The Effects of Life Skills Instruction on the Personal-Social Skills Scores of Rural High School Students with Mental Retardation.

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The Effects of Life Skills Instruction on the Personal-Social Skills Scores of Rural High School Students with Mental Retardation.

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Abstract

M. Katherine Quigley. The Effects of Life Skills Instruction on the Personal-Social Skills Scores of Rural High School Students with Mental Retardation. (Under the direction of Dr. Margaret Ackerman) School of Education, March, 2007.

The current legislation No Child Left Behind mandates that students with mental retardation have access to core curriculum courses. A comprehensive life skills program, Life Centered Career Education (LCCE), was integrated into the curriculum of high school students with mental retardation. The LCCE program was utilized to educate students on Personal-Social, Daily Life skills, and Occupational lessons with an academic emphasis. The study measured improvements made in the personal-social skills of students measured by pre- and posttest scores of the LCCE Knowledge Battery and Competency Rating Scale (CRS). The study observed differences in the control group and an experimental group receiving the LCCE instruction. The results indicated that the students participating in the experimental group did not show a greater increase in scores on the Knowledge Battery and Competency Rating Scale than the scores of students who belonged to the control group. Furthermore, interviews with the participating instructors indicate that the experimental group would potentially demonstrate significantly higher scores if the personal-social skills curriculum was continued over an extended period of time and continuously reinforced.
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“Angels are friends, who lift you up when you forget how to fly.”

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Chapter 1

Introduction

Currently the *No Child Left Behind* (NCLB, 2002) federal legislation mandated that students with disabilities receive instruction in the core curriculum classes of English, math, science, and social studies, and that adequate yearly progress in these courses be maintained by all schools. In addition, public schools were now responsible for assessing students with special needs at the same intervals as their regular education peers. “Alternate assessments are relatively new in most states, developed for students who were not included in most large-scale assessments until Federal law mandated their participation” (National Center on Educational Outcomes, 2005, p. 1). As a result, students with mental retardation must be assessed in the four core curriculum areas. The implementation of these alternate assessments provided the government with accurate statistics regarding the success of students. As a result, this academic curriculum does not always reflect the social needs of students with mental retardation. According to Agran, Alper, & Wehmeyer (2002):

There is an intentional narrowing of the curriculum. When the narrowing is combined with high-stakes testing procedures established to ensure accountability, the result too often is that the ‘general curriculum’ focuses only on core academic content areas, to the exclusion of other areas that might be just as (or more) important to students with significant disabilities (p. 124).

It has become increasingly evident that students with severe cognitive delays require a curriculum that incorporates functional academics, daily living, occupational, and social skills training. “Special education must resist the constant push for an
academic curriculum emphasis rather than the more important career/life skills approach that their students will need for successful community living and working” (Brolin, 1997, p. 7). A life skills curriculum supported by academics allows for students with mental retardation to learn how to utilize skills that enable them to live and work as independently as possible, as well as remain in compliance with federal legislation.

Background of the Study

The manner in which students with disabilities have been educated has varied greatly throughout history. This was evident when reviewing the history of special education, pertinent legislation, the manner in which students with mental retardation are educated, and the need for specific curriculum and social skills training. Throughout the 1800s and the turn of the 20th century children with disabilities were placed in institutions from an early age. This was where they resided throughout their lifetime, receiving little instruction. This trend began to change in the 1880s and 1890s with the beginnings of deinstitutionalization of those people with mild handicaps (Lawrence, 1999).

Legislation

In 1954 with Brown v. Topeka Board of Education, the law states that education was an equal right to all students. The debate of integration culminated with the passage of federal legislation in 1974 entitled the Education for All Handicapped Children Act, which is now entitled the Individuals with Disabilities Education Act (IDEA). The act mandated that “students with disabilities be provided an appropriate education designed to meet their need in the least restrictive environment (LRE)” (Kavale, 2000, p. 4). In addition, the concept of mainstreaming was introduced with
Public Law 94-142 as schools were now required to place children with disabilities with their nondisabled peers to the maximum extent possible. “Depending upon a student’s functioning level and the structure of the school system, the student may either be in an integrated setting with non-disabled peers or a segregated environment with other disabled students” (DeWeaver & Kropf, 1992, p. 38).

Another key legislative action was Section 504 of the Rehabilitation Act of 1973 (Section 504). This civil rights law served as a protection of rights entitled to students with disabilities. “Section 504 requires entities receiving federal funds (e.g., schools, colleges) to make ‘reasonable accommodations to known physical or mental limitations of an otherwise qualified handicapped (person)’” (Shriner, 2000, p. 232).

The Americans with Disabilities Act of 1990 (ADA) only served as a reinforcement of the principles found within Section 504. The ADA reiterated that the primary focus should remain on making individual decisions regarding reasonable modifications on policies, procedures, and practices. Goals 2000: Educate America Act of 1994 (Goals 2000) and the Improving America’s Schools Act of 1994 (IASA) provided a framework for the requirement of setting performance goals and standards.

Current legislation entitled No Child Left Behind “continues the legacy of the Brown v. Topeka Board of Education decision by creating an educational system that is more inclusive, responsive, and fair” (Paige, 2004, p. 13). This has had a tremendous impact on the education of students with mental retardation. Historically, legislation has worked to provide accommodations as well as access to general education classes and the curriculum. The 1997 amendments to IDEA specify that “students with
disabilities have access to and progress in the general education curriculum” (Wehmeyer et al, 2002, p. 157).

Social Skills

The curriculum for students with disabilities can easily be divided into the areas of academic and nonacademic. Social skills instruction would be considered nonacademic. “Traditionally, the emphasis on social skills has been overshadowed by academics. However, many educators acknowledge the need for an increased emphasis on social skills development to promote greater social competency for students with high-incidence disabilities” (Kolb & Hanley-Maxwell, 2003, p. 163).

Similar to other skills, social skills instruction must be deliberate and skills must be learned and practiced within the various natural settings and the environments that they will occur (St. Peter, Ayres, Meyer, Park-Lee, 1989). By providing instruction in social skills, students with mental retardation can learn to get along with others and adjust to various social situations. According to the American Association for Mental Retardation (AAMR), “impairments in adaptive behavior can seriously limit an individual’s opportunities in work situations, living arrangements, and leisure activities” (Thomas, 1996, p. 349).

Education of Students with Mental Retardation

There are two concepts that are essential to understanding the education of students with mental retardation: intelligence and adaptive behavior. The construct of intelligence refers to the general mental capabilities. According to the 9th edition of Mental Retardation: Definition, Classification, and Systems of Supports, significantly
The second essential concept to be aware of was adaptive behavior. “It now consists of three areas, as resulting from factor analytical research studies” (de Bildt, Serra, Luteijn, Kraijer, Sytema, & Minderaa, 2005, p. 318). These areas were conceptual, social, and practical skills that enable students to function independently. These conceptual skills would include reading and expressive language, reading and writing, money concepts, and self-directions. Furthermore, social skills included interpersonal relationships, responsibility, self-esteem, and following rules and laws. Finally, the practical skills were defined as personal hygiene and grooming, daily living activities, and occupational skills (AAMR, 2002).

The awareness of these two concepts enabled an educator to have a thorough understanding of the disability of mental retardation. In order to meet the needs of the students in special education, specific skills in these deficit areas must be taught. Due to recent changes in legislation, research-based curriculum specifically designed for students with mental retardation is emerging. As a result, nonacademic skills such as daily living, social, and occupational skills are not receiving enough attention (Brolin, 1997).

This study sought to analyze this relationship by determining if students participating in a curriculum focusing on personal-social skills achieved significantly higher scores on the Knowledge Battery and Competency Rating Scale (CRS) than students who did not participate in the program.

**Statement of the Problem**
According to Ford, Schnorr, Meyer, Davern, Black, & Dempsey (1989):

We know that many of the curricular offerings in today’s schools (e.g., language arts, math, science, social studies, physical education, and fine arts) can accommodate these new students when adaptations are planned and instructional supports are made available. But further examination reveals that the existing scope of schools’ curricula is not broad enough to encompass all the activities or areas of competence that may be appropriate for a given student (p. 3).

One such essential life skill necessary for students with mental retardation to be exposed to was personal or social skills. The development of independence, self-confidence, socially acceptable behavior, and maintenance of friendships were among the essential social skills necessary for students to learn in order to function within their community (Brolin, 1997).

Hypothesis

Students in classes that utilized the Life Centered Career Education’s (LCCE) Personal-Social Skills program achieved significantly higher scores on the Knowledge Battery (KB) and Competency Rating Scale (CRS) than students who did not participate in the program.

Conversely, the null hypothesis was that students participating in LCCE Personal-Social skills program showed no improvement in social skills and any improvement was a result of chance.

Definitions

AAMR- (American Association of Mental Retardation) a leading authority and influential body in the area of intellectual disability
Adaptive behavior - the conceptual, social, and practical application of skills that students have learned in order to function independently in their lives

Alternative Assessment - tools used to evaluate the performance of students who are unable to participate in general state assessments even with accommodations and provide a mechanism for students with the most significant cognitive disabilities to be included in the accountability system

AYP - (Annual Yearly Progress) - an individual state’s measure of the progress made each year toward achieving state academic standards, the minimum level of improvement that must be achieved

Disability - a personal limitation that corresponds to a considerable disadvantage when attempting to function within society (AAMR, 2002)

FAPE - (Free Appropriate Public Education) - special education and related services that are provided at public expense, under public supervision and direction and without charge

Functional Curriculum - addresses students with disabilities unique needs of self concept, personal and social skills, life skills and transition

IDEA - (Individuals with Disabilities Education Act) federal legislation which mandated that students with disabilities be provided an education in their needs in the least restrictive environment

IEP - (Individual Education Plan) a written statement for a child with a disability developed and implemented according to federal and state regulations

Intelligence - the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience (AAMR, 2002)
Life Skills - the basic skills for independent living, such as personal hygiene, meal preparation, and job preparedness training

LRE (Least Restrictive Environment) - to the maximum extent appropriate, children with disabilities are educated with children who are nondisabled

Mental Retardation - a disability which originates before the age of 18, characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills

No Child Left Behind - federal legislation seeking to provide stronger accountability for results, more freedom for states and communities, proven education methods, and more choices for parents

Social skills - ways in which emotions affect the behavior of oneself and others

Vocational Skills - skills and concepts that will lead to employment

Transition - the passage from school sponsored experiences to the post high school environment of employment and independent living
Chapter 2
Literature Review

It was important to recognize the need for students with mental retardation to be exposed to a curriculum that was both academic and functional in order for students to learn essential social skills. This was accomplished by reviewing the historical developments, legislative progress, and curriculum developments. In addition, the significance of social skills was examined along with the theoretical basis for social skills instruction, ethical issues when performing research with students with mental retardation and similar research studies completed.

Historical Review

A chronological review indicated that the manner in which students with disabilities have been viewed and educated had varied greatly. According to Mental Retardation (Payne & Patton, 1981), the historical perspectives regarding the attitudes and treatment of individuals with mental retardation can be divided into nine distinct periods. The first era, prior to 1700, was considered “A State of Confusion.” Since there was a limited knowledge base, the attitudes about and the treatment and perceptions of people with mental deficiencies varied greatly. There was no consensus among Western societies as to who should be treated and why and how they should be treated. As a result, different patterns of treatment developed reflecting a time of confusion. If any service was provided, it would typically be nourishment and housing.

Following this era was the Awakening, from 1700 to 1800, which created two key concepts that impacted people with mental retardation. The first was a new social attitude, “it held that all ‘men’ - even those who were exceptional – had rights” (Payne
The attitudes and time were conducive for idealistic people to develop their philosophies of Humanism, such as Locke and Rousseau.

According to Payne & Patton (1981) the era of “Early Optimism” occurred from 1800 to 1860 and was illustrated through the enthusiasm towards working with people with disabilities. In addition, the “birth” of special education occurred in Europe with the work of John Marc Itard (1774-1838). He developed five major objectives to help overcome mental problems. However, this optimism and belief that people with mental retardation could be cured were later replaced by the pessimism in the fourth period of Disillusionment occurring between 1860 and 1890. People with mental retardation were now being perceived as incurable.

This period of disillusionment lead to the “Sounding the Alarm” period. Between 1890 and 1930 the institutions that were originally designed to train individuals with mental retardation were now assuming the role of caregiver. More dramatically, the change in social attitudes toward the population of people with mental retardation was detrimental. In 1964 Kanner wrote, “The mental defectives were viewed as a menace to civilization, incorrigible at home, burdens to the school, sexually promiscuous, breeders of feebleminded offspring, victims and spreaders of poverty, degeneracy, crime, and disease. Consequently, there was a cry for the segregation of all mental defectives, with the aim of purifying society, of erecting a solid wall between it and its contaminators” (Payne & Patton, 1981, p.13).

Following this era, the progress in the treatment was simply put “On Hold” between 1930 and 1950. However, views were slowly changing with the realization of
several key concepts regarding the scientific research on the causes of mental retardation. These changes in views in the causes of mental retardation led to the time referred to as “A Turning Point” occurring between 1950 and 1960 (Payne & Patton, 1981). This quiet revolution was marked by the formation of the National Association for Retarded Children (NARC) in 1950. This organization served as lobbyist, service provider, and advocate for research for people with mental retardation. In addition to the establishment of the NARC, social and political views were shifting from fear and repulsion to tolerance and compassion.

