



QUANTITATIVE RESEARCH DOCUMENTATION

**Part 1: Alteration of Attitudes and Perceptions
of the Educational Staff**

**Part 2: Effectiveness of
the Active Nurturing Playground project as a
preventive early identification and intervention tool
for children with challenges**

**Researched and compiled by
EZER MIZION Children's Division
Simone Wolfson, Developmental Occupational Therapist, MA
Malka Stoler, Developmental Physiotherapist, MA**

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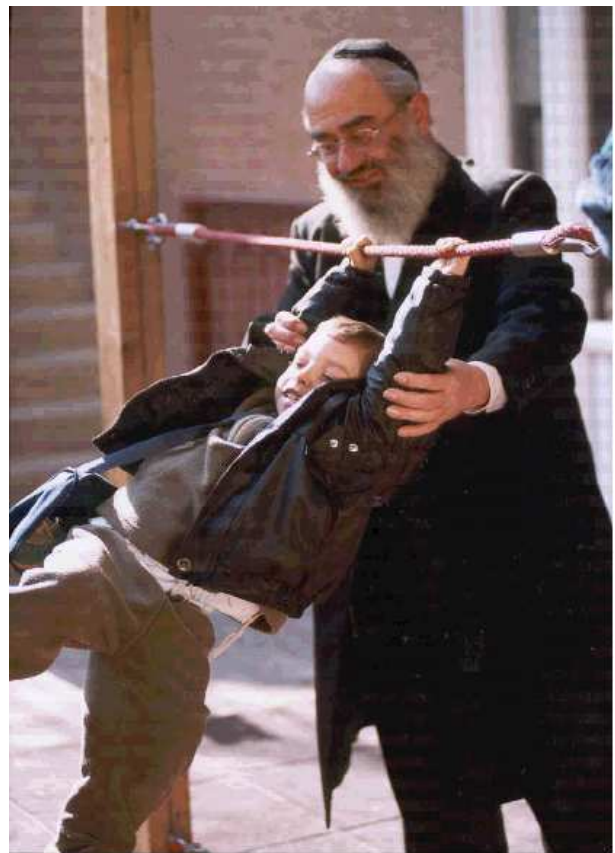
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Findings PART 1

Alteration of Attitudes and Perceptions of the Educational Staff During the Three Year Project Study Period



I. INTRODUCTION

This research was carried out with the participation of 113 test subjects before intervention (54 men and 59 women, 50 in the control group and 63 in the test group) and 74 test subjects after intervention (48 men and 26 women, 33 in the control group and 41 in the test group).

In order to check the differences with reference to the different variables according to group (test, control) and timing (before interaction, after interaction) a number of two-dimensional variance test were made. We were interested in checking the existence of interactions by group and timing, whether the test subjects from the test group attach more importance to the different indices after intervention than before it, as opposed to the control group subjects.

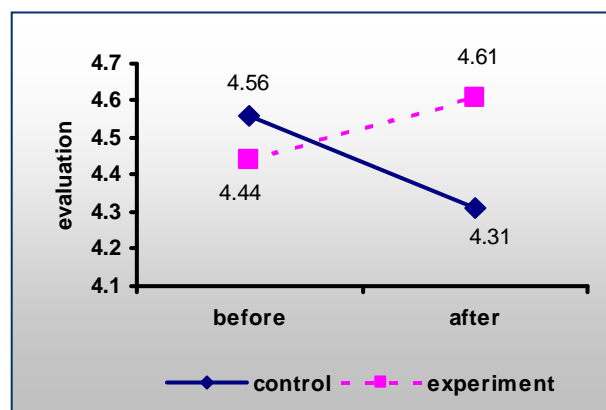
First indices were constructed for each of the areas and then the variables were analyzed. The range of marks for the indices of the different questions ranges from 1 to 5, with 1 representing disagreement and 5 – complete agreement. (Refer to Appendix A – “Feedback Questionnaire: Attitudes and Perceptions”.)

All the results of this study relate to significant differences between the control group and the experimental group (educational staff that took part in the project and underwent training and supervision.) Nevertheless, this does not mean that a process of change was not experienced or the development of differences between the two groups before and following intervention was not noted.

II. FINDINGS: EDUCATIONAL STAFF ATTITUDE ALTERATION

Question 1 put to the test subjects was concerned with the extent to which they attach importance to the perception-motor component in developing learning skills and to what extent, in their opinion, do parents and the community attach importance to this component in the development of the child and in the development of learning skills. Of the 6 parts of the question interaction was detected concerning the first part: it was found that before intervention no differences were found in the importance attached to this component by test subjects of the test and control groups, whereas after intervention the test-group subjects attach more importance to this component than those in the control group. Figure 1 shows the resulting interaction.

Fig. 1. Interaction of the importance attached to the perception-motor component in a child's development.



As to the importance attached to this component in the development of learning skills, no significant differences were found between the participants in the control and test groups. Similarly no differences were found in their assessment concerning the extent of importance attached to this component by the parents and community in the two aspects (child development and development of learning skills).

Question 2 put to the test subjects was concerned with the extent to which they feel that they have the theoretical knowledge to detect suspicious signs in the functioning of children in six areas: gross motor, fine motor, perception, learning, speech and language and emotional-social behavior. Concerning this, interaction was found between two items out of six, these being gross motor and fine motor. It was found that the test-group subjects felt that they have more theoretical knowledge for detecting suspicious signs in the function of the children in gross and in fine motor after intervention that before it, whereas the control-group subjects felt that they have the same knowledge before and after the intervention. Figures 2 and 3 represent the resultant interactions.

Fig. 2. Interaction of theoretical knowledge for detecting suspicious signs in the functioning of children in the gross motor area.

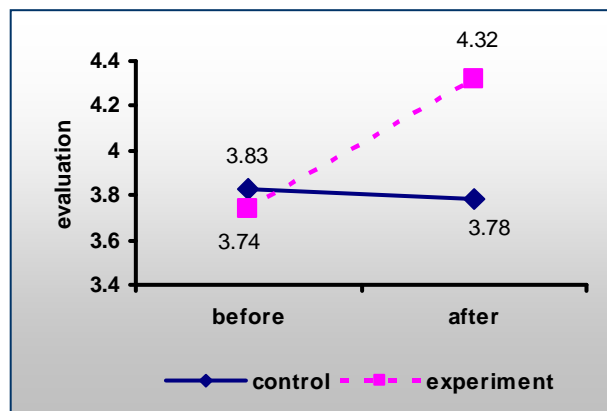
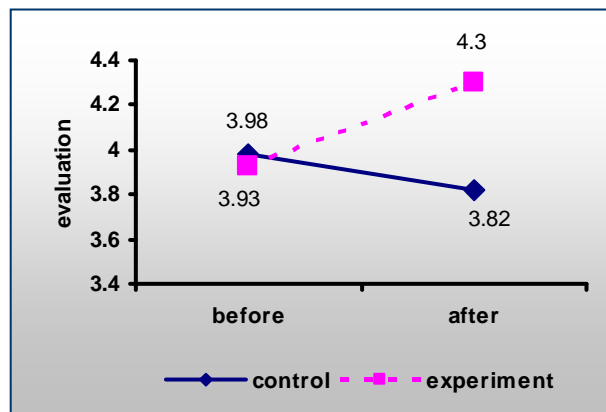


Fig. 3. Interaction of theoretical knowledge for detecting suspicious signs in the functioning of children in the fine motor area.



Question 3 put to the test subjects was concerned with the extent to which they feel that they have tools for determining suspicious signs in the functioning of children in the six areas concerning which they were asked in the second question. Also here interaction was found in the test-subject replies concerning the two areas about which interaction was found in question 2. It was found that the test-group subject felt to a greater extent that they have tools for detecting suspicious signs in the function of children in gross and in fine motor after intervention as compared with before intervention whereas the control-group subject felt that they have the same tools in these areas before and after intervention. Figures 4 and 5 represent the resultant interactions.

Fig. 4. Interaction between tools for detecting suspicious signs in the functioning of children in the gross motor area.

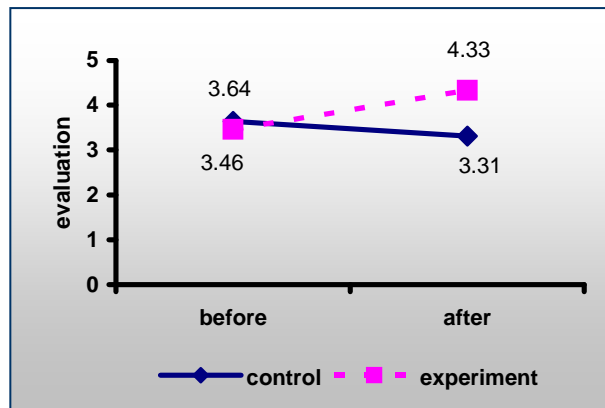
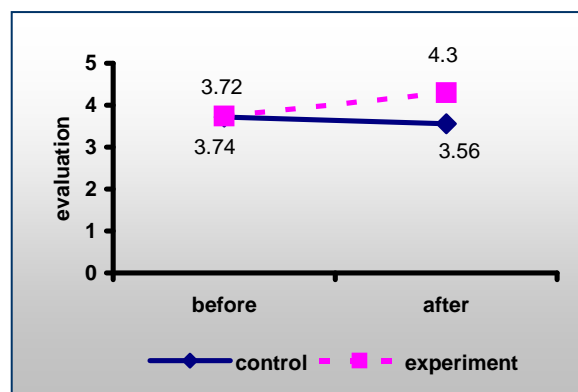


Fig. 5. Interaction between tools for detecting suspicious signs in the functioning of children in the fine motor area.



Question 4 put to the test subjects was concerned with the extent to which they feel that they have workable tools for reducing suspicious signs in the functioning of children in the six areas. Concerning this question interaction was found between three out of the six areas, these being gross motor, fine motor and perception. It was found that the test-group subjects felt after intervention that they have more workable tools to reduce functional difficulties of the children as compared with before intervention. On the other hand, the control group felt that they have the same tools in these areas before and after intervention. Figures 6, 7 and 8 [sic] represent the resultant interactions.

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Fig. 6. Interaction of workable tools for reducing functional difficulties in the gross motor area.

