

PD-ABC-959
ISA 72270

EVALUATION OF
MOTHERS HOME CARE/EARLY INTERVENTION
OUTREACH PROGRAM EXTENSION
FOR NON-HANDICAPPED, AT-RISK CHILDREN
AND THEIR FAMILIES

Submitted to:

Kris Loken
Aid for International Development
ANE/TR/HRN, Room 4720
320 21 Street, NW
Washington, D.C. 20523-0053

Submitted by:

Marian H. Jarrett, Ed.D.
Heather Bennett McCabe, Ph.D.
Carole Brown, Ed.D.
Thomas Oakland, Ph.D.

June 1991

TABLE OF CONTENTS

Executive Summary 2

Project Identification Data Sheet 3

Activity to be Evaluated 4

Purposes of the Evaluation 4

Study Questions of the Evaluation 4

The Economic, Political, and Social Context 6

Evaluation Team Composition 7

Study Methods 8

Findings of the Study 10

Conclusions 26

Recommendations 27

EXECUTIVE SUMMARY

This evaluation examines the implementation and effectiveness of the Mothers' Home Care/Early Intervention Outreach Program Extension for Non-Handicapped, At-Risk Children and Their Families. The purpose of the program is to provide a prevention program which serves children 0-4 years considered at risk because of the present living conditions in the Gaza Strip. The evaluation study was guided by the following questions drawn from the original proposal.

(1) Does the program serve non-handicapped children and their families in the teacher's neighborhood within the Gaza Strip. (2) Does the program serve 1000 children between 0-4 years of age once weekly for 90 minutes with a teacher:student ratio of 1:20? (3) Does the program create minimal disruptions to daily family patterns? (4) Does the program provide for systematic evaluation that measures program results and provides for future program modification? (5) Is the curriculum culturally appropriate; equipped with assessment tools; focused on early childhood education, nutrition, health and hygiene; developmentally sequenced; and individualized? (6) Are children evaluated for purposes of providing an individualized program including assessment of learning styles at the program's beginning and each year on the Portage assessment package? (7) Is a teacher training program in place that works with non-professionals who have low levels of education and little experience with children? (8) How many teachers are currently working in the program and how many are in training? (9) Is a teacher training program in place that provides preservice training of three months duration with lectures; field experiences; training in health, nutrition and hygiene; monitored with pre- and post-test evaluations; and provides an inservice component? (10) Is a process in place for selecting, training, evaluating, and terminating supervisors? (11) Are the physical facilities adequate to support all part of the program? (12) Is there an overall reporting system for program management and is the program cost effective? and (13) What impact does the program have in the neighborhood, the Gaza Strip, and the West Bank?

The results of the evaluation study indicate that the primary goals of the program reflected in the study questions have been met. The program staff are dedicated to providing a quality program to the children and families of their neighborhood and are diligent in implementing the Portage model. Recommendations center around areas that could be modified to more closely match needs with curriculum and assessment tools and with strategies for recognition and retention of the well-trained staff.

BASIC PROJECT IDENTIFICATION DATA

1. COUNTRY: Gaza Strip
2. PROJECT TITLE: Mothers Home Care/Early Intervention Outreach Program for Non-Handicapped Children
3. PROJECT NUMBER: ANE-0159-G-SS-9046-00
4. PROJECT DATES: October 1, 1989 to September 30, 1992
5. PROJECT FUNDING:
 - (a) AID Grant \$2,328,601
 - (b) Other Major Donors 0
 - (c) Host Country Counterpart Funds 0

\$2,328,601
6. MODE OF IMPLEMENTATION: Project is administered by the Society for the Care of Handicapped Children (SCHC).
7. PROJECT DESIGNERS: Society for the Care of Handicapped Children (SCHC)
8. RESPONSIBLE MISSION OFFICIALS:
9. PREVIOUS EVALUATION (Independent of A.I.D.):

Thomas Oakland, Ph.D. (U.S.) Interim Report 1990

ACTIVITY TO BE EVALUATED

This evaluation study reviewed and evaluated the Mothers' Home Care/Early Intervention Outreach Program for Non-Handicapped Children. The review and evaluation occurred at the request of the Society for the Care of Handicapped Children and with the concurrence of the Agency for International Development.

PURPOSES OF THE EVALUATION

The major purposes of this evaluation study were to determine if the objectives of the program were being implemented as planned and to document variations from the plan. The principle questions that guide this evaluation are an outgrowth of the purposes of the evaluation.

STUDY QUESTIONS OF THE EVALUATION

Client and Program Issues

1. Does the program serve non-handicapped children and their families in the teacher's neighborhood within the Gaza Strip?
2. Does the program serve 1,000 children with a 1:20 teacher/student ratio?
3. Are children between 0-4 years of age?
4. Are children seen once weekly in a home visit lasting 90 minutes?
5. Does the program create minimal disruption to daily family patterns?
6. Does the program provide for systematic evaluation that measures program results and that provides for future program modification.

Curriculum and Instruction

7. Is the curriculum,
 - a. culturally appropriate?
 - b. equipped with appropriate assessment tools?
 - c. focused on early childhood education?
 - d. focused on nutrition?
 - e. focused on health?
 - f. focused on hygiene?
 - g. developmentally sequenced?
 - h. individualized?

8. Are children evaluated for purposes of providing an individualized program including:

- a. assessment of learning styles in initial assessment; and
- b. annually on the Portage?

Teacher Training

9. Is a teacher training program in place that works with:

- a. non-professionals,
- b. those who have low levels of education,
- c. those who have little experience with children?

10. What is the number of teachers working or in training?

11. Does the teacher training program provide preservice training under the direction of the project director, project supervisors and/or psychologist?

12. Is the teacher training program 3 months in duration?

13. Does the teacher training program include lectures on 1) child development, 2) working in partnership with families, 3) assessment, 4) recording and reporting procedures, and 5) curriculum planning and implementation.

14. Does the teacher training program include field experiences as an observer and as an intern?

15. Does the teacher training program provide training in health, hygiene, and nutrition?

16. Is the teacher training program monitored on pre and post test evaluations?

17. Does the teacher training program provide an in-service training component that occurs one day per week and includes individual and group work?

18. Who determines what is needed in the in-service training program?

19. Is a process in place for selecting, training, evaluating and terminating supervisors?

Physical Facilities

20. Are physical facilities adequate or excessive to support all parts of the program?

21. Do the facilities include a separate reception room for the parents?

Management

22. What is the overall reporting system for program management?

23. Is the program cost effective?

Impact

24. What impact does the program have in the neighborhood, West Bank and the Gaza Strip?

Stress and Social Support

To better address the impact of the program, a number of additional questions were developed related to (1) the nature of stress experienced by families in Gaza that might hinder the child's development and (2) the nature of the social support offered by the teachers and staff in the Mothers' Program. These questions were incorporated into the Mother's Questionnaire.

THE ECONOMIC, POLITICAL, AND SOCIAL CONTEXT

The Gaza Strip is a 145 square mile slice of land between the southern tip of Israel bordering Egypt and the Mediterranean Sea. There are seven refugee camps operated by the United Nation's Relief and Workers Agency (UNWRA) and two towns, Gaza and Rafut. Israel has confiscated 40% of this land for 19 Jewish settlements with a population of 2,506.

The Gaza Strip was under Egyptian administration from 1948 until the "Six Day War" in 1967 when the Israeli military occupation began. Since the Occupation, the economy has been altered with a drop in the agricultural share of the GNP and a small rise in the industrial share of the GNP. The service share of the GNP declined while the construction part of the GNP rose. The economy of Gaza has traditionally been assisted by income earned outside of Palestine.

Since the beginning of the Palestinian uprising or "Intifada" in 1987, the economic situation in the Gaza Strip has worsened. Fewer Palestinians are employed in Israel due to Israeli concern about security. Since the Gulf War, Arab countries which had previously contributed directly and indirectly to the economy of Gaza are not now supporting charitable projects. Individuals who contributed to the economy of Gaza by earning money outside Gaza are now unemployed due to fewer jobs in the Arab states. Many of these individuals have now become a burden to their own families.

There are many people affected by the worsening economic situation in Gaza. There are approximately 633,000 people in Gaza. The population density is 4,206 people per square mile compared to

530 in Israel and 398 for Palestinians on the West Bank. A 1990 report by Saunders indicates that approximately 20,000 individuals suffer from a range of mental and physical handicapping conditions.

In the past three years since the beginning of the Intifada, the political, economic and social pressures on the Palestinians have increased. Denholm's report indicates that 494 Palestinians were shot, 3,189 were beaten, 474 suffered rubber bullet wounds, and 1,635 were tear gassed in the Gaza Strip in 1988. Violence between the Palestinians has increased as well. When the occupying force suspects that any "trouble" may erupt or if there have been incidents, the refugee camps are put under a curfew. In January, in the Gaza area, there were 13 days of curfew. In the South, there were 15 days of curfews. The curfew means that residents must remain locked in their houses. A nightly curfew from 8:00 PM to 4:00 AM is in operation every night. Strikes are called by the organizers of the Intifada to protest Israeli's occupation. During strike days, shops are closed and business does not take place. Programs operating in Gaza are unable to provide services during curfews or on strike days.

These facts negatively impact upon the ability of programs to fulfill their mission in Gaza. All families in programs are negatively affected by this situation. With the inadequacy of data collection currently available, a true measure of the economic, political, and social impact on children and families cannot be determined.

The Society for the Care of Handicapped Children (SCHC) has a long history of serving children and families in Gaza. The Mothers' Program for Non-Handicapped At Risk Children is, in fact, an outgrowth of a similar program administered by the Society for handicapped children. The SCHC, established in 1975 by Dr. Hatem Abu Ghazaleh, administers a variety of programs supporting the advancement of educational goals for children and adults. These programs include the homebased Mothers' Program for Handicapped Children birth to 8 years and the Sun Day Care Center and the Beach Camp Program which provides day care, education, and training for handicapped children between the ages of 7 and 18. The SCHC's vocational training and habilitation programs provide vocational preparation services for handicapped persons over the age of 18. Its postgraduate diploma and undergraduate degree programs to train rehabilitation personnel were initiated in 1984 through a cooperative arrangement with the University of Calgary and Mount Royal College, Calgary, Canada.

EVALUATION TEAM COMPOSITION

Marian H. Jarrett, Ed.D. holds a Master's degree in Speech Pathology from Northwestern University and a Doctorate in Special Education from the George Washington University (GWU). She has 24

years experience working with children and adults with special needs. Dr. Jarrett currently is an infant development specialist with Newborn Services, GWU Hospital and with the GWU Department of Teacher Preparation and Special Education. She is also an Assistant Clinical Professor with the Department of Pediatrics, GWU School of Medicine and Health Services.

