of an infant or toddler with a disability, as identified by the individualized family service plan team, in any one or more of the following areas: (1) physical development; (2) cognitive development; (3) communication development; (4) social or emotional development; or (5) adaptive development. These services include family training, counseling, and home visits; special instruction; speech-

language pathology and audiology services, and sign language and cued language services; occupational therapy; physical therapy; psychological services; service coordination services; medical services only for diagnostic or evaluation purposes; early identification, screening, and assessment services; health services necessary to enable the infant or toddler to benefit from the other early intervention services; social work services; vision services; assistive technology devices and assistive technology services; and transportation and related cost (IDEA, 2004).

Chapter II

Review of Literature

The Individuals with Disabilities Education Act (IDEA) of 2004 specifically emphasizes that early intervention services to a child must be provided within the child's "natural environment," or setting in which typically developing peers may also normally be found. IDEA specifically emphasizes that early intervention services to a child must be provided as much as is appropriate within the natural environment, including the home and community settings where children who are not identified as having special needs would be found. These services would take place outside of that natural environment, i.e., classroom, only when the intervention would not be suitably realized in those settings. In that case, IDEA states the Individualized Family Service Plan (IFSP) team must give a justification for the intervention venue outside of the child's natural environment.

The Department of Education stated clearly in 2000 that providers are to offer services in the natural environment as much as possible. It is also clear that the law does provide for exceptions to natural environments on an individual basis. Guidelines as to what those exceptions can or cannot be, however, are not clear. The Office of Special Education Program (OSEP) recognized this uncertainty, and reiterated that while natural environments are considered to be settings where infants and toddlers without disabilities would typically be, the law also recognizes that exceptions can be made on an individual basis so long as the reason for the placement is in the IFSP ("Part C still requires...", 2005).

As a result, the term “natural environment” has been a rich source of comment, research, and debate in the field of early intervention. As all fifty states conform to the law, a flurry of change has been initiated in early intervention programs across the country as they strive to meet these somewhat ambiguous requirements (Walsh, Rous, & Lutzer, 2000). To that end professionals in the field of early intervention have devoted a great deal of time to interpreting the principle of natural environments, developing best practices within them, and understanding both family and professional perceptions of these changes. Definitions of what determines a natural environment are also debated, and both the professionals in the field and the families they serve are identifying ways in which these changes in service delivery impact their lives (Bricker, 2001; Dunst, Trivette, Humphries, Raab, & Roper, 2001; Monforte & Thurman, 2002).

Best Practices in Natural Environments

The literature presents multiple concepts of how to achieve best practices within natural environments. Viewing early interventionists as “itinerant teachers” (Horn & Sandall, 2000) may be one way in which families and children can be served in their natural environments. According to Horn and Sandall, itinerant teachers typically serve preschools and daycares where there is no Early Childhood Special Education (ECSE) teacher on staff. It is the job of the itinerant teacher to go from school to school and provide collaboration, consultation, and support to the direct service providers within the schools, from Early Childhood Education (ECE) teachers to educational aids. In the same way these teachers visit different schools, this model could be expanded so that an early interventionist could visit different family settings, including homes, daycares,

preschools, places of worship, parks, and the like. Using this model, the practitioner embraces such tasks as collecting information, investigating assistive technology, and using video observations as just a few ways to provide service to a family. Harmonizing the multiple services a family may be receiving and pooling resources with all members of the intervention team also fosters a family-centered approach to services.

Childress (2004) looked at the combination of special instruction and natural environments, emphasizing seven ways to achieve best practice within the natural environment: (a) supportive and family centered approaches; (b) collaboration and consultation with the family; (c) identifying naturally occurring learning opportunities; (d) collaboration among professionals; (e) cultural sensitivity; (f) effective evaluation and assessment; and (g) effective teaching practices. The idea of having instruction both family-centered and supportive of families is crucial. Using special instruction collaboratively, so that interventions are woven throughout the family's day is essential. That collaboration in turn moves toward utilizing the natural routines of the family for learning, such as counting, swinging or pointing out different colors of flowers at the park. A true team effort on the part of the professionals further supports the family—each professional knows and teaches that interventions work across developmental domains. The individualization of any strategy will be developed within the context of each family, taking into consideration culture, belief systems, family priorities, and the like. Ongoing assessment and evaluation of the progress of the child is also an integral part of special instruction in all areas of development. Finally, interventions should not only be effective with the child, but the parents, as well. Parents must understand both

the reasons for intervention and how to implement them. If these seven practices are implemented appropriately, parents do not just look to professionals for ideas; the information flows among all members of the team as the special instruction becomes a part of the overall support of the family. The quality of the intervention increases when parents begin consciously to interweave different developmentally appropriate activities throughout the child's daily routine.

It is this act of conscious interweaving which truly begins to promote learning in a natural environment. Focusing on the child's experiences on a daily basis instead of where instruction takes place frees an interventionist from being tied to a particular physical locality (Hanft & Pilkington, 2000). The parents' sense of involvement and competence may also be further promoted by the process of asking what their child's experiences are and actively discussing how different tasks may facilitate different learning strategies. Such collaboration is the most important consideration for having effective interventions, and in their review of current literature Hanft and Pilkington outlined three ways this collaboration aided the intervention team. First, it improves relationships not only between parents and professionals, but among family members as well. Second, it offers a positive model for parents to follow. Third, it increases the parents' competency in seeing what their child can do and choosing appropriate goals for the family.

Dunst, Trivette, Humphries, Raab, and Roper (2001) have introduced "activity settings" as an alternate way to describe the natural environment in an experimental research design looking at an intervention study. They provide a framework of three

components which determine the effectiveness of an intervention. The first component is the setting, which is determined by looking at the context in which an activity takes place. Activities which are a natural part of a child's day are much more likely to be effective and have true meaning to a child, such as crawling after the family pet or using a pincer grip to obtain a small piece of food. The desired outcomes of crawling or using a pincer grip could be practiced in a rote situation, but the motivation and meaning are not present for the child or family, nor is the connection as to why those skills should be learned.

The second component of their framework is the type of activity. Using both child- and adult-initiated activities has many benefits. Child-initiated games are usually more motivating for the child, and adult-initiated situations will be more oriented toward the goals that have been outlined by the IFSP team. A balance between the two approaches provides the most effective outcomes. The final component is that of the practitioner, or professional, and whether or not she or he needs to be present for the intervention. In terms of regular routines, rituals, and activities for the child and family, the professional usually is not there. The family must be able to implement various strategies with an understanding of what learning is taking place in various settings (Dunst et al., 2001).

This framework was expanded upon by Roper and Dunst in 2003. In a meta-analysis of current literature, they saw seven natural learning opportunities which can come from looking at intervention through the above mentioned framework. First, there are more opportunities for the child to communicate spontaneously during more

naturalistic settings. Professionals who can explain how to recognize those opportunities to parents are more likely to have effective outcomes, i.e., language gains, positive parent-child interaction. Second, teaching a parent how to follow a child's lead in activities, structuring and modeling communication or other desired strategies, provides even further learning opportunities.

Third, being responsive to the child in an activity also affords more opportunity to demonstrate the natural give-and-take of communication. Fourth, natural activity settings are also an excellent time to practice imitation skills on the part of the child. The fifth element discussed the importance of modeling on the part of the adult, which can also take place during these natural activity settings. The sixth advantage mentioned by Roper and Dunst (2003) is that less prompting can be used by the adult, thus facilitating an easier communicative flow between the adult and child. Finally, the child is much more likely to participate in an activity of his or her choosing.

Monforte and Thurman (2002) reviewed the current literature and used a concept they called "behavior settings" to describe working in a natural environment. This setting is made up of two items—having a set pattern of behavior(s), and a place in which those behaviors typically happen. For example, getting ready for bed and sleeping are activities which usually take place in the bedroom. Professionals can, with the aid of parents, determine what those settings are for a family on a regular basis. Then appropriate and meaningful interventions can be developed, and parents can feel comfortable understanding not only how and why to work on certain goals, but when.

