Facilitator's Guide

SpecialQuest

Multimedia Training Library

Supporting Infants and Toddlers with Disabilities and Their Families in Inclusive Settings

Developed by

The Hilton/Early Head Start Training Program

California Institute on Human Services | Sonoma State University

Facilitator's Guide

The SpecialQuest Multimedia Training Library:

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Dedication

This book is dedicated to the memory of Vivian Weinstein, our mentor and inspiration for this program.

This book is also dedicated to Steven M. Hilton, who championed this program and who carries on the vision of his grandfather, Conrad N. Hilton.

> *"Be ever watchful for the opportunity to shelter little children with the umbrella of your charity. . . . For, as they must bear the burdens of our mistakes, so are they in their innocence the repositories of our hopes for the upward progress of humanity."*
>
> —from the Last Will and Testament of Conrad Nicholson Hilton

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Overview of the SpecialQuest

Description of Materials

The SpecialQuest Multimedia Training Library provides an easy-to-use, comprehensive training curriculum for early care and education staff and families to ensure high-quality, inclusive settings for all infants and toddlers and their families in their communities. These interactive and engaging materials are presented in three volumes. Every session in the SpecialQuest Multimedia Training Library is designed for groups or "teams" that include family members of infants and toddlers with disabilities and service providers from a variety of disciplines and agencies involved in inclusion efforts.

The ideal approach is to train teams that work together regularly (Beam, Ford, and Laurel, 1993), since this is more effective than training generic interdisciplinary groups. While the authors realize that training teams of people who work together may be unrealistic in some instances, it is always important to include participants from a variety of perspectives, roles, and organizations whenever possible.

The SpecialQuest Multimedia Training Library is designed to:

- *Build on participants' experiences by relating new material to known material*
- *Present learning activities that nurture the development of collaborative team efforts*
- *Demonstrate the connections between content and existing and future applications*
- *Create opportunities for reflection*
- *Provide opportunities for participants to involve themselves actively in their own learning process by letting knowledge and understanding grow from their investigation of real problems and issues (McCollum and Catlett, 1997)*

The SpecialQuest Multimedia Training Library includes written materials, DVDs, and a CD of the scripts and handouts. To make the training materials accessible to a broad audience, the materials on each DVD are available in three versions: English, Spanish, and open-captioning in English. Planning worksheets and scripts for facilitators and handouts for participants are provided in hard copy and electronically on the CD located at the front of each manual. All handouts are provided in both English and Spanish on the CD.

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Evidence-Based Practice

The SpecialQuest training model has been shown to facilitate the transfer of learning to practice. Data have shown that team members who participated in the training increased the number of infants and toddlers with disabilities they served in inclusive settings, supported families as informed decision-makers, enhanced collaboration among service providers and families, and increased services to families, as well as provided training throughout their communities. Participating teams throughout the country have sustained these changes in their programs and communities over several years. (Corso, R.M., et al., 2005). It has also been documented that training practices from the model both facilitate and sustain changes in practice (Knapp-Philo, J., et al., 2006). (More information about evaluation data on the SpecialQuest training model can be found in Appendix A or on the SpecialQuest website: *www.specialquest.org*.)

The Hilton/Early Head Start Training Program

SpecialQuest Mission

The SpecialQuest mission is to support early care and education staff and family members, in collaboration with early intervention and other community partners, to develop skills and strategies for serving infants and toddlers with disabilities and their families in inclusive settings.

SpecialQuest Vision

We believe infants and toddlers with significant disabilities and their families are valuable members of the community, to be honored for their diversity and uniqueness. Providing them with quality services when they are enrolled in early care and education requires a commitment to ongoing, collaborative relationships among everyone working with the child: the family, early care and education, early intervention, and other community partners.

Just as early care and education staff support and nurture relationships with children, families, and community partners, the Hilton/Early Head Start Training Program model provides supportive approaches to individual and team growth. Effective teaming, ongoing reflection, and opportunities to apply recommended practices all provide a means to enhancing services to infants and toddlers with disabilities and their families in inclusive settings.

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Key Concepts

The SpecialQuest Multimedia Training Library is based on the following key concepts that underpin all successful inclusion efforts:

Belonging

Inclusion is based on the principle of belonging: the belief that every human being has the right to be part of the ebb and flow of community life, regardless of her or his unique needs and gifts. Infants and toddlers with disabilities and their families belong to their community and are entitled to receive any special services they may require in order to function and thrive in environments that are natural to other young children. The Individuals with Disabilities Education Act (IDEA) and numerous other laws, regulations, and court decisions have upheld this fundamental civil right. As a facilitator, you may want to review the latest legislation, regulations, and policy information on websites sponsored by the Office of Special Education Programs, the Office of Head Start, and other relevant agencies and organizations (see Appendix B). (More information can be found in the *Including Infants and Toddlers with Disabilities* volume.)

Family Leadership

It is widely recognized that family involvement is essential to quality early care and education programs. For families of children with disabilities, it is even more critical that families are supported to be part of the service delivery process and to take up positions of leadership. Families are currently "living the effects" of service delivery systems; and their insights, grounded in their daily experiences, can help service providers to identify problems or inconsistencies that they may not be able to see. Indeed, the family's perspective, which is often unconstrained by the bureaucratic traditions that influence service providers, can help move the service delivery system to the next level. In addition, family stories and perspectives help service providers connect theory to a family's reality (Little, 2000). (More information can be found in the *Building Relationships with Families* volume.)

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Collaboration and Teaming

The diverse needs of young children with disabilities and their families require supports from a variety of service providers representing different disciplines. In order to best provide these supports, a collaborative team—made up of family members and service providers—should work together. This collaborative effort can help to avoid disjointed situations where each service provider works in isolation, while the family is expected to fulfill the role of "coordination central." Through collaborative efforts, children and families can benefit from many skills and perspectives, while agencies can expand their services, share resources, support families with more accessible services, and promote community-wide planning (Lowenthal, 1992). (More information can be found in the *Collaboration and Teaming* volume.)

Life-Long Learning and Continuous Improvement

Problems can be solved, challenges met, and barriers overcome when those involved in inclusion efforts continue to learn from their experiences and consciously pursue opportunities for ongoing growth. Organizations that infuse a positive continuous improvement philosophy into their day-to-day work remain vital because they are constantly growing, refining, and developing new ideas. (Information on the SpecialQuest Continuous Improvement model is included in Appendix C.)

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The SpecialQuest Training Model

The Hilton/Early Head Start Training Program model combines intensive, team-based training annually, over the course of four years (at events called SpecialQuest) with on-site follow-up support to implement new learning.

Philosophic Overview

Relationships

Relationships are the foundation of the SpecialQuest training model. SpecialQuest participants are able to create and sustain change because they are connected on a personal level with their SpecialQuest team, trainers, and learning coaches. From this connection, trust is built and that trust allows participants to concentrate on learning. For example, the learning coach provides facilitation during SpecialQuest and then conducts follow-up visits with the team to help them effectively apply what they've learned in the training. The relationship that participants develop with their learning coach is just one of the many that are forged in the SpecialQuest process.

Parallel Process

"Do unto others as you would have others do unto others."—Jeree Paul

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An important principle that flows from this relationship-based approach is that of "parallel process," or modeling. It calls on the training team to use the same strategies and techniques they ask participants to use—essentially, to "walk the talk." These strategies and techniques are inclusive, collaborative, and team oriented; they support family leadership; and they use a continuous improvement process.

For example, the Hilton/Early Head Start Training Program staff use the continuous improvement process in its everyday activities to solicit input and feedback; to identify barriers or concerns; to inform planning for making a change; and to monitor a change, once a solution has been implemented to address a barrier or concern. The Hilton/Early Head Start Training Program contracts with family members to serve as training facilitators, modeling its value of family-service

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provider collaboration and family leadership. Additionally, this principle informs the way staff members speak, using People First Language in presentations and discussions to focus on the individual first, rather than on the disability. (See Appendix D for information on People First Language).

Head, Heart, and Hands

The phrase "Head, Heart, and Hands" helps build an effective learning experience. When you remember to regularly ask yourself how you are informing the head, touching the heart, and giving skills to the hands, you can be sure you are carefully attending to the complex nature of learning. So much training involves receiving information or acquiring new skills. These are important. But if we are to be fully passionate about our work, we must also engage our hearts. The SpecialQuest design makes this happen as it energizes and inspires participants to apply what they learn to their day-to-day practice.

Organizational Framework

Elements of the Model

If we were to describe the Hilton/Early Head Start Training Program model as a puzzle, the organizing framework for the puzzle would be the relationship-based parallel process and modeling. The pieces of the puzzle are what we call the "essential elements."

The SpecialQuest model has 12 essential elements. These elements were drawn from evaluation data from participants about what helped them implement the new practices they learned at SpecialQuest. More recent evaluation findings reinforce the importance of these elements in creating sustainable change. Any one of these elements is useful, but lacks the power of the combined elements to create change. As with a jigsaw puzzle no one piece reveals the whole picture. And if one of the pieces is missing, the picture is incomplete. Likewise, in the SpecialQuest model, no one element can carry the training; and the training experience is incomplete if one element is lacking.

Each of the twelve elements is listed below.

1. Team-based training on a focused topic incorporating shared experiences
2. Sustained effort over time
3. Follow-up that is based on written goals
4. Clearly articulated expectations for learning and a well-organized training structure

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5. A climate of belonging and respect
6. Individualization for people, teams, and learning styles
7. Direct applicability, along with the expectation that content is to be used and shared
8. Administrative support
9. Highly competent trainers whose philosophy is consistent with that of the program
10. Inspiration
11. Hands-on, interactive, and engaging activities
12. Resources, support, and information

The worksheet titled "Hilton/Early Head Start Training Program Model: Essential Elements That Promote Achieving Outcomes and Sustaining Change" in Appendix E provides indicators and examples for each of these 12 elements, along with notes about how each element can be included in a particular training.

While each of these twelve elements is incorporated into the design of each session, you'll also notice that there is a balance between the information itself and the way that information is presented. This session design integrates content with process. In addition, the facilitation strategies and the flow of the sessions support the acquisition of knowledge, the development of skills, the ability of participants to create plans that they can then implement in their programs and communities to support inclusive services to infants and toddlers with disabilities and their families.

Scope and Sequence

The SpecialQuest Multimedia Training Library is comprehensive and based on extensive field testing. The sessions have been shown to be successful when presented sequentially over a period of time. This gives participants the chance to explore ideas and concepts, plan together, implement the plans, and evaluate the effectiveness of these strategies with learning coaches, trainers/facilitators, and other teams. Ideally, all three volumes of the SpecialQuest Multimedia Training Library are used to develop a long-range training plan. This approach takes advantage of the developmental nature and sequence provided within each—and across all—volume(s). Experienced teams have reported that going through the curriculum sequentially has enabled them to understand the material and their work at a much deeper level.

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Each of the three volumes of the Library include the "Facilitator's Guide," a table of contents, a Facilitator's Planning Worksheet, a Facilitator's Scripts, and handouts. The focus of each volume is described below:

Including Infants and Toddlers with Disabilities

Rooted in the key concept of "belonging," these sessions examine the beliefs and attitudes that influence and affect adults and children in inclusive settings and provide numerous practical strategies and tools to help families and providers implement high-quality inclusive services.

Building Relationships with Families

Families are the enduring presence in the lives of infants and toddlers with disabilities. This volume contains activities to support early care and education staff and families in developing positive relationships that support collaboration and family leadership.

Collaboration and Teaming

Inclusion depends on a team of family members and service providers who assume collective responsibility for coordinating services to infants and toddlers with disabilities and their families. This makes teaming a vital part of the process. The sessions in this volume provide a comprehensive set of strategies and activities that support high-quality collaboration and teaming.

The content for each of the three volumes is divided by session. (Detailed information about the contents of each session in each volume can be found in Appendix F.) The first session of each volume begins with a vision for inclusion, entitled "Creating Bright Futures." This session provides a common understanding that serves as a foundation for all of the others . It is critical to start with this session if it has not already been presented. As teams add new members, it is helpful to revisit this and any other key session to reestablish that common understanding among the team members.

Terminology

Specific terms used throughout the volumes are more completely defined in the Glossary of Terms included in Appendix G. However, there are two terms vitally important to the SpecialQuest vision that deserve to be addressed here: "early care and education" and "early intervention." Early care and education is an all-inclusive term that refers to personnel serving young children from birth to five. It includes early intervention personnel who serve infants and toddlers with disabilities and their families.

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Preparing to Use the SpecialQuest Multimedia Training Library

Solid preparation is the key to any effective training. This section discusses a variety of considerations for facilitation teams as they plan for training.

Planning Considerations

Purpose and Outcomes

It is critical to have a clear purpose and specific outcomes in mind for any meeting or training. Each of the training sessions has clearly defined learning outcomes. In the planning process, it is important to consider what your organization or community hopes to accomplish for infants and toddlers with disabilities and their families as a result of the training experience.

Participants

Inclusive services for infants and toddlers with disabilities require that a variety of individuals from early care and education, families, early intervention, health, and social services provide coordinated supports and services. This training is designed to include representatives from families of children with disabilities, early care and education and early intervention providers, and other community partners. Participants should also represent a variety of roles within the various systems. For example, teams might include family members of children with disabilities, teachers, caregivers, interventionists, and administrators or other individuals with decision-making authority.

SpecialQuest sessions and activities allow time for participants to share their diverse perspectives and jointly develop plans for services in their community. Many activities are organized by role or by team, so that people who have similar responsibilities or people who work together can discuss an issue and develop strategies to enhance inclusion.

The training materials are designed for groups of approximately 35 people with two facilitators. The relatively small size of the group is important for ensuring an individualized approach. We recommend that you make any one large group of participants consist of six small groups of approximately six team members each. If you are training a group considerably larger than 35, we recommend that you divide the group and have another team of facilitators in another location or conduct additional training on another day.

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Session Selection

The purpose and outcomes of your training, or what you want to have happen in your community as a result of the training, will serve as a guide to session selection. Refer to the session descriptions in Appendix F and "Important Considerations," found in the Facilitator's Planning Worksheet at the beginning of each session. As you read the session descriptions, remember that it is important to begin with what your participants know in order to provide a strong foundation for supporting their acquisition of new information and skills.

Individualization

The option to individualize a training is one of the essential elements of the Hilton/Early Head Start Training Program model. While each of the sessions is "scripted" to present specific content, there is room for individualizing the presentation of that content and the facilitation of activities to match the backgrounds and learning styles of the participants. Some individualization will occur while the training takes place, but much individualization can and should be planned for prior to the actual training event. Planning for a variety of participants' backgrounds and styles, even if you don't know the specifics of each, will make it easier to individualize the presentation and facilitation during the training.

You'll be able to successfully individualize the sessions by considering a number of perspectives: cultural/linguistic diversity, accommodations for disabilities, and the educational/experiential background of the participants. Because the training itself is designed for diverse audiences, it naturally accommodates individuals with widely ranging backgrounds and educational levels, from high school to post-graduate programs. However, to whatever degree is possible you'll want to gather information about the participants prior to the training so that you can tailor the sessions to their unique backgrounds. Questions that you might want to ask ahead of time in order to be prepared to fully engage all participants include:

- *Are there any individuals who will require interpretation/translation or other accommodations (e.g., spoken language other than English, sign language, visual or hearing impairment, or other disability)?*
- *How can staff make accommodations to meet individual needs (e.g., provide interpretation, translated materials, accessible meeting spaces)?*
- *How will trainers demonstrate sensitivity to and understanding of the differences of the participants (cultural, linguistic, and experiential backgrounds)?*
- *Does the training environment demonstrate respect for diversity (e.g., cultural sensitivity, accessible facilities, etc.)?*
- *Do we have tools available to address variability in literacy levels, including helping individuals who do not, or prefer not, to write (e.g., art materials, tape recorders)?*

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Learning Styles

The SpecialQuest Multimedia Training Library is designed to appeal to people with a variety of learning styles. Some people learn best by seeing, others by hearing. Some learners need to physically move while they hear or see the content, while others best comprehend the information by using the written word—reading and writing. (More information about accommodating your sessions to support these learning styles can be found in Appendix H.)

The SpecialQuest Multimedia Training Library sessions are designed to engage and support participants who have a variety of learning styles and preferences through the use of the following supports:

- *Flip charts (See Appendix I)*
- *Videos on DVD (See Appendix J for descriptions)*
- *Lecturettes*
- *Discussions*
- *Active involvement through role play, songs, participant presentations, art activities*
- *PowerPoint slides*
- *Art materials (playdough, markers, paper, etc.)*
- *Small "fiddly" toys (Koosh® balls, small Slinkies,® etc.)*
- *Note-taking alternatives (journaling for reflection activities, art supplies for visual journaling, and tape recorders for aural journaling)*

Environment

The training environment can significantly influence the effectiveness of the training itself. Facilitators should work to create an environment that is comfortable, welcoming, and friendly. Considerations for the environment include background music, posters, table coverings, lighting, temperature control, etc. (Guidance on training room selection, set-up, and ambience can be found in Appendix K.)

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Facilitation Teams

Presenters for the SpecialQuest Training Multimedia Library are referred to as facilitators. This is because their role is to support and guide participants' learning through facilitation, rather than through direct instruction, lectures, or a single speaker. Adults learn best when they actively connect new knowledge, beliefs, and skills to what they already know and then extend that into new ways of thinking and behaving. The Hilton/Early Head Start Training Program believes that adults can reach their own solutions and practices when they are supported in doing so.

As a facilitator, you will present the training materials by guiding participants through sessions and activities, sharing current best practices and your own experiences as they relate to the topic, and supporting participants in exploring and adopting new behaviors and attitudes. We recommend that at least two facilitators—representing the voices of families, early care and education, and/or early intervention—facilitate each session.

"No matter how stout, one beam cannot support a house." — Chinese proverb

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Role Representation

Mahatma Gandhi taught his followers: "Start with the change you want." This principle is directly applicable to choosing facilitators. Since implementing inclusion depends on a team, a team should facilitate these inclusion trainings. Belonging, community collaboration, and family leadership are critical elements for successful inclusion, so facilitators should represent the many voices involved in the process of inclusion: family members of children with disabilities, early care and education providers, early intervention providers, and adults with disabilities who can speak on behalf of the infants and toddlers who cannot yet speak for themselves.