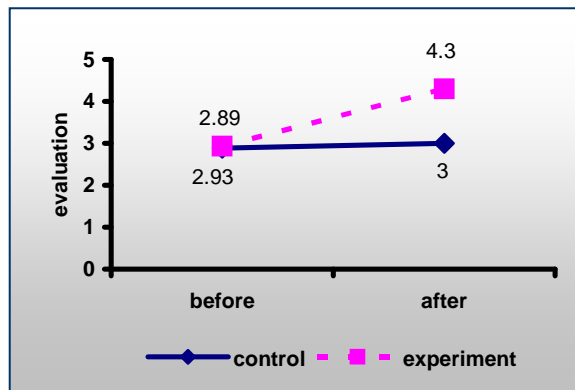


Fig. 7. Interaction of workable tools for reducing functional difficulties in the fine motor area.

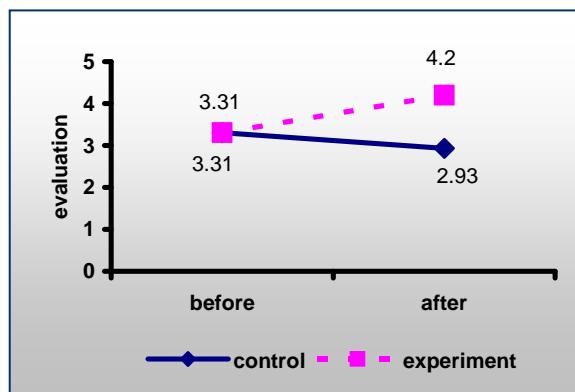
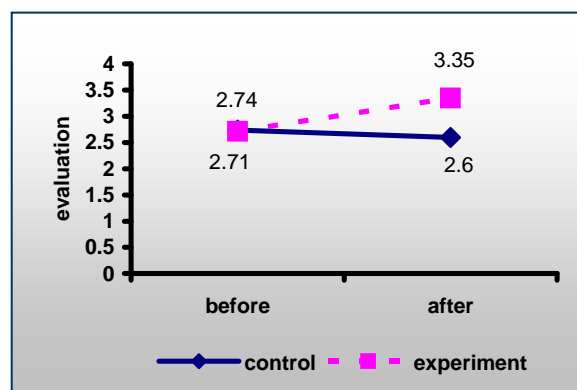
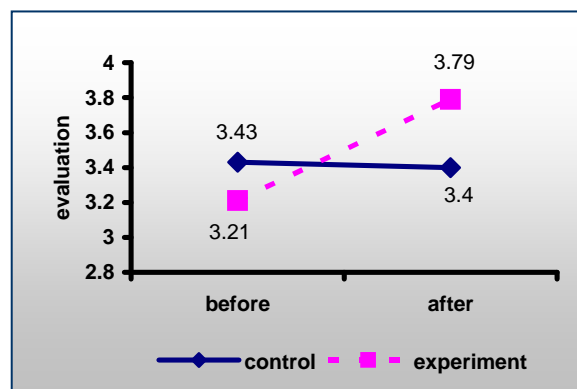


Fig. 8. Interaction of workable tools for reducing functional difficulties in the perception area.



Question 5 put to the test subjects was concerned with the extent to which they feel that they have tools for referring children with difficulties for focused treatment in these six areas. Here interactions were found to exist both in the general index and in the five areas of the six: gross motor, fine motor, perception, learning, speech and language. This means that the test subjects from the test group felt that after intervention they have more tools for referring children with difficulties in these five areas as compared with their feeling before intervention. On the other hand, no such differences in this feeling existed in the control group before and after intervention. Figure 9 represent the resultant interaction that was obtained for the general index.

Fig. 9. Interaction of the general index of tools for referring children with challenges for focused treatment.



Question 6 put to the test subjects was concerned with the extent to which they have one of the following nine feelings toward children with difficulties: sympathy, need to protect, willingness to assist, anger, frustration, helplessness, indifference, pity and rejection. No significant interactions were found concerning this question in the replies of the test and the control groups before and after the intervention.

Question 7 put to the test subjects was concerned with the extent to which they agree with the eight different prefixes of the sentence: "a child with difficulties is ...: "a spoiled child, a mischievous child, a lazy child, a spiteful child, an irritating child, a miserable child, a child in need of support and a

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child that should be transferred to another kindergarten. Concerning this question there were found interactions with respect to three suffixes: "lazy child, spiteful child and a child in need of support." It was found that the test subjects from the test group were of the opinion that the child with difficulties "is lazy or that he is spiteful" less after intervention than before, whereas the test subjects from the control group believe in this more after intervention than before. In addition, test group subject believed after intervention that the child with difficulties needs support more than before intervention, as compared with the control-group subjects that thought so more before than after intervention. Figures 10, 11 and 12 represent the resultant interactions.

Fig. 10. Interaction of characterization of a child with difficulties as a lazy child.

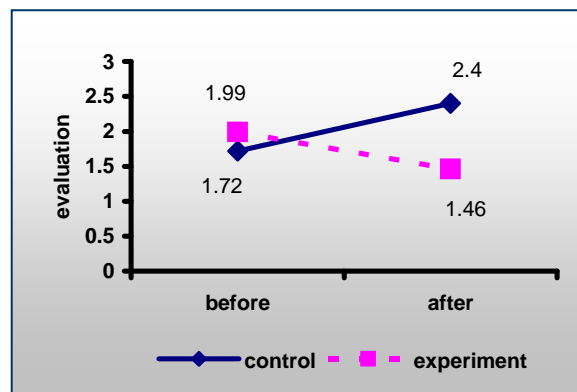
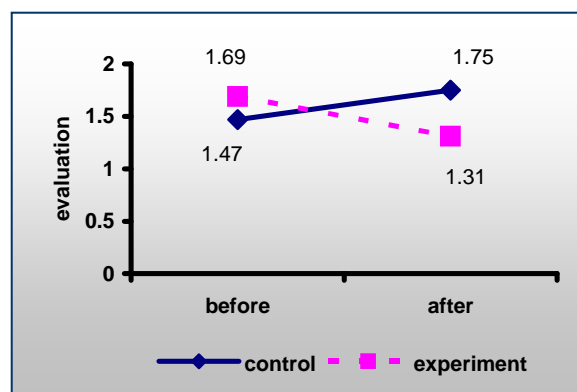
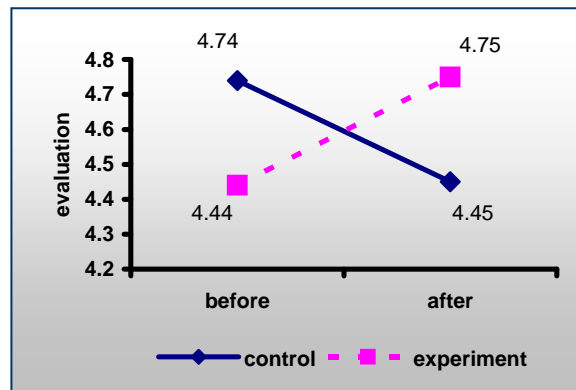


Fig. 11. Interaction of characterization of a child with challenges as a spiteful child.



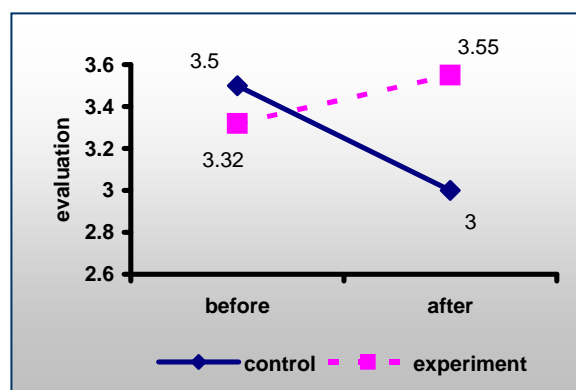
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Fig. 12. Interaction of characterization of a child with challenges as a child in need of support.



Question 8 put to the test subjects was concerned with the extent to which they behave toward children with difficulties with respect to 11 different behavioral patterns: assigning tasks, establishing eye contact, hinting, construction of agreement, raising of voice, changing seats, encouragement, presents, constraint, caressing of hair and disregard. Here only one significant interaction in behavioral patterns was found: building of agreements. It was found that the test-group subjects employed this behavioral pattern more after intervention than before it, as compared with the control group who used it before intervention more than after it. Figure 13 represents the resultant interaction.

Fig. 13. Interaction of the behavioral pattern of building agreements.



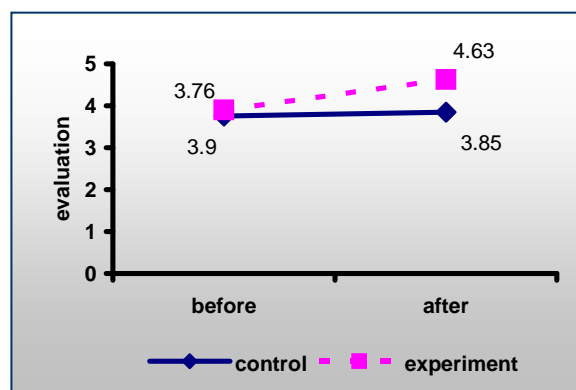
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Question 9 put to the test subjects was concerned with the extent to which they identify the following different 9 behavioral characteristics in children with difficulties: initiative, closeness, opposition, cooperation, responsibility, passivity, motivation, ignoring and hyperactivity. No significant interactions were found with respect to this question among the replies of the test-group and control-group subjects before and after intervention.

Question 10 put to the test subjects was concerned with the extent to which there exists involvement of external entities in addition to the kindergarten staff by 6 different entities: family psychologist, principal, speech therapist, corrective teacher and occupational therapy. Also concerning this question no significant interactions were found, meaning that no differences in external involvement was observed in the test group as compared with the control group before or after the intervention.

