

## Planning for Andrew: the use of COACH and VISTA in an inclusive preschool program

MICHAEL F. GIANGRECO

*College of Education and Social Services, The University of Vermont, Burlington,  
VT 05405-0160, USA*

TIMOTHY WHITEFORD

*Trinity College of Vermont*

LUCIE WHITEFORD

*Richmond, Vermont*

MARY BETH DOYLE

*Trinity College of Vermont*

**ABSTRACT** *This case study chronicles the use of two educational planning tools, COACH (Choosing Outcomes and Accommodations for Children: A Guide to Educational Planning for Students with Disabilities) and VISTA (Vermont Interdependent Services Team Approach: A Guide to Coordinating Educational Support Services) for Andrew, a 4-year-old child with Down syndrome, who attends a general education preschool. The article documents the decisions his team made using COACH and VISTA and describes the findings of follow-up interviews with his parents, preschool teacher, special educator, and speech/language pathologist. The findings offer insights into the benefits and limitations of these approaches at the preschool level. Implications for facilitating communication and decision-making among team members are discussed.*

Increasing numbers of young children with disabilities are being educated in preschools and child care centres which predominantly serve children without disability labels (Peck, Odom, & Bricker, 1993). With this shift toward more inclusionary placements comes a corresponding need to develop and use practices that are consistent with: (a) the context in which preschoolers are being educated (Bricker, 1995; Erwin, 1996), (b) what is known about child development (Hughes, 1991), (c) the needs of families (Carney & Gamel-McCormick, 1996; Dunst, Trivette, & Deal, 1988), and (d) the prospect that these preschoolers will be

transitioned into general education kindergartens (Ross-Allen, Conn-Powers, & Fox, 1991).

*COACH—Choosing Outcomes and Accommodations for Children: A Guide to Educational Planning for Students with Disabilities* (Giangreco, Cloninger, & Iverson, 1993, 1998) and *VISTA—Vermont Interdependent Services Team Approach: A Guide to Coordinating Educational Support Services* (Giangreco, 1996a, 1996b) are two tools that have been used to make decisions about individualised educational content and support services for school-aged students with disabilities in general education settings. Historically, some approaches used to educate and support school-aged children have been considered less than desirable for preschoolers because they have been perceived as not accounting for the unique needs of younger children. This perspective, while often justifiable, can lead to a clash of approaches between preschool service providers and school-aged service providers, with the child and the family too often caught in the middle. It is important to develop and use approaches that not only address the present needs of the child and family, but if possible, facilitate a smooth transition to the next stage of the child's school experience.

The purpose of this article is to provide a descriptive case example of how COACH and VISTA were used to plan the educational program and support services for a preschool child with disabilities in an inclusive preschool setting and how their use was perceived by the educational team members. The remainder of this introduction provides a brief overview of COACH and VISTA and summarises some of the research data that has been collected on these approaches in recent years.

#### *Description of COACH*

COACH (Giangreco, Cloninger, & Iverson, 1998) is a planning tool designed to identify the contents of a student's individualised educational plan (IEP) and strategies for implementing that IEP in general educational settings and activities. Since its origins in 1982, COACH has been revised regularly (eight versions over 16 years) based on extensive field-testing, research, and consumer feedback.

COACH is based upon a series of guiding principles about the importance of: (a) connecting learning outcomes to individually determined valued life outcomes (e.g., being safe and healthy; having meaningful relationships, having choice and control that matches one's age and culture), (b) family involvement in educational decision-making, (c) collaborative teamwork, (d) service coordination, (e) using problem-solving methods to improve educational planning, and (f) recognising that special education is a service not a place. Use of these principles increases the likelihood that outcomes achieved as a result of IEP planning with COACH will be meaningful. COACH is organised into two major parts which include 10 steps. The steps and purpose of each are outlined in Table I.

Though there are several unique aspects of COACH, one of the most important is the application of validated problem-solving methods in the form of questioning strategies that alternate between divergent and convergent thinking. Because these problem-solving methods are embedded in the process and sequence of doing

TABLE I. Parts of COACH (Choosing Outcomes and Accommodations for Children)

---

**Part A: Determining a Student's Educational Program**

**Preparation Checklist**

**Step 1: Family Interview**  
 Purpose: to determine family-selected learning priorities for the student through a series of questions asked by an interviewer

**Step 2: Additional Learning Outcomes**  
 Purpose: to determine learning outcomes beyond family priorities

**Step 3: General Supports**  
 Purpose: to determine what needs to be done *to* or *for* the student

**Step 4: Annual Goals**  
 Purpose: to ensure the family's priorities are reflected as IEP goals

**Step 5: Program-at-a-Glance**  
 Purpose: to provide a 1 to 2 page summary of the educational program  
 \*\*\*\*\*  
*Determine Least Restrictive Educational Placement and Related Services*  
 \*\*\*\*\*

**Step 6: Short-term Objectives**  
 Purpose: to develop short-term objectives to achieve annual goals  
 \*\*\*\*\*  
*Finalise IEP Document*  
 \*\*\*\*\*

**Part B: Strategies and Processes to Implement a COACH-Generated Educational Program**

**Step 7: Organising the Instructional Planning Team**  
 Purpose: to organise team functioning and ensure IEP implementation

**Step 8: Scheduling for Students with Disabilities in the Classroom**  
 Purpose: to develop a schedule of activities that meets student needs

**Step 9: Planning and Adapting Instruction**  
 Purpose: to develop and implement instructional plans that address student needs and participation in class activities even when IEP goals differ from classmates

**Step 10: Evaluating the Impact of Educational Experiences**  
 Purpose: to evaluate educational plans to determine their impact on learning outcomes and valued life outcomes

---

COACH, decision-making and the selection of curriculum content is facilitated. The processes and steps of COACH explicitly link assessment activities to educational planning. This differs from many developmental assessments or behavioural checklists which may provide listing of developmentally appropriate outcomes or functional behaviours without a process for decision-making. All too frequently this leaves the desired linkages between assessment and planning absent or unnecessarily disjointed. Since contextual factors have a substantial influence on family perceptions of student needs and each child has unique characteristics, COACH provides a process and principles for making individual educational decisions for students in a logical manner that draws upon the knowledge and experiences of the family and team members in a personalised, yet systematic manner.

