

PROJECT EVALUATION SUMMARY (PES) - PART I

Report Control Symbol U 447

1. PROJECT TITLE Rural Services Development for Special Children Project			2. PROJECT NUMBER 532-0094	3. MISSION/AID/W OFFICE USAID/Jamaica
5. KEY PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING	
A. First PRO-AG or Equivalent FY 1982	B. Final Obligation Expected FY 85	C. Final Input Delivery FY 85	A. Total \$ _____	7. PERIOD COVERED BY EVALUATION From (month/yr.) March 1982 To (month/yr.) Aug. 31, 1984
			B. U.S. \$ 500,000	Date of Evaluation Review Sep. 1, 1984-Sep. 16, 1984

REGULAR EVALUATION SPECIAL EVALUATION

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Eliminate the Vocational Aspect of this project through an Amendment to the Grant.	OEHR Project Officer	Nov. 30, 1984
2. Substitute (1) above with the provision of a Job Placement Service in the project.	"	"
3. Increase the per diem level of the Mobile Team Members (Line Item - Subsistence Mobile Staff).	"	"
4. Increase the number of project vehicles from 1 to 4. The present project motor vehicle should be scrapped & 4 wheel drive should be purchased for the project. Two vehicles will be used to cover one half of the island the 3rd. by the Project Manager, the 4th for follow-up work.	"	"
5. The Project Nurse should be trained as a Nurse Practitioner to adequately service the needs of the rural children.	Delores Henry Project Manager	FY 1985
6. A local Educational Technologist and a local Paediatrician should be hired for the Project.	Delores Henry Project Manager	FY 1985
7. The Controller's Office should designate someone to review their accounting, recording and auditing methods.	Robert Jacobs Controller's	Nov. 1984
8. Consideration will be given to extending this project and probably through the VSD Project.	USAID/DIR	FY 1985
9. A logo should be obtained for the Mobile Unit.	Delores Henry Project Manager	

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

<input type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify) _____
<input checked="" type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	_____
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify) _____
<input checked="" type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	_____

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

A. <input type="checkbox"/> Continue Project Without Change
B. <input type="checkbox"/> Change Project Design and/or <input type="checkbox"/> Change Implementation Plan
C. <input type="checkbox"/> Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)

J. CARNEY, OEHR Division Chief Prof. G.C. Lalor,
 Y. JOHNSON, OEHR Project Officer PVO Ltd.
 J. JONES, POD, PVO Officer R. JACOBS: CONT
 A. PATRICK, Mission Eval. Officer
 J. SCHLOTTHAUER, DDIE

12. Mission/AID/W Office Director Approval

Signature: *Lewis P. Reade*
 Typed Name: Lewis P. Reade, DIRECTOR
 Date: 11/7/84

MID-TERM EVALUATION

of

THE RURAL SERVICES DEVELOPMENT

for

SPECIAL CHILDREN

(Project 532-0094)

September 2 - 18, 1984

Evaluation Team:

Vernon Allen
Economic Management Consultant
Vallen Associates Ltd.
Jamaica

Stanley Pryor
Coordinator of Special Projects
Georgetown University Child Development Center

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SECTION 1

BACKGROUND

1.1 Project Description

- 1.1.1 Private Individuals and organizations have traditionally been the pioneers in caring for the handicapped and disabled in Jamaica.
- 1.1.2 In 1978 a large group of interested persons held a series of discussions in an effort to develop programs for providing better care and more equitable opportunities for these handicapped.
- 1.1.3 Although they realized that it would be a monumental task, they resolved to begin by conducting a survey to cover all types of handicaps and to establish the degree of need throughout the island. The survey would pay special attention to children who were multiply handicapped and who were not able to obtain schooling.
- 1.1.4 In order to obtain financial assistance from USAID, the group formed the Private Voluntary Organization Ltd.
- 1.1.5 Survey results published in 1980, indicated that approximately ten percent of the population was handicapped and that there was a dearth of teachers, materials and facilities for helping to identify and train the handicapped. About 81,000 children under 16 years of age were handicapped and of these only 2,148 or 2.6% were enrolled in special education programs.
- 1.1.6 P.V.O. Ltd., a certified private and voluntary organization, approached USAID for an OPG of US\$500,000 which would finance the:
 - 1.1.7 a) Operation of a Project Office based in Kingston under direction of the Project Manager, which would provide administrative support to all components of the project.
 - b) Operation of rural services in the areas of health, special education and vocational development for handicapped children at rural locations.

c) Operation of a Rural Specialist team including, on a full-time basis, a special educator, public health nurse, vocational development specialist and a driver/mechanic.

d) Utilization of professional services of a team of Peace Corps Volunteers.

e) Operation of a Mobile Vehicle, housing equipment used to deliver rural services.

1.1.8 The Mobile specialist resource unit would serve as an interim program pending the development of rural community based services, which is the long-term objective of the project.

1.1.9 An analysis of the proposed services revealed the following information:

a) Prevention:

The two objectives proposed under prevention were reviewed by the evaluators and felt to be appropriate for this project. An exercise during the individual staff interviews of prioritizing objectives revealed prevention as considered the most important priority for the staff.

b) Pre-School Services:

The objectives for pre-school services were also felt to be appropriate for the project. The ESC services were ranked second out of priorities by the project staff.

c) School Age Services:

The objectives under school age services related to referral services, community based programs, material production, unit class support and local health care teams. The objectives related to pre-vocational and vocational training are inappropriate for this project and outside of the scope of work (see further explanation under School Leavers).

d) School Leavers:

Concern was also expressed regarding the nine tasks under the heading School Leavers. It is the opinion of the evaluators that the tasks required for Pre-vocational, Vocational and School Leavers are inappropriate and not feasible given the other priorities of the project. An interview with the project manager revealed that under direction of the P.V.O. Ltd. Board of Directors these tasks were not addressed by the project during this funding cycle. The evaluators strongly agree with this action. The inclusion of pre-vocational, vocational, training, development of guidance workshops for prospective employers, contacts with labor unions, etc. could never be achieved given the manpower, expertise, and funding required for this task. A recommendation regarding these tasks can be found in Section IX of this evaluation.

1.2 Project Design and Implementation

- 1.2.1 The project was designed by P.V.O. Ltd. in consultation with Goodwill Industries of Washington, D.C.
- 1.2.2 Implementation of the project was the sole responsibility of P.V.O. Ltd. through the Project Manager. Implementation plans were originally conceived as follows:

"Project Design and Implementation

A. Implementation Plan

The project is to be carried out by the listed team of staff under the leadership of the Project Coordinator. The Project Manager will be directly responsible to the P.V.O. Ltd. Board of Directors for the operation of the Specialist Resource Unit. All monies and funds will be the responsibility of the P.V.O. Ltd.

It is expected that all initial funds will result from an OPG grant from USAID Mission/Kingston, together with contribution by the local participant PVO's as laid out in the project proposal budget.

The PVO envisages the need for technical assistance only, initially, in the areas of proposal preparation, vehicle equipment and furnishing designs and purchase, and in locating an appropriate person to fill the staff position of vocational developer. This last area would be sought from the US Peace Corps with a view to this person training a Jamaican to continue in this position after two or three years.

The following represents an initial program timetable of activities which will be the direct responsibility of the Project Manager and the PVO Board of Directors.

January - October 1981

1. Pre-project activities
 - a. Appoint project consultant
 - b. Write project proposal
 - c. Research mobile unit and equipment
 - d. Discuss and request PCV position of vocational developer with Peace Corps Director, Jamaica.
2. Sign project contract with USAID
3. Receive funds
4. Appoint project manager

November 1981 - March 1982

1. Seek and establish office
2. Appoint office manager

3. Appoint office helper
4. Secure bids on equipment and mobile unit
5. Begin establishing community contacts

April - June 1982

1. Staff interviewing and hiring
2. Prepare initial materials
3. Prepare preliminary schedules
4. Continue establishing community contacts
5. Secure purchase and delivery of equipment
6. Set six month goals and objectives

July 1982

1. Begin operations
2. Continue material development as needed
3. Review part-time staff needs
4. Secure and schedule part-time staff

December 1982

1. Review of first six months of operation and evaluate performance
2. Prepare goals and objectives for next year of operation
3. Continue project operations."

Revised first and second year implementation plans are included as Appendices 1.1 and 1.2.

1.2.3 Given the late start, PVO Ltd. sought and obtained from USAID an extension of the life of the project to August 1985. With this extension the Rural Specialist team will have had an operational period of one year and seven months, instead of approximately three years originally planned.

1.2.4 The project staff as originally conceived was:

1. Special Education teacher with suitable experience and qualifications (full time).
2. Public Health Nurse (full time).
3. Vocational Rehabilitation Specialist (full-time-possibly Peace Corps Volunteer).
4. An audiologist or an experienced teacher of the deaf (part time).
5. A paediatrician (part time).
6. A Physio-Therapist (part time).
7. Sight screening technician (part time).
8. Psychologist (part time).

1.3 Project Purpose

1.3.1 The purpose of the project was to:

- a) Provide some new, and strengthen present rural community services in the area of health, special education and vocational development.
- b) Act as a link to other relevant programs both in the rural communities and in Kingston.
- c) Promote and develop new rural community based programs serving the handicapped in cooperation with PVO's, service clubs, local professionals and appropriate Government agencies.

d) Initiate the expansion of present Kingston based services for handicapped children and their families to the rural areas where existing referral facilities are inadequate.

1.3.2 The project document was signed in March 1982 but the Project Manager began work in July of that year, and the Mobile Unit was handed over to FVO Ltd. in January 1984.

Evaluation of project outputs has particularly to be influenced by the very late arrival of the unit which will be discussed more fully in Section 5.

APPENDIX 1.1

IMPLEMENTATION PLAN

Following the approval of the project by US AID and the signing of the grant agreement between US AID and the Private Voluntary Organizations Limited, P.V.O. will begin to implement the Project.

The following activities will be accomplished in the time frame specified.

Tasks marked by ** will be approved by US AID prior to implementation and those marked by @ will continue throughout the life of the Project.

Operations will begin in the Pilot areas using the Project Vehicle until the arrival of the Mobile Unit.

JULY 1, 1982 - OCTOBER 1982

1. Project Manager assumes duties.
2. Establish Project Office.

The Project Office has been established at 9 Marescaux Road, Kingston 5. The office space has been rented from the Jamaica Association for the Deaf.
3. Identification of Preliminary needs.
4. Establishment of contact and identification of routine procedure with funding agency.
5. Finalize job titles and descriptions for personnel (specialist staff).
6. Prepare and submit request for initial disbursement of funds.
7. Prepare and submit preliminary progress report(s) for Board.
8. Establish contact with participating agencies in respect of requirements for personnel which they have the responsibility to provide.
9. Prepare orientation programme for personnel.
10. Interview and employ office staff (secretary and office helper).
11. Collect data from participating agencies regarding:
 - a) Priority concerns.
 - b) Children already identified.
 - c) Existing facilities.
 - d) Contact persons and organizations.
 - e) Locally used assessment materials.
12. Analyse data with a view to:
 - Finalize list of tentative target locations.
 - Prepare tentative routes for Mobile Unit.

IMPLEMENTATION PLAN

(Continued)

13. Determine location of pilot project run.
14. Finalize list of equipment, material and supplies needed for Mobile Unit.
15. Arrange for purchase of equipment, materials and supplies.
16. Select Mobile Unit from Pro-Forma Invoice.
17. Arrange for purchase of Mobile Unit.
18. Select and arrange to purchase automobile for project operations. Project Manager will prepare a list of guidelines for the use of Project Vehicle which is subject to the approval of the Board and US AID.
19. Prepare list of stationary supplies and procure.
20. Determine arrangements for meeting recurrent stationary needs.
21. Liaise with relevant ministries of government to identify and request assistance needed.
22. Liaise with Service Clubs and Organizations to identify contact persons who will assist with implementation of project. (@)
23. Prepare Organizational Chart.
24. Submit financial statements.

NOVEMBER 1982 - FEBRUARY 1983

1. Implement orientation programme for specialist staff.
2. Finalize routing schedule for Mobile Unit.
3. Finalize routing for Pilot areas with Unit.Vehicle.
4. Prepare and begin programme for public information (@).
5. Organize voluntary parish committee(s) who will work in conjunction and under the guidance of the Project Manager and be drawn from local service clubs and organizations, schools, area professionals and concerned citizens. (@)
6. Interview and hire Driver/Mechanic.
7. Prepare and implement orientation programme.
8. Make arrangements for maintenance and servicing of project equipment.
9. Make arrangements for maintenance and servicing of Mobile Unit and Project Vehicle.
10. Establish communication system for project while Mobile Unit is on route.
11. Make specific arrangements for parting and setting up of operations in areas to be visited. (@).
12. Make arrangements for security of the Mobile Unit at all times, at home base in Kingston and while en route.
13. Make arrangements for accommodation of staff for first quarter of operations.
14. Review and revise operation strategies that will accomplish project goals and objectives.
15. Begin operations.

MARCH 1983 - JUNE 1983

1. Evaluate Project operations to date.
2. Revise operational budget.
3. Review staffing.
4. Prepare goals and objectives for next year of project operations.
5. Continue project operations.

APPENDIX 1.2

PROJECT STATUS

All statements made in the Implementation Plan July 1982 - June 1983, regarding Project Activities, were made under the assumption that

- 1) The Mobile Unit would have arrived and put into operations by March 1983.
- 2) The Mobile Specialist Staff would have been assigned by October 1982.

To date the Mobile Unit has not arrived and is now expected by late 1983.

The Mobile Specialist Staff has not been assigned but Peace Corps Volunteers are expected by September 1983.

As an interim the Project Manager implemented all relevant Pre-project Activities and with the assistance of part-time Agency staff commenced Project Activities on a small scale. Operations were carried out using the Project Vehicle.

The Project Manager will continue to carry out Project Activities with the assistance of Part-time Agency staff until the Mobile Specialist Team and the Mobile Unit commence operations.

JULY - NOVEMBER 1983

1. Continue Project Activities.
2. Arrange larger office space.
3. Finalise arrangements for full time staff.
4. Arrange schedule for staff orientation programme.
5. Implement staff orientation programme.
6. Implement activities.
7. Continue arrangements for procurement of Mobile Unit.
8. Procure Mobile Unit.
9. Review list of Equipment and materials.
10. Procure necessary equipment and materials.
11. Revise Mobile Unit Routing.
12. Advertise for and Employ Driver/Mechanic.
13. Plan and Implement Orientation for Driver/Mechanic.
14. Plan Orientation for Mobile Staff on Mobile Unit.
15. Present Financial Statements.
16. Review and Present Operational Budget.

DECEMBER 1983 - MARCH 1984

1. Review past and Plan future project activities.
2. Continue Project Activities.
3. Finalise Routing for Mobile Unit.
4. Implement Orientation for Mobile Staff on Mobile Unit.
5. Implement Project Activities using Mobile Unit.
6. Review Project Activities.
7. Present Financial Statements.

APRIL - JULY 1984

1. Continue Project Activities.
2. Review Routing Schedule.
3. Review Project Status.
4. Review Project Activities and Outcomes.
5. Review Equipment and Materials needs.
6. Review Staff needs.
7. Present Financial statements.
8. Prepare Plan for 1984 - 1985.

APPENDIX 1.3

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 81 to FY 84

Page 1

PROJECT TITLE & NUMBER: Rural Service Development Project for Special Children

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Program or Sector Goal: A broader objective to which this project contributes (A-1)</p> <p>To improve the quality of life of the handicapped children of Jamaica by promoting better services and opportunities for them in the areas of education, health and vocational development.</p>	<p>Measures of Goal Achievement: (A-2)</p> <p>Increase in numbers of handicapped children within regular school and vocational training and health care programs.</p> <p>Increase in numbers of handicapped children reached with specialist services.</p> <p>Increase in numbers of handicapped school leavers placed in meaningful employment.</p>	<p>(A-3)</p> <p>Project records Ministry of Education Ministry of Social Security via Council for the Handicapped. Ministry of labor.</p>	<p>Assumptions for achieving goal targets: (A-4)</p> <p>That Jamaican Government is committed to the economic and social welfare of all its citizens. That public attitude in Jamaica will permit the handicapped access to increased socio-economic opportunities and services. That the handicapped want increased services and opportunities. That an improved quality of life. That resources exist in Jamaica to support the project activities. That the quality of life of handicapped children in Jamaica will be improved by the services of this project.</p>

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

From FY 81 to FY 84

Page 2

PROJECT TITLE & NUMBER: Rural Service Development Project for Special Children

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Import Assumptions
<p>Project Purpose (B-1)</p> <p>To increase the numbers of handicapped children in the rural areas reached with health care, special education and vocational development services, by the operation of rural Service Development Project.</p>	<p>Conditions that will indicate purpose has been achieved: End-of-Project status. (B-2)</p> <ol style="list-style-type: none"> 1. Fifty (50) handicapped children from the rural areas will be served, per month, in or near their own communities by the resource team. 2. Twenty (20) students per month will be served by a special Education Resource Centre. 3. Twenty (20) students per month will be served by the vocational training programs. 	<p>(B-1)</p> <p>Project Records. S.E.A.C./Ministry of Education records Workshop/Jamaica Council for the Handicapped records.</p>	<p>Assumptions for achieving purpose: (B-4)</p> <p>That there are more handicapped children needing services than are currently being served.</p> <p>That operation of the rural specialist team will result in increased numbers of handicapped children being served. That no restrictions exist that prevent the resource team from functioning. That resources will continue to be available for, and attitudes of government and people permit, achievement of the project purpose.</p>

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

from FY 81 to FY 84

PROJECT TITLE & NUMBER: Rural Service Development Project for Special Children

Page 3

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Project Outputs: (C-1)</p> <p>Mobile Specialist Resource Unit, providing comprehensive special services for the handicapped</p> <p>Assessment tests.</p> <p>Multi-disciplinary diagnostic technique.</p> <p>Rural Special Education Resource Centres.</p> <p>Rural vocational training/production workshops</p> <p>Project Research Documents</p>	<p>Magnitude of Outputs: (C-2)</p> <ol style="list-style-type: none"> 1. Mobile specialist resource unit functioning by July 1982. 2. One normed assessment test developed by the end of 1982. 3. Multi-disciplinary diagnostic technique developed by the end of 1982. 4. Four rural community service programmes established by the end of 1984. 5. Two Vocational training/production workshops established by the end of 1984. 6. Three research projects completed in the areas of small business development, job training & placement opportunities, and continued special education and health needs for the handicapped, by end of 1984. 	<p>(C-3)</p> <p>Project records.</p> <p>Ministry of Health</p> <p>Ministry of Education</p> <p>Ministry of Social Security through the Jamaica Council for the Handicapped.</p> <p>Research publication.</p>	<p>Assumptions for achieving outputs: (C-4)</p> <p>Fuel and maintenance will be available to ensure the smooth operation of the mobile unit.</p> <p>Staff will work cooperatively with each other, local and central voluntary and governmental agencies.</p> <p>Continued Government commitment to develop services and opportunities for handicapped children.</p> <p>That the need for services will continue for the life of the project.</p> <p>That the PVO's donated part-time staff will continue to function within the project.</p>

Best Available Document

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project
From FY 1981 to FY 8

Project Title & Number: Rural Specialist Resource Project for the Handicapped

Page 4

Narrative Summary	Objectively Verifiable Indicators					Means of Verification	Important Assumptions
1. Goodwill Industries of Jamaica - Technical Assistance	Year	1	2	3	Total	FVO Ltd Annual Audit FVO Ltd. Annual Report FVO Ltd Personnel Records	That Goodwill's technical assistance will be available. That contributions to the FVO Ltd will be available as projected. That the existing FVO Ltd commitment and support, this project will continue. That the Jamaica Government will continue to support the activities of the FVO Ltd. That a suitable vehicle and equipment will be available in Jamaica or importable from another country.
2. Mobile unit & staff of eight (8)	USAID	247,627	121,855	129,055	498,541		
3. Non-governmental Agencies	FVO's	68,000	68,000	68,000	204,000		
4. \$498,541 USAID/JAMAICA	Total	215,627	189,855	197,055	702,541		
5. \$204,000 FVO's part-time staff commitment.							

SECTION 2

2.1 Purpose of Evaluation

- 2.1.1 This is an interim evaluation which has as its purpose, inter alia, to determine whether or not the life of the project should be extended.
- 2.1.2 The scope of work is as follows:
1. To determine the extent to which the project, to date, has met its goals and objectives.
 2. Examine the responsibilities of the Project Manager and the team of specialists including the Rural Workshops, the local expertise and community volunteers involved in the project, vis-a-vis their effectiveness in their contribution to the project.
 3. Examine the "Scope of Work" of the Mobile Unit in terms of the delivery of services, the rural clientele and the islandwide demand for such services. This should be measured against planned project goals and purposes.
 4. Examine the overall impact of the project as planned and determine whether or not the life of the project should be extended to adequately meet the existing needs of the handicapped islandwide.
 5. Examine and analyse the administrative and financial capabilities of the Private Voluntary Organization Ltd. and determine their resourcefulness in administering the project by the PACD.
 6. Project Achievements - The evaluators shall assess the achievements of the project. They should also analyse the effectiveness of the project in terms of the remedial and/or preventitive effects. In arriving at conclusions, the evaluators shall review

relevant project documents, interview key personnel - employees as well as rural clientele and prepare a written report summarizing their findings.

