Special Education
Early intervention with handicapped infants

by Mary Ann Newcomb

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SPECIAL EDUCATION

Early intervention with handicapped infants

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Report prepared for the Government of Portugal by the United Nations Educational, Scientific and Cultural Organization (Unesco)

UNESCO
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INTRODUCTION

1. At the request of the Government of Portugal, the Director-General of Unesco arranged, under the Organization's Regular and Participation Programmes for 1979-1980, for a consultant to visit Portugal from 1-22 July 1980, with the following terms of reference:

organize and run a ten-day training session for special educators working in support services to families of very young handicapped children, and involved in the direct training of these children.

Initial period of planning

2. The consultant's counterpart, Sra. Ana Maria Bénard da Costa, was unable to attend the initial period of planning; however, she designated a panel of six preschool home visitors, working with blind and visually impaired, to meet with the consultant, in order to plan the course entitled, "Intervention with Handicapped Infants, Preschool Children and their Parents". Two representatives of the administrative staff from the Department of Special Education also attended. There was no community or parent representation, nor a representative sample of various disciplines, such as medical, physical therapy, occupational therapy, language specialist, or psychologist present at this planning session. The fact, however, that teachers were involved in the decision-making and planning is highly recommended.

Stated objectives of planning committee

3. The committee expressed a need to learn about handicapped infants. Most of the members of the committee are presently working with blind and visually impaired preschool and elementary school age children and their parents. The objectives agreed upon by the committee were the following:

(i) To increase knowledge of normal growth and development, birth through five years.

(ii) To increase skills of intervention with specific handicapping conditions, e.g. blind, cerebral palsy, developmental delay, deaf, and multi-handicapped.

(iii) To learn how to assess, set priorities, and plan an individualized programme for the handicapped preschool (including infants) child and his family.

(iv) To increase knowledge of the sensory-motor phase of development (Piaget) and the pre-operational phase (Piaget) sensory integration, self-help skills, (toileting, feeding, dressing), language enhancement, and motor development.

(v) To learn how to involve the lay community and community agencies, in a co-ordinated delivery system to the handicapped preschool child and his parents.

(vi) To learn how to work effectively with parents.

(vii) To learn techniques of early case finding (early detection) and referral.

(viii) To learn how to evaluate the impact of environment on the handicapped preschool child and his parents.
To learn how to measure objectively the quality of interaction between parents and their handicapped preschool child.

To learn more about a variety of delivery systems (programmes) for parents with handicapped young children, e.g., in-centre service facility, home visiting programme, parent generated programmes with professional support, integration into "normal" creche and preschool.

To learn more about prevention (high risk mother and infant, at risk family, child-rearing practices, cultural influences).

The working design

4. The committee preferred a format which would give an overview of the aforementioned content objectives, rather than covering one specific objective in depth, realizing that further course work would be necessary in this field. It was further decided that between 25 and 30 teachers would participate. The course would be conducted for one week in Lisbon and one week in Porto. The duration would be six to six-and-one-half hours per day.

DELIVERY OF SERVICES IN SPECIAL EDUCATION

5. It was my impression that the Department of Special Education traditionally has served: (a) blind; (b) deaf; and (c) multi-handicapped. The responsibility for providing programmes for the young mentally retarded has been almost entirely assumed by APPACDM, Associação Portuguesa de Pais e Amigos das Crianças Diminuídas Mentais.

6. The Department of Special Education serves all parts of Portugal; however, as would be expected, the concentration of programming occurs in the urban areas of Lisbon and Porto. The southern part of Portugal is more sparsely populated, making it difficult to serve children living great distances from one another.

7. There is, apparently, excellent training at the University level in the field of the deaf and the blind, and the Ministry of Education has made available to teachers of cerebral palsy children, a variety of experts in order to give direct service, courses, and direct material and equipment aid.

8. Such countries as England and Sweden have made available excellent equipment for cerebral palsy and young deaf children.