Additionally, COACH provides steps to determine which aspects of the general

education curriculum should be appropriately pursued for students with disabilities and to what extent that curriculum needs to be adapted. Therefore, the listings of learning outcomes in COACH are designed to extend or augment the general education curriculum rather than replace it. This means that use of COACH can be compatible with a variety of school-aged and preschool curricula. These and other aspects of COACH are designed to develop a high quality IEP which is truly individualised and family-centred and which can create the basis for shared expectations between families and school personnel.

#### *Research on COACH*

Data from a national study in the United States established COACH as a tool which is congruent with a variety of exemplary educational and family-centred practices (Giangreco, Cloninger, Dennis, & Edelman, 1993). Positive impact of COACH on children and families has been documented using a multi-site evaluation conducted across eight states with 30 teams who served students with severe or multiple disabilities (Giangreco, Edelman, Dennis, & Cloninger, 1995). In part this study documented: (a) COACH was considered effective when used in ways congruent with its underlying principles; (b) IEPs were shorter, more focused, and more relevant when COACH was used; (c) use of COACH positively affected relationships between families and professionals by creating opportunities for families to express their ideas and for professionals to listen; (d) use of COACH shifted more educational decision-making control to families; and (e) COACH use contributed positively to changes in valued life outcomes for students with disabilities. These valued life outcomes which were originally generated through interviews with parents whose children had multiple disabilities in Vermont (Giangreco, Cloninger, Mueller, Yuan, & Ashworth, 1991) were further validated as important and appropriate by a different group of parents from other states (Giangreco, Cloninger, Dennis, & Edelman, 1993).

As an outcome of the 1993 national expert validation of COACH, it has also been reviewed from a cross-cultural perspective to identify ways that it could be improved to increase cultural sensitivity in family interviewing and improve its utility in cross-cultural situations (Dennis & Giangreco, 1996). Data from these and other sources were used to develop the most recent version of COACH (Giangreco, Cloninger, & Iverson, 1998).

#### *Description of VISTA*

VISTA is a team process for determining: (a) what related services are needed to support specific components of a student's educational program, (b) the educational relevance and necessity of related services, (c) functions of services, (d) frequency and mode (e.g., consult, direct) of services, and (e) location of service provision. The currently published version of VISTA (Giangreco, 1996b) is the third version since 1986 and a supplement (Giangreco, 1996a) based on field-testing conducted during and after the publication process is available to augment the published

TABLE II. Guidelines of VISTA (Vermont Interdependent Services Team Approach)

- 
1. Establish and maintain a collaborative team.
  2. Define components of the educational program.
  3. Understand the interaction between program, placement, and services.
  4. Use a value system to guide decision-making: Only-as-special-as-necessary.
  5. Determine functions of service providers and their interrelatedness.
  6. Apply essential criteria when making service recommendations: Educational relevance and necessity.
  7. Determine who has authority for decision-making: Consensus.
  8. Match the mode and frequency of service provision to the function served.
  9. Determine the least restrictive location and strategies for service provision.
  10. Engage in ongoing implementation and evaluation of support services.
- 

manual in between more formal revisions of VISTA. The supplement includes updated, information, procedures, and forms to augment the VISTA manual. VISTA is based on 10 guidelines (see Table II) designed to facilitate effective teamwork and related service decision-making.

VISTA includes four sets of activities: (a) *general preparation* (e.g., forming a team, learning about team members' skills, getting to know the student); (b) *getting ready for the VISTA Meeting* (e.g., determining the components of the student's educational program); (c) *having the VISTA meeting* (e.g., considering interrelationships among services, establishing educational relevance and necessity of services, reaching consensus about services to provided, frequency, mode of provision, location); and (d) *next steps after the VISTA meeting* (e.g., refined planning by subgroups, implementing team decisions, evaluating the impact of support services).

VISTA is unique because of its: (a) focus on establishing a foundation of shared rather than separate goals for each discipline; (b) emphasis on educational relevance and necessity of related services; (c) approaches to involving all team members, especially parents and general education teachers who too frequently are left out of making related service decisions; (d) philosophical foundation of seeking to provide related services that are "only as special as necessary" in conjunction with considering the use of natural supports; and (e) emphasis on considering the interrelationships among a variety of disciplines. This combination of characteristics distinguishes VISTA from commonly used approaches where related service providers make decisions in relative isolation in ways that insufficiently consider educational relevance and necessity of proposed services (Giangreco, Edelman, & Dennis, 1991).

#### *Research on VISTA*

VISTA has undergone review by representatives of a variety of national professional organisations as well as family and consumer groups in the United States. These reviews have established it as consistent with exemplary practices and document that its content represent important areas of training needed by people affiliated with

their organisations (Giangreco, Edelman, Luiselli, & MacFarland, 1996a). Quantitative and qualitative studies have established that, when used with a reasonable level of fidelity, use of VISTA contributes positively to students' educational outcomes and does what it purports to do: (a) provides a team process for decision-making; (b) avoids undesirable service gaps and overlaps; (c) avoids unnecessary service contradictions and conflicts among team members; (d) bases related service decision-making on a shared set of educational goals; (e) increases involvement of parents and general education teachers in support service decision-making; and (f) increases team member satisfaction with related service decision-making (Giangreco, 1994; Giangreco, Edelman, Luiselli, & MacFarland, 1996b, 1998; Giangreco, Edelman, & Nelson, 1998). Use of VISTA also resulted in team members agreeing that support service providers should focus on a smaller set of items and areas and increase use of indirect services. Changes in VISTA based on these data are reflected in a *Supplement to VISTA* (Giangreco, 1996a). These updated procedures were used in the following case example.

## Method

### *Description of Andrew by his Mum and Dad*

At the time of his birth it was hard to believe, but it has turned out to be exactly like one very special doctor said it would be, "Andrew will just be Andrew." To many, the fact that Andrew has Down syndrome and developmental delays (e.g., language, motor, cognitive) are his most significant features. In reality, they are but a few of the many characteristics that describe him. To us (his parents), his big sister Marie, and those who know him, it is his wonderful sense of humour, his curiosity about the world around him, his loving and happy disposition, and desire to entertain himself and others that describe him best. He is bright and beautiful and quite unforgettable to all who get to know him. At four years old, Andrew is Andrew; we could not imagine him being any "different."

### *Description of the Child Care Centre*

The child care centre Andrew attends is accredited by the National Association for the Education of Young Children (USA); it serves children aged 2.5 to 5 years. Located in a city with a population of approximately 38,000, it has included students with and without disabilities in the same classrooms since its opening in 1976.