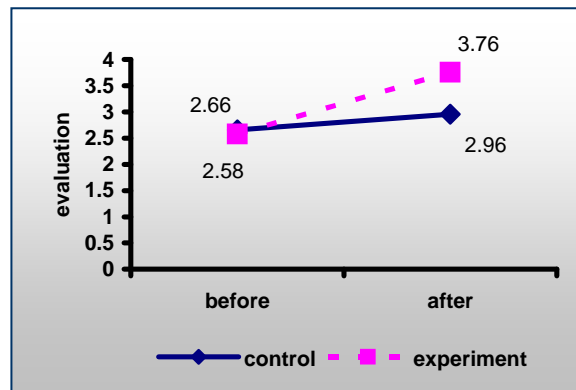
Question 11 put to the test subjects was concerned with the extent to which are the children in the kindergarten exposed to the following four activity aspects: playground facilities, motion games, new work positions (standing at the table, standing at the wall) and new work facilities. Concerning this question interactions were found in two components: playground facilities and new work positions. It was found that the children exposed themselves more in these areas to the test subjects after than before intervention, as opposed to the control-group subject for whom no differences were detected before and after intervention. Figures 14 and 15 represent the resultant interactions.

Fig. 14. Interaction of exposure of the children to the playground facilities.



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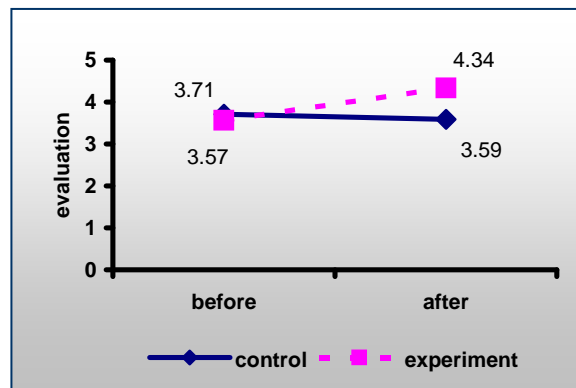
Fig.15. Interaction of exposure of the children to new work positions.



In question 12 the test subjects were asked to evaluate 8 different aspects of activities in the Active Nurturing Playground Plan: their ability to identify developmental difficulties in the children, their knowledge in managing the children's activity in the Playground, their training in managing the children's activity in the Playground, the extent to which in their opinion the playground activity of the children may contribute to reduce their difficulties, tendency to refer the children to developmental treatment, the extent to which there exists, in their opinion, in the kindergarten and the playground, an environment that is conducive to development, the extent to which, in their opinion, such an environment is important to children with difficulties. Interactions were found in the general index of these 8 aspects, according to which the test-group subjects assigned higher valuations to the different aspects after than before intervention, whereas no such difference was observed for the control group. Similarly, interactions were found concerning the six following aspects: ability to identify developmental difficulties, skills for managing the Playground activity, sufficient training for managing the Playground activity, managing the children's Playground activity as a potential for reducing their difficulties, existence in the kindergarten of an environment that contributes to the development and the existence of such an environment for all the kindergarten children. The test-group subjects gave a higher valuation to these aspects after the intervention that before, whereas there was no such difference in the control group. Figure 16 presents the interaction of the overall valuation.

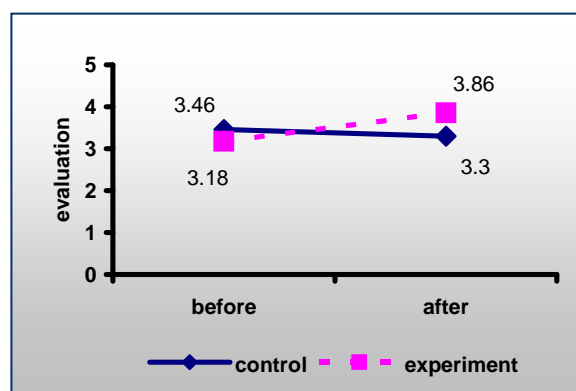
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Fig. 16. Interaction of the evaluation of the ability to identify difficulties.



Question 13 put to the test subjects was concerned with the extent, in their opinion, they are able to identify 13 different difficulties: under- and over-sensitivity in the superficial sensory system, in the deep perception system and in the balance system, lack of balance capacity, weakness and lack of stability in the shoulder girdle, low muscle tone, bilateral coordination, motion planning, motion regulation and gradation, hyperactivity, short attention span, impulsivity, lack of self confidence, social estrangement and inability to **understand social cues**. Interactions were found in the general index that examined all the 13 difficulties as well as 12 aspects out of 13, excepting social estrangement. It was found that the test-group subjects evaluated their ability to identify these difficulties to a much greater extent after intervention than before it. As opposed to this, no such differences were detected by control-group subjects. Figure 17 shows the interaction of the overall identification capability.

Fig. 17. Interaction of the ability to identify difficulties.



III. FINDINGS: GENDER DIFFERENCES

The question of gender differences in different indices was treated by three-way analysis of variance with repeated measures. No significant interactions were found by gender for the different indices.

Two-way variance analyses were also performed by gender and timing with repeated measures for timing, but only for the test-group subjects.

A number of significant interactions were found: the extent of importance that is evaluated that the community ascribes to the perception-motor component in the child's development and in the development of learning skills: men ascribe less importance after intervention than before, whereas women ascribe more importance after intervention than before it. Women teachers have less feelings of anger and rejection after intervention than before it.

Men – in comparison to women - are less likely to classify a child with difficulties as a spoiled child after intervention than before it. Men are more likely to identify passive behavior in children with difficulties after intervention than before it.

Exposure to Playground facilities was found to be greater both for men and for women after intervention than before it. This finding is more pronounced in the case of the men.

The extent to which a developmental and contributing environment exists in the Playground and its surrounding was evaluated both by the men and women greater after than before the intervention. This finding is more pronounced in the case of men.

Both men and women feel that they have a greater capability of identifying problems of balance, weakness and lack of stability in the shoulder girdle, motion planning, motion regulation and gradation after intervention than before. This finding is more pronounced in the case of men.

IV. FINDINGS: CASE DESCRIPTION

The test subjects were asked two open questions following the description of the case: what do you think about the child's behavior and what would you do in this situation. One of the aims of the open questions was to verify the closed questions.

The content of the replies were analyzed and they were sorted into categories according to the replies. TABLE A (see following page) presents the replies to the question: "What is your opinion of the child's behavior?" TABLE B presents the replies to the question: "What would you do in such a situation?"

FINDINGS TABLE A

The most frequent replies were that the child is restless, hyperactive and with concentration difficulties (39.5%), is looking for attention (24.3%), has a difficulty (22.2%), has perception problems (11.4%) and the child is distressed (10.8%).

The most pronounced difference before and after intervention is in the reply that the child is restless, hyperactive and with concentration difficulties (67.5% after, for the test group). Also 47.5% of the test subjects from the test group mentioned after intervention that the child has perception problems.

FINDINGS TABLE B

It is seen from TABLE B that the most frequent replies were that one would refer the child for treatment (24.6%), check out with the child what is happening (21.9%), assign the child tasks (18%), seek information from the family (17.5%), transfer the child to a place close to them (17.5%) come close to the child physically (12.6%) and give the child what he is missing – attention (12.6%).

The test-group subject do more of the following after intervention: seek information from the family (24.4% (men more than women), come close to the child physically (29.3%) (men more than women), give the child what he is missing – attention (22%) and less check out with the child what is happening. Also, more refer for diagnosis (29.3%) (particularly men), and more refer for treatment (29.3%) (men more than women). The following table presents the replies to the question: "what would you do in this situation?" by group, time and gender of the test subject.

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During the Three Year Project Study Period**

TABLE A

What is your opinion of the child's behavior?

| KINDERGARTEN TEACHER RESPONSES (Male and Female) | GROUP | | | | TOTAL | |
|---|---------------|---------------|---------------|---------------|------------|---------------|
| | CONTROL | | TEST | | Frequency | Percent |
| | Before | After | Before | After | Before | After |
| TOTAL | 100.0% | 100.0% | 100.0% | 100.0% | 192 | 100.0% |
| Child is restless, hyperactive, has difficulty concentrating | 26.5% | 27.3% | 38.1% | 67.5% | 73 | 39.5% |
| Seeks attention | 26.5% | 42.4% | 23.8% | 7.5% | 45 | 24.3% |
| Has a challenge | 32.7% | 6.1% | 23.8% | 20.0% | 41 | 22.2% |
| Sensory problems | | 6.1% | | 47.5% | 21 | 11.4% |
| Something bothers the child, exhibits distress | 12.2% | 27.3% | 4.8% | 5.0% | 20 | 10.8% |
| Check with him what happened | 10.2% | 6.1% | 11.1% | | 14 | 7.6% |
| Child needs evaluation | 4.1% | 12.1% | 7.9% | 7.5% | 14 | 7.6% |
| Could be that child recalled something important to tell kindergarten teacher | 10.2% | | 11.1% | 2.5% | 13 | 7.0% |
| Need to check information with the family | 2.0% | 3.0% | 11.1% | 7.5% | 12 | 6.5% |
| Has behavior problems | 6.1% | 6.1% | 3.2% | 7.5% | 10 | 5.4% |
| One-time normal behavior | 8.2% | 3.0% | 4.8% | 2.5% | 9 | 4.9% |
| Unfamiliar with behavior rules | 8.2% | | 3.2% | 2.5% | 7 | 3.8% |
| Impulsivity | | | 3.2% | 12.5% | 7 | 3.8% |
| Gives time to adjust and follows up | | 3.0% | 4.8% | | 4 | 2.2% |
| Child is not calm | 6.1% | | | 2.5% | 4 | 2.2% |
| Little child – does not understand | | | 4.8% | | 3 | 1.6% |
| Hearing impairment | | | 4.8% | | 3 | 1.6% |
| Has difficulty filtering stimulation | | | 1.6% | 5.0% | 3 | 1.6% |
| Child is wild | 2.0% | | | 2.5% | 2 | 1.1% |
| I try to control him | | | 1.6% | 2.5% | 2 | 1.1% |
| Remind him of the rules | | | 1.6% | 2.5% | 2 | 1.1% |
| In the class there are a few others like him | 2.0% | | 1.6% | | 2 | 1.1% |
| Child needs occupational therapy | 2.0% | | 1.6% | | 2 | 1.1% |

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TABLE B:

What Would You Do In Such A Situation?