Level of special training to work with handicapped infants

9. In the field of early infant intervention, there is nothing available at the University level; however, some nurses and physical therapists have had some direct experience with very young handicapped children. There is no specialized training in any one field or in any ongoing programme working with young children who are handicapped (0-three years). Occasionally, home visitors working with the blind have on their case load a very young child and there is "excellent programming" for the preschool deaf as well as the preschool blind. I had no opportunity to evaluate these programmes personally, so this is not "first hand" information. Although there were few young children in attendance, due to the holidays, I was able to visit creches and preschools, public and private and the centre for infants of APPACDM in Lisbon and a public creche in Porto. With the exception of the deaf, no child attending these creches and preschools received additional evaluation on special programming from a person specially trained in infancy and in handicapping conditions and their amelioration at any early age.
Types of services

10. The types of services of which I was aware were:

(i) home visiting service to blind and partially sighted;

(ii) auditory diagnosis and training of the deaf and hard of hearing;

(iii) cerebral palsy services through cerebral palsy centres (diagnosis, therapies, and programming);

(iv) services for the mentally retarded through APPACDM (diagnosis, therapies, programming) centre;

(v) creches, public and private.

Support services

11. In addition to specialized personnel working directly with very young handicapped children, the Department of Special Education has the following disciplines or core teams:

medical (physicians and nurses);

speech therapists;

psychologists;

social workers.

They work with the young handicapped children. It is the responsibility of the director of Special Education to give in-service to all staff, to formulate job descriptions, to evaluate the effectiveness of the programmes, and not only to administer programmes, but to monitor and model, setting standards of excellence from which a compliance and performance profile can be established with all existing services. It is also the responsibility of the director of Special Education to plan with the community, the parents, community agencies such as Department of Health, Department of Social Services, to establish programmes which will cover the needs of handicapped persons covering all ages and degrees of handicap.

12. I was told by the director of Special Education, Ana Maria Bénard da Costa, that in the city of Coimbra, at the Hospital Pediátrico de Coimbra, there is an excellent diagnostic clinic which is in a position to make early diagnosis and early referral to Special Education of those children who are not only handicapped but high risk also.

13. Dr. Luis Borges, of the Hospital Pediátrico de Coimbra, has expressed strong interest in supporting any initiative that is started by the Department of Special Education in prevention and early detection, early referral, and early programming. There are apparently no intervention or enrichment programmes in a hospital setting.

14. In the short time I was in Portugal, I was unable to gain access to figures of the exact national budget for Special Education, the exact number and types of handicaps being served by the Department of Special Education and the names of those community agencies supporting the efforts of the Department of Special Education. There is not, according to my information, a co-ordinating council at the national level of Special Education, and there is little contact between the director of Special Education and APPACDM. There did not appear to be a network of shared support services. Indeed, it seemed to me that in the area of the deaf
and the cerebral palsy, for example, there was no centralization of administrative support services and direction through the Department of Special Education. It was my understanding that certain programmes for the cerebral palsied and deaf are the responsibility of the Department of Health.

**COURSE ON INTERVENTION WITH HANDICAPPED INFANTS, PRE-SCHOOL CHILDREN AND THEIR FAMILIES**

**Objectives of course**

15. The objectives of the course, "Early Intervention with Handicapped Infants 0-3 years" were the following: (also see 3 (i))

**Objective Number One.** At the end of one week, the participants will have been exposed to theories and techniques of intervention with handicapped young children and their families.

**Objective Number Two.** At the end of one week the participants will have participated in the design of various tools which will assist them in evaluating environments for infants, parent-infant interactions, and programme effectiveness.

**Course outline**

16. The course outline is as follows:

**Monday**

9:30-12:30 Planning with education committee.

2:30-5:30

1. Basic philosophy and guidelines for early intervention with handicapped infants.

2. Objectives of course: familiarization in:
   (a) cognitive area;
   (b) language, social areas;
   (c) motor area;
   (d) infant/parent interactional system;
   (e) environment.