2.2 Methodology

2.2.1 Two consultants were identified and engaged for the evaluation process Stanley E. Pryor, Deputy Director for Community Planning, Georgetown University Medical Center and Vernon Allen, Management Consultant. Mr. Pryor has designed and implemented a variety of programs for the Developmentally Disabled in the United States. Mr. Allen has held various Senior Management posts with the government of Jamaica prior to becoming a consultant.

2.2.2 During the period September 2 - 11 the following were done:

A. Interviews with:

- (i) Professor Gerald Lalor - Pro-Vice-Chancellor, University of the West Indies and Chairman of PVO Ltd.
- (ii) Mr. Wilbert Williams - Director PVO Ltd. President, Jamaica Society for the Blind.
- (iii) Lt. Col. Edwards - Salvation Army School for the Blind.
- (iv) Mrs. L. Hudson-Thompson - Executive Director Jamaica Council for the Handicapped.
- (v) Mrs. M. Bassey - Director, Ministry of Social Security.
- (vi) Mr. Michael Mitchell - Secretary PVO Ltd., Executive, Jamaica Association for the Deaf.
- (vii) Professor John Golding - Chairman, Jamaica Council for the Handicapped.

- (viii) Hon. Dr. Horace Chang - Parliamentary Secretary, Ministry of Health.
 - (ix) Mrs. Yvonne Johnson - USAID Development Specialist.
 - (x) Parents, Community Health Nurses, Community Health Aides, Primary School Principals and Teachers, Special Unit
 - (xi) Mrs. Delores Henry - Project Manager
 - (xii) Project Interdisciplinary Team members.
 - (xiii) Director, Ministry of Education.
- B.
- (i) Observation of the Interdisciplinary Team providing services at the Health Center, Catherine Hall, Montego Bay - for four days.
 - (ii) Observation of follow-up Home Visits in St. Ann and Trelawny.
- C. Review and Analysis of the following documents.
- (i) Minutes of Board Meetings - PVO Ltd.
 - (ii) Project Manager's Report.
 - (iii) Project reports from Audiologist, Vision Screener, Psychologists, Physiotherapists.
 - (iv) PVO/USAID Survey Project for the Handicapped.
 - (v) Correspondence on Project - January 1980 - June 1982.
 - (vi) Financial Reports from Project Manager.
 - (vii) Project Proposal.
 - (viii) Project Implementation Plans.
 - (ix) Other relevant files on the project in USAID/Jamaica Office.

SECTION 3

PROJECT ACHIEVEMENTS

3.1 Prevention

- 3.1.1 A major goal under the prevention heading is to "work in cooperation with existing health education programs.....in the area of causes and prevention of handicapping conditions."
- 3.1.2 A review of program records indicate 32 workshops (see Attachment No. 1) for more detailed information) on a variety of topics related to early identification, pre-natal care, and remedial tactics were presented to parents, and professionals through-out the catchment area. Additional tasks under prevention include "work in cooperation with health care programs in the area of nutritional counseling and immunizations." The evaluation team observed both the Nurse, Audiologist, and Psychologist inquiring and providing nutritional input and concern over immunization status. In a country where the immunization percentage falls from 80% to 60% (interview with Parliamentary Secretary, Ministry of Health, 9/11/84) for follow-up booster shots, and where the infant mortality rate is 27 for every 1,000 live births the nutritional and immunization information is extremely important. (See Attachment No. 2).
- 3.1.3 In addition to impacting on the stated project goals under prevention, the evaluators observed family planning counseling and genetic counseling ongoing in parent interviews. In cases of mothers ages 35-45 years with 10-14 children a year apart, parents were counseled to think about the implications of more children and explained the complications of an older mother bearing children with Developmental Disabilities such as Down's Syndrome.

3.2 Pre-School Services

- 3.2.1 This project has done an exemplary job in the area of early detection of handicapping conditions and supporting community based services in the detection effort. A review of project documents provides a data base which confirms, 1127 hearing screenings, 479 educational and/or physiotherapy evaluations and 1,521 vision screening. While it was not possible to separate out pre-school from school-age clients, it is significant to note the numbers of children screened from February 21, 1983 to the present time. The reader must also note that from February 21, 1983 through June 1, 1983 over 100 children were screened by the project manager while she performed her already significant job functions. The figures reveal that in a project that was expected to "provide comprehensive services for 50 handicapped children per month", (expected end-of-project status p. 5 project plan) approximately 80 children per month were provided services. This figure is also felt to be grossly under-estimated given that many of the children receiving one type of evaluation were not in need of a complete work-up. It was not possible given the present record keeping system to distinguish an accurate count. This figure is based on the vision screening data which most of the children received. It must be kept in mind that the full compliment of staff was not on board until September 1983.
- 3.2.2 Subtracting the 100 children seen by the project manager and dividing the remaining 1,421 by the 12 months when the project staff was complete gives a figure of 118 clients per month or more than twice the number expected by end-of-project status.
- 3.2.3 A review of the numbers of children seen in the four day clinic in Montego Bay which the evaluators observed reflect 158 children assessed in a four day period. This is a significant figure in the evaluators' opinion and demonstrates the ever-increasing case load of the project as the population becomes more aware of the service. This figure is also not included in the over-all figures cited above.

- 3.2.4 The second goal under pre-school services is "to provide a referral service directing consumers to appropriate service/agencies....". The evaluators were able to document 461 referrals to other agencies from project records. This is known by the evaluators to be a grossly inaccurate figure. The evaluators observed clients over-age for this program being referred to other agencies without documentation being recorded. This can be rectified through the use of the proposed client coordinator/intake person (see recommendation and program staff review - section iv and ix) and a comprehensive record keeping system.
- 3.2.5 It is the recommendation of the evaluation team that this program review and adapt the Utah State Office of Education and Health Comprehensive Assessment Record and the Utah request for Diagnostic Information for Special Education (See Attachment No. 3).
- 3.2.6 *These forms will facilitate:
- better communication between disciplines, especially between medical personnel and educators;
 - better ways of providing a cumulative history as a developmentally disabled child proceeds through each agency's system;
 - better planning for future needs -- preservice to early intervention, early intervention to unit class, to primary school, primary school to pre-vocational and vocational education;
 - a quick and effective way of directing those seeking help to others with some intent.
- 3.2.7 Each agency providing services to handicapped individuals collects and utilizes client-specific information which related to the scope of services offered. By making information of common interest available across the spectrum of providers, not only can current services be provided more efficiently, but unmet needs can also be recognized and accommodated through improved planning.

Prepared by Georgetown University Child Development Center for the Division of Maternal and Child Health under Grant #MCJ-113368-01--1, Project Director, Phyllis R. Magrab, Ph.D.

3.2.8 This common information (basic demographic data, services currently being received, service providers, the functional nature of the disability, and the estimates of services needed) is essential to the needs of all service agencies involved or likely to become involved.

3.2.9 While each agency requires agency-specific individual client information to program the delivery of its unique services, all agencies need common (and shared) information if a comprehensive service delivery model is to be established to meet the needs of this ever changing, highly vulnerable population.

3.3 Home Based Programs

3.3.1 The goal for home-based programs is to "provide support in terms of special advice, program materials and in-service education for use in home-based programs for handicapped children. Project reports document over 450 home-visits conducted by project staff. The evaluators accompanied the team on four home visits and reviewed materials prepared by the staff (See Attachment No. 4).

3.3.2 Observation of home-visits revealed an excellent rapport with parents.

Four parents were interviewed after the home-visit and asked three questions:

- (i) What did you do before the project?
- (ii) What impact has the project had on your child and your family's life?
- (iii) What would you do if the project staff did not return?

3.3.3 Responses included. Question No. 1.

- (i) I did not know what to do.
- (ii) No one cared about my baby.
- (iii) I wanted to give him away.
- (iv) I just stay here, do nothing.

3.3.4 Question No. 2.

- (i) They help me, help my child.
- (ii) He can learn now and do things.
- (iii) It good they come to help me, they show me what to do.

3.3.5 Question No. 3.

- (i) I don't know.
- (ii) I try to do things they show me still.
- (iii) No answer - parent cried, thought the question meant the team would not come back - explained but did not press issue.
- (iv) I don't know. No one help me then.

3.3.6 In addition, the evaluators reviewed a number of letters written by parents to the project staff. The content of these letters provide irrefutable evidence to the impact this project is making on the lives of the families receiving service (See Attachment No. 5).

3.4 School Age Services

3.4.1 Referral Services

The major goal under this heading is to facilitate appropriate referrals of handicapped children and their families, to such agencies as:

- a. The Care Centre, Special Education Department, Mico College.
- b. Jamaica Association for the Deaf.
- c. Jamaica Association for Mentally Handicapped Children.
- d. Jamaica Association for Children with Learning Disabilities.
- e. Jamaica Council for the Handicapped.

- f. Jamaica Society for the Blind.
- g. Mona Rehabilitation Centre.
- h. Child Guidance Clinic - U.W.I.
- i. Children's Services Division, Ministry of Youth and Community Development.
- j. Bureau of Health Education, Ministry of Health.
- k. Medical clinics, Ministry of Health.

3.4.2 The project staff has done an excellent job in making timely and appropriate referrals to the aforementioned agencies. Well over 400 referrals have been documented by the evaluation team (See Attachment No. 6).

3.5 Community Based Programs

- 3.5.1 To support existing community based programs, ensuring that they include components involving handicapped children.
- 3.5.2 The project staff have worked with a variety of programs to achieve this goal. Specifically the project has provided instruction and support to community health aides who conduct home visits to the general population. The project continues to work with Primary school teachers and principals instructing them in identification techniques and when it is appropriate to refer children to the mobile unit.

3.6 Material Production

- 3.6.1 Goals under material production include:
 - a. To develop suitable educational materials for use both in the home or at school.
 - b. To ensure the availability of all such materials for the use of all agencies serving the handicapped.
 - c. To develop suitable materials for use in professional, parent and general public health education programs.

- 3.6.2 The project has been developing materials for use by teachers and parents. (See Attachments 4, 7 and 10). The materials have been widely disseminated throughout the service areas. Materials have also been developed as handouts as workshops conducted with teachers, community health nurses and aides, college students and service clubs. (See Attachments 8, 9 and 10).
- 3.6.3 The evaluator from the United States shared a series of eight manuals developed by the U.S. Department of Health and Human Services, Administration for Children Youth and Families (ACYF), Head Start Bureau (HSB). These manuals cover eight handicapped conditions and have been disseminated with great success. The evaluator was impressed by the project staff goals to adapt the material for the Jamaican population.
- 3.6.4 It is the recommendation of the evaluator that additional copies of these manuals and other materials, films, etc., produced and disseminated by the Resource Access Project, a national network funded by ACYF, offering instruction and support on integrating handicapped children into the mainstream for Health Start programs be made available to this project.

3.7 Unit Class Support

- 3.7.1 The project has achieved much in this important area. As a major link to a Government sponsored agency the support of these special units set up with funding by the Dutch Government was considered crucial by the evaluation team.

- 3.7.2 Goals for this area included:

To support the Unit Class programs operated by the Ministry of Education and the Private Voluntary Organizations and provide a specialist resource service for the teachers of these classes by providing the following assistance as requested.

- a. Comprehensive assessment of the children, as requested.
- b. Provision of individualized education programs.
- c. Supervision of the preparation of resource materials for the teacher to help carry through such programs.

- d. Referral of children for more detailed assessment or medical treatment, as appropriate.
 - e. Screening of children who might require special education, and provision of support for the regular classroom teacher for these and other children who are mainstreamed.
 - f. Support the Unit Class teacher as a home/school link for those children not in school, but requiring special services.
 - g. Assistance in the Areas of Parent Counselling and Education.
- 3.7.3 The evaluation team interviewed the following individuals in an effort to determine the achievements in this area. Each individual was asked the same type of questions as the parents in the Home Base section of this evaluation.

What was in place before the project?

What has been the impact of the project?

What would happen if the project did not continue?

3.7.4 Persons interviewed were:

- 1. Mr. Brunette Gayle, Special Education, Ministry of Education.
- 2. Mr. Henlin - Principal, Ocho Rios, Primary School.
- 3. Mrs. Stewart - Charge Teacher, Catherine Hall Special Unit.
- 4. Teacher, Ocho Rios Primary School.

3.7.5 Responses for Question No. 1 included:

- 1. "Very few people available to assess children in Ministry, and when assessment provided, usually long time lags before report available".
- 2. "Before the van, I had no one to screen my children here".

3. "There were very few services before the unit arrived".

4. "There was nothing to help me".

3.7.6 Responses for Questions No. 2 included:

1. "I only have to hear about a problem and the project helps right away. The team writes what is wrong and provides suggestions to teachers. This will impact long range planning of the Government here. I have budgeted some money to help serve".

2. "It is very good they came in and screened all the children".

3. "Just great!! They have been very helpful!"

4. "The team really gives us good suggestions".

3.7.7 Responses for Question No. 3 included:

1. "We will forever need it, I don't know how we will manage" (without the unit).

2. "I don't know what we would do, it would be very difficult".

3. "There would be very little help then".

4. "They can't go, we need them".

3.7.8 The evaluators also reviewed information disseminated to teachers and found it very appropriate (See Attachments 7, 11 and 12).

3.7.9 The project staff does not develop formal Individual Education Plans as are done in the U.S. schools, however a review of information sent to teachers revealed (See Attachment No. 15).

Part A of the classic U.S. Individual Education Plan (I.E.P). A statement of present level of functioning and long range goals.

Part B - Implementation Plan
Short-range instructional objectives and ideas for the teacher to build with.

Part C - Annual Review

Contact Rural Services Project for additional help.

Project staff also provide information on activities that the parent can try at home, involving the parent in the "I.E.P." process.

Ongoing support to the unit class is evidenced by the enthusiasm of the teachers interviewed, project reports and letters from Principal (See Attachment No. 13).

3.8 Pre-Vocational and Vocational Training and School Leavers

3.8.1 The evaluators expressed the opinion early in this document that these two services were beyond the scope of the project. The project manager and board also support this position and the project had not spent time in this effort. In reviewing project documentation it is interesting to note a particular situation where an adolescent was seen by the psychologist. The father of the client had written for help and was given very helpful advice and the psychologist contacted the Executive Director of the Combined Disabilities Association. The evaluators were impressed by this action and follow-up. (See Attachment No. 14).

3.9 Local Health Care Teams

3.9.1 The goal under this area was:

To support local health care team in communities visited by mobile clinic in their work with school children particularly in terms of health education, immunization and general referrals where necessary. To provide medication if requested to clients with the approval of Local Medical team.

3.9.2 The evaluators interviewed Dr. Horace Chang, Parliamentary Secretary, Ministry of Health and a group of Health Center Nurses from the Church Street, Montego Bay, Type III, Health Center.

3.9.3 The interview format was the same as in previous interviews. Three basic questions were asked. (See Unit Class Support).

3.9.4 Responses included:

1. "No program in Ministry, kids were never identified".
 2. "Only referrals source in Kingston, appointments far apart and the people could not afford to go. We stalled patients before clinic. Other agencies full or unavailable".
-
1. "Vital service! I did not know that there were so many hearing impaired and vision impaired children".
 2. "Great! Facilities now here with van - follow-up good. Impressed with Audiological Services - well organized. Need t stay longer. Need Social Worker. Total strangers interested now. Families accept (handicaps) more".
-
1. "Would like to get some Government funding to help. I am not sure exactly how we would proceed".
 2. "Back to square one. We could serve a few, many would not receive help - hope gone"!

3.9.5 It is the recommendation of the evaluation team that the mobile unit be stocked with medication not requiring a doctor's prescription or of such a nature that it could be disseminated by the nurse to control otitis media, diarrhea, intestinal parasites, etc.

3.10 Summary of Project Achievements

3.10.1 In terms of numbers of children assessed, follow-up home visits, workshops, material production, on-site intervention at unit schools and a variety of related services documented in this section, this project has achieved an impressive level of success. The various interviews with Government Officials, School Officials, Direct Service Providers and Parents, give dramatic documentation to the conclusion that the Rural Services Project for Special Children has had and continues to make a significant impact on handicapped children, their families and a wide range of both public and private agencies in Jamaica.

SECTION 4

PROJECT STAFF REVIEW

4.1 Staff Summary

4.1.1 The project staff list submitted in the project proposal included: Project Manager, Secretary/Office Manager, Driver/Mechanic/Technician, Driver's Assistant, Office Helper, Special Educator, Public Health Nurse, Vocational Rehabilitation Specialist, Audiologist, Paediatrician, Physio-Therapist, Sight Screening Technician, and a Psychologist. (See organization chart, Section No. 7). A review of project documents and observations of the Project staff revealed the following information.

4.2 Project Manager

4.2.1 The project manager was appointed on July 1, 1982. Responsibilities for this position as written in the project proposal included responsibility for the smooth operation of the Project office, mobile program, liaison and provide public relations with the appropriate Ministries, service agencies and Community Advisory Board Development.

4.2.2 It is the opinion of the evaluators that Mrs. Delores Henry, Project Manager has done an outstanding job in this position. The description of the Project Director duties does not come close to giving a full account of what had to be done in this important position. A more accurate description would have included, driver, part time audiologist, social worker, mobile clinic designer, implementation plan developer, personnel officer and a host of other functions. Mrs. Henry's knowledge of Developmental Disabilities and the services available for them in Jamaica, interpersonal and communication skills and strong commitment to the project have been perhaps the most important variable in determining the success of this project to date.

4.3 Special Educator

- 4.3.1 The special educator position was filled in September 1983 by a Peace Corps Volunteer. Four months later this position became vacant when the volunteer left the project due to personal reasons. The Peace Corps reported that they could not fill the position because there were no other qualified special educators available. A search was conducted through newspaper advertisements and through contacting various agencies in the country. After an interviewing process, a psychologist with experience as a classroom teacher was hired in the special educator position. This process took approximately 77 calendar days.
- 4.3.2 After interviewing and observing the person in the special education position in a variety of situations, the conclusions are; because of the large case load and demand for psychological services with educational input, this position has been filled appropriately. The individual in this position has received training in Special Education and is able to provide more than adequate support for Unit Class teachers and primary teachers as well as relate to the medical professionals she comes in contact with. A review of the job description and comparison with actual duties confirms the conclusion.

4.4 Public Health Nurse

- 4.4.1 The Public Health Nurse was appointed by the Jamaica Council for the Handicapped on January 1, 1984. This position has evolved into providing a variety of services. A review of the job description reveals that it is appropriate except for the area concerning ordering and storage of drugs. Except for occasional distribution of over-the-counter medicines the mobile unit does not dispense or maintain a drug supply. This position functions include; conducting vision screenings, immunization reviews, nutritional counseling, health workshops and facilitating coordination of services with other health professionals. It is the opinion of the evaluators that this position has been filled appropriately and is providing excellent services.

4.5 Vocational Rehabilitation Specialist

4.5.1 As stated in the review of the project plan this position was inappropriate for this project. In addition, it was found that the Peace Corps could not have filled this position given their resources on the island.

4.6 Audiologist

4.6.1 This position has a wider scope than listed in the job description. In addition to basic audiometric services, this position must function as a speech therapist. Observation of the clients typically served by this position revealed a large amount of speech and language input as well as the projected hearing screening. The position is coordinating services with many local programs both public and private. It is the opinion of the evaluators that the addition of a Speech Therapist to the staff would provide a needed service in the catchment area. It would also allow the audiologist to direct her efforts to the specifics of her discipline and to deliver services to more children, families and agencies.

4.7 Physiotherapist

4.7.1 At present the Mona Rehabilitation provides two physiotherapists to the project staff. A review of the job description, for this position, observations and staff interviews confirms the need for this service. During the evaluation period, both of the physiotherapists provided appropriate and competent services.

4.7.2 The physiotherapist position does create a problem for the project. The Mona Rehabilitation Center has proven to be an excellent resource in this area, however, because of the Rehabilitation Center's large case load, a therapist is only available for two days. Follow-up of cases becomes even more of a problem due to the time commitment to the project. It is the recommendation of the evaluation team that a full-time physiotherapist be hired for this project. The case load and severe needs of the population justify this important recommendation.

4.8 Sight-Screening Technician

4.8.1 As stated under the Public Health Nurse review, this service is provided for within the job functions of the nurse. The evaluators do not see the need for a separate position at this time.

4.9 Psychologist

4.9.1 The two psychologists presently delivering services in the project are exceptionally competent and suited for this type of project. Their ability to provide special education services as well as psychological services is a bonus to the project. Without two psychologists working on this project it is the opinion of the evaluators that a serious back-log and decrease in the number of children and families served would occur.

4.10 Secretary

4.10.1 The project secretary performs secretarial duties as appropriate. This position along with volunteers also provide intake services to the project. This intake procedure is crucial to the daily operation of the mobile unit in the field. After observing the present intake procedure the evaluators strongly recommend that a separate position be established to conduct the intake procedure. The secretary presence in the field means that a back log of work is always present at the project office. It also leaves the office basically unmanned except for a para-professional office helper.

4.10.2 The project is in serious need of a more comprehensive intake procedure. This procedure should screen out those individuals who are perhaps in need of counselling but who do not need the skills of the other professionals. At present this is only available when the project manager is present. This client coordinator should have a strong background in developmental disabilities and social work techniques. It is therefore the recommendation that a Social Worker be hired to fill this important position. This position could also collect data on School Leavers and information on adolescents appropriate for a pre-vocational/vocational program.

