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KIDS ON THE BLOCK AND ATTITUDES, KNOWLEDGE, AND ACCEPTANCE OF CHILDREN WITH DISABILITIES

An EdS Field Project
Presented to the
Department of Psychology
and the
Faculty of the Graduate College
University of Nebraska
In Partial Fulfillment
of the Requirements for the Degree
Specialist in Education
University of Nebraska at Omaha

By
Amanda G. Johnson
May 2003

EDS FIELD PROJECT ACCEPTANCE

Acceptance for the Faculty of the Graduate College, University of Nebraska,
In partial fulfillment of the requirements for the degree Specialist in Education,
University of Nebraska at Omaha

Committee

C. Elliott Ostler

Roni Reiter-Pal

Chairperson: Lisa Kelly Vance

Date: 6/2/03

Acknowledgements

I am at the point now in my life where I feel a great sense of accomplishment. I spent four years working towards my goal of becoming a school psychologist and it is finally here. The feelings I have at this moment are a mix of joy, excitement, and anxiety. Looking back on the entire journey from my application to the program and now my graduation with the Specialist in Education Degree, I cannot believe I have actually done it. The following people are those who have helped me accomplish my goal. No matter the size of their contributions, I will always have great appreciation for their support and want them to know every little bit helped.

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Kids on the Block and Attitudes, Knowledge, and Acceptance of Children with Disabilities

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The purpose of this study was to evaluate the Kids on the Block (KOB) program in its ability to promote positive attitudes, knowledge, and acceptance of persons with disabilities. The KOB program was shown to elementary-aged students in grades 1 through 6. Children were asked to complete three separate measures one week before watching the KOB performance, one week after the performance, and four months later. Separate paired-sample t-tests were conducted comparing group means at pre-test to post-test to determine immediate change. To determine long-term change, scores from pre-test were compared to scores at follow-up. Paired t-tests were conducted to look at changes within each group (males, females, lower elementary [grades, 1, 2, and 3], and upper elementary students [grades 4, 5, and 6]). Independent t-tests were used to analyze differences between groups (males versus females; lower elementary versus upper elementary) at pre-test, post-test, and follow-up ($\alpha = .05$). Results indicate an overall decrease in attitudes of children towards students with disabilities. This study questions the cost-effectiveness of the KOB program and whether the inclusion of a discussion aspect as well as less expensive media can create a positive change in children's attitudes towards students with disabilities.

Kids on the Block and Attitudes, Knowledge, and Acceptance of Children with Disabilities

Studying the attitudes of children toward individuals with disabilities has become a growing area of research since the implementation of the Individuals with Disabilities Education Act (IDEA). Although law has mandated that all children are provided with the right to a free and appropriate public education under PL 94-142 (now IDEA) (Friend & Bursuck, 1999; Hardman, Drew, & Egan, 1999; Salend, 1998), a positive and accepting attitude by students without disabilities of those with disabilities is not guaranteed. Additionally, with the negative stereotypes toward persons with disabilities that are perpetuated in the media, these stereotypes are carried into society and to our children as reflecting reality (Shapiro, 1999).

Many interventions have been developed to promote positive attitudes toward those with disabilities. Included in some of these interventions are simulations, group discussions, films, contact, inclusion literature, and problem solving (Andrews, 1998; Baker, Rude, Sasso, & Weishahn, 1994; Gottleib, 1980; Salisbury, Evans, & Palombaro, 1997; Westervelt, & McKinney, 1980; Westervelt, Brantley, & Ware, 1983). One program that has been in existence for a number of years but has not been systematically studied is Kids on the Block (KOB). Kids on the Block is a program that uses puppets to teach children about disabilities and create positive attitudes in children towards persons with disabilities that can be carried on into the future. The program has a commitment to provide programs to communities where children's questions and concerns about persons with disabilities can be answered. The puppets allow the children to speak openly about their concerns because, although they have been taught not to talk to strangers, no one ever told them not to talk with puppets (Aiello, 1988).

The present study explored the effectiveness of the Kids on the Block program in promoting positive attitudes, knowledge, and acceptance of persons with disabilities. If KOB is found to be effective, the results of this study will help to validate and create strategies that will promote children's positive attitudes towards persons with disabilities. This study serves to extend the scant research base on the KOB program. A discussion of the literature supporting the proposed study includes: inclusion, attitudes and their components, attitudes toward inclusion, attitudes toward persons with disabilities, and strategies for promoting positive attitudes toward persons with disabilities, including KOB. These areas are important to discuss in order to present a thorough background on the idea for the creation of KOB and why this program is important to study.

Literature Review

Inclusive Education

Through the passage of several laws, the special education system that is in place today was created. Beginning with the passage of PL 94-142, The Education for the Handicapped Act in 1975, children with disabilities became entitled to a free and appropriate public education. Public Law 94-142 guaranteed not only a free and appropriate education, but also an education that was in the least restrictive environment for children ages 6-21. Included in this law was the requirement of all children in special education to have an individualized education plan (IEP) in which the instructional needs of the child are outlined as well as objectives for meeting those goals. Also mandated in

PL 94-142 was nondiscriminatory evaluation, due process, and child find (Friend & Bursuck, 1999; Hardman, Drew, & Egan, 1999; Salend, 1998).

In 1990, the Education for the Handicapped Act was renamed the Individuals with Disabilities Education Act (IDEA). This reauthorization added new eligibility categories and mandated that transition statements appear on a child's IEP no later than age 16. Recently, in 1997, PL 94-142 was amended, placing an emphasis on improving individual outcomes as well as modifying aspects of the IEP and eligibility (Hardman, Drew, & Egan, 1999.)

Because all students have the right to an education that is consistent with their academic, social, and physical needs, law mandates that all schools have a continuum of services in which a child can be educated. This continuum ranges from full placement in the regular education classroom on one end and placement in hospitals and the home on the other end (Hardman, Drew, & Egan, 1999; Salend, 1998). As cited in Salend (1998), the U.S. Department of Education estimates that approximately 72% of children with disabilities are educated in the general classroom or resource room settings, with 95% being educated in a general education building. Only about 5% of children are being educated in hospitals, homes, or residential schools. Most children with disabilities are being educated in the general education building, yet when severity of disability is considered, those with more severe disabilities (e.g., mental retardation, multiple disabilities, serious emotional disturbance) are more likely to be educated in a separate classroom. For example, 7.6 % of those children with multiple disabilities are educated in the general education classroom versus 44.6 % in a separate classroom. Though advocates of LRE believe that this is doing a disservice to that child with multiple disabilities, other advocates state that being educated in a separate classroom is the best situation and allows that child the best opportunity to learn and grow (Salend, 1998).

For many children, the least restrictive environment will involve the general education classroom and include mainstreaming or inclusion. These two terms have been thought of as synonymous in the general public, but in fact, they are not (Salend, 1998). With the passage of PL 94-142, the term mainstreaming became popular. In its most general sense, mainstreaming referred to the promotion of social and academic access to all aspects of school, including the regular classroom, lunchroom, and playgrounds. However, continued mainstreaming of a child was dependent upon their progress and behavior in those settings. If little or no progress was made or the child's behavioral or academic demands were becoming burdensome for the teacher to handle, that child was taken out of the mainstream and placed back into the separate classroom (Schmidt & Harriman, 1998) with the assumption that the best services can be provided in a special class (Friend & Bursuck, 1999).

Many educators thought that children with disabilities were still not being included in the mainstream as they should be; that the best services could be provided just as effectively in the general education classroom as they could in the special education room (Friend & Bursuck, 1999). This was the emphasis of the inclusion movement. Inclusion refers to the full time placement of a child into a classroom, where a student receives all support services needed to succeed (Schmidt & Harriman, 1998). Important to the inclusion movement is that children with disabilities attend their home schools and in that school, children with disabilities were not further isolated into separate classrooms, but rather educated in the general education classroom (Hardman, Drew, & Egan, 1999). Proponents of inclusion held that if the student cannot meet the expectations, then the expectations should be changed, not the placement of the child. In other words, the environment should not dictate where a child can be educated (Friend & Bursuck, 1999).

Important to understanding inclusion is the perception of inclusion from the points of view of educators and students, students both with and without disabilities. Downing, Eichinger, and Williams (1997) looked at the views of general education teachers, special education teachers, and principals on inclusive education. Regardless of role (teacher or principal), views were not that different concerning inclusion. Many professionals cited some obstacles to supporting inclusion efforts, including the lack of money, no teaming efforts by teachers, and needing a highly skilled aide in the classroom. However, the biggest obstacle to supporting inclusion was the negative attitudes of teachers and parents. If professionals in the school did not support the idea of inclusion, there was no guarantee it would implemented. Dating to the 1950s, the idea of some type of inclusion was supported by teachers. In a synthesis of research studies looking at attitudes toward inclusion, Scruggs and Mastropieri (1996) found that about two-thirds of all of the teachers who responded in these studies supported the idea of mainstreaming/inclusion. A small proportion of teachers were willing to include those students with disabilities into their classrooms, however, it was more a function of the severity of the disability and how much additional responsibility would be placed on the teacher; the more severe disability or more responsibility resulted in less willingness to include those children. Of those teachers specifically asked about how they felt about the inclusion of students with disabilities, about one-third stated that including students with disabilities would have a negative impact on others in the classroom. About one-third of the teachers felt they currently had the necessary skills, time, and resources to teach children with disabilities in their classrooms.

Perceptions of students with and without disabilities toward inclusion are important to consider as well. In Salend and Duhaney's (1999) literature review on this topic, attitudes of students with disabilities (mainly learning disability) and without disabilities toward placement in special education were investigated as well as effects of inclusion on the academics of those with and without disabilities. Students with disabilities were generally satisfied with their current placement, yet some were concerned about being in a pull-out program, feeling that they were missing important information while they were gone. Additionally, some students were embarrassed at being pulled-out, which caused them to be the brunt of much name-calling. As for those students without disabilities, many had a positive attitude toward inclusion and thought that it was a benefit in helping them accept, tolerate, and understand differences. Some students expressed that inclusion provided them the opportunity to become friends with a classmate with a disability and that with the inclusion of others with disabilities in their classroom, they would be able to better handle a disability in their own life.

Academically, Salend and Duhaney (1999) found the students with disabilities improved from inclusion, yet in some instances, there was no significant difference between those students who were receiving special services in a resource room and those in an inclusive classroom. Socially, results were mixed as well, with students with disabilities interacting more with students without disabilities. However, this relationship seemed more of a nurturing type of relationship on the part of the student without a disability, rather than a true friendship. Students with disabilities were more often rejected than accepted in the classroom by peers. As for students without disabilities, there were no negative effects of the inclusion of a student with a disability in the classroom in regards to the academics. Socially, these children were satisfied with the relationships that they created with a student with a disability and thought personally that it was an important relationship. Yet, some students reported discomfort when it came to dealing with the socially inappropriate social skills that were displayed by some students with disabilities (Salend & Duhaney, 1999).

In general, the idea of inclusion is well supported by both students and teachers alike. However, many teachers feel that the actual implementation is difficult due to lack of resources (Downing, Eichinger, & Williams, 1997). Concerning the impact that inclusion of students with disabilities, it was generally concluded that for both students with and without disabilities, there were no negative consequences, however, those with disabilities feel shame when pulled out for resource services. For those students without disabilities, it was stated that they thought it was a good opportunity to make friends and that it was a learning experience as well (Salend and Duhaney, 1999).

To better understand student attitudes toward students with disabilities, the next section will briefly discuss what an attitude is, what makes up attitudes, and how they are formed. Because the current study is seeking to try to change attitudes, it is important to understand basic concepts about emotions in order to try to change them.