3. Begin to explore cognitive area:

4. Summary of participants' observations.

**Tuesday**

9:30-12:30

1. Continuation of cognitive area:

   Assessment:
   A. Hunt-Uzgiris "Sensitive periods"
B. Brazelton Scale
Demonstration with one-month-old baby with parents.

2. Summary of participants' observations.

2:30-5:30 Motor Development:
1. Evaluation.

Wednesday

9:30-12:30
1. Continuation with motor area:
   Demonstration with cerebral palsied child with parents/slides.

2. Summary of participants' observations.

3. Group presentations.

2:30-5:30
1. Language, social areas - problems with handicapped infants.

2. Design of language evaluation tool by participants - group work.

3. Slides of programmes for handicapped infants.

Thursday

9:30-12:30 Environmental inventory
Necessary ingredients in home, in centre, in residence, in hospital.
Basic equipment.

2:30-5:30 Working to help parents teach self-help skills when their child is ready.

Group design of tools to measure parent-infant interaction.

Friday

9:30-12:30
1. Visit to creche.

2. Observations/Summary.

2:30-5:30
A. Evaluation of the course.

B. Demonstration of group work with their infants.

C. Good-byes.
17. Methods of instruction
   lecture
   group participation
   group presentation
   slides
   mimeographed material
   visitations
   demonstration with infants and families

RECOMMENDATIONS

Centralized administration

18. The Department of Special Education, under the Minister of Education, should
be the government body directly administering all programmes dealing with the
exceptional child.

Expansion

19. The Department of Special Education should expand its services to include
all handicapping conditions, regardless of the severity, and range in age
from birth through 21 years of age.

Advisory Board and Office of Liaison with community agencies

20. The Department of Special Education, under the Minister of Education, should
initiate a community advisory board composed of parents, laymen, professionals,
and friends of the exceptional; as well as establish an office of liaison between
the Department of Special Education and all other public and private agencies
working with the exceptional child so that there will be co-ordinated effort,
lack of duplication, and a more efficient delivery system.

Training of teachers in field of multi-handicapped early infant intervention

21. The Department of Special Education has many multi-handicapped children -
   children who are blind and mentally retarded, deaf and mentally retarded, 
cerebral palsy and mentally retarded; children who cannot adapt to existing
   programmes geared to the normal deaf or blind or cerebral palsy or to the mentally
   retarded. The teachers are not trained to work with the multi-handicapped in such
   interventions as total communication, sensory integration, and co-active movement
   so necessary in meeting the needs of this population. Multi-handicapped children
   need teachers with additional and special training, particularly in the areas of
   environment and equipment design, self-help skills (feeding, toileting, dressing),
   parenting, and behavioural management. For these reasons, I recommend strongly
   that the Department of Special Education procure the services of a specialist
   in multi-handicapped, not only to give a special course, but to help in the design
   and implementation of classrooms, especially for multi-handicapped.

Necessity for National Programme of Prevention in Portugal

22. In addition to the high interest shown in working with handicapped infants
and families, a growing need was stated by the Director of Special Education
and the participants, for a national comprehensive plan of prevention of handi-
capping conditions.
23. Recognizing the high-risk infant, the premature infant, and the handicapped infant are in far greater number among the low socio-economic level, steps should be taken to begin a general public awareness of prevention and to create, under the Department of Special Education, a Prevention Council to work closely in all areas of prevention.

Preparation for parenthood

24. The preparation of young people for parenthood, family welfare and infant-child spacing through education in the following areas:

(a) food and nutrition;

(b) child care and development (feeding, hygiene, sanitation, clothing, health care, use of appropriate and available materials to enrich the infants' cognitive abilities);

(c) family management and economics;

(d) the importance of love, holding, enjoying the baby.