4.11 Driver/Mechanic

4.11.1 The position was filled on January 1, 1984. The person filling this role is perhaps the most important person on staff. The job description in the project plan does not come close to describing the ever-increasing scope of the duties performed. This position is cited as being most important because if he is unavailable for any reason the entire mobile effort including home visits comes to a halt. While this has occurred only briefly in the time the van has been available the potential for catastrophe is ever-present. Recommendations include the hiring and training of a second van driver as soon as possible. It is also strongly recommended that the staff of the project be allowed to drive themselves on home visits in the other project vehicles. At present the project manager and the driver are the only persons allowed to drive. This must be changed to allow staff to not have to travel together wasting professional time while they wait for another staff member to complete their work. An accompanying recommendation discussed in more detail in Section 8 would be the purchase of additional vehicles, suitable for the adverse conditions observed by the evaluation team on home visits, Jeeps, land rovers or other four wheel drive vehicles must become a part of the transportation system in the next year to maintain the service delivery to an ever increasing and geographically difficult catchment area.

4.12 Project Staff Summary

4.12.1 Based on the methodology implemented in this evaluation it is the impression of the evaluation team that the multidisciplinary staff of the Rural Services for Special Children are competent, effective and are contributing a significant service above and beyond the job descriptions listed in the project plan.

SECTION 5

THE MOBILE UNIT

- 5.1 The Mobile Unit represents the visible "heart" of the project in the rural areas. Indeed, so popular has it become in those parishes to which it has gone, that it has become known simply as the "bus".

Other parts of this report relate the enthusiasm with which local clientele have greeted its advent.

- 5.2 The "Scope of Work" of the Unit embraces (a) Prevention, (b) Pre-School Services and (c) School Age Services. Section 1 of this report para 1.1.9 (c), has stated that pre-vocational, vocational training and school leaving objectives were not addressed in this funding cycle.

Due to the large size of the Unit and the terrain and road conditions in the rural areas, the Unit has very limited scope for direct service in the home-based program.

- 5.3 Services provided by other agencies catering to the handicapped in rural Jamaica, are extremely limited and those provided are confined either to adults, for example the visually handicapped and those with learning deficiency, or to the handicapped attending primary and secondary schools.

Para 1.1.5 refers to a survey report which indicated that only 1 in 38 handicapped children was catered to at that time.

5.4 Public Relations and Publicity

- 5.4.1 The Mobile Unit is an indispensable factor in the project program. Its very high visibility is a tremendous "Drawing Card" and has great appeal to local inhabitants.
- 5.4.2 The Project Manager consults with Parish Health committees in planning the route and stations for the Unit, and then the driver inspects the route in a motor car before the final decision is taken. Appendix 5.1 shows the work schedule of the Unit for the year.

- 5.4.3 Pre-publicity on radio and other media is re-enforced by the use of the public address system on the bus. This system has worked so well that at some locations so many have attended that the team has had to work long into the night.
- 5.5.1 The preventive aspect of the program is well served by the presence of the electrical generator on the unit which affords the showing of films on health care and prevention measures.
- 5.5.2 The specialist team is very strongly of the opinion, that prevention is really the single most important element of their service.
- 5.5.3 The rural population of Jamaica does not read a great deal and is very keen on auditory and visual means of communication.
- 5.5.4 Films and the talks that follow them, are a very potent means of communication to the client population and have proved effective.
- 5.5.5 Pre-school services are performed primarily at the stops on the premises of, and in collaboration with, local health authorities. This constitutes the bulk of the pre-follow-up work and is the most visible.
- Pre-school services are dealt with in detail in Section 3 of this report.
- 5.5.6 School age services are performed largely on the premises of the schools visited and these services are also of high visibility. This aspect of the project is detailed at Section 4 of this report.
- 5.5.7 As the area covered by the team increases the follow-up work becomes greater. This is an aspect of the project not recognized in the project document, but which would render the whole program useless if not properly maintained. Lack of proper transportation has already begun to affect this aspect of the work, and because this is largely home-based, the Unit is of little, or sometimes, no assistance.

- 5.5.8 The specialist team needs to be expanded to enable both the Preventive, Pre-School and School-Age Services to be conducted in the established manner, while the follow-up work is being properly accomplished.
- 5.6.1 There are some very serious draw-backs to the routing and construction of the Mobile Unit. Mr. Hudson, the Driver, relates that:
- (a) Because of the length and width of the vehicle it cannot negotiate the narrow and curvy Jamaican roads with safety. Routes must be planned with a great deal of care.
 - (b) When negotiating sharp corners the vehicle tends to "wash". This may be due to the situation of the electrical plant at the rear. This feature presents a safety hazard and should be investigated.
 - (c) The engine power and/or gear box construction is inadequate to climb very steep slopes. In order to successfully climb steep hills, the driver has had to meander accross these roads. This is indeed a very dangerous practice and is all the more serious because the team travels in the vehicle.
 - (d) The specialist team complains of discomfort when travelling in the Unit. Both ventilation and seating are inadequate, and the slow pace at which it travels and not infrequent stops which must be made to rest the driver, are irksome to members.
- 5.6.2 Over-all the Unit has had a very successful run and all indications are that it will remain an indispensable asset to the project.

The defects mentioned above should receive very early and careful attention however, as they represent grave risks to lives and to the success of the project.

SCHEDULE OF VISITS - MOBILE UNIT 1984

JANUARY						
Sun	M	T	W	Th	Fri	Sat
	2	3	4	5	6	7
8	9	10	11	12	13	14
	WORKSHOP					
15	16	17	18	19	20	21
	WORKSHOP					
22	23	24	25	26	27	28
	WORKSHOP					
29	30	31				

FEBRUARY						
			1	2	3	4
			WORKSHOP			
5	6	7	8	9	10	11
	OFFICE					
12	13	14	15	16	17	18
	ST. ANN					
19	20	21	22	23	24	25
	ST. ANN					
26	27	28	29			
	OFFICE					

MARCH						
			1	2	3	
4	5	6	7	8	9	10
	ST. ANN					
11	12	13	14	15	16	17
	FOLLOW-UP					
18	19	20	21	22	23	24
	OFFICE					
25	26	27	28	29	30	31
	OFFICE					

APRIL						
Sun	M	T	W	Thur	F	Sat
	2	3	4	5	6	7
	HANOVER					
8	9	10	11	12	13	14
	OFFICE					
15	16	17	18	19	20	21
	FOLLOW-UP					
22	23	24	25	26	27	28
	BREAK					
29	30					

MAY						
			1	2	3	4
			TRELAWNY			
5	6	7	8	9	10	11
	OFFICE					
12	13	14	15	16	17	18
	FOLLOW-UP					
19	20	21	22	23	24	25
	TRELAWNY					
26	27	28	29	30	31	
	OFFICE					

JUNE						
					1	2
3	4	5	6	7	8	9
	FOLLOW-UP					
10	11	12	13	14	15	16
	TRELAWNY					
17	18	19	20	21	22	23
	OFFICE					
24	25	26	27	28	29	30
	FOLLOW-UP					

JULY						
Sun	M	T	W	Thur	F	Sat
	2	3	4	5	6	7
	OFFICE					
8	9	10	11	12	13	14
	ST. JAMES					
15	16	17	18	19	20	21
	OFFICE					
22	23	24	25	26	27	28
	FOLLOW-UP					
29	30	31				
	FOLLOW-UP					

AUGUST						
			1	2	3	4
5	6	7	8	9	10	11
	BREAK					
12	13	14	15	16	17	18
	ST. JAMES					
19	20	21	22	23	24	25
	OFFICE					
26	27	28	29	30	31	
	FOLLOW-UP					

SEPTEMBER						
						1
2	3	4	5	6	7	8
	ST. JAMES					
9	10	11	12	13	14	15
	OFFICE					
16	17	18	19	20	21	22
	FOLLOW-UP					
23	24	25	26	27	28	29
	FOLLOW-UP					
30						

OCTOBER						
Sun	M	T	W	Th	F	Sat
	2	3	4	5	6	
	OFFICE					
7	8	9	10	11	12	13
	ST. ELIZABETH					
14	15	16	17	18	19	20
	OFFICE					
21	22	23	24	25	26	27
	FOLLOW-UP					
28	29	30	31			
	ST. ELIZABETH					

NOVEMBER						
				1	2	3
4	5	6	7	8	9	10
	OFFICE					
11	12	13	14	15	16	17
	FOLLOW-UP					
18	19	20	21	22	23	24
	ST. ELIZABETH					
25	26	27	28	29	30	
	OFFICE					

DECEMBER						
						1
2	3	4	5	6	7	8
	FOLLOW-UP					
9	10	11	12	13	14	15
	FOLLOW-UP					
16	17	18	19	20	21	22
	OFFICE					
23	24	25	26	27	28	29
	OFFICE					
30	31					

SECTION 6

OVERALL IMPACT

- 6.1.1 For the last three years, Mr. Fryer, Project Evaluator, has been providing training and technical assistance to communities throughout the continental United States on developing community teams. Through coordination of individuals, and agencies serving handicapped children a community-based collaborative delivery system for the needs of handicapped children can be developed. It has been most interesting to this evaluator that one only needs to come to Jamaica to see a community team in operation.
- 6.1.2 The Private Voluntary Organization Limited has made a significant impact on the proposed outcome of the project, specifically:
1. Rehabilitation of handicapped children and their families, especially in rural areas through improved services, new services and referral services.
 2. Improved attitudes towards the handicapped in rural areas.
 3. Establishment and/or development of organizations on a community-wide basis that will link together all volunteer efforts of parents, teachers and others concerned with handicapped, as reasonably possible.
 4. Research and documentation in the area of services to handicapped children and their families, and audio visual materials, tests and interpretive materials.
 5. Improved quality of life for handicapped children in the rural areas of Jamaica by promoting better services and opportunities for them in the areas of education and health.
- 6.1.3 The evaluation team would like to bring special attention to proposed outcome No. 2. "Improved attitudes towards the handicapped in rural areas".

In Jamaica, the handicapped child and his family are often treated as outcasts and misfits. Indeed, often the mother and child are put out of the family. This was documented on the first clinic day observed. A young woman and her two year old child had travelled many miles to get to the van. She had been put out of her family because of her child. With nowhere to go, she had heard of the project and had come for help. The child suffered profound malnutrition, mental retardation, cerebral palsy, intestinal parasites and exhibited diarrhea, and vomiting. Immediate referral to the clinic doctor revealed that this two year old child weighed 12 pounds, and would have died probably by the next day. This child was admitted to Cornwall Regional Hospital. An evaluator and a project psychologist visited the child the next day and were relieved to see that he was responding to treatment.

- 6.1.4 During the interview with the project psychologist it was revealed that a principal of a primary school had refused admission to the school of a learning disabled child. The reason cited was that the teacher was pregnant and the principal was afraid that she would have a handicapped child if she was in close proximity to a handicapped child.
- 6.1.5 These two graphic detailed accounts provide the reader with a feel for the difficult lives of families with handicapped children. The fact that a hugh van has been purchased, is highly visible, that professionals from Kingston travel to the bush to make home visits and send telegrams, has had a great impact on family members, neighbors and other observer's attitudes towards handicapped individuals.
- 6.1.6 The evaluator has shared a series of workbooks prepared by Health and Human Services Interagency Task Force by the American Association of University Affiliated Programs in hope that some information in the series could further this community effort in Jamaica.

The project has brought together both private and public agencies, in order to share both resources and funds for a common goal.

- 6.1.7 The Rural Services Development Project for Special Children has provided services that have helped the Ministry of Education meet three of its 1978 - 1983 five year plan:

Objective 4 - "To assist in the development and implementation of coordination of outreach programs that will foster positive attitudes of parents, educators, students and communities towards the handicapped".

Objective 6 - "To assist communities in providing the facilities and personnel for instructional care for those who cannot otherwise be accommodated in the regular system .

Objective 7 - "To provide counselling services, specialized training and job placement for handicapped students".

- 6.1.8 This project is an excellent pilot program which should be replicated in any Lesser Developed Country with similar problems and in fact provides a model that one evaluator will use in training in the United States.
- 6.1.9 Based on the evaluation data, there is no question that this project has met and exceeded the goals which were appropriate in the project proposal. It is the opinion of the evaluation team that the life of this project should be extended and given any additional funds needed to meet the needs of the handicapped children island wide. With the appropriate financial backing the continued support of the PVO Ltd., service clubs, agencies and the dedication of the project staff, there may indeed come a day when it is said: "Handicapped Children in Jamaica - No Problem!!"

SECTION 7

7.1 Administration

7.1.1 The organizational chart indicates that whereas the Board of PVO Ltd. is directly responsible for the project, there are many voluntary organizations over which the Board has no control, but which influence the project directly and indirectly. In addition, although the Board consists of members drawn primarily from such agencies, the day to day administration is almost entirely in the hands of the Project Manager who confers with the Chairman and Secretary quite regularly.

7.1.2 The Board of the PVO Ltd. meets largely on demand and since 1982 meetings have been as follows:

- (i) February 19, 1982
- (ii) March 15, 1982
- (iii) June 15, 1982
- (iv) August 12, 1982
- (v) November 26, 1982
- (vi) February 21, 1983
- (vii) June 3, 1983
- (viii) January 20, 1984
- (ix) September 4, 1984

7.1.3 In a letter to the Director of USAID of July 1, 1982, the Chairman of the Board outlined the membership of the Board as well as the staff envisaged at that time.

"The Official Representatives from the Private Voluntary Organizations Limited, effective July 1, 1982, are:

Prof. Gerald A. Lalor - Chairman, P.V.O. Limited

Mrs. Beryl McKenzie	-	Jamaica Association of Children with Learning Disabilities
Mr. Michael Mitchell	-	Jamaica Association for the Deaf
Mrs. Lucille Buchanan	-	Jamaica association for Mentally Handicapped Children
Mr. Wilbert Williams	-	Jamaica Society for the Blind
Prof. John Golding	-	Mona Rehabilitation Centre
Captain Ron Sheregan	-	Salvation Army School for the Blind"

7.1.4 The Project Manager appointed is Mrs. Delores Henry who began work with the project on July 1, 1982.

The contract has been negotiated.

7.1.5 The following is the list of Job Titles of the three categories of staff required for the Project:

<u>Category A</u>		
<u>Job Title</u> <u>(Full-Time)</u>	<u>Annual Salary</u>	<u>Job Description</u>
Project Manager	J\$30,000.00	Responsible to the Board for the effective execution of the Project and assist in laying the foundations for future development.
Secretary	10,000.00	To perform all the Secretarial duties for the Project.
Driver/Mechanic	10,000.00	Responsible for the maintenance and repair of vehicles and for all necessary driving of the Mobile Unit.
<u>(Part-Time)</u>		
Consultant	7,000.00	To liaise with the Project Manager for the implementation of the project and to identify agencies and facilities in developed countries to reduce cost and enhance effectiveness of the programme.
Office Helper	3,000.00	Responsible for all cleaning and errand-type duties connected to the operation of the Office.
<u>Category B</u> <u>(Full-Time)</u>		
	<u>To be Provided By:</u>	
Nurse/Rehabilitation Specialist	The Government of Jamaica	To travel with the Mobile Clinic and help identify and develop community support services. To perform registrations and carry out clinical duties.
Sight Screening Technician	Jamaica Society for the Blind	To supervise and conduct all sight screening testing

Category B (Cont'd)

<u>Job Title</u> (<u>Full-Time</u>)	<u>To Be Provided</u> <u>By:</u>	<u>Job Description</u>
Sight Screening Technician (Cont'd)		maintain records and follow-up for diagnosis and therapy.
Social Worker	P.V.O. Ltd.,	To liaise with families, community services, project staff and employing agencies.
<u>(Part-Time)</u>		
Audiologists (2)	The Jamaica Association for the Deaf	To supervise and conduct hearing assessment tests, maintain records and follow-up on diagnosis and therapy.
Physiotherapists (3)	The Jamaica Physiotherapist Association	To supervise and conduct physio-assessment tests, maintain records and follow-up on diagnosis and therapy.
Paediatrician	The Government of Jamaica	To carry out routine paediatric assessments.

Category C

Peace Corps Volunteers

<u>Job Title</u> (<u>Full-Time</u>)		
Educational Technologist		To prepare all educational programmes.
Television Producer/Cameraman/ Technician		To produce television programmes for use by project staff, teachers, students and community services.

Category C (Cont'd)

Peace Corps Volunteers

Job Titles
(Full Time)

Job Description

Research Assistant

To study handicapping conditions, explore rehabilitation facilities and document the work of the Unit Team.

Occupational Therapist

To develop vocational aptitude tests, liaise with agencies (e.g. Jamaica Council for the Handicapped) and community based organizations in providing vocational training, and employment possibilities.

Psychologist

To develop appropriate psychological tests and conduct psychological assessment.

Electronics Technician

To supervise and maintain the testing equipment, television sets and cameras and other serviceable equipment in the mobile unit.

Discussions have started with the Peace Corps for the assignment of volunteers. This will still take some time, but the staff that is presently available will ensure a good start of the Project."

- 7.1.6 Since that time the membership of the Board has changed with the replacement of the representative of the Salvation Army School for the Blind by Lt. Col. Edwards and the inclusion of two private members.
- 7.1.7 The staff of the PVO Ltd. consists of the Project Manager, Mrs. Delores Henry, the Driver/Mechanic, Mr. N. Hudson and the allocation of other posts as follows:

7.1.8

POST	AGENCY CHARGED TO SUPPLY	AGENCY WHICH SUPPLIED
1. Consultant	PVO Ltd.	Vacant
2. Nurse/Rehabilitation Specialist	Gov't of Jamaica	Gov't. of Jamaica but is Nurse/Sight Screener
3. Sight Screening Technician	Ja. Society for the Blind	See 2. above
4. Social Worker	PVO Ltd.	Vacant
5. Audiologists (2)	Ja. Assn for the Deaf	Peace Corps (1)
6. Physiotherapist (3)	Ja. Physiotherapist Assn.	a) Mona Rehab. Ctr b) Ja Assn for the Deaf
7. Paediatrician	Govt of Jamaica	Vacant
8. Educational Technologist	Peace Corps	Vacant
9. T.V. Producer Technician	Peace Corps	Vacant
10. Research Assistant	Peace Corps	Vacant
11. Occupational Therapist	Peace Corps	Mico Care Center
12. Psychologist	Peace Corps	1. Peace Corps 1. PVO Ltd. (Education Specialist)
13. Electronics Technician	Peace Corps	VACANT
14. Receptionist	None	Ja. Assn for the Deaf
15. Blind Typist	None	Ja. Assn for the Deaf

7.1.9 The agreement required a contribution of US\$204,000 from the PVO Ltd over the life of the project, and which presumably would be represented by salaries to full time and part-time workers who were not paid from USAID funds or who were Peace Corps Volunteers. The following Table 7.2, gives the person-days worked by these persons since May 1982.

TABLE 7.2

PERSON DAYS - FROM EMPLOYEES OF VOLUNTARY ORGANIZATIONS - 1984

MONTH	Audiologist	Physio- Therapist	Occupational Therapist	Nurse Vision/ * Screeener	Receptionist
January				2	
February		4	13	9	
March	3	1		3	
April	6	9		4	
May	5	11	23	11	11
June		9	10	9	9
July		6	17	9	5
August		8		8	4
September*		8		4	8
TOTAL	14	56	63	59	37

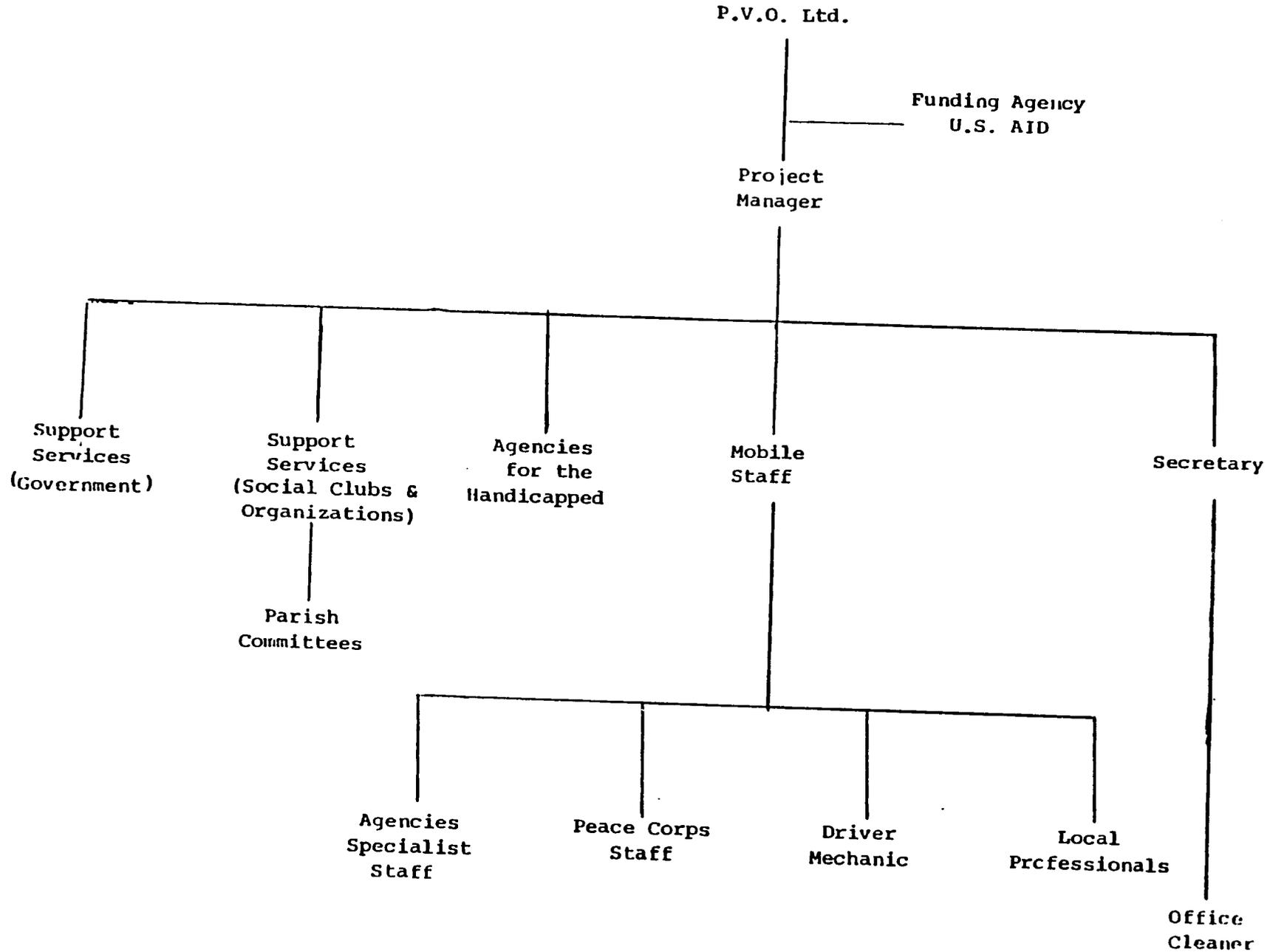
1983

May	5				
June	8	4			
July	1				
August	8	6			
September	TRAINING				
October	COURSES IN				
November	ALL DISCIPLINES				
December	3				
TOTAL	25	10			

* Full-time employee.