| KINDERGARTEN TEACHER RESPONSES (Male and Female) | GROUP | | | | TOTAL | |
|--|---------|--------|--------|--------|-----------|---------|
| | CONTROL | | TEST | | Frequency | Percent |
| | Before | After | Before | After | Before | After |
| TOTAL | 100.0% | 100.0% | TOTAL | 100.0% | 100.0% | TOTAL |
| Refer to professional therapist | 20.8% | 24.2% | 24.6% | 29.3% | 45 | 24.6% |
| Check with the child what's happening with him | 25.0% | 24.2% | 24.6% | 12.2% | 40 | 21.9% |
| Assign child tasks | 12.5% | 15.2% | 21.3% | 22.0% | 33 | 18.0% |
| Check information with the family | 12.5% | 24.2% | 13.1% | 24.4% | 32 | 17.5% |
| Move child closer to me | 14.6% | 9.1% | 31.1% | 7.3% | 32 | 17.5% |
| Come close to child | 2.1% | 12.1% | 9.8% | 29.3% | 23 | 12.6% |
| Give child what he lacks – attention! | 6.3% | 9.1% | 13.1% | 22.0% | 23 | 12.6% |
| Remind child of limits | 10.4% | 6.1% | 18.0% | 7.3% | 21 | 11.5% |
| Tell child: "Come to me later and tell me what happened" | 18.8% | 9.1% | 13.1% | 2.4% | 21 | 11.5% |
| Show affection (hug) | 4.2% | 3.0% | 16.4% | 17.1% | 20 | 10.9% |
| Positive reinforcements | 10.4% | 6.1% | 9.8% | 2.4% | 14 | 7.7% |
| Refer for diagnosis | | 6.1% | | 29.3% | 14 | 7.7% |
| Withhold/give prize or surprise | 8.3% | 9.1% | 6.6% | 4.9% | 13 | 7.1% |
| Calm the child | 6.3% | 3.0% | 6.6% | 7.3% | 11 | 6.0% |
| Much patience | 6.3% | 6.1% | 8.2% | 2.4% | 11 | 6.0% |
| Take child out for brief break | 6.3% | 9.1% | 3.3% | 4.9% | 10 | 5.5% |
| Take him to remedial teacher | 6.3% | 3.0% | 9.8% | | 10 | 5.5% |

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| KINDERGARTEN TEACHER RESPONSES (Male and Female) | GROUP | | | | TOTAL | |
|---|---------|--------|--------|--------|-----------|---------|
| | CONTROL | | TEST | | Frequency | Percent |
| | Before | After | Before | After | Before | After |
| TOTAL | 100.0% | 100.0% | TOTAL | 100.0% | 100.0% | TOTAL |
| Shout at child | 6.3% | 6.1% | 3.3% | 4.9% | 9 | 4.9% |
| Ignore child's slight disturbances | 10.4% | 3.0% | 3.3% | | 8 | 4.4% |
| Give gross motor skill games | | 3.0% | 1.6% | 14.6% | 8 | 4.4% |
| Give over material individually | 4.2% | 6.1% | 1.6% | 2.4% | 6 | 3.3% |
| Sit him further from his friends | | 3.0% | | 7.3% | 4 | 2.2% |
| Activate child | | 3.0% | | 4.9% | 3 | 1.6% |
| Investigate the source of the problem | | | | 7.3% | 3 | 1.6% |
| Don't pressure to participate | | | 3.3% | | 2 | 1.1% |
| Try to prevent child from disturbing his environment | | 3.0% | | 2.4% | 2 | 1.1% |
| Follow up child's behavior | | | 1.6% | | 1 | .5% |
| Threaten to demote if behavior continues | 2.1% | | | | 1 | .5% |
| Give instructions and ask child to repeat them after me | | | 1.6% | | 1 | .5% |
| Return child to his place | | 3.0% | | | 1 | .5% |
| Try to advance the child | | 3.0% | | | 1 | .5% |

Findings PART 2

The Active Nurturing Playground as a Preventive Early Identification and Intervention Tool



I. INTRODUCTION

The findings of the quantitative study of the Active Nurturing Playground Project that examine the playground as a preventive early identification and intervention tool are based on analysis of questionnaires that were distributed among educational staff at the end of the third year of the project that was implemented during the years 2004-2007.

The "Project Findings" questionnaire includes demographic data and questions that test the effectiveness of intervention in identifying children with learning difficulties and dealing with them.

The questionnaires were returned by 39 educators of them 10 kindergarten teachers from Bnei Brak, 5 from Rekasim, 11 from Jerusalem and 13 from Kiryat Sefer.

There were 21 men and 19 women. The ages of the men ranged between 23 and 59. The mean age was $M = 41.95$, standard deviation (SD) = 9.63. The age of the women ranged between 24 and 49, $M = 30.19$, $SD = 7.15$.

The number of children in the class ranged between 14 and 41. The mean number of children in a kindergarten class $M = 25.79$, $SD = 6.62$.

19 teachers responded concerning the 3-4 year age group (number of children in the kindergarten $M = 24.61$, $SD = 6.06$), 12 responded concerning the 4-5 year age group (number of children in the kindergarten $M = 26.92$, $SD = 7.81$) and 9 kindergarten teachers responded concerning the 5-6 year age group (number of children in the kindergarten $M = 26.67$, $SD = 6.62$).

The total number of children in the kindergartens was 1006. Only 52.4% of the men were trained in dealing with this age group as compared with 94.4% of the women.

**II. BREAKDOWN IN PERCENTAGES OF THE TOTAL NUMBER OF
KINDERGARTEN CHILDREN**

**Fig. 1. Number of children diagnosed with developmental challenges in
kindergartens (N = 1006)**

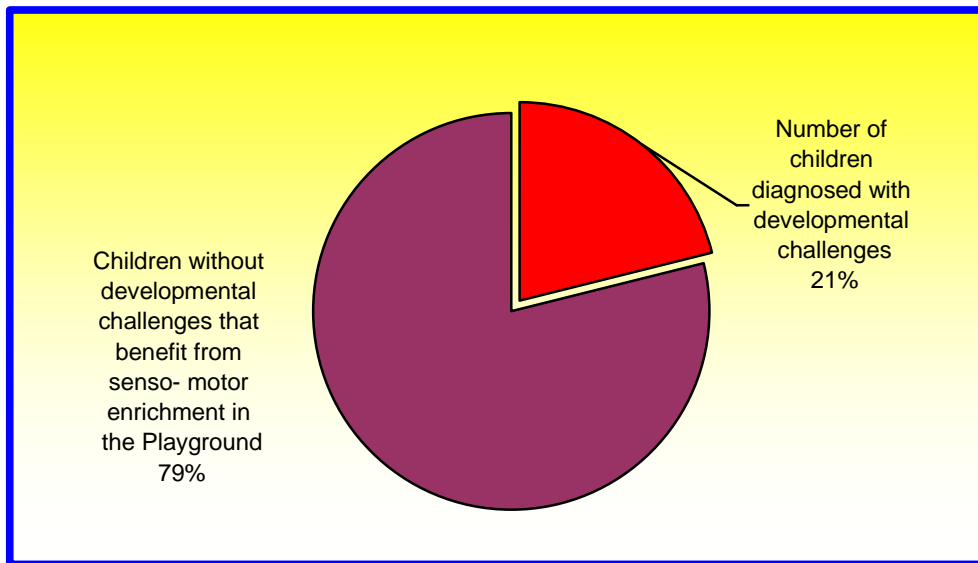
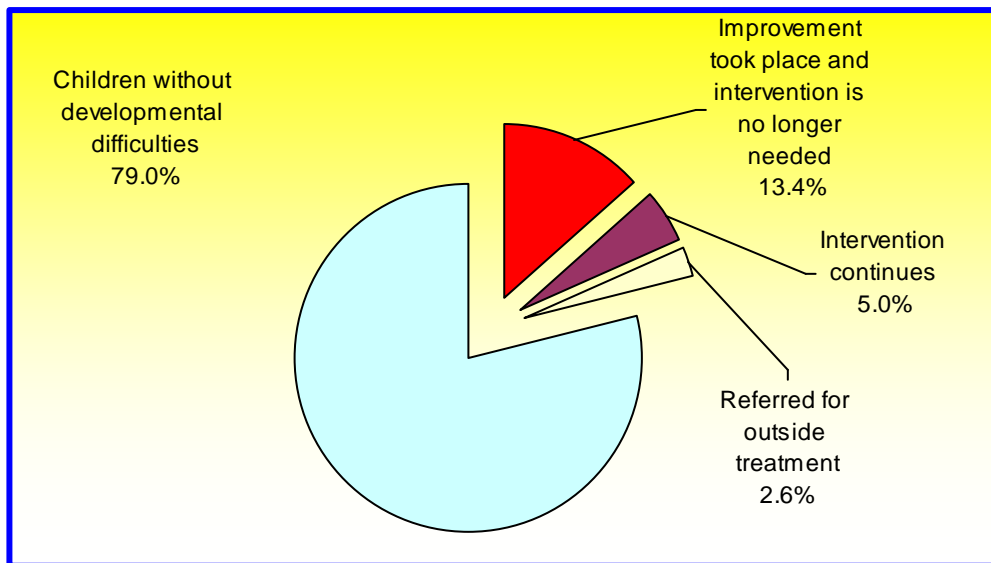


Figure 1 shows that from the total number (1006) of the children in kindergartens 795 children (79%) were found to be free of developmental difficulties and 211 children (21%) did have developmental difficulties. On the average 5.15 children in each kindergarten class ($M = 5.15$, $SD = 3.99$) were diagnosed with functional difficulties.

Fig. 2. Number of children that were subjected to intervention as a part of the Project



This figure shows that of 1006 children 795 (79%) did not experience any developmental difficulties. Of the 211 (21%) children with difficulties an improvement in their functional abilities was experienced by 135 (13.4%) and they do not need to continue with the intensive intervention in the playground. 50 (5%) children still need intensive intervention and 26 (2.6%) of the children had to be sent to outside treatments in addition to the intervention by the educators.