Currently, the centre has three preschool classrooms and one kindergarten staffed by eight full-time teachers. Classrooms also include undergraduate student interns from local colleges, most of whom are studying early childhood education, social work, or human services. Andrew is a member of the "Rainbow Room" where there are 15 other children ages three to five. There are two other children in the class with identified disabilities; both are considered to have mild developmental delays. The classroom staff in the Rainbow Room includes two teachers and frequently two

student interns. A teaching assistant is available to support Andrew for 3 of the 8 hours that he spends at preschool each day.

#### *Case Example Participants*

This case example focused on data collected from five individuals. Andrew's mother (Lucie) and father (Tim) participated in all COACH and VISTA activities. Both parents are college educated and employed full-time. Although Andrew's father is a college professor, specialising in elementary school science and mathematics teacher education, neither of the parents had any substantial background in disability issues or special education prior to Andrew's birth. Andrew's early childhood teacher had worked with him for 2 years. She had a bachelor's degree in early childhood development and had 4 years of professional experience. Her teacher preparation did not explicitly include training in special education, although she had some practicum experiences that included a small number of students with mild developmental delays. An itinerant special education teacher with a Master's degree and over 15 years of experience in early childhood special education served as the case coordinator and was available on-site one-half day per week to provide consultative services to classroom staff. An itinerant speech/language pathologist, with a Master's degree and over 15 years of experience, provided services to Andrew over a period of 3 years, first through home-based early intervention and then at the preschool centre. Staff described their approach to early childhood education as "play-based" and "developmental."

#### *Design, Sequence of Activities, Data Collection, and Analysis*

This case example chronicles the events, documentation, and follow-up data collection and analysis that were undertaken in reference to the use of COACH and VISTA to assist in planning for Andrew's education. The first author contacted Andrew's case coordinator and his parents to determine if they would be interested in assisting in the field-testing of updated versions of COACH and VISTA; they said "yes." A 2-hour orientation meeting was conducted by the first author to provide team members with information about COACH. Prior to the meeting participants were provided with a set of written materials about COACH for their review. Both of Andrew's parents, the special educator/case coordinator, and the early childhood teacher, hereafter referred to as the "core" team, attended the COACH orientation. Core team members were asked to share information about the orientation with those who were not in attendance (i.e., speech/language pathologist, occupational therapist, physical therapist). In January 1996, the first author facilitated COACH (Steps 1, 2, and 3) with the core team. The COACH session was completed in approximately 90 min. Subsequently, a Program-at-a-Glance (Step 5) was prepared and shared with team members. Core team members used the COACH-generated outcomes to develop annual goals and short-term objectives (Steps 4 and 6).

Next, a 2-hour orientation meeting was held to orient core team members to

VISTA, who again were asked to orient those members not in attendance. Ideally, the COACH and VISTA process, when used together, occur in relatively close proximity to each other (e.g., within 2 to 3 weeks) so that they can both contribute to the development of an individualised educational plan. Due to an unanticipated medical problem experienced by a key participant, that plan did not materialise. In the fall of the following school year (October 1996), the team revisited and updated the decisions they made using COACH and moved forward with VISTA. The VISTA meeting, which included both parents, the special educator/case coordinator, speech/language pathologist, preschool teacher, and assistant teacher, took approximately 2 hours to complete. The team determined in advance that they would proceed with their VISTA meeting without the occupational or physical therapist, whom they designated in their VISTA preparation as “situational resources.” Use of both COACH and VISTA included the completion of a series of forms that documented decisions made by the team.

In February 1997, four months after completing the update of COACH and VISTA, the first author conducted five semi-structured interviews, one each with Andrew’s mother, father, special educator/case coordinator, preschool teacher, and speech/language pathologist. The interviews lasted 1 to 2 hours. An interview guide was used to ask study participants questions about: (a) how they planned Andrew’s IEP before using COACH and VISTA, (b) their experiences using COACH and VISTA, (c) their perspectives on the pros and cons of COACH and VISTA, (d) the utility of COACH and VISTA for use within early childhood special education, and (e) suggestions for use or improvement of COACH and VISTA. Interviews were tape recorded with the permission of each person being interviewed. The transcribed interviews were imported into a computer application called *HyperQual2* (Padilla, 1992) to facilitate qualitative, inductive data analysis using categorical coding procedures (Bogdan & Biklen, 1992; Patton, 1990). Data analysis was completed by the first author. To enhance the credibility and confirmability of the data analysis, the method and results sections of this case example were shared with the study participants in writing. They were asked to respond in writing to eight “Yes/No” questions and provide clarifying or corrective information corresponding to any “No” responses. The questions were:

1. Is the description of Andrew accurate?
2. Is the description of the participants accurate?
3. Is the description of the child care setting accurate?
4. Is the sequence of activities and data collection accurate?
5. Do the themes presented in the example include information you gave in your interview?
6. Based on your interview, were things you said presented accurately and appropriately?
7. Do you find the contents of the example accurate?
8. Are there any additional comments you would like to make that would improve the accuracy of this case example? Feedback from the participants was used to update the case example.

## Findings

### *Information and Decisions Made Using COACH*

Using the *Family Interview* from COACH, the parents first responded to a series of context-setting questions regarding *Valued Life Outcomes* (Step 1.1). In reference to “Health and Safety” the parents expressed their concerns that Andrew’s safety is compromised because he is not sufficiently aware of dangers (e.g., hot wood stove, strangers, parking lots, heights). They chose not to answer questions about “Having a Home, Now and in the Future,” indicating that this was not a concern for them at this point in time. In reference to “Having Meaningful Relationships” they indicated that his primary relationships were with his family members and classmates when he was at school. They said he was “more attached to adults than peers” and indicated that they would like to see him have more involvement with other children. In reference to “Having Choice and Control that Matches One’s Age and Culture” Andrew’s parents said he makes choices about things like music, food, and activities, but that they would like to see these choices expand and include the use of language to make choices so that he is not limited to pointing to what is physically available to him. Lastly, in reference to “Participating in Meaningful Activities in Various Places,” they listed some of his preferred activities and places such as music, Legos, toy trucks, balls, books, mirror play, running, playing in his room, and playing in the snow. They said he had many meaningful activities and would simply like to see these activities continue to expand. As a culmination to Step 1.1 the parents were asked to, “Rank the Valued Life Outcomes to help the team understand which ones you feel are most important for Andrew this year.” Their rank order was: (1) Being Safe and Healthy, (2) Having Meaningful Relationships, (3) Having Choice and Control that Matches One’s Age and Culture, (4) Participating in Meaningful Activities in Various Places, and (5) Having a Home, Now and in the Future.

