

Play and Language for Autistic Youngsters (PLAY) Project Study Report



THE OHIO DEPARTMENT OF EDUCATION

**Attachment A Parent Survey
Attachment B Workshop Survey**

Highlights

Data were provided from the Childhood League to the Ohio Department of Education to conduct an evaluation of the services and supports to parents of children with Autism, trainings to teachers, and the reach into underserved counties in Ohio. The evaluation described in this report demonstrates the impact to both parents and teachers in being able to support the learning of children with Autism.

Background

The [PLAY Project](#) is a play-based early intervention program that can improve social interaction, communication and functional development in children on the autism spectrum. The aim of the PLAY Project is to help families use play to meaningfully interact with their child and aid their development. The organization that oversees the training, materials, and research provides a global [mission and vision](#) for their work. Dr. Rick Solomon founded the PLAY Project, which has been supported by Ohio's Early Intervention program for many years. The [evidence-base](#) for the program, as well as Dr. Solomon's [credentials](#) are just some of the information available at playproject.org.

In the current biennial budget, the Ohio Department of Education was charged to study the effectiveness of The Childhood League's work to expand access to the Play and Language for Autistic Youngsters (PLAY) Project. The language from House Bill 110 was as follows:

SECTION 265.120 (G) Of the foregoing appropriation item 200448, Educator Preparation, \$100,000 in each fiscal year shall be distributed to The Childhood League Center to provide intensive early intervention and educational services in Franklin County, to support the Play and Language for Autistic Youngsters (PLAY) Project in underserved counties, and to provide services and training for providers and families.

Not later than July 1, 2022, the Department of Education shall conduct a study on the efficacy and results of services and training provided to parents and teachers through the PLAY Project and shall submit a report of its findings to the Governor, the Speaker of the House of Representatives, the President of the Senate, and the Director of the Legislative Service Commission.

Study Methods

To evaluate the efficacy and results of services provided to parents in the PLAY project, the Childhood League asks parents to complete a survey at two points in time: on or close to the sixth home visit and upon exiting the program. The survey asks parents forty-one questions about their experience and satisfaction with the PLAY Project (see Attachment A).

To evaluate efficacy and results of training provided to teachers in the PLAY project, the Childhood League asks teachers to complete a survey after being trained (see Attachment B).

To evaluate the extent to which the Childhood League has increased awareness and access to the PLAY Project in underserved counties, data were collected for the number of individuals and counties trained during the evaluation timeframe.

Data collected by the Childhood League between July 1, 2021 and June 1, 2022 were provided to the Ohio Department of Education for analysis.

Study Findings

Parents in the PLAY Project

Parents of children birth through preschool learn strategies and skills to support their child’s growth and development using a home-based coaching/consultation and parent implementation model. Parents are asked to complete a survey near the beginning of their home visits and when exiting the program. During the study timeframe, six families were exiting the project. Of these six, two completed surveys (see Attachment A); two more provided written feedback, and two did not submit survey responses by the date of this report writing. The surveys and written data were provided to the Ohio Department of Education for analysis.

When asked if they would recommend the PLAY Project to others, all of parents responded yes. The responding parents also rated the services, skills, and teaching skills of the PLAY consultants as excellent and that the techniques and activities were helpful and led to the improvement of their child’s symptoms. The written comments are provided below:

“We built close relationship with our consultant and I am grateful to the PLAY Project as I deeply believe it helped me connect with my child.”

“I am very pleased that the PLAY Project found the way to provide intervention and support during [the] COVID-19 pandemic. We record a video of us playing and send it to our consultant. Within a week I receive a written report, and we set up the time for a phone call to discussing the report. [They] always share relevant and appropriate materials.”

“We are grateful for the PLAY Project and have seen a huge difference in [my child]. It’s been really helpful for us to learn how to get [our child] to slow down and giving him more sensory play has really helped. We really enjoyed the PLAY project and wish we could have continued for another year.”

Teachers in the PLAY Project

The Childhood League provided three two-day PLAY Project Intensive Workshops and two Teaching PLAY Intensive Workshops during the study timeframe. The PLAY Project workshop consists of case studies, video analysis of parent and child interaction and group activities that develop skills in play-based developmental and behavioral techniques for engaging children with autism and other developmental delays. The Teaching PLAY workshop is designed to meet the needs of classroom-based support and intervention for professionals who serve children with autism.

Data were collected from fifty-one participants across the five workshops held during the study timeframe. The data include aggregate responses about the quality of the training materials, organization, and skills of the presenter as well as the training increasing participants’ knowledge and skills. Tables 1 and 2 below show that most training participants reported that the training was provided by a skilled educator, well-organized, and added to their own knowledge.

Table 1: Excellence of Training	Excellent	Good	Fair	Poor
Rate the training for meeting your needs or expectations	70.6%	21.6%	7.8%	0%
Rate the quality of the information presented	78.4%	19.6%	2.0%	0%
Skills of the presenter	82.4%	15.7%	1.9%	0%
Quality of the training materials	62.7%	29.4%	7.8%	0%
Rate the training overall	70.6%	25.5%	3.9%	0%

Table 2: Helpfulness of Training	Strongly Agree	Agree	Disagree	Strongly Disagree
The presenter communicated clearly and effectively	86.0%	14.0%	0.0%	0%
The training was well organized	72.5%	23.5%	4.0%	0%
The training activities were appropriate and helpful	72.5%	23.5%	2.0%	2.0%
My questions were answered to my satisfaction	64.7%	31.4%	3.9%	0%
My skills/ knowledge increased as a result of the training	70.6%	27.5%	1.9%	0%
I will be able to apply what I learned in my work	68.6%	29.4%	2.0%	0%
I would recommend this training	74.5%	21.6%	3.9%	0%

Counties & Consultants in the PLAY Project

Any Ohio county in which a PLAY Consultant is not available is considered underserved. There are currently PLAY Project Consultants in 46 counties across the state who provide training and consultation to families in seventy-two counties. During the study timeframe, three individuals were trained from the underserved counties of Fairfield and Holmes. Over the past two fiscal years, the Childhood League has reduced the number of Ohio counties without access to services from 26 in May 2019 to 16 in June 2022.