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Experience/Expertise/Skills

Each individual facilitator who will be part of a team presenting the SpecialQuest training sessions must do the following:

- *Believe in the value of inclusion*
- *Be well-versed in the topics being discussed*
- *Have experience facilitating a variety of groups*
- *Understand the specifics of local, state and federal laws, regulations, and practices*
- *Prepare thoroughly*
- *Participate as a team member*
- *Demonstrate respect for all participants and assume a nonjudgemental attitude*
- *Support all participants' learning*
- *Listen well*
- *Synthesize information shared in the group*
- *Focus on the big picture*
- *Enjoy the facilitator role as the "guide on the side"*

Compensation/Support

Time and resources are critical components of your efforts to create an effective learning experience. We encourage all facilitators to spend sufficient time in preparing for and presenting the training. We also recommend that administrators budget for both time and resources—to plan and conduct the training and to financially compensate facilitation team members.

When including families of children with disabilities as part of the training team, it is important to provide adequate supports so that they can participate fully as a facilitation team member. Supports should include guidance on their role as a facilitator (if necessary), consultant fees for preparation, presentation and debriefing time, access to child care (as needed), and respect for the experiences and perspectives they bring.

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Guest Speakers

There may be occasions when a guest speaker who has specific, applicable experience and/or expertise (for example, an adult with a disability, a regional- or state-level expert in the laws and regulations, and/or a parent of an older child with a disability) can enhance the work of the facilitation team. In such instances, guest speakers should meet the qualifications described above and, in addition, have:

- *Ample information about the group of participants, the topic of the session, their specific role, and time constraints*
- *Extensive knowledge about the topic*
- *The ability to share their own story in a comfortable way*
- *The ability to see the big picture as it relates to their own experiences*
- *The ability to generalize beyond their own experiences*
- *A firm commitment to inclusion for infants and toddlers*

Working Together

Careful planning before any training can help ensure that both facilitators and participants feel comfortable with, learn from, and enjoy the experience. When facilitators have organized the environment, feel prepared, and are confident, participants are better able to focus on their own learning and are more likely to incorporate the ideas, beliefs, and strategies they learn into their day-to-day lives.

If members of your facilitation team have not previously worked together, you'll want to spend time developing your relationships and clarifying your respective roles and responsibilities in order to ensure a smooth learning experience for participants. Some of the strategies that facilitator teams have used to develop their relationships include:

- *Getting to know each other—for example, by sharing what brought them to this field of work*
- *Learning about each others' strengths and preferred styles*
- *Planning together prior to the training event*
- *Supporting each other*
- *Agreeing on how to provide feedback to each other*
- *Developing a system for time keeping*
- *Debriefing as a facilitation team to improve the training*

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Practice

While experienced facilitators know that an effective training requires a great deal of planning and preparation, they also know that it requires practice. The facilitation team must work together to plan how they will deliver the content. More time is spent preparing and practicing than presenting.

Skilled facilitators pay close attention to details. It's often the little things that make a big difference. Advanced preparation and practice are your assurance that you are ready for the session. This readiness allows you to concentrate on meeting the participants' needs, rather than focusing on yourself as a trainer/facilitator.

"An ounce of prevention is worth a pound of cure."
—Benjamin Franklin

The essence of the SpecialQuest training model does not fully reside in the scripted materials. The philosophy of the training model and all of the essential elements must be infused into a training plan and individualized to meet the needs of the participants. In preparing for the training, consider how you can ensure that the content, or "head"; the interactive skill-building activities, or the "hands"; and most especially the inspiration, or the "heart," are all addressed and infused throughout the training.

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Presenting the Sessions—Facilitation Strategies

Conducting an effective, engaging training that mobilizes participants to embrace new practices is a challenging task. A climate of trust and respect is the foundation required to meet this challenge. The SpecialQuest learning experience provides the necessary framework and strategies for building this foundation, freeing energies to focus on realizing the larger goal: high-quality inclusive services. This section of the "Facilitator's Guide" will highlight the training and facilitation strategies that will help you make this happen.

Content and Flow

Each of the sessions in the SpecialQuest Multimedia Training Library has a common set of elements and a flow that are based on the principles of adult learning, and have been show to contribute to sustained change in practice (Knapp-Philo, 2001). These elements include:

- *Creating a sense of belonging (Welcome and Introductions)*
- *Providing clear expectations for the training (Review of Learning Outcomes and Agenda)*
- *Defining and agreeing on the climate of the training session as a group (Developing Ground Rules)*
- *Sharing information (via DVD, video, group discussion, or brief lecture)*
- *Processing information and/or practicing a skill (in a variety of small- and large-group activities)*
- *Sharing with one another to ensure that all participants have access to the best ideas of the whole group (Large-Group Share-Back)*
- *Reflecting to consolidate participants' thinking, considering how to apply the material to their daily activities, and assessing their own learning (Learning Outcomes review, Reflections, and Continuous Improvement)*

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Scripts

Because the consistent structure and flow to each session in the SpecialQuest Multimedia Training Library is designed to enhance participants' learning, as a facilitator of the SpecialQuest Multimedia Training Library you'll want follow the structure and flow of the script as it is written in order to realize optimal success with the materials.

Timing

The timing listed in the SpecialQuest Multimedia Training Library is designed for groups of approximately 35 participants. If the group size differs substantially from 35, or if group norms require more time to process the information, try to adjust the timing accordingly.

Most sessions include activities that are intended for teams or small groups to work on together. These sessions have been carefully designed to allow teams or small groups to process information fully and to engage in dialogue about the concepts. Throughout your work as a facilitator, it is important to remember that participants need adequate time to explore new ideas, attitudes, and behaviors fully in order to fully incorporate them into their day-to-day practice.

Adults also need frequent breaks and a change of activities. While the SpecialQuest Multimedia Training Library provides a variety of learning activities and appeals to a variety of learning styles, facilitators will also need to consider the time of day, the norms of the group, and the overall time for the session in planning appropriate breaks. Breaks should be announced during the agenda review at the start of each session; however, they are not calculated into the total time given for each session. If you notice that a group's energy is low, you might conduct a brief energizing activity—or solicit one from the participants—to keep the group engaged. This is particularly important when presenting at times of the day when participants' energy normally wanes—after lunch or in the evening, for example.

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Elements of the Scripts: Rationale and Strategies

Welcome and Introductions

Every session in the SpecialQuest Multimedia Training Library begins with a brief welcome and introductions. These help to create a sense of the group and belonging. Facilitators might use the following strategies to accomplish this:

- *Welcoming: Greet people, make them feel comfortable—this might include small talk to get to know people before the session begins.*
- *Introductions: Although specific time is not included in the scripts for introductions, if the group members do not know each other, it is important to have participants briefly introduce themselves and share something about their role and the program that they work with.*
- *Names: Addressing participants by name when you call on them creates a sense of belonging and importance. Facilitators can use name-tags, charts, or other techniques to remember participants' names and address them personally. If you are printing name tags for participants, use a font size big enough to read. If participants are writing their names on tags, ask them to write in bold markers so others can read their name from across the room.*
- *Getting to know the group: To become more familiar with the group, the introductory time might also be used to identify characteristics of the audience. For example, facilitators might ask for a show of hands for role (how many family members, administrators, early interventionist, service coordinators, etc.) or program characteristics (how many of you provide home-based services, center-based services, family child care?).*

Learning Outcomes and Agenda Review

The responsibility for meeting the learning outcomes of any training is shared by facilitators and participants alike. Facilitators are responsible for presenting all material clearly and thoroughly; and participants are responsible for engaging in the process with openness and energy.

In the SpecialQuest Multimedia Training Library, an agenda and list of learning outcomes are designed specifically for each training session. They are located in each session's Facilitator's Planning Worksheet and Facilitator's Script. Each session also has a handout for the learning outcomes. At the beginning of each session, you'll be scripted to clearly state the learning outcomes and review the agenda so

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participants know what to expect, what each session is intended to accomplish, and how much time is involved. This enables them to concentrate on the topic rather than be wondering about what will come next or when they will be finished.

Prior to presenting each session, be sure to review the learning outcomes and the way they will be met through the activities provided in the session agenda. You'll also want to help the group understand the rationale for sharing the learning outcomes. This emphasizes the joint responsibilities for meeting the learning outcomes.

Remind the group that they will also review the learning outcomes at the end of the session to determine whether these outcomes have been met. If they have not been achieved, facilitators and participants should then plan "next steps" to ensure that they are.

Ground Rules: Creating a Safe Learning Environment

Adults learn best when they feel safe to share ideas and personal experiences. Participants also need to have an understanding about how they will work together in a supportive atmosphere. The "Agree on Ground Rules" section in each SpecialQuest Multimedia Training Library session enables participants to establish a climate that will help them feel safe and support their learning. Developing a set of common agreements and rules for their group also engages participants in taking responsibility for their own learning.

It is very important that all participants agree to live with and support the rules they establish so they can feel safe and participate in, and benefit fully from, the session. Some examples of ground rules or agreements that groups have developed include the following:

- *Stay on time and on task.*
- *Have fun.*
- *Respect the ideas of others.*
- *Listen.*
- *Don't engage in side conversations.*
- *Silence all cell phones and pagers.*
- *Take care of yourself, etc.*

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Certain agreements can help create a climate of comfort and support in each session. Encourage participants to meet their own needs (for example, one participant may need to stand because of back pain, another may need to use the rest room frequently, etc.). This might become a general group agreement. When participants are establishing their agreements, be sure to suggest the following if they do not mention them first:

- *Listen with respect.*
- *Maintain confidentiality.*

Then chart the list, post it on a wall, and add to it as necessary. In later sessions, you might provide previously agreed-upon ground rules in a handout as a reminder to the group. The agreements developed by each group of participants should be saved, reviewed, and revised as needed. Every time the group convenes for a training session, these agreements can be updated. This helps to ensure that the entire group accepts responsibility for maintaining the agreements.

People First Language

One way to communicate that everyone belongs is to use People First Language at all times. This simply means putting the person first and any other characteristic she/he may have, such as a disability, second. People First Language means describing what a person has, not what a person is. For example, a child has Down Syndrome; he/she is not a "Down Syndrome child." This might be suggested as a group ground rule. (More information on People First Language can be found in Appendix D and in the *Including Infants and Toddlers with Disabilities* volume, Session #3, "Adults with Disabilities—Creating a Long Term Vision.")

Lecturette: Sharing Information and Using the Group's Wisdom

Most sessions include a lecturette: a presentation of the core content that will be explored more fully throughout the session. This section might also include some of the key legislative intent behind a particular practice. As a facilitator, it is important that you be familiar with the most recent legislation, regulations, or standards—or know where to find this information. A guest speaker or other informed participant might also be able to address these issues.

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In conducting the lecturette, the intent is to engage participants in the content. Often discussion questions are provided within the lecturette so that the facilitators can draw the key concepts from the group, rather than just present it in a traditional lecture format. Additionally, when asking questions of the group it is important to provide some "wait time" to allow people to think before they respond. Once the discussion is started, facilitators can then steer the conversation to make their key points. These group discussions can be very rich but may also take more time, so appointing a time-keeper for the facilitation team can be very helpful.

SpecialQuest DVDs

Before each DVD is shown, it is important to set up expectations for what you want participants to look for. Most of the DVDs have viewing guides as handouts so that participants can take notes as they view the materials. Encourage participants to consider the discussion questions as they view the video. After viewing the DVD, you'll facilitate a discussion of those questions. Facilitators can enhance the group discussion by noting specific examples from the DVD to illustrate the key points. (Additional hints for using DVDs and other presentation equipment can be found in Appendix L.)

Once the DVD ends, allow a bit of time for participants to reflect on what they have seen. Some of the videos have an emotional impact on participants, so be prepared to address these issues as they arise (you may want to have tissues in the room). While the guided viewing questions are designed to generate discussion on key points from the DVD, consider adding other questions, as well, if you have additional discussion time.

There are some DVDs that are shown for more than one session. These materials are rich and can be used in a variety of ways. As individuals view the programs, they see and hear new things each time. We encourage you to use the videos to illustrate key concepts beyond what we have provided in the scripts. For example, the script for Christopher's Story is used in the *Including Infants and Toddlers with Disabilities* volume, but this DVD can also be used for Collaboration and Teaming or in Building Relationships with Families.

Each DVD includes three versions of the video program: in English, Spanish, and open-captioning in English. These versions are in the DVD menu. For summary information about how to use the DVDs, just click on the DVD menu item: How to use this DVD.

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Processing Information or Practicing a Skill

A variety of activities are included in the sessions. These allow participants to explore new ideas or skills, practice techniques, evaluate their own practices in relation to recommended practices, or design plans for implementing new practices. Active participation facilitates learning. When you are presenting content and facilitating group discussions and activities, be sure to focus on engaging the group.

Causes to Pause

"Causes to Pause" arise when individuals and groups encounter a challenge, pause to consider the relevant issues, and then develop a plan to address the challenge. Worksheets, guides, and activities throughout the SpecialQuest Multimedia Training Library help participants apply this process and solve problems in a manner that is uniquely suited to their individual professional settings.

Planning Tools and Self-Assessment Guides

Several sessions include handouts that provide ideas and strategies. Participants can use these to examine their own practices, identify new ideas, and plan how they might implement them. The guides are generally used in small group discussions, with a summary of their discussions shared back with the large group. Some of the handouts are relatively long; so individual small groups will look only at a section of the materials and hear from other groups that look at other parts of the handout. They can then review the materials in more depth as a follow-up to the training.

Vignettes and Scenarios

Some sessions include opportunities for participants to explore and problem-solve how to best serve a particular child and family. This allows participants to do two important things: to practice applying new knowledge and skills to a situation, especially when that situation brings up key issues from the session content; and to consider how this information or skill might be applied in their programs and communities. Facilitators might also draw practical examples from the participants so that the situations have high relevance for the group.

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Reflections

Throughout the SpecialQuest sessions, participants are given opportunities to reflect on the information presented and discussed in order to consider how they might use it in their personal and professional lives. They are encouraged to record their reflections in a journal or in their notes. Opportunities for reflection support adult learning by helping participants internalize and generalize the content.

Facilitating Discussions

Your role as a facilitator is to model the behaviors that you want the participants to implement. You can reflect these behaviors in your teamwork, your respect for participants, your listening skills, the way you value diversity and accommodate diverse learning styles, etc. Since the training model is relationship-based, work to interact with participants in the way you want participants to interact with each other and with the families and children that they serve.

Each session has large- and small-group discussions. Facilitators might consider a variety of ways to break into small groups. If participants are sitting together in teams or at tables with 5 or 6 participants, they can work together. However, if you want to facilitate networking among the group, you might group people by role or have them count off by the number of groups you need. Bear in mind the fact that moving people into new small groups takes time; you'll want to take that time into account as you plan the sessions.

As you introduce activities, it is important that participants are clear on the instructions. Be sure to clarify what the group needs to do, how much time they have, and what they will share back with the group. This information is provided in the scripts.

Once the instructions for the activity or discussion are given, check with each of the small groups to ensure that participants are clear on their tasks. You can also post instructions on chart paper or put them on an overhead to provide more clarity. You might also want to encourage groups to identify a person to facilitate the discussion, record their ideas, or present the share-back to the large group.

Throughout small group activities, ask permission to join a group to listen in on the discussion. You can then help if a group's members seem confused about the task or have a hard time getting started in their discussions. Some facilitators "float" from group to group to observe the discussions and make sure the groups are on track.

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In addition, consider moving around the room while working with the groups so that you have contact with everyone. Effective facilitators use all aspects of the training, particularly group discussions, to note and then later highlight the contributions of the participants (e.g., "as Nancy just noted . . ." or "As I was listening to the groups, I heard some wonderful ideas; would this group be willing to share what they were discussing?").

One major challenge for facilitators involves keeping the discussion moving when participants raise personal questions. Balancing the needs of the group with responsiveness to individual participants is an art. If it seems that the discussion is moving "off track," you may want to politely suggest that, in order to stay on time, you will have to move the group on; and then provide opportunities for participants to continue the discussion during a break or after the session. However, if it's clear that a group needs more time, you may ask the participants how they want to handle the situation (for example, "Should we move on, or would people be willing to stay an additional 15 minutes to finish our discussion?"). The agreed-upon ground rules may also support strategies for keeping the group on time and on task.

Share-Back

In the structure of the sessions, most small group discussions are followed by a share-back session; this is where each group shares one or two key ideas from their discussion. Groups generally have two to three minutes to share their most important ideas and strategies. This allows all participants to have the benefit of each other's discussions.

During these share-back sessions, it is important to bear in mind that attitudes about disability are sometimes rooted in deep-seated personal and cultural beliefs or experiences. Consequently, some topics or activities in the SpecialQuest Multimedia Training Library may evoke emotional responses from certain participants. Certain strategies can help facilitators maintain confidentiality, encourage active listening, and create a safe environment:

- *Keep comments general, thereby avoiding discussions that identify specific people, programs, or situations.*
- *Listen all the way through before speaking.*
- *Remain nonjudgemental.*
- *Give participants enough time to have meaningful discussions in their small groups.*
- *Check in with individuals in an unobtrusive way and support them, if you observe them having strong emotional reactions.*

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Action Plans

Participant-designed goals or action plans are a key component of the SpecialQuest Continuous Improvement Process and an essential element of the Hilton/Early Head Start Training Program model. These use the training as a springboard to create and sustain change for inclusion in the programs and communities of the participants. Some of the scripts end with an opportunity for participants to design action plans related to the content presented in the training session. For these plans, you'll want to provide the following:

- *Additional time for small groups to develop their action plans (time for this is not included in the scripts)*
- *Support for the participants to ensure the action plans are obtainable and measurable*
- *A mechanism for recording the action plans for future reference*

Past participants have shared the importance of the action-planning process and the sense of accountability it gave them for applying their new knowledge and skills. (Instructions and forms for the action-planning process are included in Appendix M.)

Wrap-Up

As a facilitator, you have the responsibility of wrapping up the discussions and the session by summarizing the key points made by the group and drawing conclusions related to the learning outcomes. The script provides language for the wrap up, but it is also important to reflect some of the unique ideas and discussions generated by the group.

This is also now the opportunity to review the learning outcomes of the session to determine if they were met. If the learning outcomes have not been achieved, facilitators and participants should plan "next steps" to assure that they are.