From 1960 to 1970 special education began to take “Center Stage.” National attention was placed on people with mental retardation as President Kennedy had a sister with mental retardation. He established a President’s Panel to serve as a guide and source for national policy which led to the establishment of what is now the Office for Special Education and Rehabilitative Services. Consequently, the Civil Rights Movement was extended to people with disabilities (Payne & Patton, 1981).

Finally, the era “From Action to Introspection” occurred from 1970 to the 1980s, when it was established that people with mental retardation have personal and civil rights guaranteeing services and protection which must be extended to the educational setting. The historical changes in this time period were a result of the numerous legal rulings that occurred.

Throughout history the terminology of special education has undergone continuous changes. The vocabulary most often chosen to describe people with cognitive limitations has been “mental retardation.” IDEA used the term “disability” which is “probably an unfortunate choice of terms because it conflicts with current
philosophy in special education and with the intent of the IDEA by focusing on a person’s lack of ability” (Thomas, 1996, p. 5). This term has slowly begun to be viewed as unacceptable just as its predecessor terms: mental deficient, idiot, imbecile, and moron. The National Association for Retarded Children chose to change its name to “the Arc” eliminating any reference to mental retardation. Likewise, in 2002 the Council for Exceptional Children’s Division on Mental retardation voted to change the name to The Division on Developmental Disabilities (Hourcade, 2002).

**Legislation**

Beginning in 1954 with *Brown v. Topeka Board of Education*, the law stated that education was an equal right to all students. Following this groundbreaking case, two key pieces of civil rights legislation have had an impact on education: Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). Since these two pieces of legislation were civil rights acts they were mandatory for schools.

The first of these legislative actions was Section 504 of the *Rehabilitation Act of 1973*. Section 504 prohibited the discrimination against individuals who meet the definitions of a disability. According to Wegner (1988) Congress’s primary objective was to “honor the requirements of ‘simple justice’ by ensuring that federal funds not be expended in a discriminatory fashion” (Smith, 2001, p. 336). This civil rights law served as a protection of rights entitled to students with disabilities, “Section 504 requires entities receiving federal funds (e.g., schools, colleges) to make ‘reasonable accommodations to known physical or mental limitations of an otherwise qualified handicapped (person)”’ (Shriner, 2000, p. 234).
Section 504 strived to provide students with disabilities an equal opportunity to gain the same benefits from school and to reach the same level of achievement as their nondisabled peers. It is important to note that Section 504 applies only to entities that obtain federal subsidies. On the other hand, The *Americans with Disabilities Act of 1990* (ADA) applies to most entities, regardless of whether they receive federal funds. The ADA served as a reinforcement of the principles found within Section 504 and reiterated that the primary focus should remain on making individual decisions regarding reasonable modifications on policies, procedures, and practices. “The ADA was intended as companion legislation to the *IDEA* and Section 504 of the Rehabilitation Act of 1973. The most comprehensive civil rights legislation enacted since the 1960s, the ADA expands the prohibition of discrimination against people with disabilities to the area of employment, transportation, communications, and public accommodations and reinforces rights guaranteed in earlier pieces of legislation” (Rea & Davis-Dorsey, 2004, p. 66).

The ADA contained several titles which corresponded to various aspects of discrimination for people with disabilities. Title I focused on discrimination within the workplace. Title II dealt with state and local governmental entities such as prohibiting discrimination within schools. Finally, Title III focused on public accommodations such as within stores, hotels, and restaurants. According to the ADA all entities were required to make reasonable accommodations and modifications to guarantee that people with disabilities had access to goods and services. In the educational setting the ADA had produced numerous positive results such as “a more diverse workforce; increased accessibility of opportunities, activities, and facilities; increased labor
resources; a refreshing call for innovation, creativity, and flexibility; and a new recognition and appreciation of the strengths, contributions, and abilities of people with disabilities” (Rea & Davis-Dorsey, 2004, p. 69).

The definition of a disability under Section 504 and the ADA contained three main criteria (Rehabilitation Act & sec; 706[8]):

1. has a physical or mental impairment that substantially limits one or more of such person’s major life activities,
2. has a record of such impairment, or
3. is regarded as having such impairment (Smith, 2001, p. 338).

There were two requirements detailed in Section 504 and the ADA which affected students: nondiscrimination and free, appropriate public education (FAPE). The nondiscrimination policy referred to the concept that the students with disabilities should be allowed to participate in activities that were available for all students. This would include the same academic curriculum, nonacademic extracurricular activities, health services, recreational activities, athletics, student employment, clubs, specific courses, and field trips. It is essential to understand that students must meet the “otherwise qualified” criterion. “This means that a person with a disability must be qualified to do something before the presence of a disability can be a factor in discrimination” (Smith, 2001, p. 340).

In addition to nondiscrimination, Section 504 and ADA required that schools provided students with disabilities with a FAPE. This would include the provisions that were designed to meet the individual educational needs of students with disabilities comparable to that of the needs of the nondisabled students. A FAPE must be provided
regardless of the nature and severity of the disability. Students must have nondiscriminatory evaluations and placement. Furthermore, procedural safeguards enabled parents to contribute significantly in decisions concerning the evaluation and placement of their students. Finally, students must be integrated with their nondisabled peers to the maximum scope possible, a trend referred to as mainstreaming.

In addition to Section 504 and ADA, the concept of mainstreaming was enforced with Public Law 94-142 as schools were now required to place children with disabilities with their nondisabled peers to the maximum extent possible. “Depending upon a student’s functioning level and the structure of the school system, the student may be in either an integrated setting with nondisabled peers or a segregated environment with other disabled students” (DeWeaver & Kropf, 1992, p. 38).

The debate of integration culminated with the passage of federal legislation in 1974 entitled the Education for All Handicapped Children Act. This law was revised and reauthorized as the Individuals with Disabilities Education Act (IDEA) of 1997. IDEA mandated that students with disabilities be provided an education planned to meet their needs in the least restrictive environment. The placement of students with disabilities is one of the most important decisions agreed upon by the IEP team. Likewise, it can be a controversial area resulting in many due process hearings (Yell & Katsiyannis, 2004, p. 29).

The two essential principles of IDEA were the FAPE and providing these services within the students LRE. This legislation details that support for special education and related services to children be provided in a variety of settings such as child care, preschool, elementary, middle, and high school. According to IDEA this is
accomplished through the development of Individual Education Programs (IEP’s) that provides for students with disabilities a free, appropriate education while in their least restrictive environment. This must be provided for students, age 3 to 21, who have been found eligible for services. This document was considered the cornerstone of the IDEA as a means of providing students with a FAPE (Gartin & Murdick, 2005).

“Both general and special education teachers need to know the most appropriate law applicable for students having difficulty in their classroom” (deBettencourt, 2002, p. 16).

IDEA was a federal programmatic mandate that governed all special education services and therefore provided funding for students identified as eligible. On the other hand, Section 504 was a civil rights statute; therefore, no funding was provided to assist in compliance. The criteria for determining identification, eligibility, appropriate education, least restrictive environment, and due process were all different between IDEA and Section 504.

The major differences center on the flexibility of the procedures. There were less specific criteria for students found eligible under Section 504. Therefore, schools may offer less assistance and monitoring. Students found eligible for services under IDEA must meet specific criteria and the degree of regulation was more specific with regards to timeframes, parental participation, and paperwork requirements. Furthermore, IDEA made provisions for students with disabilities from ages 3 to 21, while Section 504 covered people with disabilities throughout their lifespan. In addition, IDEA focused on the educational needs of people with disabilities, while
Section 504 covered a variety of aspects of people’s lives such as employment, public access, transportation, as well as their educational needs (deBettencourt, 2002).

The 2004 IDEA reauthorization (IDEA 2004) made provision for many positive changes. According to the Council for Exceptional Children (2006) the most important of these changes include:

- Guaranteed that students with disabilities participate in accountability systems.
- Reduced the paperwork burden.
- Established methods to decrease the number of students from culturally and linguistically diverse backgrounds inappropriately placed in special education.
- Ensured the discipline provisions for students with disabilities continue to protect the rights of students to a free, appropriate public education.
- Provided funding for professional development for special educators.

The most current legislation entitled No Child Left Behind is “the 21st century iteration of this first major foray into education policy” (Paige, 2004, p. 13). This has had a tremendous impact on the education of students with mental retardation. Previously, legislation had worked to provide accommodations as well as access to general education classes and the curriculum. The 1997 amendments to IDEA specify that “students with disabilities have access to and progress in the general education curriculum” (Wehmeyer et al, 2002, p. 158).

It is also important to review the legislation specific to working with students who are mentally retarded. The first landmark case was Diana v State Board of
Education (1970) which required the state of California to correct assessment procedures. Three important results of this case were students must be tested in their primary language, culturally unfair items must be eliminated from test and assessments, and intelligence tests must be developed to reflect Mexican-American culture (NASET, 2006).

Later in 1984 Larry P v Riles similar results indicated California was discriminating against students who were mentally retarded by using IQ tests as the assessment measure for eligibility. Wyatt v Stickney (1972) directed that children with mental retardation in state institutions had the right to treatment. PARC v Commonwealth of PA (1972) would play a fundamental role in future federal special education laws. This legislation assured that school could not exclude students with mental retardation and that these students must be provided with a free public education. Furthermore, it called for deinstitutionalization due to inhumane conditions (Black & Salas, 2001). Similarly, Mills v Board of Education of DC (1972) provided guidelines for a free public education and due process. In addition, it was mandated that special education services must be provided despite the school’s financial capability (NASET, 2006).

Curriculum

Historically, curriculum planning began with the passage of PL 94-142 when schools became responsible for the education of students with mental retardation and IEP’s drove the curriculum. Barnes and Barnes (1989) described guidelines for the development of a curriculum specifically designed for students with mental retardation. The major goal was to identify what needed to be taught, by moving them toward
independence in adulthood. Goals and objectives should be developed in the areas of academic, recreational, prevocational and vocational, social and emotional, and life skills. The key is to strike a balance between students being left in academic classes and functional life skills (Sutton, 1993).

According to Smith and Hilton (1994) the curriculum for students with mental retardation should be driven by the specific needs of individual students, rather than their label, current issues, or the general education curriculum (Thomas, 1996). However, recent changes in legislation have created shifts in philosophical views and have directly impacted curriculum planning. “As societal perspectives change, so does the focus of school curriculum. One of the strongest current influences on curriculum is the school accountability movement” (Ahlgrim-Delzell, Algozzine, Browder, Flowers, Karvonen, & Spooner, 2004, p. 1).

Instruction for students with intellectual disabilities was at one time characterized by a developmental approach to teaching. Students with disabilities were often asked to complete repeated drill and practice on isolated skills that were not easily transferable to the general community. Since students with disabilities typically take a longer time to acquire a skill, they were often focusing on similar skills throughout their education without progressing. As a result, educators found that students were completing their education with the skills associated with younger children rather than adults made ready to enter the community (Ford, 2001). Therefore, specific instruction should be provided in functional academic skills that will be used in everyday life “As these individuals move to secondary education settings, the curriculum should take on a stronger career preparation and life skills emphasis” (Hourcade, 2002, p. 4).
Current educational trends and legislation allowed for students with mental retardation to receive special education services in an environment which provided access to the general education curriculum. “The State shall have such academic standards for all public elementary school and secondary school children, including children served under this part, in subjects determined by the State, but including mathematics, reading or language arts, and (beginning in 2005-2006 school year) science, which shall include the same knowledge, skills, and levels of achievement expected of all children” (CEC, 2003, p. 7). This mandated that students with disabilities take part in a curriculum appropriate for their age and grade level.

In addition to participating in the general education curriculum, students must demonstrate that they have made progress in this curriculum. Adequate yearly progress (AYP) was a controlling measurement to determine accountability towards each student’s achievement (CEC, 2001). Since schools were now mandated to maintain AYP in the areas of mathematics, reading or language arts, and science, students with mental retardation must be exposed to a curriculum that contained these subjects.

“Over the past 30 years there has been a significant shift in the focus of the curriculum for students with significant cognitive disabilities. As a field we have moved from a developmental model to a functional life skills model to one that promotes access to the general education curriculum” (VDOE, 2006-2007, p.7). However, as students with cognitive disabilities progressed through school, a focus should be placed on the maturation of functional academic skills. Educators must find a balance between providing the students access to the general education curriculum and providing instruction in a functional curriculum. As students advanced to secondary education
settings, a career preparatory and life skills emphasis was placed on curriculum and instructional matters (Hourcade, 2002).

Finding a curriculum that allows students with mental disabilities to be exposed to the general education curriculum, while receiving instruction in these vital areas continues to be of utmost importance. IDEA mandated that the curriculums used within special education classes be research-based materials and peer-reviewed (Cernosia, 2005). In addition, “In education, national policies such as No Child Left Behind (NCLB) require that teachers use scientifically proven practice in their classrooms” (Odom, Brantlinger, Gersten, Horner, Thompson, & Harris, 2005, p. 137). NCLB required that all students be assessed in reading, math, social studies, and science, which was contradictory to the functional approach typical of how skills were acquired for students with disabilities (Browder & Cooper-Duffy, 2003).