Prenatal care

25. The establishment of prenatal care clinics, or, if they are already in existence, the utilization of the "captive audience" for slides, films, demonstration on nutrition and good health care for the pregnant woman, the needs of the newborn baby, and the dangers of smoking and drinking while pregnant. Also, when the mothers come to the prenatal clinic with their other children, demonstrate to the mother appropriate play activities for them, how to develop language, and the establishment of a toy lending library at the prenatal clinic.

Premature ICU, intervention programmes and delivery practices in hospitals

26. The establishment of intervention programmes in the premature or intensive care units (ICU) to include parent participation; monitoring and liaison once the infant goes home with the parents - training a special team to work in the ICU to protect as well as to enrich the life of the premature baby and his family.

27. There are many hospital practices which we know are detrimental to the initial bonding of parents with their infants, as well as causing undue stress to the mother during labour and right after the birth of the baby; practices such as not allowing the mother and father to hold and touch the baby immediately after birth, and not permitting "rooming in", are adding to the possibility of bond jeopardy. Medical doctors who do not encourage breast feeding, who use caesarean surgery unnecessarily, who give mothers high doses of drugs during labour when not essential, are contributing to risk factors of the newborn. There must be a national educational campaign, based upon the most recent research, to change hospital and medical practices detrimental to mother, father, and the newborn infant.

Developmental clinics for early diagnosis and referral

28. Developmental clinics should be established throughout Portugal or mobile units formed wherein all suspected cases can be evaluated and studied by a team to diagnose, to make recommendations, and to refer to the appropriate, existing programmes.

National Register of High Risk and Handicapped Infants

29. There should be a national campaign called "search and serve" to detect infants and preschool children, as early as possible, who may have problems and to
refer them to a central number under the direction of the Department of Special Education, for early diagnosis and treatment and early programming.

Well-baby and genetic clinics

30. Through well-baby clinics, a programme of early detection of infants with problems can be easily initiated by training the existing personnel in simple evaluations for this purpose (Denver Developmental Scale, for example). Here is another "captive audience" at which time, while mothers and babies and siblings are waiting, educational films, pamphlets, toy lending library, and demonstrations can be introduced and utilized. Genetic clinics should also be utilized, not only for refined diagnosis, but for counselling parents or prospective parents.

Minimum standards for creches, orphanages, institutions

31. It is well documented that infants who must be placed in group care without the presence of their parents, are at greater risk than those infants who can remain in their home with their natural parents. The Ministries of Health, Education and Welfare must set standards of group care for infants and they must lobby for adequate federal funding to ensure quality care to infants in creches, orphanages, and institutions and hospitals for long-term care. Far too many infants, after spending some months in an orphanage or a crowded, poorly managed (with few care-givers) creche, suffer severe developmental delays in cognition, motor, social, language and in their ability to play.

Prevention campaign with use of TV

32. The national government should embark upon a TV, radio, poster campaign, which would provide the population with facts about malnutrition, abuse, child neglect, the needs of infants, the importance of loving parents, regular health and immunization, why breast feed, to name but a few.

Training of infant educators to work in the field of early infant intervention

33. An intensive, one-year course should be planned at the University level, for professionals interested in becoming infant educators. The professionals could come from any one of the following disciplines: social work, nursing, psychology, teacher, special education, physical therapist, etc.

34. The one-year course should include theories of intervention as well as practical experience in the field. The professional should develop, at the completion of the course, skills in observation, documentation, evaluation, planning and implementing programmes, techniques of intervention and how to work with parents and the community agencies and should be able to work effectively in training others, starting infant programmes, and working directly with infants and families. The University and the Department of Special Education should plan the course content and request help from international agencies, in obtaining the various professional help to teach the necessary courses during the first year. The Department of Special Education and the University should also request assistance from international organizations to procure experts in helping with the design and the course content.