Facilitators should also review the learning outcomes as a team when they debrief following the session to identify ways that they might best reach those learning outcomes in future sessions.

Reflections and Continuous Improvement

Closure of the session is an important aspect of a quality learning experience—for participants as well as facilitators. Each session includes an opportunity for reflecting on the learning experience, as well as for providing feedback for continuous improvement.

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Adult learners are better able to change and grow when they think about how new ideas and experiences fit with what they already know or how they have been doing things. Activities called "Reflections and Continuous Improvement" are designed to support this level of learning and innovation. They are built into the conclusions of each of the training sessions.

Reflections

We ask participants at the end of each session to reflect on what they have discussed, learned, and experienced in the session. We then ask them to identify one or two ideas or practices that they would like to implement in their work. These reflections can be recorded in journals, on handouts or note-taking sheets, or in any way that will be useful to the learners; they can be used personally, or they can become a commitment to action that is shared with another individual, the team, or the whole group.

Continuous Improvement Feedback

The SpecialQuest Multimedia Training Library suggests strategies to solicit feedback from participants. You may need or want to pair this process with one of your program's training evaluation tools. In whatever way feedback is provided, it is essential that this information is seriously considered and that changes that are made as a result of the feedback are shared with future training participants. This helps participants understand the Continuous Improvement process and guides them in thinking about assessment/evaluation in ways that are not linked to notions of "passing" or "failing," but are used rather to inform and refine professional practice. It also helps participants see that they are not just having information "poured into" them, but that they are responsible for co-creating the learning experience.

During the closing activities for each session, the facilitators ask participants to:

- *Reflect on the session they have just completed*
- *Consider their own learning experiences during the session*
- *Share what worked to help them learn during the session and any suggestions they have for the facilitators that would have made this a more effective learning experience*

These activities are especially critical because they give participants another opportunity to review the session and what they learned; and it gives facilitators an opportunity to model the process involved in eliciting ideas they will use to help them improve continuously as facilitators.

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Participants may be unfamiliar with this process initially. However, over time, when they realize that facilitators truly listen to and use participants' input and grow from it, the quality of the reflection improves, and the input becomes more thoughtful. Continuous improvement is fundamental to the success of inclusion, so it is particularly important that facilitators model its importance by:

- *Completing the activity without rushing*
- *Charting all comments "as they are said"*
- *Accepting all input without comment*
- *Including participants' suggestions in subsequent sessions*

Sometimes, it is difficult for facilitators not to respond to a suggestion or comment; but doing so could be interpreted to mean that all input is not valued equally. The process depends on facilitators listening to and charting all comments in a neutral, accepting manner.

Encourage participants to think about providing feedback from their perspective as a learner. Although many people may share comments about the physical environment (the room is too hot or cold, the chairs are uncomfortable, we want coffee or chocolate, etc.), the focus here should be on the learning experience.

When participants share suggestions, it is essential that you remember to incorporate as many of their ideas as possible into future training events. In this way, you're modeling the continuous improvement process; and because participants know they are taken seriously, they become more invested in their learning.

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Follow-Up

Facilitator Debriefing

Facilitation teams are encouraged to debrief at the close of each session—to share their own ideas and suggestions with one another and to review the Continuous Improvement charts generated at the end of the session. Incorporating suggested changes into subsequent training sessions exemplifies the essence of continuous improvement.

Facilitators should also review the Learning Outcomes when they debrief following the session. This gives them the opportunity to identify ways to best reinforce those learning outcomes in future sessions.

Follow-Up Strategies

An essential element of the Hilton/Early Head Start Training Program model is the need for follow-up after training. We have all had the experience of going to workshops and saying "This is great! I can't wait to do this in my program." And then we never actually put the ideas into practice. Busy professionals often need prompts to remind them to try out their new ideas and to work to make lasting changes in their practice. Follow-up strategies establish a sense of accountability and reinforce what participants have learned, for implementing new learning. Here are a few ideas:

- *Schedule time to review and check on action plans developed in a training.*
- *Provide opportunities for participants to share their progress on their action plans through a variety of creative activities: telling stories and sharing newsletter articles are two effective strategies.*
- *Help participants document their success in both what they did and how they accomplished their goals. They may also want to explore the outcomes of their action plans on children and families served in the program using qualitative as well as quantitative documentation techniques.*
- *Follow up on action plans through on-site observation of new practices, or through online discussions of the accomplishments realized by the new practices.*
- *Provide onsite support and follow up through a peer mentor, coach, or buddy.*
- *Share additional video materials, handouts, or resource materials through electronic follow-up (e-mail, listserves, websites).*

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- *Discuss some of the Learning Outcomes that were covered, implementation strategies, and challenges faced in implementing new skills.*
- *Provide opportunities for teams to celebrate their successes and highlight their accomplishments.*

Facilitation teams might want to consider the following questions when designing follow up activities to support SpecialQuest learning.

- *What inexpensive and effective ways can be used to remind participants of their goals or action plans?*
- *Are there local resources that could support the participants as they implement the steps in their goals or action plans?*
- *How can periodic reminders be sent to participants to revisit their learning from the training?*
- *How can participants be supported to design a follow-up plan for making change, such as developing mentoring relationships or "change" buddies?*

The SpecialQuest Multimedia Training Library provides the materials, resources, and strategies to assist programs and communities in developing inclusive practices for serving young children with disabilities and their families. Early care and education staff, early intervention providers, families, and other community partners can benefit from using the DVDs, activities, and discussions to enhance the knowledge, skills, and passion required to provide high quality services for all young children and their families.

We hope to hear how these materials work for you and to receive any suggestions you might have for others. Additional resources and info are available on our website: *www.specialquest.org*. We hope you will visit it regularly and let us know about your successes and challenges as you launch your own SpecialQuest.

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Appendix A

Hilton/Early Head Start Training Program 2005 Evaluation Summary

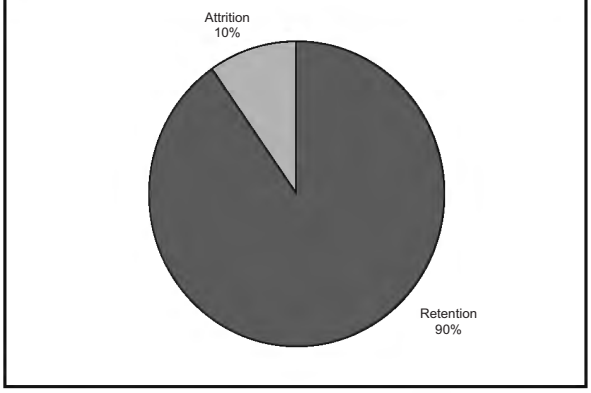
The mission of the Hilton/Early Head Start Training Program is to support Early Head Start (EHS) and Migrant and Seasonal Head Start (MSHS) staff and family members—in collaboration with Early Intervention, Head Start, and Child Care—to develop skills and strategies for accessing and using services, resources, and technology to include infants and toddlers with significant disabilities and their families in EHS/MSHS programs.

In 2005, the Hilton/Early Head Start Training Program supported 252 EHS/MSHS teams nationally through intensive annual training events called SpecialQuests and on-site follow up over the course of the past three years. This report summarizes individual, team, and program change during the third year of training that has occurred, focusing on:

- Including Children with Disabilities
- Supporting Families as Partners and Leaders
- Promoting Integrated Services
- Implementing and Sustaining the Change

SpecialQuest III EHS/MSHS Programs (N=252)

SpecialQuest III Retention Rate (N=279)



EHS/MSHS program retention rate was high with 252 out of the original 279 teams returning in Year 3 (90%).

SpecialQuest teams are composed of up to six members. EHS/MSHS Administrators, family members of a child with a disability, Early Interventionists, and Child Care Partners are recruited as priority members. Expenses for their participation are covered by the Hilton/Early Head Start Training Program.

Additional team members could include the EHS/MSHS staff or Head Start staff. These team members' expenses for participation are covered by the EHS/MSHS programs' training funds. Just over 58 percent of the teams that attended SpecialQuest III included a fifth and/or sixth team member with 85 percent of teams having at least four team members.

Team member turnover was moderate with 28 percent of the participants at SpecialQuest III being first time attendees. This was a decrease from 31 percent in Year 2.

"This continues to be the best training model to affect change that I have ever attended."

EHS Administrator

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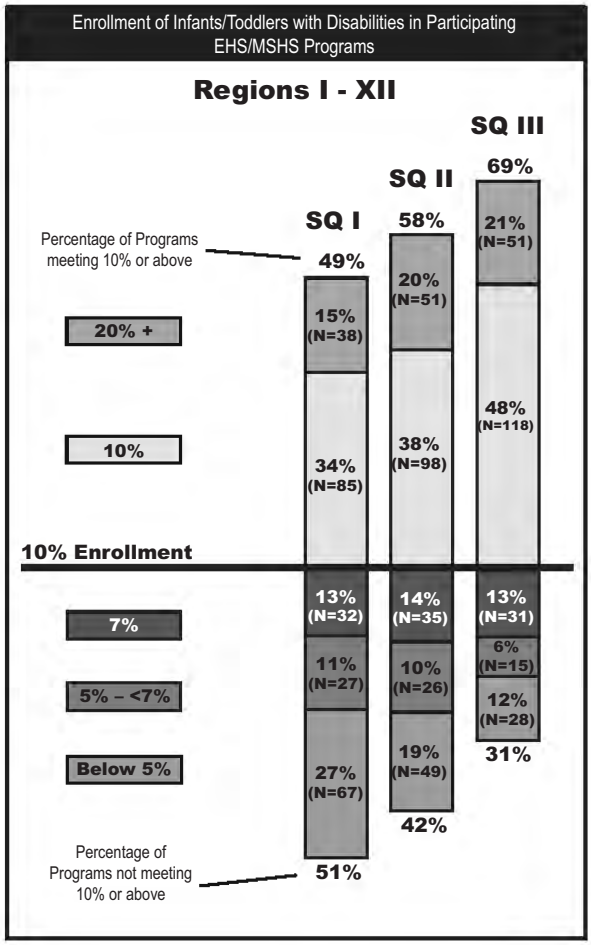
Including Children with Disabilities

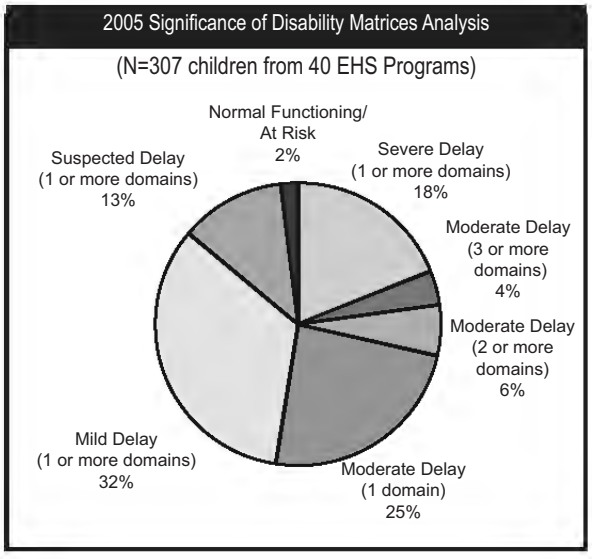
"I learned the importance of my role regarding the help that I provide to children with disabilities and the importance of working with families, listening, and helping them." —EHS/MSHS Staff

As part of the registration process for SpecialQuest, each team was asked to provide the number of infants and toddlers enrolled in the programs they represented, as well as the number of enrolled children with Part C Individualized Family Service Plans (IFSPs).

Overall, across Regions I-XII, the percent of the EHS/MSHS programs reporting the enrollment of infants and toddlers with disabilities in at least ten percent of their slots, increased from 49 percent in Year 1 to 69 percent in Year 3. This is a 20 percentage point increase over the three years.

The mean percentage of children with Part C IFSPs enrolled in programs that attended SpecialQuest III is 13.8 percent, up from 11.3 percent in Year 1.





In an effort to understand the types of developmental delays and functional abilities of infants and toddlers with Part C IFSPs who are enrolled in EHS programs across the country, programs were randomly selected to complete the Signifiance of Disability Matrix for each child with an IFSP enrolled in their EHS program.

In 2005, 40 programs completed the matrix. Over half of the 307 children with Part C IFSPs were reported to have at least a moderate developmental delay.

Overall, 18 percent of the infants and toddlers with IFSPs served by EHS programs were reported to have a severe delay in at least one area of development. Given the level of incidence of severe disabilities, this figure demonstrates a strong commitment by EHS programs to serve children with more significant disabilities.

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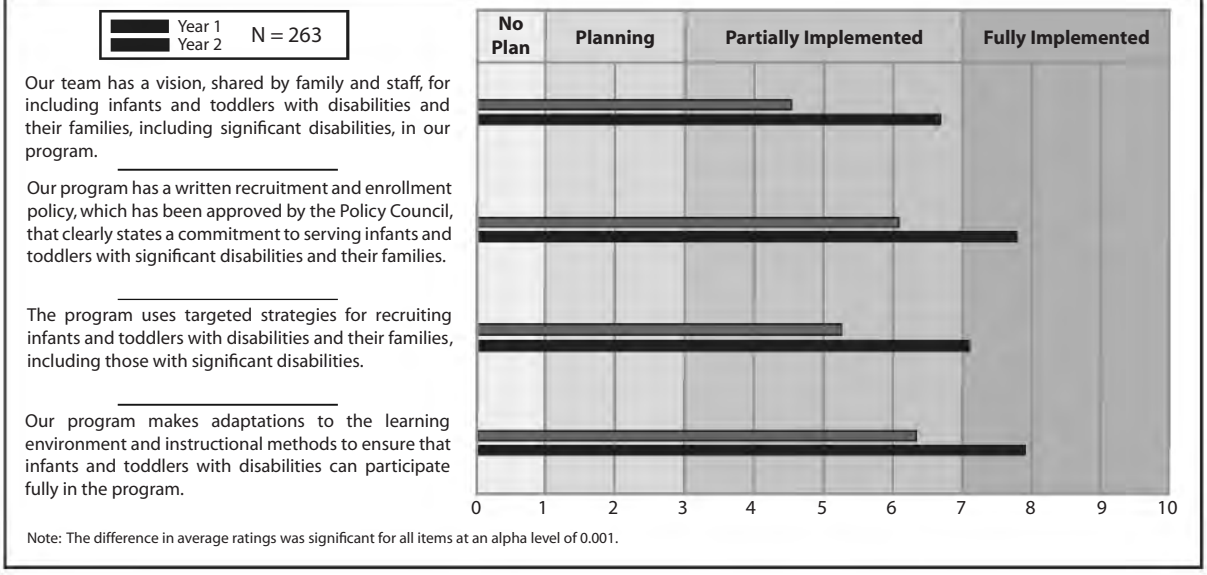
Including Children with Disabilities

Including Infants and Toddlers with Disabilities

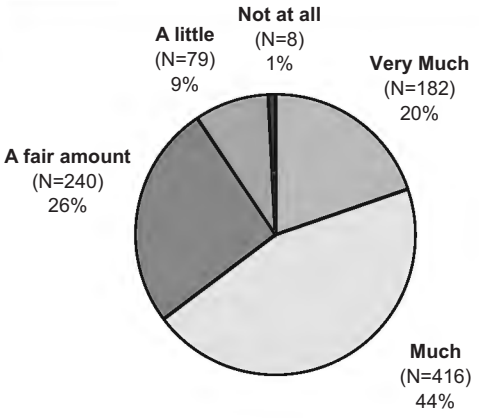


Note: The difference in average ratings was significant for all items at an alpha level of 0.001.

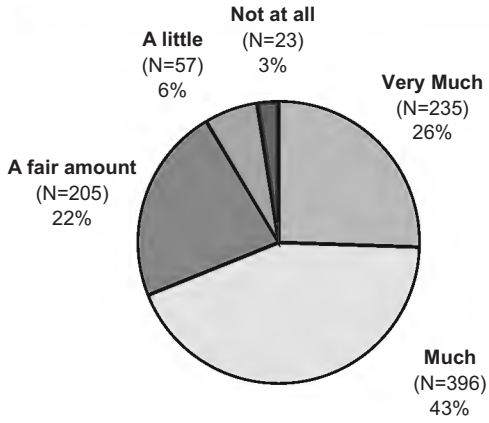
Programs rated themselves on four specific practices in the area of inclusion that related to the current level of EHS/MSHS programs' ability to effectively identify and serve infants and toddlers with disabilities. SpecialQuest teams in general increased in scores from Year 1 to Year 2, moving from partially implementing to fully implementing these practices (see chart above).

Participants cited the provision of training as an important factor in nurturing a positive attitude toward enrolling and serving infants and toddlers with disabilities in EHS/MSHS programs. When asked three to four months after attending SpecialQuest what the impact of the training was, participants reported significant increases in their skills and comfort in working with infants and toddlers with disabilities and their families (see charts below).