The concept of a life skills curriculum has been increasing in awareness and practice. According to the 1989 text Best Practices in Mild Mental Retardation (Robinson, et al) curriculum options were discussed and, “Although there are a number of curricular options, we believe that the one best suited for a vast majority of students with mild mental retardation is one based on the principles inherent in the life skills/adult outcomes approach” (p. 25). In 1994, Smith and Hilton determined that the curriculum should be driven by the needs of the students rather than by clinical labels, philosophical issues, or the initiatives occurring with regular education (Thomas, 1997).

Syracuse Community-Referenced Curriculum Guide

Within the field of disabilities two leading life and vocational curriculums were the Syracuse Community-Referenced Curriculum Guide for Students with Moderate
and Severe Disabilities and the Life Centered Career Education program. Both of these curriculums tie assessment and lesson planning together (Moon, 2000). The Syracuse Curriculum Guide was based on the premise that, “every student, no matter how severe his or her disabilities, is capable of living, working, and recreating in the community” (Ford, Schnorr, Meyer, Davern, Black, & Dempsey, 1989, p. 3).

The Community-Referenced Curriculum Guide focused on the community living domains of self-management/home living, vocational, recreational/leisure, and community functioning. In addition functional academic skills like reading, writing, money handling and time management were addressed. Furthermore, the embedded social, communication, and motor skills were concentrated on throughout instruction in all of the content areas. This would include interacting positively with peers, using vocalizations and symbol systems, and moving about in the environment effectively. All of these areas were targeted as they would allow students to function in the real world.

The Syracuse Community-Referenced Curriculum Guide addressed the concern for educators of how to integrate life skills into an academic curriculum. It is proposed that this curriculum be used as one part of the numerous other course offerings available. If the content areas cannot be met in regular education classes, an alternate method would be to incorporate the content area into informal parts of the day, natural learning times, or recess and free time.

The community living domains of self-management/home living, vocational, recreational/leisure, and community functioning were all areas where student must receive this consistent deliberate instruction. The self management/home living realm
encompasses skills that were essential to everyday functioning. “These types of skills are common in people’s daily lives and present frequent opportunities to make personal choices (e.g., what to eat, when to do something). By not teaching students to participate in such common and regular daily routines, we may seriously restrict their opportunities to influence decisions about their personal lives” (Ford, Schnorr, Meyer, Davern, Black, & Dempsey, 1989, p. 29). The six major goal areas include eating and food preparation, grooming and dressing, hygiene and toileting, safety and health, assisting and taking care of others, and budgeting and planning/scheduling.

According to the Syracuse Guide, vocational skills were essential in helping to establish a positive self-image, gain the respect of others, and make contributions to the community. The vocational domain covered three major goal areas: classroom/school jobs, neighborhood jobs, and actual community jobs. These settings represent a variety of integrated environments and build the students’ vocational resumes (Ford, Schnorr, Meyer, Davern, Black, & Dempsey, 1989).

The recreational/leisure skills domain was centered on increasing the life skills of a person with disabilities that were personally significant. This would include five major goals areas: school and extracurricular, activities to do alone, activities to do with family and friends at home, activities to do with friends in the community, and activities that increase one’s physical fitness (Ford, Schnorr, Meyer, Davern, Black, & Dempsey, 1989).

Finally, general community functioning was based on the fact that learning can take place in various settings. “Meaningful instruction is not limited to school settings; it can also take place in the surrounding community where students can learn and
practice skills in real-life settings” (Ford, Schnorr, Meyer, Davern, Black, & Dempsey, 1989, p. 77). It cannot be assumed that students with mental retardation will acquire these skills based on exposure alone. Educators must provide instruction in order for students to receive consistent and repeated opportunities to develop these skills.

In addition to the community living domains, The Syracuse Community-Referenced Curriculum Guide stressed the instruction of embedded skills. These skills included communication, motor, and social skills. These skills were reinforced throughout all aspects of instruction in a variety of content areas. With regard to social skills, there are 11 social skill functions identified (Appendix A) “No cookbook approach to social skills instruction could meet the widely varied needs of students with moderate and severe disabilities. Rather, we have provided some guidelines for thinking about social skills in general as well as for planning specific social skills programs.” (Ford, Schnorr, Meyer, Davern, Black, & Dempsey, 1989, p. 184).

Life Centered Career Education

The LCCE curriculum was based on the premise that career education is more than just a part of an educational program--it should be the major focus of a program. Career education began in the early 1970s as educators became aware of the need to refocus their instruction on specific skills that benefited students in their adult life. The concept of career education focused on the facilitation of growth and development for all roles in life, settings, and events. These roles were defined as “a productive and independent family member, citizen, employee, and participant in a variety of avocational/leisure activities such as recreational pursuits and hobbies” (Brolin, 1997,
Furthermore, it was emphasized that educational experiences should be community-based to provide students with events in a variety of settings.

“Research during the past three decades clearly revealed that students must learn four major categories of skills: academic, daily living, personal-social, and occupational” (Brolin, 1997, p. 9). The LCCE placed its emphasis on three domains: daily living skills, occupational skills, and personal-social skills. “This is not to imply that career education is the only education students should receive, but it should be a significant and pervasive part of what is taught” (Brolin, 1997, p. 9).

LCCE was chosen as the curriculum for the purposes of this study due to the integration of academics with life skills training as well as the assessment instruments available. The LCCE curriculum contained a set of curriculum-based assessment instruments designed to measure the Daily Living Skills, Personal-Social Skills, and Occupational Guidance and Preparation. This curriculum focused on career education for regular and special education students. These competencies were identified as targeted areas based upon research, input from previous studies, and professional opinions (Brolin, 1997). Each competency was then classified under one of the three major curriculum areas referred to as domains.

Chart 1: LCCE Curriculum Domains (Brolin, 1997, p. 13)
The Daily Living Skills domain contained competencies that were essential goals for students in special education in order for them to reach their most independent level possible. These targeted competencies included managing personal finances, selecting and managing a household, caring for personal needs, raising children and meeting marriage responsibilities, buying, preparing, and consuming food, buying and caring for clothing, exhibiting responsible citizenship, using recreational facilities and leisure time, and getting around the community (mobility).

An additional domain targeted would be that of Occupational Guidance and Preparation. In an effort to help students attain their highest potential, students must be exposed to a variety of aspects related to vocational awareness. This was accomplished by addressing students’ need to become aware of the diverse job possibilities available to them. In addition, students were helped to develop the necessary skills, participate in a variety of work experiences, and learn to make logical and viable job choices. The competencies that were designated to address occupational curriculum are knowing and exploring occupational possibilities, selecting and planning occupational choices, exhibiting appropriate work habits and behaviors, seeking, securing, and maintaining employment, exhibiting sufficient physical-manual skills, and obtaining a specific occupational skill.

The third domain was the Personal-Social competency area and served as the curriculum utilized within this study. The Personal-Social competency focused on the independence, self-confidence, socially acceptable behavior, and maintenance of friendships for the students with mental retardation participating within the study preformed. The primary competencies that were included in instruction were achieving
self-awareness, acquiring self-confidence, achieving socially responsible behavior, maintaining good interpersonal skills, achieving independence, achieving problem-solving skills, and communicating with others.

LCCE’s Personal-Social Domain

10. Achieving Self-Awareness

42. Identify Physical and Physiological Needs
   - List basic physical needs
   - Identify ways to meet physical needs
   - List basic psychological needs
   - Identify ways to meet psychological needs

43. Identify Interests and Abilities
   - Identify abilities common to most people
   - Identify interests common to most people
   - Demonstrate goal setting in relation to pursuing an interest or ability and show how goals are attained

44. Identify Emotions
   - Identify common emotions (fear, love, hate, sadness)
   - List ways in which one’s emotions affect the behavior of self and others
   - Identify ways in which one may cope with emotions
   - Differentiate particular emotions in self and others

45. Demonstrate Knowledge of Physical Self
   - Identify major systems of the body
   - List personal physical characteristics
Describe physical characteristics and dimensions

Identify major parts of the body

11. Acquiring Self-Confidence

46. Express Feelings of Self-Worth

   List positive physical and psychological attributes
   Express ways in which positive attributes make him/her feel good
   List the characteristics necessary to feel good about oneself
   Describe ways in which the actions of others affect one’s feelings of self-worth

47. Describe Others’ Perception of Self

   List potential reactions of others to oneself
   Construct a personal view of how others see oneself
   Describe the relationship between one’s own behaviors and others’ reactions
   Demonstrate awareness of individual differences in others

48. Accept and Give Praise

   Identify statements of praise in everyday activities
   List appropriate and inappropriate responses to praise
   Respond to praise statements by others
   List the effects of praise on oneself

49. Accept and give criticism

   Identify critical and/or rejecting types of statements
   List appropriate ways to respond to criticism and/or rejection
Respond appropriately to critical statements

List positive and negative effects of criticism

50. Develop confidence in oneself

Identify and describe positive characteristics of oneself in a variety of areas

List appropriate ways to express confidence in oneself

Make positive statements about oneself

Identify potential reactions of others to expressions of self-confidence

12: Achieving Socially Responsible Behavior

51. Demonstrate respect for the rights and properties of others

Identify personal and property rights of others

Identify reasons for respecting the rights and properties of others

Demonstrate respect for others and their property

List appropriate situations and procedures for borrowing the property of others

52. Recognize authority and follow instructions

Identify common authority roles

Identify aspects of following instructions

Identify situation in which the individual has the right to disregard instructions from authorities

53. Demonstrate appropriate behavior in public places

Identify appropriate behavior in public places
Identify and demonstrate appropriate behaviors when using transportation facilities

Identify and demonstrate appropriate behaviors when using eating facilities

Identify and demonstrate appropriate behaviors when using recreational facilities

54. Know important character traits

Identify own acceptable character traits

Identify acceptable character traits in others

List character traits necessary for acceptance in group activities

List character traits that inhibit acceptance

55. Recognize personal roles

Identify current roles

Identify possible future roles

List roles of significant others

Describe the rights and obligations in personal roles as they interact with the roles of others

13: Maintaining Good Interpersonal Skills

56. Demonstrate listening and responding skills

Identify proper listening and responding techniques

Identify positive outcomes of listening and responding appropriately

Identify negative aspects of listening and responding inappropriately

57. Establish and maintain close relationships
Identify qualities of an individual who would be desirable in the dating process

Identify and demonstrate appropriate procedures for making a date

List activities that are appropriate for a date

Identify characteristics of close relationships

List different types of close relationships

Recognize and respond to intimate feelings of others

Identify persons with whom one could establish a close relationship

58. Make and maintain friendships

Identify necessary components for a friendship

List personal considerations in choosing a friend

List rights and responsibilities important in personal friendships

List activities that can be shared with friends

14: Achieving Independence

59. Strive towards self-actualization

Identify important characteristics for personal growth

List elements necessary for a satisfactory personal life

Identify sources for continued educational/psychological growth

60. Demonstrate self-organization

Develop plan of daily activities

Identify areas of responsibility in personal life

Identify reasons for organizing one’s responsibilities/activities
Develop ways in which personal organization relates to greater independence

61. Demonstrate awareness of how one’s behavior affects others
   - List ways in which behavior affects others around us
   - List appropriate behaviors for a variety of situations
   - List different cues elicited by others that behavior is inappropriate
   - List ways to correct inappropriate behavior

15: Making Adequate Decisions

62. Locate and utilize sources of assistance
   - Identify situations in which one would need advice
   - List available resources for resolving problems
   - Given particular situations, describe the procedures for contacting persons for assistance
   - List potential outcomes of seeking advice

63. Anticipate consequences
   - Describe consequences or outcomes of decision-making
   - List and demonstrate knowledge of ways in which personal behavior produces consequences
   - Describe the concept of maximum gain for minimum risk

64. Develop and evaluate alternatives
   - Define the meaning of alternatives
   - List possible alternatives with respect to a personal goal
   - Describe a compromise with respect to a personal goal
List resources for information that develops alternatives

65. Recognize nature of a problem

Given a list of situations with positive/negative aspects of personal ideas,

examine each as a positive or negative

Identify why ideas, values, and plans have both potentially positive and

negative implications

Identify a situation which requires examination of positive/negative

aspects

66. Develop goal-seeking behavior

Identify ways that goals affect one’s life

List outcomes to be considered in goal setting

List examples of individuals who have set and attained their goals

Set one goal for school, home, recreation

Set short-term and long-term personal goals

Identify characteristics of realistic goals

Identify appropriate persons for obtaining assistance with setting and

achieving goals

Identify potential barriers to goals

Set model personal goals

16: Communicating with Others

67. Recognize and respond to emergency situations

Identify sights and sounds of emergency situations

Identify appropriate authorities to contact in emergency situations
Describe personal communication indicating emergency situations

List personal responsibilities in emergency situations

68. Communicate with understanding

Demonstrate a variety of verbal expressions related to communication

Identify and demonstrate methods of speaking appropriately in a social conversation

Demonstrate proper use of telephone

Demonstrate appropriate volume and intensity in conversation

69. Know subtleties of communication

Identify nonverbal elements of communication

Identify verbal expressions that correspond to feelings

Identify verbal expressions that are consistent with feelings

Demonstrate verbal and nonverbal elements of communication

(Brolin, 1997, pp. 69-104).

