

**Evaluation of the IDEA Technical Assistance and
Dissemination Program: Phase II**

Statement for Paperwork Reduction Act Submission

**PART B: Collection of Information
Employing Statistical Methods**

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Part B: Collection of Information Employing Statistical Methods

Overview

Part D of the Individuals with Disabilities Education Act (IDEA) specifies that the TA&D Program will provide technical assistance, support model demonstration projects, disseminate useful information, and implement activities that are supported by scientifically based research (IDEA 2004, P.L. 108-446 Part D Section 663, 118 Stat. 2781). The federal government has been funding projects that provide technical assistance related to the education of individuals with disabilities for four decades, and the TA&D Program assumed its current structure with the 1997 reauthorization of IDEA. The TA&D Program awards grants in multiple subprogram areas, with grants ranging in size from approximately \$65,000 per year to approximately \$2.8 million per year. Program grantees are located throughout the U.S. and recipients include institutions of higher education, for-profit organizations and private nonprofit institutes and organizations.

Under contract with the National Center for Education Evaluation (NCEE) in the Institute of Education Sciences (IES) at the U. S. Department of Education (ED), Westat completed an evaluation of 27 national centers that were funded under the TA&D Program, referred to in this application as Phase I of the National Evaluation. Under Phase I, data were obtained from TA&D center Project Directors; State Special Education Directors; and state-level staff who oversaw or were involved with providing technical assistance in numerous areas. Phase I of the evaluation provided detailed information about project activities, need for TA, and satisfaction with TA received in these specified areas (Daley, Fiore, Bollmer, Nimkoff & Lysy, 2013).

While robust and detailed information was obtained about *national* technical assistance and dissemination activities, Phase I of the Evaluation provided only minimal information about the State Deaf-Blind Projects. Children who are deafblind represent the quintessence of the populations that gave rise to special education: they are an extremely low incidence population, challenged as learners, and difficult to instruct under traditional conditions. In recognition of the unique needs of this population, the Individuals with Disabilities Education Act requires that the Secretary reserve a portion of IDEA Part D funds each year to address the needs of children with deafblindness (see section 682(d)(1)(A) of IDEA, 20 U.S.C. 1482(d)). The combined 52 projects make up approximately one-fifth of the annual expenditure for the TA&D Program. In collaboration with the National Center on Deaf-Blindness (NCDB), these projects play a central role in providing TA to families, professionals and paraprofessionals who serve children with deafblindness. And, while funded since the 1960s under various authorities, a formal evaluation of the State Deaf-Blind Projects has not, to our knowledge, ever been conducted.

In October 2013, a new set of 52 State Deaf-Blind Projects were awarded. These projects are each five years and range in size from \$65,000 per year to \$575,000 per year. As per the priority identified for these projects, they provide direct, targeted, and intensive TA to staff in LEAs, schools, EIS providers, and classrooms, where children who are deaf-blind are served. While the projects all share similar features, there is also variability in the structure, specific activities, and population served, as well as in other areas. Phase II of the Evaluation will include two questionnaires that are designed to describe this variability as well as better understand the population of providers who work with students with deafblindness in school and related settings. A State Deaf-Blind Project grantee questionnaire will yield detailed descriptive information about projects, including the topic areas on which they focus, the technical

assistance services provided by the projects and to whom they provide these services, and the collaborative relationships in which the projects engage. A questionnaire administered to service providers who are known to have worked with children with deafblindness will offer information about the needs that these individuals have for technical assistance to support children with deafblindness and their families. A short set of questions administered to service providers who have received targeted technical assistance from the projects will allow an assessment of satisfaction with individualized, direct, and intensive TA services provided by the projects. The evaluation questions appear below.

- 1) What technical assistance and dissemination activities do State Deaf-Blind Projects provide and how does this vary across the states?**
 - a. What types of technical assistance and dissemination activities do projects provide?
 - b. To what extent do projects focus on the specific initiatives promoted by NCDB?¹
 - c. To whom do projects provide TA?
 - d. How do projects determine which children are eligible for and who will receive TA services?