35. In the training of auxiliary personnel for work in early infant intervention, in-service training must be conducted on a regular basis. There should always be a trial period and once hired, the auxiliary or care-giver should have monetary incentive for attending classes on infant development as well as in-service training. Every effort should be made to enhance their self-esteem and increase their knowledge and effectiveness through modelling, discussion, films and reward.
Establishing programme options for serving the normal, high-risk and handicapped infant and his family with strong research components and bibliography

36. There is no one model programme which can serve all types of infants and families; rather, there should be programming and infant intervention in hospitals, creches, orphanages, where handicapped infants may be found and where there is a high percentage of high-risk infants. There are family day-care centres which take normal, high-risk and handicapped infants. Also, there must be specialized programmes for handicapped, either home visiting or in-centre service facilities. Parents should be able, in time, to have options. In the United States now, many handicapped babies are fully integrated into creches, going for special treatment to the in-centre services for handicapped babies.

37. There are also special early intervention programmes for blind, visually handicapped and for deaf and hard-of-hearing infants. Some programmes are wholly parent-centred; others try to bring enrichment into the home or barrio, where poor families live, for example, the Department of Special Education and other appropriate government agencies must explore which programmes are feasible for Portugal and which will more abundantly meet the unique needs of Portuguese families. Research should be conducted within the infant programmes, preferably longitudinal studies of the effects of early infant intervention. Also research should be initiated to attempt to discover which techniques are effective for which handicaps, when they should be introduced, and for how long should they be applied. Portugal's Department of Special Education should begin a library of books on infancy, which are in Portuguese (see Appendix) for professionals, caregivers and parents.

SUMMARY REMARKS

38. I wish to thank Sra. da Costa and all the planners and participants, both in Lisbon and Porto, for their co-operation in having slides, mimeographed material and other equipment at my disposal and for obtaining infants and families with whom we could demonstrate. I also wish to thank my interpreter, who was outstanding, enthusiastic and very supportive.

39. The Department of Special Education apparently felt that knowledge of subject-matter was more important than fluency in Portuguese.

40. The enthusiasm and the great interest in the area of early intervention should be encouraged and sustained.
SAMPLExEVALUATION OF THE COURSE

EVALUAÇAO DE UM PROGRAMA DE ATENDIMENTO A CRIANÇAS DEFICIENTES EM IDADE PRE-ESCOLAR

1. A organização foi: 7 6 5 4 3 2 1
   Excelente
   Muito claros
   Imprecisos

2. Os objetivos estabelecidos foram: 7 6 5 4 3 2 1
   Excelente
   Mediano

3. O trabalho do especialista foi: 7 6 5 4 3 2 1
   Muito interessantes
   Monótonas

4. As ideias e atividades presentadas foram: 7 6 5 4 3 2 1
   Muito adequada
   Inadequada

5. A cobertura foi: 7 6 5 4 3 2 1
   Muito beneficiadora
   Não beneficiadora

6. Minha participação no programa será: 7 6 5 4 3 2 1
   Excelente
   Mediano

7. De um modo geral, considero que o programa foi: 7 6 5 4 3 2 1

8. Considera necessário receber mais informação sobre o tema? 1. SIM 2. NAO
APPENDIX II

CHECKLIST OF SERVICES EXISTING FOR ATYPICAL AND HIGH-RISK INFANTS AND PRESCHOOL CHILDREN

CODE:

/ = Present
0 = Absent
uo = Unable to observe

I. GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Babies born at home</td>
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<td></td>
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<tr>
<td>neighbour helps with delivery</td>
<td></td>
<td></td>
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<tr>
<td>trained midwife, nurse-aid delivery</td>
<td></td>
<td></td>
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<tr>
<td>Babies born at hospital</td>
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<tr>
<td>Apgar score recorded</td>
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<tr>
<td>Intensive care unit</td>
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<td>Preemie unit</td>
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<td></td>
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<tr>
<td>Mothers permitted to feed and visit babies in preemie unit</td>
<td></td>
<td></td>
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<tr>
<td>Lying-in policy with babies</td>
<td></td>
<td></td>
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<tr>
<td>Fathers permitted in delivery</td>
<td></td>
<td></td>
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<tr>
<td>Notation made of medication of mother during labour</td>
<td></td>
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<tr>
<td>Mother leaves the hospital generally by third day</td>
<td></td>
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<tr>
<td>Does the hospital do any follow-up on mother and baby?</td>
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<tr>
<td>Does doctor or hospital make any referral when baby is at risk?</td>
<td></td>
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<tr>
<td>Does mother receive any professional or semi-professional help after discharge from hospital if her baby is born atypical? i.e. blind, rubella, deaf, Downs or other Syndrome. Is this reported to a central receiving and referral agency?</td>
<td></td>
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<tr>
<td>Is above information reported to the government for statistical purposes? Public Health, for example?</td>
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II. STATUS OF MEDICAL FACILITIES

Are there medical and hospital facilities available for the poor? 

In the rural areas also? 

Is there a visiting nurse programme? 

Are there pre-natal clinics for poor/other? 

Is there a pre-natal "at risk" registry of mothers at-risk? 

Is there any type of prevention programme in your area for mothers who are pregnant and poor? 

Are there separate and specialized child development clinics or departments in your area for the handicapped, at-risk, or mentally retarded infant and preschool under the auspices of the medical component? 

Is there a team in your community under the auspices of a medical facility, working with atypical and handicapped infants and preschool children? 

Are there any existing programmes to which you can refer, as doctors or nurses, an atypical infant or preschool child? 

In newborn nursery, is there sufficient ventilation? 

Do the babies have handling? 

Are they held when fed? 

Do they spend at least 80% of time with mothers? 

50%? 

20%? 

Do the nurses sing and talk with the newborn? 

Is there anything for the newborn to look at? 

Are they rocked?
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are their clothes loose?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the ratio of nurse or aid to infant in newborn nursery:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 for 10</td>
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<tr>
<td>1 for 20</td>
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<tr>
<td>less</td>
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<td></td>
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<tr>
<td>more</td>
<td></td>
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<tr>
<td>When changed, is clean area provided for each baby?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In hospital (children's section) do nurses wear white?</td>
<td></td>
<td></td>
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<tr>
<td>Are there toys?</td>
<td></td>
<td></td>
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<tr>
<td>Do they have something to look at?</td>
<td></td>
<td></td>
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<tr>
<td>Are there play pens provided?</td>
<td></td>
<td></td>
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<tr>
<td>Are children placed together for interaction if well enough?</td>
<td></td>
<td></td>
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<tr>
<td>Are they handled often?</td>
<td></td>
<td></td>
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<tr>
<td>Are they held when fed?</td>
<td></td>
<td></td>
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<tr>
<td>Are they dressed heavily?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With little clothes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there ventilation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do nurses talk and sing with children?</td>
<td></td>
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<tr>
<td>Are they placed on stomach?</td>
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<tr>
<td>Is the ratio of adult to child:</td>
<td></td>
<td></td>
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<tr>
<td>1 to 10?</td>
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<td>1 to 20?</td>
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<td>more?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>less?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there music?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Are there volunteers to rock and hold babies?</td>
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<td></td>
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<tr>
<td>In the hospital for children on long-term care, is there a nursery school play room for them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a teacher provided for them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there toys and books for them?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### III. COMMUNITY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a speech clinic?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have private agencies such as the National Association for the Retarded?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crippled Children Services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends of the Deaf?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foundation of the Blind?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are any of these working with infants or preschool children with handicapping conditions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any infant day care centres for normal infants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have day care for two-year olds and older who are normal?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any school programmes for children five or younger who are normal?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a public health nurse system of home visiting?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a social welfare system of visiting social worker?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a clinic or team available for working with atypical babies and preschool children not under a medical component?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an institution of higher learning in your community which gives a course in infant growth and development?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Do you have an institution of higher learning which gives a degree in mental retardation?  

