

SCAC

PD - A-BG - 422
1A 8/27/92



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

September 14, 1992

Dr. Hatem Abu Ghazaleh
Chairman
Society for the Care of the Handicapped
Box 146
Gaza City, Gaza

Subject: Grant No. ANE-0159-G-SS-9046-03, Modification 3

Dear Mr. Abu Ghazaleh:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development, hereinafter referred to as "A.I.D." or "Grantor", hereby modifies the subject Grant. The purposes of this modification are: to revise the program description to incorporate services for children and adults with speech, language, and hearing disorders; and to incorporate revised mandatory standard provisions which will now be applicable to this grant.

The specific changes are as follows:

PROGRAM DESCRIPTION

1. Incorporate the additional terms and conditions set forth in the revised program description, included as Enclosure 1, into this Grant.

STANDARD PROVISIONS

2. Incorporate the revised mandatory standard provisions, included as Enclosure 2, into this Grant.

17

Except as expressly modified herein, all other terms and conditions remain unchanged.

Please acknowledge your receipt by having an authorized official sign all copies of this modification, retaining one copy for your files, and returning the remaining copies to the undersigned.

Sincerely,



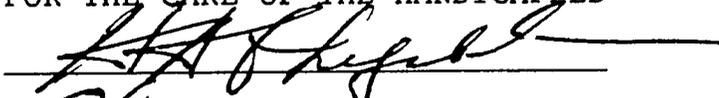
Orion Yeandel
Grant Officer
FA/OP/B/HNE
Office of Procurement

Enclosures:

- 1. Revised Program Description
- 2. Revised Mandatory Standard Provisions

ACKNOWLEDGED

SOCIETY FOR THE CARE OF THE HANDICAPPED

BY: 

TITLE: Chairman

DATE: Sep 14, 1997

FISCAL DATA

PIO/T No.:	398-0159-3-1633908-1
Allotment No.:	170-63-294-00-69-11
Appropriation Number:	72-111/21037
Budget Plan Code:	QES1-91-33294-IG-12
Project Number:	398-0159.33
DUNS No.:	99-905-5486
Technical Office:	NE/DR, Dorothy Young

AID HANDBOOK 13, App 4D	Trans. Memo. No. 13:58	Effective Date Mar. 30, 1989	Page No. 4D-1
-------------------------	---------------------------	---------------------------------	------------------

OMB Control No. 0412-0510
Expiration Date: 12/31/89

**APPENDIX 4D
MANDATORY STANDARD PROVISIONS FOR
NON-U.S., NONGOVERNMENTAL GRANTEES²**

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Allowable Costs 2. Accounting, Audit, and Records 3. Refunds 4. Revision of Grant Budget 5. Termination and Suspension 6. Disputes | <ol style="list-style-type: none"> 7. Ineligible Countries 8. Debarment, Suspension, and Other Responsibility Matters 9. U.S. Officials Not to Benefit 10. Nonliability 11. Amendment 12. Notices |
|--|---|

1. ALLOWABLE COSTS (MAY 1986)

(a) The grantee shall be reimbursed for costs incurred in carrying out the purposes of this grant which are determined by the grant officer to be reasonable, allocable, and allowable in accordance with the terms of this grant and the applicable* cost principles in effect on the date of this grant, which are attached.

(1) Reasonable. Shall mean those costs that do not exceed those which would be incurred by an ordinarily prudent person in the conduct of normal business.

(2) Allocable Costs. Shall mean those costs which must be necessary to the grant.

(3) Allowable Costs. Shall mean those costs which must conform to any limitations set forth in this grant.

*NOTE: For educational institutions use OMB Circular A-21; for all other non-profit organizations use OMB Circular A-122; and for profit making firms use Federal Acquisition Regulation 31.2 and AID Acquisition Regulation 731.2.

²When these Standard Provisions are used for cooperative agreements, the following terms apply: "Grantee" means "Recipient" "Grant" means "Cooperative Agreement," and "AID Grant Officer" means "AID Agreement Officer."

AID HANDBOOK 13, App 4D	Trans. Memo. No. 13:58	Effective Date June 15, 1991	Page No. 4D-3
-------------------------	---------------------------	---------------------------------	------------------

- * (d) The grantee shall require subgrantees that receive \$25,000 or more per year under this grant to have audits performed in accordance with the requirements of this provision. The subgrantee's audit report shall be submitted to the grantee within 30 days after completion of the audit, but the audit shall be completed and the report submitted not later than 13 months after the close of the subgrantee's fiscal year. The grantee shall ensure that appropriate corrective actions are taken on the recommendations contained in subgrantees' audit reports; consider whether subgrantees' audits necessitate adjustment of its own records; and require each subgrantee to permit independent auditors to have access to records and financial statements as necessary. *

3. REFUNDS (SEPTEMBER 1990)

(a) The grantee shall remit to AID all interest earned on funds provided by AID.

(b) Funds obligated by AID but not disbursed to the grantee at the time the grant expires or is terminated shall revert to AID, except for such funds encumbered by the grantee by a legally binding transaction applicable to this grant. Any funds advanced to but not expended by the grantee at the time of expiration or termination of the grant shall be refunded to AID except for such funds encumbered by the grantee by a legally binding transaction applicable to this grant.

(c) AID reserves the right to require refund by the grantee of any amount which AID determines to have been expended for purposes not in accordance with the terms and conditions of this grant, including but not limited to costs which are not allowable in accordance with the applicable Federal cost principles or other terms and conditions of this grant. In the event that a final audit has not been performed prior to the closeout of this grant, AID retains the refund right until all claims which may result from the final audit have been resolved between AID and the grantee.

4. REVISION OF GRANT BUDGET (MAY 1986)

(a) The approved grant budget is the financial expression of the grantee's program as approved during the grant award process.

(b) The grantee shall immediately request approval from the grant officer when there is reason to believe that within the next 30 calendar days a revision of the approved grant budget will be necessary for any of the following reasons:

(1) To change the scope or the objectives of the project and/or revise the funding allocated among project objectives.

(2) Additional funding is needed.

(3) The grantee expects the amount of AID authorized funds to exceed its needs by more than \$5,000 or five percent of the AID award, whichever is greater.

AID HANDBOOK 13, App 4D	Trans. Memo. No. 13:58	Effective Date Nov. 30, 1989	Page No. 4D-5
-------------------------	---------------------------	---------------------------------	------------------

(d) Termination Procedures. Upon receipt of and in accordance with a termination notice as specified in either paragraph (a) or (b) above, the grantee shall take immediate action to minimize all expenditures and obligations financed by this grant and shall cancel such unliquidated obligations whenever possible. Except as provided below, no further reimbursement shall be made after the effective date of termination. The grantee shall within 30 calendar days after the effective date of such termination repay to the Government all unexpended AID funds which are not otherwise obligated by a legally binding transaction applicable to this grant. Should the funds paid by the Government to the grantee prior to the effective date of the termination of this grant be insufficient to cover the grantee's obligations in the legally binding transaction, the grantee may submit to the Government within 90 calendar days after the effective date of such termination a written claim covering such obligations. The grant officer shall determine the amount(s) to be paid by the Government to the grantee under such claim in accordance with the applicable cost principles.

6. DISPUTES (NOVEMBER 1985)

(a) Any dispute under this grant shall be decided by the AID grant officer. The grant officer shall furnish the grantee a written copy of the decision.

(b) Decisions of the AID grant officer shall be final unless, within 30 days of receipt of the decision of the grant officer, the grantee appeals the decision to AID's Deputy Assistant to the Administrator for Management Services. Any appeal made under this provision shall be in writing and addressed to the Deputy Assistant to the Administrator for Management Services, Agency for International Development, Washington, D.C. 20523. A copy of the appeal shall be concurrently furnished to the grant officer.

(c) In order to facilitate review on the record by the Deputy Assistant to the Administrator for Management Services, the grantee shall be given an opportunity to submit written evidence in support of its appeal. No hearing will be provided.

(d) A decision under this provision by the Deputy Assistant to the Administrator for Management services shall be final.

7. INELIGIBLE COUNTRIES (MAY 1986)

Unless otherwise approved by the AID grant officer, funds will only be expended for assistance to countries eligible for assistance under the Foreign Assistance Act of 1961, as amended, or under acts appropriating funds for foreign assistance.

AID HANDBOOK 13, App 4D	Trans. Memo. No. 13:58	Effective Date Mar. 30, 1989	Page No. 4D-6a
-------------------------	---------------------------	---------------------------------	-------------------

9. U.S. OFFICIALS NOT TO BENEFIT (NOVEMBER 1985)

No member of or delegate to the U.S. Congress or resident U.S. Commissioner shall be admitted to any share or part of this grant or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this grant if made with a corporation for its general benefit.

10. NONLIABILITY (NOVEMBER 1985)

AID does not assume liability for any third party claims for damages arising out of this grant.

11. AMENDMENT (NOVEMBER 1985)

The grant may be amended by formal modifications to the basic grant document or by means of an exchange of letters between the grant officer and an appropriate official of the grantee.

12. NOTICES (NOVEMBER 1985)

Any notice given by AID or the grantee shall be sufficient only if in writing and delivered in person, mailed, or cabled as follows:

To the AID grant officer, at the address specified in the grant.

To grantee, at grantee's address shown in the grant or to such other address designated within the grant.

Notices shall be effective when delivered in accordance with this provision, or on effective date of the notice, whichever is later.

(END OF MANDATORY STANDARD PROVISIONS)

**SOCIETY FOR THE CARE
OF THE HANDICAPPED
IN THE GAZA STRIP**

P. O. Box 146 GAZA

Tel: 051 - 865799

865656

Fax: 97251 - 860742



جمعية رعاية المعوقين

في قطاع غزة

ص. ب. ١٤٦ غزة

هاتف : ٨٦٥٧٩٩ - ٥١

٨٦٥٦٥٦

فاكس: ٨٦.٧٤٢ - ٩٧٢٥١

**Services for Children and Adults
with
Speech, Language, and Hearing Disorders
in
the Gaza Strip**

Submitted to:

The Agency for International Development

April of 1992

Submitted by

The Society for the Care of the Handicapped in the Gaza Strip

and

Lamar University, Beaumont, Texas

TABLE OF CONTENTS

		Page
Part		
1.	Summary.....	1
2.	The Project	
	Perceived Problem.....	3
	Background/Track Record.....	6
	Project Goals and Purposes.....	11
	Project Elements.....	15
	Expected Achievements and Accomplishments.....	18
	Program Management.....	19
 Appendixes		 Section
	Curriculum Vitas.....	A
	Program Competencies.....	B
	Course Syllabi.....	C
	Evaluation Instruments.....	D
	Home-Based Early Intervention Services.....	E
	Budget Information.....	F

PART I: Summary

This proposal requests funding from the Agency for International Development for a three-year project in the Gaza Strip which will 1) train educators of the deaf, speech-language pathologists, and audiologists who can provide services to the communicatively handicapped and train additional personnel, 2) establish a speech-language-hearing diagnostic and treatment clinic, and 3) create a home-training program to provide services to communicatively handicapped children and their families.

The Gaza Strip, under Israeli occupation since 1967, has a population of approximately 650,000 to 750,000 people, about two-thirds of whom are refugees. Economic and political conditions are such that local governmental/public support for programs for the handicapped is severely restricted.

The Society for the Care of the Handicapped (S.C.H.) in the Gaza Strip was established in 1975 to initiate programs for the handicapped. At that time, services for the handicapped were nearly non-existent within the Gaza Strip. Since 1975, the S.C.H. has established a variety of delivery programs and is currently the primary means of providing services to the handicapped in the Gaza Strip.

The focus of the S.C.H. has been the provision of care to mentally retarded children. The S.C.H. intends to broaden its mission to include services to individuals with speech, language, and hearing disorders. Such services are currently not available

within the Gaza Strip.

There are no institutions or individuals within the Gaza Strip currently training personnel to serve the communicatively handicapped. There are very, very few audiologists, speech-language pathologists, or educators of the deaf working in the Arab World, and none in the Gaza Strip. Because there are no local or regional resources for personnel training, the S.C.H. has sought the assistance of the faculty of the Communication Disorders Program at Lamar University of Beaumont, Texas. Lamar University has one of the larger programs training audiologists, educators of the deaf, and speech-language pathologists in the United States. Further, Lamar faculty have a history of assisting in the international development of speech and hearing programs in the Middle East, Far East, Mexico, and Central America.

The S.C.H. and Lamar University propose a project which will establish an exemplary speech-language-hearing personnel training and service delivery system in the Gaza Strip. Though the project is designed to address problems in the Strip, it is expected that the program will become a model for the delivery of services to, and the training of personnel for, the communicatively handicapped in the Arab world.

Assuming the receipt of funding during the summer of 1992, the project can be initiated as early as fall of 1992. At least fifteen educators of the deaf, fifteen speech-language pathologists, and ten audiologists will be trained during the three-year period.

PART II: The Project

II.1 Perceived Problem

Political, Economic, and Cultural Factors

The Gaza Strip is home for at least 650,000 Palestinians, most of whom are refugees. Population density and birth rate are exceptionally high. About half of the population, which is 85 percent urban, live in Gaza City and the surrounding refugee camps and survive on a subsistence economy. Unemployment and underemployment rates, long a major concern in the Gaza Strip, have in recent years increased dramatically. Israeli reaction to the Intifada and the Gulf War has sharply reduced day work in Israel for Palestinians living in the Gaza Strip, and strikes within the Strip have further eroded the economy. The Gaza Strip has been occupied by Israel for about 25 years. Neither the Palestinian political groups nor the occupying government have attempted to train personnel to serve the handicapped or to establish service delivery programs within the Gaza Strip.

Current Services for the Communicatively Handicapped

Services for those with communication disorders are not now available within the Gaza Strip. The S.C.H., and the few community-based agencies which also serve the physically disabled, have focused their efforts on assisting the mentally retarded. Lacking specialized personnel, facilities and equipment, they have not been able to help the communicatively handicapped.

Extent of the Problem

Communication disorders include a variety of handicapping

conditions relating to speech, language, and hearing. Communication disorders occur frequently in children with hearing disorders, mental retardation, cerebral palsy, clefts of the lip and palate, craniofacial anomalies, language delay, and articulation problems. Communication handicaps can hamper interpersonal relations, restrict educational and employment opportunities, and detract from the quality of life.

Conservative estimates are that nearly half of the 650,000 people living in the Gaza Strip are school-age children, with alarming numbers of these being handicapped. A survey conducted by S.C.H. in 1984-85, funded by A.I.D., indicated that there are over 100,000 children ages birth to four residing in the Gaza Strip. Further, the survey reported at least 20,000 children ages birth to four with physical and mental handicaps. In the U.S., 25 percent of all school-age children receiving special education services are classified as speech and/or language impaired. Based on U.S. incidence figures, and discounting differences in medical and educational services, we can estimate that there are at least 20,000 - 30,000 children in the Gaza Strip who have hearing, speech, and/or language disorders. We can also assume that at least 25 percent of the 4,000 children currently served by the Society for the Care of the Handicapped in the Gaza Strip have speech, language and/or hearing problems.

There are probably a significant number of children in Gaza who are currently not classified as handicapped but who do have disorders of communication. For instance, in the U.S. about 3

percent of all children have articulation disorders (i.e., they mispronounce, substitute, or omit sounds), and 4 percent of all children stutter. A further 3 - 5 percent of all children have disorders of language, and 1 - 3 percent have voice problems. Assuming that 250,000 children live in the Gaza Strip, and using U.S. incidence figures, we can conservatively estimate that 7,500 children in the Strip have articulation disorders, 10,000 stutter, between 7,500 and 12,500 have language disorders, and an additional 2,500 to 7,500 have voice problems.

Estimating the number of hearing-impaired children in the Gaza Strip is difficult. In the U.S., 5 - 8 percent of all children are hearing impaired, with about 1 percent of all children classified as severe to profoundly hearing handicapped. The incidence of hearing loss in the Gaza Strip may be higher due cultural differences . . . marriages between cousins contribute to genetic deafness. We can only say that at least 12,500 to 20,000 children in the Strip have some degree of hearing loss and at least 2,500 children are deaf.

Communication Disorders Service Providers

The educational and rehabilitative needs of children and adults with communication disorders are met by speech-language pathologists, audiologists, and teachers of the deaf. These three professions are mutually supportive and interdependent, but are distinct in training and responsibility. Speech-language pathologists provide diagnostic and therapeutic services to children and adults with speech and language problems. Audiolo-

gists evaluate hearing levels, fit hearing aids, make educational recommendations relating to classroom acoustics, and make medical referrals for hearing problems that are medically treatable. Educators of the deaf provide classroom teaching to hearing-impaired children, particularly to those with severe to profound hearing loss.