- 2) How do State Deaf-Blind Projects collaborate across the program, within their individual states, and with other TA providers?**
 - a. Within the network of projects, with whom do projects collaborate and in what ways?
 - b. Outside the network of State Deaf-Blind Projects, with which other TA providers do projects collaborate and in what ways?

- 3) What are the needs for TA among service providers of children who are deafblind and how do needs vary?**
 - a. What are the needs for TA among service providers?
 - b. How does need for TA vary by individual characteristics of service providers?
 - c. How does need for TA vary by characteristics of service providers' settings?

- 4) How satisfied are service providers with services provided by the State Deaf-Blind Projects?**
 - a. How does service provider satisfaction with TA vary across projects?
 - b. How does service provider satisfaction vary based on characteristics of the project?
 - c. How does satisfaction with TA vary by characteristics of service providers?
 - d. How does satisfaction with TA vary by characteristics of service providers' settings?

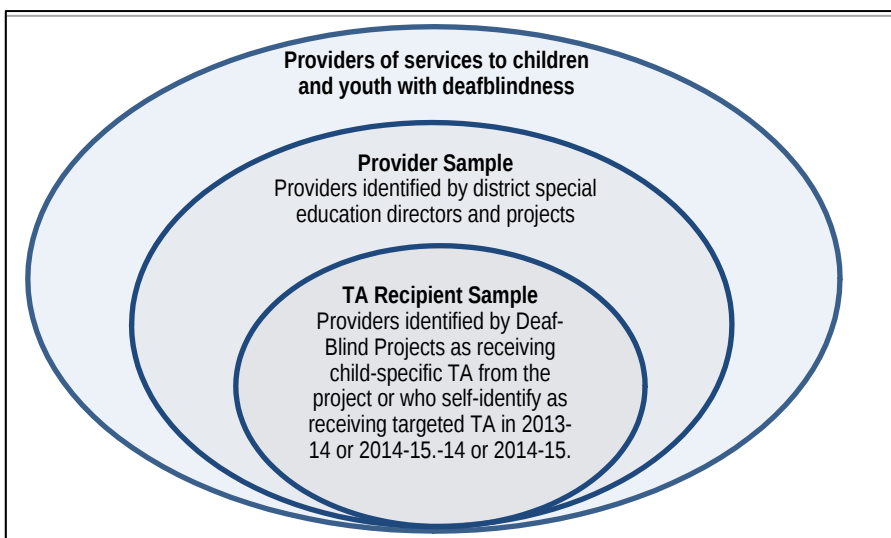
Data to address the research questions above will come primarily through the two questionnaires, and we will use project proposals as an extant data source to provide some descriptive information about the projects.

¹ The relevant NCDB initiatives are: Early identification and referral, Intervener services, Transition, Family engagement, Literacy, and Technology solutions.

B.1 Respondent Universe and Sampling Methods

We will collect data to address the evaluation questions from three groups of respondents: (1) project directors of the TA&D State Deaf-Blind Projects; (2) service providers who worked with individuals with deafblindness or their families at least on a weekly basis during 2014-15; and (3) a subset of providers who received targeted technical assistance from the projects during 2013-14 or 2014-15.² Exhibit B-1 illustrates the relationship between the Provider and TA Recipient samples.

Exhibit B-1. Relationship of the Provider and TA Recipient Samples



Project Directors of the TA&D State Deaf-Blind Project Grants

The Project Director sample will provide data to address Evaluation Questions 1 and 2. We have already identified the project directors of the 52 TA&D State Deaf-Blind Project grants that were funded in October 2013, and each director will be included in this sample. Project directors will be encouraged to direct the survey or parts of the survey to other individuals working on the project, if they are the appropriate respondent for a given question or section. The states and project names appear in Exhibit B-2.

² There is a fourth group of individuals who are included in the burden estimate—special education directors—because we contact these individuals to create the sample of service providers who worked closely with individuals with deafblindness. This group does not provide data that are used to address the evaluation questions.