Carole W. Brown, Ed.D. is Assistant Professor in the Department of Teacher Preparation and Special Education at the George Washington University and teaches graduate students in early childhood special education and education policy courses. She is an expert in policy and program planning for young children with disabilities and their families. She formerly served as a Project Officer for the Early Childhood Branch of the Office of Special Education Programs (OSEP) in the U.S. Department of Education evaluating state plans to implement early intervention services and monitoring experimental research in early childhood.

Heather Bennett McCabe, Ph.D. is the Executive Director, Rehabilitation and Education for Adults and Children, Inc. in Atlanta, Georgia. She is an expert in special education administration, family support services, early intervention services, and personnel training. She is the former Georgia state coordinator for early intervention services for children from birth to age three. She completed her dissertation research on competencies to train infant specialists.

Thomas Oakland, Ph.D. is the Director of the Learning Abilities Center and Professor of Educational Psychology at the University of Texas at Austin. As a Professor of Educational Psychology during the last 24 years, Dr. Oakland's principal efforts have been directed towards developing a nationally acclaimed school psychology program, teaching courses in the area of assessment and intervention activities with children and youth, as well as establishing research programs dealing with issues in children's educational development. His research efforts have been particularly focused on the educational development of minority children.

STUDY METHODS

The evaluation team visited the program, residing at the Sun Day Care Center, from the evening of May 14 to the morning of May 29, 1991. Dr. Thomas Oakland had previously visited the Center on several occasions at the request of the Society for the Care of Handicapped Children (SCHC) to participate in evaluation of its various programs. Drs. Jarrett, Browne, and McCabe were visiting the program for the first time. During their stay at the Center, the evaluation team members not only performed the program review and evaluation, but also conducted in-service training for both the homebased and centerbased programs and participated in the teaching of a university-level course for students in the Diploma Course

offered through the SCHC by the University of Calgary. The SCHC's use of these knowledgeable professionals for inservice training is to be commended.

Prior to the evaluation, team members read and reviewed the following documents: Guidelines for Data Collection, Monitoring, and Evaluation Plans for A.I.D./Assisted Projects (April, 1987), A.I.D. Evaluation Handbook (April, 1987), Asia Near East Bureau, Procedural Guidelines for Evaluation (February, 1986), U.S. Economic Assistance to the West Bank and Gaza (March 1989), The Study of the Prevalence of Handicapping Conditions Affecting Children, and A Case Finding Intervention in the Refugee Camp Population of the Gaza Strip by Saunders, Evaluation of Mothers' Home Care/Early Intervention Program, Society for the Care of Handicapped Children: Gaza Strip by Dr. David Mitchell (November, 1987), Evaluation of Mothers' Home Care/Early Intervention Outreach Program by Thomas Oakland (March, 1989), Efficacy of a Two-Year Home Training Program with Developmentally Delayed Handicapped Palestinian Children by T. Oakland, Kawthar Abu Ghazaleh, and Hatem Abu Ghazaleh, and Evaluation of the Mothers' Home Care/Early Intervention Outreach Program Extension for Non-Handicapped at-Risk Children and Their Families, Interim Report by Thomas Oakland (June 1990).

The evaluation team devised a set of study questions by reviewing the objectives of the proposal and the Interim Report written in 1990 by Thomas Oakland. Using these study questions as a guide, the team interviewed the Program Directors, devised questionnaires for Supervisors, Teachers, and Mothers in the program, and conducted home visit observations. The team also conferred with Dr. Hatem Abu Ghazaleh (Chairman of the SCHC), Aida Abu Ghazaleh (Director of Outreach Programs), and Nasser N. El Draimili (Director General of the SCHC).

Interviews with the three program supervisors were conducted by Drs. Oakland, Brown, and Jarrett. The supervisors are:

Hanna Sclah Hasan Habbeh- North Area
Abla Attaye Zayed Abu Samhadana - South Area
Huda Mohammad Abdulla Deet - Fourth Area

Team members observed home visits accompanied by program supervisors who explained the elements of the program observed and acted as interpreters. Four children in the program were observed by Drs. Jarrett, Brown, and McCabe: a 4 month old and a 8 month old, cousins living in one household, a 2 year old, and a child turning three in June. The questionnaires for the supervisors, teachers, and mothers were translated into Arabic and were completed on May 26 and May 27, 1991. All supervisors and all but one teacher completed the questionnaire. The Mothers' Questionnaire was completed by mothers whom the teachers visited during the course of the two days, giving a good representative sample of the

parent population. The numbers of respondents in each program area were:

Area	Teachers	Supervisors	No. of parents
South Area	23	6	209
North area	24	6	165
Fourth area	18	3	154
Total	65	15	528

The questionnaires were coded and tabulated in Gaza by program staff. The results were then analyzed by the evaluation team. In addition, the evaluation team reviewed the bi-annual report and other program documentation in order to complete this report.

FINDINGS OF THE STUDY

CLIENT AND PROGRAM ISSUES

The program serves (a) non-handicapped children and (b) their families (c) in the teacher's neighborhood (d) within the Gaza Strip.

The Mothers' Program is a primary prevention program which serves children considered at risk because of the present living conditions in the Gaza Strip. Families with young children living in the Gaza Strip in the neighborhood of one of the program's home teachers are often recruited by her for the program. Results of the Mother's Questionnaire indicate that 58% of families were recruited by the teachers, 29% by neighbors, 11% by relatives, and 3% by friends.

Unless a child has an obvious handicapping condition or one is reported by the parent, the child is initially assumed to be a non-handicapped child and enrolled in the program. At any time during the course of the program, the child may be declared ineligible if he is determined to be handicapped. If during the initial assessment or subsequent programming period, the child is found to be significantly delayed or if he does not progress at a rate expected of a child his age, he is then considered handicapped. A diagnosis of a handicapping condition made by a physician or other professional during the time of enrollment will also result in program ineligibility.

When a child is found to be ineligible for the program due to the presence of a handicapping condition, a program supervisor discusses the situation with the family and recommends enrollment of the child in the Mothers' Program for Handicapped Children. Many parents agree with this recommendation, and children are enrolled

in the program for handicapped children on a space-available basis. A family also may be referred to another service provider in the area. Results of the Teacher's Questionnaire indicated that when a family has a problem requiring special help, teachers refer to other professionals or agencies, most frequently a speech specialist and the Child Development Center. Mothers reported that they might refer relatives or friends to the Child Development Center, the Terres Des Hommes, and the Save the Children Foundation.

Some families refuse any services to address the child's handicapping conditions or the consequent developmental problems. These families are counseled in ways to deal with the child in the home in the absence of a formal program.

The program serves (e) 1000 children (f) between 0-4 years of age (g) once weekly for 90 minutes with a teacher:student ratio of 1:20.

Interviews with the program directors of the three areas revealed that there are currently 2010 children between the age of birth and four years enrolled in the Mothers' Program for Non-Handicapped Children. Enrollment figures for the three individual programs are: Gaza North: 750, the South Area: 720, and the Fourth Area (Gaza City): 540. Enrollment in the Fourth Area program is expected to increase to 750 in the near future when the program moves to new facilities. This would increase overall program capacity to 2220 children and families.

The current enrollment figure of 2010 reported by the program directors is more than double the projected figure of 1000 set forth in the original grant proposal. The proposal anticipated the employment of 50 teachers with a teacher:student ratio of 1:20, resulting in service provision to 1000 children and families. The teacher:student ratio has been allowed to rise to approximately 1:30 because teachers have found that they frequently are able to serve two children during one visit when the children are siblings or cousins living in the same house. In such cases, the once-weekly visit of 90 minutes set forth in the proposal is adapted to provide 45 minutes of service to each of the two children for a total visit of 90 minutes. Teachers reported on the questionnaire that their visits were from 60-90 minutes with each family.

Program directors reported that the Waiting List for entry into the program is currently 272-292: 103-150 in Gaza North, 105 in the South Area, and 137 in the Fourth Area. When a vacancy occurs, the teacher chooses the first child on the list who lives near a child already being served. The child may be in the same house or in the immediate vicinity of a currently-enrolled child. This allows the teacher to spend a minimum amount of time walking from one visit to another and thus maximize the amount of time spent in direct service to children and families. Teachers

reported on the questionnaire that they walked only 50-200 meters to begin work each day.

Children served by the Mothers' Program for Non-Handicapped Children are between the ages of 0 and 4 years. The Supervisor's Questionnaire indicated that 17% of the children are between birth and 1 year, 33% are 1-2 years, 17% are 2-3 years, and 33% are 3-4 years. The program philosophy is that optimal benefit can be derived from the program if the child remains in the program for two years or more. Therefore, children are enrolled as early as birth and always before reaching their second birthday to allow for at least two years of programming. Program directors reported that the specific criteria for program enrollment are: (a) birth to two years old, (b) non-handicapped child, and (c) cooperative family living near the teacher. In addition to these criteria, the personal safety of the teacher entering the child's home is also considered in the decision to enroll a child and family.

Criterion for program discharge is attainment of the fourth birthday. At the time of discharge, parents are encouraged to enroll their child in a preschool if available. They also may be given the Portage Checklist used with the child in the program and encouraged to continue to teach their child. Considering the shared responsibility for programming for the child developed between many parents and teachers, this is considered a viable option for continued instruction and enrichment of the child's learning environment. However, continuing the program until 5 or 6 years was most frequently mentioned by mothers completing the questionnaire as a way to improve the program. Twenty-one of twenty-three teachers from one program location also recommended continuing the program until the child is 5 years old.

Program directors estimate that approximately 10% of families drop out of the program, either temporarily or permanently, before the child reaches his fourth birthday. Reasons for temporarily suspending program services include illness of mother, repair or construction of the home, parents' travel, and family disagreements leading to parental separation. Program staff report that their records show that most of these families return to the program. Reasons for permanent withdrawal from the program include the family moving to an area in which there is no teacher, increased family responsibilities reducing the mother's availability to teach her child, unreliable participation in the program, and imprisonment of the father resulting in the mother and children moving in with extended family.

The program creates minimal disruptions to daily family patterns.

Family Patterns: Program supervisors report that teachers strive to offer a quality program and not disrupt family routines. Whenever possible, visits are scheduled at the mother's convenience. Individual home visits are organized in part around

the mother's request for specific activities, and weekly activities which can be completed as part of the mother's daily routine are often suggested. Teachers have reported to supervisors that some mothers even become better organized in their daily household routines as a result of participating in the structured Mothers' Program. Ninety-two per cent of mothers indicated on the questionnaire that the program does not disrupt their family at all. The remaining 8% felt that the program disrupts their family only a little.

A particular advantage of this program in which teachers walk to their visits is that teachers often are able to maintain the routine of weekly visits to families even on strike days when driving is not encouraged. Supervisors, who often must be driven to homes in the Society for Handicapped vans, reported that during the last six months, they missed 40 days due to curfews and 30 days due to the Gulf War.

Parent Participation: Parent participation in the Mothers' Program is systematically recorded by the staff on program reporting forms as described below:

1. Weekly Activity Charts: Parents record their daily practice with the child on individual activity charts prepared by the teacher. The teacher checks and discusses these charts with the parent during each home visit. The active participation of parents in program planning is recorded by a special notation for parent-chosen goals and activities.