Attitudes and Their Origins

The definitions of attitude varies, yet one of the most accepted definitions of what an attitude is dates to the year 1935, from Gordon Allport, who stated that an attitudes is "... a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related" (as cited in Rajecki, 1990). According to this view, attitudes are to be viewed as psychological entities, that are acquired over time and which prompt us to do things. Attitudes can lead to actions such as discrimination, oppression, and in some cases, genocide. Attitudes also direct us to act in a rather consistent manner, which allows people to be predictable (Rajecki, 1990).

Attitudes are learned early in life through many media, including the media, peers, and parents. Unfortunately, many people hold negative attitudes towards those with disabilities due to the negative portrayal of those with disabilities in the media. Results of these types of attitudes can lead to banishment of those who are considered different from the majority, which then reinforces the negative attitudes that initially created the isolation (Shapiro, 1999).

Reasons for the formation and origin of these negative attitudes are numerous. Livneh (1988) offers a simple and integrated approach to looking at those things that contribute to the negative attitudes towards those with disabilities. Livneh presents six dimensions along which negative attitudes are formed towards those with disabilities.

These dimensions include sociocultural-psychological, affective-cognitive, conscious-unconscious, past experience-present situation, internally originated-externally originated, and theoretical-empirical. The following is an example of how one dimension, past experience-present situation would be characterized. When children are young, early life experiences play a large role in the formation of attitudes. Included in these early experiences are attitudes of parents and peers (past experience). The opposite end of this dimension purports that present situations are the cause of negative attitudes. Fear of being outcast because of affiliation with a person with a disability is an example (present situation). Though only one dimension, past experiences-present experiences interact with the other dimensions to form negative attitudes.

Numerous studies have investigated attitudes of children toward those with disabilities. Not only have they looked at attitudes of students but teachers as well. Below is a synthesis of several studies investigating children's attitudes.

In a study examining what factors determine the underlying attitudes towards children with disabilities, Voeltz (1980) surveyed nearly 2,400 students and found that there were four underlying components of children's attitudes towards other children with disabilities: (a) social-contact willingness; (b) deviance consequence; (c) actual contact with mentally retarded; and (d) actual contact with persons in wheelchairs. A majority of the children expressed generally positive attitudes towards those with disabilities, yet their responses on the survey to questions of integration varied. For example, on a question asking whether children who talk funny should be in their school activities, a majority (55%) of the children disagreed with this statement. However, on a question asking if they thought a teacher would have enough time to spend with them if there were several children in their classroom who had trouble with math or reading, children's responses were spread evenly between agreeing and disagreeing with the statement. Additionally, it was found that upper-elementary grade girls with previous and regular exposure to persons with disabilities were more accepting and more likely to express an interest in interacting with a child with a disability.

In a study that investigated the attitudes toward and knowledge about persons with disabilities in elementary aged children, Hazzard (1983) found that knowledge and experience with persons with disabilities were not correlated. However, age and children's knowledge about persons with disabilities were correlated. The author notes that one reason knowledge and experience were not correlated could be due to the young age of the participants (ages 8-11) and that children of young ages may not have a differentiated experience with persons with disabilities. Knowledge about those with disabilities did increase with age. Social distance (how close a child is willing to be to another child with a disability) was correlated with previous experience; children with more experience showed more willingness (but not necessarily actual interaction) to interact with other children with disabilities.

Several studies have looked at the sociometric status of students with disabilities as nominated by their peers. The interaction of type of classroom and severity of disability appears to have an effect on whether or not a student will be accepted into a classroom. Cook and Semmel (1999) examined this interaction and found that based on whether or not a classroom was defined as heterogeneous (a classroom in which at least

50% of those students are of the minority or below grade-level readers and it included at least 20% of students with disabilities) or homogenous (a classroom that did not meet the previously mentioned criteria), a student would be more accepted with a severe disability rather than a mild disability. Homogenous types of classrooms were more accepting of those with severe disabilities rather than those with mild disabilities. Noted as a possible reason for this inclusion of students with more severe types of disabilities was that disruption is more expected and thus more tolerated than with those students with mild types of disabilities; those with severe types of disabilities cannot help the disruption, those with mild disabilities can. Sale and Carey (1995) also examined the sociometric status of students with disabilities in a full-inclusion school. As a group, those who were either currently eligible or were likely to be eligible, had less positive nominations and more social impact scores than their non-disabled peers. Those students who were likely to be eligible had significantly lower social-preference scores than those students who were currently eligible for special education and received the fewest most-liked nominations. Nabors (1997) used peer ratings and nominations to ask children about their preferences of how much they would like to play with a certain classmate (peer ratings) or their top choices for whom they liked and disliked the most (peer nomination). Nabors found that although children with disabilities received few positive nominations, they did not receive a large number of negative nominations either, meaning that other classmates simply overlooked or ignored these children.

Another important consideration when studying attitudes towards children with disabilities is the attitude of the teacher. Because children spend up to eight hours a day in the school, the teacher has a large impact on the child. Teachers are generally seen as role models for the children in their classrooms, their actions become examples to their students (Shapiro, 1999). If that teacher has negative attitudes towards students with disabilities and displays negative behavior towards those students, other student will come to believe that this is an appropriate way to act. In a review of several research studies on teacher attitudes towards students with disabilities, Hannah (1988) found some interesting, yet contradictory, findings.

Hannah found that although teachers generally disliked those children who were labeled as emotionally disturbed, they were ranked higher in terms of teaching preference. Children with sensory disabilities (blind, deaf) received lower ratings of preference for teaching, yet elicited positive feelings from the teachers. Teacher characteristics (grade level, knowledge, age) were also examined, with teachers who taught elementary school were more willing to teach children with disabilities than would teachers who taught high school. Those teachers who had more knowledge about children with disabilities (i.e., took more special education classes) were more willing to teach children with disabilities in their classrooms. Additionally, teachers who were confident about their teaching ability were more willing to teach children with disabilities. Setting characteristics and child variables were also examined. Regarding setting characteristics, those schools with training, small class size, and considerable support for the teachers (i.e., materials, personnel) affected attitudes of teachers towards children with disabilities. Regarding child characteristics, children who are lower achieving and have more acting out types of behaviors tended to be less accepted by teachers.

Acceptance of peers with disabilities varies, with some children accepting children with severe disabilities readily into their classroom (Cook & Semmel, 1999) and other children simply overlooking those with disabilities (Nabors, 1997). Teachers also vary in their acceptance of children with disabilities (Hannah, 1988). Because of the mixed results of studies looking at peer acceptance of children with disabilities and because of the need to try to integrate and have these children accepted into the mainstream with their peers, strategies that promote positive interaction and attitudes are important to understand and to study.

Strategies to Promote Positive Attitudes Towards Children with Disabilities

Simply integrating children with disabilities into the classroom will not be enough if the goal of inclusion is to have these children accepted as regular members of the classroom (Shapiro, 1999). With mixed attitudes of students and teachers towards those students with disabilities (Cook & Semmel, 1999; Nabors, 1997; Hannah, 1998), measures must be taken to promote positive attitudes toward those children with disabilities. There are several ways educators can try to promote positive attitudes: (a) personal contact; (b) simulations; (c) group discussions; (d) films; (e) problem solving; and (f) literature (Baker, Rude, Sasso, & Weishahn, 1994). Yet, systematic research on these programs is lacking. Below is a synthesis of studies that have looked at some of these strategies and their effectiveness.

Several studies have integrated different approaches to try to promote positive attitudes toward students with disabilities. Clunies-Ross and O'Meara (1989) examined peer attitudes of fourth grade students on a pre- and post-test after having used several different strategies to promote the positive attitudes towards children with disabilities. In this study, experimental groups integrated contact with persons with disabilities, group experiences, and simulations. Results of this study indicated that there were significantly more positive attitudes towards those children with disabilities in the experimental groups than those in a control group who did not receive the intervention. These attitudes were maintained at a three-month follow-up.

Another integrated approach used differential contact, books, and discussion to promote positive attitudes toward people with disabilities in kindergarten-aged children (Favazza & Odom, 1997). In this study, there were three levels of contact: high, low, and no contact. In the high contact group, children participated in an intensive nine-week program that consisted of indirect experience such as stories, direct experiences that included structured play with a child with a disability, and the child's primary social group. The low contact group received no additional intervention aside from the pre- and post-tests that were administered. This group did have contact with persons with disabilities during the day but the experimenters set up no extra contact. The no-contact group had no contact with children with disabilities. Results showed that all participants had relatively low acceptance of children with disabilities at pre-test, yet significant differences emerged on the 5-month post-test in terms of acceptance between the experimental and control groups. Though slight gender differences were found, they were not significant. Favazza and Odom noted that using more naturalistic interventions, like books and social contact, could promote the positive attitudes of young children in a relatively short amount of time.

Films about children with disabilities are another approach to promoting positive attitudes. Westervelt, Brantley, and Ware (1983) used a pretest-posttest design to investigate the use of film and group discussion with fourth graders on promoting positive attitudes toward classmates with disabilities. Two experimental groups were compared to a control group, which did not receive any intervention. The first experimental group viewed only a film that dealt with the similarities between children with and without disabilities. The second experimental group viewed the film as well as participated in a teacher led discussion about the film. Both experimental groups showed more positive attitudes than the control group, which received no intervention. However, those in the film-only group were not as attracted to students with disabilities in terms of where they would like to sit in relation to that student, yet they did show an attraction in terms of being friends with this person or having them over to their house after school. There was a main effect for sex; girls were more attracted to a disabled peer than boys. This change in attitude was upheld one week later in both of the experimental groups.

Other students' attitudes have also been used as a medium for changing attitudes of other students toward students with disabilities (Gottlieb, 1980). In this study, group discussion was used to promote positive attitudes. The sociometric status of non-disabled students was studied to see if those of lower status were more inclined to change their mind about a child with a disability if other students of higher status in the class changed their attitudes toward the students with disabilities. It was found was that those non-disabled students with low sociometric status were not more inclined to change their attitudes to match those of someone with a higher status. Additionally, Gottlieb found that children with positive attitudes toward children with disabilities at the outset of the study were not effective in changing the attitudes of those with negative attitudes. However, Gottlieb concluded that, although other students' attitudes were not effective at changing attitudes, the group discussion was effective at promoting positive attitudes toward classmates with disabilities.

Group problem solving was the emphasis of an intervention to promote positive attitudes toward students with disabilities. Salisbury, Evans, and Palombaro (1997) used a collaborative problem-solving approach to promote the acceptance and inclusion of children with disabilities into the classroom. Teachers and students participated in collaborative problem solving (CPS) to identify and solve problems that were related to aspects of the inclusion of students with disabilities into the classroom. The reason for implementing a problem-solving method was that by using CPS, a heightened awareness of a problem in the classroom would be created. Problem solving was first teacher initiated. Over time, students learned the process and began implementing the process themselves. Overall, it was found that CPS was effective in solving problems related to inclusion. Salisbury, Evans, and Palombaro listed several implications for the use of CPS, among which are its ability to promote creative thinking in children and its ability to offer flexible solutions to problems in which everyone has a say.

Literature has also been used as a means of promoting positive attitudes of children toward those with disabilities. Inclusion literature has numerous uses, including easing the anxiety that some may feel due to ignorance about disabilities; replacing negative stereotypes about persons with disabilities; helping children realize that they share many of the same types of characteristics that those with disabilities have; and allowing children to learn about their own feelings towards people with disabilities. Andrews (1998) mentions some critical selection criteria when choosing inclusion literature. First, characters should be believable and non-stereotypical. Second, the information presented should be accurate. Third, it should use people-first language. This means that instead of placing the disability in front of the person, the person is placed first (i.e., the child with autism, not the autistic child.) Fourth, inclusion literature should contain information and situations where those characters with disabilities are not pitied upon or receive unsolicited sympathy. Fifth, the quality of the writing should be good; the plot should not focus solely on the disability. Sixth, parents should be realistically portrayed, not just the children. Finally, the books should be able to be used in the classroom to facilitate discussions so that students can come to learn about their own feelings and what it is like to be a person with a disability (Andrews, 1998).