My skills in working with infants and toddlers with disabilities and their families has improved. (N=925)



I am more comfortable working with infants and toddlers with significant disabilities. (N=916)



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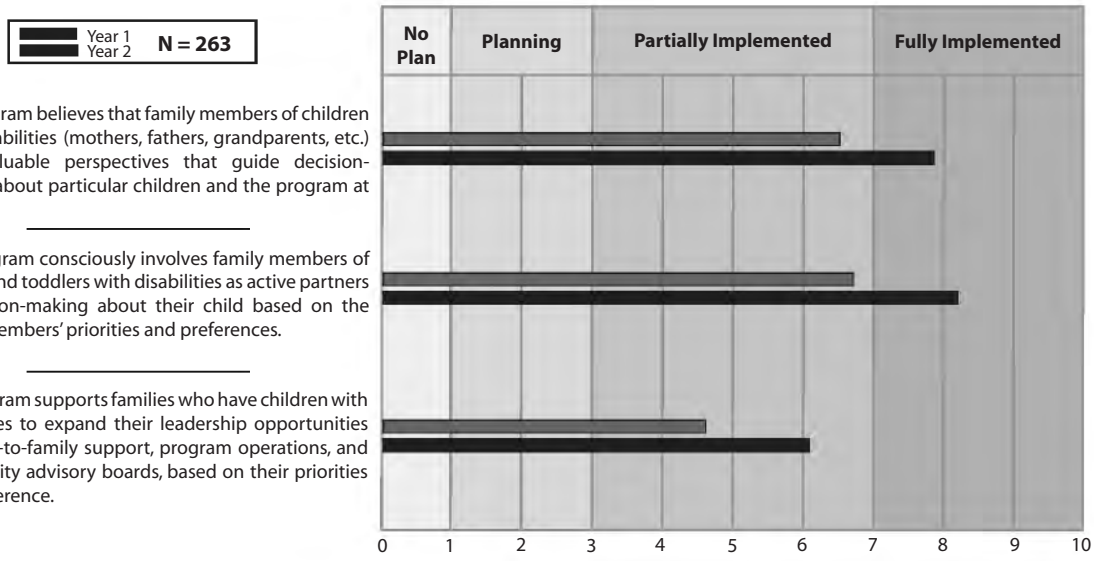
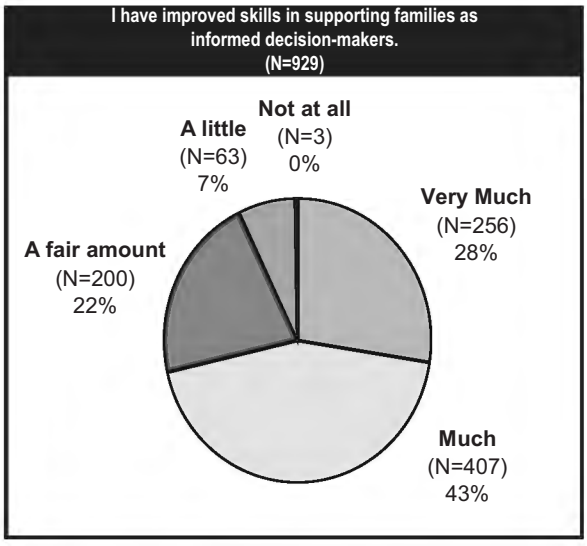
Supporting Families

Families as Partners and Leaders



Note: The difference in average ratings was significant for all items at an alpha level of 0.001.



"I was able to connect with other parents and share our experiences."
—Family Member

Programs rated themselves on three promising practices that related to EHS/MSHS programs' current practices around increasing families' access to information, resources, and support. Programs reported moving from partially implementing toward fully implementing these practices.

Participants indicated that their participation in SpecialQuest had an impact on their skills in supporting families to be informed decision-makers, with 71 percent noting that their skills were changed "much" or "very much."

In addition, family members described the support and information provided by SpecialQuest and their programs that enabled them to understand their child's disability and to make decisions for their child.

"They try to include us in every decision that they make. Anything they do in the classroom, they keep us involved with." —Family Member

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Promoting Integrated Services

"I learned more about Early Head Start and Head Start policies and resources. I have a better perspective of how we can work together."

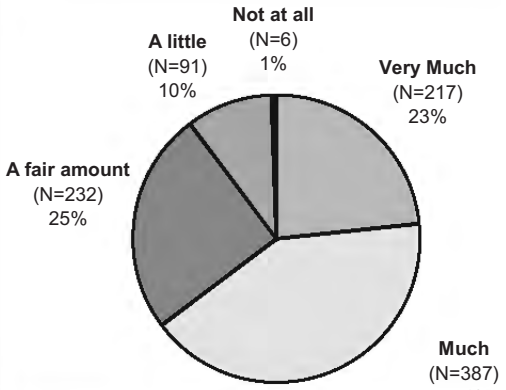
Part C Partner

EHS/MSHS programs realized a number of successes in their efforts to work more collaboratively with families and community partners (including Early Intervention, Head Start, and Child Care).

Overall, participants indicated that because of their participation in SpecialQuest, the coordination between agencies in their community had been strengthened. Nearly two-thirds (64 percent) of the participants indicated that coordination was at least "much" strengthened.

Programs rated themselves on four practices related to their belief in the importance of collaboration with family members and community partners in serving children with significant disabilities and their families. In general, the programs indicated an increase in average rating from Year 1 to Year 2, again moving towards fully implementing these four practices.

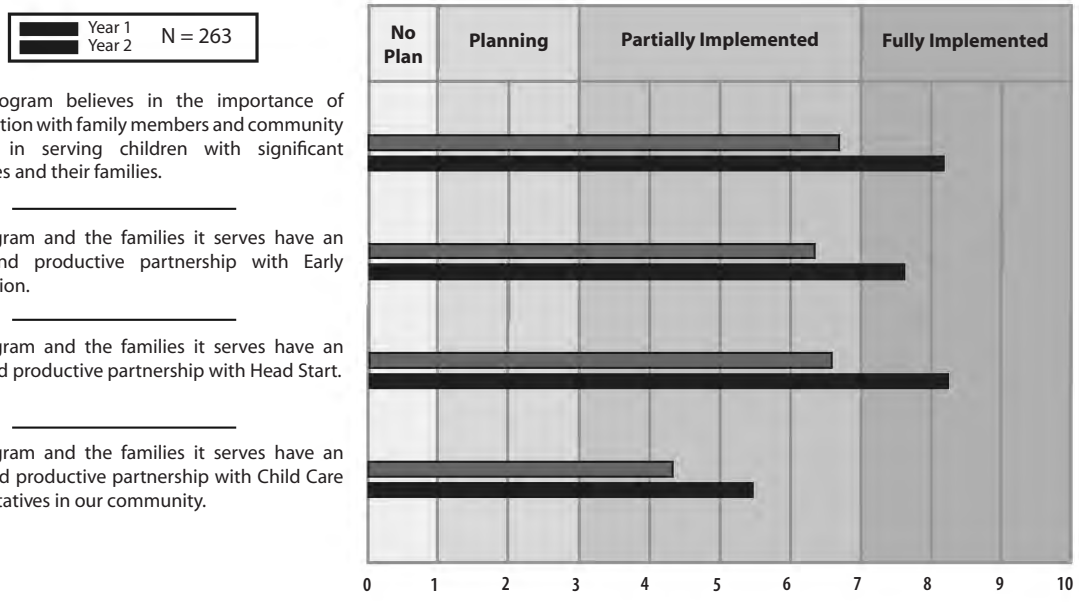
Coordination between agencies in my community has been strengthened. (N=933)



SpecialQuest encourages and fosters the importance of joint visits with the Early Intervention/ EHS team, and the other community resources.

EHS/MSHS Staff

Integrated Service Delivery Systems



Note: The difference in average ratings was significant for all items at an alpha level of 0.001.

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Implementing and Sustaining the Change

Expanding the Sphere of Influence

A critical outcome of the training program relates to expanding the sphere of influence beyond individual team members who attend SpecialQuest in order to create and maintain "learning communities." One of the ways this is occurring is through increased access to effective and appropriate training materials, such as those developed by the Hilton/Early Head Start Training Program.

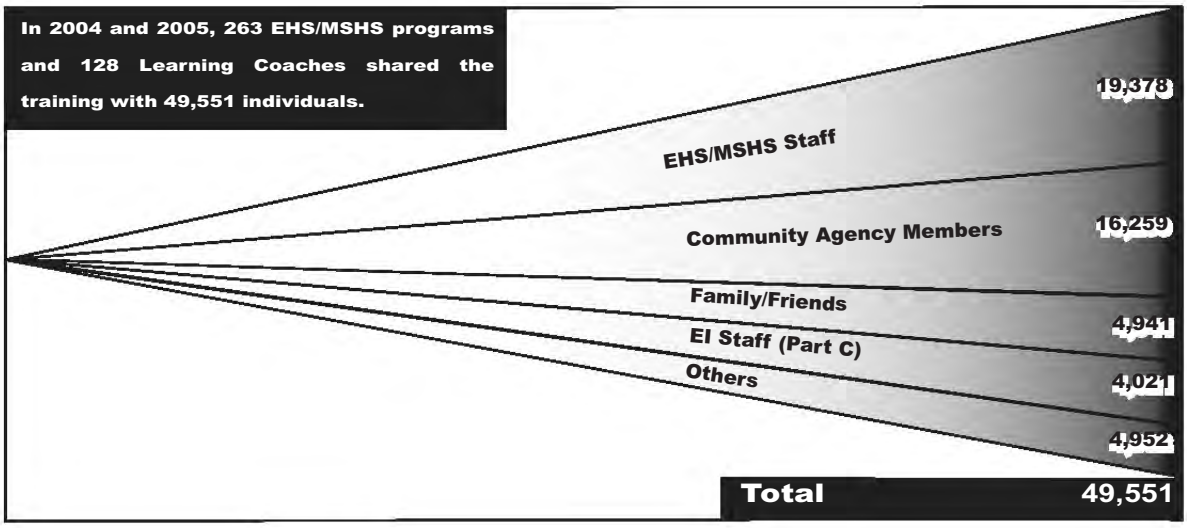
As part of the evaluation process, EHS/MSHS programs and Hilton/Early Head Start Training Program Learning Coaches were asked how they "shared the training" by using SpecialQuest materials outside of the specific training events.

- In 2004, 253 SpecialQuest teams indicated that they shared SpecialQuest materials with 20,656 persons. The Hilton/Early Head Start Training Program consultants (N=94) also reported sharing the training with 6,237 people for a total of 26,893 persons in 2004.
- In 2005, 263 SpecialQuest teams and 128 Learning Coaches indicated sharing the training with an additional 22,658 people.

Over the last two years, 49,551 individuals who did not attend SpecialQuest trainings were exposed to the work of the SpecialQuest teams and related SpecialQuest materials.

> "We've developed a PowerPoint presentation and it showed how Part C and Early Head Start merged our services together. We can use that for Early Head Start training, and they can use it for some other training."
>
> —Disability Services Coordinator

Share the Training 2004 and 2005



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Implementing and Sustaining the Change

Stories from SpecialQuest Graduates

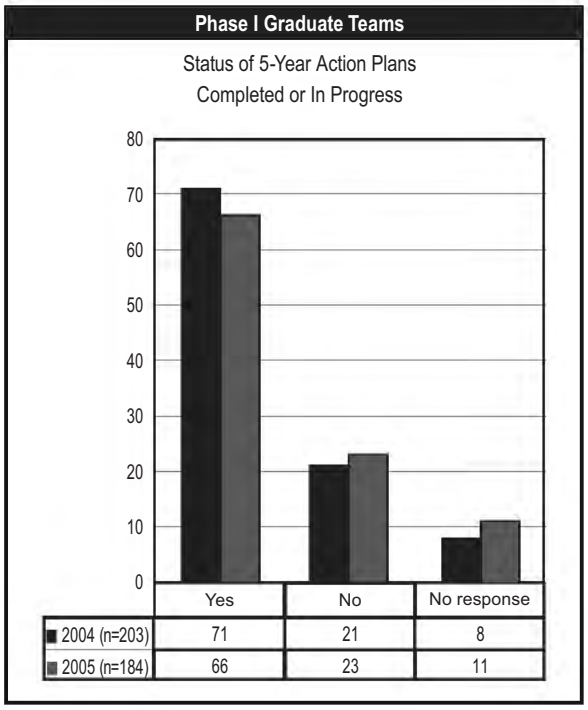
As a way to stay connected to the 240 graduate teams from the first phase of SpecialQuest (1997–2002), 48 individuals were recruited to serve as SpecialQuest Ambassadors. These individuals are graduates from the first phase of SpecialQuest, and are leaders and advocates for the inclusion of children with disabilities and their families. They promote continuing the quest in and beyond their communities.

Each SpecialQuest Ambassador was given a list of graduate programs to contact in an effort to deepen understanding of the practices and strategies used by SpecialQuest graduate teams to enhance the quality of services provided to infants and toddlers with disabilities and their families.

The Ambassadors connected with 184 graduate programs. The Ambassadors explored the progress they have made toward their five-year Action Plan. In 2004, 71% of the teams reported that they were still working on the five-year plan that they developed as part of their last SpecialQuest. In 2005, this number decreased slightly to 66%, however, a large majority of programs appear to be continuing on the path towards implementing these long-range plans.

Of the 184 teams that responded, 69% of them reported that their SpecialQuest team was either still meeting (36%) or that SpecialQuest concepts were embedded into an on-going early childhood committee that discusses issues related to the mission of SpecialQuest.

The Ambassadors also explored the graduate teams' use of the SpecialQuest Training Guides and Videotapes. Overall, 66% of the respondents indicated that they have used a portion of the materials that they received from The Hilton/ Early Head Start Training Program.



"I believe that the continued correspondence has helped the programs feel more connected and encouraged to continue the quest."

SpecialQuest Ambassador

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2005 Evaluation Key Findings

Results from all of the sources of data suggest that at the end of SpecialQuest III, the program had a significant effect on EHS/MSHS teams, family members, and their community partners. Key findings from the evaluation of the Hilton/Early Head Start Training Program in the third year include:

Retaining 90% of Phase II Teams

In Year 1, 279 EHS/MSHS teams attended SpecialQuest. At the end of Year 3, 252 of these teams are still participating in SpecialQuest, representing a 90% retention rate.

Enrolling More Infants and Toddlers with Disabilities

EHS/MSHS programs are reporting enrolling more infants and toddlers with Part C Individualized Family Service Plans (IFSPs) in their programs.

Implementing Targeted Practices that Support Inclusion

Overall, SpecialQuest teams report that EHS/MSHS programs have moved from partially implementing towards fully implementing promising practices that support inclusion, integrated services, and family leadership.

Increasing Participants' Skills and Comfort

EHS/MSHS staff, families, and community partners reported an increase in their skills and comfort in serving infants and toddlers with disabilities and their families in natural environments such as EHS and Child Care.

Supporting Families as Partners and Leaders

As a result of SpecialQuest, participants indicated an increase in their skills related to supporting families to be informed decision-makers and leaders.

- Families noted feeling supported, informed and valued by the EHS/MSHS programs.
- The individualized access to information, resources, and support provided by EHS/MSHS and other community partners appears to support family members to be leaders and make informed decisions, particularly for their own family.

Increasing Reciprocal Referrals

SpecialQuest has positively influenced the coordination between community agencies. SpecialQuest teams have reported a significant increase in referrals occurring between EHS/MSHS to Early Intervention and Early Intervention to EHS/MSHS, 36% and 52% respectively over the past three years. A total of 3,886 referrals were reported for 2005.

Implementing Team Action Plans

Teams continue to implement their SpecialQuest II Action Plans with 73 percent of all Action Plans completed or in progress.

Sharing of SpecialQuest Training Materials

Participants and Learning Coaches report sharing the SpecialQuest training materials with approximately 50,000 individuals over the past two years.

Continuing the Quest

SpecialQuest teams from the first phase indicated that two-thirds of the teams have completed or are still working on their 5-Year Action Plans.

A large number of Phase I teams (66 percent) reported using the SpecialQuest Training Guides and Videotapes, demonstrating the lasting impact that SpecialQuest is having on communities.

It is clear that at the end of the third year of Phase II, the Hilton/Early Head Start Training Program has had a significant effect on EHS/MSHS teams, family members, and their community partners. SpecialQuest teams have reported a great deal of success towards fully implementing strategies that create a foundation for inclusive practices in their community.

Produced by the Hilton/Early Head Start Training Program, February 2006
For additional information, please contact Dr. Rob Corso, Continuous Improvement Coordinator, at 707-206-9376.
For more details visit our website at www.specialquest.org.

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Appendix B

SpecialQuest Multimedia Training Library Website Resources

(10/30/06)

1. National Dissemination Center for Children with Disabilities (NICHCY)

The National Dissemination Center for Children with Disabilities serves as a central source of information on disabilities in infants, toddlers, children, and youth; the Individuals with Disabilities Education Act (IDEA), which is the law authorizing special education; the No Child Left Behind Act as it relates to children with disabilities; and research-based information on effective educational practices. Materials are available in English or Spanish.

www.nichcy.org

The website provides links to the most recent IDEA legislation, compiles disability-related resources in each state, and creates State Resource Sheets. The resource sheets will help locate organizations and agencies within a state that address disability-related issues.

2. National Early Childhood Technical Assistance Center (NECTAC)

The National Early Childhood Technical Assistance Center supports the national implementation of the early childhood provisions of the Individuals with Disabilities Education Act (IDEA). The mission is to strengthen systems at all levels to ensure that children (birth through five) with disabilities and their families receive and benefit from high quality, culturally appropriate, and family-centered supports and services.

www.nectac.org

The NECTAC web site provides information and links with legislation, regulations, state services, conferences and resources.

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3. Office of Head Start, Administration for Children and Families (ACF)

The Administration for Children and Families (ACF) is a federal agency funding state, territory, local, and tribal organizations to provide family assistance (welfare), child support, child care, Head Start, child welfare, and other programs relating to children and families. Head Start serves the child development needs of preschool children (birth through age five) and their low-income families.

www.acf.hhs.gov/programs/hsb

The Office of Head Start website provides information on Head Start programs, program standards, resources and technical assistance.

4. Office of Special Education Programs

The Office of Special Education Programs (OSEP) is dedicated to improving results for infants, toddlers, children and youth with disabilities ages birth through 21 by providing leadership and financial support to assist states and local districts. The Individuals with Disabilities Education Act (IDEA) authorizes formula grants to states and discretionary grants to institutions of higher education and other non-profit organizations to support research, demonstrations, technical assistance and dissemination, technology and personnel development, and parent-training and information centers.

www.ed.gov/about/offices/list/osers/osep/index.html

The OSEP web site provides information about grants, technical assistance and dissemination, technology and personnel development, and parent-training and information centers. Information and resources are provided in the Individuals with Disabilities Education Improvement Act of 2004.

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5. Building the Legacy of IDEA

The U.S. Department of Education, Office of Special Education Programs (OSEP), recently launched a new IDEA website that is designed to provide a "one-stop shop" for resources related to IDEA and its implementing regulations.

http://idea.ed.gov

It is a "living" website that will change and grow as resources and information become available. When fully implemented, the site will provide searchable versions of IDEA and the regulations; access to cross-referenced content from other laws (e.g., the No Child Left Behind Act (NCLB), the Family Education Rights and Privacy Act (FERPA), etc.); video clips on selected topics; topic briefs on selected regulations; links to OSEP's Technical Assistance and Dissemination (TA&D) Network; a Q&A Corner where you can submit questions; and a variety of other information sources.

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Appendix C

Hilton/Early Head Start Training Program

The SpecialQuest Continuous Improvement Process

What Is Continuous Improvement?