In Step 1.2 (Selecting Curriculum Areas to Explore During the Family Interview), Andrew’s parents selected five of the nine curriculum areas in COACH to explore in detail during the Family Interview. These areas included: (a) Communication, (b) Socialisation, (c) Personal Management, (d) Selected Academics, and (e) School. They tabled the areas of Community, Home, Leisure/Recreation, and Vocational.

In Steps 1.3 and 1.4 (Learning Outcomes Listings and Prioritising), the parents responded to questions about lists of learning outcomes in each of the five curricular areas they had selected in Step 1.2. In reference to each of 59 learning outcomes they: (a) provided information about Andrew’s level of functioning, (b) indicated whether they thought the learning outcome “needed work this year,” and (c) ranked a maximum of five learning outcome priorities within each curriculum area. In Step 1.5 they ranked their overall priorities across the five curricular domains. Their priority selections are presented in Tables III and IV.

In Step 2.1 (Additional Learning Outcomes from COACH) the core team selected a broader set of learning outcomes to document as part of Andrew’s educational program. This list included: (a) those priorities from Step 1.4 (see

TABLE III. Priorities by curriculum area

---

<i>Communication</i>
1. Makes Requests
2. Comments/Describes
3. Initiates Communication
4. Sustains Communication with Others
5. Makes Choices when Given Options
<i>Socialisation</i>
1. Sustains Social Interactions
2. Distinguishes/Interacts Differently with Familiar People, Acquaintances, and Strangers
3. Maintains Socially Acceptable Behaviour when Alone and with Others
4. Responds to the Presence and Interactions of Others
5. Initiates Social Interactions
<i>Personal Management</i>
1. Cares for Bowel and Bladder Needs
2. Eats with Utensils
3. Aware of, and Avoids, Physical Dangers
4. Combs/Brushes Hair
5. Dresses/Undresses
<i>Selected Academics</i>
1. Directs and Sustains Attention to Activity
2. Explores Surroundings
<i>School</i>
1. Participates in Small Groups
2. Participates in Large Groups
3. Works Independently at a Task
4. Follows School Rules/Routines

---

Table III) that did not end up as IEP goals (e.g., avoids dangers, participates in small and large groups, eats with utensils, explores surroundings); (b) individually selected learning outcomes from reviewed curriculum areas that were not listed in the general preschool curriculum (e.g., expresses continuation or “more,” follows instructions, offers assistance to others, adjusts to unexpected changes in routine);

TABLE IV. Cross prioritisation indicating overall priorities across curriculum areas

---

1. Sustains Interactions and Communication
2. Initiates Interactions and Communication (using language to extend initiations such as through play)
3. Makes Requests (expanding language to request)
4. Comments/Describes
5. Cares for Bowel and Bladder Needs
6. Aware of, and Avoids, Physical Dangers*
7. Directs and Sustains Attention (to increasing numbers of activities)
8. Participates in Small and Large Groups*

---

*Note.*

( ) indicates clarification added at beginning of VISTA meeting

\* indicates that these priorities were identified to be “Additional Learning Outcomes” rather than IEP goals

and (c) individually selected learning outcomes from curriculum areas that were not reviewed during the family interview (e.g., engages in active leisure with others, does classroom job).

In Step 2.2 (Additional Learning Outcomes from General Education), the team reviewed the preschool's curriculum, presented as lists of learning outcomes in the following categories: (a) Gross and Fine Motor, (b) Cognitive, (c) Self-Help, (d) Language, and (e) Social/Emotional. The core team agreed that Andrew should be provided opportunities to pursue all of the same learning outcomes available to children without disability labels. This was done given the understanding that his progress may differ from his classmates.

Using Step 3 (General Supports), the team agreed that the only area of need for Andrew was within the category "Teaching Others About the Student," where both classroom staff and classmates needed to learn about unique aspects of Andrew's communication and behaviours. The decisions generated through the first three steps in COACH were summarised on a 2-page "Program-at-a-Glance."

#### *Information and Decisions Made Using VISTA*

Using the information listed on the COACH Program-at-a-Glance, the VISTA Worksheet was prepared and distributed to team members in advance of the VISTA meeting. During the first part of the VISTA Meeting, the facilitator directed initial questioning to the preschool teacher and assistant teacher. In reference to each of the 13 entries on the VISTA Worksheet they were asked if they felt they were "OK (addressing the educational program component) without more support?" If they answered "Yes" (that they felt OK), the rest of the team members were asked if they agreed. If everyone was in agreement, it was documented and the team moved on to the next item. If any team member voiced disagreement it prompted a discussion. If the classroom staff said, "No," indicating that they felt they needed more support, they were asked, "What kind of additional support is needed?" A brief discussion including all other team members ensued, followed by the facilitator prompting the team to consider the least restrictive way of providing the agreed upon support. They were explicitly asked to consider: (a) potential interrelationships among the disciplines, (b) natural supports, and (c) the educational relevance and necessity of their proposed support service recommendations. This process was repeated for each of the 13 entries on the VISTA Worksheet and additional information was documented in team meeting minutes. Next, the team used the information from the VISTA Worksheet to complete the VISTA Team Summary. The team's decisions included: (a) type of services, (b) mode of service (e.g., direct, indirect), (c) frequency, (d) location of service, and (e) date to evaluate service provision.

Based on the team's item-by-item analysis, members agreed that 9 of the 13 entries listed on the VISTA Worksheet were appropriately addressed by the classroom staff without the need for additional support services. These nine entries included: (a) the General Support category "Teaching Others About the Student;" (b) three family-selected priorities (i.e., sustains interactions, initiates interactions,

directs/sustains attention); and (c) five Additional Learning Outcomes categories (i.e., Gross/Fine Motor, Cognitive, Self-Help/Personal Management, Social/Emotional, Vocational/Recreation/Leisure). The team agreed that three of the priority learning outcomes (i.e., cares for bowel and bladder needs, makes requests, comments/describes) were educational program components requiring additional support. The support needed in reference to the bowel and bladder skills was clarifying reasonable expectations from a medical perspective; it was agreed that the parents would ask their pediatrician about this issue.