- 7.2.1 As other parts of this report indicate, the project has been off to a late but very successful start, and the day-to-day administration is properly managed.
- 7.2.2 One member of the PVO Ltd. Board is of the opinion that there is too little flexibility in the attitude of USAID, in that there is no mechanism for changing agreed policies in the light of experiences. This member cites the need of severely handicapped adults in rural areas for physiotherapy, but although the Mobile Unit staff may at this time, be their only hope of obtaining such treatment, this cannot be accommodated because of the inflexibility of the Agreement.

ORGANIZATIONAL CHART



SECTION 8

FINANCE

- 8.1.1 The project document, p. 22, indicates that the budget contained therein was only illustrative, and would have been finalized after the signing of the Agreement.
- 8.1.2 The budgets for year 1 through 3 are reproduced on the following pages.

JULY 1982 - JUNE 1983

	<u>US\$</u>	<u>₹</u>	<u>TOTAL \$</u>
<u>A. Commodity Costs</u>			
1. Project Vehicle	7,000.00	12,460.00	
2. Mobile Unit			
Equipment, installation Shipment	80,000.00	142,400.00	
3. Educational Equipment and Medical Equipment	30,000.00	53,400.00	
4. Office Equipment	5,000.00	8,900.00	
	<u>122,000.00</u>	<u>217,160.00</u>	217,160.00
 <u>B. Administrative Costs</u>			
1. Rental & Utilities	5,000.00	8,900.00	
2. Stationery & Postage	4,000.00	7,120.00	
3. Printing & Duplicating	4,000.00	7,120.00	
4. Contingencies	28,000.00	49,840.00	
	<u>41,000.00</u>	<u>72,980.00</u>	72,980.00
 <u>C. Operational Costs</u>			
Stamp Duty for Importation of Vehicles, Insurance, Maintenance/ Repairs, Gas, Oil, Spare Parts.	<u>14,000.00</u>	<u>24,920.00</u>	24,920.00

	<u>US\$</u>	<u>JS</u>	<u>TOTAL-\$</u>
Total Brought Forward .	177,000.00	315,060.00	315,060.00
<u>D. Subsistence</u>			
Mobile Staff	<u>18,500.00</u>	<u>32,930.00</u>	32,930.00
<u>E. Personnel</u>			
Project Manager	12,000.00	21,360.00	
Secretary	5,000.00	8,900.00	
Office Helper	1,700.00	3,026.00	
Driver/Mechanic	6,000.00	10,680.00	
Consultant	<u>4,000.00</u>	<u>7,120.00</u>	
	<u>28,700.00</u>	<u>41,068.00</u>	41,068.00
<u>F. Salary Related Expenses</u>			
National Insurance Scheme	657.00	1,169.46	
National Housing Trust	770.00	1,370.60	
Contingencies	<u>12,000.00</u>	<u>21,360.00</u>	
	<u>13,427.00</u>	<u>23,900.06</u>	23,900.06
<u>G. Training Cost</u>			
	<u>2,000.00</u>	<u>3,560.00</u>	<u>3,560.00</u>
	<u>239,627.00</u>		<u>416,536.06</u>

BUDGET - Years 1 to 3

	<u>YEAR 2</u> US\$	<u>YEAR 3</u> US\$
A. <u>Commodity Costs</u>		
1. Project Vehicle	-	-
2. Mobile Unit	-	-
Equipment, installation Shipping	-	-
3. Educational Equipment and Medical Equipment & Materials	10,000	10,000
4. Office Equipment	-	-
	<u>10,000</u>	<u>10,000</u>
	<u><u>10,000</u></u>	<u><u>10,000</u></u>
B. <u>Administrative Costs</u>		
1. Rental & Utilities	10,000	12,000
2. Stationery & Postage	4,000	4,000
3. Printing & Duplicating	4,000	4,000
4. Contingencies	17,000	14,000
	<u>35,000</u>	<u>34,000</u>
	<u><u>35,000</u></u>	<u><u>34,000</u></u>
C. <u>Operational Costs</u>		
Stamp Duty for Importation of Vehicle, Insurance, Maintenance/ Repairs, Gas, Oil, Spare Parts	<u>15,000</u>	<u>20,000</u>

	<u>YEAR 2</u> JCS	<u>YEAR 3</u> US\$
D. <u>Subsistence</u>		
Mobile Staff	<u>21,000</u>	<u>23,000</u>
E. <u>Personnel</u>		
Project Manager)		
Secretary)		
Driver/Mechanic)		
Consultants)		
Office Helper)	<u>50,000</u>	<u>55,000</u>
F. <u>Salary Related Expenses</u>		
National Insurance Scheme)		
National Housing Trust)		
Contingencies)	<u>10,000</u>	<u>12,000</u>
G. Training Cost	<u>3,000</u>	<u>2,000</u>
TOTAL	<u>144,000</u>	<u>156,000</u>
		<u>300,000</u>

- 8.1.3 Due to various factors, expenditure from project funds falls appreciably behind amounts budgeted. In the following Table 8.1, for ease of reconciliation, budget figures and balances are given in US\$, while expenditure is in J\$. For the first two years the rate of exchange used was J\$1.78 = US\$1.00 and for Year 3 J\$3.25 = US\$1.00.
- 8.1.4 The books of PVO Ltd. have not been audited and the secretary expresses concern because of the escalation of auditors' fees and the fact that PVO Ltd. has no funds apart from project funds.
- 8.1.5 Efforts to obtain assistance from the Accounting Section of USAID was not very successful as the accounting format maintained in the Controllers Office was quite dissimilar from that used by the project.
- 8.1.6 All indications are that at this time the project has an accumulated balance from Years 1 and 2 of approximately US\$147,000.
- 8.1.7 In view of this, efforts should be made to fill the posts of Consultant and Social Worker very soon.

TABLE 8.1 EXPENDITURE FROM PROJECT FUNDS

ITEM	YEAR 1			YEAR 2			YEAR 3*		
	Budget US\$	Expense J\$	Balance UC\$	Budget US\$	Expense J\$	Balance US\$	Budget US\$	Expense J\$	Balance US\$
		**							
COMMODITIES	122,000	213,780	1,900	10,000	12,462	3,000	10,000	8,384	7,400
ADMINISTRATION	41,000	12,735	29,900	35,000	31,934	17,100	34,000	8,635	47,000
OPERATIONAL	41,000	2,223	12,800	15,000	20,139	3,700	20,000	10,525	16,800
SUBSISTENCE	18,500	2,058	17,300	21,000	24,912	7,000	23,000	20,752	16,600
PERSONNEL	28,700	23,066	15,700	50,000	40,579	27,200	55,000	16,920	49,800
PAYROLL RELATED	13,427	12,581	6,400	10,000	15,816	1,100	12,000	4,334	10,700
TRAINING	2,000	-	2,000	3,000	1,907	1,900	2,000	250	1,900
TOTAL	239,627	266,443	86,000	144,000	147,749	61,000	156,000	69,818	134,500

* To June 1984

** N.B. US\$120,101 spent

8.1.8 In view of the very substantial balance and the general health of the Project finances every effort should be made to fill vacant posts as well as additional posts recommended in this evaluation report.

8.1.9 One area of expenditure that requires attention relates to the Project Vehicle. Since September 1983 this automobile has been in for repairs more than six times, with a repair bill of over \$3,600 up to June of this year.

It has proven very unreliable, and given the nature of the work that has to be done, the project should have very reliable vehicles. It must be remembered that the team is almost entirely female and they must travel at nights.

8.2.1 There is no provision in the budget for the rental of motor cars, but consequent on the frequent break-down of this vehicle the project has had to spend over \$11,200 on rental of cars between September 1983 and June 1984.

SECTION 9

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

9.1' Conclusions

9.1.1 The goals in most program elements have been met and surpassed:

- a) Prevention - The specialist team in addition to fulfilling the project goals give family planning and genetic counselling (Section 3, para 3.1.3).
- b) Pre-School Service - This project has done an exemplary job in the area of early detection of handicapping conditions and supporting community based services in the detection effort. The goal of providing "comprehensive services for 50 handicapped children per month" has been more than doubled to approximately 118 per month. Referral services have also surpassed project goals (Section 3, para 2.2).
- c) Home-Based Programs - The project staff has done an excellent job in making timely and appropriate referrals.....Well over 400 referrals have been documented by the evaluation team (Section 3, para 3.3.1).
- d) Community Based Programs - The project staff have worked with a variety of programs to achieve the goal of support for community based programs (Section 3, para 3.5.2).
- e) Material Production - The project has been developing materials for use by teachers and parents. The materials have been widely disseminated throughout the service area (Section 3, para 3.6.2).

- f) Unit Class Support - The project has achieved much in this important area. Ongoing support for the Unit Class is evidenced by the enthusiasm of the teachers interviewed, project reports and letters from Principal. (Section 3, para 3.7.4 - 3.7.9).
- g) Pre-Vocational, Vocational Training and School Leavers - These services are beyond the scope of the Project (Section 1, Para 1.1.2 c, Section 3, para 3.8.1).
- h) Local Health Care Teams - Local health personnel give strong support for the continuance of services rendered by project team (Section 3, para 3.9.2 - 3.9.4).

9.1.2 In terms of numbers of children assessed, follow-up visits, workshops, material production, on-site intervention at unit schools and a variety of related services documented in this section, this project has achieved an impressive level of success. The various interviews with Government Officials, School Officials, Direct Service Providers and Parents, give dramatic documentation to the conclusion that the Rural Services Project for Special Children has had and continues to make a significant impact on handicapped children, their families and a wide range of both public and private agencies in Jamaica.

9.2 Institutionalization

- 9.2.1 The Chairman of PVO Ltd. describes the objectives of the company to be to:
 - a) identify areas of need;
 - b) develop projects to address these needs.
 - c) pass on these projects when viable to capable agencies.
- 9.2.2 The desire of the Board of PVO Ltd. is that the project be expanded and E.O.P. date extended to 1988, at which time PVO Ltd. would have found an agency capable of carrying on the project.

- 9.2.3 This is based on the very late arrival of the Mobile Unit, and hence the lack of time to accomplish the project requirements, for example, to have submitted proposals for the continuance of the project, as required in the Special Provisions, by June 30, 1983.
- 9.2.4 At this time, PVO Ltd. has no property and no funds apart from the OPG for the Rural Services project, and as far as the evaluators have ascertained no plans have yet been made for obtaining other funding.
- 9.2.5 The Jamaica Council for the Handicapped has recommended that their services be made available to handicapped persons under 18 years of age. This proposal has received positive response from the Ministry of Social Security. If this transpires, then the Council could be the agency for taking over the project. This should however, be a choice of last resort.
- 9.2.6 Although the evaluators were unfortunately unable to have an interview with the leaders of the Combined Disabilities Association, we have learned that this group is positive and dynamic and could conceivably be interested in taking over a project such as this.
- 9.2.7 The present condition of the economy affects the outlook of Jamaican's generally. A turnabout should make prospects for institutionalizing the project much brighter.

9.3 Recommendations

- 9.3.1 It is recommended that the project be expanded and that the E.O.P. date be extended to 1988 in accordance with the wishes of PVO Ltd.
- 9.3.2 The PVO Ltd. should be given a new date by which to submit plans for the continuation of the project. The new role of AID Jamaica should be outlined and new conditions given PVO Ltd. for the achievement of this objective.
- 9.3.3 The services of PVO Ltd. should be rationalized. The work done with the Mobile Unit should be conducted by one team, while follow-up work is maintained by another. There should of course be an interchange of personnel between both teams.

- 9.3.4 The project is in need of a Speech Therapist. The present case load includes a large number of speech and language disabilities which the audiologist cannot continue to serve along with the audiological demands. (See Audiologist in Program Staff Review).
- 9.3.5 The project is in need of a Social Worker/Intake Coordinator. The project is in need of a stronger intake/triage procedure. This procedure would screen out those individuals who are perhaps in need of counselling but who do not need the skills of the other professionals. This position could also collect data on school-leavers and information on adolescents appropriate for a pre-vocational/vocational program. (See Secretary in Program Staff Review):
- 9.3.6 The Project is completely dependent on one driver for the mobile unit and the Home Visits. The project should immediately begin the interview process, hire and train another mobile unit driver. (See Program Staff Review - Driver).
- 9.3.7 The Project Staff should be allowed to drive themselves on Home Visits. This would benefit the service population by timely home visits, a larger population being seen, and a better use of professional time.

- 9.3.8 The Project is in need of several vehicles, suitable for travel in the inaccessible areas where the van and project vehicle cannot function. This is especially important on Home Visits which are often up the mountain, and in areas where floods, landslides, etc. are common place. This would also allow for a better use of project staff time and a larger case load being served.
- 9.3.9 The Project is in need of a full-time Physiotherapist. The services presently available are not adequate to continue to meet the needs of both the clinic and Home Visits.
- 9.3.10 The Project should adopt a comprehensive assessment record and a diagnostic information record to eliminate gaps in service and to enhance communication between and among delivery agencies. This information would also serve in the evaluative process as it would clearly define the number, type of service and other pertinent project information. It would also establish a data base to be used for long-range planning by both private and public agencies. (See Section III).
- 9.3.11 The Mobile Unit should be stocked with medications not requiring a doctor's prescription or of such a nature that it could be distributed by the nurse to control, otitis media, diarrhoea, intestinal parasites, etc.

- 9.3.12. Rewrite the goals in the project statement on pre-vocational and vocational development. This is too wide a scope and is not feasible given the other objectives and resource available to this project. The new goals should be directed to information gathering when an over-age client comes for service. This recommendation is also appropriate for school leavers.
- 9.3.13 It is strongly recommended that the Project Staff, Private/Public Agencies, and the general population benefit from the dissemination/adaptation of the Mainstreaming Preschools Series developed by the Administration for Children, Youth and Families and disseminated by the National U.S. Network of Resource Access Project. It is also recommended that the large number of training, attitudinal impact materials, films, slideshows and other relevant materials be made available to the PVO Limited through the Resource Access Projects.
- 9.3.14 The specialist team be expanded adequately to cover screening, testing and therapy on location as well as the necessary follow-up work.
- 9.3.15 That the Project car be replaced. Because the present project car has been used in areas that have caused it to deteriorate rapidly, it is felt that this car should be sold and a new vehicle be purchased. The long-term saving will prove cost effective to the Project. This vehicle should be used only in urban areas where the roads are well maintained.

- 9.3.16 That the mobile unit be carefully examined and correction to the following deficiencies be made:
- a. the lack of power in negotiating steep hills;
 - b. the tendency of the vehicle to "wash" when negotiating bends.
 - c. the lack of proper ventilation en route.
- 9.3.17 That the Controller's Office give some help in the maintenance of proper financial records in collaboration with the Project Manager.
- 9.3.18 That the existing vacancies in the staff be filled as quickly as possible:
- a. Consultant - we recommend that this post be upgraded to Assistant Manager. This is extremely important, given the variety and stress source of job function currently being imposed on the Project Manager.
 - b. Paediatrician.
 - c. Education Technologist.
 - d. TV Producer/Technician.
 - e. Research Assistant.
- 9.3.19 That the project be re-evaluated, one year from this evaluation.

P R I V A T E
V O L U N T A R Y
O R G A N I Z A T I O N S L I M I T E D

9 Marescaux Road,
P.O. Box 178,
Kingston 5
Jamaica, W.I.,
Telephone: 926-1452

WORKSHOP REPORT

PLACE: Ocho Rios Anglican Church Hall

DATES: March 12 - 14

Goals of the Workshop

- 1) For parents to understand how disability affects a child and what can be done to help.
- 2) To teach parents how to help a child with a disability improve in learning and behaviour.
- 3) For parents to work together in a group to help each other.

Participants

Doreen Wilson and son Henroy Green 2½, Pamela Bryant, Fay Foreman and daughter Kerrian 2½, Paulette Bryan and daughter Tamika 2½, Merlene Frater, Esmie Bryan and a daughter Ju.y 10 years.

Programme

Monday, March 12 - After an ice breaking exercise parents were given overview of workshop and received programmes; discussions followed on the attitudes towards handicapped persons in Jamaica; myths about disabilities, the causes of disabilities; A discussion on the needs of children and their rights; A review of the six disability areas and how to identify them (from WHO manual).

Film Shown: Strategy for Growth

Tuesday, March 13 - Parents brought in their handicapped children and following the WHO manual, interviewed the children to identify /each other what disabilities and handicaps each child had. Each parent kept and tested their child's record form which indicates in what area the child needs training.

Presentations and discussions followed on nutrition, feeding the disabled child, and how to increase the child's motivation by using behavioural principles.

Film Shown: People you never see, Transitions

Wednesday, March 14 - The mothers learned how to make yogurt and play dough. A discussion/review of the need for stimulation to develop the brain and the use of play as the medium was followed by each parent identifying her child's level of development in the Play Activity booklet. The use of the booklet was explained and each parent in turn located the activities her child is in need of to stimulate further development. Demonstrations and practice applying the information with the children present followed. A physiotherapist and Occupational therapist worked with each mother on her child's particular needs and what exercises and positioning would be beneficial.

The rest of this session was devoted to making stimulation toys for the children by the mothers who had brought in readily available materials such as empty box drinks containers, margarine cups, seeds, shells, string and scraps of material, cardboard tubes from toilet tissue. Each mother made a mobile, stacking blocks that can be used as rattles, tube rattles and other noise makers as well as different textured tactile stimulat

Materials used in the Workshop:

- Booklets:**
1. Introduction to Developmental Disabilities
 2. Play Activities
 3. Train up a Child
 4. Leaflets on training in feeding, dressing, toileting and talking.
 5. Simple aids and techniques in Rehabilitation
 6. WHO Manual

- Films:**
1. Strategy for growth
 2. The People you never see.
 3. Transitions

Discussion: The mothers all expressed appreciation for the information and training. As the workshop progressed the small group became more vocal and relaxed. Four of the participants live in the Moneague area and will be pooling funds to pay the transportation of Peace Corps Physiotherapist from Brown's Town to hold bimonthly therapy sessions with their children at the Health Centre in Moneague. Pamela Bryant, who is a Public Health nurse also expressed interest in additional training to be able to assist other mothers she meets with who have disabled children. The other three Moneague residents expressed interest in assisting in future training if held in their area. The idea of sharing day care responsibilities was also discussed by the mother.

Kerry Ann was made a collar to help hold her head upright and centre. Exploration on getting a walker made for Tamika was begun. It was suggested that Fay have Kerry Ann's vision further assessed as she appears able to focus only momentarily. She tends to turn her ear rather than her face towards sound.

14

Merlene was only able to attend one morning because of work. She has a difficult time getting care for her son and is down hearted and discouraged about his condition.

Acknowledgments: Peace Corps Volunteer Kathi B. rlehy, Occupational Therapist from Mico CARE Centre, Peace Corp Volunteer Mary Baker Physiotherapist from St. Christopher's School, Early Stimulation Project and Mico CARE Centre for the use of their films.

PRIVATE VOLUNTARY ORGANIZATIONS LIMITED

TRAINING COURSE FOR PARENTS OF HANDICAPPED CHILDREN

DATE:

PLACE:

OBJECTIVES OF COURSE

1. To understand how disability affects a child and what can be done to help.
2. To help a child with a disability improve in learning and behaviour.
3. To use the WHO Manual and other books to train children in the skills they need to live a productive life in the community.
4. To have parents work together in a group setting to solve problems.