Findings PART 2

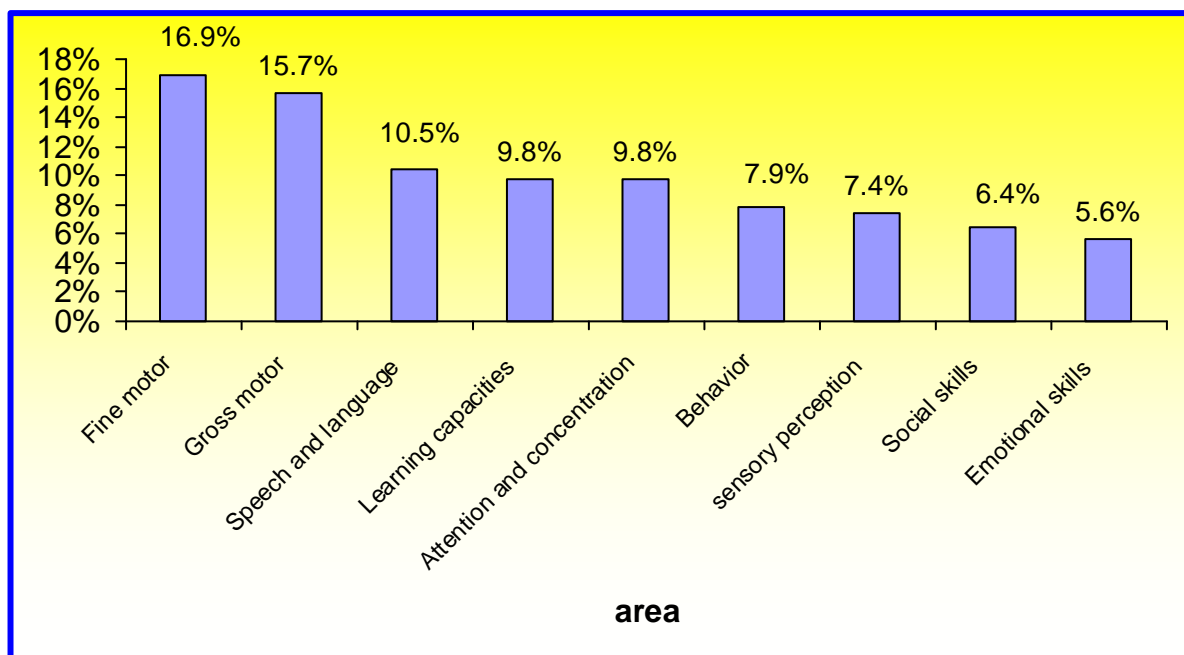
The Active Nurturing Playground as a Preventive Early Identification and Intervention Tool

Table 1: Number of children diagnosed with functional difficulties in the course of the Project:

| Definition of difficulty | Percent | Mean | Standard deviation |
|---------------------------------|----------------|-------------|---------------------------|
| Fine motor | 16.9% | 4.38 | 3.58 |
| Gross motor | 15.7% | 3.74 | 2.67 |
| Speech and language | 10.5% | 2.69 | 2.40 |
| Learning capacities | 9.8% | 2.44 | 3.07 |
| Attention and concentration | 9.7% | 2.44 | 2.52 |
| Behavior | 7.9% | 2.03 | 2.22 |
| Sensory perception | 7.4% | 1.85 | 1.53 |
| Social skills | 6.4% | 1.67 | 2.02 |
| Emotional skills | 5.6% | 1.51 | 1.62 |

It is seen from Table 1 that the domains in which the largest number of difficulties was detected were in fine motor movement (M = 4.49) and gross motor movement (M = 3.79), whereas the least difficulties were encountered in the emotional (M = 1.56), social (M = 1.74) and sensory (M = 1.92) domains. The differences in percentage and average of the number of children diagnosed with difficulties in different domains according to age groups were determined by one-directional variance analysis according to age groups. No significant differences were found for any of the domains.

Fig. 3. Number of children diagnosed with functional difficulties in the course of the Project (refer to Table 1)



Findings PART 2

The Active Nurturing Playground as a Preventive Early Identification and Intervention Tool

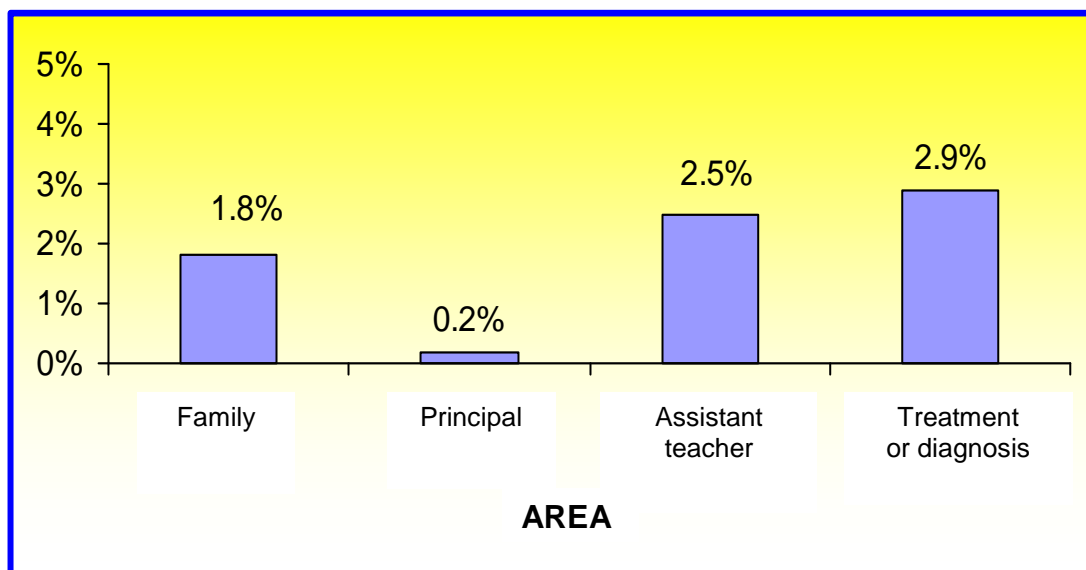
III. NUMBER OF CHILDREN REFERRED FOR OUTSIDE TREATMENT BEFORE THE PROJECT BEGAN

Table 2: Percentage and average of children that were referred for outside treatment **before the Project began**

| Referral Source | Percent | Mean | Standard Deviation |
|-----------------------------------|---------|------|--------------------|
| Family | 1.8% | 0.46 | 1.07 |
| Principal | 0.2% | 0.05 | 0.22 |
| Assistant teacher | 2.5% | 0.54 | 1.19 |
| Developmental diagnosis/treatment | 2.9% | 0.64 | 0.99 |

It is seen from this Table that **before** the Project started only few cases were referred for outside treatment. Still most of the referrals (2.9%) were concerned with external developmental diagnosis/treatment or were assignment of an assistant teacher (2.5%).

Fig. 4: . Percentage and average of children that were referred for outside treatment **before the Project began (refer to table 2)**



Findings PART 2

The Active Nurturing Playground as a Preventive Early Identification and Intervention Tool

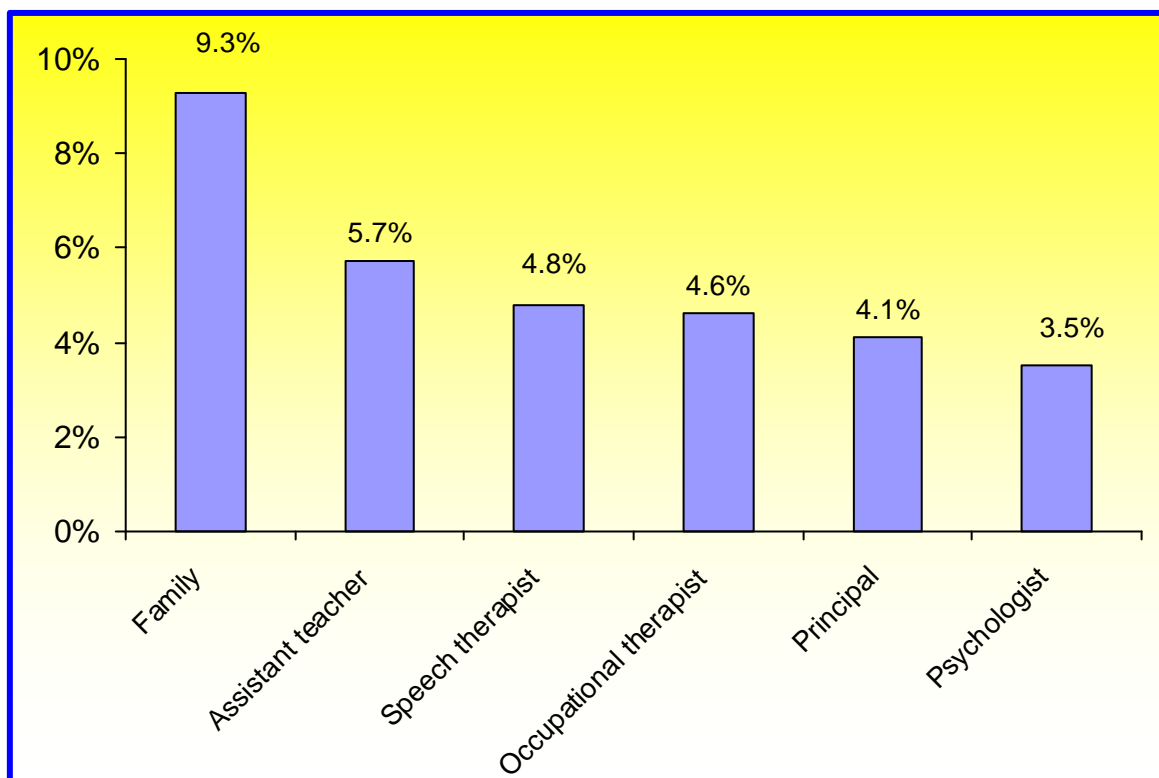
IV. NUMBER OF CHILDREN REFERRED TO OUTSIDE SPECIALISTS AS PART OF THE PROJECT

**Table 3: Percentage and average of children referred for outside treatment
as part of the Project**

| Outside Intervention | Percent | Mean | Standard deviation |
|------------------------|---------|------|--------------------|
| Family | 9.3% | 2.13 | 2.75 |
| Assistant teacher | 5.7% | 1.36 | 1.77 |
| Occupational therapist | 4.6% | 1.23 | 2.08 |
| Speech therapist | 4.8% | 1.18 | 1.30 |
| Principal | 4.1% | 0.90 | 1.59 |
| Psychologist | 3.5% | 0.90 | 1.53 |

Table 3 presents the percentage and average of children that were referred for outside intervention as a part of the Project in addition to the kindergarten staff. It is seen by examining this table that the Project has resulted in a higher percentage of referral for outside intervention, with still the bulk of the referrals being to the family (9.3%). Referrals to the assistant teacher continue at the same level (5.7%).