The professional boundaries between the three professions are distinct: speech-language pathologists and teachers of the deaf do not test hearing, audiologists and speech-language pathologists do not provide classroom educational services to deaf children, and only speech-language pathologists provide diagnostic and rehabilitative services relating to speech and language disorders. This is particularly true in audiology, where the technical nature of the instrumentation and the medical nature of the referral process mandates appropriate training. The differences between the professions mandate training programs which, though they may share some common courses, are separate and distinct.

II.2 Background/Track Record

The Society for the Care of the Handicapped in the Gaza Strip

The Society was established to provide services to the disabled in 1975 as a private, voluntary organization. The S.C.H. has successfully implemented several programs, including a day school for handicapped children and a home-based outreach program for handicapped children which currently serves 750

children. The S.C.H. conducts a vocational training and rehabilitation program for handicapped adults and the Gaza Beach Camp Unit for Handicapped Children within a regular UNRWA school campus. These programs were funded by various international sources and, until recently, by several Arab governments. Additionally, the U.S. A.I.D. funded the home-based program for handicapped and non-handicapped at-risk children which now serves 3,700 children.

The Society has a successful history in conducting a university-based personnel training program similar to that described in this proposal. In cooperation with Mount Royal College and the University of Calgary, both Canadian institutions of higher education, the S.C.H. has provided two- and four-year training programs in Gaza for special education and rehabilitation personnel over the last six years. These programs are conducted in the Gaza Strip and are supported by grants from the Canadian International Development Agency (CIDA). The on-site training program has proved highly successful at preparing highly qualified special education and rehabilitation professionals. It should be noted that a fine university classroom and office complex associated with the Gazan Society/Canadian university program will be available for this project.

The Society for the Care of the Handicapped in the Gaza Strip has received international recognition for leadership in the provision of services to the handicapped in the Third World. The Society has been invited to make presentations at the Inter-

national Association for the Scientific Study of Mental Deficiency, the International Council for Exceptional Children, The International Portage Conference, the International Conference on Special Education, and the National Association of School Psychologists.

The Arabian Gulf Fund (AGFUND) selected the S.C.H. as a model for the implementation of parent/infant home training programs in Egypt. In doing so, AGFUND cited the Societies' programs for strong teacher performances, excellent child development gains, and outstanding cost effectiveness.

Lamar University

Lamar University is a state-supported institution with an enrollment of 15,266 located east of Houston on the Gulf Coast of Texas. Lamar's Speech and Hearing Program provides undergraduate and graduate training in speech-language pathology, audiology and deaf education. Lamar's program is one of the largest in the southern part of the United States. Lamar's Speech and Hearing programs are accredited by the American Speech-Language Hearing Association (ASHA) and the Council on Education of the Deaf (CED), the National Council for Accreditation of Teacher Education, and the Texas Education Agency. They are regularly monitored by each of these agencies. The pass rate for Lamar graduates on national and state certification/licensure exams for teachers of the deaf, audiologists, and speech-language pathologists is nearly perfect.

The excellence of Lamar's programs in audiology, speech-

language pathology, and deaf education is recognized by the U.S. Department of Education which is currently sponsoring four national programs there. The federal programs include a program to train Hispanics to be educators of the deaf, a program to train Asians and Blacks to be educators of the deaf and speech-language pathologists, a program to train communication disorders specialists for employment in rural schools, and a unique program to train deaf adults to become teachers of the deaf.

Lamar's faculty have ongoing relationships with several foreign nations. They have conducted study tours and presented inservice workshops to teachers of the deaf in Mexico, Honduras, El Salvador, Guatemala, the People's Republic of China, Jordan, and Gaza. In these international projects, they have assisted in the development of 1) model preschools for the deaf, 2) a sign language interpreter training program, 3) university teacher training programs, and 4) advocacy groups for the communicatively handicapped. Lamar Speech and Hearing faculty have presented inservice programs to more than 1,000 teachers of the deaf and held lectures, workshops and meetings with physicians, audiologists, parents of deaf children, and university administrators interested in starting university training programs.

Initial Steps to Establish a Program for the Communicatively Handicapped in the Gaza Strip

The Society for the Care of the Handicapped in the Gaza Strip has already taken significant steps to initiate a speech, language, and hearing program in Gaza. In 1991, a group of ✓

consultants visited Gaza and conducted a feasibility study. These consultants included Manal Hamzeh, M.S., CCC-A, Director of the Specialized Audiology Center in Amman, Jordan; Robert Moulton, Ph.D., CCC-Sp, CED, Associate Vice President for Research and Dean of Graduate Studies, Lamar University, Beaumont, Texas; Marshall Smith, Ph.D., CCC-A., Director of Audiology, Lamar University; Lana Shekim, Ph.D., CCC-Sp; Assistant Professor of Speech Pathology, George Washington University, Washington, D.C.; and Marjorie Smith, M.S., CCC-A, audiologist in private practice, Beaumont, Texas. All of the above visited the Society in Gaza, some a month, others for two weeks. It is the opinion of the consultants that the services of audiologists, teachers of the deaf, and speech-language pathologists are urgently needed in the Gaza Strip, and that the Society is the agency most suited to providing services to the communicatively handicapped and coordinating the training of personnel.

A Speech and Hearing Clinic in Gaza

Following the advice of the consultants, and with the aid of U.S.A.I.D., the Society is currently constructing a speech and hearing clinic at its Sun Day Care Center in Gaza. The Clinic should be completed in early summer of 1992 and will contain a complete battery of audiological diagnostic equipment including pure tone, bone, air, brain stem, and impedance. It will also contain hearing aid testing and fitting equipment and an earmold lab, as well as therapy, counseling, waiting, and secretarial space. The Clinic will have office space for an ear, nose and

throat physician such that medical services will be available on site. When completed, the Clinic will be the only facility in the Gaza Strip capable of skilled diagnostic and rehabilitative services to the communicatively handicapped.

II.3 Project Goals and Purposes

The primary purpose of this project is to address the lack of speech-language-hearing services for the communicatively handicapped of the Gaza Strip. To meet this need, we propose to establish both a personnel training and a service delivery system in Gaza. Associated goals are:

- a) train educators of the deaf, speech-language pathologists, and audiologists who can provide services to the communicatively handicapped and train additional personnel,
- b) establish a speech-language-hearing diagnostic and treatment clinic, and
- c) create a home-training program to provide services to communicatively handicapped children and their families.

Train Communication Disorders Personnel

Goals for training educators of the deaf. The prospective teacher of the deaf in the Gaza Strip must apply his/her knowledge and demonstrate an ability to: a) provide counseling and instruction to parents and family members of hearing-impaired children; b) converse in various forms of sign language: Signed Arabic, Arabic Sign Language, and pidgin Signed Arabic; c) teach sign language to children and adults; d) act as an advocate the hearing impaired; e) provide information to Arab parents concern-

ing the development of a stimulating home environment for cognitive and linguistic development; f) design course work for hearing-impaired Arab children utilizing principal features of the Arab culture including such elements as holidays, customs, modes of dress, foods, folklore, values, world view, national heroes, etc.; g) identify those elements of the Arab culture and family constellation which need to be addressed in the parent counseling situation and in making decisions relating to student placement in least restrictive education environments; and h) train new teachers of the deaf. Details of the training program are found in the Appendix.

Goals for training speech-language pathologists. Speech-language pathologists must be able to apply knowledge and demonstrate the ability to: a) counsel with parents, teachers, and related professionals concerning the development of speech and language; b) select, use, interpret, modify, and develop appropriate speech evaluation tools; c) evaluate existing speech programs and techniques relative to current speech and hearing findings; d) select and use appropriate instructional media and methods; and e) train subsequent speech-language pathologists. Details of the training program are found in the Appendix.

Goals for training audiologists. Audiologists who provide services in the Gaza Strip must acquire knowledge and demonstrate an ability to: a) design activities to encourage listening and speaking skills; b) counsel with parents of hearing-impaired children; c) utilize community and international resources to

obtain amplification devices for children who are without financial resources; d) appropriately evaluate the hearing status of children and adults; using modified test batteries if needed; e) evaluate existing audiological testing and intervention techniques to meet the unique needs of people living in the Gaza Strip; and f) train other personnel for careers in audiology. See the Appendix for further information on the training program.

Establish a Speech-Language-Hearing Diagnostic and Treatment Clinic

With the support of A.I.D., the Society for the Care of the Handicapped in the Gaza Strip is constructing a speech and hearing clinic at the Sun Day Care Center in Gaza. When completed in early summer of 1992, the new clinic will make possible the following services:

Audiological evaluation. Complete audiological evaluations of children and adults will be available, including pure tone, bone, air, brain stem, and impedance audiometry.

Hearing aid services. The Clinic will dispense and service hearing aids to those in need of sound amplification. Services will include hearing aid testing, fitting, and repair and the production and modification of earmolds.

Speech-Language diagnostic and therapeutic services. For those with speech and/or language problems, the Clinic will offer both evaluation and treatment services. The Clinic will be the primary source for speech-language diagnostics, and will provide speech-language therapy for students at the Sun Day Center and

for those with more involved disorders (eg., cleft palate, assistive technology training). As personnel are trained and services made available, the Clinic will make referrals to other programs providing speech-language intervention services (e.g., the Beach Camp School).

Medical services. The Clinic will house an ear, nose and throat physician who will provide medical attention for physical conditions contributing to communication disorders.

Public awareness and prevention programs. A primary focus of the Clinic will be public awareness and education. Brochures, videos, and training programs will be developed to educate the public on the identification, prevention, and treatment of speech-language-hearing problems.

Early identification programs. The Clinic will conduct screening and evaluation programs designed to find speech-language-hearing problems in young children. Intervention programs for communication disorders are most successful when initiated early.

Home-Training Program

The S.C.H. has successfully served the mentally retarded through an A.I.D.-sponsored mother's home-based model. This model is very similar to the Ski Hi home-based collaborative assistance model developed at Utah State University through a U.S. Department of Education grant. The S.C.H. will use its experience with the mother's home-based model, combined with Ski Hi, to create a home-based assistive system for the communicatively handicapped. The home-based system will serve an average

caseload of 480 children. A complete description of the home-based program is found in the Appendix.

II.4 Project Elements

Personnel Training Curriculum

The training curriculum will mirror the course of study used by Lamar University to train speech-language pathologists, audiologists, and teachers of the deaf at their Beaumont campus. Lamar's program of study is approved by the American Speech-Language-Hearing Association, the Texas Education Association, and the Council on Education of the Deaf. See the Appendix for curriculum details.

Practicum. Practicum will occur in the Gaza Strip through programs conducted by the Society for the Care of the Handicapped in the Gaza Strip. These include the Mother's Home Care Early Intervention Outreach Program, the Sun Day Care Center, the Beach Camp School, and the Societies' Speech and Hearing Clinic (currently under construction). Practicum will be supervised by full-time professional employees who have at least the following credentials: 1) a graduate degree in communication disorders, b) certification by the American Speech-Language-Hearing Association and/or the Council on Education of the Deaf, and c) at least one year of experience in service delivery. Practicum will begin with observation, move on to simple, controlled situations, and eventually evolve into teaching/diagnostic situations reflecting classroom/clinical reality and responsibility.

Establishment of a Service Delivery System

Services to those with communication disorders will be managed through the Society for the Care of the Handicapped in the Gaza Strip. Charges for diagnostics, therapy, and augmentative communication devices (eg., hearing aids, ear molds, batteries, communication boards, etc.) will be assessed on a sliding fee adjusted to income level. Given the economic situation in the Strip, in most cases no fees will be charged and real costs to the project will be recouped through grants from outside sources.

Diagnostic services for speech-hearing-language disorders will be available at the Speech and Hearing Clinic now under construction on the campus of the Sun Day Center. The Speech and Hearing Clinic will also provide hearing aids, make ear mold impressions, construct ear molds, and repair hearing aids. Speech-language therapy for students at the Sun Day Center and for those with transportation will be available at the Speech and Hearing Clinic. The Speech and Hearing Clinic will develop a referral system to coordinate their services with medical and educational agencies/personnel and will provide on-site medical services utilizing an ear, nose, and throat physician.

Using the Mothers' Home Care model (a modification of the Portage and the Sky Hi models) early intervention for children with speech-language and/or hearing problems will be provided. Through this model, communication disorders specialists will provide in-home training to parents of children who have communi-

cation disorders. The parents, in turn, will provide training to their children.

Group and individual speech-language intervention programs will be conducted at the Beach Camp School initially. As sufficient personnel are trained, speech-language pathologists can be employed at schools throughout the Gaza Strip, in medical clinics, and in private practice.

As sufficient numbers of deaf children are identified, and as a homogeneous groupings can be formed, classes for deaf children can be established.

Prevention and Early Identification . . . Public Awareness

This program will provide information to increase the awareness of educators, the community, and family members relative to communication disorders. Public information materials will be developed and disseminated. Early identification programs will be initiated in the Speech and Hearing Clinic, in school systems and in the Mothers' Home Care Program. In these early identification programs, speech-language-hearing screening tests will be administered and parent's will be taught how to look for early indications of communication problems.

Modification of Materials

The fields of audiology, speech-language pathology, and deaf education have long histories in the U.S. and considerable diagnostic, therapeutic, and educational material is available. These materials must be "Arabized", if not "Gazanized", to make them appropriate in language and culture for use in the Strip.

II.5. Expected Achievements and Accomplishments

Expected End-of-Project Achievements

This program is expected to result in the following:

Personnel training. A training program in Gaza will be established for audiologists, speech-language pathologists, and teachers of the deaf. This program will generate personnel for Gaza, for the remainder of the Strip, and for the Arab nations. The curriculum, materials, and standards evolving from the training program will serve as models for future personnel training programs. Project graduates will be able to train personnel such that future groups of communication disorders specialists can be trained using local resources. Credits for the training will be awarded through a local institution of higher education.

Service delivery. Through the new Speech and Hearing Clinic, and through expanded existing programs of the Society for the Care of the Handicapped, diagnostic, clinical, and educational services to those with communication problems will be provided. These services will span the spectrum of delivery systems: clinical, in-home parent training, day care, and school settings. While in training, would-be communication disorders specialists will be providing services to those with speech-language-hearing disorders. In this way, service delivery systems can be initiated concurrent with the start of the personnel training program.

Diagnostic and therapeutic materials. An array of teaching, diagnostic, and therapeutic materials will be developed which can be disseminated throughout the Arab World.

Public awareness, early identification, and prevention programs.

The materials and systems developed can be "exported" to other Arab-speaking areas to help reduce the numbers and negative effects of communication disorders.

II.6. Program Management**Organization**

The project will be co-directed by Dr. Hatem Abu-Ghazaleh, Chairman of the Society for the Care of the Handicapped in the Gaza Strip and Dr. Robert Moulton, Professor of Communication Disorders, Associate Vice President for Research, and Dean of Graduate Studies at Lamar University. Dr. Moulton has a Ph.D. in Speech and Hearing Science and certification in both speech-language pathology (ASHA CCC-Sp) and deaf education (CED). An on-site coordinator will be named. The on-site coordinator will have a graduate degree and appropriate certification in communication disorders, will supervise practicum, and will teach courses in communication disorders in Gaza. Faculty selected and supervised by Dr. Moulton will teach courses in Gaza during the summer months, in December, and in May. All faculty will have appropriate training and certification in communication disorders and all courses will follow the curriculum specified in the Appendix.

Manal Hamzeh, M.S., CCC-A, an Arab audiologist with U.S. training/certification in audiology, currently lives in Amman where she is engaged in private practice audiology. Ms. Hamzeh

will be employed half-time (i.e., she will provide services in Gaza on alternate weeks) at the speech and hearing clinic at the Sun Day Care Center and will be will supervise audiological practicum and teach courses in audiology and Arabic sign language.

Implementation Plan

Much of the groundwork for this project has already been completed. In 1991, the Society brought communication disorders consultants (Manal Hamzeh, Marshall Smith, Robert Moulton, Marjorie Smith, and Lana Shekim) to Gaza. These consultants recommended the initiation of speech-hearing-language personnel training and service delivery programs. The consultants also recommended the construction of a speech and hearing clinic and assisted in the design of the structure which is currently being built at the Sun Day Care Center.

Major elements for the first year are:

summer of 1992: select and enroll students in the Gaza Strip, select on-site coordinator, complete construction of speech and hearing clinic, arrange for practicum sites.

fall of 1992: classes and practicum taught by on-site coordinator and Manal Hamzeh begin, both the on-site coordinator and Ms. Hamzeh will teach one course and both will supervise practicum; development and modification/Arabization of diagnostic, therapeutic

tic, and teaching materials; identification of children with communication disorders begins.

Dec. of 1992: U.S. faculty teach two condensed courses in Gaza.

spring of 1993: classes and practicum conducted by on-site coordinator and Manal Hamzeh continue. As during the fall, the coordinator and Ms. Hamzeh will each teach one course and both will supervise practicum. Identification of those with communication disorders continues. Materials development and modification continues.