The team agreed that the two communication priorities required support pertaining to appropriate selection of content and instructional strategies from the speech/language pathologist (SLP). It was also agreed that similar support was needed from her in reference to the Additional Learning Outcomes category, "Language/Expressive Skills/Communication." The team agreed that the special educator needed to continue in her role as case coordinator and should be available to the classroom staff on an "as needed" basis.

Using the VISTA Team Summary, the team agreed that Andrew should receive speech/language services twice weekly, 40 min each, combining indirect and direct modes of service provision. This represented a slight increase in the total time of service per week, up 20 min, and a shift to a combined direct/indirect approach that involved more interaction with the classroom staff. Special education support was decreased slightly from 3 hours per month, plus the monthly team meeting, to 2 hours per month plus the monthly team meeting. More importantly, for both the SLP and special educator, their roles with Andrew were clarified and agreed upon more explicitly than they previously had been. The team agreed that Andrew did not require the services of physical or occupational therapy in order to receive an appropriate education since the nature of their involvement substantially overlapped the skills of other team members (e.g., self-care skills could be addressed by the classroom staff, parents, and the special educator as needed). The previous IEP indicated that Andrew was receiving a bi-monthly consult from physical therapy and a consult every 3 months from occupational therapy, so this change represented a decrease in service provision and reduction in the number of people involved in Andrew's education. The team agreed that a referral for these or other services could be reinitiated if the need existed in the future. This stated assurance gave his parents "peace of mind." As his father explained, "It (letting go of services) is a very complicated emotional issue. There's a comfort factor. I am constantly aware of this dilemma between what is good for me and what is good for Andrew."

#### *Themes that Emerged from Follow-Up Interviews*

The following sections describe five major themes that emerged from follow-up interviews with Andrew's team members.

*Family involvement before use of COACH and VISTA.* Team members reported that previous decision-making was more "informal" than when using COACH and VISTA and had no specified or agreed upon process. Andrew's parents explained

that prior to use of COACH and VISTA, decisions about the contents of Andrew's educational program and related services were made by the professional staff. It was "the specialist telling the parent, 'I need to provide this service.'" The staff reported that they conducted evaluations based on their respective disciplines and asked the parents many questions about what Andrew could or could not do. "Can he hold a crayon? Can he put on his coat and take his coat off?" The parents met individually with staff and also together as a group. Although the parents said they valued their discussions with staff, they were concerned that the planning process was overly focused on "specific little tasks rather than his ability to be part of a social group." Andrew's father summed up their concern by stating his opinion that, "learning has to be contextualised to be meaningful." Interestingly, both parents indicated that they actually found the professionally-directed approach to educational decision-making "comforting" during their early stages of negotiating this new educational arena on Andrew's behalf. As Andrew's mother said,

I just didn't feel I had the knowledge to make those decisions. The decisions were being made based on what the specialist said his needs were. I really felt that is what I wanted and needed because I had no idea what to do. I kind of had a sense of what normal children should do at what age, but I felt that I really needed someone to tell me what I was supposed to do. I kept being assured, "Oh, don't worry about it; there are people, specialists, special ed teachers, and they know what you should do." It was comforting.

As time passed and they became more comfortable parenting Andrew and understanding his individual needs, Lucie and Tim began to question this professionally-directed approach to planning; they wanted and sought more involvement and control in the educational decision-making.

*Use of COACH and VISTA during preschool or earlier?* Andrew's parents said they probably would not have embraced the use of COACH and VISTA when Andrew was younger because they did not feel "ready." Andrew's father described his early experiences after Andrew's birth as "very traumatic." He speculated,

Looking back to my own experiences ... if six months after Andrew was born I had to sit down and do VISTA or even COACH, I would have been overwhelmed. I wouldn't have known enough about Andrew to even get a sense of what was going on, so I wouldn't have been able to have made the decisions like the ones we made (using COACH and VISTA). What was important to me was making that relationship with Ruth (the early childhood educator). That just carried us through those first years.

The special educator concurred with the parents' perspective. She said she valued the use of COACH and VISTA with her 3- to 5-year-old students, "especially for kids with more than just an articulation problem or mild language delay." She questioned the value of COACH and VISTA for the infants on her caseload,

I have four 2-year olds that I serve now at their homes. A big chunk of what I do with those families is really parent education, getting them to accept their child's disability, helping them not feel so overwhelmed. It's giving them information at a pace that they can take it in and hooking them up with agencies. I think the average parent (of an infant) doesn't even want to think about goals and priority learning outcomes.

*Concerns using VISTA.* Team members expressed a high level of consistency in indicating that COACH and VISTA helped to accurately clarify Andrew's educational program and support needs. Despite this agreement, team members expressed some divergent opinions. The speech/language pathologist expressed some initial concerns about early stages of the VISTA meeting. Each round of inquiries began with the facilitator directing questions to the classroom staff about their support needs, rather than the more traditional approach of asking the specialists to present their recommendations for consideration by the team. This put team members in the potential position of publicly disagreeing with the teacher. As she explained:

I am usually not a person who feels comfortable disagreeing with the consensus or what seems to be out on the table. But in this situation, I was feeling uncomfortable enough about what was happening (the teachers saying they did not need support for certain parts of Andrew's program) that I felt I needed to speak up and we needed to get some clarity on these issues.

She explained that she felt comfortable enough with these team members to speak up, but added, "if I didn't know the people or didn't have a relationship with them, I might not have felt comfortable ...." She said she would have had a higher "trust factor" and been more "comfortable" accepting the responses of the classroom teacher had she known that the classroom teacher had "a background in early childhood education" and had she known how the teacher was proposing to teach Andrew. Although having team members share background information about each other is a preparatory step in VISTA, team members did not formally complete this step. Once the team briefly clarified the meaning behind some of Andrew's priorities and completed the VISTA meeting, the speech/language pathologist said, "I ended up feeling comfortable with the decisions we came to."