Continuous improvement efforts are intended to provide two things: timely feedback on program processes to allow for swift adjustments and planning information to program staff to ensure effective and appropriate service delivery.

What Does Continuous Improvement Mean for the Hilton/Early Head Start Training Program?

Continuous improvement is a component of every aspect of the Hilton/Early Head Start Training Program and is used to provide a systematic, data-driven guide for both day-to-day and long-term decision-making. A variety of strategies are used to take stock of where we stand as a program, track progress on our goals, evaluate our strengths and weaknesses, identify obstacles to our goals, reflect on our current successes, and identify further resources and information needed. Continuous improvement encourages the involvement of staff and other stakeholders in assessing and adjusting program objectives and implementation strategies based on feedback. Within the Hilton/Early Head Start Training Program, staff is involved in problem-solving processes aimed at identifying current issues, planning responsive approaches, implementing new strategies, and analyzing the impact of these ideas. One of the major purposes of the Hilton/Early Head Start Training Program is to model approaches and practices that provide ongoing feedback and support change within individuals, teams, and organizations.

In order to sustain change, there must be emphasis on how teams work together. As a part of this teaming, it is important to use a continuous improvement process to assess the implementation of specific strategies that ensure change is sustained, regardless of who is part of the organization or if the organization has external support, such as that provided by the SpecialQuest training and the follow-up provided by learning coaches.

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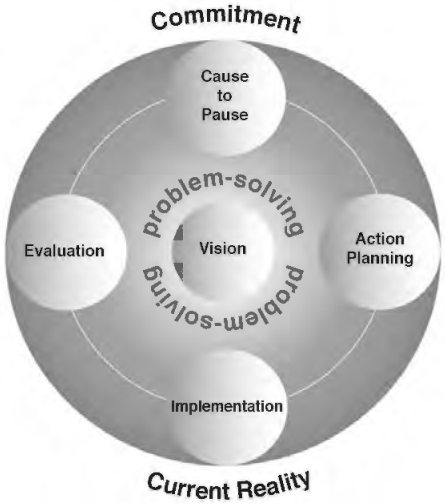
The SpecialQuest Continuous Improvement Process is an ongoing cycle that is designed to engag ustainable change.



As illustrated in the graphic, the elements of the SpecialQuest Continuous Improvement Process are cyclical.

Vision:
The central focus of the SpecialQuest Continuous Improvement Process is a team's vision of services for infants and toddlers with disabilities and their families.

Commitment:
A shared commitment to quality inclusive services, combined with a clear vision, guides teams and communities in making sustainable change.

Current Reality:
In order to create movement toward the vision, teams need to examine the current reality, specifically examining the practices in place that are either supports or barriers to quality inclusion in their community. The current reality should include the viewpoints of diverse stakeholders in the community, including families and key service providers, so that a full picture of the service delivery system is gathered.

Problem-Solving Process:
During each stage of the Continuous Improvement Process, it is necessary for teams to engage in a problem-solving process. The essential components of this problem-solving include brainstorming, analyzing possible solutions, and consensus building. This process ensures that all views are discussed and that the decisions made are ones that all team members agree on. Each child and family is

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unique and brings individual strengths and issues requiring a tailored response—there is no "one way" to collaboratively serve infants and toddlers with disabilities and their families in inclusive settings. Every community has a diverse set of resources and challenges. Combining the resources to address the challenges facing families of infants and toddlers with disabilities, the service delivery system, and the community as a whole requires creative, responsive, and collaborative teamwork.

Causes to Pause:
Issues that inevitably arise which make teams stop and think are referred to as Causes to Pause.

Action Plans:
Action Plans are developed by teams to address identified Causes to Pause.

Implementation:
Teams implement the Action Plans back in their programs and communities.

Evaluation:
Teams evaluate their progress or check to see if what they are doing is achieving the desired outcomes. They might use a process of identifying what is working and any suggestions for improvement. They then use the problem-solving process to make necessary course corrections to make their services most effective for the infants and toddlers with disabilities and their families in their community.

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Appendix D

To Ensure Inclusion, Freedom, and Respect for All, We Must Use

People First Language

by Kathie Snow

Who are the so-called "handicapped" or "disabled"?

According to stereotypical perceptions, they are:

- *People who* **suffer** *from the* **tragedy** *of* **birth defects**.
- **Paraplegic heroes** *who* **struggle** *to become* **normal** *again*.
- **Victims** *who* **fight** *to* **overcome** *their* **challenges**.

Categorically, they are called **retarded**, **autistic**, **blind**, **deaf**, **learning disabled**, etc., etc., etc.—**ad nauseam**!

Who are they, really?

- *Moms and dads*
- *Sons and daughters*
- *Employees and employers*
- *Friends and neighbors*
- *Students and teachers*
- *Leaders and followers*
- *Scientists, doctors, actors, presidents, and more*

They are people. They are people first.

People with disabilities constitute our nation's largest minority group. It is also the most inclusive and most diverse: both genders, any sexual orientation, and all ages, religions, socioeconomic levels, and ethnicities are represented. Yet people who have been diagnosed with disabilities are all different from one another. The only thing they have in common is being on the receiving end of societal misunderstanding, prejudice, and discrimination. Furthermore, this largest minority group is the only one which **any person can become part of, at any time!** Some

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join at birth—others in the split second of an accident, through illness, or during the aging process. If and when it happens to **you**, will you have more in common with others who have disability diagnoses or with family, friends, and co-workers? How will you want to be described? And how will you want to be treated?

The power of language and labels

Words are powerful. Old and inaccurate descriptors, and the inappropriate **use** of these descriptors, perpetuate negative stereotypes and reinforce an incredibly powerful attitudinal barrier. **And this invisible, but potent, attitudinal barrier is the greatest obstacle facing individuals with disabilities**. When we describe people by their medical diagnoses, we devalue and disrespect them as individuals. Do **you** want to be known primarily by your psoriasis, gynecological history, the warts on your behind, or any other condition?

Worse, medical diagnoses are frequently used to define a person's potential and value! In the process, we crush people's hopes and dreams, and relegate them to the margins of society. If we know about (or see) a person's diagnosis, we (mistakenly) think we **know something important about him**, and we give great weight to this information, using it to determine how/where a person will be educated, what type of job he will/won't have, where/how he'll live, and more. **A person's future may be determined—based on his diagnosis—by those with authority over him!** Today, millions of children and adults with disability diagnoses are essentially "incarcerated" behind the walls of "special (segregated) places": special ed classrooms, congregate living quarters, day programs, sheltered work environments, and more—all because of the diagnosis that's been assigned. **When incorrectly used as a measure of a person's abilities or potential, medical diagnoses can ruin people's lives**.

Inaccurate descriptors

"Handicapped" is an archaic term (it's no longer used in any federal legislation) that evokes negative images of pity, fear, and more. The origin of the word is from an Old English bartering game, in which the loser was left with this "hand in his cap" and was thought to be at a disadvantage. A **legendary** origin of the "H-word" refers to a person with a disability begging with his "cap in his hand." This antiquated, derogatory term perpetuates the stereotypical perception that people with disabilities make up one homogenous group of pitiful, needy people! Other people who share a certain characteristic are not all alike; similarly, individuals who happen to have disabilities are not alike. **In fact, people who have disabilities are more *like* people who don't have disabilities than different!**

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"Handicapped" is often used to describe parking spaces, hotel rooms, restrooms, etc. But these generally provide **access** for people with physical or mobility needs—and they may provide **no benefit** for people with visual, hearing, or other conditions. This is one example of the inaccuracy and misuse of the H-word as a **generic descriptor**. (The accurate term for modified parking spaces, hotel rooms, etc. is "accessible.")

"Disabled" is also not appropriate. Traffic reporters frequently say, "disabled vehicle." They once said, "stalled car." Sports reporters say, "the disabled list." They once said, "injured reserve." Other uses of this word today mean "broken/non-functioning." **People with disabilities are not broken**!

If a new toaster doesn't work, we say it's "defective" and return it. Shall we return babies with "birth defects"? The accurate and respectful descriptor is "congenital disability."

Many parents say, " I have a child with special needs." This term generates **pity**, as demonstrated by the, "Oh, I'm **so sorry**," response, a sad look, or a sympathetic pat on the arm. **(Gag!)** A person's needs aren't "special" to him—they're ordinary! **I've never met an adult with a disability who wanted to be called "special."** Let's learn from those with real experience, and **stop inflicting this pity-laden descriptor on others**.

"Suffers from," "afflicted with," "victim of," and similar descriptors are inaccurate, inappropriate, and archaic. A person simply "has" a condition, period!

What is a disability?

Is there a universally accepted definition of disability? No! First and foremost, a disability label is a medical diagnosis, which becomes a **sociopolitical passport** to services or legal status. Beyond that, the definition is up for grabs! What constitutes a disability depends on which service system is accessed. The "disability criteria" for early intervention is different from early childhood, which is different from vocational-rehabilitation, which is different from special education, which is different from worker's compensation, and so on. Thus, "disability" is a **social construct**, created to identify those who may be entitled to services or legal protections because of **certain characteristics** related to a medical diagnosis.

Disability is *not* the "problem"

Because society tends to view disability as a "problem," this seems to be the #1 word used about people with disabilities. People **without** disabilities, however, don't spend a lot of time talking about **their** problems. They know this would

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promote an inaccurate perception of themselves, and it would also be counter-productive to creating a positive image. A person who wears glasses, for example, doesn't say, "I have a **problem** seeing." She says, "I wear (or need) glasses."

What is routinely called a "problem" actually reflects a **need**. Thus, Susan doesn't "have a problem walking," she "needs/uses a wheelchair." Ryan doesn't "have behavior problems," he "needs behavior supports." **So do you want to be known by your "problems" or by the multitude of positive characteristics which make you the unique individual you are**? When will people **without** disabilities begin speaking about people **with** disabilities in the respectful way they speak about themselves?

Then there's the "something wrong" descriptor, as in, "We knew there was **something wrong** when ..." What must it feel like when a child hears his parents repeat this over and over and over again? How would **you** feel if those who are supposed to love and support you constantly talked about what's "wrong" with you? Let's stop talking this way!

The real problems are attitudinal and environmental barriers!

A change in attitude can change everything. If educators believed children with disabilities are boys and girls with the potential to learn, who need the same quality of education as their brothers and sisters and who have a future in the adult world of work, we wouldn't have millions of children being **segregated and under-educated** in special ed classrooms.

If employers believed adults with disabilities have (or could learn) valuable job skills, we wouldn't have an estimated (**and shameful**) 75 percent unemployment rate of people with disabilities. If merchants perceived people with disabilities as customers with money to spend, we wouldn't have so many inaccessible stores, theaters, restrooms, and more. If the service system identified people with disabilities as "customers," instead of "clients/consumers/recipients," perhaps it would begin to meet a person's **real** needs (like inclusion, friendships, etc.), instead of trying to remediate his "problems."

And if individuals with disabilities and family members saw **themselves** as first-class citizens who can and should be fully included in all areas of life, we might also focus on what's really important: living a **Real Life** (like people with disabilities) instead of a **Special Life** under the authority of others in the system, which often results in the social isolation and physical segregation of the "disability welfare state."

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A new paradigm

"Disability is a natural part of the human condition . . . "
—U.S. Developmental Disabilities/Bill of Rights Act

Yes, **disability is natural**, and it can be **redefined** as a "body part that works differently." A person with spina bifida has legs that work differently, as person with Down Syndrome learns differently, and so forth. Yet the body parts of people **without** disabilities are also different. It's the **way** these differences affect a person (or how a person is **perceived**) which qualifies him as eligible for services, entitlements, or legal protections, and this mandates the use of a disability descriptor in the service or legal system. One in five Americans is a person with a condition we call a disability!

A disability, like gender, ethnicity, and other traits, is simply one of many natural characteristics of being human. People can no more be defined by their medical conditions than others can be defined by their gender, ethnicity, religion, sexual orientation, or anything else!

In addition, a disability is often a **consequence of the environment**. Why are many children not diagnosed until they enter public school? Is it because physicians are ignorant or parents are "in denial"? Or is it because as toddlers, they were in environments that supported their learning styles? But once in public school, if a child's learning style doesn't mesh with an educator's teaching style, he's said to have a "disability." Why do we blame the child, label him, and segregate him in a special ed classroom? Why don't we modify the regular curriculum (per special ed laws) to meet his individual needs?

When a person is in a welcoming, accessible environment, with the appropriate supports, accommodations, and tools, does he still have a disability? No! **Disability is not a constant state**. The medical diagnosis may be constant, but whether the condition represents a "disability" is more a **consequence of the environment** than what a person's body or mind can or cannot do.

Using People First Language is crucial!

People First Language puts the person before the disability, and describes that a person **has**, not who a person **is**.

- *Are you "myopic" or do you wear glasses?*
- *Are you "cancerous" or do you have cancer?*
- *Is a person "handicapped/disabled" or does she have a disability?*

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If people with disabilities are to be included in all aspects of society, and if they're to be respected and valued as our fellow citizens, we must stop using language that sets them apart and devalues them.

Children with disabilities are **children, first**. The only labels they need are their names! Parents must not talk about their children using the medical terms used by professionals. Educators must not use terms like "sped kids," "LD students," and other demeaning descriptors. Children in school are **students** and some **receive special ed services**.

Adults with disabilities are **adults, first**. The only labels they need are their names! They must not talk about themselves using professional lingo. Service providers must not use terms like "MR client," "quads," and other diagnostic terms.

The use of disability descriptors is appropriate **only** in the service system (at those ubiquitous "I" team meetings) and in medical or legal settings. Medical labels have no place—and they should be irrelevant—within families, among friends, and in the community.

We often use a diagnosis to convey information, as when a parent says, "My child has Down Syndrome," hoping others will realize her child needs certain accommodations or supports. But the outcome of sharing the diagnosis can be less than desirable! A diagnosis can scare people, generate pity, and/or set up exclusion ("We can't handle people **like that** ..."). In these circumstances, **and when it's appropriate**, we can simply describe the person's **needs** in a respectful, dignified manner, and **omit the diagnosis**.

Besides, **the diagnosis is nobody's business**! Have individuals with disabilities given us permission to share their personal information with others? If not, how dare we violate their trust! Do **you** routinely tell every Tom, Dick, and Harry about the boil on your spouse's behind? (I hope not!) And too many of us talk about people with disabilities **in front of them, as if they're not there.** We must stop this demeaning practice!

Attitudes and language changed as a result of the Civil Rights and Women's Movements. The Disability Right Movement is following in those important footsteps, and similar changes are occurring.

My son, Benjamin, is 18 years old. More important than his diagnosis are his interest, strengths, and dreams. He loves history, burned fish sticks, classic rock, and writing movie reviews—and he's great at mimicking actors and politicians! He has earned two karate belts, has taken drama classes, and performs in five children's theater productions. Benj is attending college and wants to be a film critic. He has blonde hair, blue eyes, and cerebral palsy. His diagnosis is only one

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of many characteristics of his whole persona. **He is not his disability**. His potential cannot be predicted by his diagnosis.

When I meet new people, I don't disclose that I'll never be a prima ballerina. I focus on my strength, not on what I cannot do. Don't you do the same? So when speaking about my son, I don't say, "Benj can't write with a pencil." I say, "Benj writes on a computer." I don't say, "He can't walk." I say, "He uses a power chair." It's a simple, **but vitally important**, matter of perspective. If I want others to know what a great young man he is—more importantly, **if I want him to know what a great young man I think he is**—I must use positive and accurate descriptors that portray him as a whole, real, wonderful person, instead of a collection of "defects," "problems," or "body parts."

A person's self-image is strongly tied to the words used to describe him. For generations, people with disabilities have been described by negative, stereotypical words which have created harmful, mythical perceptions. We must stop believing (and perpetuating) the myths— **the lies**—of labels. We must believe children and adults who have been diagnosed with conditions called "disabilities" are unique individuals with unlimited potential, just like all Americans.

People First Language isn't about being "politically correct." It is, instead, about good manners and respect (and it was begun by individuals who said, "We are not our disabilities!"). We have the power to create a new paradigm of disability. In doing so, we'll change the lives of children and adults who have disability diagnoses—and we'll also change ourselves and our world.

Isn't it time to make this change?
If not now, when?
If not you, who?
People First Language is right.
Just do it—now!

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Examples of People First Language

Say:	Instead of:
People with disabilities	The handicapped or disabled
He has a cognitive disability (diagnosis)	He's mentally retarded
She has autism (or a diagnosis of . . .)	She's autistic
He has Down Syndrome (or a diagnosis of . . .)	He's Down's; a Down's person
She has a learning disability (diagnosis)	He's learning disabled
He has a physical disability (diagnosis)	He's a quadriplegic/is crippled
She's of short stature/she's a little person	She's a dwarf/midget
He has a mental health diagnosis	He's emotionally disturbed/mentally ill
She uses a wheelchair/mobility chair	She's confined to/is wheelchair bound
He receives special ed services	He's in special ed
She has a developmental delay	She's developmentally delayed
Children without disabilities	Normal or healthy kids
Communicates with her eyes/device/ etc.	Is non-verbal
Customer	Client, consumer, recipient, etc.
Congenital disability	Birth defect
Brain injury	Brain damaged
Accessible parking, hotel room, etc.	Handicapped parking, hotel room, etc.

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She needs . . . or she uses	She has a problem with . . . She has special needs

Keep thinking—there are many other descriptors we need to change!

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Visit ***www.disabilityisnatural.com*** for other new ways of thinking!