May of 1992: U.S. faculty teach two condensed courses in Gaza.

summer of 1993: U.S. faculty teach two four-week summer terms in Gaza, presenting a total of four courses during the eight-week period. Evaluation of results of first year of program, with modifications as indicated by feedback.

Years two and three will follow the same pattern, with dissemination beginning in year three. Also occurring in year three will be selection of the new group of students to begin their training in year four. Development of alternate sources of funding will occur throughout the project.

Timeframe for personnel training course offerings. The timeline described on the previous page will result in the presentation of practicum plus twelve separate courses per year (four during fall/spring presented by the on-site coordinator and Manal Hamzeh, and eight taught by Lamar faculty during December/May/summer). During each of the three years of the project, course offerings will be divided between the three disciplines (deaf education, audiology, and speech-language pathology) such that four courses in each field will be presented annually. By the end of the project, students will have had the opportunity to enroll in twelve courses in each discipline and participate in practicum. This twelve course core curriculum plus practicum mirrors well the training package presented at Lamar University. In the Lamar core curriculum, each discipline presents nine courses plus practicum and students take at least three courses of cross-disciplinary study (eg., deaf education students take nine courses in deaf education, at least two in audiology, and at least two in speech-language). The three-year package presented in Gaza will closely approximate the Lamar twelve course core which usually takes two years to complete. In that the Gazan students will be heavily engaged in practicum, a three-year, twelve course core plus co-lateral electives appears optimal.

Sustainability

The Society understands that funding sources prefer that new initiatives become self-supporting or at least partially support-

ed by other agencies as soon as possible. Due to the economic and political situation in the Gaza Strip, no firm assurances can be given, but the Society expects that, by the end of the third year of the project, other sources of funding will be found. A history of support from the Gulf states to the Society leads us to believe that it is realistic to assume that the Gulf states will be willing to assist in funding this project once it has established a track record.

The project will have stable management. Dr. Abu-Ghazaleh has provided leadership to the Society since its beginning in 1975. Dr. Moulton has been at Lamar for eighteen years, fifteen years as an administrator, and has been doing international work since 1982.

It must be stressed that, once established, the training program will perpetuate itself. Graduates of the initial program will provide training for future audiologists, speech-language pathologists, and teachers of the deaf. As the profession matures, training and service delivery standards appropriate for the Arab World will evolve.

Evaluation

Because of the emphasis on accountability by accreditation and certification bodies, Lamar University has developed an excellent battery of evaluation instruments and is making them available for this project. Details of these evaluation materials/procedures are contained in the Appendix. Note that they evaluate teaching, practicum, content, and management. In addi-

tion the Society has developed a system for maintaining detailed client records for each participating child.

Records of the number of children/families served, classes taught, hearing aids/molds distributed, diagnostic tests given, referrals made, etc. will be maintained.

Reporting

Bi-annual progress reports will include a description of activities carried out during the reporting period, discussion of program performance indicators (e.g., number of trainees taught, number of children/families taught, number of diagnostic evaluations performed, etc.), discussion of problems incurred during the reporting period, planned changes in the program based on experience, and progress at securing alternate funding for the project.

Budget

The Appendix contains a detailed budget for each of the three years of the project.

Financial Plan

1. All procurement procedures conform to the requirements set forth in OMB Circular A-110
2. No subgrantees will be used during the course of this grant
3. This grant builds on, but does not directly follow, a previous A.I.D. grant; the final grant report of the previous A.I.D. grant is available upon request and should be in the A.I.D. files.

4. Only local (Gaza Strip) or U.S. communication personnel will be used on a continuous basis.
5. Local personnel are reimbursed (i.e., salaries provided) consistent with the local economy and in accordance with A.I.D. record keeping requirements; payments are made in cash, with necessary receipts maintained (see S.C.H. Financial Manual on file with A.I.D.). U.S. faculty will be paid according to their training/experience at U.S. rates. U.S. faculty will be reimbursed for travel to/from Gaza and will be reimbursed for meals/lodging at local rates.
6. The Society has submitted audited financial statements to A.I.D. since 1984.

SOCIETY for the CARE of the HANDICAPPED in the GAZA STRIP

Services to Children and Adults with Speech, Language, and Hearing Disorders

APPENDICES

- A. Curriculum Vitas**
- B. Program Competencies**
- C. Course Syllabi**
- D. Evaluation Instruments**
- E. Home-Based Early Intervention Services**
- F. Budget Information**

**SOCIETY for the CARE of the HANDICAPPED
in the GAZA STRIP**

**Services to Children and Adults
with
Speech, Language, and Hearing Disorders**

APPENDIX A

Curriculum Vitas

VITA

ROBERT D. MOULTON, Ph.D.

**Associate Vice President for Research and Dean of Graduate Studies
Regents' Professor of Communication Disorders
Lamar University, Beaumont, Texas**

EDUCATIONAL HISTORY

Michigan State University, Ph.D.: Audiology and Speech
Sciences, 1974
University of Utah, M.S.: Audiology/Deaf Education, 1969
University of Utah, B.S.: Speech Path. and Audiology, 1967

PROFESSIONAL EXPERIENCE

University Professor, Regents' Professor, Director of Speech
and Hearing Programs, Lamar University, 1976-1987; Chair
of Communication Department, 1987-88; Assoc. Vice Pres.
for Research and Dean of Grad. Studies, 1988-present.
University Assistant Professor, Director of Deaf Education,
Lamar University, 1974 - 1976.
Teacher of the Deaf, Utah School for the Deaf, 1968-1971

INTERNATIONAL EXPERIENCE, CONSULTANT TO DEVELOPING NATIONS, PROJECTS TO INITIATE/IMPROVE PROGRAMS IN COMMUNICATION DISOR- DERS

China, Summers of 1983 and 1986, Fall of 1987
Mexico, eight projects since 1984, continuing commitment
Jordan, December of 1989 and May of 1990 and 1991
Gaza, December of 1991

CERTIFICATION

ASHA, Certificate of Clinical Competance, Speech Path.
Council on Education for the Deaf (CED)

SCHOLARLY PRODUCTION/RESEARCH

"Programs for the Deaf in Developing Nations", Robert D.
Moulton, Jean F. Andrews, Tony Martin. Texas Statewide
Conference on Education for the Deaf. Houston, Texas,
August of 1990
"Training Hispanic Teachers for Employment in Deaf
Education Programs" with Ramon Gonzales. 17th Interna-
tional Congress for the Deaf, Rochester, New York, July
of 1990.

- "The Need for Hispanic Teachers of the Deaf", Ramon Gonzales and Robert Moulton". Paper presented at Deaf Way: an International Conference on the Language, Culture, and History of the Deaf People, July, 1989. Washington, D.C.
- "Rethinking Sign Language", Carl McGovern, Robert D. Moulton, Olen Pederson, and Don Campbell. Pedagogical Sciences. Vol. 3, May 15, 1988, pp. 24-30.
- "The Search for the Descendents of Mrs. Mills, the Founder of the First School for the Deaf in China", Jiang Tao, R. D. Moulton, and D.R. Campbell, Sounds from the Deaf and Blind, September of 1987.
- "The Hearing-Impaired of China: Social, Educational, and Vocational Programs", 1987 International Convention of CAISD and CEASD, Santa Fe, NM.
- "Programs for the Hearing-Impaired in the People's Republic of China", Tejas, with O.T. Pederson, R.F. Clem, D.R. Campbell, and Jiang Tao, Spring, 1987.
- "Barriers to the Teaching Profession for Hearing-Impaired Adults", R.D. Moulton, L. Roth, and J. Tao, American Annals of the Deaf, 1987.
- "Sertoma Affiliate Assists Chinese Speech and Hearing Programs", Newsline, March 1987, Vol. 8, No. 1, pp. 2-3.
- "Treatment of Bilingual/Bicultural Children", program facilitator, ASHA 1985 S. Central Regional Conference.
- "State Certification Standards and Reciprocity for Teachers of the Hearing Impaired", with R. Roth, and B. Winney, American Annals of the Deaf, Aug. 1983, 490-498.
- "Appraisal Services for the Hearing Handicapped: A Cooperative Team Approach", with O. Pederson, Journal of Childhood Communication Disorders, Vol. 3, 1979.
- "Articulation and the Hearing Impaired", book chapter in Nature and Treatment of Articulation Disorders, remainder of book by John P. Johnson, Springfield, Illin., Charles Thomas, 1980.
- "Review: Grammatical Analysis of Elicited Language-Simple Sentence Level", Robert D. Moulton, American Annals of the Deaf, vol. 127, No. 7, Dec. 1982.
- "Programs for the Hearing Impaired in the People's Republic of China", seminar presented at the 1984 ASHA Convention, San Francisco, California.
- "Review: Sound Waves, the True Story of a Deaf Child Who Learned to Hear Using a Revolutionary Teaching Method", Robert D. Moulton, American Annals of the Deaf, vol. 132, No. 1, March, 1987.

GRANTS AND SERVICE CONTRACTS

U.S. Government: \$3,500,000.00
 Private Foundations: approximately \$250,000.00
 People's Republic of China: \$55,000

VITA

MANAL HAMZEH, M.S., M.A., CCC-A

P.O. Box 1492

Amman, JORDAN

Phone: Home (9626) 674955, Office: 610988

FAX: 643455

Current Position:

Audiologist, Directress/Owner of the Specialized Audiology Center (SAC), Amman, Jordan (SAC: private practice in medical audiology and humanitarian services)

Education:

M.S., Audiology, Gallaudet University, Washington, D.C., 1986

M.A., Early Childhood Education and Human Development, George Washington University, Washington, D.C., 1984

B.S., Speech Pathology and Audiology, George Washington University, 1983

Experience:

1990 - Present: Directress of Specialized Audiology Services, private practice medical audiology and humanitarian services

1988 - 1991 Directress, National Speech and Hearing Center of the National Ministry of Health, Amman, Jordan. Administrator and audiologist for the only publicly-supported speech and hearing center in Jordan.

1990 - Present: Jordan Society for the Deaf, board member and treasurer of the National Speech and Hearing Center Friends Fund

1989 - Present: Jordan Television, weekly news program interpreted and programmed for the deaf, consultant, founder and reserve interpreter

1989 - Present: National Center for Psychological and Educational Consultation, board member, founder and audiology consultant

1989 - Present: Center for Women Studies, board member, founder and secretary

1987 - Full Yr: Jordanian National Ministry of Health, consultant for the establishment of the National Speech and Hearing Center

1986 - 1987 Ain Shams University Hospital and Audiology-Ear, Nose, and Throat Clinic; Cairo, Egypt: Clinical Fellowship Year in Audiology

VITA

MARSHALL M. SMITH, Ph.D.

Associate Professor of Audiology

Educational Background

- Ph.D., 1981 Florida State Univ.: Clinical Audiology, collateral studies in Counseling and human development.
- M.S., 1972 Pennsylvania State Univ.: Clinical Audiology
- B.S., 1970 Auburn Univ.: Speech Pathology

Employment History

- 1989 - Present Associate Professor, Audiology, Lamar Univ., Beaumont, Texas
- 1989 - 1989 Manager, Sound Resources (Private Practice Audiology), Boca Raton, Florida.
- 1986 - 1989 Associate Professor, Dept. of Communication Disorders, Univ. of Wisconsin-Eau Claire
- 1978 - 1985 Assistant Professor, Speech and Hearing Sciences, Bradley Univ., Peoria, IL
- 1974 - 1977 Clinical Supervisor of Audiology, Florida State Univ., Tallahassee, FL
- 1972 - 1974 Clinical Audiologist, Harrisburg Polyclinic Hospital, Harrisburg, PA

University Courses Taught: Clinical Procedures, Manual Communication (beginning and advanced), Introduction to Audiology, Electro-physiological Audiometry, Aural Rehabilitation, Pediatric Audiology, Total Communication, Amplification, Advanced Clinical Audiology, Industrial Audiology.

Research, Scholarship, Creative Activity

- Smith, M. Video Tape Series on American Sign Language. Produced by Media Development Center - UWEC for commercial distribution, 1987.
- Gauz, M., Smith, M. "High Frequency Bekeshy Audiometry: VI. Pulsed vs. Continuous". Journal of Auditory Research, 1987.
- Gauz, M., Smith, M., Hinkle, R. "The Simplified HF E800 (SHF E800): Clinical Applications". Journal of Auditory Research, 26, 121-134, 1986.
- Gauz, M., Workman-McNamara, T., Smith, M., Cassidy, R., "The Reliability of Ultra-High Frequency Audiometric Thresholds." Journal of Speech and Hearing Assoc. of Virginia, 1986.
- Gauz, M., Smith, M. "The Simplified HF E800: Calibration and Normative Aspects." Journal of Auditory Research, 25, 101-122, 1985.
- Smith, M., Gauz, M., Brune, J. "How's Your M.A.D. Quotient, Principals?" Illinois Principal. September, 17-19. 1985.
- Gauz, M., Smith, Kocmond, E. "High Frequency Bekeshy Audiometry: V. Excursion Width." Audiology, 25, 1984.
- Smith, M., Chari, N.C.A., Price, L. "Acoustic Reflex Studies on Power Tool Noises," Journal of the Acoustical Society of America, Supplement 1, Vol 70, 1981.

VITA

JEAN F. ANDREWS, Ph.D.

**Associate Professor of Deaf Education
Director of Graduate Deaf Education Programs**

Educational Background:

1. Degree	Institution	Year	Major
Ph.D.	University of Illinois	1983	Spc/Hrng Sci
M.Ed.	Western Maryland College	1977	Deaf Educ
B.A.	Catholic University	1973	Eng Lang/Lit

2. Describe significant professional experience and contributions within the past three years.

a. **Teaching:**

Teaches a variety of graduate and undergraduate level courses, including introduction to deaf education, language for the deaf, advanced language for the deaf, psychology of deafness, and instructional methods in education of deaf children.

b. **Service:**

Speech and Hearing Curriculum Committee
Human Subjects Research Committee

c. **Research:**

Vernon, M. and Andrews, J. The Psychology of Deafness: Understanding Deaf and Hard-of-Hearing People. Longman, White Plains, New York, 1990.

Andrews, J., The Flying Fingers Club, 1988; Secret in the Dorm Attic, 1989; and Hasta Luego, San Diego, 1991; Gallaudet Univ. press (Children's novels with deaf main characters).

Andrews, J., Deaf children's acquisition of prereading skills using the reciprocal teaching procedure. Exceptional Children, Jan., 54 (4), 349-355 (1988).

Andrews, J., How deaf multihandicapped youth benefit from the microcomputer. Closing the Gap. April/May 1986.

Andrews, J., and Brame, M., Adults learn from children. Teaching Exceptional Children, 20, 58-60 (1987).

Andrews, J., Haas, D., and Waller, J., How to use the microcomputer with multihandicapped hearing impaired students: teaching suggestion and software selections. Perspectives for Teachers of the Hearing Impaired. Jan-Feb. 5. 15-19 (1987).

Andrews, J., and Mason, J., Childhood deafness and the acquisition of early print concepts. In Metalinguistic Awareness and Beginning Literacy: Conceptualizing What It Means To Read and Write. D. Yaden and W. Templeton (Eds) Exeter, New Hampshire: Heinemann Education Books, 1986.

Andrews, J. and Mason, J., How do deaf children learn about prereading? American Annals of the Deaf, 131, 210-217 (1986).

Andrews, J., and Taylor, N., From sign to print: picture book "reading" between mother and child. Sign Language Studies, 56, 261-274 (1987).

Andrews, J., Gonzales, R., and Alcazar, Recruiting, training, and retaining Hispanic, Black, and Asian Communication Disorders Specialists at the university level. Paper presented at: the Texas Speech and Hearing Association annual convention, April 5, 1991, Houston, Texas; at the Seventh Annual Minority Recruitment and Retention Conference, Austin, Texas, April 24, 1991; and at the Convention of American Instructors of the Deaf, June 28, 1991, New Orleans, LA. Longman's, Inc., (1990).

Andrews, J. and Wilson, H. The deaf adult in the nursing home. Geriatric Nursing. (in press).

Andrews, J. & Mason, J. How do deaf adolescents comprehend expository texts? Exceptional Children (in press)

Andrews, J. & Jaussi, K. Training teachers of the deaf in rural Kentucky. Teacher Education and Special Education. (in press).

d. Grants Awarded:

U.S. Dept. of Education Personnel Prep: 1) Training Teachers of the Deaf in Rural Kentucky, 1984-86, \$116,000. 2) Training Interpreters for the Deaf in Appalachian Kentucky, 1986. \$160,000. 3) Training Black and Asian Communication Disorder Specialists for Minority Children in Texas and Louisiana (with Robert Moulton), 1990, \$375,000.

e. International Projects:

United National Development Programme: Evaluation and Improvement of Programs for the Deaf in Arab Nations (with Robert Moulton). Project centered in Amman, Jordan, Fall and Summer of 1990.