Social Skills

Social skills training were typically an integral aspect of programs for people with mental retardation. It was essential that students initiate and maintain positive social relationships with their family, peers, teachers, and people within their community. “Social skills are often defined as a complex set of skills that include communication, problem-solving and decision-making, assertion, peer and group interactions, and self-management” (Kolb & Hanley-Maxwell, 2003, p. 163).

Social skills were both observable and measurable behaviors that promoted independence, acceptability, and a good quality of life. “These skills are crucial to
adjustments and normal functioning, and deficits have been closely linked to psychopathology and behavior problems” (Matson, Mayville, Lott, Bielecki, & Logan, 2003, p. 58). The research on mental retardation indicated that social skills were of utmost importance in the quality of life and adjustment of people with mental retardation into their community and vocation. “Numerous studies have proven that the lack of appropriate social skills is a major factor contributing to the failure of persons with mental retardation in community placements” (Paraschiv & Oiley, 1999, p.3).

According to Barnes and Barnes (1989) educators have four major goals when teaching social skills. The first was to support students in learning how to read social cues and develop suitable responding behaviors. Secondly, it was essential to provide opportunities to socialize and practice these skills. Next educators must take on the role of educating others regarding the unique social needs of students with mental retardation. Finally, it was essential to provide direct instruction on these specific social skills (Sutton, 1993). Similarly, Bertone, Boyle, Mitchel, & Smith (1999) stated that social skills goals can be met by incorporating direct instruction, structuring a positive classroom environment, and implementing cooperative learning strategies and activities.

In a historical review of special education, social deficits were identified early as detrimental to the development of students with mental retardation. However, there were few instances of social skills training. In the 1950s authorities on disabilities indicated that social competency was most affected by the experiences within school. As students were integrated into regular education classrooms, poor social skills contributed to the fact that students with disabilities were frustrated with failure. This resulted in students being placed in separate classes to create a non-threatening
classroom environment. “The less threatening academic atmosphere would ensure success experiences resulting in enhanced self-concept and decreases in showing off, teasing, and stealing other children’s things that were believed to be part of the youngsters’ with mild mental retardation behavioral repertories” (Robinson et al, 1989, p.271).

In the 1960s social skills training began to be integrated and blended into all aspects of the curriculum. According to Kolstoe (1970), most units studied were easily translatable to both teaching social competency as well as providing opportunities to practice and implement the concepts in social situations (Robinson et al, 1989). This was the initial attempt to integrate objectives being taught into such social competencies as etiquette, behavior on transportation, and interactions with other.

One of the earliest social skills training programs was the Social Learning Curriculum (Goldstein, 1974) developed by the Curriculum Research and Development Center in Mental Retardation at Yeshiva University. This was a social education curriculum directly geared toward addressing social interaction skills and providing information to students regarding their community and the daily living environment. Since the development of that curriculum, special education service delivery models changed focus and attempted to program for students with disabilities in the least restrictive environment” (Robinson et al, 1989, p.271).

According to Taylor & Larson (1999) specific social skills training during adolescence can be effective in positively influencing students’ behavior (Kolb & Hanley-Maxwell, 2003). Despite this research, there was little consensus within current curricula regarding what the content of social skills training should include. “Social
incompetence can lead to failure cycles and eventual poor school and adult outcomes” (Cartledge & Kiarie, 2001, p. 40). Despite this fact, there was little evidence that social skills were being systematically taught.

**Ethical considerations in special education research**

In 1969 the AAMR adopted ten general principles when performing research on students with mental retardation. The first principle centered on the fact that all research must conform to the same scientific, legal, and moral principles which justify all research. Secondly, all research with human subjects must be performed by qualified individuals. Furthermore, the research can only be carried out if the benefits of the objective outweighed the potential risk to the participants. The fourth principle reflected the fact that caution should not be limited to physical harm but should preclude psychological damage to the subjects as well as to their families (AAMR, 2006).

The fifth ethical principle to be implemented was that coercion of students is prohibited. In addition, compensation must be provided for any unusual inconvenience resulting from the study. It was also important to understand that all ethical aspects in the experimentation with people who were mentally retarded should be clearly stated and that consent must be obtained if there was any risk or if one’s identity may be revealed (See Appendix B). The ninth principle centered on the premise that experimentation should be planned in a manner in which pain, suffering, and inconvenience was avoided. Finally, it was the researcher’s responsibility to report the findings to the scientific community (AAMR, 2006).

Since qualitative research was empirical, it relied on factual information as well as observations and direct experiences. When completing the LCCE’s Competency
Rating Scale (CRS) forms, it was essential to be aware of the ethical standards that related to qualitative research. It was essential to recognize standards of high-quality work and to avoid or expose unethical behavior. “Qualitative field research, like all behavior, must follow the four cardinal virtues of antiquity: prudence, justice, wisdom, and courage” (Bruckerhoff, 1996, p. 2).

It was suggested that qualitative research was about human relationships. In order to establish an appropriate relationship between the researcher and the persons being studied, the researcher must have an interest in the people being studied, listen well, show respect, keep accurate records, be honest regarding intentions of the study, exercise caution, do no harm, and report the limitations of the study (Bruckerhoff, 1996).

Theoretical Review

Typically social skills were defined as the ability to get along with others and the exhibition of character traits. The concept of social skill acquisition relates to the theory of Emotional Intelligence described by Daniel Goleman (1997). “Emotional intelligence is the ability to access and interpret a given situation accurately and to manage oneself to relate effectively with others” (Kolb & Hanley-Maxwell, 2003, p.170). The five distinct dimensions found within emotional intelligence were self-awareness, managing emotions or self-control, motivation, recognizing emotions in others, and handling relationships. Research indicated that a person’s emotional intelligence was more predictive of achievement within school and the workplace than IQ. “Children need to learn to manage their feelings appropriately, interact effectively
with others, and motivate themselves if they are to be productive students and or workers” (Menta, 2006, p.1).

In addition, Albert Bandura’s Social Learning theory can be applied to the social skills development of students with mental retardation. Social learning emphasized the importance of the observation and subsequent modeling of behaviors, attitudes, and emotional reactions of others. This theory was based on the premise that social interactions play a fundamental role in the development of cognition. “Bandura’s social cognitive theory posits that behavior change is a function of setting goals based on outcome expectations associated with the behavior change, the tasks required to achieve those goals, and self-efficacy expectations for achieving the goals” (Heller & Rimmer, 2006, p. 1).

The Social Learning theory can easily be applied to the education of students with mental retardation. “Social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences” (Kearsley, 2006, p.1). Bandura’s theory also sets the theoretical framework for behavior modification techniques. These techniques were frequently used within special education classrooms to help achieve desired behaviors. As the social learning theory dictated, the LCCE curriculum focused on blending academics, daily living, personal-social, and occupational skills through social interactions within a variety of instructional settings (Brolin, 1997).

Conclusion

Currently, the focus of special education is outcomes-based with new educational standards and academic skills assessment driving the curriculum. One
aspect of the definition of mental retardation was the lack of adaptive behaviors or functional skills. However, the major content areas were being pushed in legislation and not the functional curriculum that was needed for students who were mentally retarded. This study addressed whether or not a social skills curriculum positively affects the performance of students with mental retardation on knowledge based assessment and a competency rating scale.

Educators and administrators are beginning to feel pressured to prove students’ progress through testing scores and performance-based measures. “At the same time, new research on character education programs and emotional intelligence reveals the significance that social skills training has in ensuring student social competency and success in the job market” (Robinson et al, 1989, p.272). As a result of the emphasis being placed on academic standards and higher test scores, little time is left within the curriculum to address social skills.
Chapter 3

Methodology

The current legislation *No Child Left Behind* mandated that students with mental retardation have access to core curriculum courses. The life skills program, Life Centered Career Education (LCCE), was integrated into the curriculum of High School students with mental retardation. The LCCE program was chosen as it integrated essential academic instruction along with Personal-Social skills, Daily Living skills, and Occupational Knowledge lessons.

The study determined improvements made in the social skills of students pre- and posttest scores of the LCCE Knowledge Battery and Competency Rating Scale (CRS). Observations in the differences between the control group and an experimental group were made. Therefore, the hypothesis was that students in classes that utilized the LCCE’s Personal-Social Skills program achieved significantly higher scores on the Knowledge Battery and Competency Rating Scale (CRS) than students who did not participate in the program.

**Procedures**

The study began with the four educators participating being trained on the administration of the Knowledge Battery (Form A) and CRS. This was accomplished by each educator being provided with the introductory material that described the instrument and gave guidelines for test administration, detailed instructions to students, and scoring information along with templates for scoring and student recording forms. All educators began by administering the pretest evaluation. The LCCE Knowledge Battery determined the initial level of each student’s Personal-Social skills.
The two special education teachers participating in the experimental instruction of the 39 subjects were trained on the LCCE program. The LCCE curriculum was administered to the selected 19 subjects over the course of seven weeks. Each week focused on one competency of the LCCE’s Personal-Social curriculum.

- Week 1: Competency 10: Achieving Self-Awareness
- Week 2: Competency 11: Acquiring Self-Confidence
- Week 3: Competency 12: Achieving Socially Responsible Behavior
- Week 4: Competency 13: Maintaining Good Interpersonal Skills
- Week 5: Competency 14: Achieving Independence
- Week 6: Competency 15: Making Adequate Decisions
- Week 7: Competency 16: Communicating with Others

The competencies addressed each week contained three specific sections for educators to apply. These sections included objectives, activities or strategies, and the role of adults in helping students achieve the identified goals. The teachers were provided with identical lesson plans and materials. Following the completion of the LCCE program, all four of the educators administered the equivalent, Form B, of the Knowledge Battery and reevaluated the students using the CRS, to determine the effectiveness of the intervention. Finally, a LCCE survey was administered to the educators involved in the study in order to provide additional information regarding any improvements that occurred in the study.

This experiment was classified as a nonequivalent control group, pretest/posttest design. This can be illustrated as administering a pretest to determine the dependent variable ($Y_1$) to the experimental and control group, applying the experimental
treatment or independent variable (X), and the administration of a posttest to both
groups that once again measured the dependent variable ($Y_2$). This was classified as
nonequivalent since the student selection was based upon the school in which the
students attend.

Sample

The students were placed either into the LCCE class for seven weeks or
continued to receive instruction from the current curriculum. The schools selected for
the study had previously not participated in any of the LCCE program. The LCCE
classes were taught in seven weeks by their special education teachers. Students in the
non-LCCE classes continued to receive instruction according to the Augusta County
curriculum for high school students with mental retardation.

The 39 subjects participating resided in Augusta County, Virginia, a rural
community. The students all have been found eligible for services under the category of
mental retardation. The participants fell between 14 and 22 years of age. The control
group consisted of 20 students from two separate high schools and the experimental
group was composed of 19 students from two separate high schools.

Descriptive Statistics on Frequency

The descriptive statistics regarding gender indicated there were 17 females
(43.6%) and 22 males (56.4%) who participated in the study.

Graph 2: Frequency of Gender
The ethnicity of the participants demonstrated that 87.2% of the subjects were Caucasian. This is significantly higher than the national overall population average of 61% (Education Thrust, 2004). Furthermore, the African-American population was represented by 10.3% of the subjects, compared to the national overall population average of 17%. The frequency of Hispanics within the study represented was 2.6%, well below the national overall population average of 16% (Education Thrust, 2004).

Graph 3: Frequency of Race
An analysis of the grade level data represented within the study demonstrated that 9th graders represented 15.4%, 10th graders represented 35.9%, 11th graders represented 30.8% and 12th graders represented 17.9%.

Graph 4: Frequency of Grade

The following descriptive statistics correspond to the frequency of subjects within control group and the experimental, LCCE, group.

Graph 5: Frequency of Control and Experimental groups

Instruments
The LCCE Battery of assessment tested both the students’ general knowledge of the 21 competencies as well as their ability to demonstrate the desired competency. “It is one of few comprehensive knowledge batteries in use in special education” (Brolin, 1997, p. 5). The Knowledge Battery was broken into the three LCCE domains: Daily Living, Occupational Knowledge, and Personal-Social. In order to assess student improvement, educators administered the LCCE’s Knowledge Battery specifically related to the Personal-Social competencies.

The Knowledge Battery was a standardized criterion-referenced instrument consisting of 200 multiple choice questions covering all of the curriculum domains, 21 competencies and 97 sub-competencies. The Personal-Social portion contained questions for each of the targeted competencies with a total of 70 questions.

The Knowledge Battery’s main purpose was to assess the knowledge important to functioning as a family member, an employee, a productive citizen, and in meaningful vocational activities (Brolin, 1997). This instrument’s a curriculum-based instrument field tested specifically for students with mild mental retardation. In addition to the Knowledge Battery, the LCCE’s Competency Rating Scale (CRS) also sought to identify strengths and weaknesses and determine the effectiveness of instructional strategies within the special education classroom.