The previous discussion of strategies designed to promote positive attitudes towards children with disabilities brings to light the fact that there are several ways to promote positive attitudes. One method not discussed thus far is the use of puppets as a medium to change student attitudes towards children with disabilities. Because children learn attitudes at a very early age, the ability to use a medium in which children feel comfortable to talk openly about how they feel is important. Developed in 1977 by Barbara Aiello, Kids on the Block has become a very popular resource designed to allow children to talk freely about how they feel about children with disabilities.

Kids on the Block

Kids on the Block was created in direct response to the PL 94-142 and was the brainchild of Barbara Aiello, a special education teacher who saw the need for some type of intervention to help those children who were being mainstreamed feel more accepted into their new classrooms. It began when one of her students, Anthony, was being mainstreamed into a regular classroom. After a few weeks, Anthony came to her and said that he would not go back into that classroom because none of the children liked him. They would not speak with him, play with him, or even sit next to him in the lunchroom. Herein lies the creation of Mark Riley, the first KOB puppet. Feeling that children would feel more comfortable talking to someone other than the child with a disability, Aiello took Mark Riley into Anthony's classroom to discuss what it is like to have cerebral palsy (Anthony's disability). The children started asking numerous questions of Mark and from there, KOB as it is today was born (Aiello, 1988).

Kids on the Block is committed to providing educational curricula to promote positive attitudes and behavior change in children though the use of puppets and discussion. Today, over 40 different programs address various disabilities, educational and medical differences, and social issues. These topics include AIDS, Autism, ADHD, Epilepsy, Leukemia, and Spina Bifida. Included in the social issues are discussions about gangs, alcohol and tobacco use, fire safety, organ donation, teenage pregnancy, and vandalism prevention.

Though the KOB is popular, few empirical studies have looked at its effectiveness in changing attitudes toward persons with disabilities. Snart and Maguire (1986; 1987) examined the effectiveness of KOB in changing the attitudes and knowledge base of third grade students towards other students with disabilities using a 40-question instrument developed by the researches. After examining pre- and post-test scores on the measure, it was found that the program did have a significant effect on creating more accepting attitudes toward students with disabilities as well as an increased knowledge about those with disabilities.

The effectiveness of KOB was compared using a pretest-posttest design to another commercially published curriculum aimed at promoting positive attitudes towards persons with disabilities, Better Understanding of Disabled Youth (BUDY) (Baker et al, 1994). The Better Understanding of Disabled Youth program is a series of multi-media units that provide specific information about disabilities, with each unit covering a different disability. Activities in the units included simulations, stories, films, books, puzzles, audiocassettes, and bulletin board ideas. During a two-week period, children were given a pre-test and post-test. In between administration of the measures, children participated in either KOB of BUDY. The researchers concluded that while changes in attitudes were noted for all students, each intervention seems to be more effective at certain ages. The KOB program resulted in greater attitude change for younger children (second grade) and the BUDY program for those older students (sixth grade).

A recent study (Schumacher, 1998) looked at the effectiveness of KOB in changing second and fifth grade student's attitudes toward students with disabilities. A pretest-posttest design was used to measure whether the KOB program to students would result in more attitudes that are positive, greater knowledge, and more acceptance of students with disabilities. Post-tests measures were given a few days after viewing the performance as well as four months later. Results showed that KOB was effective at post-test and follow-up in changing children's attitudes toward students with disabilities. For both males and females, each group showed significant improvements in attitudes. Fifth-grade students showed greater knowledge than the second grade students. Fifth-grade students scored higher as well on social distance scales as well, indicating that they were more accepting of persons with disabilities. Sociometric ratings were also obtained before and after the performance and although they were more accepted, at both pre- and post-tests children with disabilities received less positive nominations than their non-disabled peers.

Summary

In summary, while all of these studies on attitudes toward inclusion and toward students with disabilities are promising, there are some areas where concern may be warranted. Students without disabilities have supportive attitudes toward inclusion of those with disabilities, yet those with disabilities have mixed feelings about being in special education (Salend & Duhaney, 1999). As far as attitudes toward students with disabilities are concerned, results again are mixed. Previous social contact appears to foster more positive attitudes and girls seem more accepting of children with disabilities than boys. However, results of studies on changing the attitudes varied, even if comparing the same kind of intervention (Gottlieb, 1980; Westervelt & McKinney, 1980; Westervelt et al. 1983; Favazza & Odom, 1997).

Preliminary results from the KOB program are promising (Schumacher, 1998; Snart & Maguire, 1986; Snart & Maguire, 1987). Additional studies need to be conducted to determine if this program is indeed effective at changing attitudes in a positive way toward students with disabilities. Due to the lack of research in this area, replication is needed. Also important is to determine is how effective this intervention is at producing long-term changes in attitudes toward students with disabilities. Previous studies looking at KOB have employed follow-up studies, but these follow-up periods have been minimal, often only a few months post-performance (Schumacher, 1998; Snart & Maguire, 1987). Therefore, this study will employ a several month (6-9 months) follow-up to determine if the positive attitudes are sustained.

The Present Study

The present study will examine the effectiveness of the KOB program on promoting positive attitudes students with disabilities using a pre-test/post-test/follow-up design. Additionally, children's knowledge will be tested to determine if there was an increase in what children know about children with disabilities. Long-term effects of this intervention will also be tested. These tasks will be accomplished by administering several different scales that assess children's knowledge and attitudes towards persons with disabilities. The following research questions were addressed:

1a. Will the Kids on the Block program produce an immediate change in children's attitudes toward children with disabilities?

1b. Will the Kids on the Block program produce an immediate change in children's knowledge toward children with disabilities?

1c. Will the Kids on the Block program produce an immediate change in children's acceptance of children with disabilities?

2a. Will the Kids on the Block program produce long-term changes in children's attitudes toward children with disabilities?

2b. Will the Kids on the Block program produce long-term changes in children's knowledge of children with disabilities?

2c. Will the Kids on the Block program produce long-term changes in children's acceptance of children with disabilities?

3. Will the Kids on the Block program be effective at producing changes in children's attitudes, knowledge, and acceptance of children with disabilities in different grade levels?
4. Will there be gender differences in children's attitudes, knowledge, and acceptance of children with disabilities?

The following hypotheses were evaluated in this study:

1a. There will be an immediate change in a positive direction in children's attitudes toward children with disabilities.

1b. There will be an immediate change in a positive direction in children's knowledge of children with disabilities.

1c. There will be an immediate change in a positive direction in children's acceptance of children with disabilities.

2a. There will be a positive long-term change from post-test to follow-up on children's attitudes toward children with disabilities.

2b. There will be a positive long-term change from post-test to follow-up on children's knowledge of children with disabilities.

2c. There will be a positive long-term change from post-test to follow-up on children's acceptance of children with disabilities.

3. There will be differences in grade levels in children's attitudes, knowledge, and acceptance of children with disabilities. Those in lower grades will show more positive attitudes than those in the upper grades.
4. There will be gender differences in children's attitudes, knowledge, and acceptance of children with disabilities. Girls will show more positive attitudes, knowledge, and acceptance of children with disabilities.

Method

Participants

Children from first through sixth grades were used as participants in this study. Children were selected from classrooms that had not previously viewed the KOB performance. This was to control for prior experience with the program so that the scores associated with children who had already viewed the program would not inflate the results. Ninety-two children participated in this study, with 54 girls and 38 boys. There were 38 lower elementary students (grades 1 through 3) and 54 upper elementary students (grades 4 through 6). See Table 1 for a gender breakdown for each grade.

Setting

This study was conducted in a moderately sized urban midwestern public school district. The performance was in the main gym for grades one through three and for grades four through six.

Materials/Measures

Kids on the Block. A local KOB troupe was recruited to perform the skits in the schools. To ensure that the groups of children were treated equally, the same performance on Mental Retardation, Visual Impairment, and Cerebral Palsy were shown to all students in the same order (see Appendix A).

The Children's Knowledge about Handicapped Persons Scale. The Children's Knowledge about Handicapped Persons Scale (Hazzard, 1983) is a 25-item measure that was used to assess the extent to which a child holds a correct belief concerning persons with disabilities (see Appendix B). Items are scaled as incorrect (score of 0), not sure (score of 1), and correct (score of 2). Scores range from 0 to 50, with higher scores indicating having more correct knowledge of persons with handicaps. Items were derived from an original pool of about 50 items. This scale was piloted on 202 children. Twenty-three of 25 items resulted with significant item-total correlations. The odd-even split half reliability is .63 (Spearman-Brown corrected). Test-retest reliability was .79. Validity was reported to be adequate. It was obtained by testing the questions from the measure with adults experienced in working with persons with disabilities, including some adults with disabilities. On 14 items, agreement was 90% on the correct answer. On 7 items, agreement was between 80% and 90%. On 4 of the items, agreement was between 60%

and 80%. When those four low scoring items were dropped, the resulting 21-item test yielded the same results as the full 25-item test, and they were left on the final version of the test (Hazzard, 1983).

The Children's Social Distance from Handicapped Persons Scale. The Children's Social Distance from Handicapped Persons Scale (Hazzard, 1983) is a 10-item scale that assesses how close physically a student without a disability is willing to be to a student with a disability (see Appendix C). This scale is intended to measure the attitude-behavior link. Although a child may say that they have a positive attitude toward another student with a disability, their behavior may reflect a different or negative attitude. Therefore by asking these students not only their attitudes but their willingness to be close to a person with a disability, it can be determined if their attitudes are truly positive are truly negative.

On this questionnaire, answers can be in the form of, "yes," "maybe yes," "maybe no," and "no," with points ranging from 0 (no) to 3 (yes). Scores range from 0 to 30, with higher scores indicating more willingness to be close to a person with a handicapped person. All total-item correlations were significantly positive, ranging from .23 to .60. Odd-even split-half reliability of the scale was moderate (.78) as well as was test-retest reliability (.75) (Hazzard, 1983). Validity was obtained in the same manner as the Children's Knowledge About Handicapped Persons Scale. This was found to be adequate.

The Acceptance Scale. The Acceptance Scale (Voeltz, 1981) measures the attitudes of students without disabilities toward students with disabilities (see Appendix

D). This scale shows adequate reliability and validity. Scores range from 0 to 42, with higher scores indicating more acceptance of others with disabilities. The split-half reliability is .82 (Spearman Brown corrected) with an alpha coefficient of .77. Validity was established by asking students immediately after they took the survey to verbally elaborate on some chosen answers from the scale. Independent raters were in perfect agreement about the children's responses. The children's explanations were consistent 92% of the time (as cited in Baker et al. 1994).

Procedure

Permission was obtained from the school and school district to allow the performance of KOB. All children in the selected schools in first through sixth grades were sent home parental consent forms to allow their children to participate in this study (see Appendix E). Those children who returned the consent forms were invited to participate in the study. Child assent was also obtained from every child that chose to participate in this study (see Appendix F). Only students completing both forms were allowed to participate in the study. Teacher permission was also obtained due to the time out of class the children would be spending viewing the performance and filling out the questionnaires.

Through the course of the study, there was an attrition of seven children, due mainly to absences. One child decided at the post-test not to continue participating. Scores from all three testing times were needed in order to analyze the data correctly; therefore, data from students who were absent for any of the three testing times was dropped. However, considering the study sample size, the loss of seven students is not of concern.

A pre-test/post-test/follow-up design was employed. Pre-test measures were given to the children who returned the consent forms. Only the children who returned the permission forms were given the above mentioned measures one week before the Kids on the Block performance. All measures were read to the children and standardized directions were given at the beginning of each administration (see Appendix G). Pre-test measures included The Children's Knowledge about Handicapped Persons Scale (Hazzard, 1983), The Children's Social Distance from Handicapped Persons Scale (Hazzard, 1983), and The Acceptance Scale (Voeltz, 1981). The following week all children in the school viewed the KOB performance in the school's main gymnasium. The school built the KOB performance into its daily schedule. A week after the KOB performance, the children with permission forms were administered all measures again.