Mexican Provincial Programs, Evaluation and Improvement of Programs for the Deaf. States of Nuevo Leon and Coahila, May of 1989 and 1991

VITA

ADELE D. GUNNARSON, Ph.D

Assistant Professor of Audiology

Educational History:

PhD	University of Texas/Dallas	1987	Audiology
M.S.	University of Texas/Dallas	1981	Audiology
B.S.	University of Texas/Austin	1976	Speech Path

Professional Experience:

1981-1985 Private Practice Audiology, Dallas, Texas
1987-Present Assist Professor of Audiology, Lamar University

Scholarly Production/Research

Gerken, B.M., Gunnarson, A.D., and Allen, C.M., Three models of temporal summation evaluated using normal-hearing and hearing-impaired subjects. Journal of Speech and Hearing Research, 26, 256-262 (1983).

Salvi, R.J., Ahroon, W.A., Perry, J.W., Gunnarson, A.D., and Henderson, D., Comparison of psychophysical and evoked-potential tuning curves in the chinchilla. American Journal of Otolaryngology, 3, 408-416 (1982).

Fintzo, T., Gunnarson, A.D., and Friel-Patti, S., Effects of chronic conductive hearing loss. Symposium of New Technologies for the Hearing-Impaired, Alexander Graham Bell Association, Chicago, Illinois, June 28, 1986.

Gunnarson, A.D., and Finitzo, T., Auditory electrophysiological correlates of early conductive hearing loss. Pediatric Audiology Update, Newport, Rhode Island, June 18 and 19, 1986.

Gunnarson, A.D., and Finitzo, T., Effects of early conductive hearing loss on children's MLRs. Meeting of the American Speech-Language-Hearing Association, Boston, Massachusetts, November, 1988.

Gunnarson, A.D., and Finitzo, T., Effects of fluctuating conductive hearing loss in infancy on auditory brainstem responses and binaural interaction measured at age 5. Meeting of the Acoustical Society of America, Miami, Florida, November, 1987.

VITA

RAMON GONZALES, M.S.

Director of Hispanic Deaf Education Project

Physical Condition: Permanently fused left hip. Bilateral sensorineural deafness. Fused hip does not seriously affect mobility. Hearing loss is postlingual. Otherwise in good health.

Languages: Fluent in English, Spanish, American Sign Language and Signed English

Educational History

- 1984-86 Doctoral Student. University of Arizona, Tucson, Arizona. Pursued doctoral studies in Special Education Administration with a minor in Bilingual Education.
- 1981 M.S. Deaf Education/Habilitation. Lamar University, Beaumont, Texas
- 1977 B.S. Speech and Hearing/Deaf Education. Lamar University, Beaumont, Texas
- 1975 A.A. and A.S. Degrees. Computer Technology. Del Mar Junior College, Corpus Christi, Texas

Professional Experience

- 1988-Present: Director of Deaf Education Hispanic Project, Lamar University, Beaumont. Training Hispanic educators of the hearing impaired. Supervise practicum, teach course in multi-cultural aspects of hearing loss.
- 1986-88 Teacher of hearing-impaired children. Golden Triangle Deaf Co-op. Beaumont Independent School District, Beaumont, TX
- 1984-86 Graduate Assistant. University of Arizona, Tucson, Arizona. Supervised student teaching for graduate students in training to become teachers of the hearing impaired. Organized guest lectures for graduate seminars.
- 1981-84 Teacher of the Multihandicapped Hearing Impaired. Regional Day School Program for the Deaf, Lubbock ISD, Lubbock, TX.

- 1982-84 University Instructor, part time. Department of Speech Pathology/Audiology, Texas Tech University, Lubbock, Texas. Taught courses in manual communication.
- 1978-81 Coordinator of Services for the Hearing Impaired, Texas Department of Human Resources. Responsible for counseling hearing-impaired adults in a 15 county region concerning the scope and availability of state and federal assistance programs.
- 1969-70 Instructor of the mentally retarded/multihandicapped. Coastal Bend Opportunity Center, Corpus Christi, Texas. Taught reading, math and language. Coached students for city, state and national Special Olympics.
- 1966-68 VISTA Volunteer, Office of Economic Opportunity, Fairbanks, Alaska. Assisted and advised Eskimo village council in Ambler, Alaska. Worked with fiscal problems and legal adoption of children. Instructed preschool Eskimo children in Headstart Program.

CERTIFICATION

1. Certified as a teacher of the hearing impaired by the Texas Education Agency.
2. Certified as a teacher of the hearing impaired by the national Council on Education of the Deaf (CED)

PROFESSIONAL AFFILIATIONS

Golden Triangle Handicapped Advocates (founder)
 Texas Association of the Deaf
 National Association of the Deaf
 Convention of American Instructors of the Deaf
 Adults with Loss of Hearing Assoc. (Consultant)
 Council of Exceptional Children

VITA
CARLA CAREY
Instructor of Sign Language
Lamar University, Beaumont, Texas, U.S.A.

Physical Condition: Totally deaf. Otherwise in good health.

Languages: Excellent written English. Fluent in sign language including signed English and American Sign Language. Speech is readily understood by hearing people.

Education:

1991: M.S. in Deaf Education at Lamar University, Beaumont, Texas.

1984: B.S. in Home Economics, Hood College, Frederick, Maryland.

1979 - 1982: Undergraduate studies, Gallaudet University, Washington, D.C.

Experience:

1991 - Present: Teacher of deaf children, Beaumont Independent School District

1989 - Present: Instructor of sign language to hearing university students. Lamar University, Beaumont, Texas.

May of 1990: Participant in United Nations Development Programme Project which sought to improve programs for the deaf in the Arab Nations. Evaluated programs for adult deaf in Amman, Jordan. Presented a series of lectures to adult deaf, parents of deaf children, and government officials interested in the deaf.

1987 - 1989: Legal Assistant. Forrest Clark, Attorney, Houston, Texas.

1985 - 1987: Personal and Social Adjustment Counselor for the Deaf, Bay Area Deaf Services, Baytown, Texas.

VITA
HOWARD F. WILSON, Ph.D.

Associate Professor of Speech-Language Pathology
Box 10076 LUS, Beaumont, TX 77710. Phone: (409) 880-8170

EDUCATIONAL HISTORY

1980 Ohio University Ph.D., Speech Pathology
1972 Florida State University, M.S., Speech Pathology
1971 Florida State University, B.S., Speech Pathology

CERTIFICATION

ASHA, Certificate of Clinical Competence, Speech Pathology
Licensed, State of Georgia, Speech Pathology

PROFESSIONAL EXPERIENCE

1987 - Present: Associate Professor, Speech and Hearing
Program, Lamar University.
1983 - 87: Assistant Professor, Director, Speech Pathology
Program, West Georgia College, Carrollton, Georgia.
1977 - 83: Assistant Professor, Western Carolina University,
Cullowhee, North Carolina.

SCHOLARLY PRODUCTION / RESEARCH

Smith, M.D., and Wilson, H.F., Book review of D. Solbin's
test Psycholinguistics (2nd edition) American Speech-
Language-Hearing Association Magazine, 25, 70 (1983).

Bond, Z.S., and Wilson, H.F., "Acquisition of the voicing
contrast by language-delayed and normal-speaking children,"
Journal of Speech and Hearing Research, 32, 152-161 (1980).

Bond, A.S., and Wilson, H.F., "/s/ plus Stop Clusters in
Children's Speech." Phonetica, 37, 149-158 (1980).

Wilson, H.F., Preliminaries to a Systematic Analysis of
Phonological Acquisition. Presented at the 1983 American
Speech-Language-Hearing Convention, Cincinnati, Ohio.

Wilson, H.F., Comprehension and Production of Narratives:
Implications for Language-Learning Disabled Students.
Presented at the 1983 Kentucky Federation-Council for
Exceptional Children, Owensboro Kentucky.

Wilson, H.F., "Production of /p,b/ in Three Phonetic
Contexts." Presented at the 1980 American Speech-Language-
Hearing Convention, Detroit, Michigan.

Wilson, H.F., "Identification of the Voicing Contrast in
Three Phonetic Contexts." Presented at the 1980 ASHA
Convention, Detroit, Michigan.

VITA

OLEN T. "PETE" PEDERSON, Ph.D.

**Chair, Communication Department
Professor of Audiology
Lamar University, Beaumont, Texas**

EDUCATIONAL HISTORY

Ph.D.	University of Oklahoma Medical Center	1969
M.S.	East Texas State University	1963
B.S.	University of Houston	1956

CERTIFICATION

Certificate of Clinical Competence, ASHA, Audiology
Certificate of Clinical Competence, ASHA, Speech Path.
Licensed, Texas, Speech Pathology and Audiology
Licensed, Louisiana, Speech Pathology and Audiology

PROFESSIONAL EXPERIENCE

1988-Present: Chair, Communication Dept. and Professor of Audiology and Deaf Educ., Lamar University, Beaumont, TX
1981-88: Professor of Audiology and Director of Services and Curriculum, Lamar University, Beaumont, Texas.
1975-Present: Director of Audiological Services Program for Lamar University Speech and Hearing Center and the Golden Triangle Public School Cooperative for Hearing Impaired Children.
1980-1983: Co-Director of Speech and Hearing Center of South-west Louisiana, Lake Charles, Louisiana.
1975-1980: Associate Professor and Director of Audiological Services, Lamar University, Beaumont, Texas.
1969-1975: Assistant/Associate Professor and Director of Audiological Services, Phillips University, Enid, OK.
1968-1969: Assistant Professor, East Texas State Commerce, Texas.
1962-1964: Instructor of Speech Pathology, East Texas State University, Commerce, Texas.
1956-1962: Public School Speech Pathology, Port Neches, TX.

SCHOLARLY PRODUCTION/RESEARCH

"Programs for the Hearing Impaired in the People's Republic of China", Tejas, with R.D. Moulton, D.R. Campbell, R.F. Clem, and Jiang Tao, Spring of 1987.
"Appraisal Services for the Hearing Impaired-A Team Approach", Journal of Childhood Communication Disorders, with R.D. Moulton and B.M. Hargraves, Fall of 1979.
"Programs for the Deaf in the People's Republic of China", American Speech-Language-Hearing Assoc. 1984 Convention with R.D. Moulton and J.F. King.
"Single Word Versus Connected Speech Articulation Testing," Journal of Language, Speech and Hearing Services in Schools, Vol. 11, 1980.
"A New Minimal-Contrasts Closed-Response for Speech Test", Journal of Auditory Research, Vol. 12, No. 3, 1972.

VITA
GABRIEL A. "TONY" MARTIN, Ed.D.
Assistant Professor of Deaf Education
Lamar University, Beaumont, Texas

EDUCATIONAL HISTORY

Ed.D.	University of Southern Mississippi	1989	Educ.Admin.
M.S.	Lamar University	1980	Deaf Educ.
B.S.	Lamar University	1979	Speech

Professional Experience:

1989-Present	Assist. Professor of Deaf Education, Lamar Univ.
1988	Adjunct Instructor in Deaf Education, Lamar Univ.
1981-1988	Classroom Teacher of the Hearing Impaired, Bmt, Tx

**International Experience, Consultant to Developing Nations,
Projects to Initiate or Improve Programs for the Deaf:**

El Salvador, March of 1987
Mexico, Summer of 1989

Certification:

Council on Education of the Deaf (CED)
Texas Education Agency: K-12 Hearing Impaired
Driver's Education

Scholarly Production/Research:

Moulton, R.D., Andrews, J.F., and Martin, G.A. Programs for the Deaf in Developing Nations (Jordan, China, Mexico, and Central America). Fourth Texas Statewide Conference on Education for the Deaf, Houston, Texas, August, 1990.

Martin, G.A. School AIDS Education for the Deaf Child. Conference on the Introduction to HIV and the Deaf Community for the Health Care Professional, Houston, Texas, September, 1990.

Martin, G.A. (1990). P.L. 99-457: The New Amendment to EAHCA. CDS: Update, 1(1), 3-4.

Martin, G.A. (1990). The American Disabilities Act of 1990: What's in it for the Rural Speech Pathologist? CDS: Update, 1(2), 3-4.

VITA

RANDOLPH E. DEAL, Ph.D.

Director of Speech-Language-Hearing Programs

Lamar University, Beaumont, Texas

Address: Box 10076, Beaumont, Texas 77710, Phone: 409/880-8170

EDUCATIONAL HISTORY

University of Oklahoma Health Sciences Center, Ph.D.:
Speech-Language Pathology, 1971

University of Oklahoma Health Sciences Center, M.C.D.:
Deaf Education, 1967

Oklahoma State University, B.A.: Speech-Language Pathology,
1966

PROFESSIONAL EXPERIENCE

Associate Professor and Director of Speech-Language-Hearing
Programs, Lamar University, Beaumont, Texas. June 1990
to present.

Associate Professor, State University College at Buffalo,
Buffalo, New York. 1989-90

Professor and Director, Speech-Language-Hearing Clinic,
Southwest Missouri State University, Springfield, Mis-
souri, 1986-1989

Associate Professor, Communication Disorders, Texas Woman's
University, Denton, Texas. 1977-1986

Assistant Professor, Communication Disorders, Oklahoma
State University, Stillwater, Oklahoma. 1971-1973

CERTIFICATION

Speech-Language Pathologist, ASHA, Certificate of Clinical
Competence, CCC-Sp

Teacher of the Deaf, Council on Education of the Deaf, CED
Licensed Speech-Language Pathologist, Texas and New York

SCHOLARLY PRODUCTION/RESEARCH

"Reliability of Children's Judgments of Vocal Roughness,"
R.E. Deal and R.A. Belcher. Language, Speech and Hear-
ing Services in the Schools, 21, 2, April, 1990.

"Proplast as a Pharyngeal Wall Implant to Correct Velophar-
yngeal Incompetence", L.M. Wolford, M. Oelschlaeger, and
Deal, R.E.. The Cleft Palate Journal, 26, 2, April,
1989.

- "An Exploratory Investigation of the Comprehension of English Through Sign English (Siglish) and Seeing Essential English (SEE 1)", R.E. Deal and R.B. Thornton. Language, Speech and Hearing Services in the Schools, 16, 4, October, 1985.
- "Some Relationships Between Oral Manometric Ratios and Median Nasality Ratings for Selected Vowels," C. Benjamin and R.E. Deal. Texas Journal of Audiology and Speech Pathology, 10, 1, Summer of 1984.
- "Business Procedures in Texas for Speech-Language Pathology Services," P. Graham, L. Chilipala, and R.E. Deal. Texas Journal of Audiology and Speech Pathology, 9, 2, Fall, 1983.
- "Impedance Audiometry for Speech-Language Pathologists: Basic Information for Acoustic Impedance Screening of Middle Ear Function in School-Age Children," D. Scroggin, D.C. Dunckel, and R.E. Deal. Texas Journal of Audiology and Speech Pathology, 7, 2, Fall of 1982.
- "Interjudge and Interjudge reliability for Selected Perceptual Judgments of Vocal Quality," S.B. Reaves and R.E. Deal. Texas Journal of Audiology and Speech Pathology, 7, 1, Summer of 1982.
- "Median Roughness Ratings for a Selected Group of Cheerleaders," S.E.B. Steward and R.E. Deal. Texas Journal of Audiology and Speech Pathology, 5, 3, Fall of 1980.
- "A Comparison of Group and Individual Administration of the Assessment of Children's Language Comprehension (ACLC)," Y. Arista and R.E. Deal. Texas Journal of Audiology and Speech Pathology, 5, 1, Spring of 1980.
- "Some Waveform and Spectral Features of Vowel Roughness," R.E. Deal and F.W. Emanuel. Journal of Speech and Hearing Research, 21, 2, June, 1978.
- "Acoustic Research on the Rough Voice: Some Clinical Implications," R.E. Deal. Texas Journal of Audiology and Speech Pathology, 3, 3, May of 1978.
- "Identification, Evaluation, Treatment, and Follow-Up in a Public School Setting for Children with Vocal Nodules," R.E. Deal, B. McClain and J.F. Sudderth. Journal of Speech and Hearing Disorders, 41, 3, August of 1976.
- "Accountability Re-Viewed," M. Pannbacker and R.E. Deal. ASHA, 15, 12, December of 1973

VITA
ANNETTE SHEPHERD POWELL, M.S.
Instructor of Speech Pathology/Clinical Supervisor
Lamar University-Beaumont

EDUCATIONAL HISTORY

Lamar University, M.S.: Speech Pathology, 1971
Lamar University, B.S.: Speech Pathology, 1970

CERTIFICATION

Certification of Clinical Competence - Speech Pathology
Texas Education Agency Certification - Speech Pathology
Educational Supervision

PROFESSIONAL EXPERIENCE

Instructor, Supervisor of Clinic and Supervisor of Federal Grant, Lamar University, 1990- Present.
Speech Pathologist, Nederland Independent School District, 1978-1990.
Adjunct Instructor, Department of Communications, Lamar University-Orange and Lamar University-Port Arthur, 1975-1978.
Clinical Supervisor, Lamar University Speech and Hearing Center, Summer Session I, 1976.
Speech Pathologist - Capland Center for Communication Disorders, 1971-1974.
Clinical Fellowship Year Supervisor, six candidates.
Supervision of Lamar University graduate students, 1978-1989 in off-site practicum.