2. Weekly Progress Report: This form is completed at the end of each visit by the teacher. She records the parents participation during the previous week and during the current session.

3. Supervisor's Review: Parent participation is recorded by the supervisor each time she accompanies a teacher on a visit.

4. Behavior Log: Information from the teacher's weekly progress report is transferred to each child's behavior log by the supervisor. The log is a cumulative record of specific goals for each child, baseline data, the date a goal was prescribed, and when it was accomplished.

Regular participation in the program is encouraged by giving parents extra activities when a strike day or curfew is anticipated. This allows parents to continue the program with the child even though the teacher is unable to visit.

Parent Satisfaction: Parent satisfaction with the program is monitored in an informal way during the supervisor's regular visits with the teachers to the homes of families in the program. The supervisor reports that she asks about how the program is going for

the child and family and later consults with the teacher to make necessary changes. Additionally, the teacher regularly inquires about the parent's satisfaction with the activities left the week before, as well as general child and family information. Information about parental satisfaction is recorded by the teacher on the Weekly Report and also on the Supervisor's Review form completed after each home visit. This may include comments from parents such as the one heard by a member of this evaluation team on a home visit: "I do things with my child now that I didn't even think of with the other four!" Perhaps the most telling indicator of parental satisfaction with the Mothers' Program is the continuation in the program of an estimated 90% of the families. This is true even in the face of extremely adverse social, economic, and political conditions within the society and occasional discouragement by grandparents and other families members.

Feedback from parents concerning their satisfaction with the Mothers' Program was specifically collected for purposes of this evaluation through the use of the Mother's Questionnaire. Eighty-three percent of mothers indicated that the program has been "very helpful" to them with an additional 16% describing the program as "somewhat helpful." Seventy-three per cent felt that their child had made "great" progress in the program. Eighty-nine per cent of the mothers described their child's teacher as "very helpful." Overall, 98% were generally satisfied or very satisfied with the program, and 99.6% indicated that they would recommend the program to a friend or relative.

Impact on Families: Although the mother and child are the primary program participants in the Mothers' Program, the effects of the information, modeling, and teaching provided by the home teachers reaches far into the extended family. Grandmothers and aunts often help teach the child and neighbors visit after the teacher leaves to discover what new activities and information was included in the weekly lesson. Although fathers rarely participate in the actual teaching sessions with the child, fathers may attend to other children or other household tasks in order for mothers to be available for home visits. Advice and suggestions which the mothers receive from the program staff is frequently shared with family and friends and thus benefits a wider audience than the individual mother and child. Examples offered by the program directors include, "It is healthier to open your house and let in the sunlight and fresh air than to close all the doors and windows," and "Do not give your child medicine prescribed for another person. Take him to the doctor and get his own medicine."

The program provides for systematic evaluation that (a) measures program results and (b) provides for future program modification.

a. Measures program results: Program results are systematically recorded on the Weekly Activity Charts, the

teacher's Weekly Report, and the Supervisor's Review. Additionally, supervisors record the results of their individual weekly meetings with teachers. Success stories and commonly encountered problems are regularly recorded in program books provided for that purpose. The Developmental Checklist (Portage) and the Developmental Profile II (Alpern-Boll) are used to measure individual progress. These instruments are described in the next section of this report.

b. Provides for future program modification: Modification of daily instructional activities is regularly accomplished through the process of task analysis by the teacher. In addition, techniques and strategies for teaching specific skills are offered by supervisors during their weekly meetings with teachers. Information from the Behavior Log is used by supervisors for evaluating child progress, identifying problem areas in development, and planning future instruction. Program directors report that program modifications are also frequently suggested by the mother.

Monthly reports are filed by each program director that reflect total program effort. The data from these program reports are translated into performance indicators and entered into a newly-designed data-based performance management system. By reviewing the indicators across the three programs, program modification can occur in an ongoing manner.

CURRICULUM AND INSTRUCTION

The basic curriculum employed in the Mothers' Program is the Portage Guide to Early Childhood Education. This homebased early childhood model has been in operation since 1969 and the first edition of the Portage Guide to Home Teaching was published in 1975. The Portage has been used with children with handicapping conditions as well as those functioning within the normal range.

The curriculum is:

a. culturally appropriate: The basis of the Mothers' Program for Non-Handicapped Children is the Portage Guide to Early Education. A former staff member has translated the Portage Guide and associated curriculum, as well as assessment materials, into Arabic, making minor cultural adaptations as necessary. Program supervisors believe that the curriculum is culturally appropriate. Teachers live in the neighborhoods in which they visit. They are aware of the broad cultural norms of Gazan society and of individual subgroups within this society. Frequently, they can eliminate activities that they know would be unacceptable to a certain family. With the optimal development of the child in mind, they often attempt to persuade a family to adopt a given practice, but will not insist if the family is resistant. The home visit observations made by the evaluation team reinforced the need for

continuous awareness of curriculum changes that may be necessary due to the cultural and political conditions of Gaza.

Results of the Teacher's Questionnaire indicated that 97% believe the curriculum is suitable to the characteristics of the Gaza. Teachers offered these suggestions for making the curriculum even more suitable for families in Gaza: add activities to learn about the culture of Gaza, e.g. journeys to important places in the country (54%); increase information on health and nutrition (43%); and add activities from the Koran (42%). Adding journeys and activities from the Koran was also recommended by some of the mothers completing the questionnaires. Although these activities may enhance the lives of children and families, it would not be prudent for the SCHC to add either of these activities in the present political climate.

b. equipped with appropriate assessment tools: Four types of assessments are used in the Portage Model employed by the Mothers' Program:

1. Formal: The Developmental Profile II (Alpern-Boll) is the standardized instrument used as a before and after measure to evaluate progress over time. The profile, originally published in 1972 and revised in 1980, is an inventory of skills designed to assess a child's development from birth through age nine. It provides assessment in 20 to 40 minutes by an evaluator who need not be a trained developmental expert. The inventory depicts a child's functional developmental age level according to age norms in five areas of development: physical, self-help, social, academic, and communication. The profile was standardized on a largely white (84%), 80% middle and 11% upper class population.

2. Informal: Informal assessment seeks to determine how, when, and why behaviors occur. Through observations of a child and his interactions with the environment, the teacher can determine how the child learns. This form of assessment is a continuous process. Each time the teacher observes the child in his home, presents him with a task or spends time interacting with him, she has an opportunity for informal assessment. The Portage Handbook describes possible observations in the five areas of development.

3. Curriculum: The 580-item Portage Checklist is criterion- and norm-referenced and is linked directly with the Portage Curriculum. It is administered upon entrance into the Mothers' Program and periodically every 2-3 months throughout the child's stay in the program. This checklist directly guides the teacher's choice of goals and activities from the curriculum for a given child. The behaviors on the checklist are based on normal growth and developmental patterns, but no child is expected to follow these sequences exactly.

4. Ongoing: Teaching objectives, procedures, and child progress are recorded on the weekly activity charts. This provides an ongoing evaluation of data concerning the new skills selected as teaching objectives and the child's achievement of these skills.

In response to the Teacher's Questionnaire, 86% of the teachers indicated that they believe tests used in the program are suited to the cultural characteristics of Gaza. As with the curriculum, some teachers indicated that tests could be improved by adding items specific to important places and events in the culture and items about the Koran.

c. focused on early childhood education: The Portage curriculum spans skills from birth through six years of age in the areas of physical (gross and fine motor), communication, academic, self-help, and social abilities. The results of the Teacher Questionnaire indicated that 94% of the teachers believe that the curriculum reflects the developmental sequence of children in Gaza.

d. focused on nutrition: The Portage Guide purports to address nutrition, but examination of the curriculum indicates that this is not accurate. There are some tasks related to self feeding, but these cannot be interpreted as nutritional activities.

When teachers were asked on the questionnaire if the curriculum adequately promotes knowledge of nutrition, only 14% indicated it was very suitable. Information about the program's provision of information about nutrition can also be garnered from the Mother's Questionnaire. When asked to what extent the program has the ability to promote the child's skills in various areas, only 38 % of the mothers responded with the best response for the area of nutrition, "A great deal." This compares to the range of 70-83% for the five developmental areas of the Portage Curriculum. When mothers were asked where the program had the least impact, 31% of them indicated the area of nutrition.

e. focused on health: No formal curriculum exists for health related issues. However, program directors report that teachers regularly advise parents to take their children to a doctor for treatment of an illness or for diagnostic information about a suspected handicapping condition. The results of the physician's evaluation are rarely communicated directly to program staff, but mothers share their copy of the evaluation. Referral to an audiologist is frequently necessary given the high incidence of hearing impaired children in this population documented by Saunders (1986).

Results of the questionnaires indicated that only 18% of the teachers and 33% of the mothers believe that the curriculum addresses health needs well. Thirty-five per cent of the mothers indicated that the program had the least impact in the area of health.

f. focused on hygiene: The Mothers' Program does not have a formal curriculum addressing hygiene. Teachers and supervisors report that they address these areas in an informal manner. Results of the questionnaires indicated that 64% of the teachers and 58% of the mothers believe that the curriculum addresses personal hygiene needs well.

g. developmentally sequenced: The skills in the Portage Checklist and Curriculum are arranged sequentially from birth through six years for the five developmental areas included. When asked on the questionnaire if the curriculum reflected the developmental sequence in Gaza, 24 of the 65 teachers indicated that the curriculum was "generally suitable" and 37 reported it to be "very suitable," for a total of 94% finding it suitable. Review of the checklist by members of this evaluation team indicated that although most skills appeared to be correctly listed in sequence, the placement of some skills did not agree with sequencing of development skills listed in more recently developed assessments and curricula. Twenty-six percent of the teachers indicated on a question about making decisions for individual children that some activities were not sequenced correctly by age.

h. individualized: Using the Portage Model, teachers work on a one-to-one basis with the parent and child. In addition, the supervisors report that the curriculum is individualized by teacher judgment, parental preference, and family culture. For parents who cannot read, pictures representative of activities are drawn, rather than written, on the Activity Charts. Individualization of teaching techniques was frequently noted during home visit observations by the evaluation team. Commercially made toys and toys made by the program staff and by the Vocational Program of the Society for the Handicapped are left in the home for use by the family in teaching the child. Toys are returned once they are no longer needed for the child's program and new toys are chosen for new goals.

On the questionnaire, 95% of the teachers felt that the curriculum was generally suitable or very suitable for individualized programming. Each child's individualized education plan is changed 2-4 times per year or more. The most frequent reasons for the change in order given by teachers are: (1) the child is sick or in an accident, (2) the child achieves the goals quickly, (3) services are stopped, (4) the "situation in Gaza," and (5) inability of the child to accomplish the goal.