Exhibit B-2. State Deaf-Blind Project Grants

State	Project Name
Alaska	Alaska Deaf-Blind Project
Alabama	Alabama Deaf-Blind Project
Arkansas	Children and Youth with Sensory Impairments (CAYSI)
Arizona	Arizona Deafblind Project
California	California Deaf-Blind Services
Colorado	Colorado Services for Children and Youth with Combined Vision and Hearing Loss Project
Connecticut	New England Consortium for Deaf-Blind Technical Assistance and Training (NEC)
DC	Connections Beyond Sight and Sound (CBSS)
Delaware	Delaware Statewide Programs for the Deaf, Hard of Hearing, and Deaf-Blind
Florida	Florida and Virgin Islands Deaf-Blind Collaborative
Georgia	Georgia Sensory Assistance Project (GSAP)
Hawaii	Hawai'i and Pacific Deaf-Blind Project
Iowa	Iowa's Deafblind Services Project
Idaho	Idaho Project for Children and Youth with Deaf-Blindness
Illinois	Project Reach: Illinois Deaf-Blind Services
Indiana	Indiana Deafblind Services Project
Kansas	Kansas Deaf-Blind Project
Kentucky	Kentucky Deaf-Blind Project
Louisiana	Louisiana Deafblind Project for Children and Youth
Massachusetts	New England Consortium for Deaf-Blind Technical Assistance and Training
Maryland	Connections Beyond Sight and Sound (CBSS)
Maine	New England Consortium for Deaf-Blind Technical Assistance and Training
Michigan	Deaf-Blind Central: Michigan's Training and Resource Project
Minnesota	Minnesota Deaf-Blind Technical Assistance Project
Missouri	Missouri Deafblind Technical Assistance Project
Mississippi	Mississippi Hearing-Vision Project
Montana	Montana Deaf-Blind Project
North Carolina	North Carolina Deaf-Blind Project
North Dakota	North Dakota Dual Sensory Project
Nebraska	Nebraska Project for Children who are Deaf-Blind
New Hampshire	New England Consortium for Deaf-Blind Technical Assistance and Training
New Jersey	New Jersey Constortium on Deaf Blindness (NJCDB)
New Mexico	Project for New Mexico Children and Youth who are Deaf-Blind
Nevada	Nevada Dual Sensory Impairment Project
New York	New York Deaf-Blind Collaborative
Ohio	Ohio Center for Deafblind Education
Oklahoma	Oklahoma Deaf-Blind Technical Assistance Project (OKDBTAP)
Oregon	Oregon Deaf-Blind Project
Pennsylvania	The Pennsylvania Deaf-Blind Project
Puerto Rico	Deafblind Program in Puerto Rico
Rhode Island	Rhode Island Services to Children and Youth with Dual Sensory Impairments
South Carolina	South Carolina Interagency Deaf-Blind Project (SCIDB)
South Dakota	South Dakota Deaf-Blind Project
Tennessee	Tennessee Deaf-Blind Project (TNDB)
Texas	Texas Deaf-Blind Project
Utah	Utah Deaf-Blind Project
Virginia	Virginia Project for Children and Young Adults with Deafblindness (VA Deaf-Blind Project)
Vermont	Vermont Sensory Access Project (Deaf-Blind Project)
Washington	Washington State Services for Children with Deaf-Blindness
Wisconsin	Wisconsin Deaf-Blind Technical Assistance Project (WDBTAP)
West Virginia	WV SenseAbilities
Wyoming	Wyoming Deaf-Blind Project

Providers and TA Recipients

Providers will contribute information about needs for TA that are experienced by those who work

directly with students with deafblindness, and information from this sample will allow us to address Evaluation Question 3. The Provider sample is composed of individuals who are identified by school or district administrative staff as working closely with students with deafblindness and their families on at least a weekly basis during the year of the project (2014-15). By targeting the individuals who are responsible for providing direct services to students with deafblindness, we will obtain information from the most knowledgeable individuals at the local level. This process mirrors our procedure successfully used in Phase I of the evaluation. Providers will receive questions about their background and experiences with deafblindness, about their needs for TA, and about their usual sources for receiving information about deafblindness.