PROGRAMME

<u>TIME</u>	<u>TOPIC</u>	<u>OBJECTIVE</u>	<u>MATERIALS</u>
<u>Monday:</u>			
9:00 am	Opening	To prepare participants for the course	Programme
10:00	The Situation of disabled in Jamaica	To provide facts about the present services and conditions of the disabled	" Introduction to Developmental Disabilities ". Questionnaire
10:30	Attitudes and Misconceptions	To air negative views about disabled and misconceptions about the causes of disability	
<u>REFRESHMENT BREAK</u>			
12:00	Children's Needs	Normal Development and needs of growing child.	Film " Strategy for Growth ".
1:00	Cause of Disabilities	To provide facts about the causes of disabilities	Introduction to Developmental Disabilities. A Better Start.
2:00	Signs of Disability	To be able to recognise the 6 main disabilities	WHO Material

<u>TIME</u>	<u>TOPIC</u>	<u>OBJECTIVE</u>	<u>MATERIALS</u>
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Tuesday:

9:00 am	Practice in determining the different types of disability and whether a child is handicapped		WHO Checklist
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DISABLED CHILDREN ARE TO BE BROUGHT IN FOR THIS SESSION

REFRESHMENT BREAK

12:00	Play	To help disabled children to learn to develop from play.	Play Activity Booklet.
-------	------	--	------------------------

1:00	Determining which play activities are suitable for each child.		
------	--	--	--

CHILDREN WITH MOVEMENT PROBLEMS WILL BE GIVEN ADDITIONAL EXERCISES AND ACTIVITIES

FILM: People you never see.

Wednesday:

9:00 am	Nutrition & Feeding	To know about the right foods. How to deal with feeding problems of disabled children.	
---------	---------------------	---	--

10:30 am	Helping children have good Behaviour	To learn how to handle basic behaviour problems	" Train up a child" Film " Behavioural Principles "
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REFRESHMENT BREAK

12:30	Applying Behavioural Principles to training.	To learn how to train children in self help skills.	Feeding, dressing, toileting and speech pamphlets.
-------	--	---	--

FILM " Transitions "

Thursday:

9:00	Making toys	To learn how to make toys from available material	Seeds, bottle caps string, material scraps, can, cardboard containers, etc.
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ST. CATHERINE PARENTS ASSOCIATION FOR HANDICAPPED CHILDREN.

REPORT OF SECOND TRAINING COURSE FOR
PARENTS IN THE SPANISH TOWN AREA

January - February, 1984.

INTRODUCTION

In keeping with the plan of action for the St. Catherine Parents Association for Handicapped Children for 1983-84 to develop more self-reliance in parents, to form local community support groups and advocate for improvement of services in the parish, the first phase of parent training was conducted in Linstead from June 13 - 30, 1983. This was a most successful project involving the training of 15 parents and relatives and the development of five on-going projects in the area, including a class for handicapped children in Bogwalk, five self-help economic projects and plans for a toy library. One parent, Mrs. Olive Nesbeth, took further training in Kingston and is helping with the clinic in Linstead.

This course is the second in the series of four to be completed by June 30, 1984.

Preparation for Course:

1. Contact was made with the Spanish Town Kiwanis Club who agreed to help.
2. Monthly meetings at the St. Catherine Parents Association for Handicapped Children were held.
3. Circulars were sent out to start the course on Tuesday January 10.

In spite of the above, on January 10 and 11, only five people arrived, two of whom were previous CDAS of the Early Stimulation Project, one parent from Spanish Town and one from Linstead.

4. It was decided to do extensive parent visiting and recruitment.

- 2 - REPORT, PARENT TRAINING

Four persons visited, each 6 to 10 homes of disabled children, and obtained promises for 20 participants. In addition, much publicity was given over J.B.C. and R.J.R..

5. Materials preparation had been done for the first workshop.

Objectives of Course:

1. To understand how disability affects a child and what can be done to help.
2. To help a child with a disability improve in learning and behaviour.
3. To work together in a group to help each other and obtain better services for disabled people.
4. To use the WHO manual and other books to train children in the skills they need to live a productive life in the community.

Support for Course:

1. Travel and honoraria: provided by a community education minigrant from the Jamaica - Western New York Partners and the Caribbean Community Education Secretariat. Refreshment and bus provided by Spanish Town Kiwanis Club.
2. Materials: provided by the Caribbean Institute on Mental Retardation and other Developmental Disabilities, and a grant from the Embassy of the Federal Republic of Germany.
3. Facilities: Provided by St. Catherine Parent Association for Handicapped Children, at 9 Barrett Street, Spanish Town.
4. Projector and Assistance of Peace Corps Volunteers. Jeff Moore and Marty Seyler, by Private Voluntary Organisations, Ltd.,

Timing: The Course started one week late because of the initial slow start. It was subsequently re-scheduled for a total of ten days on January 17, 18, 19, 24, 25, 26, 31; February 2, 6, and 9.

It was convened from 9.00 to 2.00 p.m. daily at 9 Barrett Street Spanish Town.

REPORT ON TRAINING COURSE

PROGRAMME See attached for revised programme.

The Course was conducted by Dr M. I. Thorburn, with assistance from Sally Morgan and Olive Nesbeth, Jeff Mc O'Fe Marty Seyler and Wilbert Williams.

Visits on February 2 were made to:

School of Hope, Spanish Town; Danny Williams School for the Deaf, Kingston. Unit class for mentally retarded children, Franklin Town Primary School, Kingston. Deeds Industries, Lyndhurst R-ad. Early Stimulation Project, Kingston.

Participants and Attendance:

Doreen Wilks	9	Dawn Kennedy	10
Veronica Sharpe	9	Marcia Valentine	7
Leonie Schurton	7	Icyline Smith	10
Zelpha Thomson	10	Donna Sinclair	8
Monica Haladene	9	Marline Marshall	7
Pearline Facey	7	Maytabelle Atkinson	5
Maureen Parker	7	Marline Reid	3
Elveda Cone	4	Edwards Esmine	3

Resource persons Sally Morgan, Olive Nesbeth and Frances Hyatt, attended all sessions.

The following attended one or two days only:

Lauriee Searing, Elfreda Spence, Dawn Davis, Zia Atkinson; Clementina Scott, Mildred Morison, Winsome Francis, Donna Richards; Euphemia Belton,

On last day, Mrs. Fuller and Mrs. Prendergast of the St. Catherine Parents Association for Handicapped Children.

REPORT ON PARENT TRAINING COURSE

RESULTS

The following needs were identified on the first day.

1. Organise a demonstration.
2. Radio broadcast.
3. Some parents could volunteer to help other parents.
4. Give talks or show films to community groups, e.g. church, supermarkets, stores, service clubs, schools.
5. Find out which schools might take or have a classroom for handicapped children.

Disabilities Identified in Children:

The list below shows the disabilities found in the 16 children who attended on the third day. These were:
learning problems in 14;
Speech problems in 12;
Moving problems in 8;
Hearing problems in 2;
Strange behaviour in 4;
Fits in 1;
Visual problems in 1.

Only three children had single disabilities, (if you count speech as a separate disability from mental retardation) one young woman with quadriplegia, one young child who is blind, and a 12 year old who had a severe learning disability.

Handicap: The following handicaps were most common:

- Moves arms and uses hands 2.
- Eats and drinks by himself or herself. 4.
- Washes himself or herself 4.
- Cleans teeth by himself or herself 3.
- Goes to the latrine 6.
- Dresses by himself or herself 4.

Gets up from lying 2,
Moves legs 2
Moves around house. 2;
Moves around village' 2:
Child plays 1;
Gets schooling' 3
Takes part in family activities 4.
Takes part in community activities? 5.
Understand what is said to him or her 4.
Expresses thoughts, needs and feelings 4.
Language is understood by others 6.
Does daily household tasks 3.

Books and Materials Used:

WHO Manual -- Guide for Local Supervisors.

Booklet on Moving Disabilities.

"Play Activities for Disabled Children"
-- locally adapted.

"Living with Seizures" -- locally adapted

"Small Talk" -- locally adapted.
from booklet on speech.

produced by CIMR

"Introduction to Developmental Disabilities"

"A Better Start" - on prevention.

"Train Up a Child" - on behaviour.

Toilet Training.

Dressing.

"Like Other Children" --

REPORT ON PARENT TRAINING COURSE

Skills Bank:

The following skills were volunteered by participants:

- Teach children and parents -- 7
- Cooking -- 4.
- Drama: - 5.
- Advocacy -- 3;
- Dancing -- 1.
- Sewing, embroidery, crochet -- 6.
- Singing -- 2.
- Child care -- 2;
- Reading -- 1;
- Writing -- 1;
- Crafts -- 1;
- Delivering babies, family planning -- 1.

Further Plans:

Five projects were identified and discussed for further action. During these discussions, Mrs. Hyacinth Prendergast and Mrs. Sonia Fuller, President and Secretary of St. Catherine Parent Association for Handicapped Children, were present.

1. Radio Broadcast and Drama:

Since there were five persons very interested in drama it was decided that a drama group should be formed to prepare playlets about disability, attitudes and management. These would be offered to make a radio series.

The following would be needed:

- 1) To identify a producer - several potential persons were identified.
- 2) Decide on topics;
- 3) Write scripts.
- 4) Find a sponsor for production and radio preparation.

2. Home visiting

In conjunction with a group of five from Linstead, five persons could join the CDA, Sally and Frances to recommence this. Three days of further training are to be provided for this group of 12, by Dr. M. Thorburn and Jeff Moore to be completed by the end of February.

3. Public education through Film Shows, Talks and Drama:

Each participant is to approach a church or community group to offer a film, play or talks.

4. More Integrated Classrooms:

The following schools are to be contacted to see whether they could take a class for disabled children.

Waterford Primary, Spanish Town Training Centre, Ensome City All-Age, Crescent, Ewarton Primary, Sligoville All-Age.

5. Fund Raising:

Two major projects were suggested:

- a) To co-operate with Kingston ESP in staging a Fun Day at Coconut Park in September.
- b) To stage a fair at the Prison Oval in early December. Contacts to be made concerning necessary actions were identified and assigned to various persons.

Reporting back will take place on Thursday February 23, at the General Meeting of the St. Catherine Parents Association for Handicapped Children.

CONCLUSION Although no evaluation was done, it was clear that this course identified a group of 14 new persons who were clearly keen for further development. Morale and enthusiasm were high, and it was particularly gratifying to see the interest and motivation of one of our disabled participants, aged only 18, who has clear evidence of potential to go further.

- 8 - REPORT OF TRAINING COURSE

RECOMMENDATIONS

1. Plans for further courses for Old Harbour and Portmore should be implemented.
2. The home visiting programme should be reopened.
3. Further training of 12 persons for three days should be given as soon as possible.
4. The idea of drama production to deal with attitudes could seem to have great potential.
5. Once again, as in Linstead, the adapted WHO material was of great assistance in reading.
6. Once again, the majority of disability problems in the children were due to intellectual impairment.

ACKNOWLEDGMENTS

I am most grateful to Olive, Jeff, Marty, Sally, Frances and Veronica for their help. To PVO, Ltd., for the Peace Corps Volunteer and projector, and to Donna Sinclair for the poem she wrote (see attached).

COSTS

<u>ITEMS</u>	<u>\$</u>
Travel	586.60
Refreshments	283.24
Plug for projector	10.00
Trainers honoraria	930.00
Total:	<u>\$1,809.84.</u>

- 9 - REPORT ON TRAINING COURSE

Training Material:

Provided by Embassy of Federal Republic of Germany: Value approximately:	\$260.00
Provided by CIMR - Value approx.	\$160.00

Bus for trip to Kingston

Provided by Spanish Town Kiwanis, -- 9.30 a.m. to 4.00 p.m.

Receipts:

From Spanish Town Kiwanis:	\$110.00
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PARENTS TRAINING COURSE

SUMMARY OF PROGRAMME

Sessions held daily, from 9.00 a.m. - 2.00 p.m.

Day 1: Opening: Introduction.

Orientation to course, committees, transport arrangements; programme.

The Situation of Disabled Persons in Jamaica and the World.

Film: "It's the Same World".

Book "Introduction to Developmental Disabilities"

Attitude questionnaire and discussion on attitudes.

DAY 2: Signs of Disability -- slides.

WHO Guide for Local Supervisors.

Normal Development.

Film: "A Growing Responsibility".

Children's Needs and Rights.

IYC, the Rights of the Child.

DAY 3) • Children Participate.

Groups use the WHO Guide for Local Supervisors to determine the type of disability and whether the child is handicapped.

Groups report findings back to plenary.

DAY 4: Prevention of Disability -- Slides used.

How to deal with learning problems.

Film: "Try another way".

Task analysis.

Leaflet on toilet training.

DAY 5) Moving Disability Problems.

Use of WHO booklet on moving disabilities.

Talk by Mr. W. Williams, blind physiotherapist.

Practise use of booklet on children.

Film: "Cerebral Palsy, "The People You Never See".

Talk about being a disabled person, by Mr. W. Williams.

REPORT ON PARENTS TRAINING COURSE

DAY 6: Children participate this day.

Book: "Play Activities for Disabled Children"

Participants read book, then use it to assess development of children and design play activities for all the children.

DAY 7: Speech and Hearing Problems, led by J. Moore.

Children participate.

Use of book "Small Talk" to assess and design communication programmes for children without speech.

Films: "Where to begin with non-verbal children" and
"Ears to Hear".

Day 8 Visit to three schools and one workshop for disabled persons.
All day bus tour.

DAY 9) Behaviour Problems

Film: "Behavioural Principles" for parents and children.

A dissemination film: "

Discussion of three techniques for changing behaviour and their use in common behaviour problems.

Use of Book "Train Up a Child".

Film: "Ordinary Work".

DAY 1): Film: "Transitions"

Skills bank.

Plans for future projects.

Certificates of Attendance.

P R I V A T E
V O L U N T A R Y
O R G A N I Z A T I O N S L I M I T E D

9 Marescaux Road,
P.O. Box 178,
Kingston 5
Jamaica, W.I.,
Telephone: 926-145

April 25, 1984.

Mrs. Ciara Brown
Goshen,
Brown's Town P.O.,
St. Ann.

Dear Mrs Brown,

Greetings to you and Alti.

As I promised when we spoke at the clinic in Brown's Town, I am sending along some simple activities that you and your children can do at home. These activities stimulate the mind and should help Alti learn. Remember to praise Alti when he is correct and even when he tries. These activities should be fun and there should be no scolding or punishment for mistakes- just calm correction when it is needed.

Also remember that the brain needs certain foods in order to work well. As much as possible Alti should eat foods like brown bread (not white) peas, liver, eggs, cheese, milk, punkin, calaloo and fish. Alti should not eat too much sweet drinks, chees trix and sweet bun. These foods taste good but do not give the brain the strength it needs.

I would like to write to Alti's school but I do not have the name and address. I am enclosing a self addressed, stamped envelop so you can send me that information and please let me know if these materials are helpful or if you have any questions.

Best wishes for your success in helping Alti develop and learn.

Yours sincerely,

Marty Seyler
Marty Seyler M.A.,
Project Psychologist.

Enc.

MS/cw.

A poem: THANKSGIVING
by Donna Sinclair.

Thank you, God, for health and strength,
Thank you, God, for the sun you sent,
Thank you for the love you gave me;
That I can freely give.

Thank you, God, for our daily food,
Thank you, God, for our friends so good,
Thank you for the joy you gave me;
That fills my heart with glee.

Thank you, God, for the pretty flowers,
Thank you, God, for the happy hours;
Thank you for the peace you gave me;
That I can live so happily.

Thank you, God, for everything
Your Son has brought with Him;
They spring from Him to me,
And now abides within.

UTAH STATE OFFICE OF EDUCATION & UTAH DEPARTMENT OF HEALTH
COMPREHENSIVE ASSESSMENT RECORD
FOR COMPILING AND TRANSFERRING DATA ON HANDICAPPED CHILDREN

To Parents, Preschools, Schools, Health and Social Agencies:
 1. A master copy of this form should be kept in the student files and become a permanent part of the record.
 2. This form should be sent each time there is an exchange of information between agencies.

NAME OF CHILD _____ SEX _____ BIRTH DATE _____
 PARENT(S) OR GUARDIAN(S) NAME(S) _____ PHONE _____
 ADDRESS _____ ZIP CODE _____
 PRIMARY LANGUAGE OF THE HOME _____ OF THE CHILD _____

AGENCIES THAT HAVE WORKED WITH THIS CHILD:

AGENCY, CLINIC, PHYSICIAN OR SCHOOL	CONTACT PERSON	DATE OF SERVICE	DIAGNOSIS OR EDUCATIONAL CLASSIFICATION

HEALTH

TYPE OF EVALUATION	IMPAIRMENT			ADMINISTERING AGENCY	IMPAIRMENT			ADMINISTERING AGENCY
	DATE	YES	NO		DATE	YES	NO	
DENTAL								
NURSING								
NUTRITIONAL								
PHYSICIAN'S								
MEDICAL SPECIALIST _____								
(specify type)								

SPECIFY ANY HANDICAP DIAGNOSED _____

PRIMARY DIAGNOSIS	SECONDARY DIAGNOSIS	DATE OF DIAGNOSIS	DIAGNOSING PARTY

DOES A CHRONIC CONDITION EXIST THAT REQUIRES MEDICATION? YES ___ NO ___

DATE PRESCRIBED	PRESCRIBING PHYSICIAN

IS SPECIAL EQUIPMENT NEEDED? YES ___ NO ___

DATE PRESCRIBED	SPECIFY TYPE	PRESCRIBED BY

HEARING

	IMPAIRMENT			NAME OF SCHOOL, CLINIC OR AGENCY	IMPAIRMENT			NAME OF SCHOOL, CLINIC OR AGENCY
	DATE	YES	NO		DATE	YES	NO	
BEHAVIOR OBSERVATION								
IMPEDENCE AUDIOMETRY								
PURE TONE AUDIOMETRY								
SPEECH AUDIOMETRY								
OTHER _____								

VISUAL

	IMPAIRMENT			NAME OF SCHOOL, CLINIC OR AGENCY	IMPAIRMENT			NAME OF SCHOOL, CLINIC OR AGENCY
	DATE	YES	NO		DATE	YES	NO	
SNELLEN								
KOHS								
OTHER _____								

at

ACADEMIC/READINESS	DELAY			NAME OF SCHOOL CLINIC OR AGENCY	DELAY			NAME OF SCHOOL CLINIC OR AGENCY
	DATE	YES	NO		DATE	YES	NO	
ABC INVENTORY								
BEREITER-ENGLEMAN								
OTHER _____								

COMMUNICATIVE	DELAY			NAME OF SCHOOL CLINIC OR AGENCY	DELAY			NAME OF SCHOOL CLINIC OR AGENCY
	DATE	YES	NO		DATE	YES	NO	
ARTICULATION...								
EXPRESSIVE LANGUAGE								
RECEPTIVE LANGUAGE								
FLUENCY								
VOICE								
OTHER _____								

DEVELOPMENTAL	DELAY			NAME OF SCHOOL CLINIC OR AGENCY	DELAY			NAME OF SCHOOL CLINIC OR AGENCY
	DATE	YES	NO		DATE	YES	NO	
ALPERN-BOLL DEVELOPMENTAL								
BAYLEY SCALES								
BRIGANCE PRESCHOOL								
DOST								
GESELL								
MCCARTHY SCALES								
OTHER _____								

INTELLIGENCE	DELAY			NAME OF SCHOOL CLINIC OR AGENCY	DELAY			NAME OF SCHOOL CLINIC OR AGENCY
	DATE	YES	NO		DATE	YES	NO	
BAYLEY								
STANFORD-BINET								
WPPSI								
OTHER _____								

MOTOR ABILITIES	DELAY			NAME OF SCHOOL CLINIC OR AGENCY	DELAY			NAME OF SCHOOL CLINIC OR AGENCY
	DATE	YES	NO		DATE	YES	NO	
BENDER-GESTALT								
BRUNINKS-OSERETSKY								
MELANI-COMPARETTI								
SOUTHERN CALIFORNIA TEST								
NON-STANDARDIZED ASSESSMENT								
OTHER _____								

SOCIAL/EMOTIONAL/BEHAVIORAL	DELAY			NAME OF SCHOOL CLINIC OR AGENCY	DELAY			NAME OF SCHOOL CLINIC OR AGENCY
	DATE	YES	NO		DATE	YES	NO	
BURKS-BEHAVIOR RATING								
LOUISVILLE BEHAVIOR RATING								
NON-STANDARDIZED ASSESSMENTS								
OTHER _____								

COMMENTS

Copies may be obtained from the Handicapped Child Data Project at:
 UTAH STATE DEPARTMENT OF HEALTH
 Division of Family Health Services
 44 Medical Drive, Salt Lake City, Utah 84113
 533-6031 533-6181
 UTAH STATE OFFICE OF EDUCATION
 Special Education Section
 290 E. 500 S., Salt Lake City, Utah 84111
 533-6862

- 10 -
UTAH DEPARTMENT OF HEALTH & UTAH STATE OFFICE OF EDUCATION
REQUEST FOR DIAGNOSTIC INFORMATION
FOR SPECIAL EDUCATION

This form is intended to be used by schools and preschools when requesting information from professionals who have completed evaluations on the student. The section marked education is to be filled out by the requesting party and subsequent sections are to be filled out by the professionals indicated for each section.