**Fig. 5. Breakdown of the number of children that were additionally referred for
outside assistance as part of the Project**



Findings PART 2

The Active Nurturing Playground as a Preventive Early Identification and Intervention Tool

V. IDENTIFICATION OF DIFFICULTIES IN THE DIFFERENT PERFORMANCE DOMAINS AND THE EXTENT OF IMPROVEMENT AS A RESULT OF INTERVENTION IN THE PLAYGROUND AND IN THE KINDERGARTEN CLASSES

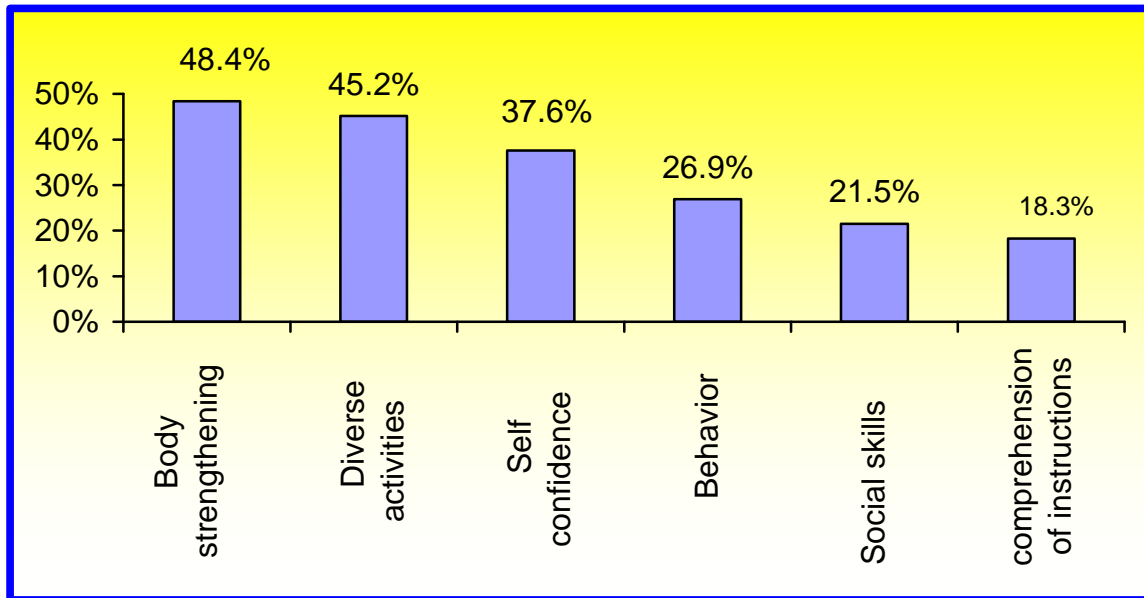
Table 4: Percent of children diagnosed with a functional problem in the playground and the extent of improvement as a result of the Project

| Results of Playground Intervention | No problem was detected | | PROBLEM WAS DETECTED | | | | | |
|------------------------------------|-------------------------|------|----------------------|-----|--------------------|------|-------------------|------|
| | | | No Improvement | | Slight Improvement | | Major Improvement | |
| | Frequency | % | Frequency | % | Frequency | % | Frequency | % |
| Body strengthening | 48 | 22.6 | 9 | 4.3 | 52 | 24.7 | 102 | 48.4 |
| Diverse Activities | 61 | 29.0 | 9 | 4.3 | 45 | 21.5 | 95 | 45.2 |
| Self confidence | 77 | 36/6 | 11 | 5.4 | 43 | 20.4 | 79 | 37.6 |
| Behavior | 104 | 49.5 | 7 | 3.2 | 43 | 20.4 | 57 | 26.9 |
| Social Skills | 89 | 41.9 | 16 | 7.5 | 61 | 29/0 | 45 | 21.5 |
| Comprehension of instruction | 104 | 49.5 | 9 | 4.3 | 59 | 28.0 | 39 | 18.3 |

Findings PART 2

The Active Nurturing Playground as a Preventive Early Identification and Intervention Tool

Fig. 6. Number of children diagnosed with difficulties in the playground in various functional domains and the extent of improvement resulting from implementing the Project (refer to Table 4)



The principal improvement manifests itself in the gross motor domain, such as body strengthening (48.4%) and the ability to use it for performing diverse activities (45.%).

An improvement is also perceptible in the emotional and social domains of the child.

The relatively low percentage (18.3%) of improvement in comprehension of instructions may possibly express improvement in the components involving this domain for which reason it stands out less as an independent item.

Findings PART 2

The Active Nurturing Playground as a Preventive Early Identification and Intervention Tool

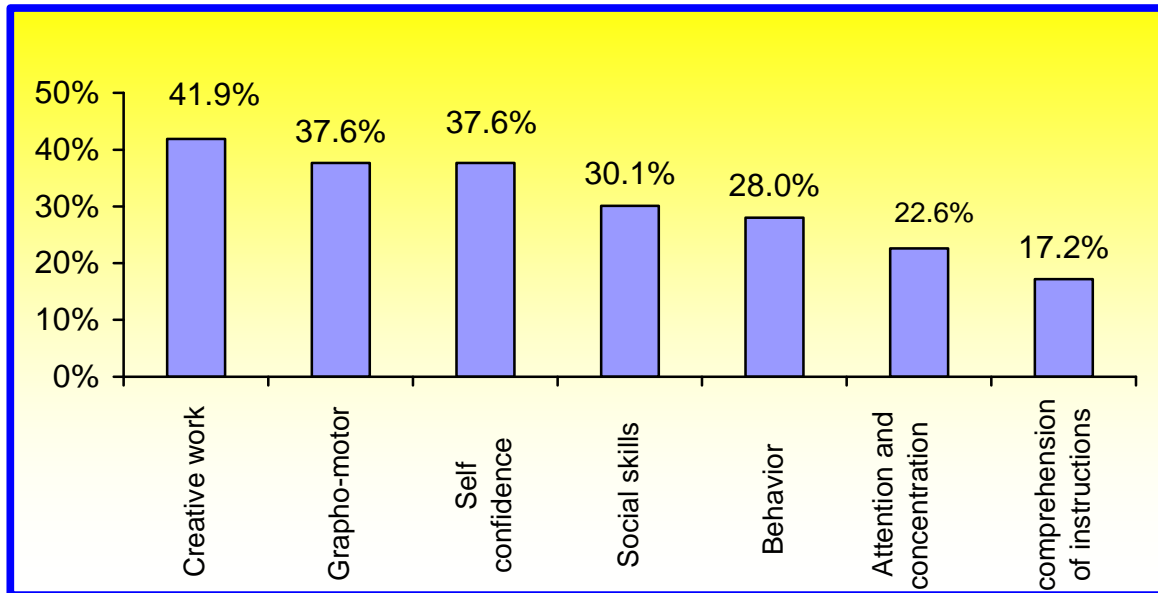
Table 5: Percentage of children diagnosed with difficulties in various functional domains within the kindergarten classes and improvement in them as a result of the Project

| Results of Classroom Intervention | No problem was detected | | PROBLEM WAS DETECTED | | | | | |
|-------------------------------------|-------------------------|-------------|----------------------|-------------|--------------------|-------------|-------------------|-------------|
| | | | No Improvement | | Slight Improvement | | Major Improvement | |
| | Frequency | % | Frequency | % | Frequency | % | Frequency | % |
| Creative Work | 54 | 25.8 | 16 | 7.5 | 52 | 24.7 | 89 | 41.9 |
| Grapho Motor | 50 | 23.7 | 23 | 10.8 | 59 | 28.0 | 79 | 37.6 |
| Self confidence | 82 | 38.7 | 14 | 6.5 | 36 | 17.2 | 79 | 37.6 |
| Social Skills | 93 | 44.4 | 16 | 17.5 | 39 | 18.3 | 64 | 30.1 |
| Behavior | 100 | 47.3 | 7 | 3.2 | 45 | 21.5 | 59 | 28.0 |
| Attention and Concentration | 84 | 39.8 | 23 | 10.8 | 57 | 26.9 | 48 | 22.6 |
| Comprehension of instruction | 104 | 49.5 | 18 | 8.6 | 52 | 24.7 | 36 | 17.2 |

Findings PART 2

The Active Nurturing Playground as a Preventive Early Identification and Intervention Tool

Fig. 7. Breakdown of the number of children diagnosed with challenges in various functional domains within the kindergarten classes and improvement in them as a result of the Project (refer to Table 5)



The principal improvement manifested itself in the motor domain, such as creative work (41.9%) and grapho-motor skill (37.6%). Improvement is also perceptible in the emotional and social domain of the child as well as in attention and concentration skills.

As to the ability to comprehend instructions, it is quite possible that the relatively low percentage (17.2%) may possibly express improvement in the components involving this domain for which reason it stands out less as an independent item.

Findings PART 2

**The Active Nurturing Playground as a
Preventive Early Identification and Intervention Tool**

The Active Nurturing Playground Project
Quantitative Research Documentation
SUMMARY AND CONCLUSIONS

SUMMARY AND CONCLUSIONS

The findings of the two quantitative research projects **supplement** each other as well as the findings of the qualitative research. The first research project, which examines the changes in the perceptions and attitudes of the educational staff (kindergarten teachers and *melamdin*), shows - as a general rule - that the experimental group underwent a significant process of change with regard to itself during the intervention process, and certainly in comparison with the control group, which did not undergo any change.