As noted above, a subset of providers will be identified as receiving child-specific assistance from their State Deaf-Blind Project during the 2013-14 or 2014-15 school years or will self-identify as having received targeted assistance from their state project during this same time period. Our definition of targeted TA includes two primary forms of assistance: 1) *child-specific assistance*, which is technical assistance that was focused on a particular child or children, and is by definition individualized. In child-specific TA, a child or multiple children are identified as the focus of services. Targeted TA also includes staff-specific assistance, which is other direct intensive technical assistance designed to train service providers working with deaf blind children in order to assure that they can provide high quality services. Staff-specific assistance will be intensive, but not linked to a specific child or children, and may be designed to increase skills around a particular topic or educational process. Our definition of targeted assistance involves either onsite visits or the use of distance technology, which is becoming increasingly used for state deaf-blind projects. The sample of TA Recipients will allow us to address Evaluation Question 4, which focuses on the performance of the Deaf-Blind Projects in providing targeted technical assistance.

The Provider and TA Recipient samples will comprise diverse respondents who represent many professions. Because of the complexity of the condition of deafblindness, children are typically served by a team of professionals and related services providers to address their needs. There is no existing list of individuals who work with students with deafblindness in the U.S. To access the individuals who work with this population, we will identify participants using a stratified two-stage design.

Stage 1

1. From each State Deaf-Blind Project, we will request a list that contains the school and district at which each student aged 6-21 with deafblindness was reported to attend, based on the Child Count project data submitted to the National Center on Deaf-Blindness (NCDB) in 2014. Identifying information about the child will not be requested nor provided to Westat. For any state unable to provide this information, we will ask projects to identify any schools or districts which are known to have children and youth with deafblindness enrolled, even if no TA was provided.
2. We will also request a list of all schools where child-specific assistance was provided to a child or youth age 6-21 since the start of the state project (e.g., the 2013-14 and 2014-15 school years), along with contact information (name and email address) for all service providers who received child-specific assistance. Child and family names will not be obtained. Projects will be asked only to provide information about recipients of child-specific TA because all projects may not maintain complete lists of individuals served through other forms of TA, and we would obtain an incomplete (and therefore biased) sample if we did not obtain these lists from all states.

3. Using both available sources, a master list of schools across the states will be compiled. Stratification will be made on the basis of number of students with deafblindness in attendance in the school and possibly by urban/rural designation if feasible. Schools at which the project worked will be sampled with certainty. A simple random sample of schools will be selected from each stratum with a sample size allocated proportionally to the number of students with deafblindness, so that schools with greater number of students identified as deafblind will be selected with a higher probability. If urban/rural stratification is feasible, it will be necessary to oversample the rural strata to have an adequate sample size for providers serving rural schools; see additional sampling detail below.

Stage 2

4. We will contact the district special education director of each sampled school.
 - a. In schools where children and youth with deafblindness are known to have attended, special education directors will be asked to provide contact information (name and email) for all providers in the school who with children and youth with deafblindness at least on a weekly basis.
 - b. In schools where providers are known to have received TA from the project, we will provide this list of names and ask special education directors to identify all *other* individuals who work with students with deafblindness on a weekly basis in their school, noting that the individuals identified will already be completing the survey.
5. All providers identified by schools will receive the Provider Questionnaire.
6. All providers identified as having received child-specific assistance by the State Deaf-Blind Project, or who self-identify as receiving targeted assistance (including both child-specific and staff-specific assistance), will receive the questions that constitute the TA Recipient Supplement in addition to completing the Provider Questionnaire. For such respondents, the TA Recipient Supplement appears as a short set of questions that follow those on background and needs for TA, and is seamlessly integrated as one instrument.