SCHOLARLY PRODUCTION/SERVICE

"Parents as Partners." Tejas, XIII, #2, 32, 1987.
"Alternative Service Delivery Models." Workshop: Region V Education Service Center Continuing Education for area speech pathologists, January 1990.
"Assessment and Educational Programming in Special Education." Workshop: Region V Education Service Center Parent Seminar II, April 1989.
"Boudoin Make It/Take It Workshop." Workshop: Nederland Independent School District Annual Workshop, 1978-1988.
"Parents as Partners." Presentation: Texas Speech Language Hearing Association Convention, Spring 1986.

**SOCIETY for the CARE of the HANDICAPPED
in the GAZA STRIP**

**Services to Children and Adults
with
Speech, Language, and Hearing Disorders**

APPENDIX B

Program Competencies

SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, and DEAF EDUCATION PROGRAM COMPETENCIES for the GAZA STRIP

Due to the interdisciplinary structure of the Communication Disorders Program, the students in each of the programs, (Education of the Deaf, Speech Pathology and Audiology) often achieve competency in all skill and content areas listed below. The competencies listed are the minimum acceptable for completion of the program.

HI	SP	A	
			HI = Educators of Hearing Impaired SP = Speech Pathologists A = Audiologists

			A. Objectives Relating to Language, Speech and Hearing
			1. Language Structure and Function
X	X	X	a. Identify linguistic content, form and use of communication
X			b. Identify linguistic features of Arabic Sign Language (ASL)
			2. Hearing
X	X	X	a. Identify processes and anatomical structures involved in hearing and functions of these structures
X	X	X	b. Understand acoustics
X	X	X	c. Analyze the effects of various factors on hearing
X	X	X	d. Understand types and characteristics of hearing impairments
	X	X	e. Understand basic neuroanatomy/physiology of normal and pathological processes of the central auditory pathways
		X	f. Understand otologic pathology and influence upon auditory/vestibular systems
			3. Speech
X	X	X	a. Understand the anatomy and physiology of speech
X	X	X	b. Understand acoustic perceptual and visible aspects of normal and disordered speech
X	X		c. Understand normal and disordered aspects of vocal production, resonance and fluency
	X	X	d. Understand basic neuroanatomy/physiology and the neuromotor and neurolinguistic processes underlying normal and pathological speech and language behavior
X	X	X	e. Understand the anatomy and physiology of the ear, hearing loss and the relationship between various types and degrees of hearing loss to speech and language

HI	SP	A	
			development and behavior
			4. Development
X	X	X	a. Identify stages and theories of speech and language development (including phonological, semantic, morphemic, syntactic, and pragmatic aspects of language)
X	X		b. Analyze the influence of various factors on the development of speech and language
X	X	X	c. Analyze the effects of hearing impairments on a child's development
			B. Objectives Relating to Assessment
X	X	X	1. Apply knowledge of assessment in auditory training
X	X	X	2. Apply knowledge of tests and procedures for assessing audition
		X	a. Understand test batteries for assessing peripheral versus central site of lesion non-organicity, and electrophysiologic function (e.g., auditory brainstem response, electronystagmography) in various populations, such as pediatric, geriatric, multihandicapped and pseudo-hypacusic individuals
X	X	X	3. Apply knowledge of informal and formal assessment procedures for language
X	X	X	a. In hearing impaired population
		X	b. In child to adult language disordered population
X	X		4. Apply knowledge of speech assessment including articulation, resonance, voice and fluency
X	X		a. In hearing impaired population
		X	b. In child to adult speech disordered population
X			5. Apply knowledge of tests and procedures for assessing the intellectual performance and educational achievement of hearing impaired students.
X	X	X	6. Understand multidisciplinary assessment
			C. Objectives Relating to Intervention Strategies and Program Planning, Training Significant Others as Intervention Agents
			1. Intervention Strategies
X	X	X	a. Understand methods of amplification
X	X	X	b. Understand the use of hearing aids
X	X	X	c. Apply techniques and procedures for developing listening skills
X	X		d. Apply techniques and procedures for stimulating language development in exhibiting language delay of known and unknown etiology
X	X		e. Apply techniques and procedures for

HI	SP	A	
			improving the speech production of hearing impaired children
X	X	X	f. Understand modes of communication (e.g., speechreading, communication boards, manual communication)
X			g. Identify ways of meeting the needs of hearing impaired students in the content areas
X			h. Identify techniques and methods for teaching hearing impaired children
X	X		i. Identify techniques and methods for teaching communication disordered children with multihandicaps
X	X		j. Identify techniques and methods for teaching mainstreamed communication disordered children
X	X		k. Identify appropriate ways of addressing the psychosocial needs of students with communication impairments
X	X	X	l. Understand the prevention of communication disorders or how their effects can be minimized
X	X	X	m. Understand the consultant relationships of professionals (e.g., teachers, physicians, social workers, psychologists, therapists, etc.)
X	X		n. Understand the appropriate administration of informal and formal assessment and intervention procedures for a variety of clients in different environments including individual intervention, small group, classroom, and home intervention
		X	o. Understand procedure and techniques for working within industrial audiology sites
		X	p. Understand auditory rehabilitative techniques including speech reading, amplification and fitting techniques, and counseling techniques
X			2. Identify techniques and methods for providing prevocational, vocational, and career education to hearing impaired students
			3. Program Planning
X	X	X	a. Understand the process of developing an Individualized Education Program (IEP) for a communicatively disordered student
X	X	X	b. Understand the administration of programs for the communicatively impaired
			4. Training Significant Others as Intervention Agents
X	X		a. Identification of interactional strategies for facilitating language and communication development between significant others and communicatively impaired child

HI	SP	A	
X	X		b. Identification of interactional problems between communicatively impaired children and significant others that interfere with language and communication development
X	X		c. Teaching significant others about social interaction problems that interfere with language and communication development
X	X		d. Teaching significant others strategies for developing language and communication skills in communication disordered children
			D. Objectives Relating to Professional Knowledge
X	X	X	1. Identify major figures and philosophies in the history of the speech and hearing field
X	X	X	2. Understand research in the field of communication disorders
X	X	X	3. Identify the roles and responsibilities of providers of speech and hearing services
X	X	X	4. Understand manual communication systems (e.g., fingerspelling, Arabic Sign Language, manual Arabic systems, Cued Speech)
X	X	X	5. Understand legal issues in education of communicatively impaired
X			6. Apply knowledge of the basic state curriculum and the Supplement to the Essential Elements for the Hearing Impaired
X	X	X	7. Identify professional services and agencies for the communicatively impaired
X	X	X	8. Understand federal and state legislation, school and state agency policies and procedures, certification and licensure standards, and professional issues.
X			9. Understand characteristics of deaf community
X	X	X	10. Understand ways to promote staff development
X	X	X	11. Understand professional responsibilities in a variety of work settings; the roles and responsibilities of educational, medical and allied-health personnel and the inter-relationships among the various members of the education, rehabilitation and medical teams
X	X	X	12. Understand methods and techniques of information dissemination to the public about prevention and treatment of communication disorders to increase awareness, facilitate referrals and screenings, and build support for meeting the needs of the communicatively handicapped.
X	X	X	13. Understand consultation procedures
X	X	X	14. Understand the effects of minority cultures and non-Arabic speaking homes on children with communicative handicaps.

Part II - Additional Competencies for Those Expecting to be Employed in Areas with Limited Support

1. Demonstrate an understanding of the political, financial, cultural, and social structures of service delivery in the Gaza Strip.
2. Demonstrate knowledge of cognitive, language and communication characteristics as they affect learning in from disadvantaged areas.
3. Demonstrate an understanding of multi-lingual, multi-dialectal and multi-cultural differences in the Gaza Strip.
4. Demonstrate skills in operating professionally with only limited support personnel.
5. Demonstrate understanding of and skills in working with parents of socioeconomically disadvantaged, culturally and/or racially different rural speech/language/hearing-impaired children.
6. Demonstrate skills in developing and adapting available therapy and diagnostic materials and methods to meet the special needs of speech/language/hearing-impaired children in the Gaza Strip.
7. Demonstrate skills in adapting and administering speech, language and communication programs to include consultive and other indirect service delivery models.
8. Demonstrate understanding of current research and model service delivery environments with limited economic and professional support.
9. Develop skill in evaluating and improving the effectiveness of clinical services delivered in the home.
10. Develop skills in training parents and paraprofessionals in using total communication (sign language) with hearing-impaired students.
11. Demonstrate understanding of psychosocial impact of hearing impairment on children in the Gaza Strip.

**SOCIETY for the CARE of the HANDICAPPED
in the GAZA STRIP**

**Services to Children and Adults
with
Speech, Language, and Hearing Disorders**

APPENDIX C

Course Syllabi

COURSE SYLLABI FOR THE GAZA PROJECT

NOTE TO READER: In the interest of space, only abbreviated course descriptions will be presented. Recall that this proposal addresses three separate programs (speech-language pathology, deaf education, and audiology). To present detailed information on each course would make this Appendix far too cumbersome. The reader is assured that our national certifying bodies have found our curriculum to be strong.

A. Speech-Language Pathology

Aphasia and Neurogenic Disorders. Course covers the nervous system, neurolinguistic correlates, causes of neurological problems and their impact on speech, language, and communication, and an overview of neurogenic speech and language disorders. Students will select appropriate assessment procedures and diagnostic features of neurogenic speech and language disorders; and select, explain and justify treatment procedures appropriate for different neurogenic speech and language disorders. Text: Rosenbek et. al., (1989), Aphasia: A Clinical Approach, Boston, Little, Brown and Co. and Adamovich et. al. (1985), Cognitive Rehabilitation of Closed Head Injured Patients, Boston, Little, Brown, and Co.

Voice Disorders. Course covers anatomy and physiology of the vocal mechanism, normal phonation, organic and functional voice disorders, diagnostic and screening procedures, alaryngeal speakers, voice characteristics of the aging, public school voice programs, and medical considerations. Students will identify and describe the anatomy and physiology of the respiratory and phonatory systems, and organic and functional causes of voice disorders. Students will select and describe appropriate techniques for training vocal skills in children and adults and for diagnosing voice problems. Text: D.R. Boone (1983). The Voice and Voice Therapy. Englewood Cliffs, Prentice Hall.

Augmentative Communication Disorders and the Severely Impaired. Course covers augmentative communication systems, historical perspectives, terminology, contemporary issues, population considerations, design considerations, computer technology, selection considerations, and methods of patient training. Students will discuss the decision process for adopting an augmentative communication system, be able to apply criteria for adopting augmentative communication given hypothetical cases, describe preliminary training strategies used with non-speaking children and adults, describe support services needed for severely handicapped clients, and discuss appropriate assessment procedures for the non-vocal client. Text: C.R. Musselwhite and K.W. St. Louise (1988) Communication Programming for the Severely Handicapped. San Diego, College-Hill Press.

Children's Language Disorders. Course covers an overview of language disorders in children, characteristics; causes and treatment of language disorders; assessment of cognitive, lexical, syntactic, and pragmatic skills; and language intervention strategies with preschool children, school children, and families. Students will discuss major characteristics of language disorders affecting semantics, morphology, syntax and pragmatics; be able to discuss the different purposes and types of assessment procedures used to identify language disorders in children; select appropriate language assessment procedures and tests relative to the child's age and domain; and select, explain and justify the use of intervention techniques used in training communication skills. Texts: M.E. Fey (1986), Language Intervention with Young Children, San Diego, College Hill; and Bailey and Simeonsson (1988). Family Assessment in Early Intervention. Columbus, Merrill Publishing Co.

Articulation Disorders. Course covers phonological theory and acquisition, assessment of phonological disorders, and phonological intervention. Students will explain the critical aspects of current theories of phonological acquisition; describe the different stages of normal phonological acquisition; describe the characteristics of phonological disorders; explain the major causes of phonological disorders; score and interpret different assessment procedures for evaluating phonological disorders; plan and implement procedures to document generalization in therapy; discuss a hierarchy of phonological intervention and describe procedures appropriate at different stages of intervention; describe characteristics of motor speech disorders in children; and describe specialized approaches to training children with motor speech disorders. Text: Elbert and Gierut (1986), Handbook of Clinical Phonology, Boston, College-Hill Press.

Diagnostics and Counseling. Course covers the diagnostic process, the role of the speech mechanism evaluation in making a differential diagnosis, speech processes and disorders, and language and communication disorders. Students will demonstrate knowledge of diagnostic report writing; speech mechanism characteristics in making a differential diagnosis; advantages of norm vs criterion-referenced assessment procedures; appropriate procedures for language, fluency, articulation, voice and neurogenic communication disorders; and basic counseling principles relative to communication disorders. Text: Yoder, D. E. and Kent, R.D. (Eds.) (1988) Decision Making in Speech-Language Pathology. C.V. Mosby.

Stuttering. Course covers theoretical perspectives and characteristics of fluency disorders, assessment and clinical management of fluency disorders. Students will differentiate between normal disfluency and stuttering; stuttering and cluttering; and stuttering and language formulation disorders. Students will describe characteristics of stuttering

and stutterers; contrast a minimum of two different theoretical perspectives of stuttering; select appropriate assessment procedures for child and adult stutterers; outline counseling procedures to use with parents or stutterers; and describe at least one treatment approach for managing both fluency and stuttering in the chronic stutterer. Text: R. F. Curlee and W.H. Perkins, Nature and Treatment of Stuttering: New Directions, San Diego: College-Hill Press (1984).

Communication Disorders and Aging. Course covers demographics of the aging population; overview of the aging process; social realities of aging; physiology of aging; cognitive aspects of aging; effects of aging on auditory structures and processes; affects of aging on speech, language, and communication; communication problems of aging; and the diagnosis and treatment of speech, language and hearing disorders of the aging. Students will demonstrate knowledge of the normal aging process as it affects physiological processes, cognitive and social skills; and speech, language and hearing skills. Students will demonstrate knowledge of communicative disorders associated with the aging process, appropriate assessment procedures for evaluating auditory, speech, language, and communicative skills for the aged population. Students will also demonstrate knowledge of appropriate intervention procedures for use with the geriatric population. Text: Shadden, B.B. (1988), Communication Behavior and Aging: A Source Book for Clinicians. Williams and Wilkins, Co.

B. Audiology

Advanced Audiology. Course covers audiological evaluation, interpretation, referral, ramifications of hearing loss, and rehabilitation programs. Students will demonstrate knowledge of audiological terminology, standards, and equipment. Students will demonstrate an understanding of the format and integration of the auditory evaluation: speech tests, pure tone tests, and air conduction tests. Students will demonstrate an understanding of masking, impedance audiometry, and amplification. Text: Lloyd and Kaplan, Basic Principles of Auditory Assessment, (1986), and Katz, Handbook of Clinical Audiology, (1986),

Medical Audiology. Course covers medical aspects of auditory management. Students will show an understanding of the anatomy and physiology of the hearing mechanism (peripheral and central structures). Students will demonstrate a knowledge of anomalies, pathologies, diagnosis and treatment of external ear, middle ear, cochlea, and VIII nerve and central systems. Text: J. Northern, Hearing Disorders, (1984), Boston, Little, Brown and Co.

Bone Conduction and Masking. Course covers bone conduction theory, masking theory, impedance theory, and procedures and techniques associated with each. Students will demonstrate a knowledge of power/pressure dB notation and bandwidth development; masking theory, intensity, frequency and spectrum; modes and processes of bone conduction signal stimulation; procedures and techniques of clinical masking; calibration of bone conduction, masking, and impedance; theory of impedance test battery; and clinical applications of impedance batteries. Text: Katz, Handbook of Clinical Audiology, 1986. Jerger and Northern, Clinical Impedance Audiometry, 1980.

Special Audiometric Tests. Course covers the diagnosis of site of lesion and differential diagnosis. Students will demonstrate a knowledge of test battery development and test result integration. Students will show an understanding of the differential diagnosis process (peripheral structures vs. coclear, and cochlear vs. retrocochlear). Students will demonstrate a knowledge of nonorganic hearing loss, central auditory testing, and test interpretation. Text: Katz, Handbook of Clinical Audiology, 1986, Baltimore, Williams and Wilkins.

Electrophysiology. Course covers evoked potential audiometry and electronystagmography. Students will demonstrate a knowledge of neuroanatomy and the central auditory pathways; neurophysiology and resting potentials, graded potentials, and action potentials. Students will show an understanding of evoked potentials in auditory brainstem response, and middle latency response. Students will also show an understanding of electronystagmography and immittance testing. Text: Glasscock, et. al. The ABR Handbook: Auditory Brainstem Response, (1987), New York, Thieme Medical Publishers. Hood and Berlin, Auditory Evoked Potentials, (1986), Austin, Pro-Ed.