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Appendix E

The Hilton/Early Head Start Training Program Model:

Essential Training Elements that Promote Achieving Outcomes & Sustaining Change

Training Elements	Examples	Quotes
Providing training teams focused time to share experiences and concentrate on one subject	• Teams of 4-5 from 1 agency or interagency teams who work together to achieve a common goal • Parents as full team members • Infusing teaming into curriculum and structure (e.g., activities about teaming and processes that provided opportunities to practice teaming, such as going to separate breakouts and sharing back in a structured way)	It was neat that we all were able to come together and be a team, and do things as a team—set goals and that type of thing . . . . [It was a] shared experience of hearing and seeing things together, and having a context to talk from. We had a real focus—3 or 4 days, that was our focus, and how we could work together. It was more productive than just going to the usual conference and getting little tidbits of this and that.
Sustained effort over time	• Training over 4 years • Ongoing support from mentors • Cumulative curriculum	I admit sometimes I was resistant because it was time consuming, until I came to Year 4 . . . I was shocked and amazed at what had been accomplished. When we started 4 years ago, our [relationship with] Part C was nonexistent . . . we went from nothing to everything. And I like the way this has happened over several years… it keeps us accountable here. . . you see those goals come to be implemented.
Follow-up based on written goals	• Teams self-select and write goals • Follow up scheduled at regular intervals • Ongoing reviewing and reporting on achievements, challenges, and progress towards goals	What helped was the goals that we set . . . they kind of gave us a focus as to where to start . . . we were able to set meetings around …our goals and see if we accomplished them. And it was interesting that we accomplished all the goals . . . . . . you have to actually make your goals and take them. And a lot of times you go away from a training and you don't do that, and then it's not followed up on, and it may or may not be implemented. The Learning Coach keeps you motivated, she gives excellent input, and when you know she is coming you want to have something to tell her . . . Part of what is good is that you change based on the input—you listen.

The Hilton/Early Head Start Training Program - SpecialQuest Training Guide: Year 1
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Training Elements	Examples	Quotes
Clearly articulated expectations for learning and a well-organized training structure	• A consistent, predictable structure: stating expectations, developing ground rules, presenting, processing and reflecting on information • Clearly stated Learning Outcomes for every session	The expectations are very clear. It isn't generic; the expectations are clearly spelled out. (It) had a structure—it wasn't a lot of presentations, it had a format, it had a process orientation . . . a scaffold to hang information on. There was a real plan to how information was presented and what was asked from us on a day-to-day and session by session basis . . . (It) was a process that won't let us go back to our old ways. And one of things I began to realize is that [the training] really has a purpose . . . [and] stages for us to go through and all of the workshops . . . were really designed to come back to this one goal. It was very powerful, very, very powerful for me.
Creating a climate of belonging and respect	• An atmosphere of unconditional regard • Multiple accommodations for learning styles, translation, interpretation, etc. • Provided structures that elicited input from all voices on the team • Meeting special dietary requests	Positive, nurturing and supportive atmosphere established Atmosphere of trust where one can begin to share genuine concerns without fear Everyone's input is respected and considered. The language translation was amazing!
Individualizing for people, teams, and learning styles	• Responding to participants' learning needs • Teams self-select goals • Assigning trainers to match the pace and style of group • Consciously using all learning modalities and styles	Working individually within my team; working on issues that were pertinent to our organization. . . . you tap into other media, writing, talking videos—you tap into all the 5 senses. The pace of the training was very appropriate. It has a good, smooth flow. It also has a good mixture of various learning tools (role-playing, small lectures, group activities, etc.). Very good sharing and communicating with others in understanding cultural differences

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Training Elements	Examples	Quotes
Direct applicability and expectation to use and share content	• Curriculum addresses "real world" issues • Provides tools and strategies that can be adapted to a variety of situations • Training materials suitable for distribution available in English and Spanish • Videos used as a part of the curriculum available upon request	Excellent information to bring back to our respective programs and community We have a chance to hear other people's experiences . . . to tap into problem solving, and day-to-day needs. The family stories helped me to understand parents' role in a child's life with disabilities. Intense activities that reveal the challenges confronted by staff What I've liked best is that you help us deal with application, you provide us the info that we need and taking the next step to get us to be actively involved with information to apply it and make us think about goals.
Administrative support	• Administrator as required member of participating team • Written authorization by Agency Director that team goals will be supported by agency	The Director's participation enabled her to also grasp the vision of the team. Our agency has been very accommodating. . . . They've allowed us the time to get off work for meetings and our work sessions.
Highly competent trainers whose philosophy is consistent with that of program	• Consistent hiring process with focus on shared vision • Up-front and ongoing training in the curriculum • On-going trainer observations, feedback, etc. • On-going activities to assure a shared meaning among trainers	. . . key people [SpecialQuest trainers, learning coaches and staff] who have wonderful skills and a wonderful depth of knowledge and understanding. I am so impressed with the design of the program and the methods used to work us through the process.
Inspiration	• Motivational keynote speeches and panels • Videos that that provide information and the " heart" component	This process helped "re-ignite my engine" and motivate . . . When I leave, it just inspires me to go out and to start focusing and saying, "This is what I need to do," and you don't lose it . I was engaged by the panels. We hear what they say but when people say it in their own voice you know that's how it really is. It makes you understand things at the core of them. The video helped me ...to feel how the interactions with the child [with a significant disability] might have been.

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Training Elements	Examples	Quotes
Hands-on, interactive, and engaging activities	• Art boxes • Case scenarios • Walkabouts • Music activities • Creative activities	Really enjoyed creative activities to spark ideas. And I think you leave with more–because of the interaction, you think about that more–instead of just listening to some monotone person speak at you. You learn by teaching, and in that way we learn by participating.
Resources, support and information	• Resource room • Access to the Internet in each training room • Facilitated networking sessions • Providing role-alike grouping opportunities	The genuine feeling of encouragement and the links to resources from other agencies was great. I think maybe staff feel a bit more empowered now . . . they still might not know this particular disability, but we have resources and support that we can draw on. Role-alike grouping was very valuable. Even though I was somewhat resistant to so much role-alike time, it was actually very beneficial and a real learning experience.

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Appendix F

SpecialQuest Multimedia Training Library Session Descriptions

Including Infants and Toddlers with Disabilities

"Session 1: Creating Bright Futures"

"Creating Bright Futures: A Vision for Including Young Children with Disabilities and their Families in Early Care and Education Programs" is intended as the first step toward helping participants explore a vision of inclusion in programs and communities, based on images and ideas from programs throughout the country. The DVD *Creating Bright Futures* highlights the SpecialQuest vision for including infants and toddlers with disabilities and their families in early care and education programs with early intervention and other community supports. The perspectives of families and service providers on inclusion are discussed.

"Session 2: Developing Your Vision"

This session builds on Session 1, "Creating Bright Futures" and asks participants to consider their individual program and/or community visions for including young children with disabilities and their families. Session activities allow time for small groups to discuss their views of inclusion and to develop a representation of their vision for inclusion that can be shared with others.

"Session 3: Adults with Disabilities—Creating A Long-Term Vision"

Focusing on the perspectives of adults with disabilities, this session examines the importance of their experiences and successes in developing a long-term vision for infants and toddlers with disabilities and their families. The DVDs *Marvin and Jack* and *Ted Polio, Jr.: An American Man* provide an opportunity to celebrate the lives of three men with disabilities and to learn what inclusion means in their lives. Session activities allow participants to consider how involving adults with disabilities in their programs and communities can have a positive impact on children, families, and service providers. The session ends with the inspirational DVD *I Wanna Be*, a

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public service announcement developed by the National Dissemination Center for Children with Disabilities (NICHCY). In this PSA, children with and without disabilities share their visions of what they want be when they grow up.

"Session 4: Enhancing Staff's Comfort and Confidence"

In this session, participants explore specific strategies for addressing staff concerns as they work with families and other service providers in identifying disabilities in young children and in sharing that information with families. The session particularly addresses the challenges staff members face—and the feelings of being unprepared they may have—when they first become concerned about a child's development or hear the initial concerns of families.

"Session 5: Making It Happen for Families"

This session is designed to help participants consider issues that arise when including infants and toddlers with disabilities and their families in early care and education programs and to practice the "Cause to Pause" activity for identifying issues in inclusive settings. Three vignettes of children and their families from diverse background and experiences are used to consider and discuss the implications for services. Strategies for planning to serve infants and toddlers with disabilities and their families in their own programs and communities are identified.

"Session 6: An Inclusion Story"

The DVD *Christopher's Story* is used in this session to consider what inclusive services means and what that can look like for a young child with a disability and his family. In the session activities, participants identify strategies for providing coordinated, comprehensive, family-centered services through their partnerships with families, early care and education, early intervention, and other community partners in their own programs and communities.

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"Session 7: Getting Started"

Participants discuss specific strategies and practices for initially planning to include a child with a disability in early care and education in collaboration with early intervention. Participants are introduced to two Inclusion Planning Checklists for serving infants and toddlers with significant disabilities and their families in either a home-based or a center-based early care and education program. The DVD *Getting Started* offers a story of one program that includes a young child named Jalisa in an early care and education setting; the DVD offers specific examples of how to plan for this inclusion across a variety of roles. Participants are asked to consider how they might use the checklists and strategies in their own programs and communities.

"Session 8: Just Do It"

This session focuses on the specialized activities and accommodations that can, during normal routines, be provided in inclusive settings to serve an infant or toddler with a significant disability. The session's approach is based on the belief that all staff members share the responsibility of ensuring that each child's specialized needs are met in a way that supports the child's development, while nurturing relationships with the child and family. Participants explore the importance of having good communication and close collaboration with family members and with early intervention, early care and education, and other key partners in serving children and families. Participants also identify specific strategies to address challenges and barriers to effective collaboration and the inclusion of a child with a significant disability in their own programs and communities.

"Session 9: Transition at Age Three"

The process of transition for a child with disabilities at age three and their family is the focus of this session. Participants explore strategies that service providers can use to support families and ensure smooth transitions between infant/toddler services and preschool services (early intervention and preschool special education services, early care and education, and other preschool programs). The DVD *Transition At Age 3*, the families' experiences of these changes and how providers work together, despite differences among systems (such as early intervention and preschool special education and Early Head Start and Head Start). Session activities provide an opportunity for participants to consider specific strategies to promote optimal transitions by facilitating the transition, before, during, and after a child's transition at age three.

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Building Relationships with Families

"Session 1: Creating Bright Futures"

This session, "Creating Bright Futures: A Vision for Including Young Children with Disabilities and their Families in Early Care and Education Programs" is intended as the first step toward helping participants think about creating a vision of what inclusion will look like in their programs and communities. The DVD *Creating Bright Futures* highlights our SpecialQuest vision for including infants and toddlers with disabilities and their families in early care and education programs with early intervention and other community supports. Working from the perspectives of families and service providers, participants discuss the importance of listening to and supporting families.

"Session 2: Listening to Families"

"Listening to Families" is a skill that is essential for service providers in providing responsive services for infants and toddlers with disabilities. It builds on Session 1, "Creating Bright Futures", and lays the foundation for building relationships with families. Relationships with families are based on good communication skills, including listening and individualizing services and supports for each family. The DVDs *Family Voices* and *Aracelly and Elizabeth* provide an opportunity for participants to practice hearing what families have to say and also to explore communication when a family's culture and/or language differs from that of the service provider. Session activities are designed to allow groups to consider ideas and strategies that would enhance building relationships with families in their own programs and communities.

"Session 3: When Concerns Arise— Learning from Families' Experiences"

This session covers information that is important to families and service providers when a disability is first identified. The DVD *Embrace Possibilities* shares information from the perspectives of families, early care and education and early intervention service providers on how to identify a possible delay in development or a disability in an infant or toddler. Families share how information, support, and resources were provided to them, and what was most helpful. Session activities allow groups to consider how this content relates to their experiences and to generate ideas for addressing developmental concerns with families as soon as the concern arises.

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"Session 4: Getting Services Started"

Using the DVD *Getting Services*, this session reviews the processes of early identification; referral to early intervention to determine eligibility for IDEA, Part C, services; and support to families who are accessing services. Participants discuss program policies and procedures, screening and assessment activities, and other opportunities for joint collaboration between early care and education, early intervention, and other community partners to enhance Child Find and initial services to families of infants and toddlers with disabilities. The session takes into account the various ways in which families get started with early care and education and early intervention services for their infants and toddlers with disabilities.

"Session 5: Developing Family-Service Provider Collaboration"

This session emphasizes the importance of building relationships with families in developing family-service provider collaboration. The DVD *Embrace Possibilities* is viewed to observe specific examples of what that family-service provider collaboration can look like and what families view as important in building those collaborative relationships so that they can be informed decision-makers for their child and themselves. Session activities give participants the opportunity to explore strategies in four areas in the development of family-service provider collaboration: building relationships, gathering and sharing information and resources, developing collaborative plans, and implementing collaborative plans. This session lays the foundation for further discussion in Session 7, "Developing Family-Service Provider Leadership."

"Session 6: Opening Doors to Family Leadership"

In this session, participants consider the diverse ways that families of infants and toddlers with disabilities can be leaders in their own family with their children, in programs, and in communities. The DVD *Opening Doors to Family Leadership* provides examples of how relationships and supports between families and service providers can affect opportunities for family leadership. Session activities give participants an opportunity to consider strategies to open doors to family leadership: as informed decision-makers for their own children and for themselves; as supports to other families; and as systems-level advocates and decision-makers to effect legislative, procedural, and systems changes.

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"Session 7: Developing Family-Service Provider Leadership"

Building on Sessions 5 and 6, this session shows how collaborative relationships can promote family leadership. Session activities provide an opportunity for participants to consider specific strategies for creating and supporting opportunities to build family-service provider leadership in their own teams, programs, and communities.

"Session 8: The Individualized Family Service Plan Process"

This session focuses on the Individualized Family Service Plan (IFSP) process and each team member's role in that process before, during and after the IFSP development. Participants divide into small groups according to their role and consider two vignettes. They discuss the IFSP process for their vignette and what their role would be in the process before, during, and after the IFSP. Participants consider the similarities and differences across roles and how the ideas they generate apply to their own work.

"Session 9: Planning to Serve the Diego Family"

This session introduces a family's story through the DVD *Francisco and the Diego Family*. The Diego family story allows participants to consider the family's cultural values and beliefs, experiences, and successes and to think about how this relates to their work with young children with disabilities and their families in their communities. Session activities ask participants to generate strategies and ideas for enhancing services to families from diverse backgrounds in their own programs and communities.

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Collaboration and Teaming

"Session 1: Creating Bright Futures"

"Creating Bright Futures: A Vision for Including Young Children with Disabilities and their Families in Early Care and Education Programs" is intended as the first step toward exploring a vision of inclusion based on images and ideas from programs throughout the country. The DVD *Creating Bright Futures* highlights our SpecialQuest vision for including infants and toddlers with disabilities and their families in early care and education programs with early intervention and other community supports. The perspectives of families and service providers on inclusion and the importance of collaborative services are discussed.

"Session 2: Steps to Collaborative Services"

This session highlights the issues involved in building collaborative relationships among service providers and families. The DVD *In Concert* highlights the experiences of families and service providers from a variety of roles in coordinating services for infants and toddlers with disabilities and their families. Participants consider the examples from the DVD, as well as the challenges and successes in their own programs and communities in the effort to identify strategies for enhancing collaboration.

"Session 3: Building Collaborative Relationships"

This session builds on earlier sessions and focuses on identifying community resources and building relationships among programs in communities. The DVD *Together We're Better* provides specific strategies for successful teaming and integration of services for infants and toddlers with disabilities and their families. The session includes an activity on community mapping of both informal and formal resources that support young children with disabilities and their families in their communities. The session also prompts a discussion and offers supporting materials on learning about community partners and strengthening collaborative relationships.

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"Session 4: Building Effective Teams"

This session explores ideas for working together as teams to best serve infants and toddlers with disabilities and their families, in support of the collaboration among team members that is critical to providing effective services to infants and toddlers with disabilities and their families. The DVD *Teaming to Make A Difference* shows examples of four skills necessary for successful teaming. Participants consider the characteristics of effective teams and generate ideas for creating successful teams in their own work.

"Session 5: Elements of Team Functioning"

Building on Session 4, "Building Effective Teams," this session explores the elements of effective teaming through the movie *Sister Act*, starring Whoopi Goldberg (available at your local DVD/video rental store). The session activities are a fun way for participants to think about what makes their own teams effective and how they might incorporate effective strategies for teaming in their own work.

"Session 6: Enhancing Team Functioning"

This session builds on earlier sessions in the volume and focuses on a framework, guide and strategies for enhancing team functioning. Participants work together to identify strategies for team development using the "Building Effective Teams" guide. They also discuss how to introduce these team development strategies in their own programs and communities.

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Appendix G

Glossary of SpecialQuest Terms

Action Plans

Action plans organize the specific steps to move toward a goal, detailing what will be done, who will complete the steps, when they will be completed, and how people will know if they have accomplished their goal. Action plans guide teams as they implement new strategies for serving infants and toddlers with disabilities and their families, and help teams track and celebrate their accomplishments. Action plans are flexible and can be changed to respond to situations not anticipated when they were developed.

Adaptations and Accommodations

Adaptations and accommodations are supports that enable a child to participate in daily routines and activities. Adaptations are changes to individualize activities or the environment to meet a child's unique needs. Assistive technology is an example of an adaptation. In an early childhood environment an adaptation might be that a very active child is actively engaged in story time by responding to the story with movements related to the story. Accommodations in an early childhood environment might include an individual using sign language while reading a story or asking a child with Down Syndrome to gesture or use sign language rather than talking to communicate.

Adult Learning

Research has identified strategies for training that foster changes in the behavior of professionals in their work settings. These include addressing participants' needs, addressing differences in learning styles, establishing clear expectations, and providing activities and experiences during which participants can apply information to a work-related problem. These strategies have been used in planning the SpecialQuest Multimedia Training Library in order to maximize each participant's ability to implement practices and ideas from the Library in their work.

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Art Materials

Art materials are provided at SpecialQuest trainings to allow participants to use a variety of modalities for learning and integrating new information. Trainers encourage participants' use of the art materials during the sessions and know that, for some people, creative activities may support listening and learning.

Assistive Technology

Assistive technology refers to tools that allow individuals with disabilities to participate in everyday activities. These tools provide support for play, communication, movement, and more. For infants and toddlers with disabilities, assistive technology may take the form of switch-operated toys, communication devices, specially designed utensils, or equipment that supports optimal positioning or movement. There are many forms of assistive technology. Assistive technology can be purchased or created using everyday materials.

Causes to Pause

Causes to Pause are things that make us stop and think; things that we need to consider, but are not necessarily problems. They are situations "in which a gap is perceived to exist between what is and what should be" (VanGundy, 1998). Challenges and barriers, or Causes to Pause, are inevitable in our work and in life. At SpecialQuest trainings, participants have the opportunity to reflect on and use problem-solving strategies to address their challenges and issues, and to use trainers and fellow participants to gather input, insights and information about their Causes to Pause.