Estimates

Using information from the 2012 NCDB Child Count (Census) data and estimates provided by project directors, we estimate that there may be roughly 4,920 schools that students age 6-21 with deafblindness attend.

For the purpose of this study we define *Providers* as all individuals identified by a district administrator or other authorized individual as someone who works with deafblind students and their families on at least a weekly basis at each of those schools. We estimate that special education directors are likely to identify an average of four providers per school who meet the criteria of “working with students with deafblindness on at least a weekly basis.” Using this estimate, we calculate the population of providers to be 19,680.

For the purpose of this study, we define *TA Recipients* as a subset of providers who have received targeted TA from a deaf-blind project, whereas non-TA providers are individuals who have not received TA. Within this group, we estimate that there are, across all states, approximately 1,500 providers who will either be identified as having received child-specific TA by a project or will self-identify as having received targeted TA from their state deaf-blind project

though they were not reported to do so by the project. Schools at which these providers are located are selected with certainty, and individuals identified by state projects as having received child-specific TA automatically are included in the TA Recipient sample. We assume some clustering of these recipients of TA and estimate that a project will identify 3 providers per school on average as TA recipients, resulting in a total of 500 schools that are selected with certainty. In schools where TA has been provided and these individuals are located, we estimate that special education directors will identify only one additional provider and no additional TA recipients beyond the 3 already identified on average.

Using these assumptions, we need 1,250 providers who have not received TA in order to meet the precision goal of a standard error of 2 percent for the Provider sample, which means that we will need to select 750 providers from schools at which no TA has been provided – more discussion follows how this sample size is derived. The number of such schools required to obtain these providers is 188 ($=750/4$). We expect that a small number of schools that served students with deafblindness in 2013-14 will no longer do so in 2014-15, and that some sampled schools will decline to participate. To account for these factors, we increase the sample size of 188 to 220. Therefore the total school sample size becomes 720, including 500 schools sampled with certainty. Because it is also feasible that fewer than four providers will be identified on average, and that the school participation rate is lower than expected, we will select 180 additional schools (25% more) as a back-up sample, resulting in a total of 900 schools needed in the first-stage sampling.

To calculate an appropriate sample size, we need to know two parameters: the precision goal and an anticipated design effect. The design effect is a measure of loss in sampling efficiency by using a more complex sample design than the most simplistic sample design that is the simple random sampling (SRS) method, which selects providers with an equal probability directly from the list of providers without going through schools. In our case, this is not feasible because the SRS method would require the list (sampling frame) of *all* providers who work with deafblind students for all 4,920 schools, and it is not feasible to create such a list within the constraints of this evaluation. The sample design (a stratified two-stage design) we propose is necessarily more complex than the SRS design, and we expect some loss in sampling efficiency compared with the SRS method. This loss is measured by the inflation of the variance, that is, the ratio of the variance under the complex design to the variance under the SRS design for the same sample size. This measure, called the design effect, is usually greater than one for a complex design and usually consists of two factors: the weighting factor, which is the effect due to unequal weights, and the clustering effect, which is the effect of using clusters (schools) instead of direct sampling of providers. We expect that the variance will be inflated by 30 percent due to clustering and 20 percent due to unequal weights, and the combined design effect is then 1.6 ($= 1.3 * 1.2$).

It is customary to set the precision goal to be the maximum standard error for estimating a population proportion of 50 percent from a nationally representative sample. If this precision goal is set at a standard error of 2 percentage points, the required sample size for the sample design we plan to use to meet the precision requirement is 1,000 with the assumed design effect of 1.6. This is our precision goal for the Provider sample. Assuming an 80% response rate of providers, we need to select and contact about 1,250 providers whom we do not believe to have received TA.

We anticipate that some providers serve more than one school. The survey will instruct respondents to complete the survey only once, and through our survey management system, we will be able to identify those individuals who were listed more than once (even if they are

non-responders). We view the likelihood of this occurrence as low, and identified duplicate names will be treated as ineligible in weighting.

The precision goal can be translated into the margin of error for the 95 percent confidence interval to be 4 percentage points. These calculations are summarized in the Exhibit B-3.