Instrumentation. Course covers instrumentation in audiology, speech-language pathology, and education of the hearing impaired. Students will demonstrate a knowledge of the principles of electricity and electronics. Students will understand transducers, audiometers, impedance bridges, tape recorders, instrumentation for physiologic assessment (evoked potentials, electronystagmography), signal generators and processors, and computers. Text: Cudahy, Introduction to Instrumentation in Speech and Hearing, (1988), Baltimore, Williams and Wilkins.

Advanced Hearing Aids. Course covers the history of hearing aids; classification of hearing aids; components of hearing aids; special purpose hearing aids; standards; earmolds; hearing aid measurements; speech audiometry; hearing aid selection; hearing aid evaluation in adults, children, and special populations; hearing aid counseling; and dispensing hearing aids in private practice and clinical settings.

Students will conduct hearing aid measurements of stock aids, make and modify earmold impressions, conduct hearing aid interviews, and interview hearing aid dispensers. Students will show a knowledge of the history of hearing aids, the components of hearing aids, national standards, ethical considerations of dispensing hearing aids, hearing aid evaluations, and laws affecting the dispensing of hearing aids. Text: Pollack, Amplification for the Hearing Impaired, (1988).

Pediatric Audiology. Course covers auditory problems of children. Students will demonstrate a knowledge of the embryology of the auditory system, development of auditory behavior in the young child, disorders of hearing and syndromes in children, auditory evaluation of children, impedance audiometry, and auditory rehabilitation in the young population. Text: none, journal reading list provided.

Advanced Auditory Rehabilitation. Course covers educational audiology, classroom acoustics, compensatory electroacoustic processing of speech, speech perception and sensorineural hearing loss, and auditory training procedures. Students will demonstrate a knowledge of education management for the hearing-impaired child, counseling parents of hearing handicapped children, laws and codes associated with classroom acoustics for the hearing impaired, group amplification systems and auditory training devices/techniques, the role of the audiologist in the educational setting, the adventitiously deafened, and the team approach to auditory intervention. Text: Alpiner, J.G. and McCarthy, P.A., Rehabilitative Audiology: Children and Adults. Baltimore: Williams and Wilkins, 1987.

C. Deaf Education

Speech Development in the Hearing Impaired. Course covers speech perception and development in the hearing impaired. Students demonstrate a knowledge of the history of teaching speech to the hearing impaired, current diagnostic and treatment procedures, common speech problems of the deaf and hearing impaired, speech assessment, and classroom intervention techniques. Text: Waling and Harrison, A Speech Guide for Teachers and Clinicians of Hearing-Impaired Children. Subtelney, Speech and Voice Characteristics of the Hearing Impaired.

Language and Deafness. Course covers language development and intervention with the hearing handicapped. Students demonstrate an understanding of the impact of hearing loss on language development, connections between language and reading, bilingual approaches to language development for the hearing impaired, assessment of language in the hearing impaired, and language curriculums for the hearing impaired.

Text: Stone, P., Blueprint for Developing Conversational Competence: A Planning Instructional Model with Detailed Scenarios, Washington, D.C., A. G. Bell Assoc.; Mason, J. (1989), Reading and Writing Connections. Allyn and Bacon.

Psychology of Deafness. Course covers the characteristics of the deaf community and causes of deafness, communication and language systems, the psychology of deafness, evaluation and teaching, and research and theory of cognitive development in the hearing impaired. Students will demonstrate an understanding of the deaf community, genetics and genetic counseling, Arabic Sign Language, psychodynamics surrounding diagnosis of deafness, impact of hearing loss on family structure, behavioral patterns associated with hearing loss, psychological evaluation of the hearing impaired, and research and theory relative to deafness. Text: Vernon and Andrews, The Psychology of Deafness, (1990), New York, Longman.

Sign Language. We will offer three levels of manual communication courses in Gaza. All will carry 3 semester hours of credit. Courses will begin at the very basic fingerspelling level and progress through signing in Arabic, signing in Arabic Sign Language, and interpreting. Students will demonstrate an ability to converse and interpret in Arabic Sign Language. Students will demonstrate a knowledge of morphological and semantic considerations of Arabic Sign Language, the psycholinguistics of sign language, and education considerations (teaching Arabic as a second language, bilingual possibilities of Arabic Sign Language and Arabic). Texts: Dictionary of Arabic Sign Language, Two volume set produced by the Jordan National Speech and Hearing Center in 1990 and 1992 through a grant from the United Nations Development Programme.

Multihandicapped Deaf. Course covers prevalence, demographics, etiologies of deaf individuals with other educationally significant disabilities: mental retardation, deaf/blindness, learning disabilities, emotional disturbance, and motor/orthopedic handicaps. Psychological evaluation, educational programming, curriculum, teaching methods and materials are also discussed. Students are able to describe the prevalence and demographics of the deaf multihandicapped population; the various disabilities which can accompany deafness and how these combinations affect behavior, education and rehabilitation; review curriculum and materials used with deaf MH populations; the unique social, psychological and linguistic needs of this population; the organizations which serve deaf MH individuals and their families; the legislation which affects this population; and considerations for evaluating the deaf MH population. Text: Tweedie, D., and Shroyer, E. (Eds) (1982), The Multihandicapped Hearing-Impaired: Identification and Instruction. Washington, D.C., Gallaudet Univ. Press. and Wehman, P., et. al. Functional Living Skills for Moderately and Severely Handicapped Indi-

viduals, (1985), Austin, TX, Pro-Ed.

Reading and Language for the Deaf. Course covers the reading habits of deaf adults, reading achievement levels in the deaf population, reading theory applied to the deaf, reading acquisition for the hearing impaired, diagnostic and teaching techniques, the relationship between reading and writing, and reading materials used with the deaf. Students will understand how reading is acquired by the hearing impaired; how it is assessed with this population; how reading comprehension can be taught to the hearing impaired; how to set up a literacy environment in the classroom for the deaf; the relationship between learning to read and to write; locate reading materials for deaf children; and how to teach functional reading skills to the deaf. Text: Kretchmer, R.E. Reading and the Hearing Impaired Individual, 1982, Volta Review, and Kretchmer, R.E., Learning to Write and Writing to Learn, 1985, Volta Review.

Pedagogy and Deafness. Course covers legal considerations in educating the hearing impaired, parent and infant training programs, educational support systems, and classroom management considerations for the teacher of the deaf. Students will understand the processes of referral, assessment, eligibility, and placement of handicapped children. Students will show an understanding of placement considerations for the hearing impaired: residential, day school, self-contained, and mainstreamed classes. Students will understand how related services (speech therapy, transportation, medical, diagnostics, counseling, etc.) affect deaf education. Students will identify the roles played by support personnel in deaf education (aides, principal, supervisor, directors of special education, etc.). Students will understand classroom management in deaf education (scheduling, discipline, parent interaction, documentation). Text: none used. List of readings provided.

**SOCIETY for the CARE of the HANDICAPPED
in the GAZA STRIP**

**Services to Children and Adults
with
Speech, Language, and Hearing Disorders**

APPENDIX D

Evaluation Instruments

DEAF EDUCATION PRACTICUM EVALUATION FORM

Lamar University Speech-Language-Hearing Programs

Gaza Strip Project

Student's Name _____

Practicum Site _____

Grade Level/Subject _____

Name of Appraiser _____

Name of Cooperating Teacher _____

Observation Date _____

Directions: Circle the number(s) for each indicator. At least one column will be marked for each indicator. Column "A/BE" is used to note "Absent/Below Expectation" behaviors and has a credit value of 0. Column "SE" represents the "Standard Expectation" for each indicator and has a credit value of 1. Column "EQ" represents "Exceptional Quality" for each indicator and has a credit value of 1. To give credit to Column "EQ", credit must be given in Column "SE" also. Exceptional Quality credit is not applicable to some indicators. For these, a hyphen has been placed in Column "EQ". Provide documentation when marking either "A/BE" or "EQ".

I. INSTRUCTIONAL STRATEGIES

1. Provides opportunities for students to participate actively and successfully.

	Columns		
	A/BE	SE	EQ
a. varies activities	0	1	1
b. interacts with students	0	1	1
c. solicits participation	0	1	1
d. extends knowledge	0	1	1
e. provides time	0	1	1
f. implements at appropriate level of difficulty	0	1	1

2. Evaluates and provides feedback on student progress during instruction.

	Columns		
	A/BE	SE	EQ
a. communicates expectations	0	1	1
b. monitors	0	1	1
c. solicits responses for assessment	0	1	1
d. reinforces	0	1	1
e. provides corrective feedback	0	1	1
f. reteaches	0	1	1

II. CLASSROOM MANAGEMENT AND ORGANIZATION

3. Organizes materials and students.

	Columns		
	A/BE	SE	EQ
a. secures student attention	0	1	1
b. uses procedures/routines	0	1	1
c. gives administrative directions	0	1	1
d. uses seating/grouping	0	1	1
e. has materials/aids/facilities ready	0	1	1

4. Maximizes amount of time available for instruction.

	Columns		
	A/BE	SE	EQ
a. begins/ends	0	1	1
b. implements sequence of activities	0	1	1
c. maintains pace	0	1	1
d. maintains focus	0	1	1
e. keeps students engaged	0	1	1

5. Manages student behavior.

	Columns		
	A/BE	SE	EQ
a. specifies expectations	0	1	1
b. prevents off-task behavior	0	1	1
c. redirects off-task behavior	0	1	1
d. stops inappropriate behavior	0	1	1
e. stops disruptive behavior	0	1	1
f. applies rules	0	1	1
g. reinforces appropriate behavior	0	1	1

III. PRESENTATION OF SUBJECT MATTER

6. Teaches for cognitive, affective, and/or psychomotor learning and transfer.

	Columns		
	A/BE	SE	EQ
a. begins with introduction	0	1	1
b. uses content sequence	0	1	1
c. relates prior/future learning	0	1	1
d. defines/describes	0	1	1
e. elaborates critical attributes	0	1	1
f. stresses generalization/principle/rule	0	1	1
g. transfers	0	1	1
h. closes instruction	0	1	1
i. exhibits question asking skills	0	1	1

7. Presents information accurately and clearly.

	Columns		
	A/BE	SE	EQ
a. makes no significant errors	0	1	1
b. explains clearly	0	1	1
c. stresses points/dimensions	0	1	1
d. clarifies misunderstanding	0	1	1

8. Uses acceptable communication skills.

	Columns		
	A/BE	SE	EQ
a. uses correct Arabic grammar/vocabulary	0	1	1
b. uses correct sign language (ASL) grammar/vocabulary	0	1	1
c. pronounces/signs correctly/clearly	0	1	1
d. demonstrates written Arabic skills	0	1	1
e. facilitates student use of residual hearing	0	1	1

IV. LEARNING ENVIRONMENT

9. Uses strategies to motivate students for learning.

	Columns		
	A/BE	SE	EQ
a. relates to student interests	0	1	1
b. emphasizes value/importance of lesson	0	1	1
c. reinforces efforts	0	1	1
d. challenges	0	1	1
e. uses varied teaching strategies	0	1	1

10. Maintains supportive environment.

	Columns		
	A/BE	SE	EQ
a. avoids sarcasm/negative criticism	0	1	1
b. maintains courteous climate	0	1	1
c. praises	0	1	1
d. establishes rapport	0	1	1

V. INTERACTIONS WITH PARENTS

11. Provides counseling and instruction to parents

	Columns		
	A/BE	SE	EQ
a. encourages parental input	0	1	1
b. establishes rapport, gains trust	0	1	1
c. maintains confidentiality	0	1	1

VI. GROWTH AND RESPONSIBILITIES

12. Plans for and engages in professional development.

	Columns		
	A/BE	SE	EQ
a. seeks help from cooperating teacher	0	1	1
b. accepts suggestions for improvement	0	1	1
c. stays current with professional literature	0	1	1
d. attends/participates in teacher inservice programs	0	1	1

13. Complies with school policies, operating procedures and requirements

	Columns		
	A/BE	SE	EQ
a. follows guidelines of sponsoring agency	0	1	1
b. honors local/family traditions	0	1	1
c. performs assigned duties	0	1	1
d. submits lesson plans/outlines which conform to school guidelines	0	1	1

14. Promotes and evaluates student growth

	Columns		
	A/BE	SE	EQ
a. participates in goal-setting	0	1	1
b. plans instruction	0	1	1
c. documents student progress	0	1	1
d. maintains records	0	1	1
e. reports progress	0	1	1

Total Score (SE credits plus EQ credits) _____

Comments:

(The signature of the student indicates that he/she has reviewed and received a copy of this record)

(Student Signature)

(Date)

(Appraiser Signature)

(Date)

AUDIOLOGY PRACTICUM EVALUATION FORM

Lamar University Gaza Project

Student's Name _____

Client _____

Date _____ Type of Evaluation _____

	Yes	No	N/A
I. Preparation for Evaluation			
1. Reviewed case with supervisor one day in advance			
2. Checked test materials			
3. Checked sound suite equipment			
4. Kept appointment			
5. Notified clinic supervisor of the start of the evaluation			
6. Began evaluation on time			
7. Maintained appropriate dress			
8. Maintained appropriate grooming			
9. Consulted with supervisor regarding hearing aid selection within two days post hearing aid evaluation			
10. Checked patient's contact with front desk			
II. Conduct of Evaluation			
1. Employed appropriate language level and behaviors with client			
2. Clearly state intent of evaluation			
3. Answered client's questions			
4. Conducted testing with appropriate speed			

	Yes	No	N/A
5. Used appropriate test sequence			
6. Made appropriate changes in test procedures during test to fit client's capabilities			
7. Displayed problem-solving initiative in unexpected situations			
8. Provided reinstruction/reinforcement as needed			
9. Established control of test situation			
10. Maintained control of test situation			
11. Ended pediatric session on a positive note			
12. Obtained good intertest agreement			
13. Determined appropriate clinical rationale			
14. Detected non-organic hearing loss			
15. Solicited supervisor's assistance			
16. Accepted supervisor's direction			

III. Evaluation Techniques

A. Speech Detection Threshold

- | | | | |
|---|--|--|--|
| 1. Provided appropriate instruction | | | |
| 2. Checked client's understanding of instructions | | | |
| 3. Employed appropriate type of speech signal | | | |
| 4. Employed ascending method | | | |

B. Speech Reception Threshold

- | | | | |
|---|--|--|--|
| 1. Provided appropriate instructions | | | |
| 2. Checked client's understanding of instructions | | | |
| 3. Employed carrier phrase appropriately | | | |
| 4. Employed appropriate word list | | | |
| 5. Employed ascending test method | | | |

C. Pure Tone Testing

- | | | | |
|---|--|--|--|
| 1. Employed appropriate instructions | | | |
| 2. Checked client's understanding of instructions | | | |
| 3. Employed ascending method | | | |
| 4. Employed random timing | | | |
| 5. Used appropriate signal duration in signal pattern | | | |
| 6. Employed play audiometry at appropriate time | | | |
| 7. Used appropriate frequency selection | | | |
| 8. Employed appropriate level selection | | | |

D. Masking

- | | | | |
|---|--|--|--|
| 1. Provided appropriate instructions | | | |
| 2. Checked client's understanding of instructions | | | |
| 3. Employed appropriately for SDT | | | |
| 4. Employed appropriately for SRT | | | |
| 5. Employed appropriately for Pure Tone Air Conduction | | | |
| 6. Employed appropriately for Pure Tone Bone Conduction | | | |
| 7. Employed appropriately for Speech Discrimination | | | |
| 8. Calculated correct amount of masking | | | |
| 9. Followed appropriate masking procedure | | | |
| 10. Recorded masking information accurately | | | |

15

E. Impedance Assessment

- | | | | |
|---|--|--|--|
| 1. Provided appropriate explanation to client | | | |
| 2. Made appropriate probe tip selection | | | |
| 3. Used appropriate modifications when obtaining seal | | | |
| 4. Made pressure manipulations carefully | | | |
| 5. Made accurate acoustic reflex readings | | | |

F. Hearing Aid Evaluation

- | | | | |
|---|--|--|--|
| 1. Made appropriate preselection of units | | | |
| 2. Electro-acoustically assessed units | | | |
| 3. Obtained batteries before evaluation began | | | |
| 4. Obtained HAE tools before evaluation began | | | |
| 5. Provided appropriate instructions clearly | | | |
| 6. Checked client's understanding of instructions | | | |
| 7. Made acoustic modification of ear mold, if necessary | | | |
| 8. Employed appropriate test techniques | | | |
| 9. Selected the appropriate unit | | | |
| 10. Recorded unit settings, ear fitting, serial number, etc. on worksheet | | | |
| 11. Recorded aid's trial date in hearing aid folder | | | |

76

IV. Counseling

1. Notified supervisor of initiation of session
2. Reviewed results with supervisor before counseling began
3. Included family in counseling
4. Gave appropriate information
5. Gave information in logical sequence
6. Directed client toward the hearing aid when one was called for
7. Provided complete information on use of hearing aid
8. Provided complete information on care/maintenance of hearing aid
9. Explained limitations of hearing aid
10. Demonstrated placement of ear mold
11. Demonstrated use of hearing aid
12. Provided referral guidelines
13. Followed up referrals

V. Post-Evaluation/Reports

1. Cleaned sound suite
2. Filed client card
3. Filed client folder after making notations on chrono sheet
4. Mailed ear impression if needed
5. Completed clipboard
6. Included appropriate information in report
7. Included no inappropriate information in report
8. Employed appropriate form in report

17

	Yes	No	N/A
9. Employed appropriate writing style in report			
10. Employed correct grammar in report			
11. Made appropriate recommendations in report			
12. Submitted report by deadline			
13. Re-submitted report with corrections by deadline			
14. Included acceptable audiograms in reports			

V. Other

1. Worked well as part of team			
2. Cooperated with other students in suite maintenance			
3. Displayed discretion with privileged information			
4. Took initiative and responsibility during test session			
5. Took initiative and responsibility during counseling session			
6. Took initiative and responsibility in support of the clinician of record			
7. Pursued recommendations as necessary			
8. Pursued appropriate calibration inquiry without direction			
9. Took appropriate clinical initiative without direction			

SPEECH-LANGUAGE PATHOLOGY PRACTICUM EVALUATION FORM

Lamar University Speech-Language-Hearing Programs Gaza Strip Project

I. DIAGNOSTIC AND REPORTING SKILLS

A. Use of Diagnostic Tools

Superior Level		Intermediate Level			Minimum Level	
7	6	5	4	3	2	1
Choose appropriate test; administration skillful and evidenced preparation, accurate data obtained and recorded; recognized & dealt skillfully with client reactions to testing situations.		Needed guidance in choosing & administering test; unsure administration, did not interfere with obtaining accurate data; at least minimally effective in recognizing & dealing with significant client reactions.			Needed detailed specific guidance in planning testing; lacked skill administering tests; insensitive to and/or unable to handle client behavior in the testing situation.	