Children are evaluated for purposes of providing an individualized program including:

a. assessment of learning styles at the program's beginning: Although some program directors report informal assessment of learning style, there is no established way of assessing this area in the Mothers' Home Program.

b. each year on the Portage assessment package: Children are regularly assessed every 2-3 months on the Portage Checklist in order to plan the child's program.

TEACHER TRAINING

A teacher training program in place that works with:

a. non-professionals: On the Teacher Questionnaire, only 12 of the 65 teachers reported that they had held a previous teaching job. Eighteen indicated that they had no job before joining the Mothers' Program.

b. those who have low levels of education: Fifty-four percent of the teachers are between the ages of 20-25 and 67% are between 26-30 years. The program directors report that the teachers have completed high school or a two year diploma program. None of them have a four-year degree which is typical of teacher education programs in the United States.

c. those who have little experience with children: About half of the teachers indicated on the questionnaire that they had previous experience with infants and young children.

The number of teachers who are:

a. currently working in the program: There are currently 65 teachers working in the Mothers' Home Program; 24 are in Gaza North, 24 are in the South Area, and 18 are in the Fourth Area. The number in the Fourth Area is expected to increase to 25 following the move to larger facilities.

Teachers are evaluated during regular visits of the supervisor who gives feedback to the teacher at the individual meeting on Saturday morning. In addition, each teacher is evaluated by the supervisor once per month using the written evaluation, Home Teacher Checklist. Examination of this evaluation indicates that it is part of the Portage package and relates very specifically to skills necessary to adequately implement the Portage program. An expanded evaluation format is currently in the process of being developed by the Mothers' Program.

Teachers are terminated from the program if their work with children and families is found to be unsatisfactory over the course of several evaluations. They leave voluntarily if they marry or go to work at another private agency or in a government school. The supervisors report that the main reasons for leaving the program are marriage or change of address.

b. currently in training: The program directors report that twelve teachers are currently in training; one for Gaza North, one for the South Area, and ten for the Fourth Area.

It is not necessary to actively recruit teachers for the training program. Teachers within the program recruit likely candidates from their neighborhoods (43%). Other women apply after hearing of the program by "word-of-mouth" advertising from the program (28%) or from friends (18%). Applicants are interviewed by the Director General of the Society for Handicapped Children and then by the Director of one of the three programs. Applicants are judged on interpersonal skills, organizational skills and experience with children. Program staff estimate that approximately two-thirds of those beginning the training program continue to completion. Most withdraw because of engagement, marriage, or moving from the neighborhood where a program is located.

The teacher training program:

a. provides preservice training under the direction of the program director, program supervisor and psychologist: The primary responsibility for teacher training lies with the program director and supervisors. The psychologist may occasionally lecture on behavioral or assessment issues. The Fourth Area program is currently attempting to fill the position of psychologist for the program.

b. three months duration: The training model is reported by program directors to consist of two months of lecture and one month of home visits. On the questionnaire, teachers reported that they had 12 or 13 weeks of training.

c. includes lectures on: The preservice training program includes lectures in the following areas:

1. child development
2. working in partnership with families
3. assessment
4. recording and reporting procedures
5. curriculum planning and implementation

In addition to lectures in the above areas, program staff utilize a case study approach to teacher training using "success stories" from previous cases.

d. includes field experiences: Program directors report that toward the end of a trainees' program (preferably in the third month), the trainee regularly accompanies a teacher on home visits. She first observes the teacher, then performs all aspects of the program under the direction of the teacher and a supervisor. If a trainee does not function satisfactorily during the internship

period, she does not continue in the training to become a teacher. Teachers reported on the questionnaire that they observed and participated in 100-200 home visits during the course of their training.

e. provides training in health, hygiene, and nutrition: The Mothers' Program does not train teachers in the areas of health, hygiene, and nutrition. Lectures on these topics are given by the program director as part of the training, but the same information is not provided to all trainees and their knowledge in these areas is not systematically evaluated.

f. monitored with pre- and post-test evaluations: Program directors report that no pre-test evaluation is given in the training program. Trainees are regularly evaluated with written evaluations throughout the training and a 100-point test is given at the end of the training period. Trainees are regularly evaluated during the internship phase of training.

g. provide an in-service component one day per week which includes individual and group work with predetermined topics: All home teachers perform home visits five days per week and attend inservice on Saturday. The inservice day includes individual meetings with supervisors in the morning and a three-hour group inservice program in the afternoon.

Inservice training needs are recorded in a special book during the week of home visits. The program director and supervisors meet on Saturday to decide what will be presented at the afternoon inservice. Following the inservice session, the topic and a summary of the presentation and discussion are recorded in an inservice book. Some examples of inservice topics are behavior management, hyperactivity, infant massage, and maintaining children's program files. A "book of problems" is also kept including the problem, suggested solution, and outcome. This is regularly used in inservice training.

During interviews with the three program directors, the following topics were mentioned as areas in need of further training: additional activities to accomplish the Portage goals, infant stimulation, modifying misbehaviors, and ways to work with speech and language problems.

Although 100% of the teachers indicated on the questionnaire that the training was adequate, lectures on several topics were suggested to improve training. The topics in order mentioned were: nutrition, physiotherapy, psychology/childhood, speech, and social skills. All teachers in one program considered the training suitable with no improvements suggested.

A process is in place for selecting, training, evaluating, and terminating supervisors.

Program directors reported that supervisors are selected from the cadre of teachers in the program. During the supervisor's observation of a teacher, she notes qualities that would make her a good supervisor. These include: implementation of the program curriculum, problem-solving skills, interpersonal skills with mothers and colleagues, and dedication to her work.

New supervisors are trained in the roles and responsibilities of a supervisor by the program director and the other supervisors. New supervisors do not receive training in supervision and consultation skills.

Supervisors are now evaluated informally by the program directors and terminated if their performance is not adequate. Ninety percent of the teachers reported the supervisors to be adequate. A written evaluation for supervisors is currently being constructed by the Mothers' Program.

The ratio of supervisors to teachers is 1:6.

Responses to the Supervisors Questionnaire indicate that there is currently one supervisor for every six teachers in each of the three program sites.

The supervisor turnover rate is low.

The turnover rate for supervisors is reported by the three program directors to be very low. This is likely related to the recognition that accrues to a teacher through her promotion from teacher to supervisor and to the increase in pay from \$300.00 to \$350.00 per month.

PHYSICAL FACILITIES

The physical facilities are adequate to support all parts of the program.

The facilities for the three programs are not identical, but all are organized on the same general plan. The director and each supervisor has a desk with an attached table and six chairs. This enables the director to comfortably meet with her supervisors and the supervisor to meet with the six teachers whom she supervises. Some of the supervisors have individual offices and others share a large space. A separate office for the psychologist and a lecture room large enough for all teachers and supervisors is provided at each site.

The two program directors interviewed who were in permanent facilities felt that the facilities were adequate to support all

parts of the program. The third director indicated that the facilities would be adequate once the program moved to its new facilities.

The physical facilities are not excessive.

As with all homebased programs, there are times during the week when the program facilities are used by only a few staff members as most teachers are making home visits. When all teachers are in the center for individual supervisor meetings and group inservices, the facilities were observed to be filled to capacity and occasionally to be over-crowded.

The facilities include a separate reception room for parents.

One of the programs has a reception area for parents. Since parents rarely come to the center, the director's office is considered adequate for meeting with parents at the other two sites.

MANAGEMENT

There is an overall reporting system for program management.

As discussed in preceding sections of this report, the teachers in the Mothers' Program report to the supervisor and the supervisors report to the director of the program site. The Program Directors report to the Director of Outreach Programs (Aida Abu Ghazaleh) and, in her absence, to the Director General (Nasser N. El Draimili).

The program is cost effective.

The total program support from A.I.D. for the Mothers' Program for Non-Handicapped Children is \$2,328,601 for three years. The Financial Statement for the period from October 1, 1989 to December 31, 1990 indicates that the total expenditure for that fifteen month period was \$957,675. To figure a cost per child, \$339,217 used for equipment and furnishings was subtracted from the total expenditure. This left \$618,458 for fifteen months or \$494,760 for twelve months. This annual figure of \$494,760 was then divided by the total enrollment of 2010 children and families currently being served in the program. The annual cost of the program per child is \$246.15. This is considered by the evaluation team to be very cost effective and a very good value for the money considering the high quality programming offered by the Mothers' Program.

IMPACT

The program has an impact in the neighborhood, the Gaza Strip, and the West Bank.

Impact on Families and Neighborhood: Information from teachers, supervisors and program directors indicates that the Mothers' Program for Non-Handicapped Children has been very successful in the neighborhoods of the children served. Cousins and neighbors learn about child development and, to a lesser extent, nutrition, health and hygiene from the family of the child enrolled in the program. Friends, family, and neighbors learn about agencies providing services to young children and their families. These friends and family members frequently indicate that they want a teacher for their child also and ask to be enrolled in the program.

Mothers responding to the questionnaire gave some insight into the program's impact on their individual families. When asked which person had helped most with the program, 49% indicated their husband, 31% other family members, and 21% other children.

Several suggestions for improving the program and thus increasing the program's impact were offered by mothers completing the questionnaire. When asked how the program could better meet their needs, 37% of mothers suggested providing health services, 24% recommended establishing libraries, and 18% suggested opening kindergartens.

Mothers' answers to the supplemental questions about stress and social support give insight into the life of the families of Gaza.

Social Support: In response to questions about where to get help for health and education needs, mothers responded that they frequently seek the help of the Mothers' Home Program staff for (1) suggestions on how to teach their child (80%), and (2) information about disciplining their child (63%). Mothers less frequently seek help for other purposes: (1) taking care of the child (30%), (2) what to feed the child (14%), and (3) when the child is sick (11%). On the item, "If you need to examine your child's vision or hearing . . . ," most mothers said they would get help from a health care specialist (79%) and only 5% would obtain help from the Mothers' Program staff. This data suggests that the parental utilization of the staff in the Mothers' Program is high in education areas. Education is the primary purpose of the program. This data reinforces other data that suggests that the program is performing well in its primary objective.

In areas that are more health-related or social service-oriented, responses indicating help-seeking from staff were less frequent and more variable. For example, some differences were noted between geographical regions in the range of responses to

these questions. Mothers in the South Area reported going to the Mothers' Home Program staff slightly less often for help than in the other areas on the following items: (1) When your child is sick: 0% compared to 8.4% in the 4th area and 27% in the North area. (2) When you need help taking care of your children: 12% compared to 42% and 44% in the other areas. (3) When you have questions about what best to feed your child: (0%) as compared to 23% and 24%.

Risk Status/Stresses: Children in the Mothers' Program are considered to be at-risk for normal development due to the negative influences resulting from the social, economic, and political circumstances that exist in the Gaza Strip. Information was sought to better describe these conditions and how they might influence family life and child rearing.