Yes  No

in cerebral palsy?  

---  ---

in deaf?  

---  ---

in blind?  

---  ---

in speech and language?  

---  ---

Is there an agency or group at the present time vitally interested in forming a centre or school for atypical infants for handicapped preschool-age children?  

---  ---

Are there any programmes for atypical infants and preschool handicapped children at the present time?  

---  ---

Is there a home visitation programme of any kind in your community for parents who have a handicapped infant or young child?  

---  ---

Are there any pediatricians specialized in working with mentally retarded children, atypical infants?  

---  ---

Do you have the following professionals in your community?  

---  ---

physical therapists

---  ---

speech therapists

---  ---

ophthalmologist

---  ---

audiologist

---  ---

special education teachers

---  ---

occupational therapists

---  ---

obstetrician

---  ---

pediatrician

---  ---

neurologist

---  ---

psychologist

---  ---

psychiatrist

---  ---

nurses

---  ---
pediatric nurses  

preschool teachers  

gynaecologist  

Do you have a genetic clinic?  

Are there paraprofessionals working with atypical infants in home/in hospital?  

IV. PARENTS

Do you rely almost exclusively on your doctor for advice about your infant?  

Do you know or meet with other parents who have a handicapped baby or preschool child?  

Is there a professional person helping you besides your doctor?  

Do you belong to an association of parents?  

Does your baby or preschool child go for speech therapy?  

physical therapy?  

preschool for mentally retarded or handicapped?  

Does any agency help you with financial assistance?  

Does any agency help you with obtaining services for your atypical baby?  

braces?  

surgery?  

glasses?  

hearing aids?  

speech therapy?  

physical therapy?  

Do you receive psychotherapy?
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you take your baby or child regularly to a special clinic or child development department in a hospital or medical centre?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your baby or child take vitamins?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was your baby delivered in the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have medication?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you nurse your baby?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have at least 85% care of your baby at home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If infant, has your baby required hospitalization since bringing home from the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did your baby have oxygen at birth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>trouble breathing?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**V. PROFESSIONALS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did your basic training prepare you for working with atypical infants and handicapped preschool children?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did your specialization include infant growth and development?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did your education and training prepare you for starting an infant centre or preschool for the handicapped?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did your specialization help you in diagnosis of infants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>in prescriptive recommendations for infant intervention?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did your basic training include techniques for working with infants who are:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sensory deprived?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>culturally deprived?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>at-risk, medically</td>
<td></td>
<td></td>
</tr>
<tr>
<td>at-risk nutritionally</td>
<td></td>
<td></td>
</tr>
<tr>
<td>at-risk emotionally and socially</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Do you know what special equipment is needed to start an atypical centre?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know what members should be on a team serving atypical infants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know what kind of equipment should be used in home visiting with atypical infants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did your basic training prepare you for working with parents in the home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you able to evaluate the total milieu of an infant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you able to evaluate the programme for atypical infants and preschool?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you able to evaluate other professionals and paraprofessionals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you able to evaluate the process of dealing with the fact of retardation a family faces?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know what toys are best for what month of age?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could you conduct a workshop in making toys with parents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could you organize a toy library for your area or community or centre or school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could you create an appropriate environment for young children:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>birth to six weeks?</td>
<td></td>
<td></td>
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<tr>
<td>six weeks to seven months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>seven months to one year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>one to two years?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>two to four years?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX III

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CORTEZ E MORAES LTDA. Maturação Psicomotora no Primeiro Ano de Vida da Criança. São Paulo, Brasil.


RECURSOS NO BRASIL


PESTALOZZI. Rio de Janeiro.

Fundacao Catarinense de Educação Especial. Dr. Alvaro José de Oliveira. Rua Silva Jardim 77, Florianópolis, Santa Catarina, CEP 88000.