Statistical analysis indicated the Kuder Richardson formula (KR 20) was utilized to determine reliability of each test, domain, and the total battery. Results indicated that the reference group scored one standard deviation below the mastery level, which was 17 out of 20 items. This translated into the fact that this battery was useful in the identification of student instructional needs and that there was not any test that was
either too easy or too difficult. In addition, the KR 20’s ranged between .55 and .82 with a median score of .72. The total battery on the KR 20 was .98, indicating that “the stability of the tests and total battery were also found to be good” (Brolin, 1997, p. 126).

For the domain of Personal-Social skills the Pre KR 20 score was .95, Post KR score was .96, and Test/Retest was .90, all indicating that the items have a high correlation to the domain they represent. Final measures of reliability, determined using the Pearson product moment correlations, ranged from .58-.83 with a median of .745; for the total battery the correlation was .94. This indicated that the items correlate strongly with their respective domains (Brolin, 1997).

The LCCE Knowledge Battery demonstrated construct, content, and criterion-related validity. The construct validity was discerned on the basis of several projects from the Office of Special Education Programs through the US Department of Education and a federal special education project called the Competency Assessment Inventory Project (CAI). This allowed the LCCE curriculum to be developed with the input of special education teachers, as well as other educators. “The result was a competency-based curriculum which purported to cover all critical career/life skills that needed to be taught to mildly handicapped students (K-12)” (Brolin, 1997, p.119).

The content validity of the LCCE was addressed in numerous ways. This was accomplished through item writers developing questions that spanned the range of instructional objectives. Next, the administrators of tests evaluated test items through the utilization of field tests and agreed upon the appropriateness and status of items within the test. Finally, nine experts were given a field test with the task of analyzing each item to determine what competency they believed the questions addressed.
Results indicated that the Personal-Social domain questions most often fell outside their domain. It was determined that “many of the items were written using a daily living or vocational example” (Brolin, 1997, p.127).

Criterion-related validity was performed in field tests as well as teacher judgments of the mastery, partial mastery or non-mastery for each competency. This was completed in order to provide an external criterion against which the student was compared. Correlations between the actual scores and the teacher ratings were also made with a “Pearson product moment correlations revealed significant correlations at the .05 level for 17 out of 20 competencies” (Brolin, 1997, p.128).

The equivalency of Forms A and B can be demonstrated with the correlations between the two forms. The Personal-Social skills correlations score of .80 indicated a high level of correlation between the two Personal-Social skill tests. “Equivalency correlations between Form A and Form B are approximately equal when comparing pretest and retest” (Brolin, 1997, p. 130).

In addition to these quantitative methods, the use of qualitative research was utilized through an observational scale and educator survey. The LCCE’s Competency Rating Scale (CRS) was completed along with the pretests and posttests (See Appendix C). The CRS was a means of “providing educators with a systematic means of assessing student mastery of the subcompetencies” (Brolin, 1997, p. 151). Furthermore, the CRS can be employed to determine individual strengths and weaknesses, evaluation and development, and curriculum planning.

Since the CRS required subjective judgments to be made, it was essential that raters used the same criteria when completing the assessment. The CRS provided four
ratings for student performance based upon the educator’s observations, personal records or notes, and written or verbal reports from other personnel. Students were considered: Not Competent, Partially Competent, Competent, or Not Rated.

The educators completed the CRS for the Personal-Social domain. Following the completion of each CRS the student’s total actual score (TAS), which was the sum of all ratings, was determined. The actual score (AS) per item was then calculated by dividing the TAS by the number of items rated (N). The AS was then employed to evaluate progress made between pretest and posttests.

In addition, the educators completed the Communication Styles Checklist (Appendix G) and the Curriculum Content Checklist (Appendix H) developed by the CEC to be used in conjunction with the LCCE. These checklists were utilized to provide additional information regarding the rationale behind the results. The checklists were originally designed to help educators promote awareness of individual differences. “The checklists give teachers a tool to determine areas in which individual and cultural differences can be promoted, as well as areas that can be improved” (Brolin, 1995, p. ix). The results of the interviews with the educators involved with the study indicated additional reasons for the increase in posttest scores found with the experimental group.

Data Analysis

The means of the experimental and control groups were compared utilizing the statistical technique of Analysis of Covariance (ANCOVA). The ANCOVA procedure examined the inequalities among group means, taking into account the influence of a covariate. By comparing the means for the two groups, experimental and control, the linear association between the posttest and pretest were given.
Conclusion

LCCE’s Personal-Social skills curriculum was integrated into the curriculum of High School students with mental retardation. The study measured improvements made in the social skills of students pre- and posttest scores of the LCCE Knowledge Battery and Competency Rating Scale (CRS). The differences in the control group and an experimental group which received the LCCE instruction were analyzed.
Results of the Study

It has become increasingly apparent that students with severe cognitive delays required a curriculum that integrated functional academics, daily living, occupational, and social skills training. A functional curriculum supported by academics allows for students with mental retardation to utilize functional skills that enabled them to live and work within their community. However, the current trend is for students to be exposed to the general education curriculum, preventing students from receiving essential instruction in nonacademic areas such as personal-social skills. The Life Centered Career Education (LCCE) curriculum was a viable option for educating students with cognitive delays in an integrated life skills and academic curriculum.

Hypothesis

The hypothesis of this study was that students in classes that utilize the Life Centered Career Education’s (LCCE) Personal-Social Skills program achieved significantly higher scores on the Knowledge Battery (KB) and Competency Rating Scale (CRS) than students who did not participate in the program. On the other hand, the null hypothesis was the students participating in LCCE Personal-Social skills program showed no improvement in social skills and any improvement was a result of chance.

Data Organization

The descriptive statistics were compared with respect to each student’s scores on the LCCE Knowledge Battery and CRS pretests and posttests. By utilizing the standard
scores on the Knowledge Battery and CRS, the mean and standard deviation were determined and utilized for comparison (Appendix E).

Statistical Procedures

To examine the efficacy of the Personal-Social Skills program, two groups of students (experimental and control) were compared on the two dependent measures, which were KB scores and CRS scores. For both the KB and CRS variables, the Analysis of Covariance (ANCOVA) was used to test the above-described hypothesis.

Knowledge Battery (KB) Assessment

The Knowledge Battery was a standardized criterion-referenced instrument covering the three curriculum domains of Daily Living, Occupational Knowledge, and Personal-Social. The Personal-Social skills segment contained questions for each of the targeted competencies with a total of 70 questions. Since the Knowledge Battery was a curriculum-based instrument it is specifically designed to measure the instruction provided with the Personal-Social skills lessons. The results of the assessment were represented as a percentage.

Table 2: KB Descriptive Statistics

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>57.55</td>
<td>21.717</td>
<td>20</td>
</tr>
<tr>
<td>Experimental</td>
<td>60.26</td>
<td>15.231</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>58.87</td>
<td>18.644</td>
<td>39</td>
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</tbody>
</table>

Competency Rating Scale (CRS)

The CRS required subjective judgments to be made on each of the Personal-Social skills subcompetencies. Students were rated on performance based upon the
educator’s observations, personal records or notes, and written or verbal reports from other personnel. Students were considered: Not Competent (0), Partially Competent (1), Competent (2), or Not Rated.

Table 3: CRS Descriptive Statistics

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>1.3530</td>
<td>.53183</td>
<td>20</td>
</tr>
<tr>
<td>Experimental</td>
<td>1.2674</td>
<td>.39353</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>1.3113</td>
<td>.46547</td>
<td>39</td>
</tr>
</tbody>
</table>

Table 4: Pretest, Posttest, and Adjusted Means for Treatment Groups: Knowledge Battery

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Adjusted Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>51.58</td>
<td>60.20</td>
<td>61.691</td>
</tr>
<tr>
<td>Control</td>
<td>55.15</td>
<td>57.55</td>
<td>56.193</td>
</tr>
</tbody>
</table>

Table 5: Pretest, Posttest, and Adjusted Means for Treatment Groups: Competency Rating Scale

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Adjusted Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>.851</td>
<td>1.267</td>
<td>1.515</td>
</tr>
<tr>
<td>Control</td>
<td>1.356</td>
<td>1.353</td>
<td>1.118</td>
</tr>
</tbody>
</table>

Analyses of Data

Analyses of Knowledge Battery (KB) Assessment

The Analysis of Covariance (ANCOVA) statistical procedure examined the inequalities between the group means while taking into account the influence of a covariate. By comparing the means for the two groups, experimental and control, the linear association between the posttest and pretest were given.

Table 6: KB Equality of Variances
The effect of the covariate was significant, $F(1, 36) = 33.257, p < .0005$, indicating that the KB posttest and KB pretest were significantly correlated. However, the effect between groups was not significant $F(1, 36) = 1.535, p = .223$. For this analysis, the equality-of-variances assumption was met, $F(1, 37) = 0.439, p = .512$ (Table 6). Furthermore, Graph 6 depicts the relationship between the KB posttest and KB pretest. The two variables had a positive relationship. However, no clear separation was seen between the two groups. In summary, the ANCOVA tells us that the two groups’ means were not significantly different and the LCCE treatment did not have an effect.

Graph 6: KB Pre and Posttest Results
Analyses of Competency Rating Scale (CRS)

The CRS pretest data show that the means of CRS scores for the experimental and control groups were 0.851 and 1.356, respectively. For the CRS posttest, the means for the two groups were 1.267 and 1.353, respectively. Numerically, therefore, it appears that there was a sizable increase in the CRS score for the experimental group of students. However, the Analysis of Covariance statistical test reflected a more accurate analysis.

Table 8: CRS Equality of Variances

<table>
<thead>
<tr>
<th>Test of Equality of Error Variances a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levene's Test of Equality of Error Variance a</td>
</tr>
<tr>
<td>Dependent Variable: CRS Posttest</td>
</tr>
<tr>
<td>F</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>44.342</td>
</tr>
</tbody>
</table>

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept+crspre+study

Table 9: CRS ANCOVA: Analysis of Covariance Summary: Competency Rating Scale
The effect of covariate was significant, $F(1, 36) = 200.971, p = .0005$. This indicated that the CRS posttest (response variable) and CRS pretest (covariate) were significantly correlated. The effect between groups was also significant, $F(1, 36) = 33.611, p < .0005$. The adjusted least-squares mean for the experimental group was higher ($M = 1.515$) than it was for the control group ($M = 1.118$). For this analysis, however, the equality-of-variances assumption was violated, $F(1, 37) = 44.342, p < .0005$ (Table 8). In conclusion, the experimental group’s “adjusted least-squares mean” was higher than the control group’s. This means that the treatment did have a positive effect, however it was necessary to understand the ANCOVA violated the equality-of-variances assumption, and therefore interpretation as a positive result must be with caution.

**Summary**

In conclusion, both the KB and CRS data showed a slight increase in scores. However, when both the pre and posttest KB scores were analyzed using the ANCOVA the test indicated that the intervention did not result in significantly higher test scores. On the other hand, the CRS ANCOVA test clearly indicated there was a significant increase in scores between the pre and posttest scores of the experimental group over
the control group. Nevertheless, these results must be interpreted with caution due to the CRS violating the equality of variance assumption.

Therefore, the hypothesis was rejected as the students in the experimental group, LCCE’s Personal-Social Skills program, did not achieve significantly higher scores on the Knowledge Battery (KB) and Competency Rating Scale (CRS) than students in the control group, who did not participate in the program.

**Educator Survey**

The educators completed the Communication Styles Checklist and the Curriculum Content Checklist which provided additional information regarding the rationale behind the results. Both educators agreed that any of the students improvements were a result of the direct extensive instruction spent on the personal-social skills lessons and the immediacy in which the tests were given following the instructional intervention. Both educators expressed the belief that with repetitive instruction on any subject would likely yield similar results. In addition, concern over whether or not students would retain information over time was addressed by both educators involved.
Chapter 5

Summary and Discussion

Introduction

The life skills program, Life Centered Career Education (LCCE), was integrated into the curriculum of High School students with mental retardation. The LCCE program was chosen as it incorporated critical academic lessons alongside Personal-Social skills, Daily Living skills, and Occupational Knowledge training. The study tracks progress made in the social skills of students measured by pre- and posttest scores of the LCCE Knowledge Battery and Competency Rating Scale (CRS).

Statement of the Problem

The recent legislation No Child Left Behind mandated that students with mental retardation have admittance into core curriculum courses. However, research has indicated that students with mental retardation need direct instruction in various life skills. One such essential life skill necessary for students with mental retardation was to be exposed to personal or social skills. The development of independence, self-confidence, socially acceptable behavior, and the maintenance of friendships were among these essential social skills necessary for students to learn in order to live and work within their community.