A follow-up was conducted four months after the KOB performance using the same measures. This period for follow-up was chosen because many of the studies that have been previously conducted have used a follow-up period of only a few weeks (Snart and Maguire, 1986; Schumacher, 1998). To determine if this program has true long-term effects, a longer follow-up period was used between initial viewing and follow-up testing.

No control group was used for this study for two reasons. First, this study is trying to promote positive attitudes for all students, not just students who participate in this intervention. Therefore, as a member of the school community, it would not be ethical to deny those children who did not return permission slips the chance to view the performance. Second, rather than pulling out those children who did not return permission forms and finding something alternative for them to do, simply showing the entire class the program will be more efficient. Additionally, the viewing of the performance may stimulate the teacher to carry on discussions more readily about students with disabilities and allow students to voice their concerns in an environment that will be receptive to the student. However, this was not a structured part of the study, therefore it was not encouraged by the examiner.

Analysis

Separate paired-sample t-tests were conducted comparing group means at pre-test to post-test to determine immediate change. To determine long-term change, scores from pre-test were compared to scores at follow-up. Paired t-tests were conducted to look at changes within each group (males, females, lower elementary, and upper elementary students). Independent t-tests were used to analyze differences between groups (males versus females; lower elementary versus upper elementary) at pre-test, post-test, and follow-up. The alpha level was set at .05. Post-hoc analyses were conducted on the knowledge measure on selected items (see Appendix H). Paired sample t-tests and independent sample t-tests were conducted on the only the knowledge items (items 3, 4, 6, 7, 10, 12, 15, 16, 17, 19, 22, and 25) that were covered specifically in the KOB program.

Results

Gender breakdown for each grade is presented in Table 1. Descriptive statistics for the group on each of the measures is presented in Table 2. Descriptive statistics by gender and grade level are presented in Tables 3 and 4.

Social Distance

Children were administered the Social Distance Scale to determine their willingness to be physically close to a student with a disability. This measure looks at the attitude-behavior link, which is important to look at when considering actual acceptance of students with disabilities. Results indicate no significant difference between pre-test and post-test on the social distance scale although there was a significant difference between pre-test and follow-up, $t = 2.35$, $df = 91$, $p < .05$, $m_{pre} = 25.53$, $m_{follow\text{-}up} = 24.22$. The mean at follow-up was lower than at pre-test. Although a change in scores was seen, the change was in the opposite direction than hypothesized.

Females showed significant differences on the social distance scales from pre-test to post-test, $t = 1.99$, $df = 53$, $p < .05$, $m_{pre} = 27.02$, $m_{post} = 26.15$, and from pre-test to follow-up, $t = 2.25$, $df = 53$, $p > .05$, $m_{pre} = 27.02$, $m_{follow\text{-}up} = 25.56$. Girls' willingness to be close to a student with a disability decreased over time. Although over time girls decreased in their willingness to be physically close to a student with a disability, they reported more willingness to be closer to students with disabilities than boys at pre-test, ($t = -3.06$, $df = 90$, $p < .05$, $m_{girls} = 27.02$, $m_{boys} = 23.42$), at post-test ($t = -2.26$, $df = 90$, $p < .05$, $m_{girls} = 26.15$, $m_{boys} = 23.79$), and follow-up, ($t = -2.42$, $df = 90$, $p < .05$, $m_{girls} = 25.56$, $m_{boys} = 22.32$).

Lower elementary students showed significant differences on willingness to be physically close from pre-test to post-test, $t = 2.60$, $df = 37$, $p < .05$, $m_{pre} - 26.45$, $m_{post} = 25.11$, and from pre-test to follow-up, $t = 2.20$, $df = 37$, $p < .05$, $m_{pre} = 26.45$, $m_{follow\text{-}up} =$

24.68. The lower elementary students' scores decreased over time rather than increase, indicating less positive attitudes at post-test and follow-up. No significant differences were found between lower and upper elementary students on willingness to be physically close to students with disabilities.

Knowledge

The Knowledge about Handicapped Persons Scale measured a child's knowledge about disabilities. A significant increase was found between pre-test and post-test on the knowledge scale for the group, $t = -3.78$, $df = 91$, $p < .05$, $m_{pre} = 32.88$, $m_{post} = 35.08$. However, there was no significant difference between pre-test and follow-up. Mean knowledge scores increased at post-test and follow-up, however the difference was not significant; there was less than a one-point difference in correct knowledge from pre-test to follow-up.

Females increased in knowledge from pre-test to post-test, $t = -4.08$, $df = 53$, $p < .05$, $m_{pre} = 32.39$, $m_{post} = 34.81$, and from pre-test to follow-up, $t = -2.67$ $df = 53$, $p < .05$, $m_{pre} = 32.39$, $m_{follow\text{-}up} = 34.48$. Comparing males and females, there were no significant differences at pre-test, post-test, or follow-up.

Lower elementary students showed a significant increase in their knowledge scores from pre-test to post-test, $t = -4.37$, $df = 37$, $p < .05$, $m_{pre} = 27.74$, $m_{post} = 31.21$. No significant differences were found for upper elementary students. When comparing lower elementary students to upper elementary students, however, upper elementary students consistently showed higher scores than lower elementary students at pre-test ($t = -7.22$, $df = 90$, $p < .05$, $m_{lower} = 27.74$, $m_{upper} = 36.50$), post-test ($t = -4.89$, $df = 90$, $p < .05$, $m_{lower} =$

31.21, m_{upper}= 37.80), and follow-up ($t = 4.52$, $df = 90$, $p < .05$, $m_{lower} = 29.47$, $m_{upper} = 36.76$).

Post-hoc analyses on selected items indicated a significant increase from pre-test to pos-test as a group, $t = -3.41$, $df = 91$, $p < .05$, $m_{pre} = 15.54$, $m_{post} = 16.84$. This increase was not maintained at follow-up. No significant differences were found for males as a group, however females showed a significant increase in knowledge from pre-test to post-test, $t = -3.02$, $df = 53$, $p < .05$, $m_{pre} = 15.31$, $m_{post} = 16.50$, but not from pre-test to follow-up. There was no significant difference between males and females. Upper elementary showed significantly higher scores than lower elementary at pre-test, $t = -5.60$, $df = 90$, $p < .05$ $m_{lower} = 13.11$, $m_{upper} = 17.26$, at post-test, $t = -3.46$, $df = 90$, $p < .05$, $m_{lower} = 15.37$, $m_{upper} = 17.87$, and follow-up, $t = -3.65$, $df = 90$, $p < .05$, $m_{lower} = 14.00$, $m_{upper} = 17.22$.

Acceptance

The Acceptance Scale measures a child's mental attitude towards students with disabilities. The group did not show a significant change in either direction between pre-test and post-test or between pre-test and follow-up for the group. Males and females did not show significant differences in their acceptance of students with disabilities. There were no significant differences between males and females on the measure.

Upper elementary students showed a significant decrease in scores between pre-test and follow-up, $t = 2.95$, $df = 53$, $p < .05$, $m_{pre} = 33.09$, $m_{follow\text{-}up} = 30.41$. Upper elementary students were significantly more accepting than lower elementary students at pre-test ($t = -4.16$, $df = 90$, $p < .05$, $m_{lower} = 27.05$, $m_{upper} = 33.09$) and post-test ($t = -3.48$,

$df = 90, p < .05, m_{lower} = 27.92, m_{upper} = 33.37$). At follow-up, this difference was not significant.

Discussion

This study sought to examine the effects of the Kids on the Block disability awareness program on increasing children's attitudes towards students with disabilities. Children in first through sixth grades answered three questionnaires on attitudes, knowledge, and acceptance of students with disabilities before seeing the KOB program, one week after the performance, and then again four months later. Males and females were compared as well as lower elementary (grades 1, 2, and 3) and upper elementary (grades 4, 5, and 6) to determine if the program was more effective for certain populations.

There are several strengths to this study. One is the long follow-up time allowed. As mentioned previously, other studies that have assessed attitudes in general towards students with disabilities and incorporated a similar type of design have not studied long-term effects, allowing for only a short follow-up period, usually only a few weeks to a few months post-intervention (Gottlieb, 1980; Westervelt and McKinney, 1980; Snart and Maguire, 1987; Clunies-Ross and O'Meara, 1989). Researchers have suggested that longer follow-up periods should be used in order to see if the immediate positive change seen in some studies can be maintained over time (Baker et al., 1994). The current study incorporated a four month follow-up period. To truly understand a program's true effectiveness, it is important not only to see immediate but long lasting effects as well. More studies utilizing a longer follow-up period should be conducted in order to generalize results of the effectiveness of Kids on the Block and to determine the true utility of this program.

Another strength of this study is that first through sixth grades participated instead of only one grade level (Snart and Maguire, 1986; 1987) or only two grade levels (Schumacher, 1998). In the current study, for purposes of analysis, these grades were collapsed into lower- and upper-elementary students due to minimal participation in some grades. But the participation of students in first through sixth grades allows for broadening the application of this type of research to all grade levels. Future studies should include more students in each grade, allowing for further generalization to all ages.

Both outward and inner signs of attitudes were examined in this study. As pointed out, attitudes are viewed as psychological entities and can lead us to action and can direct us to act in a consistent manner (Rajecki, 1990). The inclusion of the Acceptance Scale and the Social Distance scale allow for a connection between mental acceptance and outward behavior, where in some cases they can be inconsistent, as is the case in this study. Children appeared not to feel positively or negatively towards students with disabilities, however their physical willingness to be close to those with disabilities decreased over time.

Discussion of the Measures

Social Distance. As a group, students decreased in their willingness to be physically close to students with disabilities. Gender differences were found with girls more willing to be close to students with disabilities than boys, but over time, girls' willingness decreased as well. Grade level was not a differentiating factor in willingness to be physically close to students with disabilities, however lower elementary students showed a decrease in physical willingness to be close over time. The purpose of the KOB program is to bring awareness about disabilities to students and dispel myths about people with disabilities, yet results of this study do not support this contention. This is opposite of what other researchers have found in relation to the KOB program (Snart and Maguire, 1986: 1987; Schumacher, 1998). One thing to consider when looking at the KOB program is that puppets, rather than humans are used. This could be compared to the research on using film in increasing attitudes (Westervelt and McKinney, 1980), which also found decreases in willingness to be close to a student with a disability when only using film as an intervention to increase children's attitudes. In both the film and the KOB program, children may not have been able to bond with the puppets or persons in the film because they were not real people; they were unable to physically interact with students with disabilities. It may have been harder for the students to see themselves actually being close to someone with a disability without having actual interaction with a student with a disability.

When considering the gender difference, previous studies have found that girls are more willing to be close to students with disabilities than boys (Voeltz, 1980; Hazzard, 1983) and that children tend to take a more nurturing attitude rather than friendship attitude towards students with disabilities (Salend and Duhaney, 1999). Additionally, it could be hypothesized that girls have a more innate sense of nurturing towards others (Hazzard, 1983), which may have shaped their initial responses to be physically close to students with disabilities. After seeing the program, the girls may have changed their feelings in a negative direction towards students with disabilities, showing less willingness to be close to students with disabilities.

Though differences between lower and upper elementary students were not found, lower elementary students were less willing to be physically close to a student with a disability at follow-up than they were at pre-test. With attitudes learned early in life and learned through many different media (Shapiro, 1999), the importance of peers and adults in shaping children's attitudes and that early life experiences can have either a positive or negative affect on attitudes (Livneh, 1988) needs to be considered in the results of this study. Students most likely had discussion after the KOB program and shared their own attitudes towards those with disabilities. If those attitudes were negative, students may have found it easier to accept the negative attitudes because they are reinforced by their friends at school. This was then was reflected in the decreased willingness to be close to students with disabilities.