A way to break down these natural environments into easily identifiable moments throughout a family's day was introduced by Dunst, Bruder, Trivette, Raab, and McLean (2001). They found 22 environments in which children usually find themselves daily. By sitting with families and going through which places are usual for them, it is then possible to see exactly what physical environments support what learning opportunities. A further examination of what interests the child provides motivation and intrinsic rewards for these activities, thus promoting further learning. The relationship among the physical location, what takes place within it, and what learning opportunities are then possible makes it both easy and motivating for parents to see how they are contributing to their child's progress.

As professionals begin to re-shape their programs to incorporate natural environments, service delivery models must change in accordance. A shift toward the family being the primary service provider is one major theme emerging in current practices. McWilliam (2000) suggested that among some of the major changes that families and professionals should expect as agencies begin to comply with current IDEA Part C mandates were (a) services based on goals put forth by the IFSP team (including the family), (b) having one practitioner be the main contact for the family, (c) forming a trans-disciplinary team to provide support for that practitioner, and (d) having formal assessments and evaluations become secondary to needs found in the family's daily living.

Interpretations of Natural Environments

Natural environments have been defined in a variety of ways. Rule, Losardo, Dinnebeil, Kaiser, and Rowland (1998) defined natural environments using three factors in discussing what they called “natural instruction.” First, instruction takes place in a context, or particular setting such as the home. Second, adults working with a child not only follow the child’s lead, but use natural consequences as motivators. An example of this is a child reaching for her mother. The mother could tell her to say, “Up, please,” and then immediately pick her up if she tried to say those words. The child initiates the activity of wanting to be held, and once the desired communicative skill is demonstrated the reward is to get what she wanted, namely to be held. The third factor is that natural instruction focuses on behaviors that are practical and can be attempted repeatedly in that setting. Teaching skills that have no meaning for a child in a particular environment does not provide either the opportunity to practice or even a reason for doing those skills. For example, teaching a child how to turn a doorknob in an environment where there either are no doorknobs or child safety features would be counter-productive.

Rule, Losardo, Dinnebeil, Kaiser, and Rowland (1998) go on to state that although there have been many different terms applied to interpretations of natural instruction, or instruction within the natural environment, there are three general conditions which indicate that natural instruction is taking place. The three conditions are the adult (a) has an educational intent, (b) acts in such a way as to aid the child in achieving a skill or skills, and (c) knows ahead of time what specific actions to look for on the part of the child which demonstrate that the skill has been accomplished. Playing

peek-a-boo with a baby is fine, but it is not considered special instruction if the adult is not consciously teaching the concept of object permanence, or does not know what cues to look for indicating the child has gained that awareness, even though it is happening in the natural environment. Being aware of these dynamics is important when teaching others how to work in these environments.

The physical location of the natural environment was also found by some researchers to be an important factor in determining the setting for intervention. When parents were given a structured plan for places to focus on specific activities with their child, there were significant increases in social interactions, cognition, and behaviors. Moreover, the actual physical environment may also have had an effect on children's progress, largely due to rewards intrinsic to those places (Dunst, Bruder, Trivette, Hamby, et al, 2001).

Many authors, however, have identified that natural environments are not only about where the intervention takes place, but how the intervention is done. Using children's natural interests as a basis for any intervention is one way to incorporate early intervention into their daily rhythms (Dunst, Herter, & Shields, 2000). Discovering a child's general interests and seeking out community-based activities incorporating those interests will not only fulfill legislative mandates of natural environments, but provide a meaningful setting in which motivation is intrinsic to learning. Bricker (2001) states that interventions are meaningful when they are authentic, regardless of physical location. In her view, placing the setting for intervention above and beyond all other considerations violates the underlying intent of IDEA to be family-centered. Taking into consideration

all of a family's needs should be the priority, and in some cases families may indeed feel more comfortable in a setting in which all children have been identified as having special needs. Monforte and Thurman (2002) also make note that there are some families who are not comfortable with strangers coming into the home. The stress of having a practitioner enter the home would be detrimental to the overall effectiveness of the treatment, and therefore an inappropriate delivery of service.

Bricker (2001) goes on further to state that in terms of working in the natural environment, although there have been numerous studies and articles on the topic, most of them tend to look at subtle results instead of long-term outcomes and are often questionable in terms of their methods. Allegations that the literature does not support natural environments is refuted by Shelden and Rush (2002), however, who state that there is literature aplenty from a variety of fields within the work of early intervention that discusses natural environments. Their review of literature encompassed a number of associated fields including naturalistic intervention, generalization, inclusion, home-based services, and consultation with care providers.

Both Bricker (2001) and Monforte and Thurman (2002) raise the issue of the parents' choice of environment being important in terms of having a family-centered service plan. But when the question arises of how much say the parents have in the placement of their child, Walsh, Rous, and Lutzer (2000) share personal communications with OSEP in which it is stated quite clearly that the IFSP team as a whole determines placement of the child, not the parents themselves. Parents, of course, always have the choice of whether or not to accept services on behalf of their child. But considerations

for placement of the child in an environment that is not typical of their peers without disabilities cannot be determined solely by the parents.

A different approach would be to consider inclusive interventions to be on a continuum. Cross, Traub, Hutter-Pishgahi, and Shelton (2004) examined in their study seven children in inclusive early intervention settings. They were found to have been successfully included into their communities. Cross, et al. found that part of the reason for this success was the flexibility of all of the team members, and identified four primary service delivery models. Special needs service providers were often found to provide consultation to those working with the children on a daily basis. At other times these providers chose to pull the child out of a classroom to provide therapy in a one-to-one scenario. This method was used if the therapist felt the child needed some time without distractions to work intensively. A one-to-one model was also used within the inclusive setting, when the child was still physically in the same room as other children but would work with a service provider individually. Providers reported this was useful in that the child got individual services, but peers would often intervene as well as positive role models and sources of encouragement. The final method reported in this study was that of co-treatment, or more than one service provider working with a child at a time. This was chosen again at the interventionists' discretion based on their perception of the child's needs. The idea of a team being committed to inclusion yet flexible within the specific strategies was noted as being an important part of the success of these placements.

Parent and Professional Perceptions of Part C Implementation

That changes have come about as a result of Part C has been discussed previously in this chapter. The perceptions of these changes by the professionals in the field and the families they serve influence how the field of early intervention proceeds. Four concerns were identified by Bruder (2000) in regards to family-centered practices as put forth by Part C: (a) a gap in research and practice; (b) training practices; (c) the complex language of Part C itself; and (d) the attitudes of professionals in the field. Current literature is not making its way to those who should be implementing it, meaning the implications of empirical studies are not being translated directly into practice. Similarly, while there are recommendations for training programs in early intervention, there is no set standard in the field. Again, what is written is not what is done. Furthermore, the complexity of Part C itself, entrenched funding practices, inadequately prepared administrators, and sheer bureaucracy further serves to impede family-centered services. Finally, a failure on the part of professionals to recognize parents as the true experts on their child can create a gap between providers and families, fostering feelings of inadequacy in the parents and disempowering families.

The gap between current literature and practice is also mentioned by Raab and Dunst (2004). They found that practitioners with limited experience had more challenges in adopting contemporary theory into practice. In contrast, professionals with more experience with natural environments were more likely to use best practices effectively. Though changes in response to Part C are not yet universal amongst

practitioners, and not all early interventionists have had the chance to learn about natural environments, this is evidence that shifts are occurring.