Collaboration

Infants and toddlers with disabilities and their families often need a wide variety of services from various agencies, programs, and professionals from different disciplines to ensure that they are supported in the most effective way possible. In order for these services to be provided in an efficient and coordinated manner, service providers must communicate and work together to compliment each other's contributions for early intervention. Collaboration is a process that requires a long-term commitment and a shared vision among families, service providers, and agencies.

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Continuous Improvement

Continuous improvement is a process of examining where a program stands, tracking progress on long- and short-term goals, evaluating strengths and weaknesses, identifying obstacles to goals, reflecting on current successes and failures, and identifying needed resources and information. The SpecialQuest Continuous Improvement Process is an integral part of the Hilton/Early Head Start Training Program. Staff collects information from participants in a variety of ways and uses that information to adjust activities and goals, and to guide planning. In addition, participants, teams and programs repeatedly plan, act, reflect, and change to create a culture of ongoing learning and continuous improvement in their agencies.

Current Reality

It is important for us to take stock of what is currently happening in our programs and communities prior to making action plans. Identifying strengths, resources, and weaknesses will allow us to focus our attention where it is most needed so we can maximize the impact of our work.

Early Head Start (EHS)

Early Head Start was initially authorized in 1994 by the Head Start Bureau to provide comprehensive services to low-income pregnant women and infants and toddlers and their families. EHS serves over 70,000 infants and toddlers and their families across the country.

Early Intervention (EI)

Early intervention providers are professionals who work with infants and toddlers with disabilities and their families. They come from a variety of professional backgrounds and bring knowledge of disabilities, infant/toddler development, working with families whose children have disabilities, and service systems. Early intervention eligibility criteria and service delivery systems vary from state to state. Part C of the Individuals with Disabilities Education Act (IDEA) provides the authorizing legislation for Early Intervention.

Follow-Up

Research on adult learning indicates that participants are more likely to implement new ideas and skills if they receive follow up support while incorporating these new strategies into their work.

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Head, Heart, and Hands

SpecialQuest trainings are designed to provide experiences that touch participants' heads, hearts, and hands. Information provided on best practices and resources fills our heads. Panel presentations, videotapes, personal stories, and group sharing touch our hearts. Skill practice, reflection and Action Plans provide us with specific things we will do (with our hands) when we return home. All three of these aspects are important in order to create sustained change.

Individuals with Disabilities Education Act (IDEA)

IDEA is the authorizing legislation for all early intervention and special education services for individuals with disabilities and their families, from birth through 21. IDEA was reauthorized in 2004. See Appendix B for websites that provide more information about IDEA.

Journaling

Journaling is a tool to support the reflection and learning process. Participants record their thoughts in a notebook, draw or paint their impressions, or record their ideas on a tape recorder.

Leadership

At SpecialQuest trainings, leadership is viewed as a dynamic collaboration between families and service providers. Each individual brings his/her unique experiences, skills and knowledge to the partnership. Leadership is built on a series of collaborative interactions that are revisited as circumstances change. Collaborative leadership occurs when together families and service providers review and improve plans and systems.

Migrant and Seasonal Head Start (MSHS)

Migrant and Seasonal Head Start provides Head Start programming with adaptations to meet the specific needs of migrant and seasonal farm worker families. The MSHS provides services to infants (as young as six weeks of age) and toddlers and their families as well as pre-school age children and their families. Grantees in 33 states serve over 30,000 migrant children.

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Mission and Vision

Research has shown that successful teams have a clearly stated, understood, and followed mission and vision. The Hilton/Early Head Start Training Program mission and vision can be found at the program's website: *www.specialquest.org*. Communities are encouraged to develop a vision for inclusive services to infants and toddlers with disabilities and their families. A clear sense of purpose and long-range vision guide their efforts and help them to keep their "eyes on the prize."

Natural Environments

The 1997 revision of the Individuals with Disabilities Education Act (IDEA) focused on providing early intervention services in natural environments. Such environments are in places, with people, and in activities where infants and toddlers without disabilities are cared for, play, grow, and learn. Natural environments are places that include regular daily routines such as eating and playing. Intervention occurs with the family in the home and across environments like Child Care and Early Head Start/Migrant and Seasonal Head Start programs. The intent of the law is to ensure that children receive services, which occur in familiar environments and with familiar people, so that intervention can be embedded in and repeated throughout the child's daily living activities. Intervention that occurs in this manner has a greater effect on the child's development than therapy provided in isolation.

Part C

Part C refers to the Early Intervention Program for Infants and Toddlers with Disabilities, of the Individuals with Disabilities Education Act (IDEA) of 2004. The purpose of this federal program is to provide support for each state "to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families" (20 USC 1433).

Preferences and Priorities

Every family has a set of priorities related to activities, services, materials, etc., that assist them in providing the best environment for their child's growth and development. When family priorities are discussed, supports can be targeted to ensure that intervention is meaningful and fits into the daily routines of the family. Preferences are reflective of cultural views. Honoring these preferences is consistent with honoring cultural diversity. Learning about and respecting family preferences and priorities provides opportunities for responsive early intervention services.

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Problem Solving

Problem solving is a critical activity in each stage of the SpecialQuest Continuous Improvement Process. Addressing challenges faced by families of infants and toddlers with disabilities, programs and communities requires creative, responsive and collaborative teamwork.

Proud Moments

Proud Moments are successes that communities have realized in moving toward their vision of high quality, inclusive services for infants and toddlers with disabilities and their families. It is important for communities to celebrate these accomplishments.

Reflections

Reflection allows time for integrating new learning experiences into our practice. Reflection refers to making time to slow down our thought processes and become aware of our assumptions and actions. Reflecting on what is heard at SpecialQuest trainings enables participants to share their thoughts and Ideas to Consider with colleagues and is an integral part of the SpecialQuest Continuous Improvement Process.

SpecialQuest

SpecialQuests are 3-day, intensive, interactive and engaging learning experiences for teams from Early Head Start and Migrant and Seasonal Head Start (EHS/MSHS) Programs. The teams are composed of EHS/MSHS staff, families of infants and toddlers with disabilities, and their Early Intervention, Child Care and Head Start partners. Teams participate in one SpecialQuest per year for four years.

SpecialQuest Online

An innovative, Internet-based environment that allows the SpecialQuest community to Continue their Quest for inclusive practices through discussion, resource sharing, problem-solving, and professional development.
www.specialquestonline.org

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Sustainability

Sustainability relates to a systemic change in practice that leads to meaningful program progress and growth. A change is sustained when all elements of a practice are fully implemented, there is a process for ongoing evaluation/ continuous improvement, and the change has remained in place with high quality for a period of time.

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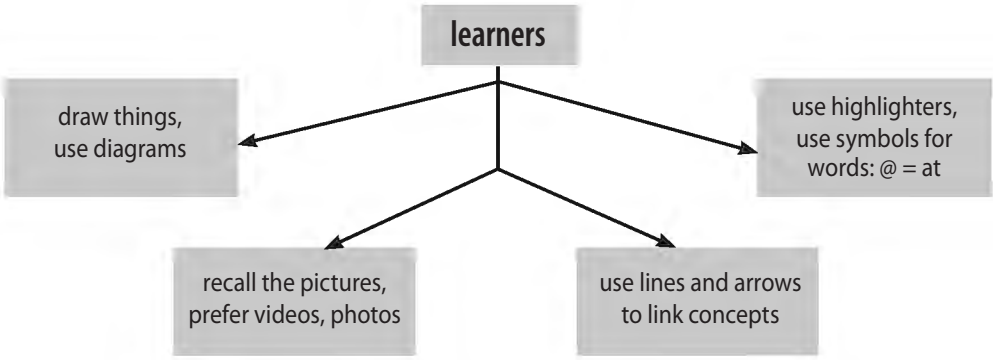
Appendix H

Learning Styles and Training Strategies: V.A.R.K.

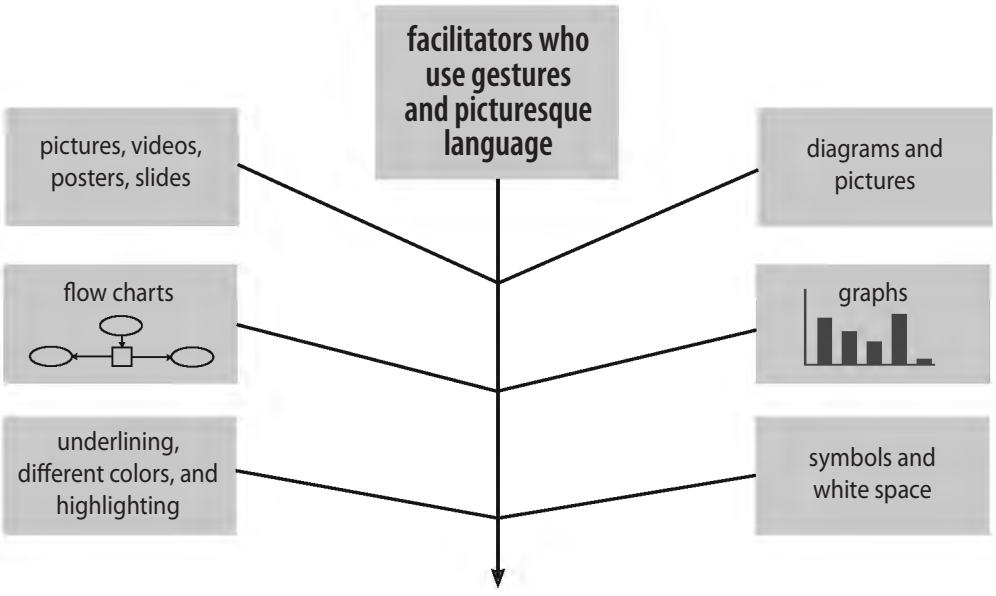
Visual

Learners

If you are a visual learner, you want the whole picture so you are probably holistic in your approach. You are often swayed by the look of an object. You are interested in color and layout and design and you know where you are in your environment. You are probably going to draw something.



Facilitators



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Aural

Learners

If you are an aural learner, you prefer to have all of this page explained to you. The written words are not as valuable as those you hear. You will probably go and tell somebody about this.

- *Discuss topics with others*
- *Explain new ideas to other people*
- *Use a tape recorder to take notes*
- *Listen to lectures or books on tape*
- *Remember interesting examples, stories, etc.*
- *Describe the images to others*

Facilitators

- *Ask participants to read quotes out loud*
- *Ask participants to "say" the words silently*
- *Provide audiotapes or podcasts of information*
- *Provide tape recorders for participants to take verbal notes*
- *Ask participants to tell a partner about the information presented*
- *Provide opportunities for discussion*
- *Describe what is in photos, graphs, or other visuals*

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Reading and Writing

Learners

You like this page because the emphasis is on words and lists. You believe the meanings are within the words, so any talk is okay but this handout is better.

- *Take written notes*
- *Write lists*
- *Write outlines*
- *Prepare "talking points" on paper*
- *Use headings*
- *Use dictionaries, glossaries, and definitions*
- *Like handouts, books, readings, notes*
- *Like manuals and guides*

Facilitators

- *Use words well*
- *Have lots of information in sentences and notes*
- *Provide handouts and readings*
- *Rely on written materials to convey information*
- *Provide room on handouts for note-taking*

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Kinesthetic

Learners

If you are a kinesthetic learner, the ideas on this page are only valuable if they sound practical, real, and relevant to you.

- *Use sight, touch, taste, smell, and hearing to understand information*
- *Like field trips*
- *Need concrete examples of principles*
- *Like real-life examples*
- *Need information that applies to real-life situations*
- *Excel with hands-on approaches*
- *Learn through trial and error*

Facilitators

- *Use lots of concrete examples*
- *Create hands-on learning activities*
- *Use real-life situations to describe principles and concepts*
- *Use pictures and photographs to illustrate an idea*
- *Recall hands-on activities the participants have experienced*
- *Use case studies*

This information has been adapted from
www.vark-learn.com/english/index.asp

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Appendix I

Using Flip Charts

✓ **Use the right markers.** Instead of normal magic markers that may bleed through the page, try markers that are specially designed for flip charts.

✓ **Use colors you can read.** Pink, yellow and orange markers are difficult to see from a distance.

✓ **Print your text and titles neatly and clearly.** If you have less than perfect penmanship, you may consider asking some one else to make the charts for you.

✓ Use a combination of upper/lower case letters; they are easier to read. DON'T USE ALL CAPITAL LETTERS.

✓ Use the 6 X 6 rule: only write six lines of text and only six words per line.

✓ Alternate colors between lines to help participants distinguish between the text on each line.

✓ Remember that a flip chart is a training aid. If its use doesn't enhance your training, it could become a hindrance.

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Appendix J

SpecialQuest Multimedia Training Library DVD Descriptions

Including Infants and Toddlers with Disabilities

Creating Bright Futures (10 minutes)

This DVD is viewed in "Session 1: Creating Bright Futures."

In this DVD, the Hilton Early Head Start Training Program shares its vision for the inclusion of infants and toddlers with disabilities and their families in early care and education programs. Family members of infants and toddlers with disabilities, early care and education service providers, and early intervention providers discuss their experiences and dreams for programs that include **all** children. *Creating Bright Futures* was developed for SpecialQuest in 1998 and is a 2002 Aegis Awards winner. Aegis is a national video competition that features peer judging by professionals who work in the industry every day.

Marvin and Jack (16 minutes)

This DVD is viewed in "Session 3: Adults with Disabilities—Creating A Long-Term Vision."

In this DVD, Marvin and Jack share their experiences and perspectives about living with disabilities. They discuss growing up with a disability, identify what helped them and their families, and share their affirming views of their lives and futures. Marvin and Jack serve as positive role models for infants and toddlers with disabilities, their families, service providers, and communities. *Marvin and Jack* was developed for SpecialQuest in 1999 and is the winner of the 2002 Aurora Awards "Best of Show" Platinum Award. Aurora is an international competition designed to recognize excellence in the film and video industries.

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Ted Polito, Jr.: An American Man (8 minutes)

This DVD is viewed in "Session 3: Adults with Disabilities—Creating A Long-Term Vision."

This award-winning video, *Ted Polito, Jr.: An American Man*, illustrates how people with disabilities make positive contributions to their families, communities and society. Ted and his parents share their view of his life as a child with Down Syndrome in inclusive programs and now as an adult who is employed as a tour guide in the rotunda of the Colorado State capital building. Ted and his family are true role models for the possibilities of life for young children with disabilities and their families. *Ted Polito, Jr.: An American Man* was developed for SpecialQuest in 2000. It won an Award of Excellence, the highest honor, in the 2002 Videographer Awards, an international awards program created by communications professionals to honor talented individuals and companies in the video production field.

I Wanna Be and More (5 PSAs ranging from 15–60 seconds each)

This DVD is viewed in "Session 3: Adults with Disabilities—Creating A Long-Term Vision."

This DVD includes *I Wanna Be* and four more Public Service Announcements (PSAs) developed by the National Dissemination Center for Children with Disabilities (NICHCY). These PSAs show the importance of providing services to infants and toddlers with disabilities. The PSAs communicate messages that address the importance of early intervention for infants and toddlers with disabilities; the importance of seeing all children as children first, not as a disability first; and the importance of sharing the successes of adults with disabilities. These clips provide powerful messages, whether used in a training environment or for individual viewing.

I Wanna Be (60 seconds)
Sir (30 seconds)
Little League (15 seconds)
The Baby (30 seconds)
The Word (15 seconds)

We would like the thank NICHCY for generously contributing these PSAs for and about people with disabilities. If you would like to contact NICHCY, please call 1-800-695-0285; send an email to *nichcy@aed.org*; or visit NICHCY's website at *www.nichcy.org*.

NICHCY information is available in both English and Spanish.

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Embrace Possibilities (15 minutes)

This DVD is viewed in "Session 5: Enhancing Staff's Comfort and Confidence."

In this DVD, family members of young children with disabilities share their experiences during the period when their child was identified as having a disability. Families and service providers from various organizations discuss strategies that have helped families in accessing information, resources, and support. They provide examples of family-service provider collaboration and of the ways families of infants and toddlers with disabilities become informed decision makers for their own family, provide support to other families, and enrich programs and communities through their leadership roles. *Embrace Possibilities* was developed for SpecialQuest in 1999.

Christopher's Story (23 minutes)

This DVD is viewed in "Session 6: An Inclusion Story."

Through a story of the Port Gamble S'Klallam tribe, this DVD explores the basic principle of inclusion: that every person belongs and is a full member of their community. The story involves the Port Gamble S'Klallam tribe and how it embraced and supported Christopher and his family when he was born with spina bifida; the tribe developed partnerships among the Early Head Start, child care and Head Start program, Early Intervention agency, local school district, and many other service providers to create and support an inclusive program. Throughout the DVD, they share their experiences, lessons learned, and some practical strategies for listening to family priorities, and developing and maintaining collaborative services. *Christopher's Story* was developed for SpecialQuest in 1999. It won a Bronze Finalist Award in the 2002 Telly Awards, which is one of the most sought-after awards in the TV, commercial, and video industry. *Christopher's Story* is also a 2002 Aegis Awards Winner. Aegis is a national video competition that features peer judging by professionals that work in the industry everyday.

Getting Started (22 minutes)

This DVD is viewed in "Session 7: Getting Started."

This DVD illustrates the up-front planning, preparation, and ongoing support from family members, early intervention, and early care and education service providers that are keys to successful inclusion efforts. This is the story of one Early Head Start childcare setting where Early Care and Education service providers collaborated with all involved to successfully include a toddler with cerebral palsy in the center. *Getting Started* was developed for SpecialQuest in 2000.

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Just Do It (32 minutes)

This DVD is viewed in "Session 8: Just Do It."

This DVD includes numerous examples of adaptations and accommodations that family members and early care and education and early intervention service providers have made in order to ensure that children with significant disabilities can fully participate in natural environments. The examples show adults making specialized adaptations and accommodations in outdoor settings, during center routines, and during home visits. This DVD designed to be shown in three segments. *Just Do It* was developed for SpecialQuest in 2000.

Transition at Age 3 (29 minutes)

This DVD is viewed in "Session 9: Transition at Age Three."