B. Observational Skills

7	6	5	4	3	2	1
Independently & insightfully observed & reported conditions & behaviors affecting client performance, & need for further testing or referral; suggested follow-up procedures when appropriate.		Observations appropriate but imprecise; unable to suggest appropriate & specific follow-up.			Unaware of significant conditions & behaviors beyond those specifically focused upon during diagnostic procedures.	

C. Interpretation of Diagnostic Information

7	6	5	4	3	2	1
Accurately interpreted test results & observations to determine nature & extent of the communication problems; showed insight using data to indicate prognosis & appropriate therapy.		Needed guidance in interpreting diagnostic data to describe communication problem; with assistance was able to plan therapy based on data; unsure of prognosis.			Unable to interpret diagnostic data but could grasp their meaning when explained; needed considerable help using data as a guide to therapy; could make no prognostic decision.	

D. Writing Professional Reports

7	6	5	4	3	2	1
Skillfully integrated clinical data and available information into clear, concise and comprehensive summary of client status; adhered carefully to established guidelines for professional writing, only minor revisions necessary.		Produced adequate report which adhered to guidelines for professional writing in content and usage. Suggestions for revising and improving well utilized.			Unable to produce adequate report which adhered to guidelines for professional writing, even after suggestions for revision.	

II. SKILLS IN DEVELOPMENT AND PLANNING OF THERAPY

A. Knowledge and Application of Theory and Research Data

7	6	5	4	3	2	1
Demonstrated clear understanding of significant theory & research application to client by choosing clinical procedures which were a logical out-growth of understanding.		Demonstrated some understanding of theory & research applicable to client; needed guidance applying information and choosing clinic procedures.			Demonstrated minimal understanding of relevant theory & research; Generally unable to apply information to clinic work.	

B. Ability to Establish Appropriate Goals

7	6	5	4	3	2	1
Used independent judgement in determining appropriate type and level of therapy; accurately predicted pace & amount of work to be accomplished; able to define goals in terms of specific behavioral objectives.		Able with guidance, to determine appropriate type & level of therapy; showed continuing growth in predicting pace & amount of work to be accomplished. With some help, able to develop appropriate specific goals.			Needed much guidance setting up appropriate therapy; difficulty planning realistic amount of work; not able to determine appropriate and specific goals.	

C. Ability to Develop Lesson Plans

7	6	5	4	3	2	1
Included clear description of each session's activities and the client responses; was insightful & honest evaluating & determining causes of effective & ineffective aspects of sessions; based on evaluation, developed & described realistic objectives & procedures for following sessions.		Briefly described activities employed in previous sessions but lacked perception in evaluating; stated goals & activities for future sessions appropriately but not carefully defined.		Description did not provide clear picture of previous therapy sessions; little self-evaluation. Unclear description of appropriate goals & procedure for future sessions.		

D. Utilization of Suggestions for Modifying Goals or Techniques

7	6	5	4	3	2	1
Accepted & carried out suggestions agreed upon for client; took initiative for discussing procedures when questioned their usefulness or did not understand them.		Generally carried out suggestions, but took little initiative for discussing their merits, or seeking further information.		Had difficulty following suggestions even after being given specific information.		

E. Proficiency in Using Available Equipment and/or Materials

7	6	5	4	3	2	1
Familiarized himself with materials and equipment, became adept using them prior to therapy; used them appropriately & effectively to enhance therapy.		Became somewhat familiar with & adept at using equipment and materials; often not fully prepared to use them skillfully nor integrate them into therapy effectively.		Little attempt to use equipment and materials when indicated; or used them inappropriately or ineffectively.		

F. Resourcefulness in Obtaining Additional Information or Materials

7	6	5	4	3	2	1
Took initiative in obtaining appropriate info. or materials for planning or carrying out therapy beyond those readily obtainable from clinic.		Needed guidance in obtaining info. or materials from outside sources.		Used materials & techniques in a routine & unimaginative manner.		

G. Ingenuity in Developing Original Techniques and Materials

7	6	5	4	3	2	1
Highly creative devising & adapting techniques & materials which were appropriate for specific needs of client.		Demonstrated some creativity devising & adapting techniques for specific needs of client.		Used materials & techniques in a routine & unimaginative manner.		

III. SKILLS IN INTERACTING WITH CLIENTS

A. Interpersonal Relationship (including family members or other closely involved individuals)

7	6	5	4	3	2	1
Offered emphatic understanding, warmth & respect to create atmosphere of trust in him & the therapy offered, and to facilitate sharing of the problem; when appropriate, the clinician shared own reactions in genuine, self-disclosing & confronting ways & moved to problem solving phase. Clinician was both a model & participant in effective interpersonal relationship.		Created somewhat effective atmosphere; responses indicated a concern for client's needs. Imprecise use of "helping skills" reduced effectiveness of responding and problem solving.		Generally unable to establish atmosphere of trust & to work jointly with client toward therapy goals; difficulty in relating to client in an open, honest level made him an ineffective model for interpersonal relationships; too much therapy time spent on clinician's concerns.		

B. Sensitivity and Responsiveness to Client Reactions

7	6	5	4	3	2	1
Highly perceptive observing the client's verbal and behavior cues. His responses consistently took into account client's needs as indicated by content & feelings expressed or implied.		Some perception picking up verbal & behavioral cues from client; limited ability in responding to expressions of both content and feelings.			Appeared to be generally unaware of feelings expressed by client's verbal & non-verbal behavior; responses showed little regard for content or feelings expressed by client.	

C. Flexibility in Meeting Client Needs

7	6	5	4	3	2	1
Superior skill adjusting previous therapy plans for special or unexpected needs of client, took into account client's responses.		Made attempts to adjust previous therapy plans for special or unexpected needs of the client. Inconsistently successful in focusing on client's immediate needs.			Often at loss how to handle unexpected occurrences in therapy; did not usually adjust behavior to meet client responses.	

D. Ability to Set and Enforce Limits

7	6	5	4	3	2	1
If discipline necessary, clinician quickly & skillfully set limits, in a non-threatening, non-rejecting way.		Aware of need for discipline but attempts to set limits not consistently successful; generally able to maintain non-threatening, non-rejecting attitude.			Generally either unable to set limits or unable to do so without adversely affecting therapy relationship.	

E. Ease in Clinical Situation

7	6	5	4	3	2	1
Appeared confident; sufficiently free from concerns about own performance to focus effectively on needs of client.		Although showed some uneasiness about own performance, it did not significantly interfere with meeting needs of client.			Concerns about own performance often prevented focusing on the client's needs; visible signs of nervousness or tension present.	

93

IV. PERSONAL AND PROFESSIONAL QUALITIES

A. Oral Communication Skills

7	6	5	4	3	2	1
		Oral speech & language provided adequate model for client.			Oral speech & language exhibited minor deviations but not significantly detracting from model provided for client.	

B. Dependability

7	6	5	4	3	2	1
		Occasional, limited lapses in keeping appointments or carrying out assignments; attempted to notify others.			Inconsistent in keeping appointments, handing in written assignments acceptable to supervisor.	

C. Contribution to Staff Meeting

7	6	5	4	3	2	1
Attendance regular, prompt; active participant; frequently offered own ideas, thoughts about diagnosis, therapy, professional issues & own professional development; made substantial improvement in deficient skills (if any).		Usually attended, prompt; participated if asked; occasionally offered ideas about clinical and professional issues; worked diligently to improve clinical skills.			Attendance sporadic, often late; contributed little to clinical and professional interaction, even when asked; assumed little responsibility for improving deficient skills.	

D. Cooperation with Fellow Professional

7	6	5	4	3	2	1
Took initiative maintaining mutually helpful communication with colleagues; communicated with others to develop own skills or meet needs of client; sensitive to needs of co-workers & allied professionals; offered assistance when possible.		Participated in communication with colleagues and other professionals; helped co-workers when asked.		Communicated infrequently with co-workers & others; was not willing to help beyond limits of own clinical assignment.		

E. Emotional Stability (not applicable unless significant personal problems are evident)

7	6	5	4	3	2	1
Able to recognize significant personal problems & deal with them in a highly constructive manner, so they had minimal influence on performance of clinical assignments.		Recognized significant personal problems & attempted to cope; clinical duties were occasionally affected.		Did not recognize significant personal problem or was unable to keep them from interfering with clinical assignments.		

F. Response to Supervisory Evaluation

7	6	5	4	3	2	1
Listened to & accepted evaluation in open non-defensive manner & acted constructively; if felt the comments were unjustified or incorrect, discussed this in a calm, professional manner.		Accepted evaluation in a passive but open manner; but did not encourage further discussion nor express intention of acting upon suggestions.		Reacted to evaluation in hostile or defensive manner; was unwilling or unable to discuss openly or work toward changes suggested.		

**SOCIETY for the CARE of the HANDICAPPED
in the GAZA STRIP**

**Services to Children and Adults
with
Speech, Language, and Hearing Disorders**

APPENDIX E

Home-Based Early Intervention Services

HOME-BASED EARLY INTERVENTION SERVICES for HEARING-IMPAIRED CHILDREN in the GAZA STRIP

PROJECT DESCRIPTION

A. Statement of Need

Hearing impairment often has a profound effect on the development of communication and language. Research strongly supports that the critical language acquisition years are from birth to six. It is imperative that early diagnosis is made of the child who is hearing impaired and that intervention begin as soon as possible. When diagnosis of deafness is determined, this diagnosis can and does have great impact on the parents and family. Feelings of shock, disbelief, anger and sadness often occur.

The benefits of early intervention with any handicapping condition are well known. Early intervention reduces the cost of later special education services. Early intervention with children who are hard-of-hearing and deaf results in better speech, language, reading and writing development and subsequently better academic performance.

Early intervention includes amplification and auditory training, communication and language development for the hearing-impaired child, as well as parent education, psychological and emotional support and resource assistance. Through a program of home intervention, the Teacher/Parent Advisor provides education and psycho-emotional support to parents and families within the natural setting of the home.

A program for early identification and family-centered intervention is enhanced by a well-informed public. Earlier diagnosis of hearing loss and speech-language problems can be made when family members, friends, and professionals are aware that testing procedures for early detection exist and are available.

B. Curriculum and Resources

Specialized curricula for the delivery of home-based services for children who are hearing impaired have been developed and used extensively in the U.S. These curricula would need to be translated and "Arabized/Gazanized" for use with the proposed project. Publications, brochures and pamphlets designed to further knowledge about deafness available but also would need to be altered for use in Gaza and other parts of the Arab World. Fortunately, two dictionaries of Arabic Sign Language have recently been produced by a U.N.D.P-sponsored project in

Amman, Jordan.

C. Training for Teachers/Parent Advisors

Fortunately, the Society for the Care of the Handicapped in the Gaza Strip has been providing services to the mentally handicapped through a model which can be readily modified to meet the needs of the hearing impaired. The Mother's Home Care/Early Intervention Outreach Program follows the Portage model which is very similar to the Ski*Hi system for service delivery to hearing-impaired children and their families.

Though a viable delivery model (Portage) is in place in Gaza, additional training in the following areas will be needed:

- Role of a Parent Advisor

- The Mourning Process

- Family System:

 - Involving immediate and extended family members

 - Dealing with siblings

 - Dealing with families of various cultures

- Working with Challenging Parents

- Typical and Atypical Specialist Assessments Curriculum

- Content:

 - Techniques related to intervention

 - Family Goal Setting

- Current Research

- Audiological Advancement

- Public Awareness

D. Goals

1. Train Supervisors and Teachers/Parent Advisors to implement best practices with young children who are hearing impaired and their families.
2. Provide a program of early identification of hearing-impaired children and the needed intervention and parent education to assist families of the children.
3. Provide public awareness programs.
4. Provide inservice and professional development for staff.

E. Objectives

1. Specific training in the delivery of a specialized home based program for children who have hearing impairments and their families will be implemented. (The SKI*HI Model, and/or the Texas Stage 0 Curriculum and/or Parent-Infant Communication from Infant Hearing Resource of Portland, Oregon, may be used as resources).

2. The Teacher/Parent Advisor will provide a home visitation program for children who are hearing impaired and their families. As soon as the hearing-impaired child is identified, the Teacher/Parent Advisor will begin an intervention program consisting of regularly scheduled visits. The Teacher/Parent Advisor will demonstrate everyday activities to assist parents and family members in developing skills necessary to provide their young child who is hearing impaired with an appropriate language environment. The Teacher/Parent Advisor will be sensitive to the dynamics of each family to offer support, instruction and information to assist parents and family members in adjusting to and working with their young hearing-impaired child.
3. The Supervisor/s and Teacher/Parent Advisor will focus on meeting the needs and concerns of professionals and parents through public awareness programs. Brochures, videos and training other training materials will be developed and used.
4. Inservices will be initiated to provide information and skills to enhance the Teachers/Parent Advisors effectiveness and knowledge. Outside professionals may be utilized to provide specialized information and resource assistance to staff members.

F. Description of Activities

1. On-site pre-service training will be held involving Supervisors and Teachers/Parent Advisors. Personnel training will be conducted by qualified professionals with experience in the delivery of a home-based program for young children who are hearing impaired and their families.
2. The Teacher/Parent Advisor will be responsible for the direct delivery of services for the home visitation program. Individualized lessons will be designed to meet the needs of each child who is hearing impaired and his/her family through. Home visits will begin as soon as possible after diagnosis.
3. Public Awareness activities will be conducted throughout the Gaza Strip. Targets will include the parents, physicians, educators, and community leaders.

G. Support services to enhance the delivery of home-based services for the families of children who are hearing impaired:

1. A hearing aid program with:

- a. Trial hearing aid bank to facilitate selection and fitting if the most appropriate aid for the child.
 - b. Hearing aid loaner bank to ensure continuous amplification.
 - c. An ear mold program that will ensure correct mold fittings for the child.
 - b. A parent lending library with reference materials, educational toys, manipulative, and games, and adaptive equipment.
- H. Support materials for Teachers/Parent Advisors such as home visit manuals as well as professional books and journals.

RESOURCES COMMITTED by APPLICANT

The Society participates in the project by providing a Director, Supervisors, Teachers/Parent Advisors, Secretarial assistance, office space, equipment, and office supplies. The Director of the S.C.H. will oversee the project.

RESOURCES REQUESTED FOR THE PROJECT

1. Initial Training for Teachers/Parent Advisers.
 - a. Personnel to provide training for supervisors, Teachers/Parent Advisors and related personnel.
 - b. Curricula and resource materials for personnel training.
 - c. Educational materials for children/families
- 3 . Supervisors
 - a. Responsible for support and supervision of Teachers/Parent Advisors through regular and affective communication, periodic supervisory home visits, and feedback of lesson exports and other paperwork.
4. Teachers/Parent Advisors
 - a. Responsible for direct delivery of services to hearing-impaired children and their families and for resource services in a given designated area.
5. Secretary
 - a. Responsible for day-to-day office clerical duties.