1. Health risk: Approximately 52% of families responding reported that the mother and father of the child were related, most often as cousins. Sixty-eight percent of the children in the program were born in hospitals, but only 10% have been in hospitals since that time. The children in the North area were much more likely to have been hospitalized (23%) and to take prescription medicine (44%). Only 20% of all the families reported that their children were currently on medication.

Two findings are of some concern. (1) Twenty percent of the children in the program have not been to a doctor at all. Most of the children (71%) have only been to the doctor infrequently. One interpretation of this data is that these children are healthy. However, concern is that regular well-baby care is not provided for a large subgroup of the children. (2) Approximately 6% of the children in the program have been known to eat plaster or paint. This is of significance because all paint in Gaza is lead-based.

2. Economic and Social Risk Factors: In response to an open-ended question, mothers reported that the conditions causing stress in their life were predominantly: the Occupation (38%), bad economic situation (35%), Intifada and other circumstances (23%), and no work available (11%).

Families in the program reported that their family's security was worse since the Intifada in 49% of cases, economic conditions worse in 63% of the cases, happiness worse in 44% of the cases and marriage worse in 36% of the cases. There was some regional variation in this reporting. Mothers in the South area as compared to the Fourth area and North area were more likely to report that conditions were about the same since the Intifada: security 86% the same, economic conditions 52% the same, happiness 28% the same, and marriage 26% the same. These results can be interpreted in various ways depending upon other data available. Conditions in the South area may have already been in a deteriorated condition pre-Intifada so that the stress created by the Intifada may had

less effect. Or this group may be buffered by other factors.

Impact on Gaza and the West Bank: The success of the Mothers' Program is known throughout Gaza, as well as in other countries in the Middle East. A similar program using the same model is operated by the Society for the Care of the Handicapped (SCHC) in Del El Behr, Gaza. Members of the Catholic Relief Agency in Bethlehem have observed the Mothers' Program and have attempted to implement the program there. Thus far, they have not been successful. The home-based program model for handicapped children, also operated by SCHC and funded by A.I.D., will be replicated in Cairo, Egypt, through the Arabian Gulf Fund for U.N. Development Organization. The initial training will be conducted by a former member of the Gaza program beginning in June 1991.

CONCLUSIONS

The evaluation study results indicate that the Society for the Care of Handicapped Children is implementing the program described in the original proposal to A.I.D. The Portage model is used effectively and efficiently by program staff to meet the needs of the at risk children and families of the Gaza Strip. In fact, the program is now serving over twice the number originally proposed because teachers frequently are able to serve more than one child per visit. Teachers, supervisors, and directors were observed to be capable and enthusiastic service providers in meeting the educational needs of these children and families. They are to be commended on their professionalism which matches that of quality programs found in more affluent, less troubled countries of the world. Additionally, the Mothers' Program is well-supported by the administrative staff of the Society for the Care of Handicapped Children which has a long history of providing quality service to children and families.

In addition to the benefits accruing to children and families, the Mothers' Program benefits the population of young, relatively untrained women and their families. By employing these women as teachers, the program provides support for sixty-six families in Gaza. Teachers indicated that their salary supports many additional family members: 1-4 members, 5 teachers; 5-8 members, 16 teachers; 9-12 members, 11 teachers, and 13-16 members, 9 teachers.

An important function of this evaluation study is identification of areas for changes that will result in program improvement. This study revealed that teacher training and curricular activities are not as strong in the areas of health, hygiene, and nutrition as they are in developmental skills. Efforts should be made to strengthen these areas in response to identified needs by teachers and families. This study also revealed the need for provision of increased health services, establishment of libraries, and increased number of kindergartens.

These are all considered necessary and desirable additions to the services presently available in Gaza. However, it is not considered in the purview of the Mothers' Program, a primary preschool education project, to provide these services. This evaluation team does urge A.I.D. to fund quality programs in these area if they are proposed in the future by the SCHC or other agencies in Gaza.

RECOMMENDATIONS

1. Curriculum: It is recommended that the Mothers' Program explore additional resources to supplement the curriculum currently in use with the non-handicapped children served. The Portage model was chosen for use in the Mothers' Program for Non-Handicapped Children because it had been a successful model in the program for handicapped children. Since that initial decision, a study by Thomas Oakland, Ph.D. found that mildly handicapped children in the Mothers' Program for Handicapped Children did not progress to the degree expected with the Portage. Play-based curriculum and others encompassing the issues of health, hygiene and nutrition are felt to be appropriate for this population of at-risk children and their families. Copies of these various curricula will be made available by team members to program staff for their consideration.

A research project is currently in process to examine the effectiveness of the Mothers' Program for Non-Handicapped Children. Data from that study should be useful in directing the choice of a curriculum, as well as assessment tools.

2. Training: It is recommended that training on health, hygiene, and nutrition be formally incorporated into preservice and inservice training. The staff should explore existing written and videotaped training materials in Arabic, as well as materials in English that could be translated by the program staff. The program should also consider giving staff release time to develop training modules that would address specific objectives. These modules would include information to be taught and post-training testing.

3. Supervisor Training: It is recommended that formal training in the areas of supervision and consultation be included as part of training for new supervisors. This should include generic skills, as well as skills necessary for implementation of a specific curriculum.

4. Parent Training: It is recommended that videotaped and written material, including books and pamphlets, for parent training be obtained and placed in a parent library at the program center. It is not considered within the scope of this program to open public libraries as some mothers suggested, but parents' obvious desire for more information about early childhood health and development should be met. A survey of what is available in the Arab world

should be undertaken by the staff. The evaluation team will make available any materials which they have.

5. Staff Specialization: It is recommended that specialization by teachers and supervisors be encouraged as a way of recognizing longevity and additional training and knowledge. Teachers could be trained as specialists in areas such as behavior management, nutrition, health, and speech and hearing problems. This specialization would further develop the knowledge base and skills of the teams and of the program as a whole. This is considered a means of maintaining skilled teachers and supervisors in the program by providing ongoing training and giving the pride of an additional title even if additional compensation cannot be offered.

6. Professional Expertise: It is recommended that professionals with special expertise be hired on a part-time, consulting basis whenever these persons are available. The program can draw from the limited number of professionals in Gaza and can extend its search for aid to the West Bank and other Arab countries. Of particular concern is the high incidence of hearing loss and otitis media in this population. A nurse practitioner could help develop a protocol for identifying this condition and making appropriate recommendations to parents. A speech-language pathologist could train staff in special techniques to use when transient hearing loss occurs. A long-term consultant who would engage in staff training for a year or more is highly recommended.

7. Assessment Techniques: It is recommended that the staff consider other standardized assessments as a means of determining individual child progress. Much has been done in the field of assessment since the Alpern-Boll Developmental Profile II was developed, and several other instruments are available. The instrument chosen should be standardized on a varied population and used with Arabic populations if possible. The assessment should be used in conjunction with screening tools to identify suspected handicaps and for referral to the Mothers' Program for Handicapped Children.

The Denver Developmental Screen Test should be considered for use in the program. Dr. Thomas Oakland reports that it has been standardized on an Arabic population. The hearing and vision portions of the screening could be used along with the developmental portion.

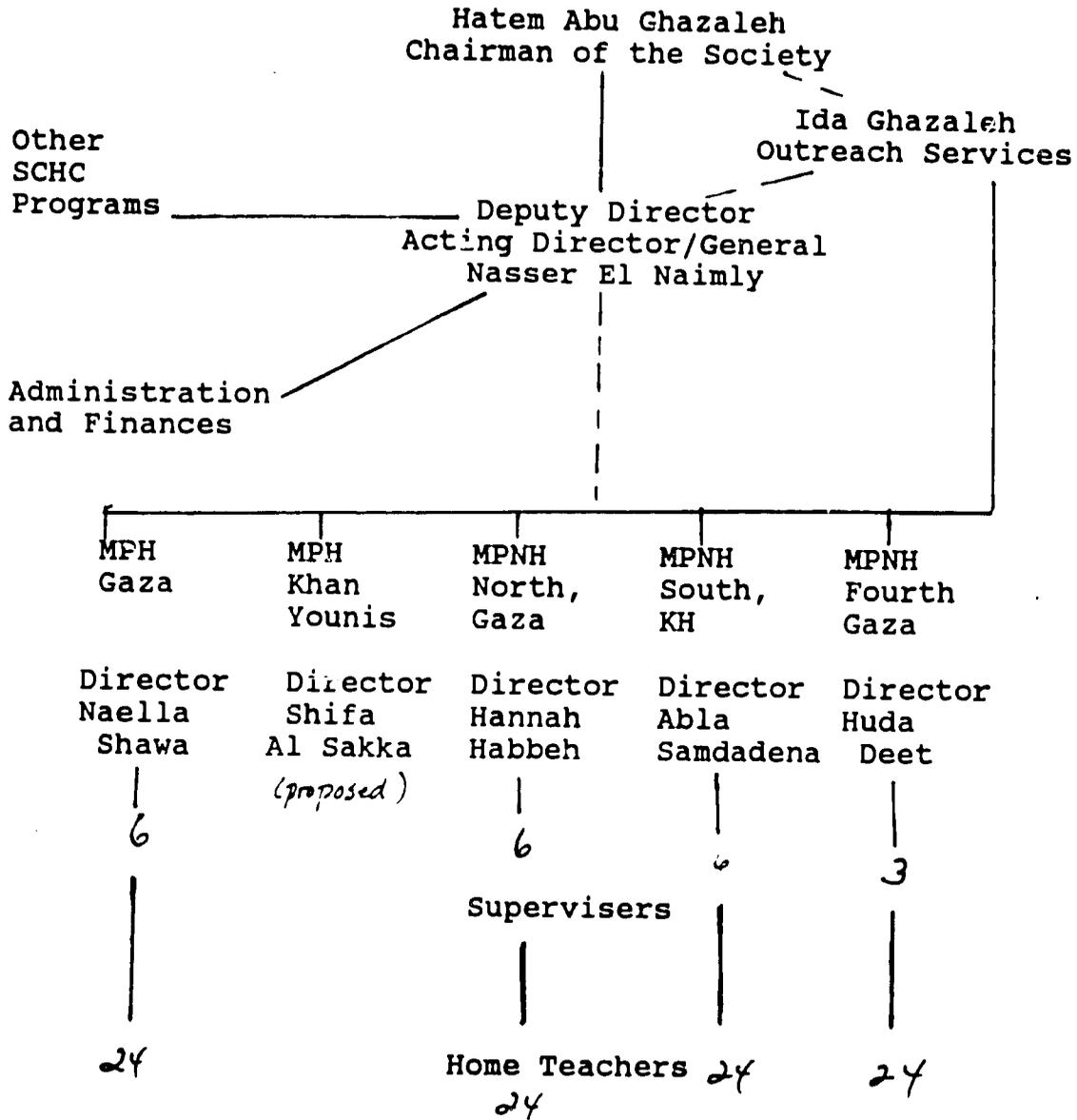
8. Mothers' Group: It is recommended that mothers meet as a group if a space can be found and if this is considered a safe activity for mothers and staff. This was part of the original proposal, but according to the Teachers Questionnaire, no meeting has been held. Mothers indicated on the questionnaire that they would like to bring children together to play and they would like lectures on child care, nutrition, education and the arts.

