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A Study of Selected Problems in the Administration and Supervision of Local Programs for the Mentally Deficient in the State of Washington

Gordon Richard Hauck
Central Washington University

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A STUDY OF SELECTED PROBLEMS IN THE ADMINISTRATION
AND SUPERVISION OF LOCAL PROGRAMS
FOR THE MENTALLY DEFICIENT
IN THE STATE OF WASHINGTON

by

Gordon Richard Hauck

A thesis submitted in partial fulfillment of the requirements
for the degree of Master of Education, in the Graduate School
of the Central Washington College of Education

August, 1954

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GRADUATE COMMITTEE

Loretta M. Miller, co-chairman

J. Wesley Crum, co-chairman

Ed K. Erickson

Dorothy Dean

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CHAPTER I

THE PROBLEM AND DEFINITIONS OF TERMS

In keeping with the democratic ideal that each individual of society should have maximum opportunity for personal satisfaction, Americans have been continually searching for more humane ways of protecting, caring for, and bringing into useful citizenship the deviates of their society. Many ideas and techniques have been expressed and developed. No single plan in itself has ever been a completely satisfactory solution, but with each new idea there has been improvement and with improvement there has come new hope.

THE PROBLEM

Statement of the problem. The purpose of this study was (1) to discover, in selected areas, existing practices in administering and supervising programs for mentally deficient children in Washington State; (2) to discover what common methods were being employed in meeting difficulties in the selected areas; and (3) to develop the findings in such a manner that it would be of concrete help to districts contemplating or actually operating such programs.

Importance of the study. It is imperative to the wholesome growth of man's social institutions that he share his knowledge with others. The laws and money for the special educational needs of

mentally deficient children have been provided; but there has not been available, in written form, the pooled thoughts of the people in the State of Washington concerning the administrative practices and problems confronting those developing the program for mentally handicapped children. This investigation should answer, in part, that very pressing need.

The procedure. In order to obtain information from all schools which were conducting programs for mentally handicapped children on a local level, an interview was arranged with the State Director of Handicapped Children. It was discovered that the number of such schools was relatively small and those which had been in existence long enough to develop definite patterns or policies of supervision and administration numbered only eleven.

Ten of these schools were visited; namely, Vancouver, Shoreline, Kirkland, Seattle, Burlington, Bremerton, Bellingham, Spokane, Yakima, and Everett. The eleventh school, Ocean Park, was not visited because of its inaccessibility to the writer.

In each school the director, supervisor, or head teacher was interviewed along the lines of an interview questionnaire.¹ The items included on the questionnaire were selected arbitrarily after an extensive survey of the available literature. Charts, tables, and graphs were used to present the material which was reported.

¹Appendix, p. 118.

Delimitation. The definition of the term "mental deficiency" has limited the accuracy of the study, since in the field it was either defined in a broad or narrow sense as fitted the training and background of the person in charge of the program, or the restrictions imposed by physical facilities of the program. In fact, Cutts said, "Until some uniform nomenclature is evolved, individual research projects cannot be used to gather a more accurate body of facts."²

The fact that the investigator arbitrarily selected problems which were assumed to be of special concern to administrators and supervisors of the Washington State program had certain limiting features. Because of the newness of the program and the small number of schools involved, any effort at evaluation would have seemed premature. Therefore, the study only attempted to discover existing practices and difficulties and to present them in a usable form.

DEFINITIONS OF TERMS

"Time strangely enough does not seem to clarify definitions."³ This was most certainly true of that general condition labeled "mental defectiveness," "feeble-mindedness," or "mental handicap." The first efforts at defining this condition were attempted in the Seventeenth

²Norma E. Cutts, "The Mentally Handicapped," Review of Educational Research, XI (June, 1941), p. 270.

³Merle E. Frampton and Hugh Grant Rowell, Problems (Vol. II of Education of the Handicapped.) (Yonkers-on-Hudson: World Book Company, 1940), p. 40.

Century⁴ and the problem was still present at the time of this survey.

Speaking in 1941, Cutts said:

The most vital need is agreement upon classification and definitions of terms. Existing classifications and definitions should be accepted or better ones evolved for professional use.⁵

Mental deficiency. For the purposes of this study the term mental deficiency was considered to have two aspects — psychological and educational. The following definitions developed by Wallin were accepted:

Psychologically, mental deficiency represents a condition of mental non-development (agenesis), arrest, deficiency, or deterioration which is very grave and permanent, and which dates from early life, and which always affects the intelligence, judgment, or understanding and the capacity for social and economic adjustment..., and which may also, and usually does, affect the emotional, instinctive, motor, volitional, and moral traits of the individual. The intelligence defect is a basic and constant feature; without a radical defect in the sphere of intelligence the child could not be considered mentally defective no matter how ignorant or illiterate he might be, or how abnormal in his emotional, instinctive, volitional, or moral reactions.⁶

The educational phase of mental defectiveness was considered in these broad terms:

...mental defectiveness may be characterized educationally as the inability after years of instruction or protracted drill to acquire any considerable or useful mastery in the literary subject matter, especially written composition, reading, and arithmetic...genuinely mentally defective children (diagnosed conservatively on the basis of multiple criteria) cannot do successful all around work in the literary

⁴Ibid., pp. 339-40.