Service delivery programs around the country have responded and changed in response to Part C. HOPE Infant Family Support Program transitioned from having center-based “toddler school” to an entirely home-based program, providing support to families in the home as well as other community settings (Brault, Ashley, & Gallo, 2001). At the conclusion of a long and ultimately successful process, team members at HOPE found that parents reported especially missing one component of the center-based program—parent interaction. They addressed the issue by having parent meetings set up through a local resource center that was open to all families of the community. The emphasis was on finding ways to include families with children who had disabilities into the community. It did not arrange groupings of only parents of children with special needs.

The issue of parent interaction, meetings, and support groups has been a concern for many people (Walsh, et al., 2000). Shelden and Rush (2001) list this inability to meet with other parents as one more “myth,” acting as a barrier to true inclusion and family-centered services. But it should be noted that for families who have just learned their child has a disability, which often happens in the first three years of life, parents are particularly vulnerable as they confront a barrage of input from doctors, therapists, family, and community (Seligman, 1993). Although OSEP has made it clear that placement must be determined based on the child’s needs and not the parents (Walsh, et al., 2000), this does seem to be contradictory to the underlying concept of IDEA being

family-centered (Bricker, 2001). Some parents experience an onslaught of guilt and anger, and a support group of their peers can offer succor that cannot be found in an inclusive setting (Seligman, 1993). Given that both familial stress and a depressed mother can lead to less parent-child interaction and be problematic in a child's overall development (Makri-Botsari, Polychroni, & Megari, 2001), the issue of meeting with other parents needs to be addressed more consistently as states make decisions as to the structure of their service delivery programs and what a natural environment can be. After all, parent interests and concerns are common justifications for play groups in the community. Parents with similar religious or political viewpoints often choose to have their children play together, offering support and information to each other. Parents who have children with special needs may likewise choose to have play groups where they can offer and receive support and information concerning the myriad needs and issues that come with any family dealing with disabilities. As McWilliams, et al. pointed out in their study involving a survey of over 500 families, parents desire to have some choice in the placement of their children (1995). Whereas some families wished to have their children integrated into community placements, others preferred to have their child placed in settings that focused on children with special needs.

Parental and professional perceptions of current services in terms of natural environments have also been examined (Dunst & Bruder, 2002). A nation-wide survey looked at what families and professionals said were the most important benefits of service coordination, early intervention, and natural learning environments. Whereas both parents and professionals were generally in agreement about what was beneficial,

professionals valued inclusion and additional learning opportunities more than parents did. As these two practices are highly correlated with a child's overall growth and development and increase in parental confidence (both of which were valued fairly equally by both parents and professionals), more study was called for to understand those differences.

Another study looked at whether or not mothers felt their early intervention services were responsive to their needs (Mahoney & Filer, 1996). Mothers were asked, (a) if their services helped them become more involved in their communities, (b) if they felt their child's developmental needs were being addressed at home, and (c) if they felt they had been given support so that they could manage the potential strains of having a child with a disability. The majority of mothers stated overall that they did feel supported by their intervention programs, and that there were efforts to help them incorporate into their communities. They also conveyed that programs which had a home-based component were more satisfactory than those which had a center-based only model. The study went on to imply that services may be based more on state assets and procedures or the ability to get to a program, instead of on family needs. Herman and Marcenko (1997) referred to the idea that parents were better able to integrate early intervention services when they perceived they had an adequate social network. Their study reported that the parent's perception of resources had an affect on parental depression. As previously discussed, higher depression in parents leads to fewer parent-child interactions, which ultimately may have a negative effect on the child's development (Makri-Botsari, et al., 2001).

Summary

The emphasis on natural environments as stated in the most recently amended version of IDEA, Part C is clear. Best practices as described in the current literature maintain the idea of providing support for families and children within daily routines and community surroundings (Childress, 2004). Practitioners must be aware of not so much embedding interventions into specific activities, but educating parents and caregivers on how to recognize learning opportunities as they present themselves within regular routines and actions (Dunst, Trivette, Humphries, Raab, & Roper, 2001; Hanft & Pilkington, 2000). In addition, collaboration on the part of all members of the IFSP team, including parents, is crucial as the field moves toward trans-disciplinary teams (Cross, et al., 2004; McWilliam, 2000).

As the field of early intervention moves to respond to these changes, however, debate still exists as to what the definition of natural environments should include and how best to interpret the law to serve families effectively (Bricker, 2001; Monforte & Thurman, 2002; Raab & Dunst, 2004). As programs are altering from center-based to home-based services, concerns are raised regarding how best to be family-centered (Brault, Ashley, & Gallo, 2001). Of particular concern is the possible isolation of parents in home-based programs, and the loss of peer-support for parents (Brault, et al., 2001; Bricker, 2001; Walsh, et al., 2000).

Given that the underlying intent of IDEA Part C is to organize service delivery in a family-centered manner (Bricker, 2001), understanding the perspectives of the families involved can give insight as to the efficacy of service programs. Some studies have

shown overall positive attitudes of parents toward their early intervention services (Dunst & Bruder, 2002; Mahoney & Filer, 1996). However, given the issues raised earlier regarding parent interaction and peer support, further research is needed to determine how parents have felt about this aspect of their services. Parent and caregiver perceptions of the importance and value of such interactions would add more information to the current body of knowledge. It is the intent of this study, therefore, to ask parents their opinions of current and past services, in particular parent groups and peer support.

IDEA Part C specifically states the need to assist the families of young children with special needs, with the understanding that strong, well-supported families provide the true environment in which children's potential grows and thrives. In order to determine if services are assisting those families in meeting these needs, it is vital to understand how parent support and peer groups are valued by these families. In this way, program structures can reflect what families state their needs are in order to support the optimal growth and development of their children.

Chapter 3

Method

The literature emphasizes how much importance professionals place on the type of setting utilized for early intervention services, i.e., home-based or center based. In addition, the literature has much to say about the importance of support systems for the family in early intervention practices. The perspective of the parents and caregivers, however, is not heard as clearly. The purpose of this study is to determine how parents and caregivers perceive the quality and value of support services in both center- and home-based early intervention models, and to see if there are perceived differences in support between the two models. Do parents perceive they are receiving financial, social-emotional, educational, and developmental support from their early intervention systems? How much value do parents place on these supports?

Research Design

The research consisted of a quantitative descriptive study using a survey questionnaire with one group of families receiving services in three types of settings: (a) home, (b) center, and (c) both home and center.

Participants

Participants were families who had received early intervention services in the past five years from five participating San Francisco Bay Area agencies, including one agency in which this researcher is an early intervention service provider. These agencies were chosen through the researcher's contacts in the local community, providing a convenience sample of families receiving services from these agencies. One hundred

forty-four families responded at least in part to the survey. Of these, 25 surveys were either illegible or did not follow directions and were therefore not included in the data analysis. The remaining 119 surveys were analyzed for this study.

The demographics of the participants were as follows: 51% (n = 61) classified themselves as Caucasian; 29% (n = 34) Hispanic/Latino; 13% (n = 16) Asian; 3% (n = 3) Caucasian/Hispanic; 2% (n = 2) Caucasian/Pacific Islander; 1% (n = 1) African-American, and 1% (n = 1) Pacific-Islander. Education, age, and income were similarly varied. Five percent (n = 6) of the participants reported they were between the ages of 18 and 25, 46% (n = 55) were between the ages of 26 and 35, 43% (n = 51) were between the ages of 36 and 45, and six percent (n = 7) were over the age of 46. Nineteen percent (n = 23) of the participants said they had received an education level of 12th grade or below, seven percent (n = 8) one to four years of technical school, seven percent (n = 8) had received one or two years of college, 31% (n = 37) three to four years of college, three percent (n = 3) had gone to graduate school for one to two years, 21% (n = 25) had Master's degrees, and eight percent (n = 9) had doctoral degrees. The average reported annual income of participants was \$123,167, with a wide range of \$1,400 to \$550,000. Of the participants, 89% (n = 106) stated they were married, five percent (n = 6) were single, five percent (n = 6) were in long-term relationships, and one was divorced. Seventy-seven percent (n = 92) of the participants responded in English (20 of these online), and 23% (n = 27) responded to the Spanish version of the paper survey.