9. Program Organization: It is recommended that a director be appointed to administer all of the program sites for the non-handicapped program. This director, as a representative of all of the program sites, would report directly to the Director General.

In conclusion, the Mothers' Program focuses on a vital resource for the future of Gaza - the children. Through the provision of knowledge, skills, and positive reinforcement to children and their families, the Mothers' Program has the opportunity to enhance the growth and development of the children, improve the self-esteem of the parents, and increase the chances of school success for this population of at risk children. Similar benefits could be offered to children and families in the Middle East and other countries through replication of this program model. A.I.D., through its funding of the Mothers' Program, provides an important resource to the people of Gaza and provides for the development of a program model which could effectively serve at risk children throughout the world.

APPENDIX

Organization Chart



MPH = Mother's Program/Handicapped

MPNH = Mother's Program/Non-Handicapped

Biographical Sketches
Mothers' Program for Non-Handicapped, At risk Children

Biographical Sketches

Dr. Hatem Abu Ghazahel:

Birthdate: August 25, 1935

Education: Cambridge College, London, England
Doctor of Medicine, 1960

Experience: Physician in Private Practice, 1961 - 1976
Assistant Chair, Bank of Palestine, 1972 - 1974
Chair, Society for the Care of Handicapped Children
(SCHC), Gaza, 1976 - present

Nasser El Drainly

Birthdate: January 19, 1963

Education: Berziet University, BA, Psychology, 1986

Experience: Psychologist, Society for the Care of Handicapped
Children (SCHC), 1987 -1988
Director, University Program - University of Calgary
Extension, 1989
Director/General, SCHC, 1990 - present.

Hanna Sclah Hasan Habbeh

Birthdate: July 8, 1962
Gaza

Education: Secondary Education, completed in 1979
Teachers Training College, 1980 - 1982

Experience: Home Teacher, SCHC Mothers' Program for the Handicapped
April, 1985 - April, 1986
Supervisor, SCHC Mothers' Program for the Handicapped
April, 1986 - September, 1988
Director, Gaza North Region: Mother's Program for the
Non-handicapped, September, 1988 - present.

Abla Attaye Zayed Abu Samhadana

Birthdate: April 11, 1955
Rafah, Gaza Strip

Education: Secondary School Certificate, 1973
Institute of Education and Social Services, Jerusalem
1974 - 1977, with diploma.

Experience: Supervisor, Gaza Orphanage, 1979 - 1981.
Home Teacher, SCHC, Mother's Program for Handicapped
Children, December, 1984 - August, 1985.
Supervisor, SCHC, Mother's Program for Handicapped
Children, August, 1985 - December, 1988.
Director, Southern Region: Mother's Program for Non-
handicapped, December, 1988 - present.
Children,

Huda Mohammad Abdulla Deet

Birthdate: December 10, 1961
Gaza

Education: Secondary Education, completed, 1979
Teacher's Training College
Teacher's Diploma, 1982

Experience: Primary School Teacher, Saudi Arabia, 1982 - 1988
Home Teacher, SCHC, Mothers' Program for the Handicapped
1986 - 1989
Supervisor, SCHC, Mothers' Program for the Handicapped
1989 - 1990
Director, Fourth Region: Mothers' Program for Non-
Handicapped Children, April 1990 - Present

How did you learn about the pgm?

- ١- كيف علمت عن هذا البرنامج؟
- أ - من الأقارب _____ relatives
 ب - من الأصدقاء _____ friends
 ج - من الجيران _____ neighbors
 د - من المدرسات المنزليات _____ teachers
 هـ - من أخريات _____ « الرجاء التحديد » others

How long has your child been in the pgm?

- ٢- متى إشتراك طفلك بالبرنامج؟
- أ - أقل من ثلاث شهور _____ < 3 mos
 ب - ما بين ٣ - ٦ شهور _____ 3 to 6 mos
 ج - ما بين ٧ - ٩ شهور _____ 7 - 9
 د - ما بين ١٠ - ١٢ شهر _____ 10 - 12
 هـ - أكثر من سنة _____ > 1 yr
 و - أكثر من سنتين _____ > 2 yrs
 ز - أكثر من ثلاث سنوات _____ > 3 yrs

My child has made

- no progress yet _____
 a little " _____
 some " _____
 great " _____

- ٣- في إعتقادك هل أحرز طفلك تقدماً
- أ - لاتقدم على الإطلاق _____
 ب - قليل من التقدم _____
 ج - بعضاً من التقدم _____
 د - كثير من التقدم _____

٤- إسألني الأسئلة التالية إذا أعطي « أ- ب » كإجابة لسؤال رقم « ٣ » .
 لماذا تعتقد بان البرنامج لم يحرز تقدماً أو قليل من التقدم مع طفلك؟ « إختاري جميع الإجابات المناسبة »

- Ask this item if 3a or 3b was checked. I believe _____
- ١- الطفل إشتراك حديثاً بالبرنامج _____ the child has not been in the pgm long enough
 ب - البرنامج غير مناسب _____ the pgm is inadequate
 ج - المدرسة المنزلية غير مناسبة _____ the teacher is inadequate
 د - أنا « والدة الطفل » لم أبذل مجهوداً _____ the parent has not done her best
 هـ - الظروف البيتية غير مناسبة _____ home conditions are not good
 و - إن مشاكل طفلي صعبة جداً من أن تساعد _____ my child's problems are too severe to help
 ز - أمور أخرى « حددي » _____ other

In general, the quality of the pgm is _____

- ٥- بصورة عامة ما هو تقييمك لجودة هذا البرنامج؟
- أ - لا أدري بعد _____ I don't know yet
 ب - ربما يكون مناسب للآخرين لكنه غير مناسب لطفلي _____ it may be good for others but not good for my child

it is very helpful

د- مساعد جداً

How can the ppm be improved?

٦- كيف يمكن تحسين هذا البرنامج؟

In general, how would you evaluate the quality of the teacher

٧- بصورة عامة ما هو تقييمك لمهارة جودة المدرسة المنزلية

I don't know yet

ا- لا أدري بعد

she may be good for others but she is not good for me

ب- ربما تكون مناسبة للآخرين لكنها غير مناسبة لي

ج- مُساعدة نوعاً ما she is somewhat helpful

د- مُساعدة جداً " " very helpful

In what ways might the teaching be improved?

٨- كيف يمكن تحسين التدريس في البرنامج؟

What persons have helped you most w/ the ppm?

٩- من هم الأشخاص الذين ساعدوك بهذا البرنامج؟ « إختاري جميع الإجابات المناسبة »

your husband

ا- زوجك

mother

ب- أمك

father

ج- أبوك

mother- or father- in-law

د- حماك أو حماك

sisters

هـ- شقيقاتك

~~brothers~~

و- أطفالك

children

other family members

ز- أفراد الأسرة الآخرين

your friends

ن- أصدقائك

In general, how satisfied are you with the program

١٠- بصورة عامة ما هو مدى رضاك عن البرنامج؟

I do not know yet

ا- لا أدري بعد

I am not satisfied

ب- أنا غير راضية

I'm a little

ج- أنا راضية قليلاً

" generally "

د- أنا راضية بصفة عامة

" very "

هـ- أنا راضية كثيراً

language

١٦- في المهارات اللغوية .

- أ - ليس بعد _____
 ب - قليلاً _____
 ج - بعض الشيء _____
 د - كثيراً _____

communication . في المهارات الإتصالية .

- أ - ليس بعد _____
 ب - قليلاً _____
 ج - بعض الشيء _____
 د - كثيراً _____

self help . في مهارات المساعدة الذاتية .

- أ - ليس بعد _____
 ب - قليلاً _____
 ج - بعض الشيء _____
 د - كثيراً _____

intellectual skills . في المهارات الفكرية .

- أ - ليس بعد _____
 ب - قليلاً _____
 ج - بعض الشيء _____
 د - كثيراً _____

nutrition needs . في إحتياجات التغذية .

- أ - ليس بعد _____
 ب - قليلاً _____
 ج - بعض الشيء _____
 د - كثيراً _____

personal hygiene . العناية بالنظافة الشخصية .

- أ - ليس بعد _____
 ب - قليلاً _____
 ج - بعض الشيء _____

If a relative or friend had a child similar to you in the pgn, would you recommend this pgn

١١- إذا ما كان لدى أحد أقاربك أو أصدقائك طفلاً مماثلاً لإبنك هل توصين لهذا البرنامج له؟

أ- نعم yes

ب- لا no

What other pgms would you recommend?

١٢- ما هي البرامج الأخرى التي يمكن أن توصين بها؟

- أ- _____
- ب- _____
- ج- _____
- د- _____

To what degree does the pgn disrupt your family?

١٣- إلى أي مدى تجدين هذا البرنامج مريباً لأسرتك؟

أ- البرنامج غير مريب _____
 it doesn't disrupt my family

ب- البرنامج مريب قليلاً _____
 it disrupts my family a little

ج- البرنامج مريب كثيراً للأسرة _____
 " " very much " أنظر للأسفل "

How could the pgn be changed to disrupt your family less?

١٣ « من سؤال » إذا تم اختيار « ج » من سؤال « ١٣ » إسالي السؤال التالي

كيف يمكن تغيير البرنامج ليقبل من إرباك أسرتك؟

- _____
- _____
- _____
- _____
- _____

To what extent has the pgn promoted your child's

١٤- في المهارات الحركية motor skills

- أ- ليس بعد _____
 - ب- قليلاً _____
 - ج- بعض الشيء _____
 - د- كثيراً _____
- none yet
 a little
 some
 a great deal

١٥- في المهارات الاجتماعية social skills

- أ- ليس بعد _____
- ب- قليلاً _____
- ج- بعض الشيء _____

٢٢- في الإحتياجات الصحية . health needs

- أ - ليس بعد _____
- ب - قليلا _____
- ج - بعض الشيء _____
- د - كثيرا _____

Where has the pgm had its greatest impact

٢٣- أي ناحية من نواحي البرنامج كان له الأثر الأكبر طفلك ؟ « إختاري جميع النواحي

المناسبة » .

It has not had an impact

- أ - لم يكن هناك أي أثر _____
- ب - حرّك motor _____
- ج - إجتماعي social _____
- د - لغوي language _____
- هـ - الإتصالي communication _____
- و - المساعدة الذاتية self-help _____
- ع - التغذية nutrition _____
- ل - النظافة الشخصية personal hygiene _____
- ز - الصحة health _____
- ر - أشياء أخرى (حددي) other _____

Where has the pgm had its least impact

٢٤- من ناحية هذا البرنامج له أثر اقل .