Review of Methodology

The current legislation No Child Left Behind mandated that students with mental retardation have access to core curriculum courses. The life skills program, Life Centered Career Education (LCCE), was integrated into the curriculum of high school students with mental retardation. The LCCE program was chosen as it integrated...
essential academic instruction along with Personal-Social skills, Daily Living skills, and Occupational Knowledge lessons. The study measured improvements made in the social skills of students measured by pre- and posttest scores of the LCCE Knowledge Battery and Competency Rating Scale (CRS). Observations of the differences in the control group and an experimental group which received the LCCE instruction were made. Therefore, the hypothesis was that students in classes that utilized the LCCE’s Personal-Social Skills program achieved significantly higher scores on the Knowledge Battery and Competency Rating Scale (CRS) than students who did not participate in the program.

Procedures

High school students with mental retardation were administered a Knowledge Battery pretest as well as evaluated by educators on a Competency Rating Form. The LCCE curriculum was then administered to the selected 19 subjects over the course of seven weeks. Each week focused on one competency of the LCCE’s Personal-Social curriculum. Following the completion of the LCCE program, all four of the educators administered the equivalent, Form B, of the Knowledge Battery and reevaluated the students using the CRS, to determine the effectiveness of the intervention. Finally, a LCCE survey was administered to the educators involved in the study in order to provide additional information regarding any improvements that occurred in the study.

This experiment was classified as a nonequivalent control group, pretest/posttest design. This can be illustrated as administering a pretest to determine the dependent variable \(Y_1\) to the experimental and control group, applying the experimental treatment or independent variable \(X\), and the administration of a posttest to both
groups that once again measured the dependent variable ($Y_2$). This was classified as nonequivalent since the student selection was based upon the school in which the students attended.

**Summary of Results**

The KB pretest data demonstrated that the mean of the experimental group, 51.58%, and that of the control group, 55.15%, were not significantly different, $t(37) = 0.666, p = .510$. On the KB posttest, the mean score increased to 60.26% for the experimental group and to 57.55% for the control group. However, these mean scores were not significantly different, $t(37) = -0.449, p = .656$.

The CRS pretest data showed that the means of CRS scores for the experimental and control groups were 0.851 and 1.356, respectively. For the CRS posttest, the means for the two groups were 1.267 and 1.353, respectively. Numerically, therefore, it appears that there was a sizable increase in the CRS score for the experimental group of students.

**Discussion of the Results**

The interpretations in the differences in the control group and an experimental group which received the LCCE instruction were made. The hypothesis stated that students in classes that utilize the LCCE’s Personal-Social Skills program achieved significantly higher scores on the Knowledge Battery and Competency Rating Scale (CRS) than students who did not participate in the program. The results of the KB suggested that the means of the experimental group of students were not significantly different that the means of the control group. On the other hand, it was determined that the CRS variable for the experiment and control mean scores demonstrated some
increase, while those of the control group showed nearly no change. It could be assumed that the LCCE program was successful in increasing the personal–social skills scores. However, it is essential to be caution while interpreting this data as the ANCOVA test did violate the equality-of-variances assumption.

In conclusion, the results indicated that the research hypothesis was rejected: students participating in the experimental group did not show a greater increase in scores on the Knowledge Battery and Competency Rating Scale than the scores of students who belonged to the control group. Furthermore, interviews with the participating instructors indicated that the experimental group would potentially demonstrate significantly higher scores if the personal-social skills curriculum was continued over an extended period of time and continuously reinforced.

However, the slight increase in scores suggested that with direct intervention, students with disabilities can exhibit an improvement in specific areas. By reviewing the degree of change between the experimental and control group (posttest minus pretest) it was clear that there was a greater increase in scores within the experimental group. For the KB, the mean change scores for the control group were 2.40, compared to the mean change score of 8.68 for the experimental group. Similarly, on the CRS, the mean change score were 0.416 for the experimental group and -0.003 for the change group. These change scores clearly illustrated that although minimal, the intervention was successful in increasing the scores of the experimental group.

As a result of this slight increase in change scores within the experimental group, it can be assumed that over time a personal-social skills curriculum can have positive effects. Consequently, a functional curriculum supported by academics allows
for students with mental retardation to utilize functional skills that enabled them to live and work within their community. Nevertheless, the current trend is for students to be exposed to the general education curriculum, preventing students from receiving essential instruction in nonacademic areas such as personal-social skills. According to VDOE (2006-2007):

Recognition that students with significant cognitive disabilities have instructional needs that are beyond the regular standards adopted by the general population is an accepted fact by researchers in the field of severe disabilities. However, NCLB and IDEIA require that general grade level state standards be accessible for all students, including those with the most significant cognitive disabilities (p. 5).

Therefore, the curriculum utilized in the education of students with cognitive delays must include integrated life skills as well as an academic curriculum. One such vital life skill essential for students with mental retardation to be exposed to was personal or social skills. The implementation of a specific personal or social skills program, such as LCCE, was essential in the development of social skills necessary for students to learn in order to function within their community.

Similar Studies

Current studies within the field of special education that relate to this study center on students’ participation and progress within the general education curriculum (Hager and Slocum, 2002). Many educators were seeking to determine if the standards-based reform was creating a curriculum for students with mental retardation that was
more academic resulting in less time being spent on functional skills (Agran, Alper, and Wehmeyer, 2002).

Similar studies have been completed with regard to the LCCE curriculum and social skill integration with students with mental retardation. The LCCE curriculum can be employed to increase the self-determination needs in youth with mild cognitive disabilities. This study focused on the four specific goals within the LCCE domains that specifically addressed self-determination: self-awareness, self-confidence, choice and decision-making skills, and goal attainment behaviors. “The LCCE offers today’s educators a comprehensive and effective means for fulfilling their critical role in facilitating the development of self-determination in students with and without disabilities” (Wehmeyer, 1995, p. 165).

Similar studies utilizing the LCCE program compared the Occupational Guidance and Preparation domain’s competencies and subcompetencies with specific data found on IEP’s of high school students with learning disabilities (Schlegel, 1998). In another study, the LCCE curriculum was employed as the curriculum framework to measure educational outcomes. The purpose of this study was to measure the most important educational outcomes perceived by parents, special educators, regular educators, and employers of students with mental retardation. Results indicated that the “validation for the major curricular areas (domains) and competencies in the LCCE model is provided by parents, regular educators, and employers” (O’Leary, 1991, p. 1).

In addition to studies utilizing the LCCE curriculum, similar studies have been completed with the integration of social skills training with students who are mentally retarded. Defalco (1989) incorporated real-life probes to show that three specific social
skills were acquired by three students with mental retardation. This instruction reported that students were able to successfully generalize social skills into real-life situations through the use of both interventions: stimulus-control and response-consequences.

An additional study conducted by Quintana (2004) in social skills with students with mental retardation involved a single subject study utilizing an A-B-A-B design and the implementation of a social skills training program addressing the negative behaviors. Results indicated that there was a positive effect between the social skills training and the subject’s behavior.

According to the Office on Special Education Rehabilitation Services (OSERS), current related research focused on the use of alternate assessments and their relationship with the general education curriculum and social skills training. Research conducted by Agran, Alper, & Wehmeyer (2002) focused on the federal mandates to assure access for all students and that it might not be beneficial for students with severe disabilities.

We maintain that the ultimate goal of access to the general education curriculum for students with disabilities is successful and meaningful outcomes. We also agree with McDonnell, Thorson, and McQuivey’s (2000) call for more research focused on how to embed a variety of social, functional academics, and transition skills within the ongoing activities and curriculum in the general education classroom (p. 130).

In addition, the researchers had teachers rank the importance of nine skill areas essential for facilitating access for students to the general education curriculum. Results indicated that social skills and communication skills were scored as the two most
important skill areas. These results further indicated the need for a functional curriculum with social skills instruction.

Applications

For students with mental retardation, a functional curriculum supported by academics allows them to utilize functional skills that enabled them to live and work within their community. However, the current trend is for students to be exposed to the general education curriculum, preventing students from receiving essential instruction in nonacademic areas such as personal-social skills. The increase in scores of the Personal-Social skills curriculum indicated that long-term extensive instruction could be beneficial to continue to incorporate necessary functional life skills into the curriculum of students with mental retardation.

In addition, a curriculum that addressed academics and life skills, such as the LCCE program, could be utilized to address other vital issues within the special education field. Current trends in special education reflect several issues: integration, participation in an outcomes-based assessment process, self-determination, functional life skills, and transitional services (Brolin, 1997). The LCCE curriculum contained considerable elements that relate to each of these movements. The utilization of LCCE’s curriculum can have an influence on all of these issues.

The first trend of integration stems from the concept of normalization. “Normalization dictates that both the means and the ends of education for people with disabilities should be as normal as possible” (Hallahan & Kauffman, 2000, p. 44). The drive towards integration has been instigated by the deinstitutionalization movement and the push for full inclusion. During the 1960s people with disabilities were slowly
moved out of institutional settings into community placements. Likewise, inclusion advocates fought for the rights for students with disabilities to attend their neighborhood school placing the responsibility of education on the local educational systems. The utilization of the LCCE curriculum would assist in increasing students’ social skills. As a result, students were more successful when integrated into regular education classes.

The second trend that the LCCE curriculum addressed was the use of outcomes-based education (OBE). OBE was based on the tenets that education should equip all students with the knowledge, skills, and competencies needed for mastery. OBE also established the conditions with schools that maximize the achievement and success for all students. The LCCE curriculum was an outcomes-based education system. “Many schools implementing LCCE have recognized this fact and have designated LCCE as their outcomes-based response to their state’s and/or school district’s mandate to implement the OBE approach” (Brolin, 1997, p. 3).

The third trend in special education was striving for students to learn to become self-determined. Self-determination was characterized by the attitudes within people that allow them to set goals for themselves and then take the initiative to meet these goals. The LCCE curriculum contained numerous strategies that work to increase students’ self-determination. “The LCCE provides a comprehensive foundation upon which student instruction in self-determination can be accomplished and through which students can become more self-determined and involved in their educational process” (Brolin, 1997, p. 3).

In addition, there is a movement towards the utilization of functional skills and the need to blend academics with functional skills instruction within the school, home,
and community settings. The functional skills addressed within the LCCE curriculum consist of independent living, social, communication, and vocational skills. Since the LCCE curriculum focused on 22 major functional skills, it provided a comprehensive background for delivering functional skills that will allow students with disabilities to function as productive members of their communities and as employees.

Finally, the mandate for transitional services has spurred a new movement. These services included postsecondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living, and community participation. These services were mandates to be incorporated into the IEP with an emphasis on both employment and issues pertaining to the enhancement of students with disabilities quality of life. This trend directly related to the need to have a vocational and life skills curriculum for students with mental retardation. Transition is now mandated by IDEA to begin no later than age 16 and to be addressed within the IEP. The LCCE helps students to “learn and develop the critical skills they will need to be productive and successful upon making the transition from school to community life and work” (Brolin, 1997, p. 2).

Implications for Practice

One essential provision of IDEA was the mandate that every student found eligible for special education be provided with transition services. The LCCE enabled educators to fulfill this requirement through curriculum-based assessments and IEP documentation forms. As a result, the social skills of students with disabilities can easily be addressed and linked to students Individualized Education Plan (IEP) goals and objectives. The CRS can be used in the development of IEPs as well as
evaluations. “The cumulative average score resulting from a complete CRS rating can be used as one general index” (Brolin, 1997, p. 151). Furthermore, results of the LCCE Knowledge Battery can be an excellent source for documentation on Present Level of Performance section of Eligibilities or annual IEPs.

The LCCE program has developed forms that allow for ease of integrating the curriculum into an IEP (See Appendix F). The LCCE Individualized Education Plan Forms allow educators to develop present levels of performance, goals and objectives from the results of the CRS. “The LCCE IEP form could be used as the transition component and attached to the regular IEP form used by the school district” (Brolin, 1997, p.139).

Significance of the Study

By successfully incorporating a Personal-Social skills curriculum into a special education program for students with mental retardation, other subpopulations could benefit. The concept would involve incorporating a social skills training into other populations such as students with learning disabilities, students with emotional disturbances, students in Alternative schools, General Education Degree (GED) programs, or even students who participate in English as a Second Language (ESL) programs.

In addition, general education teachers could become motivated to integrate universal life skill lessons, from LCCE, into core curriculum classes. An additional application of the LCCE curriculum would be to emphasize the incorporation of social skills training into other subgroups found within school settings. This would be an excellent opportunity to provide this form of instruction to students who are learning
disabled or emotionally disturbed. Furthermore, social skills integration can be an excellent opportunity to incorporate state standards into lessons. The use of a program which incorporates social skills instruction with functional academics can provide instruction for high school a student which is practical, age appropriate, and easily linked to state specified Standards of Learning.

Finally, by determining the effectiveness of a social skills program for students with special needs, educators will be able to better serve students who are cognitively disabled. By implementing a successful program, school systems can address the personal and social needs. When students with special educational needs receive specific instruction on social skills, potential behavioral problems can also be reduced.

**Limitations of the Study**

It was critical to understand the limits of the study being completed. These limits centered on the subjects as well as the time. First, the nature of working with students with mental disabilities was often inconsistent. It was often difficult to ascertain progress of students with mental retardation as they frequently progress at slower rates and required additional time and instruction to grasp essential concepts. “Special education research, because of its complexity, may be the hardest of the hardest-to-do sciences. One feature of special education research that makes it more complex is the variability of the participants” (Odom et al, 2005, p. 139).