Knowledge. Students showed an initial increase in knowledge about disabilities; however this increase was not maintained at follow-up. Girls maintained a gain in knowledge over time yet no differences were seen between girls and boys. Upper elementary students had more knowledge than lower elementary students but no differences were found between the grade levels. Lower elementary students showed an initial increase but this was not maintained. Even when eliminating the items that were not specifically covered in the KOB program, similar results were found. As a whole, the group did not maintain the initial increase in knowledge. Gender and grade differences were not found and upper elementary students consistently showed higher scores than lower elementary students.

Promoting knowledge about students with disabilities is the main purpose behind the KOB program. Results show that overall, this program alone was not successful at increasing student's knowledge. There was an initial increase in scores, but they were not maintained, which is contrary to the few research studies that have assessed knowledge and KOB. Other studies have found that this program has a long-term effect on maintaining an increase in students' knowledge about students with disabilities (Snart and Maguire, 1987; Schumacher, 1998). In the current study, at post-test, the students had just seen the KOB performance a week prior to filling out the questionnaires. The novelty of the situation may have still been in effect at post-test and children may have been better able to remember the information presented in the program. However, four months had passed at follow-up since seeing the program and the knowledge was not fresh in the students' minds. Because there was no discussion or teaching of the information between post-test and follow-up, students may have forgotten the material presented to them.

Acceptance. The KOB performance did not result in an increase in a students' acceptance of those with disabilities as it has in other studies (Snart and Maguire, 1987; Schumacher, 1998) and with other interventions (Voeltz, 1980). No differences were found from pre-test to post-test or pre-test to follow-up. Upper elementary students showed a decrease in acceptance over time. This measure links the mental state to actual behavior (Allport, 1935 [as cited in Rajecki, 1990]). Students appeared not to feel one way or the other about students with disabilities, which is consistent with research that has shown that students with disabilities, while not truly outcast, are simply overlooked by students without disabilities (Nabors, 1997).

This measure would be considered more of a mental-type of acceptance and since attitudes are not able to be physically seen, students may have felt more willing to put down what they truly felt. On the other hand, peer influence cannot be ruled out for this measure or for any of the other measures as well. Livneh (1988) remarks that current situations have an affect on our attitude formation. Because this measure specifically addresses actual acceptance in a person's life of those with disabilities, students may not have felt pressure to put what friends put down for fear of rejection by their peers. Although all students were told no one would see their scores outside of the examiner, the fact that students sat next to each other during the testing situation may have caused some students to put down what they thought their peers would answer rather then what they were truly thinking.

Implications for Educators

Results of this study show that KOB was not successful at increasing positive attitudes towards students with disabilities. The cost factor of the program is one that in a time of budgetary crunches in education, schools need to consider. This program is expensive, in the thousands of dollars, to obtain as well as keep up, including buying new programs and puppeteer training. Additionally, the KOB troupe does not charge for the performance (unless out of town). Therefore they are not receiving any money back from their efforts. Troupes rely on donations or grant money for acquiring and maintaining the program. Schools may want to consider other cheaper and empirically-supported interventions, such as books, social contact, and discussion.

Though more research needs to be done in this area, administration and teachers may want to consider more comprehensive programs that are suited more towards their individual needs, whether that includes KOB or other programs. This may include not only learning about disabilities, but having the opportunity to get to know other students with disabilities and including structured as well as incidental discussion of issues related to disabilities. The inclusion of more naturalistic and comprehensive types of interventions like books, social contact, and discussion, has been shown to be effective at increasing student attitudes (Gottlieb, 1980; Clunies-Ross and O'Meara, 1989; Favazza and Odom, 1997; Salisbury et al., 1997; Andrews, 1998). These types of interventions could be easily implemented into the daily curriculum and are inexpensive to implement. They give children first-hand experience in learning about disabilities. Teaching tolerance cannot be accomplished with one 45-minute program. A school as a whole has to want to change attitudes and should try to embrace a comprehensive program which may include on-going discussion and teaching of information, of which the KOB program could be used as a catalyst for starting the change.

Limitations

Certain limitations of this study must be considered when interpreting the results. There may have been some confusion particularly among the younger students as to the meaning of some of the items on the measures. In particular the question on the Acceptance Scale, "Kids who talk to themselves are scary. I don't like to be close to them." There was comment from a few of the students that were unsure of what that question meant or how to answer it. Some of the younger children were unsure of what the word "retarded" meant. Unfortunately due to standardization, this clarification was unable to be made and the children were simply told to answer the question the best way they knew how. Therefore the scores of the younger children, particularly first grade, may not be as accurate as the upper grades.

Additionally, two of the measures may have been too long for the children to answer. The Knowledge about Handicapped Persons and the Acceptance Scale were 20+ questions whereas the Social Distance Scale was only 10 questions long. By the time the children got to the last measure, it appeared some of them were getting worn out answering the questions and may have been randomly circling answers rather than listening and trying to understand the questions. Future researchers may want to consider shortening the length of the measures as well as re-wording some of the questions to make them more understandable to all ages.

While it appeared that all questions would be covered during the program, depending upon the amount of questions that were asked, not all questions were covered. This was the reason for the additional analysis of only those items covered in the program and results from the additional analyses reinforce those found for the overall measure, that the KOB program alone did not result in an increase in attitudes towards students with disabilities. The correct answer to the questions could have been guessed based upon how they were worded, yet many children may not been able to draw those conclusions.

The knowledge scale should be tailored to the content of the performance being presented to the children.

A control group was not utilized in this study and therefore there was no random assignment to conditions. Ethically, it would not have been appropriate to deny this type of intervention to children who did not return a permission slip. This study is promoting positive attitudes and therefore all children can benefit from the KOB performance. Additionally, this study took place in an urban setting in a moderately sized district with less than 100 children as participants. Therefore, caution should be taken when generalizing these results to other populations.

Methodological differences between this current study and others that have studied KOB (Snart and Maguire, 1986, 1987; Schumacher, 1998) need to be considered when looking at the results of this study. Only one measure was used in the Snart and Maguire (1986, 1987) studies and included both knowledge items and attitudinal items. Additionally, in the Snart and Maguire studies (1986, 1987), the knowledge measure was made specifically based upon material that was to be presented in the KOB performance. The current study used a general knowledge measures (Hazzard, 1983) that was not geared specifically towards the content of the KOB performance. However, when comparing the methodology used in the Schumacher study (1998) to the current study, the same knowledge scale was used. A possible explanation of the differences could be the difference in sample size. The current study had a final sample size of 92, whereas the Schumacher study has a final sample size of 751. The small sample size in the current study may have been too small to detect any true differences and should be considered for future research.

Outside variables cannot be ruled out as having an influence on the results of this study (e.g., parental attitudes, socioeconomic status, previous experience with persons with disabilities, attitudes of the school [both teachers and administration] towards students with disabilities, exposure to students with disabilities at school). For example, though the district that participated in this study practices inclusion, the amount of exposure to students with disabilities that students have will depend on how much a student with a disability is in the general classroom. Some grades may not have any students with disabilities, therefore decreasing their ability to utilize the information given to them in the performance. An additional factor was the physical set up for the administration of the questionnaires combined with the nature of a self-report measure. The situation was not ideal; students had to sit right next to each other and were able to sit next to friends. Though talking was not permitted, children did talk during the administration about their answers.

Future Research

One major area of future research that should be considered is the inclusion of a discussion aspect with this program. As has been shown in this study, the KOB program, in and of itself, was not sufficient in increasing students' attitudes towards students with disabilities. A more comprehensive and varied type of program may be better able to provide children the necessary experiences they need to truly understand and accept others who have disabilities.

Ideally, a study of this type that investigates long-term effects should be started in the beginning of a school year and concluded at the end of that year. This way a full-year of schooling will have taken place and gives the study a longer follow-up period to look at true long-term changes. This would give more credibility to the program's true long term effect.

Students may not have understood the nature of what was really wanted of them by way of the self-report. They may have seen this as a test rather than an opportunity to voice their own opinion in a confidential manner about disabilities. Future research in this area may want to consider including a structured observational aspect in order to see actual behavioral interaction with students with disabilities, which could help to control the subjective nature of the self-report.

Future studies should consider interviewing children individually or in small groups to better be able to get an understanding of a child's attitudes. Due to the large number of students used in this study, it would have been difficult to get individual reactions to the study questionnaires. However, it has been shown that including a discussion aspect to the disability program is effective (Gottlieb, 1980; Clunies-Ross and O'Meara, 1989; Favazza and Odom, 1997). Time was allowed for comments about the study itself (the measures, the KOB performance), but due to confidentiality, the children were not asked how they felt specifically about students with disabilities. Not only should children be interviewed about their individual answers for clarification, but the discussion would serve to help reinforce the positive nature of the KOB program. By adding this, increased scores may be maintained due to the repetition of the positive attitudes over time.

Conclusion

This study showed that the Kids on the Block program alone did not have a significant effect on increasing children's attitudes, knowledge, or acceptance of students with disabilities and although this is only one study, the results of this study are interesting and important for future research. More research is needed in this area that includes KOB as part of a more comprehensive awareness program to determine the true effects of the KOB program.

With children spending up to eight hours a day in school and with inclusion becoming the norm in schools around the country, children are now interacting with students with disabilities more often than they have in the past. School districts may want to consider implementing more naturalistic types of interventions, which might include books, social contact, and discussion as well as research different intervention programs to determine if they suit their individual needs.

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Table 1

Breakdown of Grade by Gender

Grade	Male	Female
1	3	6
2	6	12
3	6	5
4	1	9
5	9	10
6	13	12

Table 2

Descriptive Statistics for Student Measures for the Group (N = 92)

Variable	*M*	*SD*
Social Distance Measure Pre-Test	25.53	5.80
Social Distance Measure Post-Test	25.17	5.03
Social Distance Measure Follow-Up	24.22	6.48
Knowledge Measure Pre-Test	32.88	7.29
Knowledge Measure Post-Test	35.08	7.07
Knowledge Measure Follow-Up	33.75	8.31
Acceptance Measure Pre-Test	30.60	7.45
Acceptance Measure Post-Test	31.12	7.80
Acceptance Measure Follow-Up	29.61	7.91

Table 3

Descriptive Statistics by Gender for Social Distance, Knowledge, and Acceptance Measures

Scale	Males (N = 38)		Females (N = 54)	
	M	*SD*	*M*	*SD*
Social Distance Pre-Test	23.42	7.50	27.02	3.60
Social Distance Post-Test	23.79	6.76	26.15	3.04
Social Distance Follow-Up	22.32	7.78	25.56	5.04
Knowledge Pre-Test	33.58	7.10	32.39	7.45
Knowledge Post-Test	35.45	6.43	34.81	7.39
Knowledge Follow-Up	32.71	9.46	34.48	7.39
Acceptance Pre-Test	30.13	8.28	30.93	6.86
Acceptance Post-Test	30.32	8.64	31.69	7.18
Acceptance Follow-Up	27.61	9.15	31.02	6.63

Table 4

Descriptive Statistics by Grade Level for Social Distance, Knowledge, and Acceptance

	Lower[a] (N = 38)		Upper[b] (N = 54)	
	M	*SD*	*M*	*SD*
Scale				
Social Distance Pre-Test	26.45	6.22	24.89	5.45
Social Distance Post-Test	25.11	5.77	25.22	4.49
Social Distance Follow-Up	24.68	6.38	23.89	6.59
Knowledge Pre-Test	27.74	5.34	36.50	6.25
Knowledge Post-Test	31.21	6.48	37.80	6.18
Knowledge Follow-Up	29.47	7.80	36.76	7.32
Acceptance Pre-Test	27.05	7.97	33.09	5.96
Acceptance Post-Test	27.92	7.50	33.37	7.27
Acceptance Follow-Up	28.47	6.84	30.41	8.55

[a] Grades 1-3. [b] Grades 4-6

Appendix A

At the Vet's

Characters: Brenda
Ellen Jane

Props: Muffy, the dog
Medicine tube
Table Top
Chair

Synopsis: When Brenda Dubrowski arrive at the Valley Animal Hospital to pick up her dog, Muggy, she is surprised to learn that the veterinarian's assistant is a person who had Down syndrome. Convinced Ellen Jane cannot help Muffy, Brenda tries to do Ellen Jane's job. Ellen Jane demonstrated to Brenda that people with Down syndrome can do many things.