- أ - لم يكن هناك أي أثر _____
- ب - حرّك _____
- ج - إجتماعي _____
- د - لغوي _____
- هـ - الإتصالي _____
- و - المساعدة الذاتية _____
- ع - التغذية _____
- ل - النظافة الشخصية _____
- ز - الصحة _____
- ر - أشياء أخرى (حددي) _____

see above list

To what extent does the pgm

meet your needs in raising your child? it meets no imp needs

- أ - إنه لا يقابل أي متطلبات هامة " " a few " " _____
- ب - إنه يقابل القليل من المتطلبات " " some " " _____
- ج - إنه يقابل بعض المتطلبات " " many " " _____
- د - إنه يقابل العديد من المتطلبات " " all " " _____
- هـ - إنه يقابل معظم المتطلبات " " _____

How could the program better meet your needs?

(٢٦) كيف يمكن لهذا البرنامج أن يقابل ويلبي احتياجاتك بصورة أفضل.

اننا مهتمون بفهم الظروف المتعلقة بطفلك من النواحي الصحية. لذلك نرجو منك الإجابة على الآتي: *We want to know more about conditions associated w/ your children's health*

٢٧ هل هناك صلة قرابة بينك وبين زوجك؟ إذا ما كانت الإجابة بنعم فسري هذه العلاقة
are you + your husband's family related? If so, how?

٢٨ أين ولد طفلك المشترك حالياً في البرنامج (مثال في البيت - المستشفى أو مكان آخر؟)
When your child was born, where did you deliver the child?

٢٩ إذا ما كانت الولادة في المستشفى كم بقيت هناك؟
٣٠ كم مرة ذهبت للطبيب حين كنت حاملاً؟
How often did you go to the doctor while you were pregnant?

٣١ كم عدد المرات التي مرضت فيها وأنت حاملاً؟
How frequently were you sick when pregnant?

- not at all
a few times
about half the time
almost always
always
- أ - لا على الإطلاق
 - ب - القليل من المرات
 - ج - نصف الوقت
 - د - غالباً
 - هـ - دائماً

٣٢ كم عدد المرات التي مرض فيها طفلك مرضاً شديداً؟
How frequently has your child been seriously ill?

- أ - لا على الإطلاق
- ب - القليل من المرات
- ج - نصف الوقت
- د - غالباً
- هـ - دائماً

٣٣ كم عدد المرات التي دخل فيها طفلك المستشفى منذ ولادته؟
How frequently has your child been in the hospital since birth?

- أ - لا على الإطلاق
- ب - القليل من المرات

- _____ د - غالباً
- _____ هـ - دائماً

How frequently has your child been to the doctor.

٢٤) كم عدد المرات التي ذهب فيها طفلك للطبيب؟

- _____ أ - لا على الإطلاق
- _____ ب - القليل من المرات
- _____ ج - نصف الوقت
- _____ د - غالباً
- _____ هـ - دائماً

has your child had accidents

٢٥) كم عدد المرات التي تعرض فيها طفلك للحوادث؟

- _____ أ - لا على الإطلاق
- _____ ب - القليل من المرات
- _____ ج - نصف الوقت
- _____ د - غالباً
- _____ هـ - دائماً

does your child eat plastic or paint

٢٦) هل يتناول طفلك مواد ضارة كمواد الدهان وسمواد الحارقة؟

- _____ أ - لا على الإطلاق
- _____ ب - القليل من المرات
- _____ ج - نصف الوقت
- _____ د - غالباً
- _____ هـ - دائماً

Does your child take (prescription) medicine

٢٧) كم عدد المرات التي يتناول فيها الدواء؟

- _____ أ - لا على الإطلاق
- _____ ب - القليل من المرات
- _____ ج - نصف الوقت
- _____ د - غالباً
- _____ هـ - دائماً

who mothers rely on for help during times of need

إننا الآن مهتمون بمعرفة المزيد عن الأشخاص الذين تلجئين إليهم لمساعدتك حين الحاجة .

who would you normally

٢٨) إلى من تلجئين عادة إذا كنت مريضة :

- ج - أمي أو حماتي (والدة زوجي)
- د - إبني أو حمائي (والد زوجي)
- هـ - الأقارب الآخرين
- و - الأصدقاء
- ز - الجيران
- ل - المختصين الطبيين
- ع - العاملين بالبرنامج المنزلي
- غ - الآخرين (حدي)

When your child is sick.

I take care of it myself
 my husband
 mother or mother-in-law
 father " father " "
 other relatives
 friends
 neighbors
 health care specialists
 Sunday care workers
 others

٣٩) عندما يكون طفلك مريضاً .

- أ - إنني أعني بالمشكلة بنفسي
- ب - زوجي
- ج - أمي أو حماتي (والدة زوجي)
- د - إلهي أو حمائي (والد زوجي)
- هـ - الأقارب الآخرين
- و - الأصدقاء
- ز - الجيران
- ل - المختصين الطبيين
- ع - العاملين بالبرنامج المنزلي
- غ - الآخرين (حدي)

When you need help taking care of your children

٤٠) عندما تحتاجين مساعدة للعناية بأطفالك .

- أ - إنني أعني بالمشكلة بنفسي
- ب - زوجي
- ج - أمي أو حماتي (والدة زوجي)
- د - إبني أو حمائي (والد زوجي)
- هـ - الأقارب الآخرين
- و - الأصدقاء
- ز - الجيران
- ل - المختصين الطبيين
- ع - العاملين بالبرنامج المنزلي
- غ - الآخرين (حدي)

When you need food (because you have no money)

٤١) عندما تكونين في حاجة للطعام .

- أ - إنني أعني بالمشكلة بنفسي
- ب - زوجي
- ج - أمي أو حماتي (والدة زوجي)

12

- د - إبنى أو حمائى (والد زوجى) _____
- هـ - الأقراب الأخرى _____
- و - الأصدقاء _____
- ز - الجىران _____
- ل - المأأأىن الطبىىن _____
- ع - العاملىن بالبرنامأ المنزلى _____
- أ - الأخرىن _____ (أأدى)

when you have q's about what may be best to feed your child. (e.g., when your child stops breastfeeding)

- ٤٢) عندما يكون لءىك أساؤلات عن نوعىة الأأاء اللأزم لأطفلك .
مأال (متى يجب فطام الأطفل) .
- أ - إننى أأأنى بالمسأكلة بنفسى _____
 - ب - زوجى _____
 - أ - أمى أو حمائى (والدة زوجى) _____
 - د - إبنى أو حمائى (والد زوجى) _____
 - هـ - الأقراب الأخرى _____
 - و - الأصدقاء _____
 - ز - الجىران _____
 - ل - المأأأىن الطبىىن _____
 - ع - العاملىن بالبرنامأ المنزلى _____
 - أ - الأخرىن _____ (أأدى)

If you need info about disciplining your child

- ٤٣) إذا كنت فى أأاة لمألومات عن أربىة أطفلك .
- أ - إننى أأأنى بالمسأكلة بنفسى _____
 - ب - زوجى _____
 - أ - أمى أو حمائى (والدة زوجى) _____
 - د - إبنى أو حمائى (والد زوجى) _____
 - هـ - الأقراب الأخرى _____
 - و - الأصدقاء _____
 - ز - الجىران _____
 - ل - المأأأىن الطبىىن _____
 - ع - العاملىن بالبرنامأ المنزلى _____
 - أ - الأخرىن _____ (أأدى)

If you need to examine your child's vision or

- ٤٤) إذا كان أطفلك فى أأاة لأأص نظره أو سمعه .
- أ - إننى أأأنى بالمسأكلة بنفسى _____

- د - إبنی أو حمای (والد زوجي) _____
 هـ - الأقارب الآخرين _____
 و - الأصدقاء _____
 ز - الجيران _____
 ل - المختصين الطبيين _____
 ع - العاملين بالبرنامج المنزلي _____
 غ - الآخرين (حدي) _____

٤٥) إذا كان لديك تساؤلات حول كيفية تعليم طفلك. If you need suggestions on how to teach your child

- أ - إنني أعنتني بالمشكلة بنفسی _____
 ب - زوجي _____
 ج - أمي أو حماتي (والدة زوجي) _____
 د - إبنی أو حمای (والد زوجي) _____
 هـ - الأقارب الآخرين _____
 و - الأصدقاء _____
 ز - الجيران _____
 ل - المختصين الطبيين _____
 ع - العاملين بالبرنامج المنزلي _____
 غ - الآخرين (حدي) _____

for mothers of e'n in handicapped

٤٦) يسأل هذا السؤال فقط للأمهات المشاركات في البرنامج المنزلي للأطفال المعوقين . متى اكتشفت لأول مرة بأن طفلك يعاني من الإعاقة أو التأخر في النمو .
 development

إننا مهتمون بمعرفة الظروف الأخرى المؤثرة في حياتك منذ ديسمبر ١٩٨٧ أي منذ بداية الإنتفاضة (بالمقارنة للظروف قبل الإنتفاضة .

Compared to conditions before Intifada,

٤٧) ما هو مقدار أمن عائلتك؟ Is your family's security

- أ - أحسن _____
 ب - كما هو في السابق _____
 ج - أسوأ _____
 Better about the same worse

٤٨) ما هي ظروف عائلتك الاقتصادية؟ Is your family's economic conditions
 أ - أحسن _____

To your family's happiness

٤٩) ما هو مدى سعادة أسرتك؟

"

{ _____

أ - أحسن

ب - كما هو في السابق

ج - أسوأ

٥٠) هل حياتك الزوجية؟

"

{ _____

أ - أحسن

ب - كما هو في السابق

ج - أسوأ

What conditions create the most stress for your life

٥١) ما هي الظروف التي تؤدي إلى زيادة التوتر في حياتك؟

Teachers Questionnaire

Curriculum + Program Issues
مواضع تتعلق بالمنهج والبرنامج

To what extent do you believe =

① The curr. is suitable to the cultural characteristics of Gaza. (اختاري إجابه واحدة) إلى أي مدى تعتقد بان؟

- كلياً غير مناسب . Generally unsuitable
- مناسب بقدر الإمكان . Somewhat unsuitable
- كلياً مناسب . Generally suitable
- مناسب جداً . Very suitable

كيف يمكن تغيير المنهج لكي يصبح أكثر ملائمة للبيئة المحلية؟
How might the curr. be changed to better reflect the cultural characteristics of Gaza culture?

② Curriculum is suitable to the needs of young children with whom you work. ٢- المنهج مناسب إلى إحتياجات الأطفال الصغار الذين تعلمي معهم.

- كلياً غير مناسب . Gen Unsuit
- مناسب بقدر الإمكان . Somewhat
- كلياً مناسب . Gen Suit
- مناسب جداً . Very

كيف يمكن للمنهج ان يساعد في تحسين مستوى التعليم للأطفال الصغار؟
How should the curr. be improved to promote EC Educ?

③ Tests are suitable to the characteristics of the cultural char. of Gaza. ٣- الإختبارات مناسبة للبيئة المحلية.