Conclusion

Data were examined by the Ohio Department of Education independent of the Childhood League. The evaluation of the PLAY Project demonstrates that both parents and teachers see a benefit. Parents reported that the interactions with consultants increased their ability to connect with their child and helped them support their child's development. The large majority of professionals trained on the techniques of the PLAY Project reported positive learning from the training. From the examination of the data provided, the earmark is meeting its intended purpose and goals to provide intensive early intervention and educational services in Franklin County, to support the Play and Language for Autistic Youngsters (PLAY) Project in underserved counties, and to provide services and training for providers and families.

Attachment A Parent Survey



PLAY Project Parent Satisfaction Survey

Child:	Date:
Care Giver(s):	
PLAY Project Consultant:	

Your feedback is important to us! Please take a moment to let us know about your experience with the Childhood League Center's PLAY Project Home Program.

Home Visits

	1 (poor)	2 (okay)	3 (good)	4 (excellent)
1. The services provided by your PLAY Project consultant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ease of scheduling visits with your consultant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The PLAY consultant's skills and effectiveness with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The PLAY consultant's modeling and teaching skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The length each home visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The length of time between home visits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The appropriateness of the frequency of sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The coaching and feedback provided during your visits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How do you feel about your ability to connect with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How do you feel about your child's future success?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How do you feel about your ability to help your child relate with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The quality of interactions you have with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How do you feel about your child's social-emotional development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Your confidence in implementing the PLAY consultant's suggestions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The improvement in your child's symptoms related to autism?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The intensity of intervention your child received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The PLAY Project program overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments or suggestions for Home Visits:

Training Materials & Feedback

1 (poor) 2 (okay) 3 (good) 4 (excellent)

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The Home Visit Suggestion Report provided at the end of each visit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The materials provided in your PLAY binder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The Video Review Form/PLAY Plan provided by your consultant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Your consultant's written report with the DVD/video file? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The handouts provided by your consultant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The DVD/video you received with your report? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The timing between home visit and report? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The helpfulness of the Sensory Motor section of the PLAY plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The helpfulness of the techniques provided in the PLAY plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The helpfulness of the activities provided in the PLAY plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The effectiveness of the materials to better understand your child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. How effective did you feel engaging your child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. How comfortable did you feel implementing the techniques? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. How satisfied were you with the effectiveness of your intervention? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments or suggestions about materials:

Intervention

1. How many hours per week of PLAY Project intervention does your child get? _____
2. How much time do you spend reviewing the home visit suggestions? _____
3. How much time do you spend reviewing the PLAY Plan/video feedback report? _____
4. How much time do you spend reviewing the DVD/video? _____
5. How many hours per week does your child spend in other programming? _____

6. Please check other services your child currently receives, start date, & frequency of services.

- Occupational therapy _____ ABA _____
- Speech-language therapy _____ Feeding therapy _____
- Physical therapy _____ Social skills groups _____
- Music therapy _____ Respite care _____
- Toddler classroom _____ Preschool _____
- Help Me Grow/Early Intervention _____ Counseling _____
- Behavioral Supports _____ Peer PLAY dates _____
- Other _____

7. What would you like other information about?

8. Would you be interested in connecting with other PLAY Project families? yes no

9. Would you recommend the PLAY Project to others? yes no

10. Would you be willing to share a testimonial about your PLAY Project experience? yes no

Comments:

11. Do you give us permission to share your comments? yes no

Printed Name

Signature

Date

Attachment B Workshop Survey

Name: _____ Organization: _____

Date: _____ Training Location: _____

1. How would you rate this training for meeting your needs or expectations?

- Excellent
- Good
- Fair
- Poor

2. How would you rate the quality of the information presented?

- Excellent
- Good
- Fair
- Poor

3. How would you rate the skills of the presenters?

- Excellent
- Good
- Fair
- Poor

4. How would you rate the quality of the training materials?

- Excellent
- Good
- Fair
- Poor

5. How would you rate this training overall?

- Excellent
- Good
- Fair
- Poor

6. Objectives were effectively communicated

Excellent Good Fair Poor

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Basic PLAY Project Components | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Understand Functional Developmental Levels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Develop a plan based on a child's profile | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Apply PLAY Project techniques | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Address challenges of parents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Conference venue and location | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Intensive Workshop Survey

Thank you for your responses!

Please tell us how much you agree or disagree with the following statements:

7. The presenters communicated clearly and effectively.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

8. The training was well-organized.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

9. The training activities were appropriate and helpful.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

10. My questions were answered to my satisfaction.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

11. My skills/knowledge increased as a result of the training.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

12. I will be able to apply what I learned in my work.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

13. I would recommend this training to friends or colleagues.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

14. What did you enjoy most about this training?

15. What, if any, improvements would you suggest?

16. Other comments/questions:

17. Do we have your permission to use any of the above answers as testimonials? Yes No