EVALUATION PLAN

1. At the end of the school year, an evaluation of the program will be completed by families who have participated in the program. Through the evaluation, statistics and data will be formulated which will assist the program staff in upgrading services. Pre and post testing will be completed on children in order to document the effectiveness of early intervention strategies.
2. At the end of the school year, the professional staff will discuss and evaluate the effectiveness of training, inservices and program materials. Modifications will be made if necessary.

DISSEMINATION PLAN

In order to publicize the intent and purpose of the program, information will be disseminated through newspaper articles, printed materials, professional contacts and speaking engagements.

**SOCIETY for the CARE of the HANDICAPPED
in the GAZA STRIP**

**Services to Children and Adults
with
Speech, Language, and Hearing Disorders**

APPENDIX F

Budget Information

BUDGET

**Combined Budgets, Total Project
Years One, Two, and Three**

1990

Combined Budgets, Total Project, Years One, Two, and Three Year One

1.	Personnel Training Component	\$178,000
2.	Speech and Hearing Clinic	677,048
3.	Mothers' Home-Based Intervention Program for Children with Communication Disorders	983,957
Total Year One		\$1,839,005

Year Two

1.	Personnel Training Component	\$178,000
2.	Speech and Hearing Clinic	328,878
3.	Mothers' Home-Based Intervention Program for Children with Communication Disorders	501,072
Total Year One		\$1,007,950

Year Three

1.	Personnel Training Component	\$178,000
2.	Speech and Hearing Clinic	352,878
3.	Mothers' Home-Based Intervention Program for Children with Communication Disorders	501,072
Total Year One		\$1,031,950

TOTAL PROJECT: \$3,879,257

BUDGET

Personnel Training Component

Personnel Training Component

Estimated Costs for Year One

1. SALARIES

On-Site Supervisor @ \$35,000 per annum	\$35,000
U.S. Faculty, stipends for teaching, 12 courses per annum @ \$4,000 per course	48,000
Manal Hamzeh, teaching stipend, 2 courses per annum @ \$2,000 per course	4,000
U.S. Co-Director (Consultation, administration, report writing), 200 hrs. @ \$35	7,000
	<u>\$94,000</u>

2. Travel

On-Site Supervisor, return airfair from Texas @ \$3,500 including transfers in U.S. & local	\$3,500
U.S. Faculty, 8 return airfair from Texas @ \$3,500 including transfers in U.S. & local	\$28,000
	<u>\$31,500</u>

3. Materials and Supplies

Textbooks and teaching materials	\$23,000
Office supplies	2,000
	<u>\$25,000</u>

4. Professional Library

Library of important works in speech-language pathology, deaf education, and audiology	\$5,000
---	---------

5. Telephone, Fax, Mailing \$3,500

6. Annual Program Evaluation \$10,000

7. University Fees for Continuing Education Credits
40 students, 15 courses per year @ \$15 9,000

Total, Year One \$178,000

ESTIMATED COSTS FOR THREE YEARS

Year One	\$178,000
Year Two	\$178,000
Year Three	\$178,000

Total Grant \$534,000

BUDGET

Speech and Hearing Clinic

SPEECH AND HEARING CLINIC BUDGET
Estimated Costs For Year One

	\$	\$	\$
1- Construction (Design attached) 250 meter ² at \$500/m ²			125,000
2- Equipment			
A- Audiology			
Brain Stem Evoked Potentials System and Accessories	45,000		
Audiometers and Accessories	30,000		
Audiometer Calibration Kit	8,000		
	-----	83,000	
B- Earmold Laboratory and Fitting Room Equipment		15,000	
C- Hearing Aids and Batteries			
Hearing Aids for 200 children @ \$450 for 2 per child	90,000		
Batteries (10 per child/m) @ \$1	24,000		
	-----	114,000	
D- ENT Clinic			
Diagnostic and Minor Surgery Instruments and Machines		45,000	
E- Staff Common Room Furnishings and Kitchen Equipment		7,500	
F- General Office, Room Furniture and Equipment			
Desks, Chairs, Tables etc.	5,000		
Paper Binding Machine	1,500		
Paper Shredding Machine	4,100		
Photocopier and accessories	10,000		
2 Computers, Printers and Software	10,400		
Clock-in machine	1,500		
	-----	32,500	
G- Staff Training Equipment			
Camera	700		
Video Camera	2,500		
2 Video Cassette Recorders (for editing)	4,650		
2 29" Monitors @ \$2,660	5,320		
Tapes	1,000		
	-----	14,170	

SPEECH AND HEARING CLINIC BUDGET (CONTINUED)

H- Vehicles

GMC Minibus	45,000	
	-----	356,170

3- Salaries

Director and Chief Audiologist	@ \$2000/m	24,000	
2 Audiology Technicians	@ \$500/m each	12,000	
Part-time ENT Surgeon	@ \$1000/m	12,000	
Part-time ENT Nurse	@ \$350/m	4,200	
Earmold and Hearing Aid Engineer	@ \$600/m	7,200	
2 Hearing Aid Technicians	@ \$400/m each	9,800	
Secretary	@ \$400/m	4,800	
Driver	@ \$400/m	4,800	
Cleaner	@ \$350/m	4,200	
		-----	83,000

4- Employee Insurance

Work Accident Insurance @ 3% of Salaries	2,448	
Medical Insurance @ \$500/person x 11 persons	5,500	
	-----	7,948

5- Personnel Training

Costs of training staff to make and repair hearing aids including travel and accommodation abroad for three weeks		5,000
---	--	-------

6- Consultants

2 Return airfares from USA @ \$4,000 each trip including transfers in USA & locally	8,000	
Fees of 2 consultants for a total of 60 days @ \$225/day (30 days each)	27,000	
Per diem @ \$100 for 60 days	6,000	
	-----	41,000

7- Overhead

Indirect expenses at 71% of salaries		58,930

Total for Year One		677,048
		=====

SPEECH AND HEARING CLINIC BUDGET (CONTINUED)

Estimated Costs For Year Two

	\$	\$
1- Hearing Aids and Batteries		
Hearing Aids for 200 additional children	90,000	
Batteries for 400 children (10 per child/m)@ \$1	48,000	
	-----	138,000
2- Salaries (As detailed in year one)		83,000
3- Employee Insurance (As detailed in year one)		7,948
4- Consultants		41,000
5- Overhead		
Indirect expenses at 71% of salaries		58,930

Total for Year Two		328,878

Estimated Costs For Year Three

	\$	\$
1- Hearing Aids and Batteries		
Hearing Aids for 200 additional children	90,000	
Batteries for 600 children (10 per child/m)@ \$1	72,000	
	-----	162,000
2- Salaries (As detailed in year one)		83,000
3- Employee Insurance (As detailed in year one)		7,948
4- Consultants		41,000
5- Overhead		
Indirect expenses at 71% of salaries		58,930

Total for Year Three		352,878

ESTIMATED DIRECT AND INDIRECT COSTS FOR THREE YEARS

	\$
YEAR ONE	677,048
YEAR TWO	328,878
YEAR THREE	352,878

TOTAL GRANT	1,358,804

BUDGET

Mothers' Home-Based Outreach Program for Children with Communication Disorders

GAZA HANDICAPPED

المعوقون في قطاع غزة

**MOTHERS' HOME-BASED OUTREACH PROGRAM FOR CHILDREN WITH COMMUNICATION DISORDERS
ESTIMATED COSTS FOR YEAR ONE (480 CHILDREN AND THEIR FAMILIES)**

A - SALARIES

		\$	\$
Director	@ \$600/month * 12	7,200	
Social Worker	@ \$500/month * 12	6,000	
Psychologist	@ \$500/month * 12	6,000	
2 Speech Pathologists	@ \$500/month * 12	12,000	
4 Supervisors	@ \$500/month * 12	24,000	
25 Home Teachers	@ \$350/month * 12	105,000	
Secretary	@ \$350/month * 12	4,200	
Cleaner	@ \$350/month * 12	4,200	
Watchman	@ \$350/month * 12	4,200	
		-----	172,800

B- EMPLOYEE INSURANCES

Work Accident Insurance @ 3% of Salaries	5,184	
Medical Insurance @ \$500/person x 37 persons	18,500	
	-----	23,684

C- TRAVEL

Local travel reimbursements for teachers	8,000	
Travel & Attendance costs for 3 staff members to international conferences on communications disorders	18,000	
	-----	26,000

D- EQUIPMENT & FURNISHINGS

1) Vehicles

5 GMC minivans @ \$45,000 each 225,000

2) 25 FM Systems for teachers to communicate with children hearing aids 30,000

3) Personnel Kitchen and Dining Room

Refrigerator	2,000
Water cooler	500
Microwave oven	600
Gas surface cooker	300
Suction hood	125
2 Propane gas bottles @ \$65	130
Electric kettle @ \$50	50
Juice extractor @ \$50	50
Toaster-grill	150
Crockery-cutlery-cooking utensils	500
Kitchen cabinets	800
4 tables @ \$100	400
24 chairs @ \$40	960
2 Garbage disposal bins	40
Electric heater	200
Fan	100
Wall clock	60
Cleaning equipment	600

	7,565

MOTHERS' HOME-BASED OUTREACH PROGRAM FOR CHILDREN WITH COMMUNICATION DISORDERS

ESTIMATED COSTS FOR YEAR ONE (CONTINUED)

4) Offices

	\$	\$
10 desk and chair sets @ \$400	4,000	
10 tables @ \$100	1,000	
50 chairs @ \$40	2,000	
10 electric heaters @ \$200	2,000	
10 fans @ \$200	2,000	
10 bookshelves @ \$60	600	
10 Wall clocks @ \$60	600	
10 Waste bins @ \$10	100	
10 Filing cabinets @ \$300	3,000	
Paper binding machine	1,500	
Lamination machine	1,300	
2 Paper shreading machines @ \$4150	8,300	
Photocopier and accessories	15,000	
Copy printer	9,000	
5 Computer word processors and Arabic English printers, Tables and Software @ \$5,200	26,000	
Mackintosh computer word processors and Arabic English printer, Tables and Software	15,000	
Clock-in machine and card holder	1,500	
Paper cutting machine	1,000	
10 Line office Intercom System	1,950	
Telefax Machine	3,000	
	-----	98,850

5) In-Service Training Room

Camera	850	
Video Camcorder	2,000	
2 Video Cassette Recorders (multi system) @ \$2325	4,650	
2 29 inch monitors (multisystem) @ \$2660	5,320	
Slide projector, carousel & trolley	1,850	
Overhead projector and trolley	1,200	
Screen	500	
Blackboard	200	
50 lecture room chairs @ \$50	2,500	
2 Tables @ \$100	200	
5 Chairs @ \$40	200	
High capacity air conditioner	2,000	
Heater	200	
2 Fans @ \$200	400	
2 Waste paper bins @ \$10	20	
	-----	22,090

MOTHERS' HOME-BASED OUTREACH PROGRAM FOR CHILDREN WITH COMMUNICATION DISORDERS

ESTIMATED COSTS FOR YEAR ONE (CONTINUED)

6) General Furnishings			
	\$	\$	\$
10 Chairs for waiting areas @ \$140	1,400		
4 Small corner tables @ \$30	120		
Wicker furniture for mothers' reception room	800		
Shelves & cabinets for resource room	1,000		
2 Full-length mirrors	60		
	-----	3,380	
TOTAL EQUIPMENT AND FURNISHINGS			386,885
E- PERSONNEL TRAINERS AND CONSULTANTS			
Salaries of 2 long term consultants in Deaf Education and Speech Pathology @ \$ 30,000 each per annum		60,000	
8 Return airfares from USA @ \$4000 each trip including transfers in USA & locally		32,000	
Fees of 6 consultants for a total of 180 days @ \$225/day (30 days each)		40,500	
Perdiem @ \$100 for 180 days		18,000	
		-----	150,500
F- OTHER DIRECT COSTS			
Translation into Arabic and printing of 100 sets of curriculum materials and teachers guides		28,000	
Home teachers materials & supplies		15,000	
Educational toys for resource room		15,000	
Rent @ \$700/month		8,400	
Utilities @ \$350/month		4,200	
Clearing materials and domestic fuels		800	
		-----	71,400

TOTAL DIRECT COSTS			\$ 831,269
G- OVERHEAD			
Indirect expenses @ 71 % of salaries			122,688
H- Research and Evaluation Costs			30,000
GRAND TOTAL FOR YEAR ONE			\$ 983,957
			=====

MOTHERS' HOME-BASED OUTREACH PROGRAM FOR CHILDREN WITH COMMUNICATION DISORDERS

ESTIMATED COSTS FOR YEAR TWO

A - SALARIES

		\$	\$
Director	@ \$600/month * 12	7,200	
Social Worker	@ \$500/month * 12	6,000	
Psychologist	@ \$500/month * 12	6,000	
2 Speech Pathologists	@ \$500/month * 12	12,000	
4 Supervisors	@ \$500/month * 12	24,000	
25 Home Teachers	@ \$350/month * 12	105,000	
Secretary	@ \$350/month * 12	4,200	
Cleaner	@ \$350/month * 12	4,200	
Watchman	@ \$350/month * 12	4,200	
		-----	172,800

B- EMPLOYEE INSURANCES

Work Accident Insurance @ 3% of Salaries	5,184	
Medical Insurance @ \$500/person x 37 persons	18,500	
	-----	23,684

C- TRAVEL

Local travel reimbursements for teachers	8,000	
Travel & attendance costs for 3 staff members to international conferences on communications disorders	18,000	
	-----	26,000

D- CONSULTANTS

6 Return airfares from USA @ \$4000 each trip including transfers in USA & locally	24,000	
Fees of 6 consultants for a total of 180 days @ \$225/day (30 days each)	40,500	
Per diem @ 100 for 180 days	18,000	
	-----	82,500

E- OTHER DIRECT COSTS

Home teachers materials & supplies	15,000	
Educational toys for resource room	15,000	
Rent @ \$700 month	8,400	
Utilities @ \$350/month	4,200	
Cleaning materials and domestic fuels	800	
	-----	43,400

TOTAL DIRECT COSTS

348,384

F- OVERHEAD

Indirect expenses at 71% of salaries	122,688
--------------------------------------	---------

G- RESEARCH AND EVALUATION COSTS

30,000

GRAND TOTAL FOR YEAR TWO

\$ 501,072
=====

MOTHERS' HOME-BASED OUTREACH PROGRAM FOR CHILDREN WITH COMMUNICATION DISORDERS
ESTIMATED COSTS FOR YEAR THREE

A - SALARIES

		\$	\$
Director	@ \$600/month * 12	7,200	
Social Worker	@ \$500/month * 12	6,000	
Psychologist	@ \$500/month * 12	6,000	
2 Speech Pathologists	@ \$500/month * 12	12,000	
4 Supervisors	@ \$500/month * 12	24,000	
25 Home Teachers	@ \$350/month * 12	105,000	
Secretary	@ \$350/month * 12	4,200	
Cleaner	@ \$350/month * 12	4,200	
Watchman	@ \$350/month * 12	4,200	
		-----	172,800

B- EMPLOYEE INSURANCES

Work Accident Insurance @ 3% of Salaries	5,184	
Medical Insurance @ \$500/person x 37 persons	18,500	
	-----	23,684

C- TRAVEL

Local travel reimbursements for teachers	8,000	
Travel & Attendance costs for 3 staff members to international conferences on communications disorders	18,000	
	-----	26,000

D- CONSULTANTS

6 Return airfares from USA @ \$4000 each trip including transfers in USA & locally	24,000	
Fees of 6 consultants for a total of 180 days @ \$225/day (30 days each)	40,500	
Per diem @ 100 for 180 days	18,000	
	-----	82,500

E- OTHER DIRECT COSTS

Home teachers materials & supplies	15,000	
Educational toys for resource room	15,000	
Rent @ \$700 month	8,400	
Utilities @ \$350/month	4,200	
Cleaning materials and domestic fuels	800	
	-----	43,400

TOTAL DIRECT COSTS

348,384

F- OVERHEAD

Indirect expenses at 71% of salaries	122,688
--------------------------------------	---------

G- RESEARCH AND EVALUATION COSTS

30,000

GRAND TOTAL FOR YEAR THREE

\$ 501,072
=====

MOTHERS' HOME-BASED OUTREACH PROGRAM FOR CHILDREN WITH COMMUNICATION DISORDERS

ESTIMATED DIRECT AND INDIRECT COSTS FOR THREE YEARS

YEAR ONE	\$ 983,957
YEAR TWO	501,072
YEAR THREE	501,072

TOTAL GRANT	\$ 1,986,101