Exhibit B-3. Precision goal and the required sample size for the Provider Sample

Precision in S.E. (%)	Margin of Error for 95% CI (%)	Respondent Sample Size	Initial Sample Size for Data Collection ¹
2	4	1,000	1,250

¹ Rounded at hundreds.

Being a census for the TA Recipients, the precision is expected to be very good for this group, even when accounting for some nonresponses. The expected precision for the entire sample of Providers and TA Recipients will be quite good and estimated to be a standard error of 1.7 percent for an estimate of 50 percent population proportion assuming a design effect of 2.6. We expect that the design effect will increase because the weights for the TA group and non-TA group will be very different. We assumed that the clustering effect is the same (i.e., 1.3) but the weighting factor is 2 in the design effect.

When a population proportion less than or greater than 50 percent is estimated, the precision is expected to be better than the target precision with the same sample size because precision is worst for a 50 percent population proportion.

Once we obtain the full list of schools, we will examine and discuss the potential capability for stratification based on either or both of the following dimensions:

Number of students with deafblindness who enrolled: While students are far more dispersed across schools than in any time in the past, there remain special schools for the deaf, blind and deafblind, and there are also schools that serve clusters of students from across a wide geographical area (e.g., a county). Stratification by number of students with deafblindness in attendance would ensure that schools that serve multiple students with deafblindness are included in the sample with a higher chance and that there is adequate power to address Evaluation Question 3c and 4d.

Urban/Rural-remote: Rural and remote schools are often difficult to serve through targeted TA due to the challenge of physically reaching geographically remote populations. Numerous grantees noted this challenge in their proposals, and included estimates of distance and travel time to highlight this point. Oversampling these schools would ensure that an adequate number of rural/remote schools are included in the sample to address the important issues faced by these providers, and provide adequate power to address Evaluation Question 3c and 4d.

B.2 Information Collection Procedures

Collection of Extant Data

OSEP has already provided each of the successful grantee applications from the recently funded projects, and has provided information on the funding level for each project. In addition to our review of these that we completed to inform our questionnaire development, we will extract the following information to provide a descriptive context to the project:

- Project funding amount from ED
- Administrative location of the project
- Number of full time staff associated with the project
- Number of part time staff associated with the project
- Total FTEs supported through the grant
- Total FTEs supported through external sources
- Geocoded project location to allow calculation of distance between the provider setting and the project location

In conjunction with survey data, these data will be used as contextual background and as part of each state project profile.

Collection of State Deaf-Blind Project Data

The TA&D State Deaf-Blind Project Questionnaire will be a web-based tool to collect detailed descriptive information of projects concerning: (1) structural aspects of the Projects not available through extant sources, (2) the type of technical assistance activities conducted, (3) who is served, and (4) with whom projects collaborate. The questionnaire was modeled after a tool used successfully during Phase I of the Evaluation to obtain information about the National TA&D Centers and was informed through review of the grantee proposals for the 2013-2017 cycle of funding, as well as through close examination of existing survey tools used by grantees.

One week prior to requesting the lists of schools that children attended and of TA recipients, a personalized cover letter will be mailed to the Project Director to provide an overview of the project and timeline for data collection (see Appendix D). We will then follow up by email with electronic templates for the project directors to use to provide two lists. One list will identify the school and district for each student included in the state deafblind census for children aged 6-21. The second list will consist of names and contact information for service providers to whom projects have provided child-specific technical assistance during 2013-14, either onsite or using distance technology. Both lists will be used to identify all schools at which students with deafblindness may be located, and neither list will include student names or other student identifiers.

The Deaf-Blind Project Questionnaire itself will not be administered to directors until October 2014, a full year from the start of their project. Follow-up with directors will be conducted by email and phone to clarify any items, as needed. Once the questionnaire and follow-up have been completed, the data collection will be closed out.