ELLEN JANE ENTERS.

ELLEN JANE: Boy, this place sure is a mess. There's a cat hair. There's a dog hair. (jokingly) There's even turtle hair! (Laughs, Brenda enters) Hi, can I help you?

BRENDA: Hi, my name is Brenda Dubrowski and I'm here to pick up my dog, Muffy. Oh, are you the veterinarian who took car of her?

ELLEN JANE: No, I'm not the vet. . .I'm her, uh. . .assistant. I help Doctor Rogers take care of the animals.

BRENDA: (reflective) Oh, I get it! But I bet you want to be the veterinarian someday.

ELLEN JANE: Well, maybe, but I really like being an assistant and anyway you have to go to school for a real long time to be a vet. And it takes me a long time to learn things.

BRENDA: Well, why does it take you a long time to learn?

ELLEN JANE: Oh, because I have Down syndrome.

BRENDA: Down syndrome? What's that?

ELLEN JANE: Well, Down syndrome is something I was born with. And part of having Down syndrome is having mental retardation. That's the part that makes me learn slow.

But you wait right here 'cause I'm the person who is supposed to get your dog. (she exits)

BRENDA: (addresses audience) Wow! I have never met a person who has uh. . . Down syndrome before. Hmmm. . . sure hope my dog's OK.

ELLEN JANE ENTERS. SHE IS CARRYING MUFFY. (NOTE: IF TWO PUPETEERS PERFORM, MUFFY CAN BE STUFFED AND CARRIED BY ELLEN JANE OR IF THREE PUPPETEERS ARE PRESENT, MUFFY IS PRFOMRED ON THE HAND OF THE THRID PUPPETEER). ELLEN JANE PLACES MUFFY ON TOP OF THE TABLE.

ELLEN JANE: Here's Muffy now.

BRENDA: (makes a fuss over Muffy) Oh. . . Muffy (repeatedly kisses the dog) I missed you so much!

ELLEN JANE: You sure do like that dog!

BRENDA: (exaggerated) I love her!

ELLEN JANE: Well. Doctor Rogers says Muffy is gonna be just fine except for that little problem with her ears.

BRENDA: Her ears! Oh, what's wrong with her EARS?!

ELLEN JANE: Oh, Muffy has a little uh. . . infec. . .uh. . . infection but don't you worry. I have this special medicine and now I'm gonna show you have to put the medicine in Muffy's ears! (takes medicine tube out of her front pocket) First you. . .

BRENDA: Oh, you can't do it. You have Down syndrome. You'd better give that medicine to me. (takes medicine from Ellen Jane)

ELLEN JANE: I. . . I don't know. I mean, it's not so easy to do. . .

BRENDA: Oh, I can do it. See, I don't learn slow like you. I learn really fast!

BRENDA TIES TO SHOW ELLEN JANE BY ROUGHLY PULLING AT MUFFY'S EAR. MUFFY BARKS, SCRATCHES BRENDA AND SHE DROPS THE TUBE ON THE TABLE.

BRENDA: (very dramatically) Oh no, she scratched me! Bad dog! (she blows on her hand)

ELLEN JANE: (petting Muffy) There, there Muffy. You're not a bad dog. . .you're just a little bit scared. (jokingly to the audience) And we all know why, don't we?!! (she pets Muffy and gently lifts her ear, and demonstrated the correct way to put the medicine in) There, there Muffy, this won't hurt a bit. Now, lift her ear real gentle like this (Muffy makes a happy sound) See, that's how you do it. She's gonna be just fine.

BRENDA: (SURPRISED) Yeah. . . I see. . . She IS! Say, do you work here all the time?

ELLEN JANE: Well, when I'm not in school I work here. . . three afternoons a week. I've go this job coach at school and he helped my get this great job because he knows how much I love animals.

BRENDA: Well, what kind of stuff do you do here at the animal hospital?

ELLEN JANE: Well, let me see. I do all kids of stuff. I feed the animals and. . . oh, get this! I'm the person who cleans out the cages! PEEEEEEEEEEE! YOOO!!!!!!!!!!!! And I help Doctor Rogers put medicine in animals ears.

BRENDA: You do?

ELLEN JANE: Yup, I put medicine in cats' ears and dogs' ears and once Doctor Rogers and me went out to a farm and you know what I did?

BRENDA: No, what did you do?

ELLEN JANE: (stands proud) Me, Ellen Jane Peterson, put medicine in a cow's ear!

BRENDA: In a COW'S EAR!! WOW!! I didn't know people with Down syndrome could do so many things!

ELLEN JANE: Sure Brenda, I can do lots of things. The only difference is that it takes me longer to learn things.

BRENDA: Oh! But what do you do when you're not working?

ELLEN JANE: Well, I guess I'm like anyone else my age. I go to high school and I like to hang out with my friends and there's this one boy I really like! (laughs) I've got big plans and stuff. . . for when I get older, just like anybody else. Now you take Muffy home and don't forget to put this medicine in her ears two times a day!

BRENDA: I won't forget, Ellen Jane. . .I only hope I can do it as well as you.

ELLEN JANE: (gets closer to Brenda) You'll do just fine, Brenda, if you remember one little ting.

BRENDA: What's that?

ELLEN JANE: It just takes a little while to learn how!

BRENDA: You know, Ellen Jane, I have a lot of questions for you. . .

ELLEN JANE: Maybe some of the kids here want to ask me some questions about what it's like having Down syndrome. If you do just raise you hand.

ELLEN JANE TAKES QUESTIONS FROM THE AUDIENCE.

The Kids on the Block, Inc., 1984, revised 1994.

New Friends

CHARACTERS: Mark Riley
Melody James

PROPS: None

SYNOPSIS: When Melody James meets Mark Riles for the first time, she is curious about his wheelchair, his headgear and his unusual way of speaking. Mark encourages her to ask questions and carefully explains about cerebral palsy and some of the things he can do. As Melody becomes more comfortable, she asks what she thinks is the most difficult question of all.

MARK COMES ON STAGE, LOOKS AROUND, AND THEN SPEAKS.

MARK: Hi everybody! My name is Mark Riley and you can probably all tell, just by looking at me, that I'm Irish. . . on account of the read hair and the name of Riley. Anyway, I'm here cause she's in there. My mom, I mean. She gets real nervous when I (look around again) pop WHEELIES! But here goes. . . I got to get psyched up for this. . . One RRRRRRRRRR. . . Two RRRRRRRRRR and now, for the moment you've been all waiting for. . . THREE! Wahooooooooooo! And again, WAHOOOOOOOOOOOOO!

MARK READRS BACK IN HI CHAIR AND OPPS TWO MORE WHEELIES. A STARTLED MELODY ARRIVES ON STAGE DRUING THE SECOND WHEELIE.

MELODY: Hey look out!

MARK: Hi! Sorry, I didn't know anyone was watching me!

MELODY: Hi. . . uh. . . are you new around here?

MARK: I'm not new, I'm brand new. We just moved here last week.

MELODY: What's your name?

MARK: (strained and difficult to understand) Mark.

MELODY: Could you say that again, please?

MARK: Mark. . . M-A-R-K, Mark (to himself) the great!

MELODY: Oh, hi, Mark. I'm Melody.

MARK: Hi, Melody.

MELODY: But don't ever call me Melody. Just call me Mel.

MARK: But Melody's such a pretty name. How did you get it?

MELODY: Well, I have these four older brothers. . . YUCK! They tease me, they tickle me, and do you know what they're doing now?

MARK: Uh, uh. What?

MELODY: They're calling me Melvin! And I'm a girl! Double yuck!

MARK: Huh? You don't look like a Melvin to me!

MELODY: Well, anyway. . . when my mom was in the hospital having ME, my dad said, "Hey this one's a girl!" and my mom said, "That's music to my ears!" So guess what. . .

MARK: Oh, you don't have to tell me. . .Melody, a song. . . music to your mom's ears.. .

MELODY MOVES OVER, BENDS DOWN AND LOOKS AT THE WHEELS OF MARK'S CHAIR.

MARK: Hey Mel, is something the matter with my chair?

MELODY: No! (cautious) Uh, Mark. . .are you. . . uh. . . sick or something?

MARK: Oh no. I'm not sick. I have cerebral palsy.

MELODY: You got what?

MARK: Cere. . .cereb. . . (he tries again) Cer. . I got CP!

MELODY: Oh yeah, Ceee Peee! (she waits) Uh, what's CP?

MARK: CP is something I was born with. The kind of CO I have means some of my muscles are stiff. The muscles in my legs are stiff, so I don't walk. And the muscles in my mouth and throat are stiff too. That's why I talk different.

MELODY: You mean you don't ever, ever, ever, EVER walk?

MARK: No, no, no, no, NO! But! I get around real good in this thing.

MELODY: Oh, your wheelchair, right?

MARK: Wrong!

MELODY: Wrong?

MARK: This is my souped up, super sport, GTO, faster than a jet plane. . . CRUISER! I get 30 miles per hour – down hill – in this baby!

MARK WHEELS IN HIS CRIUSER. HE SPPED OVER TO MELODY WHO JUMPS BACK IN MOCK SURPRISE.

MELODY: WOW! But Mark, if you're in that wheelchair—oops! I mean "cruiser" all the time. . .

MARK: Get it right, Mel!

MELODY: I bet you can't do some of the stuff that other kids do.

MARK: Wait, Mel. . .I can do about hundred million things. . How about I SHOW you something and see if you can guess what it is.

MELODY: (sits) OK. Ready.

MARK: (to audience) And if you know what it is, just holler it out! Here goes.

MARK IMITATES A SWIMMER.

MELODY: You can swim?

MARK: I sure can. . the whole way across the olympic size swimming pool. But that was too easy. Here's another one.

MELODY: OK, I'm ready again.

MARK IMITATES RIDING A HORSE.

MELODY: WOW! You can ride a horse?

MARK: Yup. I learned last summer at (tongue in cheek) Camp Courageous!

MELODY: Wow. . . But Mark, uh. . . how do you do other stuff?

MARK: Other stuff. . . Oh, I bet you want to know how to I go back and forth from school. Well, I. . .

MELODY: (she interrupts) No, Mark, how do you do OTHER, other stuff?

MARK: Oh, OTHER, other stuff. . . I bet you want to know how I go up and down the stairs. Well. . .

MELODY: No, no, no. Uh, Mark. . . could I ask you something sort of. . . personal?
MARK: OHHHHHH! Personal stuff. Sure Mel, what do you want to know?

MELODY: (embarrassed, she drags her foot from side to side) Well. . . well. . . well. . .

MARK: (looks at audience) Any MONTH now she is going to ask me!

MELODY: Mark, uh, HOW do you. . .uh. . . oh. . .I can't, I can't, I can't!

MARK: Sure you can, Mel. Ask me anything you want. My ear is right here. (points to his helmet/headgear)

MELODY: OK. Here goes. Uh, Mark. (getting closer to his ear) How do you. . . . (she gets very close and does a theatrical whisper in Mark's ear)

MARK'S MOUTH DROPS OPEN IN SHOCK.