Sent to _____ Date of request _____ Date returned _____

Name of Student _____ Sex _____ Birthdate _____
 Parent(s) or Guardian(s) Name(s) _____ Phone _____
 Address _____ Zip _____
 School or preschool requesting information _____
 Address _____ Zip _____ Phone _____
 Contact Person _____ Signature _____

PURPOSE OF REQUEST Evaluation Classification Individualized Ed. Program Placement Daily Management

Description of the Presenting Problem: _____

CURRENT FUNCTIONING IN RELATIONSHIP TO NORMAL CHILDREN

Area	Above	Average	Below
Academic/Readiness	_____	_____	_____
Adaptive Behavior	_____	_____	_____
Emotional/Behavioral	_____	_____	_____
Language/Speech	_____	_____	_____
Motor (fine and gross)	_____	_____	_____
Self Help	_____	_____	_____
Social	_____	_____	_____

CURRENT SPECIAL EDUCATION PLACEMENT

- | | |
|--|---|
| <input type="checkbox"/> Not Yet Placed | <input type="checkbox"/> Self-contained |
| <input type="checkbox"/> Preschool-Homebased | <input type="checkbox"/> Special Day School |
| <input type="checkbox"/> Preschool-Centerbased | <input type="checkbox"/> Residential School |
| <input type="checkbox"/> Regular Classroom | <input type="checkbox"/> Homebound/Hospital |
| <input type="checkbox"/> Resource | |

Educational Diagnosis/Classification _____

OTHER SERVICES CURRENTLY PROVIDED BY SCHOOL

- | | | | |
|------------------------------------|---|--------------------------------------|---|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Psychology | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Social Work | <input type="checkbox"/> Vision Screening |
- Other (please specify) _____

EDUCATION REQUESTS THAT THE FOLLOWING SECTIONS BE COMPLETED:

- Physician Vision Specialist Audiologist All Specialists Comments and Recommendations

- What are this child's specific medical diagnoses? _____

- List any conditions that might interfere with school performance: _____

- List any known allergies (food, medications, environmental conditions, etc.): _____

- Is the student taking medications: Yes No If yes, please fill in information below.

	1	2	3
Name of Medication(s)	_____	_____	_____
Condition prescribed for	_____	_____	_____
Dose	_____	_____	_____
Form	_____	_____	_____
Stop date	_____	_____	_____

Do any of the medications need to be taken at school? Yes No Name of Medication(s): _____

List significant side effects that might affect school performance: _____

- Does the student's condition require special equipment? Yes No Specify Type: _____
 Should equipment be used at school: Yes No Limitations on use: _____
 _____ Instructions for management: _____

- Do any of these conditions require that school activities be limited or modified? Yes No Please explain: _____

Physician's Signature _____ Date _____ Phone _____

ACTIVITIES THAT HELP DEVELOP THINKING SKILLS

1. **Sorting**
 - a. Mix up peas, cherries, poncinna, ackee seeds.
 - b. Sit down with the child and separate all the peas into one pile, all the ackee seeds, all the cherries and the guineps.
 - c. Mix them up and separate them again.
 - d. Encourage the child to help you do this by placing a pea in his/her hand and guiding it to the correct pile.
 - e. Talk to your child while doing this.
" All the food is mixed up " (show with your hands "mix up")
" Let's put the ones that look the same together " (Show the child by doing it). " Where does this one go ". " Well its a pea, so let's put it with the peas".
 - f. Continue to talk to the child the whole time you are playing. Whether he hears you or not he/she will see your lips moving, and this will help him to link lip movements with communication and with certain words. For example hold up the pea and while the child is looking at your lips say " pea ".
2. **Match things that are the same or similar.**
 - a. Place a small stick, a shell, and a rock in front of the child.
 - b. Have more sticks, rocks and sea shells to one side.
 - c. One at a time take a shell and place it with the other shell, then take a rock and do the same.
 - d. Next hand the child a stick and guide him to place it with the other sticks. You can use spoons, forks, plates, cups, glasses, shoes, shirts, dresses etc.
3. **After the child learns to match things that are the same, teach him to match things that have the same color.**
 - a. Can use different colored flowers
 - b. When you are teaching the child to match colors make sure the only difference between the things is the different colors.

4. Next match objects that are the same size.
 - a. Gather up rocks and small stones.
 - b. Put the big ones together into one pile and the little ones together in another pile.

5. Match objects that feel the same.
 - a. Smooth stones and rough stones.
 - b. Smooth shells and rough shells.

6. To match shapes, you can take a piece of cardboard and cut out a  ,  and  . Then practice with the child putting them back into the hole they fit.

7. After the child learned to match you can use letter shapes.
 - a. You can use a pencil and paper or draw the letters in the dirt with a stick.
Example: Draw a) B, L, B b) take the child's finger and trace over the B, then skip to the next B and do the same. c) Don't let him / her trace the L d) Next erase those letters and write L, B, L e) Take the child's finger and trace over the L's ignoring the B. f) Practice this alternating between the two sets, then guide the child to trace the first letter and let him/her choose the correct one to be traced.

8. Help the child increase visual discrimination.
 - a. Arrange sticks, shells or peas into a pattern. Can use a square, circle or triangle.
 - b. Destroy the pattern and help the child make it again.
 - c. Do this until he/she can make it on his/her own.

9. Let the child play with fitting smaller objects inside larger ones.
Example: Put the medium pot inside the big pot and small pot inside the medium pot. Can also use different size boxes or tin cans.

MATERIALS TO MAKE TOYS

(Bring at least five things from this list).

Sour sop and other seeds / bottle caps / shells
Seed pods
Box drink containers / milk boxes
Plastic bottles
Margarine containers / ice cream cups with lids
Tins
String
Glue / flour and water
Paper / cardboard
Old magazines
Small bamboo with side branches or a stick
Shells, small stones
Cloth scraps
Knife / scissors
Crayons
Thread
Spools from thread
Sandpaper
Old crocus bab or scraps
Bright coloured scraps of paper
Ribbon (old)
Other boxes
Small blocks of wood (from a wood shop)
Straws
Tubes from toilet paper
Any home made toys

SUGGESTIONS FOR THE FAMILIES OF HEARING AID USERS

--- WHEN A HEARING AID IS FITTED:

1. There is a tendency to speak loudly -- even to shout when communicating with a hearing impaired person.
 - a) once the person has been fitted with an aid, a loud voice can actually make understanding more difficult.
 - b) the hearing aid makes sounds louder. If you want to be understood; it is best to speak at a normal level.

- II. When the hearing aid user is getting use to the aid it may be necessary to:
 - a) speak a little more slowly and a bit more precisely. BUT DON'T OVER-DUE THIS.
 - b) talk naturally while making sure you are not rushing or slurring your words.

- III. Try to speak to the hearing aid users face:
 - a) Your eyes, expressions and gestures are important to help him understand.

- IV. Be sure you have the attention of the person before you try to communicate.
 - a) The hearing aid user will be going through a period of once again learning how to concentrate.
 - b) You can help by making sure you will be heard before you start to talk.

- V. Many of us have grown used to introducing distractions to our speech, WE;
 - a) Talk with our mouths full.
 - b) We smoke
 - c) These things make us harder to understand.

- VI. Background noise can be a distraction too,
 - a) The hearing aid user is learning how to sort out important sounds from the background noises.
 - b) You shouldn't turn down the radio or T.V. every time you talk, but try to talk to your child away from these kind of distractions.

- VII. If you find you are not understanding.
 - a) change the words around, rather than repeat the same words over and over again.
 - b) Different words may be more easily understood.

VIII, The more successful listening experiences you can create, the sooner the hearing aid user will develop confidence in the hearing aid.

VIII. Hearing will be more difficult than usual when a hearing aid user is tired or sick.

VIII. Your attitudes can discourage the use of a hearing aid or they can help the hearing impaired person realize its fullest benefits.

HELPING A CHILD'S SPEECH AND HEARING

3 MONTHS

- Talk to your baby pleasantly and naturally as you work around the house.
- Try to imitate the sounds he/she makes.
- Hold your baby close to you often, rocking him/her and talking or singing quietly.

6 MONTHS

- Talk to him/her often about the toys he/she is playing with. Use short, simple words and a pleasant voice.
- Try to imitate his/her sounds.
- Call the child's attention to noises around him/her or the noises the child's toys make
- Play baby games with him ("Pat-a-cake", Peek-a-boo").

10 MONTHS

- Talk to him/her about the things he plays with, and about things happening in the house. Use simple words and a pleasant voice.
- Make simple speech sounds and animal sounds, and encourage the child to imitate you ("Whee," "Ba-ba-ba," "Meow," "Moo").
- Show pleasure for the child's speech efforts.

18 MONTHS

- Introduce new toys, foods, or body parts one at a time, describing them with short phrases.
- Encourage him to imitate speech sounds, and to imitate the musical up-and-down pattern of your voice as you express feelings such as happiness, sadness, and surprise.
- Ask simple questions and give the child the answer ("Where's the dog? The dog is under the table." "What's this? This is a shoe.")
- Talk about pictures in magazines and simple picture books.

24 MONTHS

- Insist that he use his voice when he wants something.
- Talk to him often about things he is playing with or events happening around the child. Talk in simple sentences, emphasizing the key words.
- Ask him/her to put objects in certain places ("Put the block in the box," "Put the doll under the chair.")
- Read simple books to the child. Ask him to point out the pictures. (Where's the house")

ACTIVITIES TO DEVELOP THE MIND

LEFT AND RIGHT

- a. Have child wear a coloured string around his right wrist to remind him of his right side. Ask him to point to right and left body parts. Use the string until child can do the activity without checking the string.

LETTERS OF THE ALPHABET

- a. Teach the alphabet in parts. Have the child say the first five with help if necessary and you finish the rest. As the child learns the letters; let him say more until he says the whole alphabet alone.
- b. Alternate saying the letters where he says one and you say the next one.

PRINTING OWN NAME

- a. Use name cards at the table. Encourage him to find his name and sit at the proper place. Put his name over his bed.
- b. Print one letter of the name at a time and have him copy it. Dot out letters for him to trace if he has difficulty.
- c. Write part of the child's name (Mar___ or ___ary). As he learns one letter have him do two then three. (___ary, ___ry, ___y).
- d. Have child trace over a model of his name then directly below it until he can print his name alone.

NAME LETTERS OF THE ALPHABET

- a. Start with letters in child's name. Have him trace and copy the letters as you name them.
- b. Print 5 different letters on small pieces of paper or cardboard. Name the letters then hold them in your hand and let the child take them one at a time and name them. If he doesn't know the letter, you say it and have him repeat it. Take the letters and call out one at a time and have him pick the letter. Help him if he doesn't know a letter and have him repeat the letter name. When he knows one add a new letter.

Hide the letters around the house. Have the child find them, bring them to you and name them. Name them for him if he is unable to name them. Do capital letters the same way.

ARRANGE OBJECTS IN ORDER OF SIZE, LENGTH

- a. Collect straw, rope, bottles, paper strips of different sizes or length. (Use other common materials like seed pods as well.)
- b. Start with 3 pieces quite different in size or length. Put the first one alone and have the child put the other two in place. Work up to 10 pieces. You put out every other one and have the child put the remaining ones in place. Then put fewer and fewer in place until the child can order them all without help.

NUMBERS

- a. Put each number from 1 to 10 on a piece of cardboard. Make a next set of numbers the same way.

Put one set out in order and have the child put the second set out the same way.

Gradually take out a number from your set and have the child put all the numbers in order again. As he can do this take out a next number then a next one until the child can put the numbers in order all by himself.

- b. Put out some numbers (1, 2, 6, 8, 9, 10) and let the child put in the rest. Gradually put out fewer numbers until the child orders all the numbers correctly by himself.

Have the child count as he puts out the numbers. Help him when he cannot name one.

NAMES POSITION OF OBJECTS - FIRST, SECOND, THIRD

- a. Have 3 children stand in line. Ask who is first in line, then who is second then who is third. Play this until the child can do it alone.
- b. Use the terms first, second and third with daily activities, example: First, I put on my sock, second I put on my shoe, third I tie my shoe.
- c. Have child order 3 things and name them as being first, second, and third.

ACTIVITIES (Contd)

Teach your child the meaning of HEAVIER & LIGHTER using household objects, which the child can hold. Ask him to sort them into groups of light and heavy. Give the child two objects to hold. Ask him to tell which is heavier and which is lighter.

Teach the meaning of BEHIND, BESIDE and IN FRONT OF. Ask the child to get in certain position then tell him where he is. For example " You are behind the chair ".

TEACH BODY PARTS during dressing and bathing. Ask the child " Show me your _____ " (head, nose, ears, eyes, hair, shoulders etc.) Point to a body part and have him name it for you.

TEACH COLOURS by taking one colour, like RED and pointing it out around the house, in clothes etc. Ask the child to show you red until he can do it without help. Then go to a next colour.

TO HELP YOUR CHILD BECOME AWARE OF SOUND

1. Take your child to places where he/she can hear loud sounds.
 - a. let him/her listen to a tractor, a car revving the engine, a car horn, or any other loud sounds you can think of.
 - b. point to the thing that is making the noise, while the noise is being made.
2. Fill tin cans with small rocks or sea shells. Shake these close to the child's ear. Can also use bottles filled with small rocks.
3. Also can use bottles filled halfway with water, and use a spoon to tap the bottle.
4. Make the noise close to the child's ear, if he/she hears more from one ear, then make the sound next to that ear.
5. If your child hears these sounds you can play a listening game with the tin cans and the bottles.
 - a. Hold one hand over the child's eyes and shake the can or hit the bottle next to the child's ear.
 - b. Place the bottle and tin can in front of child, and through facial expression and body movements try to get the child to choose the one that made the sounds.
6. Let the child listen to the radio with his/her ear right up to the speaker. Place the child's hand on the speaker so he/she can feel the vibrations. Turn the radio on and off while he/she is listening and feeling
7. Take a pot and lid and bang them together. If your child can hear this let him bang these together.
 - a. you can play a game where if you bang once, the child bangs once, if you bang twice the child bangs twice.
8. If your child can hear animal sounds make sure he knows which animal is making the sound.
 - a. show him the rooster while it is crowing, the cow mooing or dog barking.

CARE OF THE HEARING AID

DO:

1. Keep the aid dry.
2. Turn off the volume before taking the aid off.
3. If you don't wear the aid to bed, take the battery out of the aid at night before you go to sleep.
4. Wipe the battery dry if it is damp.
5. Wipe the battery contacts points inside the aid clean using a pencil eraser.
6. Let the aid stay open to the air all night.
7. Clean the earmould everyday using soap and water only.
8. Throw away old batteries after you take them out of the aid.
9. Store the aid out of reach of pets.
10. Have the aid checked frequently by a professional.

DON'T:

1. Let the aid get too hot.
2. Twist, knot or chew on the hearing aid cord.
3. Pull on the cord.
4. Drop the aid.
5. Allow liquid to get inside the microphone.
6. Put the aid in the oven to dry.
7. Put the aid in water to clean it.
8. Try to fix the aid yourself.
9. Use solvents to clean the aid.
10. Oil any part of the hearing aid.

Deeside P.O.
Trelawny

25/7/1984

Dear martyseyer,

how keeping. I am taking
 great pleasure to write to you and Mrs Delores
 thanking you for your God bless work
 that you are doing. Murray and I are
 doing fine and I am working on the
 booklets. The one I see that he make
 some movement to his the lip movement
 he is making some improvement slow but
 I am still trying. The letter sounds he is
 not making no try at it, so he will do thing
 that game involve in for he like to play

I want to close with love for you both, and
 your lovely job.

Vincent Allen
Deeside

Windsfield Dist
Moreague P.O.
St Ann

Hi Mary,

Good day, how are you keeping, hope fine I am fine for the time been, well it's been a long time since we haven't seen each other so it would be ashame if a didn't make some effort to correspond with you. How is Katy, is she o.k. please give her my love and tell her I must her a ltr. tell her I would also like one of those picture she took in Octo Riois with the group, sorry ~~she~~ ^{we} have to brdke up so early and could not get to take some more. your little friend Henry is o.k. at the moment, no further sick ness and is on his tummy trying to move around and trying to use his hands a little. I tell you I have to say thanks to you ladies quite often, Especially Mary who is over here with us in Moreague, we are working very cooperative with her but is longin to see you both, I am expecting to come to town in two weeks time and might come out to look for you both. so keep well, until I see or hear from you. good & good luck.

same Dolcen

Wackerswood P.O.
Refuge Dist
18.5 84.

Dear Miss & Mrs Caroline

I have received your letter
all contents were carefully noticed. I really
thank you for trying to help Sophia, I also
received a telegram from Brown's Town
to take her to Monrovia Baby clinic
Tuesday the 22nd of May. But Miss
Caroline I really don't know any body
down by Brown's Town. I am not working
and I really don't have any help with Sophia.
So as to the Bearding out I really can't afford
it. until now I never get to take her to St
Ann's Bay, for at the same time I get a
days work and decide to take her to St
Ann's Bay I got the telegram from
Brown's Town I never worry But I
am very grateful of what you are doing
so please reply I long hearing from you
Please try and see if you can really
help me in some other way. Things is so
stiff now the fare to and from is really
beating I am
yours truly Cadner Grant

Clouet Hill P.A.

St Anne

25th August, 1984

Dear Marty,
I have received your letter and was very glad because I have been to Kingston quite often but was unable to reach your office although it is close to where I go been as I am busy anyway Marty I thank you all for all that you have been doing because I can see that Kerry have made a lot of changes even her doctor told me she look 100% better and I am very glad to hear that and I want to thank you all for all this wonderful work that you all have been doing

Kerry gets along with Mary quite well and she understand her. she always do things quicker for her than me and Mary loves that very much. Any way I close with thanks in my best regard until I see you or hear so bye

Yours respectfully
Ray Foreman.

T. A. D
Kingston 5

McCreague P.C.
2.5.8

Hello Mrs Henry I certainly can't
forget to send this letter of (Sincere
Thanks) for your quick and kind response
to the aid of my son's hearing aid
especially at a time when I just
couldn't respond to such a financial
demand, due to my very unreliable
kind of work. The Tourist Industry
is still struggling to survive, I'm not
too sure when it will be back in top
gear. Right now a lot of people are laid
off temporarily, are on week off week
on, or permanently, so as other
industries. I've ~~try~~ ^{tried} to get a job on
one of the ships, no luck yet but, I'm
still trying. On a whole on the Island
things are really in bad shape.

I took the letter to Mrs Johnson in
St Ann's Bay she said she'll present
the matter to the committee and advise
me to cool off with child production
(smile) I've or we've done that already
and we had to use stringent measures.

I really can't find words enough
to say Thanks Again for your very
109

Thoughtful kindness. I certainly
do hope I can repay you in some
way or the other. His responding to it
fairly well and I'm sure when he
gets the right kind of Teacher for
his purpose it should be even better.

I just glimpsed you one morning when
you came to Donna, haven't had the
chance of talking with you yet but,
one day we'll catch up with each other.

Donna & myself is really saying
Thanks to you first, and the entire
crew of the J.A.D. ^{to} such kind and
hospitable help in the time it needs.
Thank you all very very much.
and do keep the good work up. I'm
sure you'll get Divine blessings
for such acts of kindness.

Hoping to meet you soon so we
can talk a little. Mrs Henry all
the ^{best} to you and family and please
convey our most grate regards
to Staff and management of
the J.A.D. So long Mrs Henry
see you soon. ~~any~~

Yours
Respectfully
Sincere Friend
Dana Oscar

Clower Hill P.A.
St Ann
2nd April

Hello Marty,

I should have write a bit earlier but I know that you must have being busy Islandwide with your Voluntary program. Well first to say Kerry Ann is fine only that she find it difficult to help herself but any thing she does I tried to encourage her the way she should. The cardboard that you gave me to put around her neck she force her self on it and cause it to bend but anyhow I am trying to get something more stiffer.

I enjoyed Mary Baker work because we have being seeing her every other Thursday and Kerry is coping with her exercises and I do hope you will all keep up the good work. I will be in Kingston on the 12th to see doctor Thurboon at Old Hope Rd so I am asking you to tell Kathi I send my great regards to her and if she could make it possible for me to see the pictures she take so she could take them there at that date I would love to see them. Anyway Marty it is a short note so take care until I hear from you

Yours Truly
Fay Foreman.

Wilmington Del.
1101 Kauffman Rd.
Inclonville
" 8. 300

Dear Maury,

I appreciate to you and
the staff. I have received your letter and
was very glad to hear from you. Thank
you very much for your encouragement.
I'm glad you understand my problem but
sorry you cannot do much any way my
condition is bad. I take good care to the
doctor in the T. He said I've had and
having long bronchitis now but he is
having a general cough which is
causing him some trouble for some
disturbance because they are
interesting. I've been down to the
doctor to look me because the
lighter he get the better for him and
Mrs. Maury although I find he is
he is every thing he can do. Let me share
some of them. I've been in things now
he can't get me this process without
support through Maury's saying words
like Hungary and with some

gloria. and other words which I don't
understand he plays with his fingers and
his. sometimes what people will do for
me. he don't do it for his grandma and
other. That that I really want people to
stay so away to another name but I
think. ~~but~~ both of us are tired of our
home. (ough) he is also trying to stand
by himself but fail and get hurt. thinks they
think and feel up the good world.
May the good lord bless and protect you all
Please give my love to all.