Setting

The survey was taken at a time and place of each participant's choosing, such as home or office.

Instrument

The investigator developed a descriptive survey questionnaire designed for one group, comparing family perceptions of support systems in both home-and center-based settings. The researcher used a one to five Likert scale to rate agreement with a series of 60 statements about the family's early intervention services. The survey was developed through research into current literature, with content validity based upon best practices and definitions of support for early intervention service providers (Trivette & Dunst, 2006; Turnbull, Turnbull, Erwin, & Soodak, 2006). Face validity was given by the researcher's thesis committee members, and limited field testing was done when one parent responded with comments. Specifically, she had difficulty clarifying the center-based services from home-based services and responding to each accordingly.

The survey includes demographic information as well as questions and statements about the parents' and caregivers' perceptions of the quality and value of support received in their early intervention services and their importance. Specifically, five questions addressed demographic information, including age, education, marital status, ethnicity, and income. Demographic questions were in a multiple choice or fill-in-the-blank format. The next six questions addressed information on the types of services the families received, such as occupational, physical, or speech therapies, educational or other related services. These were also a mix of three multiple choice and one fill-in-the-

blank, with two questions offering both multiple choice and a fill-in-the-blank option. Following these questions were sixty statements rated on a five point Likert scale of agreement, from strongly agree, agree, don't know, disagree, and strongly agree. The first thirty statements pertained to services provided in the home. A set of thirty identical statements followed, this time pertaining to services in a center or clinic.

Data Collection Procedures

The survey was in both an online and a paper format, giving families a choice of which version they chose to complete. Therefore two different procedures were followed. For each of the five participating agencies which had a database of families with e-mail access, the agency sent a mass e-mail containing the agency's sanction of the study along with a hyperlink to the online version of the survey using SurveyMonkey.com. In addition, a note inviting the family to pick up an incentive coupon for 20% off any item at a local toy store was included (agencies were instructed to hand out the coupon regardless of whether or not a family participated). Online participants then followed the hyperlink, at a time and place of their choosing, directly to the online survey, hitting the submit button upon completion. SurveyMonkey.com did not collect individual personal data on any participants, maintaining the anonymity of the participants.

The paper survey was handed out to families by service providers at each agency. The paper survey was available to all families, regardless of whether they were sent an e-mail link to the online survey. Agencies were instructed to give families a choice of the paper survey in either English or Spanish. Each survey was accompanied by the

agency's sanction and an informed consent letter, the incentive coupon for a local toy store, and an envelope with the researcher's name on it. Surveys were filled out by families at a time and place of their choosing. Once the participant completed the survey, she or he was instructed to place it into a provided envelope, seal it, and hand it back to the provider or bring it directly into the agency. Each agency was requested to keep all sealed envelopes in a central place, and the researcher gathered them at the end of the data collection period to maintain the anonymity of the participants.

Data Analysis

SurveyMonkey.com tracked all data from participants in the online survey. This data was then compiled by the researcher with data from the paper version of the survey. All data was entered into a computer using Excel software. Descriptive statistics (such as mean, median, mode, and frequency) from the software were then used to organize the data into written and graph form. Inferential statistics (*t*-tests) were also used to examine within group differences, i.e., home- versus center-based programs.

Chapter IV

Results

Data Analysis

The data was organized by dividing the survey statements into answers pertaining to the quality of services, and how much caregivers valued those services (Appendix C). After overall scores relating to support services were analyzed, the data was further divided into two subcategories. First, whether the support services described in the survey statements related to relationship-based support (i.e., relationship with the child, interventionists, or other parents), and second, if they related to community resource-based support (i.e., information on child care, financial assistance, information on community parent groups) (Turnbull, et al., 2006). Subsequently all data was ultimately divided into the following four subgroups: (a) relationship-quality, (b) relationship-value, (c) community-quality, (d) community-value. After overall data was analyzed under these subgroups, frequency scores were then divided according to placement of services: (a) home-based services, (b) center-based services, and (c) a combination of both home- and center-based services.

Data was evaluated using both descriptive and inferential statistics. The mathematical mean was found for each subcategory, as well as the standard deviation and range. In addition, groups were compared using t

Tests to determine if there was any statistically significant difference within the three groups of services. The findings will be presented according to the research questions proposed in this study.

Research Question 1: How do parents/caregivers perceive the support services they receive from their early intervention programs?

Scores were rated on a 5-point Likert scale of agreement, (1 = “strongly agree,” 2 = “agree,” 3 = “don’t know,” 4 = “disagree,” 5 = “strongly disagree”). All statements were phrased in the positive. There were 22 total questions pertaining to the quality of early intervention program support systems. The overall mean (M) for how parents rated these systems was 2.31, with a standard deviation (SD) of .60, and a range of one to five. When analyzed into community-based versus relationship-based support, no significant difference was found ($t = -.03$, $df = 20$, $p < .98$).

Research Question 2: How much value do parents place on these services?

There were eight statements asking parents to rate how much they valued support systems from their early intervention programs. The scale used was identical to that used for quality of services. The score for how much parents valued these services was $M = 1.90$, $SD = .40$ with a range from one to five. A t test comparing how parents perceive the quality of their services with how much value they place on their services showed a significant difference ($t = 2.22$; $df = 19$, $p < .04$), with the value placed on support services ($M = 2.31$) higher than that of the quality of services ($M = 1.89$).

Research Question 3: Are there any differences among families' perceptions who receive services in the home, in a center, or in a combination of both environments?

When looking at how families perceive the quality of overall support received from their early intervention programs, the descriptive statistics found that home-based families ($n = 27$) scored $M = 2.33$, $SD = .84$, with a range of one to five. Center-based families ($n = 33$) scored $M = 2.37$, $SD = .55$, with a range of one to five. Families that received a combination of both home- and center-based services ($n = 59$) scored $M = 2.24$, $SD .49$, with a range of 1-5.

Inferential statistics

T tests were conducted to compare overall quality of support services of families' amongst home-based, center-based, and combination of home- and center-based services. There were no statistically significant differences found among any of the groups. On overall quality of support services the non significant *t* tests findings were as follows: (a) home versus center, ($t = -0.19$, $df = 42$, and $p \leq .85$), (b) center versus combination, ($t = .83$, $df = 42$, and $p \leq .41$), and (c) home versus combination, ($t = .43$, $df = 42$, and $p \leq .67$). *T* tests were also conducted to determine the value families placed on these services: (a) home versus center, ($t = .04$, $df = 14$, $p \leq .97$), (b) center versus combination, ($t = 1.36$, $df = 14$, $p \leq .20$), and (c) home versus combination, ($t = 1.15$, $df = 14$, $p \leq .27$). All findings regarding value were non-significant.

Within group comparisons

The data was then further analyzed to examine the subcategories of relationship-based and community-based support services. When looking at how families perceive the quality of relationship-based support (i.e., relationships with professionals, other families in the community, or their child) from their early intervention programs, the scores for home-based families were $M = 2.36$, $SD = .98$ with a range of one to five. The scores for center-based families were $M = 2.24$, $SD = .45$ with a range of one to five. Scores for families that had received services in both the home and centers were $M = 2.22$, $SD = .53$ and a range of one to five.

In terms of the quality of community resource-based support (i.e., child care, financial assistance, access to other families within the community) from the home-based families, the scores were $M = 2.28$, $SD = .67$, with a range of one to five. Scores for the center-based families were $M = 2.52$, $SD = .64$, with a range of one to five. Families with services in both settings scored $M = 2.26$, $SD = .46$, with a range of one to five.