MELODY: Ohhhhh. (she hides her face in her hand)

MARK: (repeating her question) How do I get into the BATHROOM!? MEL!!!!!!
That was a very personal question!

MELODY: I Know!

MARK: Mel, haven't you noticed how public bathrooms are accessible to people who use cruisers? They got wide doors and hand rails. . .

MELODY: Oh, I've seen those!

MARK: Well, I got a bathroom like that right in my own house! It's got a wide enough door so I can cruise on in. It's got a sink down low so I can wash my hands and face. And it's got two hand rails right next to the toilet.

MELODY: Oh, good! Thanks for telling me, Mark, 'cause I was wondering about that.

MARK: Well, if you're wondering, maybe they are wondering too. If some of you want to ask me some things about being in a cruiser or having CP, put up your hands!

MARK TAKES QUESTIONS FROM THE AUDIENCE

The Kids on the Block, Inc., 1978. Updated, 1995.

Secret Code

CHARACTERS: Renaldo Rodriguez
Brenda Dobrowski

PROPS: Back Pack
Braille card (PTA letter)
Cat poster

SYNOPSIS: When Renaldo tells time using his braille watch, Brenda is amazed. This leads her to ask many questions about what people who are blind can do. Renaldo describes braille and explains about his beeping baseball.

BRENDA: Oh no! I think I'm late. . . (looks at her watch) I know I'm late!!! My mom's gonna be soooo mad!! (makes strangling noise, looks at her watch again) Uh oh. Now my watch has stopped and I don't know if I'm late or not. . . I was supposed to meet her here at three o'clock.

RENALDO ENTERS, HUMMING.

BRENDA: Oh excuse me, um. . . my name's Brenda. I've seen you around schoo.

RENALDO: Oh. Hi, Brenda, my name is Renaldo.

BRENDA: Well, hiya Renaldo. Hey my watch sopped. Do you know what time it is?

RENALDO: Sure, just give me a minute. I'm gonna check.

REALDO FEELS HIS BRAILLE WATCH.

RENALDO: It's two thirty. . . on the dot! (he laughs)

BRENDA: Hey you didn't even look at your watch. How do you know what time it is?

RENALDO: Oh, I can't see, so I've go this special braille watch. They make braille watches for kids who are blind, like me.

BRENDA: You mean that you. . . Y-O-U are blind??!?!?

RENALDO: (with matter-of-fact confidence) That' right, I'm blind!

BRENDA: (looks at the watch) But you watch. . . it looks like a regular old watch to me. . .

RENALDO: Come here and look closer. Do you see those little raised dots on my watch?

BRENDA: Yeah, I see them.

RENALDO: Well those dots. . . they stand for the numbers. I FEEL those dots and then, I know what time it is!

BRENDA: WOW! That's cool. (starting to look around) OMIGOSH! OMIGOSH! I lost it! (she searches herself) I LOST IT! Teacher said not to, but I lost it. . .

RENALDO: Brenda, what did you lose?

BRENDA: That important piece of paper about the PTA meeting. Teacher said, (she mimics the high-pitched voice of the teacher) "Do Not Lose!" AND I lost it!

RENALDO: Don't worry, Brenda, 'cause I've got one! It's right here in my back pack.

RENALDO SITS DOWN ON THE STAGE AND FEELS FOR HIS BACK PACK. HE TAKES OUT PIECE OF PAPER AND PLACES IT ON HIS LAP. HE READS THE BRAILLE BY MOVING HIS FINGERS ACROSS THE PAPER. BRENDA WATCHES IN AMAZEMENT.

RENALDO: "The PTA meeting will be, seven thirty, Monday nigh, in the school gym. Don't miss it!"

BRENDA: Hey, you're reading!

RENALDO: That's right. (he stands up) I'm reading and I'm reading braille. It's just like with my watch here but these dots. . . these. . . (he shows paper) these don't' stand for numbers. They stand for letters.

BRENDA: Oh. . . I don't get it.

RENALDO: You still don't get it? HMMMMMMMMMM. (he thinks) Wait! Do you remember the big animal fair we had at school?

BRENDA: Oh yeah. That's the one where we all made posters of our favorite animals. . .right?

RENALDO: Right!

BRENDA: I made one of a fuzzy bunny.

RENALDO: I made a poster of my favorite animal too. I made a picture of a car. . but then, underneath in braille, I wrote the word cat. . .wait. . I'll get the poster, show it to you, and clear this whole mess all up! (Renaldo exits)

BRENDA: (talking to herself) Hmmmmmmm. . . cat. . . poster. . . braille. . . What' he talking about? I haven't the foggiest idea!

RENALDO RETUNRS WITH A CAT POSTER. HE SHOWS IT TO THE AUDIENCE FACING AWAY FROM BRENDA.

RENALDO: OK, Brenda! See this?!

BRENDA: (cautious and a bit embarrassed) Renaldo, I'm over here.

RENALDO: (not bothered at all) Oh, oh. Sorry! OK, see?

RENALDO MOVED POSTER TOWARDS BRENDA.

BRENDA: That says "cat?" I thought you were felling the shapes of the letter. Those aren't letter. . .they're just dots!

RENALDO: (a bit exasperated) But. . .these dots. . . they stand for the letters! Brenda, I don't know any other way to s'plain this stuff to you!

BRENDA: (studies the poster) Wait, Renaldo! I think I've got it!

RENALDO: She think she's got it. SHEEZ!

BRENDA: It seems to me that this braille is a little bit like a secret code. . .

RENALDO: (excited) Yeah, Brenda, braille is kinda like a secret code! All right, feel the first tow dots.

BRENDA: (Brenda feels the braille letters) OK, Renaldo, I'm feeling them

RENALDO: (he shows the poster to the audience) Those dots stand for the letter "C." (he shows the poster to Brenda again) Now, feel the next dot. It's all by itself.

BRENDA: Got it!

RENALDO: (he shows the poster to the audience again) That stands for the letter "A."

BRENDA: So those last four dots must stand for the letter "T!" C-A-T, C-A-T, cat. Wow, braille, is really neat. . . but it's really hard too., 'cause all the dots feel the same tome.

RENALDO: Brenda, learning braille, for me, was not too hard. It's probably just as hard as it was for you to learn to read.

BRENDA: Really?

RENALDO: Really! It's not a harder way to read and write. It's just different. That's all.

BRENDA: Renaldo, it is really great how you read. . .but it's too bad you can't do other fun stuff like. . . play baseball.

RENALDO: Baseball? But Brenda, I CAN play baseball with you!

BRENDA: How are you gonna do that?

RENALDO: With a beeping baseball that I can hear! See, there's a beeper deep down inside the ball.

BRENDA: A beeper?

RENALDO: Yeah, a beeper and this is how it works. The pitcher, she's on the mound. She's got my beeping baseball and I am at bat. She winds up. She throws the ball. I listen for the sound of the ball coming toward me. Beep. . .beep. . .BEEP. . .BEEP. . . and POW!!! I hit a home run!

BRENDA: Way to go, Renaldo!!!

RENALDO: Not too shabby, eh!!

BRENDA: Uh, uh! But wait. . .if you can't see, why do you have glasses?

RENALDO: Oh, well I wear these glasses because they help. . .

BRENDA: (interrupting) Wait, wait, wait!!! How do you eat?

RENALDO: Brenda, I eat the same way you do. I just. . .

BRENDA: (excited and interrupting him again) Hold it! Renaldo. . .if you're blind and all. . . how do you get dressed?

RENALDO: Oh you want to know why I look so handsome! Well, what I do is. . .

BRENDA: (interrupting) Renaldo, you're blind right?

RENALDO: Right.

BRENDA: Can't see, right?

RENALDO: (waves his hand in front of his face) Not since the last time I checked, no.

BRENDA: Then how do you get around without (takes a dramatic fall) without falling down?!

RENALDO: Brenda did I just hear you fall down?

BRENDA: I was just trying to show you, Renaldo.

RENALDO: And you just gave me a good idea, too. You had about a trillion turns asking me questions. Maybe some of you kids have a question for me about what it's like to be blind. If you do, hands up now, WAIT!! Don't put your hands up yet. Hey, Brenda, will you help me out?

BRENDA: Sure. What do you want me to do, Renaldo?

RENALDO: When you see someone out there with a hand raised like this, (he raises his hand) will you pick him or her out for me?

BRENDA: Sure!

RENALDO: OK. Who has a question for me? Raise your hand.

RENALDO TAKES QUESTIONS FROM THE AUDIENCE.

RENALDO: Brenda, I gotta get going. Today is a real big day for me. See, I have a soccer game, and today is the day I'm going to kick the beep beep beep winning goal! So I gotta run.

BRENDA: I have a little time before I'm supposed to meet my mom. I'll come watch the game.

RENALDO: OK Brenda, well let's go!

RENALDO AND BRENDA EXIT.
The Kids on the Bock, Inc., 1978, revised 1996.

Appendix B

Knowledge about Handicapped Persons Scale

1. Most handicapped kids worry a lot. Yes No Not Sure
2. Most handicapped kids have to do jobs at home, like taking out the garbage. Yes No Not Sure
3. Parents of handicapped kids don't usually let them go outside by themselves. Yes No Not Sure
4. Blind kids need help with just about everything they do. Yes No Not Sure
5. Most retarded kids can learn to ride a bike. Yes No Not Sure
6. Handicapped kids don't have many friends. Yes No Not Sure
7. Handicapped kids can play sports with other kids. Yes No Not Sure
8. Deaf kids have a lot of trouble learning math. Yes No Not Sure
9. A person in a wheelchair could be a doctor or a teacher. Yes No Not Sure
10. All handicapped people were born that way. Yes No Not Sure
11. Kids who have handicaps are sad most of the time. Yes No Not Sure
12. A blind kid can go places by himself. Yes No Not Sure
13. Handicapped kids usually have brothers or sisters who are not handicapped. Yes No Not Sure
14. Most handicaps go away or get better when kids grow up. Yes No Not Sure

15. Most retarded kids cannot talk. Yes No Not Sure
16. A person in a wheelchair or on crutches usually stays close to home. Yes No Not Sure

17. It is harder for a blind person to get around than for someone who can see. Yes No Not Sure

18. Handicapped kids are more polite and well-behaved than other kids. Yes No Not Sure

19. A handicapped person can help other people. Yes No Not Sure

20. You can catch many handicaps by being too close to handicapped kids. Yes No Not Sure

21. Deaf kids do no speak as clearly as other kids. Yes No Not Sure

22. Handicapped people often act very different from other people. Yes No Not Sure

23. Handicapped kids want people to give them special treatment. Yes No Not Sure

24. Most retarded kids look funny. Yes No Not Sure

25. Most handicapped kids could go to school with kids who are not handicapped. Yes No Not Sure

Hazzard, A. (1983). Children's experience with, knowledge of, and attitude toward disabled persons. The Journal of Special Education, 17(27), 131-139.

Appendix C

Social Distance Scale

1. It would be okay if a handicapped kid was in my art and music class. Yes Maybe Yes No Maybe No

2. It would be okay if a handicapped kid slept over at my house. Yes Maybe Yes No Maybe No

3. It would be okay if a handicapped kid borrowed my bike. Yes Maybe Yes No Maybe No

4. It would be okay if a handicapped kid went to my school. Yes Maybe Yes No Maybe No

5. It would be okay if a handicapped kid was in my favorite club. Yes Maybe Yes No Maybe No

6. It would be okay if a handicapped kid ate at my table in the cafeteria. Yes Maybe Yes No Maybe No

7. It would be okay if a handicapped kid was invited to my birthday party. Yes Maybe Yes No Maybe No

8. It would be okay if a handicapped kid at lunch at my house. Yes Maybe Yes No Maybe No

9. It would be okay if a handicapped kid sat next to me in class. Yes Maybe Yes No Maybe No

10. It would be okay if a handicapped kid went to the movies with me. Yes Maybe Yes No Maybe No

Hazzard, A. (1983). Children's experience with, knowledge of, and attitude toward disabled persons. The Journal of Special Education, 17(27), 131-139.