To help ensure a high response rate among State Deaf-Blind Project directors, we will provide information to the TA&D Program Project Officers and to the directors themselves at OSEP's annual meeting in July 2014, and will also use the meeting to address any challenges the

Projects have had in compiling their lists of schools and TA recipients. We do not anticipate difficulty in achieving 100% participation among TA&D Deaf-Blind Project grantees.

Collection of Provider Data

The Provider Questionnaire will be completed by individuals who are identified by school or district administrative staff as having worked closely with students with deafblindness on at least a weekly basis during the 2014-15 school year. By targeting those individuals who have had the most responsibility for providing services to students with deafblindness, we will obtain information from the most knowledgeable individuals at the local level. This process mirrors our procedure successfully used in Phase I of the evaluation. Providers will receive questions about their background and experiences with deafblindness, about their needs for TA, and about their usual sources for receiving information about deafblindness.

The Provider Questionnaire was developed through review of the grantee proposals, review of existing “needs assessment” tools by grantees, satisfaction surveys used by grantees, and TA request forms used by grantees. It was revised through testing with providers who had a range of professional experiences working with students with deafblindness, and reviewed by former project directors and NCDB staff.

Once the sample of schools is selected, contact information for the district special education director for each school will be identified using publicly available information on school and district websites. Data collection procedures will then be as follows:

Step 1: Mail an advance letter from Westat to inform special education directors of the forthcoming survey, to share with them the purpose of the study and its importance, and to ask for their cooperation (See Appendix D for Advance letter).

Step 2: After one week, email each special education director with the web address for logging in to the Respondent Assignment page, along with login directions. (See Appendix B for Email and Respondent Assignment page).

Step 3: Begin follow-up contact by telephone and email to confirm receipt of the survey information packet by the correct person and to address technical difficulties with the web-based survey or answer questions about the Respondent Assignment page.

Step 4: As providers are assigned surveys, initiate email contact on an ongoing basis to provide clarification about questions as needed, prioritizing those respondents who have not begun or have completed only a limited portion of the survey. All follow-up within a given state will be conducted by the same individual to allow a cohesive process of data retrieval, and to immediately identify any cases where a secondary respondent may not have received correct information.

Collection of TA Recipient Data

The TA Recipient Supplement will be administered to all providers identified by each State Deaf-Blind Project as an individual who received child-specific technical assistance (whether onsite or through distance technology) during 2013-14 or 2014-15. This is a verified customer group. In addition, providers who respond affirmatively to screener questions asking about receipt of targeted TA from a state project on the Provider Questionnaire will be invited to complete the TA Recipient Supplement. This is a self-identified group of TA recipients. The TA Recipient Supplement was developed using the same process as the Provider Questionnaire, and was tested with individuals who in the past have received child-specific assistance from projects. The same follow-up techniques will be used with the TA Recipient sample, namely, email and phone calls to encourage completion.

B.3 Methods to Maximize Response Rates

Section B.2 describes the procedures that we will use to implement the State Deaf-Blind Project Director Questionnaire and the Provider Questionnaire and TA Recipient Supplement. These procedures were developed to encourage cooperation and completion of the activities within the data collection period. We anticipate that we will be able to obtain a 100% response rate with the Project Directors. Our goal is to achieve over an 80% response rate for the samples of Providers and TA Recipients. We are confident about achieving this goal for TA Recipients, given that they have received services and have a relationship with the State Projects, and therefore have a greater investment in completing the survey. Due to the high demands on time among providers in school settings, we have some concerns about obtaining a sufficient sample of Providers, especially if they were not TA Recipients, so we propose appropriate incentives to compensate these service providers for the time required to complete a survey. Exhibit B-4 highlights the specific strategies we will employ to maximize response rates for all samples and to deal with issues of non-response.