Andrew's father expressed similar concerns about whether the classroom staff could adequately address certain priorities without additional support, saying "... there were a couple of times when I felt I wanted to say, 'Are you really sure?'" He explained that he stated his public agreement and kept his doubts to himself because he did not want to "challenge" the teacher or cause her to feel "uncomfortable." He went on to say, "I think the last thing many teachers would want to say is, 'I can't do this or I am not very good at doing this.'" Since these concerns did not emerge until the follow-up interviews, they were unaware that this preschool teacher did have a background in early childhood development and education, and stated her approach to receiving support as, "Know yourself and

your limits. Know when to ask for help. Don't be afraid to ask for help." All parties agreed that this problem could have been avoided by having team members more fully explain how they intend to teach specific learning outcomes so that other team members are in a better position to make an informed judgment about their agreement or disagreement.

*Do parents and teachers know when they need support?* Team members expressed different perspectives concerning whether classroom teachers and parents know when, and with what, they need support. As the special educator stated, "I think that parents and regular teachers have a pretty good idea of what kids need to be successful." This sentiment was echoed by Andrew's parents and his preschool teacher. "My sense is, I know very well what he needs" (Andrew's father). Andrew's mother said, "I think they (classroom teachers) know best if they need help or not." She then qualified her point, emphasising the importance of making such decisions within a shared framework that is family-centred by adding, "... provided they (teachers) have gone through a process like this (COACH and VISTA) with the parents and know the family's intentions and goals ... ." Andrew's father explained that prior to using COACH and VISTA he did not think that he had any choice regarding what specialists would do with or for Andrew,

I felt if they said, "a, b, c, d, e," then that's what it had to be. I still see them as experts, but now I see them as resource experts. Experts that I have access to for specialised knowledge I don't have. But the application of that specialised knowledge I feel belongs to Lucie and myself. Now what I see is that I can select from what they are saying using my own background, my own knowledge of Andrew, whereas before I didn't feel like that.

He continued saying, "I think all parents are experts in terms of knowing their own child" and he wondered "whether they (professionals) would see us in that light, I don't know."

The classroom teacher's perspective was:

I think a well trained teacher does recognise what their (students) needs are, can identify them, and can ask for help. I always try a few things from my own experience first. I stop after a few tries; that is when I know (I need some help).

The teacher was asked how she felt when she said she could handle a situation and others agreed. Her initial reaction was,

It was different because I'm not used to thinking that way. I'm more used to just being told (what the goals and support services would be). So at first it was kind of uncomfortable, but as I thought about it I was glad to have my viewpoint be that important and to have a chance to think about it more critically.

Once she actually participated in the VISTA meeting her discomfort subsided, "It

was like a jolt of confidence. Definitely, it felt good to be affirmed as a knowledgeable part of the team and having others agree that ‘You guys can handle that.’”

While recognising the skills and contributions of the teacher, the speech/language pathologist shared concerns and ambivalence frequently expressed by other support service providers, “I’m not sure if teachers really, fully understand all the parts of this and maybe they don’t really know they need help.” She offered this example, “We know we want to get from single word utterances to four word utterances, but what is the sequence that you should go through? People might be thinking, ‘Yes, we can do this’ but maybe not knowing enough of what goes into it. That part of it (VISTA) still makes me uneasy.” She indicated that the preschool teachers with whom she has worked do have the ability to grasp the type of information that comes out of the specialty areas and are able to apply it. She said she feels more comfortable accepting that there may be times when specialists are not needed, if: (a) a dialogue occurs about how the child will learn so that the need for support can be more accurately evaluated, (b) there is history with the person, or (c) team members are knowledgeable and confident about each other’s skills. The recognition that the skills of teachers and support service providers sometimes overlap may be welcomed by support service providers:

Sometimes I feel like people look at me like I am supposed to be a miracle worker. Like I am the one who has this magic to work on children to make their language come out. I don’t feel that way at all. So I am very happy to relinquish that role ....

As she concluded, “We have to learn to trust their (teachers’) decisions and recognise that maybe they know more about handling these situations or whatever than we previously thought.”

*Pros and cons of using COACH and VISTA.* The team was in general agreement that the plans developed using COACH and VISTA had been working well for Andrew. As Andrew’s mother said, “Just looking at the priority outcomes, something’s working. I’m looking at these ranked 1, 2, 3 and he’s doing all these things.” His preschool teacher concurred that he is acquiring new skills and experiencing positive changes in valued life outcomes:

We are using what we have written (on COACH and VISTA). I would say he has made good progress. He has a little friend who tunes in to him now and he is starting to build that kind of relationship. I see that as a real big step.

The professional staff had less to say about the impact of COACH and VISTA than did Andrew’s parents who perceived more significant differences based on their use. A representative sampling of participants’ feedback is found in Tables V and VI.

### **Discussion and Implications for Practice**

This case example documented that COACH and VISTA can be used effectively to

TABLE V. Pros and cons of COACH and VISTA from the professional staff

*Special Educator Perspectives*

"I found the process really was family friendly."

"I thought it was really encompassing of everything that I would want to look at. I think most of the categories are very applicable (e.g., socialisation, communication). The areas that wouldn't be applicable for preschoolers, we just omit."

"It is always interesting to see a husband and wife coming from two different angles and how they mesh or don't mesh in their thinking. They did come together and I think it helped us to see, 'Well, she looks at it this way and he looks at it this other way, but really they are both saying the same thing.' That was interesting to see because at other team meetings they had not always been in agreement."

*Preschool Classroom Teacher*

"It gets you critically thinking about the needs of the individual, and it fits in with the classroom teacher being part of the team. It's really melded well with my beliefs and what we do here."

"... it is hard to get away from the classroom for a couple of hours to really hash through all this stuff."

"At first it (VISTA) really felt lengthy, but then once we got through it, it seemed worth the time as far as taking a closer look at exactly who is going to be doing what for Andrew, and if it is necessary. It seemed to simplify things here rather than questioning all the time, 'Who are we going to get for this or that?'"

"... it (the need for a facilitator who is not a team member) would depend on the personalities involved. If you have people who are sensitive about being questioned, 'Is this really necessary?' then they probably would be offended more by a team member than an outsider."

"I can tell you that the COACH Program-at-a-Glance is a lot easier to look at. If you open a file and you are in a hurry, 'What does this kid need? What are we working on?' it is a lot easier to just go down the list rather than sorting through all the different columns of the traditional IEPs."

*Speech/Language Pathologist*

"(VISTA) seemed redundant... but (it) was a more detailed and comprehensive ... that is probably why it was a much longer meeting than typical."

"It seems like the process would take a person within a school district a lot of training."