How much value families placed on relationship-based support services in the home were $M = 2.22$, $SD = .53$, with a range of one to five. Center-based families scored $M = 1.96$, $SD = .40$, with a range of one to five. Families receiving services in both home and center scored $M = 1.90$, $SD = .33$, with a range of one to five.

The value families placed on community resource-based support for those who received services in the home scored $M = 1.65$, $SD = .11$, with range of one to four. Families getting services at a center scored $M = 1.75$, $SD .04$, with a range of one to five. Families receiving services in both settings scored $M = 1.55$, $SD = .07$, with a range of one to five.

T tests compared home-based, center-based, and combination of the two regarding quality of relationship-based support services. No significant results were found in these tests as follows: (a) home versus center, ($t = .22$, $df = 20$, $p < .83$), (b) center versus combination, ($t = .11$, $df = 22$, $p < .91$), and (c) home versus combination, ($t = .45$, $df = 22$, $p < .66$). *T* tests on the quality of community-based services also failed to return significant results: (a) home versus center, ($t = 2.10$, $df = 18$, $p < .43$), (b) center versus combination, ($t = .31$, $df = 10$, $p < .76$), and (c) home versus combination, ($t = 1.16$, $df = 10$, $p < .27$).

In addition, fewer of the survey statements addressed the value of relationship-based services ($n = 6$) and community-based services ($n = 2$), therefore inferential statistics could not be conducted. Looking descriptively at the mean scores listed above, it can be noted that the value placed on community-based support services (home, $M = 1.65$; center, $M = 1.75$; combination, $M = 1.55$) were slightly higher than those placed on relationship-based support services (home, $M = 2.22$; center, $M = 1.96$; combination, $M = 1.90$).

Chapter V

Discussion

Introduction

The purpose of this research was to determine families' perceptions of the quality of support services of their early intervention environments, as well as the value families place on them. Further, the study compared these perceptions for families receiving services from home-based, center-based, and both home- and center-based service delivery models. The major findings of this study indicated that, overall, families had a positive perception of the quality of their support services. The study also found that the value families placed on these services rated significantly higher than the quality of the services. When looking at how families perceive services from the three service delivery models, no significant differences were found among any of the groups.

This chapter will discuss the major findings of this study, as well as how they compare and contrast with other studies done in this field. How families perceived quality of support, including both relationships and community resources, will be discussed first. This will be followed by the significance of value placed upon these services, and then a discussion comparing the placement of service delivery will take place. Finally, the limitations of this study and implications for future research will be mentioned.

Relationships and community resources

Support is an important factor in providing early intervention to families dealing with the challenges that arise from raising a child with disabilities or developmental

delays. Support can come in the form of relationships formed with other parents, professionals, and family members. It can also come in the form of community resources, through financial assistance, childcare, or connections with others in the community with similar challenges (Trivette & Dunst, 2006; Turnbull, et al., 2006). Families in the McWilliam et al. study (1995) reported that a major source of their satisfaction came from the personal support provided by the relationships formed with their intervention providers. Their study went on further to suggest that families had desired other services in their communities, but often had trouble accessing them. Mahoney and Filer (1996) reported about half the parents in their study had received services that helped them find support within their communities, both formal and informal. Their study discussed the value in early intervention programs of providing support to the family as a whole, instead of focusing solely on the child. Herman and Marcenko (1997) also stressed the importance of community resources in combating depression in parents of children with disabilities. Their analysis of interviews with 150 parents determined that parental perceptions of resources affected outcomes of depression, and when parents felt that they had an adequate social network, they were able to utilize other services received. That families in this study reported overall high perceptions of the quality of both relationship-based and community-based support systems reflects the continuing trend of early intervention programs fulfilling the ideals put forth in IDEA (2005).

Value versus quality

The McWilliam et al. study made it clear that families placed a high value on support services from their communities, to the degree that many difficulties reported with their early intervention programs stemmed from families desiring services the programs did not offer at the time (1995). The value placed on such services within the current study substantiates the conclusion that families feel they need these supportive connections. That their perception of the quality of these services is lower than that value further indicates the need for early intervention programs to continue to find ways to help families connect with those community-based support systems. Practitioners should also keep in mind the high value families place on support, and work to build strong, healthy relationships with parents and caregivers.

Comparing service delivery models

The results of this study showed no significant differences among families receiving their support services in the home, center, or combination of the two. This particular finding is in contrast to a study done of 357 questionnaires returned by parents whose children received early intervention services in the southeastern part of the United States (Mahoney & Filer, 1996). In their study, home-based programs and center-based programs with home-based components were given a more favorable rating than center-based programs in three areas: (a) higher levels of systems engagement, (b) child information, and (c) instructional activities. Given that the Mahoney and Filer study took place ten years before the present study, many factors may account for this difference. The latest version of IDEA in 2005 once again emphasized the importance of providing

services to the family as a system. Early intervention programs across the country have had a decade in practice to improve services in all three delivery models. In addition, limitations to the current study may also account for the disparity.

Summary

When determining the placement of a child's services, it is important to look at what parents need and value. Best practices dictate seeing very young children as part of a larger family system, and offering support to the whole system affords long-term benefits to the child (Trivette & Dunst, 2006; Turnbull, et al., 2006). The overall results of this study indicate that early intervention programs surveyed for this study in the San Francisco Greater Bay area have been fulfilling this directive. Parents rate their quality of support services as high overall, which shows that these early intervention programs are, indeed, working toward the goals put forth in IDEA, 2005. Further, that parents place such a high value on these services gives early intervention programs even more incentive to improve upon those services, expanding upon ways in which to connect families to their communities (i.e., helping families connect with child care, applying for financial assistance when needed, or connecting with other families who have children with special needs in their communities), and encouraging strong relationships between families and the professionals serving them. One possible way to accomplish both of these objectives may be to set up mentorship programs, where parents who are new to early intervention have another family with this experience to serve and act as a guide. As to whether or not these services should occur in the home, at a center, or a combination of both, data in this study illustrates that all three have merit in terms of

parental perceptions of support, with none significantly different from another. Perhaps the concept of a “natural environment” should not be limited to a pre-determined definition, but instead be open to the individual family’s needs.

Limitations

There are several limitations which may have impacted the outcomes of this study. First, participants were part of a voluntary, convenience sample. This may have caused sampling errors in data analysis. The study was also anonymous in nature, making it impossible for the researcher to corroborate the veracity of answers from participants.

Other limitations stem from the fact that the researcher completed the study on her own. Although efforts were taken to ensure the precision of data entry by reviewing data periodically, human error may still have impacted the data entered. Also, in terms of how the data was divided (relationship-based, community-based, value, and quality), there was in inter-rater reliability as the researcher solely determined such division. In addition, the survey was piloted by one parent who volunteered, further limiting the validity of the instrument. And finally, as the researcher is employed by one of the participating early intervention agencies, unconscious bias may have had an impact on the outcomes.

Implications for future research

The major findings of this study revealed a higher value placed upon support services than the quality of these services. Similar findings in the McWilliam et al. (1995) study over ten years ago is indicative that more research may be needed to

determine whether or not families are receiving services that meet their expectations.

One would hope that as the field continues to evolve the gap between how families perceive the quality of their services and the value they place upon them would diminish.

In addition, the fact that this study is in contrast with Mahoney and Filer (1996) in terms of families' perceptions of service delivery models also calls for more research. As programs strive to provide services in "natural environments," it is important to determine how those environments might be defined. The question as to whether some families may prefer services only in the home, or if they would like to find groups in which to meet other parents with similar issues in a central meeting place, or a combination of both warrants further investigation. As some programs make drastic changes to their service delivery models, eliminating all centrally-located services (Brault, et al., 2001), it is important to look at the overall impact this may have on families and whether their options have been narrowed or expanded.