⁵Cutts, op. cit., p. 270.

⁶J. E. Wallace Wallin, Children with Mental and Physical Handicaps (New York: Prentice-Hall, Inc., 1949), p. 13.

branches beyond the latter part of the second grade or the first part of the third grade.⁷

Educability. Educability was defined as the ability of the child to cope with the abstract phase of learning involving symbols and their manipulation.

Trainability. Trainability was defined as the ability of the child to learn the manipulation of concrete objects in some socially usable form.

Exceptional children. Exceptional children are considered to be those children who vary or deviate from the model groups so much that they require some services not available to them except by some special arrangement. The classification agreed upon divides all exceptional children into two large groups--the physically handicapped and the mentally and socially handicapped.⁸

Special class. Special classes were considered as any form of class provided for a group who are in some way exceptional and who cannot, therefore, be instructed to advantage in the regular classes of the school.⁹

Common school. As defined by the State of Washington the

⁷Ibid., p. 38.

⁸Washington State Curriculum Journal, "Guidance for Exceptional Children," VIII (May, 1949), p. 29.

⁹Paul Monroe (ed.), A Cyclopedia of Education (New York: Macmillan Company, 1913), V, p. 384.

common school is one maintained at public expense and operated by a school district.¹⁰

Local program. A local program was defined as a program operated by a school district as an integral part of the system. It was operated either within a regular school building or in a separate unit.

¹⁰State Manual of Washington (Fifteenth Edition) (Olympia: State Printers, 1950), p. 59.

CHAPTER II

HISTORY AND PHILOSOPHY OF THE CARE FOR MENTAL DEFICIENTS

In discussing the history and philosophy of the care for the mentally deficient it is well to remember, "The history of the care and training of the handicapped must of necessity follow social and educational trends rather than create them."¹

Historical Background

The ancient world treated the mentally deficient with a matter-of-fact brutality, partly from necessity and partly because of superstition. Those who were incapable of assuming their share of the social responsibility in maintaining the group were speedily eliminated. In societies where mythology prevailed and certain gods and goddesses had enough influence, the deviate might be considered a "child of God" and sacrificed. Perhaps more tragic, since it has a carry over to modern times, they might be considered demon possessed, or to be the symbol of incarnate punishment visited upon parents for sins committed.²

¹Merle E. Frampton and Hugh Grant Rowell, Problems (Vol. II of Education of the Handicapped. 2 vols.) (Yonkers-on-Hudson: World Book Company, 1940), p. 2.

²Merle E. Frampton and Hugh Grant Rowell, History (Vol. I of Education of the Handicapped. 2 vols.) (Yonkers-on-Hudson: World Book Company, 1938), p. 167.

It was not until the teachings of Christ had made some marks upon the ancient world that a spirit of compassion surrounded these unfortunates. Whereas the early Romans afforded kindness to the mental deviates only in so far as they were a source of pleasure to their masters, the Christian influence brought a form of tangible improvement. Frampton described this change as follows:

The mentally afflicted, as early as the Fourth Century, were in places provided with special refuge, along with other help-less groups; although no effort was made for education or for special training of the handicapped.³

During the Middle Ages the Christian spirit was little in evidence in the treatment of the handicapped and the mental deviates were the most cruelly mistreated. The existing theory was that a person was guilty until proven otherwise and the mental deficient was considered possessed of the devil through choice. For that reason he was whipped and tormented to purge his soul. Religious ceremonies were often held in an effort to drive out the evil spirits residing within.

The Reformation brought with it a reverence for the aged but the attitude toward the deviates did not improve. Even Luther and Calvin referred to them as "offspring of the evil one."⁴

³Loc. cit.

⁴Merle E. Frampton and Hugh Grant Rowell, History (Vol. I of Education of the Handicapped. 2 vols.) (Yonkers-on-Hudson: World Book Company, 1938), p. 169, citing Martin W. Barr, Mental Defectives: Their History, Treatment and Training, p. 24.