"I think it would be hard if someone were facilitating and then had to take the role (of team member). I can see the facilitator would either need to remain in the role of facilitator or would need to step out of that role if they had a different opinion. That might be a little hard, I think more for the facilitator."

plan the educational program content and support services for a preschool child with disabilities. The findings of this case example should be viewed within the realisation that they provide a few "snapshots" of a single case based on data collected at three points in time over approximately one year, therefore generalisation to other situations should be considered with caution. In considering the findings we have identified some of the key implications for practice. First, communication, developing relationships, and trust among participants are important factors that appear to be contributing factors in the successful use of COACH and VISTA. Therefore, continually improving one's communication and interaction skills within a group should enhance the utility of these tools. Conversely, these tools, and we suspect other planning processes, cannot flourish in situations where communication and

TABLE VI. Pros and cons of COACH and VISTA from Andrew's parents

---

*Mother*

"It really helped Tim and I establish some dialogue concerning what we wanted for Andrew as parents."

"What I liked about COACH was it was able to give me a menu of things from which to choose ..."

"It was more parent focused than specialist focused. It was very challenging because it made me think of things that didn't come up in the specialist kinds of meetings. It was more focused on everyday life and kinds of things I wanted him to be able to do with the family and in a classroom."

"It helped me get to know him (Andrew) better because it made me look at very detailed things. It also helped me learn more about myself and what my priorities were for my child by having to choose those priorities. It was kind of a self-discovery of what is the most important to me. Afterwards I think I felt more in control of what was going on with him because what was happening, it directly resulted from mine and Tim's input."

"It made a lot of sense. I thought they were really great questions, totally radically different from the kinds of questions that we had faced before."

"This seemed more customised to me. There are always pros and cons. The con is that it's hard work, but looking back it was good work because it made us more aware of what we needed and what we wanted for Andrew."

"It looked at Andrew from a positive perspective. It's more of a half-full than half-empty kind of thing ... a more optimistic approach. Working toward goals rather than working against disabilities."

"This really helps lay the ground work for parents to know how to make decisions for their child and it empowers parents to be able to take a more active role in choices that are made for their child."

*Father*

"What COACH did more than anything else was made us feel important and us feel that our point of view was acknowledged, valid."

"Another thing I really liked was the way it was structured from more global issues and funnelled down to more specific things."

"They (valued life outcome questions from COACH) opened up a great sense that this was part of an ongoing process, it was kind of a life learning cycle. It's both a very powerful thing and also a very scary thing."

"The pros would be that you really felt that you were totally involved with your child's education, that it is not being taken away from you, that you are an integral part, an equal part of the group, that what you have to say has equal value with what each of the other experts say."

"Well I think it (COACH and VISTA) developed in us a point of view that should last, I want to say a disposition. A disposition that, regardless of who we work with, we feel that our input is of equal importance, that the decisions that we make have value. Without COACH, I think we would have probably have gone through our life with Andrew being much more at the beck and call of the people who were working with him. It (VISTA) encourages sensible advocacy."

---

trust are compromised. This highlights the importance of developing a shared framework as described at the beginning of the VISTA manual and reaching a group understanding about the principles that underlie COACH and VISTA.

Secondly, as stated in the directions for COACH and VISTA, parents need to be included in the decisions about whether these approaches should be used to facilitate educational planning for their child. While some parents may feel ready

and willing to participate, others may not, or may simply prefer other options that more closely match their personal style or needs. Involving families in the decision-making and approaching each family individually continues to be a foundational aspect of exemplary practice. Based upon this study, it appears that in general, COACH and VISTA may be most appropriately used for children participating in a centre-based preschool. Use of COACH and VISTA for younger children has not currently been established to be desirable, though many of their underlying principles may be applicable. Based on the feedback from study participants, their use can represent a potential mismatch with the needs of families who have infants with disabilities.

Third, participant preparation, or more precisely, gaps in preparation continue to plague COACH and VISTA use. Based on the feedback from study participants, the experiences of team members would have been enhanced had they fully followed the preparatory instructions in both COACH and VISTA, particularly sharing information with each other about their backgrounds. As one team member shared, "I don't know the backgrounds of the people on the team. It was a disadvantage not knowing." It is important to take the time to learn about each other's skills, knowledge, and philosophies, both professionally and personally, to develop a shared framework. Team members who have worked together for what they perceive to be a long period may think it is unnecessary to take valuable time to formally share their backgrounds with each other. But as this case study demonstrated, even people who have been working together for 2 years may not know very basic and important background information about each other.

Next, the feedback from team members raises some interesting implications for the use of facilitators when using VISTA. Some of the questions being posed to team members during a VISTA meeting are, by their very nature, designed to challenge them. Such challenges and critical reflection are essential for educational improvement. At the same time it is important to pursue those challenges in a manner that is respectful and seeks to avoid damaging the relationships among team members. Therefore, it may be advisable to have someone who is familiar with the process, but who is not a team member, facilitate the VISTA meeting. This is a decision that the team should make prior to having a VISTA meeting. This also raises a related issue regarding training to use COACH and VISTA. Since having sufficient opportunities and practice to become proficient is needed to learn any new skill, this might suggest the need for different levels of training. For example, those individuals who plan to be facilitators of COACH and VISTA likely will require more extensive training than those who are more likely to be nonfacilitating participants.

One of the most significant implications from this study suggests a modification to both the preparation for VISTA and the asking of an additional question during the VISTA meeting. Team members described their ambivalence about agreeing that the classroom staff could handle certain aspects of a student's educational program without specific knowledge about the approach the teacher planned to use. As part of preparation, when the teacher is reviewing the Program-at-a-Glance and VISTA Worksheet entries, she can ask herself, "Am I OK without additional support? If so, how would I explain my teaching approach to the team?" The teacher

should be prepared to share that explanation at the VISTA meeting. This would allow the classroom staff to think about such issues in advance without the pressure of responding at the meeting for the first time. During the VISTA meeting, the facilitator could ask the teacher how she proposes to handle a situation she feels does not require additional support. Her response would be heard before other team members would be asked if they agreed or disagreed.