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Appendix A

English Survey

Home-Based and Center Based Services: How do parents/caregivers perceive support systems in their early intervention programs?

Parent/Caregiver Survey

The first 5 questions are to gather some general background about you and your family. Please mark the box next to the answers that you feel best answer the question.

1. What is your age?

- 18-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46+

2. Please circle the highest level of education you have completed.

Grade School:

1 2 3 4 5 6 7 8 9 10 11 12

College:

1 year 2 years 3 years 4 years

Trade/Technical School:

1 year 2 years 3 years 4 years

Graduate:

1 year 2 years Master's Degree Dr. Degree

3. Are you:

- Married.
- Single.
- Divorced.
- In long-term relationship.
- Separated.
- Widowed.

4. What is your racial/ethnic background? (Mark all that apply)

- Caucasian/White
- African-American/Black
- Asian
- Latino/Hispanic
- Pacific Islander
- Native American Indian
- Other (please specify): _____

5. What is your family's annual income? (please fill in the blank)

\$ _____

The next 6 questions are about general early intervention services that have been provided for your child. "Early intervention" is any service that was given to your child between the ages of birth and three years old. Please mark the box next to the answers that you feel best answer the question.

6. My child receives/received services:

- At home or in daycare.
- In a center (such as an agency or clinic.)
- In both a center and at home.
- Other (please specify): _____

7. My child's services included:

- Occupational Therapy
- Physical Therapy
- Teacher
- Speech Therapy
- Other (please specify): _____

8. How were you initially referred to your early intervention service program? (please fill in the blank)

9. Both center-and home-based service options were discussed with me during my initial IFSP meeting with the social worker from the regional center.

- Yes.
- No.

10. Both center- and home-based service options were discussed with me at my following IFSP meetings with the social worker from the regional center.

- Yes.
- No.

11. Did you expect support services to be a part of your child's early intervention service program?

- Yes.
 No.

As you respond to the following statements, think about the early intervention services you received in the home/daycare. If you did not receive any services in the home, please skip ahead to page 6. If you received services in both the home and at a center, think of the services you received at home as best as you can. Circle the number which best describes how much you agree with the statement.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

I felt more satisfied with my parenting after I started early intervention services.

1 2 3 4 5

I had more interactions with my child after starting early intervention services.

1 2 3 4 5

I had a very important part in choosing my child's services.

1 2 3 4 5

I had a very important part in choosing my child's goals.

1 2 3 4 5

The teacher(s)/therapist(s) valued opinions from members of my entire family.

1 2 3 4 5

The teacher(s)/therapist(s) recognized my family's cultural values.

1 2 3 4 5

The teacher(s)/therapist(s) valued my family's cultural values.

1 2 3 4 5

My early intervention program connected me with other families whose children were getting services.

1 2 3 4 5

It is/was important for my family to interact with other families whose children were getting services.

1 2 3 4 5

My early intervention program connected me with another parent who had been through experiences similar to my own, and served as a kind of guide.

1 2 3 4 5

My early intervention program had a structured parent group where parents and service providers can get together and talk.

1 2 3 4 5

As you respond to the following statements, think about the early intervention services you received *in the home/daycare*. If you did not receive any services in the home, please skip ahead to page 6. If you received services in both the home and at a center, think of the services you received at home as best as you can. Circle the number which best describes how much you agree with the statement.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

It is important for early intervention programs to have a structured parent group where parents and service providers can get together and talk.

1 2 3 4 5

My early intervention program offered me the chance to guide another parent whose child had experiences similar to my own child.

1 2 3 4 5

It is important for early intervention programs to help connect parents who are new to early intervention services with parents who have had similar experiences.

1 2 3 4 5

My early intervention program has helped me find information on child care.

1 2 3 4 5

My early intervention program has helped me find information on what services were available for my child.

1 2 3 4 5

My early intervention program has helped me find information on what services were available for my family.

1 2 3 4 5

My early intervention program has helped me find information on what community resources are available to me.

1 2 3 4 5

I felt I had access to more resources after starting with my early intervention program.

1 2 3 4 5

My early intervention program gave me services in language that was easily understandable for me.

1 2 3 4 5

I learned about parent groups in my community through my early intervention program.

1 2 3 4 5

As you respond to the following statements, think about the early intervention services you received in the home/daycare. If you did not receive any services in the home, please skip ahead to page 6. If you received services in both the home and at a center, think of the services you received at home as best as you can. Circle the number which best describes how much you agree with the statement.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

It is important to have early intervention programs help families connect to community resources.

1 2 3 4 5

My early intervention program helped me find financial support through federal and state agencies such as Social Security, Medicaid, or state-funded programs.

1 2 3 4 5

It is important for early intervention programs to help families find financial assistance when it is needed.

1 2 3 4 5

I have a good relationship with my child's teacher(s)/therapist(s).

1 2 3 4 5

I have a good relationship with other families in my early intervention program.

1 2 3 4 5

I have at least one close relationship with another parent in my early intervention program.

1 2 3 4 5

It is important to me to have a good relationship with my early intervention provider(s).

1 2 3 4 5

It is important to me to have good relationships with other families in my early intervention program.

1 2 3 4 5

It is important to me to have a good relationship with at least one other parent in my early intervention program.

1 2 3 4 5

As you respond to the following statements, think about the early intervention services you received in a center/clinic. If you did not receive any services in a center, you have completed the survey. If you received services in both the home and at a center, think of the services you received at a center as best as you can. Circle the number which best describes how much you agree with the statement.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

I felt more satisfied with my parenting after I started early intervention services.

1 2 3 4 5

I had more interactions with my child after starting early intervention services.

1 2 3 4 5

I had a very important part in choosing my child's services.

1 2 3 4 5

I had a very important part in choosing my child's goals.

1 2 3 4 5

The teacher(s)/therapist(s) valued opinions from members of my entire family.

1 2 3 4 5

The teacher(s)/therapist(s) recognized my family's cultural values.

1 2 3 4 5

The teacher(s)/therapist(s) valued my family's cultural values.

1 2 3 4 5

My early intervention program connected with other families whose children were getting early intervention services.

1 2 3 4 5

It is/was important for my family to interact with other families whose children were getting early intervention services.

1 2 3 4 5

My early intervention program connected me with another parent who had been through experiences similar to my own, and served as a kind of guide.

1 2 3 4 5

My early intervention program had a structured parent group where parents and service providers can get together and talk.

1 2 3 4 5

As you respond to the following statements, think about the early intervention services you received in a center/clinic. If you did not receive any services in a center, you have completed the survey. If you received services in both the home and at a center, think of the services you received at a center as best as you can. Circle the number which best describes how much you agree with the statement.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

It is important for early intervention programs to have a structured parent group where parents and service providers can get together and talk.

1 2 3 4 5

My early intervention program offered me the chance to guide another parent whose child had experiences similar to my own child.

1 2 3 4 5

It is important for early intervention programs to help connect parents who are new to early intervention services with parents who have had similar experiences.

1 2 3 4 5

My early intervention program has helped me find information on child care.

1 2 3 4 5

My early intervention program has helped me find information on what services were available for my child.

1 2 3 4 5

My early intervention program has helped me find information on what services were available for my family.

1 2 3 4 5

My early intervention program has helped me find information on what community resources are available to me.

1 2 3 4 5

I had access to more resources after starting with my early intervention program.

1 2 3 4 5

My early intervention program gave me services in language that was easily understandable for me.

1 2 3 4 5

As you respond to the following statements, think about the early intervention services you received in a center/clinic. If you did not receive any services in a center, you have completed the survey. If you received services in both the home and at a center, think of the services you received at a center as best as you can. Circle the number which best describes how much you agree with the statement.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

I learned about parent groups in my community through my early intervention program.

1 2 3 4 5

It is important to have early intervention programs help families connect to community resources.