Appendix D

Acceptance Scale

1. It's okay to call someone a sissy if they cry a lot for no reason. Agree Disagree Undecided

2. I have made friends with a mentally retarded student. Agree Disagree Undecided

3. I get embarrassed when I talk to someone who is cross-eyed. Agree Disagree Undecided

4. I have helped some students in wheelchairs. Agree Disagree Undecided

5. It doesn't make sense to have deaf kids in school with kids who can hear. Agree Disagree Undecided

6. I don't say hello to kids who are retarded. Agree Disagree Undecided

7. I wish I could play with some mentally retarded students. Agree Disagree Undecided

8. Kids who talk to themselves a lot are scary. I don't like to be close to them. Agree Disagree Undecided

9. I would like my class to go to camp the same week that a class of handicapped kids were there. Agree Disagree Undecided

10. Children who are retarded should not be in my room at school. Agree Disagree Undecided

11. I really don't like to sit next to some in the lunchroom who is a messy eater. Agree Disagree Undecided

12. I think I could be good friends with a special education student. Agree Disagree Undecided

13. I have talked to some students in wheelchairs. Agree Disagree Undecided

14. If I had a retarded brother or sister, I wouldn't tell anybody. Agree Disagree Undecided

15. If another kid can't do something or does something wrong, he can expect to be called a dummy. Agree Disagree Undecided

16. I wish I could make friends with a mentally retarded student. Agree Disagree Undecided

17. If there are too many kids in my room who have trouble with math and reading, my teacher won't have time for me and my friends. Agree Disagree Undecided

18. I have played on the playground with some mentally retarded students. Agree Disagree Undecided

19. If someone told me about a new TV show on Saturday morning about handicapped kids, I would watch it if I could. Agree Disagree Undecided

20. I have talked with some mentally retarded students at my school. Agree Disagree Undecided

21. Kids who talk funny so I can't understand them shouldn't be in my group in school activities. Agree Disagree Undecided

Voeltz, L. M. (1980). Children's attitudes toward handicapped peers. American Journal of Mental Deficiency, 84(5), 455-464.

Appendix E

IRB #: 440-01-EP

PARENTAL INFORMED CONSENT FORM

TITLE OF RESEARCH STUDY

KIDS ON THE BLOCK AND ATTITUDES, KNOWLEDGE, AND ACCEPTANCE OF CHILDREN WITH DISABILITIES

INVITATION

You are invited to permit your child to participate in a research project that is studying the effectiveness of a disabilities awareness program called Kids on the Block. The information in this consent form is designed to help you make an informed decision regarding your child's participation. If you have any questions, please feel free to ask.

WHY IS YOUR CHILD ELIGIBLE?

Your child is eligible to participate because your child attends Blumfield Elementary School in the Ralston School District.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to investigate the effectiveness of a disabilities awareness program in its ability to promote positive attitudes, correct knowledge of, and acceptance of children with disabilities. This program is called Kids on the Block. This program is designed to educate children about disabilities and to teach them to appreciate and accept differences in others who have disabilities. The Kids on the Block Troop is composed of disabled and non-disabled, nearly life-size puppets, which look and act like real children.

WHAT DOES THIS STUDY INVOLVE?

Your child will be asked to view a performance of the Kids on the Block Troop. Your child will also be asked to complete a series of questionnaires that assess a child's attitudes, knowledge, and acceptance of children with disabilities. These measures will be completed at three different times. One will be a few days before viewing the Kids on the Block Performance. The next time will be a few days after the performance. The last time will be approximately 4 to 5 months after viewing the performance. They will

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require about 15 to 20 minutes to complete. Students will be given time in school to complete the measures.

WHAT ARE THE POSSIBLE RISKS/DISCOMFORTS YOUR CHILD COULD EXPERIENCE?

There is essentially no risk associated with the study. Some children may experience slight discomfort discussing their attitudes towards individuals with disabilities. A referral to a counselor will be made if this discomfort becomes adverse.

WHAT ARE THE POSSIBLE BENEFITS TO YOUR CHILD?

One benefit to children who participate in this study is the acquisition of correct knowledge about persons with disabilities. This will help children to see that those persons who have disabilities are not much different than them and help them understand the nature of certain disabilities. Another benefit is the potential for a change in attitudes in a positive direction towards persons with disabilities. The promotion of positive attitudes of this intervention will help children accept those people who are different.

WHAT ARE THE POSSIBLE BENEFITS TO SOCIETY?

The results of this study will help the education community better understand attitudes towards persons with disabilities and what interventions are effective at promoting positive attitudes in children toward other children with disabilities.

WHAT ARE THE ALTERNATIVES TO PARTICIPATING IN THIS STUDY?

The Kids on the Block performance will be shown to all children, regardless if they return a consent form. Those who do not return the permission form will not be given the attitude, acceptance, and knowledge measures. The reason the performance will be shown to all children is that as a member of the educational community, it would not be ethical to deny those children who do not return permission forms the chance to see the performance. Additionally, it will be more efficient to show the entire class the performance rather than trying to find alternative activities for those who are not participating. However, if you do request that your child not view the program, alternative activities will be provided.

WHAT ARE YOUR FINANCIAL OBLIGATIONS?

There are no financial obligations in order for your child to participate in this study.

WHAT SHOULD YOU DO IN CASE OF AN EMERGENCY?

If your child is injured or has an adverse reaction because of this research, you should immediately contact one of the personnel listed at the end of this consent form.

HOW WILL YOUR CHILD'S CONFIDENTIALITY BE PROTECTED?

No information obtained in this study will be able to identify you or your child. All data will be kept strictly confidential. The only person who will have access to your child's data will be the principal investigator, the Institutional Review Board (IRB), and any other person required by law. The information may be published in research journals or presented at scientific meetings, however your child's identity will be kept strictly confidential.

WHAT ARE YOUR CHILD'S RIGHTS AS A RESEARCH PARTICIPANT?

Your child has rights as a research participant. These rights are explained in "The Rights of Research Participants" which you have been given. If you have any questions concerning your child's rights, you may contact the Institutional Review Board (IRB), phone # (402) 559-6463.

WHAT WILL HAPPEN IF YOU DECIDE NOT TO ALLOW YOUR CHILD TO PARTICIPATE?

You can decide not to allow your child to participate in this study or they can withdraw from this study at any time. Your decision will not affect your relationship with the investigators at the University of Nebraska at Omaha. Your decision will not result in any loss of benefits to which your child is entitled.

If any new information develops during this study that may affect your willingness to permit your child to continue participating, you will be informed immediately.

DOCUMENTATION OF INFORMED CONSENT

YOU ARE VOLUNTARILY MAKING A DECISION WHETHER TO ALLOW YOUR CHILD TO PARTICIPATE IN THIS RESEARCH. YOUR SIGNATURE MEANS

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THAT YOU HAVE READ AND UNDERSTOOD THE INFORMATION PRESENTED AND DECIDED TO ALLOW YOUR CHILD TO PARTICIPATE. YOUR SIGNATURE ALSO MEANS THAT THE INFORMATION ON THIS CONSENT FORM HAS BEEN FULLY EXPLAINED TO YOU AND ALL YOUR QUESTIONS HAVE BEEN ANSWERED TO YOUR SATISFACTION. IF YOU THINK OF ANY ADDITIONAL QUESTIONS DURING THIS STUDY, YOU SHOULD CONTACT THE INVESTIGATOR(S). YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.

______________________________	__________________
Signature	Date
______________________________	__________________
Relationship to Child	Child's name

<ins>INVESTIGATORS</ins>

Amanda G. Johnson, M.S Principal Investigator	(402) 399-8752
Lisa Kelly-Vance, Ph.D. Advisor	(402) 554-3563

PRINICPAL

Jerry Rutherford Blumfield Elementary School	(402) 331-0891

Appendix F

IRB#: 440-01-EP

CHILD ASSENT FORM

TITLE OF RESEARCH STUDY

KIDS ON THE BLOCK AND ATTITUDES, KNOWLEDGE, AND ACCEPTANCE OF CHILDREN WITH DISABILITIES

1. I would like to invite you to take part in this research study about how well a program called Kids on the Block works in teaching kids about people with disabilities.

2. I would like to talk to your parents about this before you decide whether or not to be in this study. We will also ask your parents whether they want you to be in the study.

3. In this study, I will try to find out how you feel about people with disabilities and if those feelings change after watching the puppet show called Kids on the Block.

4. You will be asked to fill out some sheets with questions on them. They will ask you about people with disabilities and how you feel about them. You will fill out these sheets three different times, once before the performance, once after the performance, and again about 4 to 5 months after the performance.

5. The sheets with questions will take you about 15 to 20 minutes to fill out. You will be given time at school to fill them out. You will not be asked to put your name on them.

6. The information from this study will help the people who work with Kids on the Block make changes to the program to make it better.

7. If you decide during the study that you do not want to participate any more, you can stop. If you do stop, it will not affect anything at school.

8. If you have questions now or later, I will be glad to answer them.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE IN THIS STUDY. IF YOU SIGN THIS FORM, YOU HAVE DECIDED TO TAKE PART IN THE STUDY AND THAT YOU HAVE READ THIS SHEET. YOU AND YOUR PARENTS WILL BE GIVEN A COPY OF THIS SHEET TO KEEP.

_______________________________ _______________

Signature of Student Date

_______________________________ _______________

Signature of Investigator Date
IRB #: 440-01-EP

INVESTIGATORS

Amanda G. Johnson, M.S. Principal Investigator	(402) 399-8752
Lisa Kelly-Vance, Ph.D. Advisor	(402) 554-3563

PRINCIPAL

Jerry Rutherford Blumfield Elementary School	(402) 331-0891

Appendix G

Directions

You are going to answer some questions on these sheets of paper. There are three different things that I want you to fill out. I am going to read you the questions and then you answer it on your sheet of paper. Answer them as truthfully and honestly as you can. There are no right or wrong answers and you are not going to be graded on this. I will be only person to see these papers; your teacher will not see them.

The first one will ask you a question and then you are to answer "Yes," "No," or "Not sure" on your sheet.

The second one will ask you a question and then you answer "Yes," "Maybe Yes," "No," or "Maybe No" on your sheet.

The third on will ask you a question and then you are to answer "Agree," "Disagree", or "Undecided" on your sheet. **(For younger kids explain it as yes, no, not sure.)**

If you have any questions at any time please ask me or the teacher. I want you to understand everything so don't be afraid to ask about something you don't understand.

Remember, answer the questions as truthfully as you can. Are we ready?

Appendix H

Selected Knowledge items

3. Parents of handicapped kids don't usually let them go outside by themselves.	Yes	No	Not Sure
4. Blind kids need help with just about everything they do.	Yes	No	Not Sure
6. Handicapped kids don't have many friends.	Yes	No	Not Sure
7. Handicapped kids can play sports with other kids.	Yes	No	Not Sure
10. All handicapped people were born that way.	Yes	No	Not Sure
12. A blind kid can go places by himself.	Yes	No	Not Sure
15. Most retarded kids cannot talk.	Yes	No	Not Sure
16. A person in a wheelchair or on crutches usually stays close to home.	Yes	No	Not Sure
17. It is harder for a blind person to get around than for someone who can see.	Yes	No	Not Sure
19. A handicapped person can help other people.	Yes	No	Not Sure
22. Handicapped people often act very different from other people.	Yes	No	Not Sure
25. Most handicapped kids could go to school with kids who are not handicapped.	Yes	No	Not Sure

Hazzard, A. (1983). Children's experience with, knowledge of, and attitude toward disabled persons. The Journal of Special Education, 17(27), 131-139.