This simple modification in the VISTA process can establish a new team norm for obtaining clarifying information. Even if these modifications to the process are used, someone still has to speak first and others must react to it. The traditional approach where specialists give their recommendations first often leads to other team members deferring to them (Giangreco, Edelman, Luiselli, & MacFarland, 1998). It appeared from this case study that the same problem can occur when teachers express their support needs first. Ultimately, team members need to replace unwarranted deference among team members with constructive ways to consider divergent opinions. This highlights the ongoing need for open, honest communication in an atmosphere of trust. The difference is that when teachers express their needs first, if an error in initial judgment is made, it will likely be identified more quickly because the teacher is with the child all day, everyday, as opposed to a specialist who interacts with the student much more intermittently.

In conclusion, the use of COACH and VISTA can be an effective planning option for preschool students with moderate to severe disabilities during the year or two prior to their transition to kindergarten. Their use can create a bridge between preschool special education and school-aged programs and services so that families and children can experience a smooth transition and develop skills that will allow them to be more effective consumers and more active participants in their child's educational planning.

### **Author Notes**

Partial support for the preparation of this manuscript was provided by the United States Department of Education, Office of Special Education and Rehabilitative Services under the funding category, Research Validation and Implementation Projects for Children who are Deaf-Blind, CFDA 84.025S (H025S40003-95), awarded to The University Affiliated Program of Vermont at the University of Vermont. The contents of this paper reflect the ideas and positions of the authors and do not necessarily reflect the ideas or positions of the US Department of Education; therefore no official endorsement should be inferred. The authors extend thanks to Ruthanna DeMag, Diane Wasser, and other school staff for their contributions to this study and more importantly, for their contributions to Andrew's education. Thank you to Jane Ross-Allen for her editing feedback and encouragement during this study.

### **References**

- BOGDAN, R. & BIKLEN, S. (1992). *Qualitative research for education: An introduction to theory and methods* (2nd ed.). Boston: Allyn and Bacon.

- BRICKER, D. (1995). The challenge of inclusion. *Journal of Early Intervention*, 19, 179–194.
- CARNEY, I.H. & GAMEL-MCCORMICK, M. (1996). Working with families. In F.P. ORELOVE & D. SOBSEY (Eds.), *Educating children with multiple disabilities: A transdisciplinary approach* (pp. 451–476). Baltimore: Paul H. Brookes.
- DENNIS, R. & GIANGRECO, M.F. (1996). Creating conversation: Reflections on cultural sensitivity in family interviewing. *Exceptional Children*, 63, 103–116.
- DUNST, C.J., TRIVETTE, C.M. & DEAL, A.G. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.
- ERWIN, E. (1996). *Putting children first: Visions for a brighter future for young children and their families*. Baltimore: Paul H. Brookes.
- GIANGRECO, M.F. (1994). Effects of a consensus-building process on team decision-making: Preliminary data. *Physical Disabilities: Education and Related Services*, 13(1), 41–56.
- GIANGRECO, M.F. (1996a). *Supplement to VISTA (Vermont Interdependent Services Team Approach)*. Burlington, VT: University of Vermont, University Affiliated Program of Vermont.
- GIANGRECO, M.F. (1996b). *Vermont Interdependent Services Team Approach: A guide to coordinating educational support services*. Baltimore: Paul H. Brookes.
- GIANGRECO, M.F., CLONINGER, C.J., DENNIS, R.E. & EDELMAN, S.W. (1993). National expert validation of COACH: Congruence with exemplary practice and suggestions for improvement. *The Journal of the Association for Persons with Severe Handicaps*, 18, 109–120.
- GIANGRECO, M.F., CLONINGER, C.J. & IVERSON, V.S. (1993). *Choosing options and accommodations for children: A guide to planning inclusive education*. Baltimore: Paul H. Brookes.
- GIANGRECO, M.F., CLONINGER, C.J. & IVERSON, V.S. (1998). *Choosing outcomes and accommodations for children: A guide to educational planning for students with disabilities* (2nd ed.). Baltimore: Paul H. Brookes.
- GIANGRECO, M.F., CLONINGER, C.J., MUELLER, P.H., YUAN, S. & ASHWORTH, S. (1991). Perspectives of parents whose children have dual sensory impairments. *Journal of the Association for Persons with Severe Handicaps*, 16(1), 14–24.
- GIANGRECO, M.F., EDELMAN, S.W. & DENNIS, R.E. (1991). Common professional practices that interfere with the integrated delivery of related services. *Remedial and Special Education*, 12(2), 16–24.
- GIANGRECO, M.F., EDELMAN, S.W., DENNIS, R.E. & CLONINGER, C.J. (1995). Use and impact of COACH with students who are deaf-blind. *The Journal of the Association for Persons with Severe Handicaps*, 20, 121–135.
- GIANGRECO, M.F., EDELMAN, S.W., LUISELLI, T.E. & MACFARLAND, S.Z. (1996a). *Review of VISTA by representatives of national organizations*. Burlington, VT: University of Vermont, University Affiliated Program of Vermont. (ERIC Document Reproduction No. ED 396 490).
- GIANGRECO, M.F., EDELMAN, S.W., LUISELLI, T.E. & MACFARLAND, S.Z. (1996b). Support service decision-making for students with multiple service needs: Evaluation data. *The Journal of the Association for Persons with Severe Handicaps*, 21, 135–144.
- GIANGRECO, M.F., EDELMAN, S.W., LUISELLI, T.E. & MACFARLAND, S.Z. (1998). Reaching consensus about educationally necessary support services: A qualitative evaluation of VISTA. *Special Services in the Schools*, 13(1/2), 1–32.
- GIANGRECO, M.F., EDELMAN, S.W. & NELSON, C. (1998). Impact of planning for support services on students who are deaf-blind. *Journal of Visual Impairment and Blindness*, 92(1), 18–29.
- HUGHES, F.P. (1991). *Children, play, and development*. Boston: Allyn and Bacon.
- PADILLA, R.V. (1992). *HyperQual2 Version 1.0* [Computer Program]. Chandler, AZ: Author. (Address: 3327 N. Dakota, Chandler, AZ 85224, USA).
- PATTON, M.Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage.

- PECK, C., ODOM, S. & BRICKER, D. (1993). *Integrating young children with disabilities into community programs: Ecological perspectives on research and implementation*. Baltimore: Paul H. Brookes.
- ROSS-ALLEN, J., CONN-POWERS, M. & FOX, W. (1991). *Transition into the elementary education mainstream (TEEM): A manual to support the transition of young children with special needs and their families from preschool into kindergarten and other regular education environments*. Burlington, VT: University of Vermont, University Affiliated Program of Vermont.