1 2 3 4 5

My early intervention program helped me find financial support through federal and state agencies such as Social Security, Medicaid, or state-funded programs.

1 2 3 4 5

It is important for early intervention programs to help families find financial assistance when it is needed.

1 2 3 4 5

I have a good relationship with my child's teacher(s)/therapist(s).

1 2 3 4 5

I have a good relationship with other families in my early intervention program.

1 2 3 4 5

I have at least one close relationship with another parent in my early intervention program.

1 2 3 4 5

It is important to me to have a good relationship with my early intervention provider(s).

1 2 3 4 5

It is important to me to have good relationships with other families in my early intervention program.

1 2 3 4 5

It is important to me to have a good relationship with at least one other parent in my early intervention program.

1 2 3 4 5

Thank you so much for helping me! Please put the finished survey into the envelope and seal it, and then return it to your teacher or therapist. I will collect the sealed envelopes from your agency when the surveys have been returned. Thank you again, and enjoy your coupon!

Kristene Geering

Appendix B
Spanish Survey

Servicios basados en el Hogar y en el Centro: ¿Como perciben los padres/cuidadores el sistema de apoyo en sus programas de intervención temprana?

Encuesta de Padres y Cuidadores

Las primeras 5 preguntas servirán para obtener alguna información general sobre su familia. Por favor marque el cuadro al lado de las respuestas que usted siente mejor contesta la pregunta.

1. ¿Cuántos años tiene?

- 18-25
 26-30
 31-35
 36-40
 41-45
 46+

2. Favor de circular el nivel más alto de educación que usted terminó.

Escuela Primaria:

1 2 3 4 5 6 7 8 9 10 11 12

Universidad:

1 año 2 años 3 años 4 años

Escuela Técnica:

1 año 2 años 3 años 4 años

Escuela Para Graduados:

1 año 2 años Maestría Doctorado

3. Es Usted:

- Casado
 Soltero
 Divorciado
 Relación junta por largo tiempo
 Separado
 Viudo

4. ¿Cual es su origen étnico? (Marque el que aplique)

- Caucásico/Blanco
 Afro-Americano/Negro
 Asiático

- Latino/Hispano
- De las Islas Pacíficas
- Indio Nativo-Americano
- Otro (por favor especifique): _____

5. ¿Cual es el ingreso anual de su familia? (favor de contestar en el espacio)
\$ _____

Las próximas 6 preguntas son sobre los servicios generales de intervención temprana que fueron proporcionados a su niño. "Intervención Temprana" es cualquier servicio que fue dado a su niño desde su nacimiento hasta la edad de tres años. Por favor marque el cuadro al lado de las respuestas que usted siente mejor contesta la pregunta.

6. Mi niño recibe/o recibió servicios:

- En el hogar o en una guardería.
- En un centro (como una agencia o clínica)
- En un centro y en el hogar
- Otro (por favor especifique): _____

7. Los servicios de mi niño incluyeron:

- Terapia Ocupacional
 - Terapia Física
 - Maestro
 - Terapia de Habla y Lenguaje
 - Otro (por favor especifique)
-

8. Inicialmente, ¿como fué recomendado al programa de intervención temprana?
(por favor escriba en el espacio)

9. Fui informado de la opción de servicios en el centro y en el hogar durante mi reunión inicial IFSP con el/la trabajador/a social del centro regional.

- Sí
- No

10. Fui informado de la opción de servicios en el centro y en el hogar durante las siguientes reuniones IFSP con el/la trabajador/a social del centro regional.

- Sí
- No

11. ¿Usted esperó recibir servicios de apoyo como parte del servicio del programa de intervención temprana para su niño?

- Sí
 No

Al responder a las siguientes declaraciones, piense sobre los servicios de intervención temprana que usted recibió en el hogar o guardería. Si usted no recibió ningún servicio en el hogar, por favor pase a la página 6. Si usted recibió los servicios en ambos el hogar y el centro, piense lo mejor que pueda en los servicios que usted recibió en el hogar. Circule el número que mejor describe su opinión de la declaración.

1	2	3	4	5
Fuertemente De Acuerdo	De Acuerdo	No Se	No de Acuerdo	Fuertemente No De Acuerdo

Me sentí más satisfecho como padre después de empezar los servicios de intervención temprana.

1	2	3	4	5
---	---	---	---	---

Tuve más interacciones con mi hijo después de empezar los servicios de intervención temprana.

1	2	3	4	5
---	---	---	---	---

Tuve una parte muy importante en escoger los servicios de mi hijo.

1	2	3	4	5
---	---	---	---	---

Tuve una parte muy importante en escoger las metas de mi hijo.

1	2	3	4	5
---	---	---	---	---

Los maestro(s)/terapeuta(s) valorizaron las opiniones de mi familia entera.

1	2	3	4	5
---	---	---	---	---

Los maestro(s)/terapeuta(s) reconocieron los valores culturales de mi familia.

1	2	3	4	5
---	---	---	---	---

Los maestro(s)/terapeuta(s) valorizaron los valores culturales de mi familia.

1	2	3	4	5
---	---	---	---	---

Mi programa de intervención temprana me conectó con otras familias cuyos hijos estaban recibiendo servicios.

1	2	3	4	5
---	---	---	---	---

Mi programa de intervención temprana me ha ayudado a encontrar información sobre que servicios están disponibles para mi familia.

1 2 3 4 5

Mi programa de intervención temprana me ha ayudado a encontrar información sobre que servicios en la comunidad están disponibles para mí.

1 2 3 4 5

Tuve acceso a más recursos después de haber empezado con el programa de intervención temprana.

1 2 3 4 5

Mi programa de intervención temprana me dió servicios en un idioma fácil de entender.

1 2 3 4 5

Al responder a las siguientes declaraciones, piense sobre los servicios de intervención temprana que usted recibió en el hogar o guardería. Si usted no recibió ningún servicio en el hogar, por favor pase a la página 6. Si usted recibió los servicios en ambos el hogar y el centro, piense lo mejor que pueda en los servicios que usted recibió en el hogar. Circule el número que mejor describe su opinión de la declaración.

1	2	3	4	5
Fuertemente De Acuerdo	De Acuerdo	No Se	No de Acuerdo	Fuertemente No De Acuerdo

Me di cuenta sobre grupos de padres en mi comunidad por medio de mi programa de intervención temprana.

1 2 3 4 5

Es importante que los programas de intervención temprana ayuden a las familias a aprender sobre los recursos de la comunidad.

1 2 3 4 5

Mi programa de intervención temprana me ayudó a encontrar ayuda financiera por medio de agencias federales y estatales como el Seguro Social, Medicaid u otros programas del estado.

1 2 3 4 5

Es importante que los programas de intervención temprana ayuden a familias a encontrar asistencia financiera cuando lo necesiten.

1 2 3 4 5

Tengo una buena relación con la maestra(s)/terapeuta(s) de mi hijo.

1 2 3 4 5

Tengo una buena relación con otras familias en mi programa de intervención temprana.

1 2 3 4 5

Tengo una relación cercana con por lo menos una otra familia en mi programa de intervención temprana.

1 2 3 4 5

Es importante para mí tener una buena relación con mi proveedor(es) de intervención temprana.

1 2 3 4 5

Es importante para mí tener buenas relaciones con otras familias en mi programa de intervención temprana.

1 2 3 4 5

Es importante para mí tener una buena relación con por lo menos una otra familia en mi programa de intervención temprana.

1 2 3 4 5

Al responder a las siguientes declaraciones, piense sobre los servicios de intervención temprana que usted recibió en el centro/la clínica. Si usted no recibió ningún servicio en el centro, usted ha terminado con la encuesta. Si usted recibió los servicios en ambos el hogar y el centro, piense lo mejor que pueda en los servicios que usted recibió en el centro. Circule el número que mejor describe su opinión de la declaración.