Write early

Yours truly
Gloria

11.11.1944

P.S. if you are one passing through...
Please send and let me know.
Thank you.

PRIVATE VOLUNTARY ORGANIZATIONS LIMITED

Dear Dr.

On this day I have seen
Clinic, held at
could evaluate this child for

at our Special Children Screening
I would be most grateful if you

Thanking you in advance for your kind co operation.

Yours sincerely,

Marty Seyler M.A.,
Project Psychologist.

IS YOUR CHILD DEAF?

SIX DANGER SIGNALS

1. A new baby doesn't act startled when someone claps sharply within three to six feet.
2. At three months the baby doesn't turn his eyes toward the sound.
3. At eight months to one year the child doesn't turn toward a whispered voice, or the sound of a rattle of a spoon stirring in a cup, when the sound is three feet away.
4. At two years the child can't identify some object when its name is spoken, can't repeat a word when asked just once, can't repeat a phrase, and doesn't use a few short phrases while talking.
5. The child doesn't wake up or become disturbed by loud sounds; doesn't respond when called; pays no attention to ordinary crib sounds or noises; uses gestures almost all the time instead of talking to tell you his or her needs; or watches your face very closely.
6. The child has a history of upper respiratory infections and chronic ear infections.

IF YOU DETECT ANY OF THESE SIX DANGER SIGNALS, IT'S TIME TO HAVE YOUR CHILD'S HEARING TESTED BY A SPECIALIST. CONTACT:

The Jamaican Association for the Deaf
9 Marescaux Road P.O.Box 178
Kingston 5 Telephone: 936-7709

OR

PRIVATE VOLUNTARY ORGANIZATIONS LTD
9 Marescaux Road P.O. Box 178
Kingston 5 Telephone: 926-1452

(for children and adults)

(for children from birth to age 16)

PRIVATE VOLUNTARY ORGANIZATIONS LIMITED

Criteria For Referral

- 1) Poor Grades
- 2) Inflamed eyes
- 3) Faulty head and eyelid positions
- 4) Failure of testing
- 5) Amblyopia
 - Annual Visual Acuity testing for child who is myopic because it increases with growth.
 - This means child is handicapped for blackboard work and sports if visual acuity is below 20/40 i.e. 6/12
 - Hyperopia test to save farsighted child from excessive eye strain.

Excessive Hyperopia Test

- Subject should wait for one minute before final appraisal.
- Hyperopia test of little value in Primary schools.

P RIVATE
V OLUNTARY
O RGANIZATIONS LIMITED

9 Marescaux Road
P.O. Box 178,
Kingston 5
Jamaica, W.I.,
Telephone: 926-14

MILD HEARING LOSS

Name: _____

1. Students will have difficulty understanding faint or distant speech.
2. Students will have difficulty understanding conversation when there are others talking around them.
3. Student will have difficulty understanding conversation when there are loud sounds from the environment around them.
4. Students may have a slight verbal deficit in language or articulation:
 - a) May not know the meaning of some words that his classmates understand.
 - b) May not pronounce some words correctly.

P RIVATE
V OLUNTARY
O RGANIZATIONS LIMITED

9 Marescaux Road,
P.O. Box 178,
Kingston 5
Jamaica, W.I.,
Telephone: 926-145

MODERATE HEARING LOSS

Name: _____

1. Can hear direct conversation at about 3 ft, without a hearing aid.
2. Will have frequent difficulty understanding speech at an average conversational level.
3. Speech and language problems may be present.
 - a) Will have difficulty using infrequently used words.
 - b) May substitute certain sounds for others in words or may distort the sound, but speech will still be 'understandable'. Example: May say "dame" for "same".
4. Reading and writing skills will be delayed.
5. The sound of the voice will be normal.

10 071 5

P R I V A T E
V O L U N T A R Y
O R G A N I Z A T I O N S L I M I T E D

9 Marescaux Road,
P.O. Box 178,
Kingston 5
Jamaica, W.I.,
Telephone: 926-14

MODERATELY SEVERE HEARING LOSS

Name: _____

1. Without a hearing aid, the student will understand conversational speech only if it is LOUD, and then not always completely.
2. Student will have considerable difficulty in group or classroom discussions.
3. Vocabulary will be limited and student will be frequently confused.
4. Student's grammar will not be correct; or complete for the age level.
5. The voice will sound abnormal and speech will be unclear.
6. Will need special help from teachers.
7. May need a special class for the hearing impaired.

P R I V A T E
V O L U N T A R Y
O R G A N I Z A T I O N S L I M I T E D

9 Marescaux Road,
P.O. Box 178,
Kingston 5
Jamaica, W.I.,
Telephone: 926-145

SEVERE HEARING LOSS

Name: _____

1. Might be able to hear a loud voice at 1 foot from ear.
2. Might be able to identify some environmental sounds.
3. Will not develop language and speech without special help:
 - a) needs special classroom for the hearing impaired.
4. Will need special training even with a hearing aid.
5. The voice and speech will be defective.

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9 Marescaux Road,
P.O. Box 178,
Kingston 5
Jamaica, W.I.,
Telephone: 926-148

PROFOUND HEARING LOSS

Name: _____

1. Will not rely on hearing as the primary way of understanding communication.
2. Will have only a small understanding of speech if the information is not given with gestures and pointing.
3. Without early help, including a hearing aid, the child will be "educationally retarded".
4. Special class or school is necessary for their primary education.

PRIVATE VOLUNTARY ORGANIZATIONS LIMITED

The following are common learning weaknesses of children who are slow learners and suggestions on how to deal with those weaknesses:

General Information and suggestions:

- A) Have a child restate what it is you want him to do during a lesson, or when sending him/her to the canteen etc.

For example:

The Teacher says: Marcia go to the chalk board and write the word cat. Cat is spelled 'C' 'A' 'T'. Marcia what are you going to do?.

Marcia answers: Go to the chalkboard and write cat.

The teacher says: How do you spell cat?.

Marcia answers: 'C' 'A' 'T'.

The Teacher says: Good, now write the word on the board.

- B) Review previous lessons before moving on to new lessons so that you are always beginning a new lesson with information the child already knows.
- C) Praise a child's right answers and when he/she attempts to answer. Always try to focus on his/her strengths. Try to find a positive starting point in even the poorest sample of work.
- D) Do not allow the child to practice writing incorrect answers; instead, immediately correct mistakes and have the child practice writing and stating the correct answer.
- E) Begin teaching a new concept or lesson by starting with concrete objects and move to less concrete exercises, for example when teaching the consonant M :
- a) Bring to class a number of objects with names beginning with the sound of M (mango, melon etc).
 - b) Show a picture of a market scene or talk about the market; what you would find at the market beginning with M.
 - c) The students name the objects that begin with M.
 - d) Have the students write the letter " M ".

- e) Have the students identify and write an " M " under a drawing of a picture that begins with " M "; some pictures would begin with " M " and some would not.

Common Learning Weaknesses

1. A child may have problems remembering and following directions.

Ways to make adjustments for this problem:

- a) Make the directions simple, clear and easy to follow.
- b) Give the directions one at a time.
- c) Have the child restate what it is you want him to do.

2. A child may have trouble paying attention during a long lesson.

Ways to make adjustments for this problem:

- a) Shorten the amount of time spent on one lesson.
- b) Ask the students questions during the lesson to see if they understand whats being taught.
- c) Use several different ways to present a lesson.

3. A child may be unable to identify the differences between certain letters, numbers, figures or sounds. For example a child may confuse the letters b and d and the number 6 and 9 or the sounds of t and d.

Ways to make adjustments for this problem:

- a) Have the child practice writing and saying aloud the correct answer.
- b) Introduce and teach similar letters, sounds and numbers separately one at a time.

4. A child may have problems generalizing and transferring knowledge from one lesson to a next.

Ways to make adjustments for this problem:

- a) Try to use different materials and objects to teach the same lesson so that the child can generalize the information to other experiences and lessons.
- b) Teach only one concept during a lesson and do not move on until the child has mastered that skill.
- c) Begin teaching a new concept or lesson by starting with concrete objects and moving to abstract concepts.

5. A child may have problems expressing ideas orally.

Ways to make adjustments for this problem:

- a) Give the child a chance to talk; let him ask and answer questions during a lesson.
- b) Have free discussions where the child can talk about experiences, stories and objects.

6. A slow learner will most likely always have problems remembering lessons from one term to the next term, from one month to the next, from one week to the next and sometimes one day to the next.

This can be very frustrating for a teacher, but just remember that the child will need extra assistance and patience.

Ways to make adjustments for this problem.

- a) Make lessons simple, clear and easy to follow.
- b) Always review previously learned lessons.
- c) Try not to frustrate the child with materials that are too hard for him/her.
- d) Always focus on the child's strengths.
- e) Practice the lesson over and over again each day until the child is performing the lesson correctly, before moving on to a new lesson.

Points to remember:

1. Practice lessons over and over again and periodically review them.
(repetition is important for the child to learn)
2. Have the child restate what it is you want him/her to do.
3. Immediately correct a child's incorrect answer and have him/her practice stating and writing it correctly.
4. Praise a child for giving a correct answer and his/her attempts to give a response.
5. Begin teaching a new concept or lesson by starting with concrete objects and move to more abstract concepts.

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IMPROVING CHILDREN'S MENTAL ABILITIES

Visual Perception

- Have the child:
- 1) Copy designs such as circle, square, triangle, diamond, octagon and abstract designs.
 - 2) Trace over letters and designs. Trace over numbers then copy them.
 - 3) Copy letters - Go over sounds they make. Try single letters first. Progress to blends, then words.
 - 4) Put things together: For example, paste or draw a picture on cardboard. Cut it into 2, 3 or 4 pieces. Put it together again.
 - 5) Cut out letters and shapes. Colour them. Match and sort them by shape and colour. Cut them out of sandpaper as well as other textures like fabric, cardboard etc.
 - 6) Identify details in magazine pictures. Have the child explain what is going on in the picture. Ask him/her to find shapes in the pictures.
 - 7) Make form boards out of thick cardboard. Cut out circle, square, diamond, rectangle etc. Have the child replace the cut out forms in the cardboard backing.

Pre-Reading Skills

Phonics - Teach child what sound each letter makes. Start with single letters then move on to blends such as ch, sh, ck, etc. Use pictures or objects to teach the association of sound to letter.

Letter Recognition - Cut out paper letters. Teach one letter, like A. Have the child find all the A's in the cut out letters. Then have child find all A's in printed words or letter series. Have the child match A's by drawing connecting lines between A's in two columns of letters. When he/she can do A move to a next letter.

Have child match letter cut out to sounds and pictures.

Writing

Start with a crayon or pencil with something wrapped around the length to make it thicker and easier to hold. Have the child make large loops across the page. straight lines, horizontal, vertical and then diagonal.

Have the child trace over simple designs like circles, squares, triangles, diamonds etc., then copy the designs. Next move on to tracing big letters, then copying big letters and finally tracing and copying small letters.

Maths

Practice addition and subtraction with the use of pictures and concrete objects such as bottle caps, stones and seeds.

Match numbers with concrete objects or pictures to teach number concepts.

Orientation - Time

Teach children days of the week and months of the year. Remind them often what day, month, date and year it is. Show the day on calendars. Discuss the concept of time - minutes and hours. Use clocks or pictures of clocks to illustrate.

Discuss concepts such as yesterday, today and tomorrow.

Orientation - position

Teach the concept of behind, in front of, under, over (on) in, beside.

Play a game by placing objects in various locations and ask the child to explain where something is. Also ask child to get into various positions that you call or plays objects in those positions.

Attention

Observe how long a child's attention stays on a task.

To help a child develop good and longer attention start by working at a task that is as short as the child's attention span. Praise the child for working/paying attention even for one minute. For example, say "That's good listening" or "I like how nice you are working", something which also fits the situation.

As the child pays attention for the time you have started with, gradually make the task time longer. Reward the child for paying attention.

IMPORTANT

Remember - Slow learners often have little confidence and are afraid to try or dislike learning situations because they have failed in the past or people have teased them or treated them badly.

They need to experience success and that means working with them at their level - not a level based on age or what other children are doing. DO NOT compare them to the next child. That is unfair and will only frustrate you and the child.

Take one step at a time, no matter how small; give enough repetition; use concrete materials like pictures and models to trace and copy; and plenty of praise and encouragement. DO NOT USE PUNISHMENT OR SCOLD THE CHILD.

A child who plays ball by catching, kicking or hitting the ball, or who skips, jumps, runs is helping the brain develop. Encourage these activities and organized games.

CURRICULUM FOR VISUALLY IMPAIRED

Same as for the sighted child plus braille instruction/orientation and mobility (travel), typewriting.

Variables to be considered

- 1) Age
- 2) Achievement level
- 3) Intelligence
- 4) Presence of multiple
- 5) Emotional stability.
- 6) Nature and extent of eye condition.
- 7) Wishes of students and parents.
- 8) Recommendation of staffing team.
- 9) Available resources.

Educational Guide for Visually Impaired

- Darker printed matter
- Enlarged print
- Best lighting conditions
- Allow child to sit as close as is most comfortable.
- Teacher should avoid standing with back to a bright light source e.g. window as child will be looking directly into the light.
- Avoid writing on chalkboard where there is glare.
- If severe visual impaired orientate to changes in the environment.
- Quiet classroom, as child depends more on auditory skills.
-

Visual impaired fatigued if tasks involving close eye work goes on for long periods.
Therefore vary activities e.g. listening activities/close activities with motor activities.

Encourage students to take short breaks from activities requiring long periods of visual work.

Practical Factors in Illumination

- Proper lighting minimizes eye strain and increases the speed and efficiency of reading.
- Poor light does not cause eye disease but increases eye fatigue.
- Have light fall behind shoulder.

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PROCEDURE FOR TESTING THE HEARING OF INFANTS

When Two Testers Are Used:

1. Always follow the order used on the response form:
 - a) Right Side: bell on a level below the baby's eyes.
 - b) Left Side: Key rattle on a level below the baby's eyes.
 - c) Right Side: Squeeze toy on a level above the baby's eyes.
 - d) Left Side: egg rattle on a level above the baby's eyes.
2. All Noisemakers except the horn should be presented at 3ft. behind the baby. Use a yardstick or a string to measure the distance.
3. The horn should be presented 6 inches behind the ear being tested.
4. Make sure that the Noisemakers cannot be seen by the baby before and during the sound presentations.
5. In a quiet room, seat the baby on the mother's lap, leaning comfortably against her shoulder or sitting upright.
6. Have one person sit in front of the child and keep his attention by holding up the ball and moving it slowly around.
7. The other person is behind the baby with the Noisemakers.
8. Kneeling down, this person presents the Noisemakers, in the order listed under number 1 above.
9. Always make sure the baby cannot see the toy's with his side vision.
10. The person in front records the baby's responses.

When One Tester Is Used:

1. Follow the same order of presentation.
2. With the baby seated on the mother's lap, kneel at an angle halfway between the baby's front vision and the ear to be tested.
3. Holding the ball in front of the baby, lean over as far as you can towards the ball, so that the baby looks back and forth from the ball to you.
4. Hold the Noisemaker directly on the side of the head, below or above the ear to be tested.
5. Try to make the sound with as little movement of the arm as possible, so as not to give the baby clues about what you are doing.
6. Observe the baby's response after each presentation and write it down on the response form.

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ACCEPTABLE RESPONSES WHICH SHOW THAT A

BABY HEARS NOISEMAKERS

1 to 5 months of age:

1. Eye responses immediately following the sound.
 - a. turns the eyes toward the sound.
 - b. widens the eyes.
2. Stops moving if he has been active.
3. Stops crying.
4. "Jumps" when the horn sound is presented and may blink the eyes.

5 to 10 months of age:

1. Head turns toward the side where the sound is being presented.
 - a. at 5 months the head turn may be 'wobbly' and may not get all the way to the side.
 - b. between 6 and 10 months the baby will turn his head directly to the side where the sound is coming from.
 - c. children in this age group may not yet look up or down for the sound, but will simply turn their head toward the correct side.
2. A small 'jump' of the baby's body immediately following the sound of the HORN.
3. An eye blink, or if the lids are already closed, there may be a 'tightening' when the horn sound is presented.

10 to 14 months of age:

1. Head turn toward the side where the sound is being ^{made} PLUS the child will look down for the sound when it is below the baby's eyes.

1.
 - a. at 10 months he may first look directly to the side and then downward.
 - b. between 11 and 14 months he looks directly downward.
2. "Jumps" when he hears the horn or blinks the eyes.

14 months to 2 years:

1. Head turns directly to where the sound is being made.
 - a. can now look up as well as down for the sound.
2. "Jumps" when he hears the horn or blinks the eyes.

EAR INFECTIONS

EAR INFECTIONS CAN CAUSE A HEARING LOSS

EAR INFECTIONS CAN BE CAUSED BY FLUID COLLECTING INSIDE THE EAR BEHIND THE EARDRUM.

THIS CAN HAPPEN WHEN:

- A person gets a cold
- A person has allergies
- A person has Sinus problems
- A person has swollen Adenoids

A CHILD MAY HAVE AN EAR INFECTION IF HE/SHE HAS

- a. Pain in the ear
- b. Rubs the side of the head
- c. Water or pus running from the ears
- d. High fever
- e. Ringing sound or noises in the ear
- f. Cannot hear as well AS USUAL.

TO PREVENT EAR INFECTIONS

1. Don't pinch the nose closed when blowing
 - a. This can force the material in the nose back into the passage leading to the ear.
 - b. It is best to just wipe the nose clean.
2. Do not let babies bottle-feed while lying on their backs.
 - a. This can allow the milk to go up baby's nose and lead to an ear infection.
3. Children should have medication for allergies and Sinus problems.
4. A child that always breathes through his mouth should be checked by a doctor.
5. Tell parents to take their child to the clinic if any signs of an ear infection occur.

FIRST AID FOR EYE EMERGENCIES

CHEMICAL BURNS

Eye damage from chemical burns may be extremely serious, as from alkalis or caustic acids; or less severe, as from chemical "irritants".

In all cases of eye contact with chemical

DO Flood the eye with water immediately, continuously and gently, for at least 15 minutes. Hold head under faucet or pour water into the eye using any clean container. Keep eye open as widely as possible during flooding.

DO NOT use an eye cup.

DO NOT bandage the eye.

SPRAY CANS are an increasing source of chemical eye injury, compounded by the force of contact. Whether containing caustics or "irritants" they must be carefully used and kept away from children.

SPECKS IN THE EYE

DO lift upper eyelid outward and down over the lower lid.

DO let tears wash out speck or particle.

DO - if it doesn't wash out - keep eye closed, bandage lightly and see a doctor.

BLOWS TO THE EYE

DO apply cold compresses immediately, for 15 minutes; again each hour as needed to reduce pain and swelling.

DO - in case of discoloration or "black eye", which could mean internal damage to the eye - see a doctor.

CUTS AND PUNCTURES OF EYE OR EYELID

DO bandage lightly and see a doctor at once.

DO NOT wash out eye with water.

DO NOT try to remove an object stuck in the eye.

GLAUCOMA

THIS REFERS TO RAISED PRESSURE IN THE EYE WHICH CAN RESULT IN TOTAL LOSS OF VISION, IF ALLOWED TO GO UNTREATED.

HERE ARE SOME WARNING SIGNALS OF GLAUCOMA!.

Through glaucoma can occur in persons of any age, the population at risk is adults 35 and older. The high risk group includes senior citizens, those with diabetes or other systemic diseases, and those with family history of glaucoma.

THE SIGNALS ARE -

1. Frequent changes of glasses, none of which is satisfactory.
2. Inability to adjust eyes to dark rooms.
3. Loss of side vision.
4. Blurred or foggy vision.
5. Halo around lights.

.....however, it is possible to have glaucoma without noticing any of these signs. For this reason it is advised that all persons have an eye examination every two years after age 35 years.

WHAT YOU SHOULD KNOW ABOUT GLAUCOMA

Glaucoma can be treated. It is not a form of cancer. It is not contagious. If proper medical treatment is started early, the progress of glaucoma can be stopped; but sight already destroyed by glaucoma cannot be restored. This is the reason why you must have immediate and proper treatment from an ophthalmologist without delay.

THIS IS WHAT IS HAPPENING TO YOUR EYES

Glaucoma is raised pressure within the eye. This is due to the aqueous fluid in the anterior chamber of the eye which is not being drained off through its normal channel. Pressure is then built up within the eye, causing reduced blood supply to the Retina at the back of the eye. This results in the destruction of retinal cells and their fibres.

A certain amount of sight is permanently lost with each cell and fibre destroyed.

YOUR OPHTHALMOLOGIST WILL HELP YOU?

Your Ophthalmologist will treat you to reduce the pressure. To do this he might prescribe eye drops, tablets or he might recommend an operation.

To put off such an operation after it has been found necessary, may mean loss of vision. Drops and tablets must be taken as prescribed; then you may need for the rest of your life.