Additional findings that became apparent as a result of the quantitative research projects are:

- a. **The theoretical information** regarding gross and fine motor skills that was taught to the educational staff during the training was the most effective in identifying warning signs of minor challenges in comparison to the information that the staff gained in other areas. This data is reinforced by the second quantitative research project, which examines the effectiveness of the ability to identify and to deal with children with difficulties. (See questions 2 and 3 on page 6 and 7 and figure 3 on page 23.)
- b. The educational staff feels that they received the most effective **tools** for identifying and dealing with children with challenges, primarily in the area of gross and fine motor skills. This fact is reinforced by the second research project. (See question 4 on page 8 and figures 6 and 7 on pages 29 and 31.)
- c. The research that examines perceptions does not clearly reflect the process that involves the educational staff's **feelings** and perceptions regarding the child with difficulties, and this contrasts with the qualitative research that expresses this very clearly. (See question 6 on page 10.)

The Active Nurturing Playground Project
Quantitative Research Documentation
SUMMARY AND CONCLUSIONS

- d. The results demonstrate that there is clear interaction and change with regard to the educational staff's attitude to the **importance of free and structured play in the schoolyard** for all children and particularly for children with difficulties. (See question 12 on page 14.)

- e. Regarding the dimension of referrals in children who experience difficulties to **external** factors, the first research project found changes in perception but not major ones. Nevertheless, in the research examining the effectiveness of the project, the change is reflected in the number of the external referrals and the level of parental intervention. (See question 10 on page 13 and figures 4 and 5 on pages 26 and 27.)

- f. The quantitative research does not reflect the changes that stem from **gender and cultural context** and - in this - contrasts with the qualitative research.

The Active Nurturing Playground Project
Quantitative Research Documentation
APPENDIX

APPENDIX

- A. Questionnaires Relating to Part 1**
- B. Questionnaires Relating to Part 2**
- C. Contact Information**

**The Active Nurturing Playground Project
Quantitative Research Documentation
APPENDIX**

FEEDBACK QUESTIONNAIRE: ATTITUDES AND PERCEPTIONS

7"סב

Date: _____

FEEDBACK QUESTIONNAIRE: ATTITUDES AND PERCEPTIONS

to be completed by the Educational Staff

Evaluation Questionnaire: "Active Nurturing Playground" Project

Below please find a personal feedback questionnaire. We would appreciate your answers, which will help us improve the project in the future.

Background Details:

ID #: _____ Position: _____ Age: _____

Marital Status: _____ Address: _____ No. of children: _____

Age of kindergarten children: 3-4 4-5 5-6 No. of children in kindergarten: _____

Experience as a tutor/kindergarten teacher/aide: _____ years

Education: 1. High School 2. Seminar 3. Specialties

Have you undergone preschool training? 1. Yes 2. No

Following is a case study related by the kindergarten teacher:

"I try to conduct a morning session in the kindergarten. All of the children are seated in place, with their arms folded. Moshe, not only does he not fold his arms, he does not relax for a moment; he pats his friend's shoulder, rubs the armrest, plays with his neighbor's kippa and rocks his chair back and forth. Suddenly he rises, approaches me and asks a question: Do you know what we did at home yesterday? I respond to his question and remind him that we are conducting the morning session – please be seated! He returns to his chair and few minutes later, everything repeats itself. I send him to sit with the aide or ask him to leave the room".

What is your opinion of the child's behavior? _____

APPENDIX A: Questionnaires Relating to Part 1

FEEDBACK QUESTIONNAIRE: ATTITUDES AND PERCEPTIONS

How would you react in this situation? _____

| 1. Significance: To what extent... | Not at all 1 | A little 2 | Somewhat 3 | A lot 4 | Very much 5 |
|---|-----------------------------|---------------------------|-----------------------|------------------------|----------------------------|
| A. Do you relate significance to the sensory-motor component of child development? | 1 | 2 | 3 | 4 | 5 |
| B. Do you relate significance to the sensory-motor component of learning capability development? | 1 | 2 | 3 | 4 | 5 |
| C. In your opinion, do parents relate significance to the sensory-motor component of child development? | 1 | 2 | 3 | 4 | 5 |
| D. In your opinion, do parents relate significance to the sensory-motor component of learning capability development? | 1 | 2 | 3 | 4 | 5 |
| E. In your opinion, does the community relate significance to the sensory-motor component of child development? | 1 | 2 | 3 | 4 | 5 |
| F. In your opinion, does the community relate significance to the sensory-motor component of learning capability development? | 1 | 2 | 3 | 4 | 5 |

APPENDIX A: Questionnaires Relating to Part 1

FEEDBACK QUESTIONNAIRE: ATTITUDES AND PERCEPTIONS

| 2. To what extent do you feel that you have the theoretical <u>knowledge</u> for identifying problematic symptoms in the functioning of children in the following fields: | Not at all 1 | A little 2 | Somewhat 3 | A lot 4 | Very much 5 |
|--|-------------------------|-----------------------|-----------------------|--------------------|------------------------|
| A. Gross motor skills | 1 | 2 | 3 | 4 | 5 |
| B. Fine motor skills | 1 | 2 | 3 | 4 | 5 |
| C. Sensory skills | 1 | 2 | 3 | 4 | 5 |
| D. Learning skills | 1 | 2 | 3 | 4 | 5 |
| E. Speech and Language | 1 | 2 | 3 | 4 | 5 |
| F. Social-Emotional behavior | 1 | 2 | 3 | 4 | 5 |

| 3. To what extent do you feel that you have the <u>tools</u> for identifying problematic symptoms in the functioning of children in the following fields: | Not at all 1 | A little 2 | Somewhat 3 | A lot 4 | Very much 5 |
|--|-------------------------|-----------------------|-----------------------|--------------------|------------------------|
| A. Gross motor skills | 1 | 2 | 3 | 4 | 5 |
| B. Fine motor skills | 1 | 2 | 3 | 4 | 5 |
| C. Sensory skills | 1 | 2 | 3 | 4 | 5 |
| D. Learning skills | 1 | 2 | 3 | 4 | 5 |
| E. Speech and Language | 1 | 2 | 3 | 4 | 5 |
| F. Social-Emotional behavior | 1 | 2 | 3 | 4 | 5 |

APPENDIX A: Questionnaires Relating to Part 1

FEEDBACK QUESTIONNAIRE: ATTITUDES AND PERCEPTIONS

| 4. To what extent do you feel that you have the <u>practical tools</u> for mediating functional difficulties for children with difficulties in: | Not at all 1 | A little 2 | Somewhat 3 | A lot 4 | Very much 5 |
|--|-------------------------|-----------------------|-----------------------|--------------------|------------------------|
| A. Gross motor skills | 1 | 2 | 3 | 4 | 5 |
| B. Fine motor skills | 1 | 2 | 3 | 4 | 5 |
| C. Sensory skills | 1 | 2 | 3 | 4 | 5 |
| D. Learning skills | 1 | 2 | 3 | 4 | 5 |
| E. Speech and Language | 1 | 2 | 3 | 4 | 5 |
| F. Social-Emotional behavior | 1 | 2 | 3 | 4 | 5 |

| 5. To what extent do you feel that you have the tools for referring children with difficulties to focused treatment of: | Not at all 1 | A little 2 | Somewhat 3 | A lot 4 | Very much 5 |
|--|-------------------------|-----------------------|-----------------------|--------------------|------------------------|
| A. Gross motor skills | 1 | 2 | 3 | 4 | 5 |
| B. Fine motor skills | 1 | 2 | 3 | 4 | 5 |
| C. Sensory skills | 1 | 2 | 3 | 4 | 5 |
| D. Learning skills | 1 | 2 | 3 | 4 | 5 |
| E. Speech and Language | 1 | 2 | 3 | 4 | 5 |
| F. Social-Emotional behavior | 1 | 2 | 3 | 4 | 5 |

APPENDIX A: Questionnaires Relating to Part 1

FEEDBACK QUESTIONNAIRE: ATTITUDES AND PERCEPTIONS

| 6. To what extent do you experience the following emotions toward children with difficulties: | Not at all 1 | A little 2 | Somewhat 3 | A lot 4 | Very much 5 |
|--|-------------------------|-----------------------|-----------------------|--------------------|------------------------|
| A. Sympathy | 1 | 2 | 3 | 4 | 5 |
| B. Protectiveness | 1 | 2 | 3 | 4 | 5 |
| C. The desire to help | 1 | 2 | 3 | 4 | 5 |
| D. Anger | 1 | 2 | 3 | 4 | 5 |
| E. Frustration | 1 | 2 | 3 | 4 | 5 |
| F. Helplessness | 1 | 2 | 3 | 4 | 5 |
| G. Indifference | 1 | 2 | 3 | 4 | 5 |
| H. Pity | 1 | 2 | 3 | 4 | 5 |
| I. Rejection | 1 | 2 | 3 | 4 | 5 |

| 7. To what extent do you agree with the following statements: A child with difficulties is... | Not at all 1 | A little 2 | Somewhat 3 | A lot 4 | Very much 5 |
|--|-------------------------|-----------------------|-----------------------|--------------------|------------------------|
| A. a spoiled child. | 1 | 2 | 3 | 4 | 5 |
| B. a precocious child. | 1 | 2 | 3 | 4 | 5 |
| C. a lazy child. | 1 | 2 | 3 | 4 | 5 |
| D. a child who does things on purpose. | 1 | 2 | 3 | 4 | 5 |
| E. an annoying child. | 1 | 2 | 3 | 4 | 5 |
| F. an unfortunate child. | 1 | 2 | 3 | 4 | 5 |
| G. a child that needs support. | 1 | 2 | 3 | 4 | 5 |
| H. a child that should be transferred to another kindergarten. | 1 | 2 | 3 | 4 | 5 |