1	2	3	4	5
Fuertemente De Acuerdo	De Acuerdo	No Se	No de Acuerdo	Fuertemente No De Acuerdo

Me sentí más satisfecho como padre después de empezar los servicios de intervención temprana.

1 2 3 4 5

Tuve más interacciones con mi hijo después de empezar los servicios de intervención temprana.

1 2 3 4 5

Tuve una parte muy importante en escoger los servicios de mi hijo.

1 2 3 4 5

Tuve una parte muy importante en escoger las metas de mi hijo.

1 2 3 4 5

Los maestro(s)/terapeuta(s) valorizaron las opiniones de mi familia entera.

1 2 3 4 5

Los maestro(s)/terapeuta(s) reconocieron los valores culturales de mi familia.

1 2 3 4 5

Los maestro(s)/terapeuta(s) valorizaron los valores culturales de mi familia.

1 2 3 4 5

Mi programa de intervención temprana me conectó con otras familias cuyos hijos estaban recibiendo servicios.

1 2 3 4 5

Es/fue importante para mi familia comunicar con otras familias quienes obtuvieron servicios.

1 2 3 4 5

Mi programa de intervención temprana me conectó con otra familia quien pasó por experiencias similares a las nuestras y nos sirvió de guía.

1 2 3 4 5

Mi programa de intervención temprana tuvo una estructura de grupo de padres en el cual los padres y proveedores de servicios pueden reunirse y platicar.

1 2 3 4 5

Al responder a las siguientes declaraciones, piense sobre los servicios de intervención temprana que usted recibió en el centro/la clínica. Si usted no recibió ningún servicio en el centro, usted ha terminado con la encuesta. Si usted recibió los servicios en ambos el hogar y el centro, piense lo mejor que pueda en los servicios que usted recibió en el centro. Circule el número que mejor describe su opinión de la declaración.

1	2	3	4	5
Fuertemente	De	No Se	No de	Fuertemente
De Acuerdo	Acuerdo		Acuerdo	No De Acuerdo

Es importante que programas de intervención temprana tengan un grupo de padres estructurado en donde los padres y proveedores de los servicios pueden platicar.

1 2 3 4 5

Mi programa de intervención temprana me dió la oportunidad de guiar a otras familias quienes pasaron por experiencias similares a las mías con sus hijos.

1 2 3 4 5

Es importante que los programas de intervención temprana ayuden a familias que son nuevas a estos servicios a que conozcan a padres quienes hán tenido experiencias similares.

1 2 3 4 5

Mi programa de intervención temprana me ha ayudado a encontrar información sobre el cuidado de niños.

1 2 3 4 5

Mi programa de intervención temprana me ha ayudado a encontrar información sobre que servicios están disponibles para mi hijo.

1 2 3 4 5

Mi programa de intervención temprana me ha ayudado a encontrar información sobre que servicios están disponibles para mi familia.

1 2 3 4 5

Mi programa de intervención temprana me ha ayudado a encontrar información sobre que servicios en la comunidad están disponibles para mí.

1 2 3 4 5

Tuve acceso a más recursos después de haber empezado con el programa de intervención temprana.

1 2 3 4 5

Mi programa de intervención temprana me dió servicios en un idioma fácil de entender.

1 2 3 4 5

Al responder a las siguientes declaraciones, piense sobre los servicios de intervención temprana que usted recibió en el centro/la clínica. Si usted no recibió ningún servicio en el centro, usted ha terminado con la encuesta. Si usted recibió los servicios en ambos el hogar y el centro, piense lo mejor que pueda en los servicios que usted recibió en el centro. Circule el número que mejor describe su opinión de la declaración.

1	2	3	4	5
Fuertemente	De	No Se	No de	Fuertemente
De Acuerdo	Acuerdo		Acuerdo	No De Acuerdo

Me di cuenta sobre grupos de padres en mi comunidad por medio de mi programa de intervención temprana.

1 2 3 4 5

Es importante que los programas de intervención temprana ayuden a las familias a aprender sobre los recursos de la comunidad.

1 2 3 4 5

Mi programa de intervención temprana me ayudó a encontrar ayuda financiera por medio de agencias federales y estatales como el Seguro Social, Medicaid u otros programas del estado.

1 2 3 4 5

Es importante que los programas de intervención temprana ayuden a familias a encontrar asistencia financiera cuando lo necesiten.

1 2 3 4 5

Tengo una buena relación con la maestra(s)/terapeuta(s) de mi hijo.

1 2 3 4 5

Tengo una buena relación con otras familias en mi programa de intervención temprana.

1 2 3 4 5

Tengo una relación cercana con por lo menos una otra familia en mi programa de intervención temprana.

1 2 3 4 5

Es importante para mí tener una buena relación con mi proveedor(es) de intervención temprana.

1 2 3 4 5

Es importante para mí tener buenas relaciones con otras familias en mi programa de intervención temprana.

1 2 3 4 5

Es importante para mí tener una buena relación con por lo menos una otra familia en mi programa de intervención temprana.

1 2 3 4 5

¡Les agradezco mucho su ayuda! Por favor pongan la encuesta en el sobre, séllo, y después entreguéselo a la maestra o terapeuta. Yo colectaré los sobres sellados de su agencia cuando las encuestas hayan sido regresadas. Otra vez, gracias y disfrute el cupón.

Kristene Geering

Appendix C

Division of Survey Statements

Division of Survey Statements:

Relationships-Perception:

1. & 31. I felt more satisfied with my parenting after I started early intervention services.
2. & 32 I had more interactions with my child after starting early intervention services.
5. & 35 The teacher(s)/therapist(s) valued opinions from members of my entire family.
6. & 36 The teacher(s)/therapist(s) recognized my family's cultural values.
7. & 37 The teacher(s)/therapist(s) valued my family's cultural values.
8. & 38 My early intervention program connected me with other families whose children were getting services.
10. & 40 My early intervention program connected me with another parent who had been through experiences similar to my own, and served as a kind of guide.
11. & 41 My early intervention program had a structured parent group where parents and service providers can get together and talk.
13. & 43 My early intervention program offered me the chance to guide another parent whose child had experiences similar to my own child.
25. & 55 I have a good relationship with my child's teacher(s)/therapist(s).
26. & 56 I have a good relationship with other families in my early intervention program.
27. & 57 I have at least one close relationship with another parent in my early intervention program.

Community-Perception:

3. & 33 I had a very important part in choosing my child's services.
4. & 34 I had a very important part in choosing my child's goals.
15. & 45 My early intervention program has helped me find information on child care.
16. & 46 My early intervention program has helped me find information on what services were available for my child.

17. & 47 My early intervention program has helped me find information on what services were available for my family.

18. & 48 My early intervention program has helped me find information on what community resources are available to me.

19. & 49 I felt I had access to more resources after starting with my early intervention program.

20. & 50 My early intervention program gave me services in language that was easily understandable for me.

21. & 51 I learned about parent groups in my community through my early intervention program.

23. & 53 My early intervention program helped me find financial support through federal and state agencies such as Social Security, Medicaid, or state-funded programs.

Relationships-Value

9. & 39 It is/was important for my family to interact with other families whose children were getting services.

12. & 42 It is important for early intervention programs to have a structured parent group where parents and service providers can get together and talk.

14. & 44 It is important for early intervention programs to help connect parents who are new to early intervention services with parents who have had similar experiences.

28. & 58 It is important to me to have a good relationship with my early intervention provider(s).

29. & 59 It is important to me to have good relationships with other families in my early intervention program.

30. & 60 It is important to me to have a good relationship with at least one other parent in my early intervention program.

22. & 52 It is important to have early intervention programs help families connect to community resources.

Community-Value

24. & 54 It is important for early intervention programs to help families find financial assistance when it is needed.