WHAT YOU MUST DO TO HELP SAVE YOUR SIGHT

1. Follow your doctor's instructions carefully.
2. Only use drugs as prescribed.
3. Have a thorough physical examination once a year in addition to eye examination, proper balanced meals, good dental care, adequate sleep, fresh air and exercise are all necessary.

Visual Acuity Screening

Ratios such as 20/20, 20/70 and 20/200 are used to express Visual Acuity. These numbers correspond to the size of symbols or letters on the Snellen chart, each relating to the standard distance at which a person with normal vision can comfortably read the symbols or letters. Example: if an individual can read a 20 foot sized symbol or letter on the chart a 20 feet Visual Acuity is 20/20. If the person can read 70 foot letter or symbol visual acuity is 20/70.

Near Vision

Some persons with Visual Acuity of 20/200 can read; others need Braille.

Teachers have the opportunity to observe a child in a variety of settings or conditions, and may be the best person to identify visual difficulties.

Visual Behaviour

- 1) Rubs eyes excessively.
- 2) Shuts or covers one eye, tilts head or thrust forward.
- 3) Photophobia.
- 4) Difficulty with reading or close work.
- 5) Squinting, blinking, frowning, facial distortions while reading or doing close work.
- 6) Holds material too close or too far or frequently changes from near to far, far to near.
- 7) Complains of pain in eyes, headaches, dizziness or nausea following close eye work.
- 8) Difficulty seeing distant objects, e.g. prefers reading and academic tasks rather than playground or gross motor activities.
- 9) Tendency to reverse letters, syllables or words.
- 10) Tendency to confuse letters of similar shape e.g. o & a, c & e, n & m, h & n and f & t.
- 11) Tendency to lose place in sentence or page.
- 12) Poor spacing in writing and difficulty staying on line.

Observable Signs

- 1) Red eyelids
- 2) Crusts on lids and among lashes
- 3) Recurring styes or swollen lids.
- 4) Watery eyes or discharges.
- 5) Reddened or watery eyes.
- 6) Crossed eyes or eyes that don't appear to be straight.
- 7) Uneven pupil size.
- 8) Eyes that move excessively.
- 9) Drooping eyelids.

PRIVATE VOLUNTARY ORGANIZATIONS LIMITEDNORMAL DEVELOPMENT OF THE SOUNDS OF SPEECH

By 3½ years of age most children are able to produce the following sounds correctly in all positions in words:

- p Lips together, then pop open with a puff of air, no voice.
As in pie.
- b Lips together, then pop open with a puff of air, with voice,
As in baby.
- m Lips together, humming sound comes through the nose.
As in mama.
- w Lips rounded, with voice.
As in water.
- h Mouth open, no voice but a whisper of air coming through the mouth
As in hen.

By 4½ years of age most children are able to produce, in addition to the above listed sounds, the following sounds in all positions in words:

- t Tongue tip up behind front teeth, released with a puff of air,
no voice.
As in two.
- d Tongue tip up behind front teeth, released with a puff of air,
with voice.
As in daddy.
- n Tongue tip up behind front teeth, humming sound released through
the nose.
As in no.
- k Back of tongue up touching roof of mouth, released with a puff of
air, no voice.
As in come.
- g Back of tongue up touching soft palate, released with a puff of
air, with voice.
As in go.
- ng Back of tongue up touching roof of mouth, humming sound released
through nose.
- y Glides from "ee" to "eg".
As in yes.

By 5½ years of age most children are able to produce, in addition to the above listed sounds, the following sounds in all positions in words:

- f Upper front teeth on lower lip, lightly. Air is blown over the lip. No voice.
As in four.

By 6½ years of age most children are able to produce, in addition to the above listed sounds, the following sounds in all positions in words:

- v Upper front teeth on lower lip, lightly. Air is blown over the lip. With voice.
As in very.
- sh Teeth together. Lips make like a circle. Tongue on floor of mouth sides of tongue up. Air stream down the middle of tongue. No voice.
As in shoe.
- sh Teeth together. Lips make like a circle. Tongue on floor of mouth, sides up. Air stream down the middle of tongue. With voice.
As in measure.
- l Tongue up behind front teeth, with sides of tongue relaxed. Sound comes out the sides of mouth. With voice.
As in look.
- th Tongue tip between lightly closed teeth. Air released over top of tongue with little force. With voice.
As in the.

By 7½ years of age most children are able to produce, in addition to the above listed sounds, the following sounds in all positions in words:

- s Teeth together lightly, Tongue tip either lightly touching bottom teeth or slightly curled up. Air comes down middle of tongue. No voice.
As in see.
- z Same as "s" but with voice.
As in zoo.
- th Tongue tip between lightly closed teeth. Air released over the surface of tongue with little force. No voice.
As in thumb.
- ch Tongue moves from "d" to "sh". No voice.
As in choo-choo.
- j Tongue moves from "d" to "zh". With voice.
As in jump.
- r Tongue tip curled up and back toward hard palate (roof of mouth) or back of tongue "humped" up toward hard palate. With voice.
As in red.

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SPEECH AND LANGUAGE DEVELOPMENT CHART

	<u>1 YEAR</u>	<u>1½ YEARS</u>	<u>2 YEARS</u>
1. Understanding of what is said to him or her.	Understands "No"	1) Understands easy things they are told to do when they are shown what to do at the same time they are being shown 2) Can point to picture of five(5) different things." Show me show". 3) Points to the things he/she wants.	1) Can point to 5 body parts. 2) Finds 10 pictures. 3) obeys 1 or 2 prepositions like: Put it <u>IN</u> Take it <u>OUT</u> Put it <u>ON</u>
2. Vocabulary size	1 - 2 words	10 - 20 words	50 - 250 words
3. Word type	nouns - names of persons, place and things.	nouns, some words	nouns, verbs- words that show action. Adjectives - words that describe.
4. Sentence length		single words	2 words
5. How the child's speech should sound and how he/she talks.	Makes a song with the voice. babbling, ba,ba,ba lalling, ga,ga,ga echolalia, repeats same things over and over. Say what sound you say.	gestures-shows you things, jargon-talks nonsense words, some words-shows you what it does, uncertain and inconsistent-doesn't talk the same all the time, Uncontrolled, often high-pitched voice.	says words, phrases- two words put together " come mama ", simple sentences, lower pitch
6. Why they talk and make noise.	for pleasure - it feels good to them	attention-getting- to get attention.	because they want something, social-to be part of a group
7. Speech content- what they say.			Poor vocabulary and grammar, frequent "uh"
8. % Intelligibility - How much of what they say you can understand.		20-25%(You should be able to understand)	60-75% poor articulation (that is the speech are not clear or always right)
9. Auditory memory- remember what is heard	falls-makes sing song noise - imitates sounds or some words - may not have meaning - doesn't know what he/she is saying.	repeats some words - may not have meaning.	

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1 YEAR

1½ YEARS

2 YEARS

10 Language Behavior

complete thoughts conveyed by one word with intonation, gesture.

11 Sounds should be able to say clearly

none

none

none.

<u>2½ YEARS</u>	<u>3 YEARS</u>	<u>4 YEARS</u>	<u>5 YEARS</u>
points to 15 pictures, obeys 2-3 prepositions, IN, ON, OUT	points to 25 pictures, and names 20.	knows colours 4-5 prepositions, what familiar animals do.	knows most common opposites IN OUT, TALL-SHORT, FAT-THIN can count to 10.
2. 400 - 500 words	800 - 1000 words		
3. nouns, verbs, pronoun I	pronouns (you, me) m plurals, (add's for more than 1), adjectives colors, shapes etc.	past tenses, comparatives-bigger, faster, most, tallest.	adverbs, future tenses
4. 3 words	4 words		no limit
5. Words doesn't always come out the same way. Change from high to low or low to high voice.	talks by putting words together, longer sentences, more controlled. doesn't say the middle sound of a word.	more difficult, complex sentences, doesn't say the middle of a word.	
6. 1)Social control- to control other people. 2)because they want something, wish requesting.	social control, wish requesting	experience relating- knowing someone, information seeking, they want to know something.	asks permission, give excuses, knows to say please, thank you, language good.
7. Vowel production good.	announces action, gives full name, tells sex and happenings.	limited vocab, seeks information in questions Asks "why" about everything.	says please, thanks
8. Vowel sounds 90% correct, a,e,i,o,u	75 - 90%	90% quite a few sound errors.	generally good, some distortion in articulation- sound producti
9. can repeat 2 numbers remember 1-2 objects, say the names of two things and he/she should be able to remember them.	can repeat 3 numbers can say 4 lines from memory		can repeat the names of 4 objects, 4 numbers.

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10 nonfluency -
tutters(this
is normal at
this age.

happier, likes
to whisper

great extremes,
nonfluency-
stutters still
normal at this
age.

speech is more matur
speech giving him
freedom and pleasure

11 none

m.m.p.h.w

b,k,g,f

j,n,y,u

The following are some things the teacher might try to check of the child's hearing aid goes dead during school hours:

a. Batteries

If the hearing aid is turned on but not functioning at all take out the old batteries and insert new ones. Assuming the batteries are good and there is no other problem, the hearing aid should then work.

b. Cord

If the hearing aid is cutting " on and off " put the receiver to your own ear and twist the cord back and forth. If while doing this you hear a crackling noise this indicates that the cord is defective and should be replaced. (An extra cord should be kept at school).

c. Ear mold

Check to see if the canal is stopped up with wax or some other agent. If so have the child wash it with soap and warm water and dry it out with a piece of pipe cleaner. (Child should have a piece of pipe cleaner in his desk).

d. "ON" switch

Check to see that the child has the hearing aid turned on. Do not assume because he is wearing a hearing aid that it is turned on.

NB: If after checking all of the above the hearing aid continues to malfunction, write a note to the parents or telephone them. It is important that the child use his hearing aid at all times.

BEHAVIOURAL OBSERVATIONS ASSOCIATED WITH
HARD OF HEARING CHILDREN

1. Be aware that the student's attentiveness may decrease as the day wears on due to the extra effort required to discriminate words.
 - a. Also hard of hearing people don't hear as well when they are sick.
2. Student may withdraw from conversations and social contact because of the loss of the ability to communicate.
3. Student may be hesitant in his actions, timid or shy.
4. In an effort to appear to be like other children he/she may "fake" understanding and awareness of what's going on.
5. Sometimes children may try to hide their difficulty in understanding conversation by constantly talking. It is easier for them to talk than to listen.
 - a. They know what they want to say, but not what you want to say.
6. They may talk too loud or too soft for no reason, (or at the wrong times).

LIPREADING

1. When you talk with the child use all the different types of language. That is:
 - a. use speech
 - b. use body language
 - c. lip movement
 - d. signalling with the hands.
2. Show the child an object, such as a ball.
3. Say the name of the object, making the movements of your lips very clear by saying the word slowly.
4. Let the child put her fingers on your lips and feel the movement, while watching your face.
5. Repeat the same word many times and let the child feel your lips and watch your face.
6. Then have the child imitate you. Place her fingers on her own lips and try to get her to repeat the word. Say the word "ball" several times while pointing to it.
7. Encourage the child to make sounds even if they are not proper words.
8. Next do the same thing in front of a mirror.
9. When the child tries to make a sound show him or her you are pleased. The child will want to please you and so will do it again.
10. Repeat this every day until the child knows what lip movements to make when shown the ball.
11. Choose words to teach the child, that start with the letters:
m, b, p, t, d these sounds are easy to see on the lips.
 - a. When we make the letters p and b a small puff of air comes out of our mouth. To help the child make these sounds, hold his hand in front of your mouth so he/she can feel the air come out when you make the "p" sound.
 - b. Next hold the child's hand in front of her own mouth while she attempts to make the sound.
 - c. When practicing the "m" sound, let the child hold your nose so he/she can feel the vibration the sound makes.
 - d. Next place his/her fingers on his/her own nose to feel the same thing.
12. Teach the child one word at a time. It will take lots and lots of practice every day, but your child can learn about words this way.

Attachment # 13

Clarksonville Basic School
Cave Valley, P.O.,
St Ann -

Dear Mrs. Marty Seyler,

Creetings to you. Your letter I've received and it was a pleasure of ours hearing from you.

We are so thankful for your organization in helping Carol Smith. We here at the Clarksonville Basic School are trying our best in helping Carol but we are most grateful to you in helping us with her.

Carol, is a student of the Clarksonville Basic School for some years now and she will be remaining with us. So I am asking you kindly for your help. and at the same time your service is appreciate and may God continue to bless you and your organization.

Thanks.

Yours Truly
Norma Lynne Palmer (Principal)
(Miss)

Church Hill Dist

Santof P.A.

21, 5, 34.

Dear Sir or Madam

Good evening,

For my sorrows I have written these few lines about my handicap son Paul Jones, he has been behaving very badly and causing lots of trouble in the home he took my sheep and lane off the station; there is a little kitten and the horse he kills it, he is also tearing off his hair he uses stick to beat off the yan vines, while he curses a lot of indecent language if he has done anything that is wrong and he is spoken to anything in his way he would destroy it. even the teacher's school bag he tears it in pieces, some body have to be watching him constantly the horse is in a terrible misery right and day, if he is hungry and there is nothing to give him he gets so mad that he would kick down the flowers put on any thing that is in his way whether of small or great value. I am not working and is falling sick and I am so upset over the condition I can't even sent to of the children to school. he doesn't have

clothes to wear as he tears the off so madly.
Please consider our troubles with him before
greater damage occurs. There is not more I can
do. please consider me quickly and help
God bless you as I am looking eagerly
for your help. - Thank you

Yours Respectfully
Osborne Jones

June 4, 1984.

Mr. Anthony Wong
Executive Director,
Combined Disabilities Association,
P.O. Box 92,
Hona,
Kingston 7.

Dear Mr. Wong,

I am writing pursuant to our telephone conversation this morning to give you information on the young man I saw at our clinic in Luces, Hanover 4.4.84.

Paul Jones (D.O.B: 16.8.64) is the second of six children born to Osborne and Mary Jones. Paul had polio at age 5 but had a full physical recovery.

Paul was always a slow child but after the polio episode he reportedly deteriorated mentally and emotionally. His physical appearance has elicited teasing and abuse from his peers all his life. He is extremely thin and his lower jaw extends forward noticeably and affects his speech.

Paul developed a nervous condition including constant tremors, and acting out when upset. The later has included biting his own hands and becoming destructive to objects. He destroyed most of the furniture in the home with the result that his mother moved out leaving Mr. Jones with the younger children and Paul.

Mr. Jones has been ill for 3 years with an ulcer that required surgery. He has work experience in house painting and wall papering.

Paul needs supervision although he is able to clean the house, shine the floor and cook a little. He maintains his own personal hygiene.

During our session Paul was cooperative, friendly and verbal. He was unable to perform on academic testing (not suprising since he has not had any school exposure). He has always expressed the desire to go to school.

...../2.

...../2

Mr. Jones has previously applied to the School of Hope and was informed their workshop was not in operation. Mr. Jones feels Paul words and behaves well in a supportive atmosphere.

I recommended that Mr. Jones visit his medical clinic to reinstate Paul on medication for his nervousness, which was discontinued when the tablets were unavailable a year ago.

I would greatly appreciate it if you would send Mr. Jones applications for the association and the loan fund as well as any information you think would be helpful. The address is Santoy P.A., Hanover.

Thanking you in advance for your kind assistance in this matter.

Yours sincerely,

Marty Seyler M.A.,
P.V.O. Psychologist.

MS/cw.

June 5, 1984.

Mr. Osborne Jones,
Santoy P.A.,
Hanover.

Dear Mrs Jones,

Greetings to you and Paul and my sincere hope that your situation has improved since our meeting in Lucea at the clinic.

Believe me. I have not forgotten you or your difficulties. I have been travelling much of the time and trying to find out something that can encourage you to keep struggling and feel more positive in your spirit.

I hope you have been able to get Paul seen at the Mental Health Clinic and that he has some tablets for his nerves. That is important.

First, have you contacted the Public Assistance division of the Ministry of Social Security. The Hanover office is in Lucea on Main Street and also Old Road. Paul may qualify for financial assistance.

I checked on the School of Hope workshop. It gives preference to students who have come through their system, including their pre-vocational workshops. Besides that the students must be boarded privately. As you know the Council for the Handicap operates a workshop in Lucea, mainly woodworking. Again boarding would be necessary as well as the ability to live independently.

Now one thing that seems more promising is the loan fund the Combined Disabilities Association operates. I spoke to the executive director, Mr. Wong and he should be sending you forms. You must join the Association in order to apply for the loan. The loans are given to disabled people who present a proposal for some enterprise which brings self-employment, is long term and which is economically viable (which means it will make enough money to be worthwhile to the family and also make repayment of the loan).

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Loan repayment schedules go up to 30 months. Some projects that have received loans have been a restaurant, catering business, tailoring, crafts and shoes repair. Before you decide on a project you should establish that it is needed in the community and likely to get customers. The committee does not favour buy and sell projects, although selling Cleaners or kisko have been tried. You already have an occupation. The problem applying it might be the lack of a market in these hard economic times. Also in order for you to apply you must make clear Paul's role in the project which is important to the committee.

Have you got any projects in mind ?. Pig rearing, chickens ?. Look around your community . What's missing that people would use or buy?. Ask people once you get an idea. You must convince the committee your project will be successful.

I got through to the Ministry of Social Security and found out that Paul may be eligible for \$20.00 a month payment under the INCAPACITY SCHEME. If you receive poor relief you cannot also get social security.

Social Security also makes grants to people who are capable of simple trade like buy and sell (even if he needs some assistance from you). Again the projects need to be profit making and likely to succeed.

This information may be confusing but I hope you will get some ideas and see what options there are at this time.

If you haven't already registered with the Council for the Handicapped please do so as they are another agency with programs and may be of some assistance now or in the future.

You have my sincerest best wishes for success. Continue the struggle.

Yours sincerely,

Marty Seyler M.A.,
P.V.O. Psychologist.

MS/cw.

August 9, 1984.

The Principal,
Duckett All Age School,
Duckett, Cambridge P.O.,
St. James.

Dear Principal,

Greetings to you and your staff.

I am a psychologist working on the Private Voluntary Organizations Limited's Rural Services for Special Children Project. In short our team screens disabled children all over Jamaica and follows up with referrals and home and school programmes to train the child.

We saw one of your students JOHMO HEAVENS at our Cambridge Clinic in July. A home programme was given to his mother. I am writing to share the results of our assessment and to offer suggestions to those working with Johmo in the school.

Johmo appears to have suffered a brain injury as an infant that has resulted in some specific problems that can be worked with.

Johmo has primary difficulties with attention and impulsivity. It is also evident that Johmo's level of functioning is below his current age level.

I would like to suggest the following measures to help both Johmo and the teacher working with him.

1. Place Johmo back in grade I.
2. Give him plenty of structured and concrete activities. Johmo did block stringing for me very well. He stayed task oriented for 15 minutes and was ready to do more. This type of task settled him and kept his attention. Cardboard shapes can be used which he can colour. He can learn both shapes and colours this way. (Which he doesn't now know).
3. Children with Johmo's type of learning disability need a lot of structure and non verbal aids, such as gently guiding his hands in a task then gradually reducing the guidance as he catches on, also Johmo is not

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likely to respond well to board work. Rather he should trace and then copy simple shapes and then move on to letters and numbers.

Similarly form boards, letters and number puzzles would be useful for Johnno and can easily be made out of carton boxes and are useful for all the children, as they are multisensory and greatly reduce the perceptual and hence learning errors that can occur when learning strictly from a blackboard. Some other activities are attached.

Johnno's problems are related to brain injury and unlike general mental retardation, he can learn and behave in a better way with assistance.

Johnno needs to experience success in order to develop his motivation to learn. If he is compared to other children he will be considered a failure and will react accordingly. Instead he needs to be accepted as a person with the problem something to be treated not denigrated. This requires an understanding teacher.

I sincerely hope this information is useful. Feel free to call upon our project if we can assist you in any other way.

All the best.

Yours sincerely,

Marty Seyler M.A.,
Project Psychologist.

Enc.

MS/cw.

August 10, 1984.

The Principal,
Warsop All Age,
Warsop,
Trelawny.

Dear Principal,

Greetings to you and your staff.

I am a psychologist currently working on Private Voluntary Organizations Ltd's Rural Services for Special Children Project which aims to help disabled children in rural Jamaica through assessment, referral and training programmes to be carried out at home and school.

We recently held clinics in your area where I saw Sharline Smith. Her step-mother outlined Sharline's problems to me and I conducted an assessment on Sharline. I would like to share the information with you.

Sharline appears to have a general developmental delay due to deprivations in early childhood including malnutrition. In spite of her difficulties Sharline can learn and has picked up a fair amount of basic academics. She has knowledge of phonics although at times she has difficulty blending and sequencing the sounds, which may also reflect general lack of confidence or anxiety in the face of unfamiliar tasks. Sharline appears to be a nervous and tense child who exhibits mental blocking when pressured or otherwise stressed. However I found that with support, encouragement and a calm approach Sharline performed well, gradually relaxing and showing greater motivation.

Sharline has some difficulty with memory although I did not find evidence of a severe deficiency. A memory problem can be worked with in simple ways such as always making Sharline repeat what she is to do or remember before she starts. Also having Sharline write down instructions has the advantage of improving writing while assisting with memory storage. Playing memory games utilizing short sequences of numbers, picture or words helps all children learn to attend and remember. These make a nice break during the school day.

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