Furthermore, the demographics represented were limited with regard to race and ethnicity. Augusta County Schools are located in a rural community with less than 1% of the students being African-American and Hispanic. This limitation made it difficult to generalize the findings of the study to the general population. In addition, the small
sample size could be viewed as a potential limitation. Since there were only 39 students participating in the study, results of the findings could be difficult to relate to the population of special education students.

Along the same lines as the limitations that the population might impose, the time constraints of the study could also be an indicator affecting the outcomes. The study occurred over the course of seven weeks. The LCCE curriculum was a comprehensive curriculum that could be utilized over the middle or high school careers of students with mental retardation. The Personal-Social domain should be incorporated into instruction repeatedly before students could show progress. As a result, the degree of improvement found within a seven week study was minimal.

**Recommendations for Further Research**

This study created numerous opportunities for further research. First, this study could be expanded to include a larger population of students participating. Also, the LCCE program contained two additional domains centering on the Daily Living Skills and Occupational Guidance and Preparation which would provide opportunities to demonstrate if improvements in these specific areas can be made following the implementation of the curriculum.

Furthermore, it would be beneficial to complete a longitudinal study to determine the degree of students’ improvements over the course of middle and high school as instruction is provided throughout their education. Finally, further studies resulting from this research could revolve around incorporating any portion of the LCCE curriculum into various populations such as students with learning disabilities or emotional disabilities.
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Social skills in children with intellectual disabilities with and without autism.

*Journal of Intellectual Disability Research, 49,* 5, 317-328.


Appendix

Appendix A: Syracuse Community-Referenced Curriculum Guide: Social Skills Scope and Sequence

Appendix B: Informed Consent

Appendix C: LCCE Personal-Social CRS Form

Appendix D: Augusta County Permission

Appendix E: Case Summaries

Appendix F: Life Centered Career Education Individual Education Plan Forms

Appendix G: Communication Styles Checklist

Appendix H: Curriculum Content Checklist
## Appendix A

Table 1: Social Skills Scope and Sequence

<table>
<thead>
<tr>
<th>Social skills function</th>
<th>Early Childhood Examples</th>
<th>Elementary school Examples</th>
<th>Middle/high school Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initiate</strong></td>
<td>Get attention</td>
<td>Greeting</td>
<td>Hanging out/free time</td>
</tr>
<tr>
<td></td>
<td>a. Vocalizes, cries to get attention</td>
<td>a. Says “hi” or gestures greeting</td>
<td>a. Stands close to peer activity</td>
</tr>
<tr>
<td></td>
<td>b. Moves toward or reaches out to gain attention</td>
<td>b. Greets friends for specific purpose</td>
<td>b. Shares object or activity with peer</td>
</tr>
<tr>
<td></td>
<td>c. Calls out to specific person</td>
<td>c. Invites friend to sleep over, after sleeping over at his or her house</td>
<td>c. Joins group of close friends during lunch</td>
</tr>
<tr>
<td><strong>Self-regulation</strong></td>
<td>Toileting</td>
<td>Snack</td>
<td>Shop class</td>
</tr>
<tr>
<td></td>
<td>a. Cries when diaper is wet</td>
<td>a. Gets chair to sit on during snack time</td>
<td>a. Puts on eye/ear protectors when appropriate</td>
</tr>
<tr>
<td></td>
<td>b. When wet, gets clean diaper and takes to caregiver</td>
<td>b. Follows simple menu</td>
<td>b. Checks off steps completed on class project</td>
</tr>
<tr>
<td></td>
<td>c. Uses toilet</td>
<td>c. Checks appearance</td>
<td>c. Resists peer</td>
</tr>
<tr>
<td>Follow rules</td>
<td>Bedtime routine</td>
<td>Board game</td>
<td>Eating out</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>a. Falls asleep when put into crib with blanket</td>
<td>a. Requests bedtime story each night</td>
<td>a. Follows step-by-step instructions given by teachers</td>
<td>a. Indicates hunger at same times every day</td>
</tr>
<tr>
<td>b. Requests bedtime story each night</td>
<td>c. Selects pajamas appropriately for temperature</td>
<td>b. Follows rules without teachers assistance</td>
<td>b. Follows restaurant signs</td>
</tr>
<tr>
<td>c. Selects pajamas appropriately for temperature</td>
<td></td>
<td>c. Makes adaptations in game so that everyone can play</td>
<td>c. Uses fingers to eat chicken or pizza; uses knife and fork to eat a messy sandwich</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provide positive feedback</th>
<th>Eating</th>
<th>Group academic activity</th>
<th>Job site</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Smiles when given liked food</td>
<td>a. Indicates hunger at same times every day</td>
<td>a. Smiles when teacher call name</td>
<td>a. Joins familiar co-workers in break room, but not strangers</td>
</tr>
<tr>
<td>b. Says “Thank you” when given preferred food</td>
<td>b. Follows restaurant signs</td>
<td>b. Smiles and talks quietly to friend but waits until after class</td>
<td>b. Compliments co-workers on appearance or</td>
</tr>
<tr>
<td>c. Shares preferred food</td>
<td></td>
<td></td>
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<tr>
<td>c. Makes adaptations in game so that everyone can play</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>With another person for louder behavior c. Helps peer complete his or her group project</td>
<td>Work c. Helps co-worker with non-preferred tasks prior to taking break together</td>
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<tr>
<td><strong>Provide negative feedback</strong> Shopping a. Makes faces or cries to indicate discomfort or boredom b. Says or gestures “no!” to discourage adult from entering additional stores c. Pleasantly rejects help from parent while trying on shoes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Household chores</strong> a. Says or gestures “no” when presented with non-preferred task b. Renegotiates household duties to avoid disliked tasks c. Politely turns down offer of assistance with task she or he prefers to do alone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Interacting with friends</strong> a. When approached by disliked peer, turns or moves away to avoid contact b. Ignores inappropriate behaviors of friends in school cafeteria c. Can disagree with friends without becoming upset</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtain cues</td>
<td>Grooming</td>
<td>Restaurant</td>
<td>Going to a movie</td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>a. Glances briefly at hairbrush when adult picks it up</td>
<td>a. Turns to face waitress when she asks for order</td>
<td>a. Watches screen during movie</td>
</tr>
<tr>
<td></td>
<td>b. Holds toothbrush by its handle rather than bristles</td>
<td>b. Follows hostess to table and sits down</td>
<td>b. Uses available signs to locate restroom, snack bar, etc.</td>
</tr>
<tr>
<td></td>
<td>c. Closes eyes when parent applies shampoo</td>
<td>c. Selects choices from menu</td>
<td>c. Consults friend and newspaper to consider options</td>
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<tr>
<td>Provide information/ offer assistance</td>
<td>Chores</td>
<td>Work in Library</td>
<td>Cooperative</td>
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<tr>
<td></td>
<td>a. Vocalizes/ gestures to show adult that he is returning toy to toy box</td>
<td>a. Gets librarian when someone asks for help</td>
<td>home economics project</td>
</tr>
<tr>
<td></td>
<td>b. Takes adult to correct closet when asked where broom is</td>
<td>b. Shows young student how to use tape player rather than doing it for him</td>
<td>a. After stirring cake mix, shows it to classmate</td>
</tr>
<tr>
<td></td>
<td>c. Holds dustpan</td>
<td>c. Watches another student</td>
<td>b. Holds oven door open while classmate puts cake into oven</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>c. When</td>
</tr>
<tr>
<td>Request/accept assistance</td>
<td>for adult who is sweeping</td>
<td>looking for book and offers help when needed</td>
<td>classmate spills something, continues to offer possible solutions until mess is cleaned</td>
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<td>----------------------------</td>
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<tr>
<td>Dressing</td>
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<tr>
<td>a. Allows others to help put on clothes</td>
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<tr>
<td>b. Communicates “help me” when trying to zip coat</td>
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<td>c. Asks for help unbuttoning sleeves</td>
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<td>Academic activity</td>
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<td>a. When having difficulty with task, allows others to help</td>
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<td>b. Asks same classmate to study</td>
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<tr>
<td>c. Raises hand in class for clarification</td>
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<tr>
<td>Shopping</td>
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<tr>
<td>a. When in need of help, approaches store employee</td>
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<tr>
<td>b. Seeks out employee when bottle breaks on floor</td>
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<tr>
<td>c. Asks for elaboration when first response is unclear</td>
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<tr>
<td>Indicate preferences</td>
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<tr>
<td>Toys</td>
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<tr>
<td>a. Pays more attention to some toys than to</td>
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<td>Recess</td>
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<tr>
<td>a. Watches new person or activity on playground</td>
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<td>Planning</td>
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<tr>
<td>wardrobe</td>
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<tr>
<td>a. Pays more attention to blue</td>
<td></td>
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<td>Cope with negatives</td>
<td>Injures self</td>
<td>Shopping</td>
<td>Household chores</td>
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<tr>
<td>others</td>
<td>b. Seeks out favorite toy</td>
<td>b. Asks specific peer to play</td>
<td>clothes than brown</td>
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<tr>
<td></td>
<td>c. When offered one toy, requests another toy that is not present</td>
<td>c. Participates in disliked activity to remain with close friend</td>
<td>b. Wears certain outfit more than others</td>
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<tr>
<td></td>
<td>a. Cries when injured</td>
<td>a. When tired, becomes irritable</td>
<td>c. Explains why one outfit is preferred to another</td>
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<td></td>
<td>b. Goes to parent when hurt</td>
<td>b. Quits tugging on person when told to stop</td>
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<td></td>
<td>c. Avoids situation that caused injury in past</td>
<td>c. Walks next to adult when told to stop running</td>
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<td></td>
<td>a. Complains when asked to complete household chores</td>
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<td>b. When asked to stop vacuuming so someone can watch TV, dusts instead</td>
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<td></td>
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<td>c. Asks for directions before attempting task</td>
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<tr>
<td>Terminate</td>
<td>Eating</td>
<td>Bike riding</td>
<td>Work</td>
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<td>-----------</td>
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<tr>
<td></td>
<td>a. Suddenly stops eating and leaves table</td>
<td>a. Abandons bicycle on driveway when finished riding</td>
<td>a. Stops in middle of task to take break</td>
</tr>
<tr>
<td></td>
<td>b. Says “all done” and leaves table even if others are still eating</td>
<td>b. Puts bike away in anticipation of dinner</td>
<td>b. Politely ends interaction at break when it is time to return to work</td>
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<tr>
<td></td>
<td>c. Asks for permission to leave table when finished</td>
<td>c. When bike riding with friends, suggests taking break before they become bored</td>
<td>c. Leaves job for more challenging position</td>
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Appendix B

INFORMED CONSENT FORM

Project Title: The effects of life skills instruction on the personal-social skills scores of rural high school students with mental retardation.

Mary Katherine Quigley, Principal Investigator
Dr. Beth Ackerman, Faculty Advisor
Liberty University

I, ________________________________, agree to participate in life skills instruction as a participant in a research project entitled: “The effects of life skills instruction on the personal-social skills scores of rural high school students with mental retardation.” being conducted by Kathy Quigley as an authorized part of the education and research program of Liberty University.

Purpose: I understand that the purpose of this study is to increase the social skills of students through the LCCE program.

Procedure: I understand that the teacher(s) will utilize the LCCE, 7 week instructional program for 45 minutes a day, 4 days per week. The lessons will begin in August 2006 and be completed in October 2006 and be given to approximately 30 students. In addition, the teacher will also complete the Knowledge and Performance Batteries and CRS form to determine social skills prior to and following the 7 lessons. The Knowledge and CRS form will be completed on all consenting Augusta County High Needs students. Students choosing not to participate in the LCCE program will receive typically planned life skills training.

Consent: I understand that neither my name or any other personally identifying marks will be attached to any of my data (the Knowledge and CRS form) and that the code sheet linking my personal identity information with my data will be kept in a locked and protected location in the investigator’s office.

Further, I understand that my participation in this research is entirely voluntary, involves no risk to my physical or mental health beyond those encountered in everyday life, and that I may refuse to participate or withdraw from this study at any time without consequence. I also understand that my participation in this study is confidential and that only the researcher listed above will have access to my identity and the information associated with my identity. I further understand that for any correspondence conducted by email, confidentiality will be maintained to the degree permitted by the technology used. Specifically I understand that no guarantees can be made regarding the interception of data sent via the Internet by any third parties.
**Questions:** I understand that the information given to me along with any questions I might have had related to this study have been satisfactorily answered. I also know that if I have any additional questions about this research project, I may contact Kathy Quigley by phone at (540)324-0898, or by email at mkquigley@liberty.edu.

I also understand that should I have any questions regarding my rights as a participant in this research, I may contact the Liberty University Office for Research Protection at (434) 592-4054.

**Statement of Consent:**

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

*You will be given a copy of this information to keep for your records.*

_____ I give my permission to participate.

_____ I do not give my permission to participate.

_______________________________ ___________________
Participant Signature Date

_______________________________ ___________________
Signature of parent or guardian Date

*(If minors are involved)*

Researcher: I certify that the informed consent procedure has been followed and that I have answered any questions from the participant as completely as possible.