- كلياً غير مناسب . G. U
- مناسب بقدر الإمكان . S. U
- كلياً مناسب . G. S
- مناسب جداً . V. S

كيف يمكن للإختبارات ان تحسن للأفضل لكي تعكس الصفات البيئية المحلية؟
How should tests be improved to better reflect the cul. char. of Gaza?

④ tests suitable to your needs to make

Instructional
decisions?

— C. U

— S. U

— G S

— V S

٤- الإختبارات مناسبة لإمتحان القرارات التعليمية .

- كلياً غير مناسب .

- مناسب بقدر الإمكان .

- كلياً مناسب .

- مناسب جداً .

كيف يمكن للإختبارات أن تحسن لكي تساعد بعملية إتخاذ القرارات التعليمية؟
How would tests be improved

The curriculum adequately promotes:

هل تعتقد أن المنهج بقدر الإمكان يساعد:

⑤ Knowledge of nutrition

٥- المعرفة بأنواع التغذية الهامة للأطفال

— C. U

— S. U

— G S

— V S

- كلياً غير مناسب .

- مناسب بقدر الإمكان .

- كلياً مناسب .

- مناسب جداً .

⑥ Knowledge of health

٦- المعرفة بالنواحي الصحية الهامة للأطفال

— C. U

— S. U

— G S

— V S

- كلياً غير مناسب .

- مناسب بقدر الإمكان .

- كلياً مناسب .

- مناسب جداً .

⑦ Knowledge of personal hygiene

٧- المعرفة بالنظافة الشخصية الهامة للأطفال

— C. U

— S. U

— G S

— V S

- كلياً غير مناسب .

- مناسب بقدر الإمكان .

- كلياً مناسب .

- مناسب جداً .

8. The curriculum is arranged in way that reflect the developmental sequences of children in Saudi Arabia.

٨- المنهج مرتب بطريقة تأخذ بعين الإعتبار التطور المتسلسل للأطفال في غزة .

— C. U

— S. U

— G S

— V S

- كلياً غير مناسب .

- مناسب بقدر الإمكان .

- كلياً مناسب .

- مناسب جداً .

⑨ The curr. enables you to individualize a program for each child and family. ^{المنهج} -9 المنهج يمكنك من تقديم برنامج خاص لكل طفل وعائلة.

- CU
SU
CS
VS

- كلياً غير مناسب.
- مناسب بقدر الإمكان.
- كلياً مناسب.
- مناسب جداً.

بأخذ المتوسط

⑩ -10 كم عدد المرات التي تغير فيها المدرسات الخطة التعليمية الفردية للطفل.

⑩ On an average, how frequently do teachers change the child's individual education plan? (choose one)
once yearly - مرة سنوياً
2-4 times year - 2-4 مرات سنوياً
more often - أكثر من ذلك (حدد)

⑪ -11 اشرح الأسباب التي تؤدي إلى تغير خطة الطفل التعليمية.
Describe typical reasons for making changes in the child's education plan.

⑫ -12 من يشارك المدرسه في وضع خطه الطفل للتعليم الفردي?
Who typically participates with teachers in constructing the child's education plan?

⑬ -13 إلى أي مدى يربك البرنامج سير الحياة للأسرة؟ (اختر واحده).
⑬ To what extent does the program disrupt a family's life style? (choose one)
The program is:
- very disruptive - مربك جداً.
- somewhat - مربك بعض الشيء.
- not disruptive - غير مربك إطلاقاً.

⑭ -14 الإجتماع بجميع الأمهات في إجتماع جماعي. كيف تلتقي معهن؟
⑭ how frequently do you meet with all mothers in a group?
always (eq mom) دائماً
sometimes غالباً
almost بعض الأحيان
never لا على الإطلاق

⑮ -15 ابقاء أدوات والعباب في البيت.
⑮ leave instruments & toys in the home?
always دائماً
غالباً
بعض الأحيان
لا على الإطلاق

- 16- حين يواجه الطفل أو العائلة مشكلة تحتاج مساعدة خاصة إلى أي مدى يكون المدرسين على اتصال بالمختصين أو المؤسسات (كل شهر/كل شهرين/كل ثلاثة أشهر/كل ستة أشهر/كل سنة) غالباً لا يكون أبداً في بعض الأحيان نادراً دائماً
16. When a child or family has a problem that requires specialist help, to what extent do teachers make referrals to other professionals or agencies? almost never sometimes frequent always

17) To whom are referrals typically made?

17- لمن يكون التوجه عادة؟

18- إذا ما احتاج البرنامج لمساعدة إستشارية، من هم الأخصائيين أو المختصين الذين يحتاج إليهم غالباً (كن دقيقاً).

18) Which professional or specialist are most needed? (Be specific)

19- كم مدى مناسبة المساعدة التي تتلقاها من الأخصائي النفسي؟

19) How adequate is the help you presently receive from your consulting psychologist?

- كلياً غير مناسبة Gen. inadequate

- في بعض الأحيان مناسبة Somewhat adequate

- مناسبة Adequate

- مناسبة جداً Very adequate

20- كم مدى مناسبة الإشراف من المشرفات الذي تتلقاه؟

20) How adequate is the supervision you receive?

- كلياً غير مناسبة

- في بعض الأحيان مناسبة

- مناسبة

- مناسبة جداً

- Gen. inadequate

- Somewhat adequate

- Adequate

- Very adequate

تدريب المدرسات :
Pre-employment

ما قبل التوظيف .

21- كيف علمتي عن فرصة التقدم للوظيفة في هذا البرنامج؟
I learned about this opportunity through the newspaper.

22- How many weeks was your training?

22- كم عدد الأسابيع التي تدربت فيها؟

23- How many home visits did you make?
I made 10 home visits.

24- How adequate was your training (check one)?

غير فعال Not adequate
في بعض الأحيان فعال
فعال Adequate

25- كيف يمكن للتدريب أن يتحسن؟
Your training should be improved.

26- On an average, how many kilometers do you travel daily?
By the average, I travel 10 kilometers daily.

27- minutes w/ each family each week.
I spend 30 minutes with each family each week.

28- How much longer do you intend to work for this program?
I intend to work for this program for 1 year.

التاريخ الشخصي: Personal History

29- عمري الحالي _____

30- عمري عندما أكملت دارستي _____

31- وظائف السابقة _____

32- لقد عملت مع الأطفال بصفة مهنية _____ سنوات قبل أن أقبل بهذا المنصب في البرنامج.

33- عمري عندما بدأت العمل في البرنامج كان _____

34- عدد السنوات التي عملت فيها في البرنامج _____

35- أنا متزوجة _____

36- عذباء _____

37- مطلقة _____

My name is important me

36 - ٣٦ دخلي الشهري هام في اعالتي .
 ا- نعم — لا —
 (36) — NO — yes

37 - ٣٧ في اعاله الافراد الاخرين من الاسره بـ members بنسبه additional
 ب- نعم — لا —

(37) — no — yes

38 - ٣٨ اذا كان نعم كم هو عدد افراد الاسره .
 (38) yes, how many fam members?

Supervisors Questionnaire

Supervisors

- ① Estimate the number of children under your supervision who are: ^{المتفنين}
 (1) أذكر عدد الأطفال الخاضعة تحت إشرافك حسب النموذج التالي:

No.	Age in Years		الرقم
العدد	العمر بالسنوات		
_____	0-1	1 - 0	أ
_____	1-2	2 - 1	ب
_____	2-3	3 - 2	ج
_____	3-4	4 - 3	د
_____	4-5	5 - 4	هـ
_____	5-6	6 - 5	و
_____	6-7	7 - 6	ع
_____	7-2	أكبر من 7	ز

Total no. of children under your supervision. _____

- ② How many children are currently on your waiting list to receive your camp service? _____
 (2) كم هو عدد الأطفال على قائمة الإنتظار والذين لا تقدم لهم خدمه حتى الآن: _____
 (موقوفين الطفولة المبكرة)

③ (3) خلال الأشهر الستة الأخيرة (من يناير وحتى الان) كم عدد الأيام التي كنت فيها غير

- ③ قادرة على تقديم الخدمات نظراً إلى: _____

During the last 6 months (Jan - Jun) How many days

were you unable to provide services due to =

- _____ حضر التجول
 _____ الإضراب
 _____ الحروب

This section is to be completed only by supervisors.
 هذا النند يكمل فقط بواسطة المشرفات.

When you became a supervisor, did you receive additional training?
 - عندما أصبحت مشرفة هل تلقيت تدريب إضافي في: Additional Training

- 1- تطور الطفل Child's development
 لا قليلاً جداً no, very little ① البعض Some الكثير con
- 2- الصحة Health
 لا قليلاً جداً no, very little ② البعض Some الكثير con
- 3- النظافة العامة General hygiene
 لا قليلاً جداً no, very little ③ البعض Some الكثير con
- 4- التغذية nutrition
 لا قليلاً جداً no, very little ④ البعض Some الكثير con
- 5- المهارات الإشرافية Supervisory skills
 لا قليلاً جداً no, very little ⑤ البعض Some الكثير con

6- ما هي النواحي الإضافية من التدريب التي تعتقد أنك في حاجة إليها للقيام بمسئوليات عملك؟

6. What additional training do you think you need to do your job?

7. How many teachers do you supervise?
 7- كم عدد المدرسات اللواتي تشرني عليهن؟

8. What is their average age?
 8- ما هي معدلات أعمارهن؟

On average, each teacher work with how many children?

9. Children — 9- أطفال.

10. Families — 10- أسر.

11- بالمعدل كم هو عدد المدرسات اللواتي يتركن البرنامج سنوياً

11. On average, how many teachers leave the program annually?

١٢ - ماهي العوامل الرئيسية لتركهن؟

12. What are the main reasons for leaving?

As a supervisor what percentage of your time is spent = كمسرفة ماهي نسبة الوقت الذي تقضيه في كل من:

13. 13. - في المكتب لأجل العمل الروتيني .
conducting routine business
14. 14. - للقيام بالزيارات المنزلية .
making home visits
15. 15. - الإجتماع بالأمهات الراغبات في الإنضمام للبرنامج .
meeting with mothers applying to the program
16. 16. - الإجتماع بالأمهات ضمن البرنامج
in the program
17. 17. - الإجتماع بالمدرسات كمجموعة
meeting with your teachers as a group
18. 18. - الإجتماع بالمدرسات بمفردهن .
meeting teachers individually
19. 19. - في السفر من وإلى العمل .
in travel
20. 20. - الإجتماع بالمشرفات الأخريات
other supervisors
21. 21. - آخرين (حددي) .
other (specify)
22. 22. - آخرين (بالتحديد) .
other (specify)
23. 23. - ماهي المشاكل الأساسية التي تعتقد بأنها تمنعك من أن تكون أكثر فاعلية ونشاط .
23. What do you believe to be the main problems that prevent you from being more effective?