Transition from early intervention (Part C) services to preschool special education (Part B) services and from Early Head Start to Head Start involves families learning to navigate new systems, adjusting to new providers and environments, and saying good-bye to providers they know. This DVD explains the legal differences between the early intervention (Part C) and preschool special education (Part B) services and introduces some of the relevant terminology. Families and staff from Early Head Start, early intervention, Head Start, and local school districts share their experiences, strategies that have worked for them, and ways they have worked together to support smooth transitions for infants and toddlers with disabilities at age three and their families. *Transition at Age 3* was developed for SpecialQuest in 2000.

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Building Relationships with Families

Creating Bright Futures (10 minutes)

This DVD is viewed in "Session 1: Creating Bright Futures."

In this DVD, the Hilton Early Head Start Training Program shares its vision for the inclusion of infants and toddlers with disabilities and their families in early care and education programs. Family members of infants and toddlers with disabilities, early care and education service providers, and early intervention providers discuss their experiences and dreams for programs that include ALL children. *Creating Bright Futures* was developed for SpecialQuest in 1998 and is a 2002 Aegis Awards winner. Aegis is a national video competition that features peer judging by professionals who work in the industry every day.

Aracelly and Elizabeth (9 Minutes)

This DVD is viewed in "Session 2: Listening to Families."

This two-part DVD illustrates the journey of one family whose child is diagnosed with Down Syndrome. Aracelly describes the reactions to Elizabeth's birth from her family, service providers, and the community. Throughout Elizabeth's first years of life, a number of medical, educational, and social service systems were involved with Aracelly and her family. Aracelly discusses her personal and cultural values and practices in relationship to expectations of these service providers. The DVD pauses so participants can consider a set of discussion questions. The final segment of the DVD focuses on Elizabeth's current dreams and her accomplishments as a young adult. *Aracelly and Elizabeth* was developed for SpecialQuest in 2002.

Family Voices (9:30 minutes)

This DVD is viewed in "Session 2: Listening to Families."

This DVD was developed to highlight the experiences and perspectives of families who have children with disabilities and who are served in inclusive settings. Family-service provider collaboration and the important contributions of families are emphasized. *Family Voices* was developed for SpecialQuest in 2004.

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Embrace Possibilities (15 minutes)

This DVD is viewed in "Session 3: When Concerns Arise—Learning from Families' Experiences" and in "Session 5: Developing Family-Service Provider Collaboration."

In this DVD, family members of young children with disabilities share their experiences during the period when their child was identified as having a disability. Early Head Start, early intervention, preschool service providers, and families discuss strategies that have supported families in accessing information, resources, and support. They provide examples of family-service provider collaboration and of the ways families of infants and toddlers with disabilities become informed decision makers for their own family, provide support to other families, and enrich programs and communities through their leadership roles. *Embrace Possibilities* was developed for SpecialQuest in 1999.

Getting Services (22 minutes)

This DVD is viewed in "Session 4: Getting Services Started."

This DVD examines the steps families take when they enter a program for infants and toddlers with disabilities:

- *When they themselves identify that their child might have a disability and initiate contact with early care and education and/or early intervention*
- *When the early care and education program identifies developmental concerns and refers the family to early intervention*
- *When the early intervention program identifies a child and refers the family to an early care and education program*

Throughout the DVD, family members, early care and education and early intervention service providers share their experiences and provide suggestions for making access to the service system more family-friendly. *Getting Services* was developed for SpecialQuest in 2001.

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Opening Doors to Family Leadership (18 minutes)

This DVD is viewed in "Session 6: Opening Doors to Family Leadership."

This DVD presents family leadership as a core value in early care and education and in early intervention programs. Throughout the DVD, service providers and families share strategies that helped them to build collaborative relationships and leadership skills. They also discuss numerous examples of families assuming leadership—for their own family, with other families, and through participation on boards, councils, and in other advocacy arenas. *Opening Doors to Family Leadership* was developed for SpecialQuest in 2000.

Francisco and the Diego Family (10 minutes)

This DVD is viewed in "Session 9: Planning to Serve the Diego Family."

In this DVD, Felipe Diego and his wife, Eulalia Manuel, discuss their lives and dreams as immigrants from Guatemala, migrant farm workers, and parents of five children—two of whom have Down Syndrome. Mr. Diego and Ms. Manuel speak in Spanish and the English is provided in subtitles. *Francisco and the Diego Family* was developed for SpecialQuest in 2000.

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Collaboration and Teaming

Creating Bright Futures (10 minutes)

This DVD is viewed in "Session 1: Creating Bright Futures."

The Hilton Early Head Start Training Program shares its vision for the inclusion of infants and toddlers with disabilities and their families in early care and education programs. Family members of infants and toddlers with disabilities, early care and education, and early intervention service providers discuss their experiences and dreams for programs that include **all** children. *Creating Bright Futures* was developed in 1998 and is a 2002 Aegis Awards winner. Aegis is a national video competition that features peer judging by professionals that work in the industry every day.

In Concert (18 minutes)

This DVD is viewed in "Session 2: Steps to Collaborative Services."

In Concert illustrates specific strategies for working as collaborative teams from the perspectives of families, SpecialQuest teams, SpecialQuest graduates and other community partners. The video provides examples of how early care and education service providers, including early intervention build relationships, gather and share information and develop and implement collaborative services. *In Concert* was developed for SpecialQuest II in 2004.

Together We're Better (10 minutes)

This DVD is viewed in "Session 3: Building Collaborative Relationships."

This DVD highlights the comments of teams describing their experiences in working together to improve services for infants and toddlers with disabilities and their families in inclusive settings. This DVD may be a tool for discussing team members' roles, as well as elements of effective teaming practices. *Together We're Better* was developed for SpecialQuest in 2003.

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Teaming to Make a Difference (11 minutes)

This DVD is viewed in "Session 4: Building Effective Teams."

Teams providing inclusive services, involve family members, administrators, early interventionists, and early care and education staff. Each person and each role brings a valuable perspective to the work of the team. Team members from each role discuss inclusion issues from their unique perspectives, enabling viewers to consider the value of each team member and the importance of her/his contributions to their collective effort. *Teaming to Make a Difference* was developed for SpecialQuest in 2001.

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Appendix K

Environmental Considerations for the Training Room

Room Selection

The training room can have a major impact on the effectiveness of the training itself. When selecting a room, keep these guidelines in mind:

- *The training room should be located in an accessible building. Ensure that all participants can easily get to the training room and are able to access all activities during the training. Be sure that the restrooms are also accessible.*
- *Remember to select a training room that can accommodate the use of a DVD player and a screen or large monitor. (See Appendix L, Equipment Use, for additional details about room requirements related to using equipment in the training.)*
- *Be sure that the room and seating is flexible enough that each participant can comfortably participate in viewing videos, large group discussions, and small group work.*
- *Lighting in the room should be adequate. Be sure you can adjust it appropriately as you shift from showing a DVD to small-group work at individual tables or a large group discussion. Ideally, participants will have enough light to take notes while viewing the video without glare on the screen.*
- *If the room has windows, think about the time of day you will be using the room and the direction of the sun for glare and heat. Check the curtains or blinds to see if they are working and to become familiar with how to operate them so that they can be adjusted, as needed, during the training.*
- *Determine how to adjust the room temperature before the participants' arrival and ask them to tell you if they become uncomfortable. (**Reminder**: participants are not very physically active and typically feel cooler than facilitators/trainers.)*

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Furniture Arrangement

- *Use a training room with tables and comfortable chairs so teams can sit together at their own table. Have several 6-foot by 30-inch rectangular or 5-foot round tables with chairs around them to facilitate small group discussions. (The number of tables should be determined by the number of teams or groups of participants, as described in the* Facilitator's Guide.*)*
- *Be sure there are an adequate number of additional tables to hold training materials and audio visual equipment.*
- *Be sure there is enough room to move between the tables and chairs when people are seated in them.*
- *Position furniture so all participants can see the monitor or screen in the front and still be comfortable taking notes if they wish to do so.*
- *Avoid placing video monitors or screens in front of windows as the back light will make it difficult to see.*

Ambiance and Other Considerations

- *Provide drinking water and glasses in the training room.*
- *Provide snacks, if possible, depending on group norms. A small healthy snack can go a long way toward creating a positive training environment.*
- *Play music during break times. Music can change the mood or energy of a group. Turning music off at the end of the break can signal to participants that it is time to resume the session.*
- *Use small musical instruments or "noisemakers" to gain participants attention after small group work, at the beginning of a session, or after a break.*
- *Display images of young children who have disabilities with their families and in their communities. Images might be posters, framed photographs, a slideshow, etc.*

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Appendix L

Equipment Use

Needed Equipment

The Facilitator's Planning Worksheet included at the beginning of each session script includes a list of equipment needed for a particular session. The following is a list of equipment generally needed for training with the SpecialQuest Multimedia Training Library.

- ❑ DVD player
- ❑ LCD projector (with built-in speakers or a set of extra speakers and screen or large screen monitor*)
- ❑ Extension cords and power strip
- ❑ Cables/adapters for connecting DVD player and LCD projector or monitor
- ❑ Remote controls (if available) for DVD player and LCD projector or monitor

* Screen or monitor should be large enough for all participants to comfortable view the video from any seat in the room.

Note: LCD projector bulbs are very expensive. Follow all instructions that come with the projector and ensure the bulb has cooled prior to moving or putting the equipment away.

Setting Up Equipment

It is essential to become familiar with the set up and use of the DVD player and LCD projector or large screen monitor prior to the day of the training. It is also important to arrive at the training early enough to set up and test the equipment to make sure everything is working correctly. This provides time to trouble-shoot or get tech support if any problems arise.

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Things to ask yourself:

- ❑ Where is the nearest electrical outlet?
- ❑ Is there room for the equipment and the screen or monitor near the outlet? Is there sufficient room to ensure that the image projected on the screen is large enough for all participants to clearly and easily see? Will facilitators be able to move easily and comfortably around the equipment set up?
- ❑ Will all participants be able to hear the video if the equipment is set up in this location?
- ❑ Will I need an extension cord and/or a power strip to provide electricity to all of the equipment at the same time?
- ❑ Do I have the correct cables/adapters needed to connect the DVD player and the LCD projector or large screen monitor?
- ❑ What can I use to ensure that no one (including the facilitators) trips over the electrical cords (or tape, mats, barriers, etc.)?
- ❑ Where are the light switches? Can some lights be dimmed or turned out so that the screen is visible, but participants can also see to take notes?
- ❑ Are there windows in the training room? Do they have curtains or blinds that are operational? If not, will the light from the windows make it difficult for participants to view the video? Is there some way to block out the light from these windows if necessary?
- ❑ Who will control the lights, close the curtains or blinds, and control the equipment?

Testing the Equipment

Power:

- ❑ Plug in all pieces of equipment.
- ❑ Check power lights on all pieces of equipment.

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Connections:

- ❑ Firmly attach audio, video, and (if applicable) cables to the appropriate equipment.
- ❑ Double check to be sure cables are plugged into the correct ports. (Hint: For cables that are color coded, place a correspondingly colored dot next to the correct port on the piece of equipment.)

LCD Projector:

- ❑ Be sure that the "source" setting on your projector is set correctly. Be sure your LCD projector is set to the video source to show a DVD.
- ❑ As you change your source setting, wait for a few seconds for the projector to switch to the new source.

Troubleshooting Equipment Problems

If you cannot get an image:

- ❑ Is the power connected to the outlet and to each piece of equipment?
- ❑ Is the power strip switch in the "on" position?
- ❑ Is each piece of equipment turned on?
- ❑ Are all of the cables correctly connected to each piece of equipment?
- ❑ Are the remote controls working? Do they have fresh batteries?
- ❑ Are you using the correct remote control for each piece of equipment?
- ❑ Has the LCD projector gone into "sleep" mode?
- ❑ Is the bulb in the LCD projector burned out?

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If you cannot hear the video sound:

- ❑ Does the LCD projector have built-in speakers?
- ❑ Is the volume up on the LCD projector or monitor?
- ❑ Is the sound cable correctly connected between the DVD player and the LCD projector or monitor? (Video/Audio "out" from the DVD player and "in" to the LCD projector or monitor.)
- ❑ Are the remote controls working? Do they have fresh batteries?
- ❑ Are you using the correct remote control for the piece of equipment?
- ❑ If you are using external speakers, are the speakers plugged into a power source and turned on?
- ❑ If you are using external speakers, are the speakers correctly connected to the appropriate pieces of equipment?
- ❑ If you are using external speakers, is the volume up on the speakers?
- ❑ If you are using external speakers, is the volume up on the other piece of equipment that is feeding sound to the speakers?

If you are having problems viewing a video (disc does not start, video "stutters" or skips):

- ❑ Have you inserted the correct DVD?
- ❑ Have you opened and closed the DVD tray to "refresh" the DVD menu?
- ❑ Does the DVD disc need to be cleaned or polished?

Technical Assistance

It is wise to identify someone who can demonstrate and give you instructions on the set up and use of the equipment. Also, it is helpful to determine who can assist you with technical difficulties during the training, as it can be stressful to try to problem-solve technology while you're also trying to maintain the continuity of the training.

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Appendix M

The SpecialQuest Action Planning Process and Forms

Preparing to Write Action Plans

The SpecialQuest Action Planning Process is intended to help community teams to effectively plan and implement high quality inclusive services for infants and toddlers with disabilities and their families.

The SpecialQuest Action Planning Process has several steps. It is important to be familiar with the instructions prior to beginning the process. Action Plan cue cards can be used throughout the process as a reference for each of the action planning steps (the cue cards and action plan forms are available for download at *www.specialquest.org/materials.html*).

The SpecialQuest Action Planning Process is a team process. All team members should have the opportunity to share their ideas and thoughts, to ensure that their input is understood, and to have their input considered. Plan to have at least two and one-half hours for your team to generate new Action Plans through this process.

Examining the Vision

Prior to developing action plans, it is vital that each team is clear about their vision for including infants and toddlers with disabilities and their families in their communities. A clear vision guides and focuses the action planning process. If a team has already written a vision for their community, they should review the vision prior to generating ideas for their action plans. If they do not have a written vision for their community, they should develop and agree upon a vision prior to beginning the action planning process.

Assessing the Status of Inclusion and Generating Ideas to Consider

After the vision has been reviewed or developed, each team should consider the status of inclusion in their community. During this discussion each team member

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shares his/her perspective on how infants and toddlers with disabilities and their families are provided high quality inclusive services in their community. This process may generate additional ideas for addressing gaps or needs related to inclusive services.

Team members should create a list of "Ideas to Consider," or ways that they can change what they do in order to move closer to their vision of inclusive services in their community. These ideas might be generated from training experiences or team discussions. Each new idea should be written on one Post-it® (or "sticky") note. (Note: teams that have attended a SpecialQuest may wish to review their vision and previous "Ideas to Consider," in addition to creating new ones.)

Clustering Issues

Next, teams will group their "Ideas to Consider" stickies on chart paper or a wall and consider how their ideas relate and build on each other. Allow some time for the team members to reflect on their ideas so they can easily describe them to the rest of the team. Each team member should share three or four of their ideas. As the ideas are shared, team members may want to ask the person to clarify what they meant by the idea. Hearing what the author's idea is sometimes makes it easier to see connections between ideas others have had.

After all the ideas have been shared, the team will group those that seem to go together. To do this, the teams will do two things:

- *Look for categories of ideas that seem to go together.*
- *Put the issues/ideas that are similar in nature together in groups by moving the Post-it notes onto the chart paper or wall*

Because each team member comes from a unique perspective, some ideas may not seem to group with any of the other ideas. If an item does not seem to easily fit, don't force it. This is one of the benefits of having diverse ideas. Teams should consider these especially unique ideas fully, even if they may be separate from their other groups of ideas.

Note: This is a very creative process; people are demonstrating relationships among issues and ideas that were previously unseen. In this step, avoid naming the categories or groups during the clustering process, as it may exclude ideas that might go together otherwise. Naming the categories will happen in the next step.

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Naming or Titling Groups of Ideas

After ideas have been grouped, the next step is to title these groups. Teams will

- *Create a brief, three-to-five-word name or title for each group. Make sure the title*
  - *describes the ideas included in that category,*
  - *includes an action word ("e.g., instead of "parents" write "support families as advocates for their children"), and*
  - *represents all of the ideas in the group.*
- *Use larger, brightly colored Post-it® notes to post the title above each group on the wall or chart paper.*

Building Consensus

If the team has generated many ideas, all of them cannot be addressed at the same time. The team should consider which action areas best support their vision and make the most sense to work on over the next six to twelve months. Areas that will not be developed into action plans right away can be held for future Action Plans.

The team will need to come to consensus, or agreement, on which areas to work on as the team's Action Plans. In general, SpecialQuest teams have been most productive focusing on two to three Action Plans at a time.

As the team discusses the areas and builds consensus, it is important to ensure that the areas are meaningful to all of the team members, even if they are not everyone's favorite. Consensus-building does not use a "majority rules" approach.

Some considerations for building consensus:

- *Can the plan be completed in the next six to twelve months?*
- *Can everyone agree to work on this area of focus?*
- *Are all points of view represented?*
- *Is this the best, most important, or most "doable" area of focus?*

To begin this process of consensus-building, each team member may wish to share the one area for which they feel their team should write an Action Plan and give their reasons why they feel that the area is important to work on. After each team member has shared their ideas, the team should determine, through a consensus building process, the two to three areas for which they will write Action Plans. Remember each Action Plan should describe what the team wants to see happen to enhance services for infants and toddlers with disabilities and their families in their communities.

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Action Planning

After teams have identified the areas for which they will write Action Plans, it is important for them to hold on to the ideas that they are not using. The teams may want to return to these after they have completed the current Action Plans.

Action Plan forms can be downloaded at *www.specialquest.org/materials.html*

As part of writing an Action Plan, each team will need to consider and develop discrete Action Steps around each plan to help them move toward their vision. Teams will need to determine the following:

- ***What*** *steps are needed to create the identified change*
- ***Who*** *will complete each step*
- ***When*** *the steps will be completed*
- ***What*** *resources are needed to complete the steps*
- ***How*** *the steps will be determined to be completed and successful—how they will be evaluated*

Be sure that teams have ample time to develop their Action Plans. Each team may want to select a timekeeper and a recorder to help them stay on track. Teams should make copies of the final Action Plans for each of the team members and any other individuals who need to be informed about the actions being taken.

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SpecialQuest Action Plan

Program Name: _____

Our Action Plan will result in: _____

_____

Action Steps:

What	Who	When	Resources	Evaluation

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