_______________________________ ________________________
Researcher Signature Date
### Appendix C

**LIFE CENTERED CAREER EDUCATION**

**COMPETENCY RATING SCALE**

**RECORD FORM**

**PERSONAL-SOCIAL SKILLS**

<table>
<thead>
<tr>
<th>Subcompetencies</th>
<th>Rate(s)</th>
<th>Grade Level</th>
<th>Dates(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Achieving Self-Awareness</td>
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<tr>
<td>11. Acquiring Self-Confidence</td>
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<tr>
<td>12. Achieving Socially Responsible Behavior</td>
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<tr>
<td>42. Identify Physical and Psychological Needs</td>
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<tr>
<td>43. Identify Inborn and Abilities</td>
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<tr>
<td>44. Identify Emotions</td>
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<tr>
<td>45. Demonstrate Knowledge of Physical Self</td>
<td></td>
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<tr>
<td>46. Express Feelings of Self-Worth</td>
<td></td>
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<tr>
<td>47. Describe Others’ Perception of Self</td>
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<tr>
<td>48. Accept and Give Praise</td>
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<tr>
<td>49. Accept and Give Criticism</td>
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<tr>
<td>50. Develop Confidence in One-Self</td>
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<tr>
<td>51. Demonstrate Respect for the Rights and Properties of Others</td>
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<tr>
<td>52. Recognize Authority and Follow Instructions</td>
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<tr>
<td>53. Demonstrate Appropriate Behavior in Public Places</td>
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<tr>
<td>54. Know Important Character Traits</td>
<td></td>
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<tr>
<td>55. Recognize Personal Rules</td>
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</table>

171

BEST COPY AVAILABLE
<table>
<thead>
<tr>
<th>Subcompetencies</th>
<th>Grade</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>11. Maintaining Good Interpersonal Skills</td>
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<tr>
<td>58. Demonstrates Listening and Responding Skills</td>
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<tr>
<td>57. Establish and Maintain Close Relationships</td>
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<tr>
<td>56. Make and Maintain Friendships</td>
<td></td>
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<tr>
<td>16. Achieving Independence</td>
<td></td>
<td></td>
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<tr>
<td>59. Serves Toward Self-Actualization</td>
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<tr>
<td>60. Demonstrates Self-Organization</td>
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<tr>
<td>61. Demonstrates Awareness of How One's Behavior Affects Others</td>
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<tr>
<td>15. Making Adequate Decisions</td>
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<tr>
<td>62. Locate and Utilize Sources of Assistance</td>
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<td>63. Anticipates Consequences</td>
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<td>64. Develop and Evaluate Alternatives</td>
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<tr>
<td>65. Recognizes Nature of a Problem</td>
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<tr>
<td>66. Develop Goal-Seeking Behavior</td>
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<tr>
<td>16. Communicating with Others</td>
<td></td>
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<tr>
<td>67. Recognize and Respond to Emergency Situations</td>
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<tr>
<td>68. Communicates with Understanding</td>
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<tr>
<td>69. Know Subtleties of Communication</td>
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</table>

Total Possible Score (TPS) = N x 2

Total Actual Score (TAS)

Average Score (AS) = TAS/N

Comments:___________________________________________________________________

Use asterisk to denote skill areas of instruction noted in the student's IEP for the year.
Refer to the CRS manual for calculation and interpretation.
Dear Dr. Ackerman:

I am writing this letter to support of Kathy Quigley’s implementation of Life Centered Career Education (LCCE) for purpose of her dissertation research. I am assuming all protocols for research will be followed. The mention of Augusta County Schools in the dissertation will have to be with permission of the Superintendent or the Assistant Superintendent of Instruction.

If there is anything I can do to support this research, please let me know.

Sincerely,

Patricia A. Devitt, Ed.D.
Director, Pupil Services
Augusta County Public Schools
### Appendix E

#### Case Summaries

<table>
<thead>
<tr>
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<th>GENDER</th>
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**Total N** | **39** | **39** | **39**

*a. Limited to first 100 cases.*
## Case Summaries

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\(^a\) Limited to first 100 cases.
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*Limited to first 100 cases.*
Appendix F

LIFE CENTERED CAREER EDUCATION
INDIVIDUALIZED EDUCATION PROGRAM FORM
(Use attachments as needed for each student)

Student Name: ________________________ School: ____________________ Grade: ______ Date: ____________

SECTION I: Present Level of Educational Performance

SECTION II: Annual Goals
A. Academic Goals (see attachment)
B. LCCE Functional Skills for Transition Preparation (check those that apply)
   This student will progress toward acquiring functional behaviors in the following competency areas. (Check the appropriate annual goals.)

   1. Managing Personal Finances
   2. Selecting and Managing a Household
   3. Caring for Personal Needs
   4. Raising Children and Meeting Marriage Responsibilities
   5. Buying, Preparing, and Consuming Food
   6. Buying and Caring for Clothing
   7. Exhibiting Responsible Citizenship
   8. Utilizing Recreational Facilities and Engaging in Leisure
   9. Getting Around the Community
   10. Achieving Self-Awareness
   11. Acquiring Self-Confidence
   12. Achieving Socially Responsible Behavior
   13. Maintaining Good Interpersonal Skills
   14. Achieving Independence
   15. Making Adequate Decisions
   16. Communicating with Others
   17. Knowing and Exploring Occupational Possibilities
   18. Selecting and Planning Occupational Choices
   19. Exhibiting Appropriate Work Habits and Behaviors
   20. Seeking, Securing, and Maintaining Employment
   22. Obtaining Specific Occupational Skills

C. Other Transitional/Support Services Goals (check those that apply)
   1. Financial Assistance/Income Support
   2. Advocacy Legal Services
   3. Medical
   4. Insurance
   5. Transportation
   6. Other
   7. Other
   8. Other

SECTION III: Specific Educational Services Needed

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### LIFE CENTERED CAREER EDUCATION
### INDIVIDUALIZED EDUCATION PROGRAM FORM

#### SECTION IV: Short-Term Individual Objectives

1. Identify Money and Make Correct Change (1)
2. Make Responsible Expenditures (1)
3. Keep Basic Financial Records (1)
4. Calculate and Pay Taxes (1)
5. Use Credit Responsibly (1)
6. Use Banking Services (1)
7. Maintain Home Exterior/Interior (2)
8. Use Basic Appliances and Tools (2)
9. Select Adequate Housing (2)
10. Set Up Household (2)
11. Maintain Home Grounds (2)
12. Demonstrate Knowledge of Physical Fitness, Nutrition, and Weight (3)
13. Exhibit Proper Grooming and Hygiene (3)
14. Dress Appropriately (3)
15. Demonstrate Knowledge of Common Illness, Prevention, and Treatment (3)
16. Practice Personal Safety (3)
17. Demonstrate Physical Care for Raising Children (4)
18. Know Psychological Aspects of Raising Children (4)
19. Demonstrate Marriage Responsibilities (4)
20. Purchase Food (5)
21. Clean Food Preparation Areas (5)
22. Store Food (5)
23. Prepare Meals (5)
24. Demonstrate Appropriate Eating Habits (5)
25. Plan and Eat Balanced Meals (5)
26. Wash/Clean Clothing (6)
27. Purchase Clothing (6)
28. Iron, Mend, and Store Clothing (6)
29. Demonstrate Knowledge of Civil Rights and Responsibilities (7)
30. Know Nature of Local, State, and Federal Governments (7)
31. Demonstrate Knowledge of the Law and Ability to Follow the Law (7)
32. Demonstrate Knowledge of Citizen Rights and Responsibilities (7)
33. Demonstrate Knowledge of Available Community Resources (8)
34. Choose and Plan Activities (8)
35. Demonstrate Knowledge of the Value of Recreation (8)
36. Engage in Group and Individual Activities (8)
37. Plan Vacation Time (8)
38. Demonstrate Knowledge of Traffic Rules and Safety (9)
39. Demonstrate Knowledge and Use of Various Means of Transportation (9)
40. Find Way Around the Community (9)
41. Drive a Car (9)
42. Identify Physical and Psychological Needs (10)
43. Identify Interests and Abilities (10)
44. Identify Emotions (10)
45. Demonstrate Knowledge of Physical Self (10)
46. Express Feelings of Self-Worth (11)
47. Describe Others’ Perception of Self (11)
48. Accept and Give Praise (11)
49. Accept and Give Criticism (11)
50. Develop Confidence in Oneself (11)
51. Demonstrate Respect for the Rights and Properties of Others (12)
52. Recognize Authority and Follow Instructions (12)
53. Demonstrate Appropriate Behavior in Public Places (12)
54. Know Important Character Traits (12)
55. Recognize Personal Roles (12)
56. Demonstrate Listening and Responding Skills (13)
57. Establish and Maintain Close Relationships (13)
58. Make and Maintain Friendships (13)
59. Strive Toward Self-Actualization (14)
60. Demonstrate Self-Organization (14)
61. Demonstrate Awareness of How One’s Behavior Affects Others (14)
62. Locate and Utilize Sources of Assistance (15)
63. Anticipate Consequences (15)
64. Develop and Evaluate Alternatives (15)
65. Recognize Nature of a Problem (15)
66. Develop Goal-Seeking Behavior (15)
67. Recognize and Respond to Emergency Situations (16)
68. Communicate with Understanding (16)
69. Know Subleties of Communication (16)
70. Identify Remunerative Aspects of Work (17)
71. Locate Sources of Occupational and Training Information (17)
72. Identify Personal Values Met Through Work (17)
73. Identify Societal Values Met Through Work (17)
74. Classify Jobs into Occupational Categories (17)
75. Investigate Local Occupational and Training Opportunities (17)
76. Make Realistic Occupational Choices (18)
77. Identify Requirements of Appropriate and Available Jobs (18)
LIFE CENTERED CAREER EDUCATION
INDIVIDUALIZED EDUCATION PROGRAM FORM

| 78. Identify Occupational Aptitudes (18) | 89. Apply for a Job (20) |
| 79. Identify Major Occupational Interests (18) | 90. Interview for a Job (20) |
| 80. Identify Major Occupational Needs (18) | 91. Know How to Maintain Post-School Occupational Adjustment (20) |
| 81. Follow Directions and Observe Regulations (19) | 92. Demonstrate Knowledge of Competitive Standards (20) |
| 82. Recognize Importance of Attendance and Punctuality (19) | 93. Know How to Adjust to Changes in Employment (20) |
| 83. Recognize Importance of Supervision (19) | 94. Demonstrate Stamina and Endurance (21) |
| 84. Demonstrate Knowledge of Occupational Safety (19) | 95. Demonstrate Satisfactory Balance and Coordination (21) |
| 85. Work with Others (19) | 96. Demonstrate Manual Dexterity (21) |
| 86. Meet Demands for Quality Work (19) | 97. Demonstrate Sensory Discrimination (21) |
| 87. Work at a Satisfactory Rate (19) | 88. Search for a Job (20) |

C. Other Transitional/Support Services Objectives (see attachment)

SECTION V: Date and Length of Time relative to specific educational services needed for this student

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SECTION VI: Description of Extent to which this student will participate in the regular educational program

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LIFE CENTERED CAREER EDUCATION
INDIVIDUALIZED EDUCATION PROGRAM FORM

SECTION VII: Justification for type of educational placement of this student

Narrative Description/Reaction

SECTION VIII: Individual Responsible for implementing the individualized education program and transitional services

Name

Role/Responsibility


Objective Criteria can be found in the LCCE Competency Rating Scale (CRS), the LCCE Knowledge Battery (KB), and the LCCE Performance Battery (PB). Criteria listed reflect the short-term individual objectives checked in Section IV, Part B, of this form.

Evaluation Procedures can be determined by the IEP Committee reviewing the manuals for the Competency Rating Scale, Knowledge Battery, and Performance Battery.

Schedule for Assessment should include time, date, frequency, place, etc.

SECTION X: Estimated Date, Location, and Time for next IEP Committee Review Conference
Appendix G

Communication Styles Checklist

Do I vary methods I use?

Do the techniques I use respect differences?

Do I use appropriate communication techniques for each student?

Do I give the class verbal explanations?

Do I use visual communication (charts, maps, films, etc?)

Do I speak to the students one-to-one?

Do I include group activities?

Does the lesson include some reading?

Does the lesson include some writing?

What other methods of communication were used?

How do I want to adjust communication methods used in this lesson?

Are my communication styles appropriate for each of the students in class?

How do the communication techniques I use demonstrate respect for individuals and diversity?

Adaptation or additions I would make:
Appendix H

Curriculum Content Checklist

Is the lesson content appropriate for all the students in the class?

How does the approach to the lesson content reflect diversity?

What instructional approaches are used?

Are specific heroes, heroines, holidays, and the like from diverse cultures mentioned?

Is the concept, theme, or perspectives that are different from the mainstream presented?

Is the lesson presented so students can begin to see its content from the perspectives of different groups?

Are students asked to form opinions, make decisions, or take action based on their ability to view the lesson from a different perspective?

Is the curriculum or lesson content appropriate for each of the students in the class?

What suggestions might be used to encourage students to move from their own perspectives to those of others in the lesson?

How does the curriculum or lesson content reflect cultural values?