APPENDIX A: Questionnaires Relating to Part 1

FEEDBACK QUESTIONNAIRE: ATTITUDES AND PERCEPTIONS

| 8. To what extent do you treat children with difficulties in the following manner: | Not at all 1 | A little 2 | Somewhat 3 | A lot 4 | Very much 5 |
|---|-------------------------|-----------------------|-----------------------|--------------------|------------------------|
| A. Delegate roles | 1 | 2 | 3 | 4 | 5 |
| B. Generate eye contact | 1 | 2 | 3 | 4 | 5 |
| C. Provide hints | 1 | 2 | 3 | 4 | 5 |
| D. Reach agreements | 1 | 2 | 3 | 4 | 5 |
| E. Raise my voice | 1 | 2 | 3 | 4 | 5 |
| F. Change seating arrangement | 1 | 2 | 3 | 4 | 5 |
| G. Reinforcement | 1 | 2 | 3 | 4 | 5 |
| H. Awards | 1 | 2 | 3 | 4 | 5 |
| I. Restraint | 1 | 2 | 3 | 4 | 5 |
| J. Pat on the head | 1 | 2 | 3 | 4 | 5 |
| K. Ignore | 1 | 2 | 3 | 4 | 5 |

| 9. To what extent do you identify the following behaviors among children with difficulties: | Not at all 1 | A little 2 | Somewhat 3 | A lot 4 | Very much 5 |
|--|-------------------------|-----------------------|-----------------------|--------------------|------------------------|
| A. Initiative | 1 | 2 | 3 | 4 | 5 |
| B. Closeness | 1 | 2 | 3 | 4 | 5 |
| C. Resistance | 1 | 2 | 3 | 4 | 5 |
| D. Cooperation | 1 | 2 | 3 | 4 | 5 |
| E. Responsibility | 1 | 2 | 3 | 4 | 5 |
| F. Passiveness | 1 | 2 | 3 | 4 | 5 |
| G. Motivation | 1 | 2 | 3 | 4 | 5 |
| H. Distraction | 1 | 2 | 3 | 4 | 5 |
| I. Excess movement | 1 | 2 | 3 | 4 | 5 |

APPENDIX A: Questionnaires Relating to Part 1

FEEDBACK QUESTIONNAIRE: ATTITUDES AND PERCEPTIONS

| 10. To what extent is there involvement of external factors in addition to the kindergarten staff, from: | Not at all 1 | A little 2 | Somewhat 3 | A lot 4 | Very much 5 |
|---|-------------------------|-----------------------|-----------------------|--------------------|------------------------|
| A. Family | 1 | 2 | 3 | 4 | 5 |
| B. Principal | 1 | 2 | 3 | 4 | 5 |
| C. Psychologist | 1 | 2 | 3 | 4 | 5 |
| D. Speech therapist | 1 | 2 | 3 | 4 | 5 |
| E. Remedial teacher | 1 | 2 | 3 | 4 | 5 |
| F. Occupational therapist | 1 | 2 | 3 | 4 | 5 |

| 11. To what extent are the kindergarten children exposed to: | Not at all 1 | A little 2 | Somewhat 3 | A lot 4 | Very much 5 |
|--|-------------------------|-----------------------|-----------------------|--------------------|------------------------|
| A. Playground equipment | 1 | 2 | 3 | 4 | 5 |
| B. Movement games | 1 | 2 | 3 | 4 | 5 |
| C. New working postures (standing at a table, standing against a wall) | 1 | 2 | 3 | 4 | 5 |
| D. New work tools | 1 | 2 | 3 | 4 | 5 |

| 12. To what extent, in your opinion: | Not at all 1 | A little 2 | Somewhat 3 | A lot 4 | Very much 5 |
|--|-------------------------|-----------------------|-----------------------|--------------------|------------------------|
| A. are you able to identify developmental problems among the children? | 1 | 2 | 3 | 4 | 5 |
| B. do you have the knowledge required to motivate children in the playground? | 1 | 2 | 3 | 4 | 5 |
| C. do you have sufficient training for motivating children in the playground? | 1 | 2 | 3 | 4 | 5 |
| D. can playground activities serve to minimize their difficulties? | 1 | 2 | 3 | 4 | 5 |
| E. do you tend to refer children to developmental therapy? | 1 | 2 | 3 | 4 | 5 |
| F. does the kindergarten and playground offer a developmentally enriching environment? | 1 | 2 | 3 | 4 | 5 |
| G. is such an enriching environment important to all kindergarten children? | 1 | 2 | 3 | 4 | 5 |
| H. is such an enriching environment important to children with difficulties? | 1 | 2 | 3 | 4 | 5 |

APPENDIX A: Questionnaires Relating to Part 1

FEEDBACK QUESTIONNAIRE: ATTITUDES AND PERCEPTIONS

| 13. To what extent, in your opinion, are you capable of identifying the following difficulties: | Not at all 1 | A little 2 | Somewhat 3 | A lot 4 | Very much 5 |
|--|-------------------------|-----------------------|-----------------------|--------------------|------------------------|
| 1. hyper and hypo sensitivity in the superficial sensory system, the deep sensory system and the balance system. | 1 | 2 | 3 | 4 | 5 |
| 2. balance difficulties | 1 | 2 | 3 | 4 | 5 |
| 3. weakness and instability of the shoulder girdle. | 1 | 2 | 3 | 4 | 5 |
| 4. poor muscle tone | 1 | 2 | 3 | 4 | 5 |
| 5. bilateral coordination | 1 | 2 | 3 | 4 | 5 |
| 6. movement planning | 1 | 2 | 3 | 4 | 5 |
| 7. movement regulation and gradation | 1 | 2 | 3 | 4 | 5 |
| 8. excess movement | 1 | 2 | 3 | 4 | 5 |
| 9. distraction | 1 | 2 | 3 | 4 | 5 |
| 10. impulsiveness | 1 | 2 | 3 | 4 | 5 |
| 11. lack of self confidence | 1 | 2 | 3 | 4 | 5 |
| 12. social reclusion | 1 | 2 | 3 | 4 | 5 |
| 13. inability to understand social cues | 1 | 2 | 3 | 4 | 5 |

14. How many children with difficulties have you identified during the past year? _____

During the previous year? _____

15. How many children with difficulties did you work with during the past year, thus avoiding their referral to developmental therapy? _____

During the previous year? _____

16. How many children did you refer to developmental therapy during the past year? _____

During the previous year? _____

☺ Thank you for your cooperation! ☺

Administrative staff: Simone Wolfson and Malka Stoller

Children's Division – Ezer Mizion

EFFECTIVENESS OF ACTIVE NURTURING PLAYGROUND AS A TOOL

The Findings of the Project – June 2007

Background data:

Name of kindergarten teacher/melamed: _____ age: _____ family status: _____

Number of years in profession: _____ education: _____

Name of Talmud Torah _____

Did you **previously** have any training in kindergarten teaching? 1. Yes 2. No

Number of children in kindergarten class: _____

Children ages: 3-4 years 4-5 years 5-6 years

Please note the number of children with difficulties in the following fields that were identified by the project:

- a. Perception _____
- b. Fine motor movement _____
- c. Gross motor movement _____
- d. Learning _____
- e. Speech and language _____
- f. Behavior _____
- g. Social _____
- h. Emotional _____
- i. Attention and concentration _____
- j. Mixed difficulties _____

Total number of children in which functional difficulties were identified in the kindergarten: _____

EFFECTIVENESS OF ACTIVE NURTURING PLAYGROUND AS A TOOL

1. Number of children concerning which an additional intervention was carried out within the community **prior to intervention** within the framework of the project: family_____, principal _____, assisting teacher, _____

2. Number of children subjected to close intervention in the **playground facilities**: (group motor activation) _____

3. Number of children that improved perceptibly as a result of intervention (**in the Playground and/or class**) and were transferred to observation (lesser support)_____

4. Number of children that in spite of intervention (**in the Playground and/or class**) did not improve perceptibly:_____

What is the number of children from among these that were referred to developmental treatment:_____

5. Number of children that were identified and included into the intervention project in the course of the year: _____

6. The number of children sent for external intervention **as a result of the project**, in addition to the kindergarten staff:

- a. Family
- b. Principal
- c. Psychological
- d. Speech therapist
- e. Assisting teacher
- f. Occupational therapist/clinic
- g. Other

Thanks in advance,

Malka Stolar and Simone Wolfson

Ezer Mizion – Active Nurturing Playground Project

APPENDIX B: Questionnaires Relating to Part 2

EFFECTIVENESS OF ACTIVE NURTURING PLAYGROUND AS A TOOL

| Type of Intervention | Results of Intervention | CHILD'S NAME: _____ Age: _____ | | | | | | | |
|----------------------|------------------------------|-----------------------------------|----------------------|--|--------------------|--|-------------------|--|--|
| | | No problem was detected | PROBLEM WAS DETECTED | | | | | | |
| | | | No Improvement | | Slight Improvement | | Major Improvement | | |
| PLAYGROUND | Body strengthening | | | | | | | | |
| | Diverse Activities | | | | | | | | |
| | Self confidence | | | | | | | | |
| | Behavior | | | | | | | | |
| | Social Skills | | | | | | | | |
| | Comprehension of instruction | | | | | | | | |
| CLASSROOM | Creative Work | | | | | | | | |
| | Grapho Motor | | | | | | | | |
| | Self confidence | | | | | | | | |
| | Social Skills | | | | | | | | |
| | Behavior | | | | | | | | |
| | Attention and Concentration | | | | | | | | |
| | Comprehension of instruction | | | | | | | | |

CONTACT INFORMATION

EZER MIZION
5 Rabinov Street
Bnei Brak 51561, ISRAEL
Tel: +(0)3-614-4570 Fax: +(0)3-614-4572
Email: rdd@ezermizion.org
www.ezermizion.org

ACTIVE NURTURING PLAYGROUND PROJECT DIRECTORS

Ms. Simone Wolfson, MA, Developmental Occupational Therapist
Email: swz@zahav.net.il

Ms. Malka Stoler, MA, Developmental Physiotherapist
Email: kadm@zahav.net.il

EZER MIZION MISSION STATEMENT

Ezer Mizion, Israel's Health Support Organization, was established in 1979 as a non-sectarian, non-profit organization. It has since grown into a multi-faceted national humanitarian health aid organization with 25 branches in cities throughout Israel. Ezer Mizion's 16 different paramedical departments assist over 650,000 people each year regardless of race, nationality, religion or gender.

Ezer Mizion's mission is to help people who are functionally or developmentally challenged by providing programs that support and enable them to preserve their dignity, maintain their independence and improve their quality of life. Sincere caring and professionalism form the core of these services, making Ezer Mizion a source of healing, support and comfort for many thousands throughout Israel and beyond.