Exhibit B-4. Strategies to Maximize Response Rates

Strategy	Explanation
Design a high quality and user-friendly instrument	All surveys have been pre-tested to ensure that the questions are clear and as user-friendly as possible (in particular, many of the items are answered by checking off boxes rather than writing in responses), and the survey can be completed quickly. It has also been kept short by excluding requests for information that can be obtained from other data sources.
Advance notification of survey	Gain support and cooperation of State Deaf-Blind Project directors and of special education directors by providing advance notice of the survey.
Provide clear instructions and user-friendly materials	Send introductory letter from Westat along with a personalized cover letter that explains the survey and what participation entails, provides assurance of confidentiality, and provides the web address for the on-line survey along with instructions for completing the on-line survey.
Offer appropriate incentives	A small but meaningful incentive of a \$20 gift certificate at Amazon, which is immediately accessible and redeemable, will serve as a mechanism to maximize the response rates in this sample of providers, particularly if respondents are completing the survey during their break or off-school hours.
Offer technical assistance for survey respondents	<ul style="list-style-type: none"> • Provide toll-free technical assistance telephone number • Provide study website with instructions for web-based survey completion
Monitor progress regularly	<ul style="list-style-type: none"> • Produce weekly data collection report of completed surveys • Maintain regular contact between study team members to monitor response rates, identify non-respondents, and resolve problems • Use follow-up and reminder calls and e-mails to non-respondents

B.4 Test of Procedures

The State Deaf-Blind Project Questionnaire, Provider Questionnaire, and TA Recipient Supplement were tested internally, and information derived from the tests was used to refine them. The Deaf-Blind Project Questionnaire was also pre-tested with 9 individuals familiar with state Deaf-Blind Project. As part of the pre-testing, the respondents completed the questionnaire and then participated in telephone calls or in-person interviews with project staff in order to pre-test the interview items. The information obtained from the pre-test respondents was used to refine questionnaire items and to assess potential burden. The Provider Questionnaire and TA Recipient Supplement were tested with 9 service providers from different states. Formal cognitive testing procedures were conducted with respondents, who each participated in telephone calls with project staff member and survey specialists to go over their responses and comments. The information obtained from the pre-test respondents was used to refine survey items and to assess potential burden. It should be noted that pre-testing of the Provider Questionnaire and TA Recipient Supplement involved various iterations of the surveys to ensure confidence that the refined survey items were capturing key constructs.

B.5 Individuals Consulted on Statistical Aspects of Design

These data collection plans were developed by Westat. The research team is led by Tamara Daley, project director and Tom Fiore, Principal Investigator. Other members of the evaluation team who worked on the design include Hyunshik Lee and Jessica Edwards from Westat. The NCEE project officer, Meredith Bachman, also played a central role in data collection plans. Additional input was provided by Jonathan Jacobson, NCEE, and by OSEP staff, Larry Wexler, JoAnn McCann and David Egnor. The four TWG members, John Killoran, Mark Schalock, Robbie Blaha and Kathleen Scoggins reviewed multiple drafts of the instruments and provided comments. Contact information for these individuals is provided in Exhibit B-5.

Exhibit B-5. Individuals consulted on aspects of the design of the study

Name	Organization	Telephone
Dr. Tamara Daley, Project Director	Westat	919-474-8038
Dr. Thomas Fiore, Principal Investigator	Westat	919-474-0349
Dr. Hyunshik Lee	Westat	301-610-5112
Dr. Jessica Edwards	Westat	919-474-8439
Dr. Meredith Bachman	Institute of Education Sciences, U.S. Department of Education	202-219-2014
Dr. Jonathan Jacobson	Institute of Education Sciences, U.S. Department of Education	202-208-3876
Dr. Larry Wexler	Office of Special Education Programs, U.S. Department of Education	202-245-7571
JoAnn McCann	Office of Special Education Programs, U.S. Department of Education	202-245-7434
David Egnor	Office of Special Education Programs, U.S. Department of Education	202-245-7334
John Killoran	National Center on Deaf-Blindness	503-838-8757
Mark Schalock	National Center on Deaf-Blindness	503-838-8777
Robbie Blaha	Retired Director of Texas' Deaf-Blind Project	512-636-6753
Kathleen Scoggins	Retired Director of Washington's Deaf-Blind Project	509-951-7038