From the spirit of the Reformation a more humane attitude toward the mental deviate eventually evolved. The first people to be affected by this change were the Cretins. The occurrence of large numbers of these people in certain Swiss valleys may have been partly responsible for this interest.⁵

Frampton felt that the modern approach to the care of the mentally retarded came, not from the doctor or the church, but from the philosopher, Locke. This English philosopher argued that man learned through his senses, and therefore, the experiences resulting in the sensation should be pleasurable. This thinking of Locke was later incorporated into the work of Rousseau. The practical application of the similar theories of Locke and Rousseau were put into effect by a French surgeon, Itard, who attempted to educate the "Wild Boy of Aveyron."⁶

Institutional Movement

The movement toward the institutional care of the feeble-minded was started in Belgium in the Thirteenth Century. About four hundred years later in the Seventeenth Century, Saint Vincent de Paul and the

⁵Merle E. Frampton and Hugh Grant Rowell, History (Vol. I of Education of the Handicapped. 2 vols.) (Yonkers-on-Hudson: World Book Company, 1938), pp. 168-69.

⁶Harry J. Baker, Introduction to Exceptional Children (New York: The Macmillan Company, 1953), p. 268.

Sisters of Charity started an asylum. But the formal history of the schools for mental defectives began with Sequin, called the "Apostle of the Idiot."⁷ After outstanding work in France, he came to the United States in 1848, where he became associated with several state institutions and did much to arouse public interest in the care of the mental defectives.

Following the work of Itard and Sequin many educators became interested in the education of the mental deficient. Mann, in 1842, visited the European schools and upon his return to America became a staunch proponent for the establishment of schools to train this type of deviant.⁸

Howe started a class for the training of mental deficient in 1837. He was, also, directly responsible for the establishment, in 1850, of the Massachusetts School for Idiots and Feeble-minded Youth.⁹ The early schools were set up largely for the more capable of the variants. However, Wallin notes:

These institutions in the United States (and in Europe, also) were organized strictly "as schools," and were so designated. But in the process of time many of them have assumed the functions of asylums for the idiotic and the helpless, custodial homes for adults, farm colonies for the more capable workers, as well as schools for educable children.¹⁰

Perhaps this is one of the reasons these institutions grew so slowly at first and prompted a Connecticut Commission for the Study of

⁷Frampton, op. cit., p. 174.

⁸J. E. Wallace Wallin, Problems of Subnormality (Yonkers-on-Hudson, New York: World Book Company, 1917), p. 59.

⁹Frampton, op. cit., p. 179.

¹⁰Wallin, op. cit., p. 44.

the Problem of Feeble-mindedness to report: "there was a 'settled conviction' that idiots were so utterly helpless that it was a waste of time even to collect any statistics regarding them."¹¹

Frampton in summing up the institutional movement felt that its job had been gigantic but, within certain limitations, well done. He states that:

. . . all grades . . . are cared for but they are carefully classified and segregated. The recognized aim is to make the child useful, about 15 per cent have become self-supporting. There are two main divisions—educational and custodial. The educational department stresses kindergarten methods, and later gives industrial training. The custodial department cares for the hopeless and supervises the adults who have completed their education. . . . This preventive custodial care has proved more economical to the state than the punitive custodial care which resulted from old time neglect and the criminal tendencies of feeble-minded persons.¹²

Special Class Movement

"Historical problems," said Frampton, "have always included (1) the problem of influencing public opinion; (2) some form of treatment on a more or less scientific basis; and (3) methods and personnel . . ."¹³

The movement toward the special class grew out of the training school for the mentally defective. Some factors important in bringing about this growth and development of a practical solution were

¹¹Ibid., pp. 29-30.

¹²Frampton, op. cit., p. 181.

¹³Ibid., p. 1.

(1) passage and enforcement of rigid compulsory attendance laws; (2) medical services becoming a part of the school program; (3) statistical study of retardation in school progress; and (4) more satisfactory psychological measuring devices.¹⁴ It was felt by some that the first real scientific impetus to the special class came with the development of the Binet-Simon tests about 1910.¹⁵

Germany was the first country to give attention to the subnormal in the public schools and began such a program as early as 1867. In the United States, however, it was some twenty-six years later that the first class was established in Providence, Rhode Island, in 1893. Springfield and Boston, in Massachusetts, followed in 1898.¹⁶

The history of the special class has been one of overcoming severe difficulties. First, the tools and techniques of diagnosis were inadequate. Therefore, special classes became a "hodge-podge" of individuals that proved difficult to handle.

. . . the early classes enrolled many types of problems, including the behavior child with a normal I. Q., the reading disability case, and the mentally retarded. The malbehaved

¹⁴Paul Monroe (ed.), A Cyclopedia of Education (New York: The Macmillan Company, 1913), V., p. 384.

¹⁵White House Conference on Child Health and Protection, Special Education: The Handicapped and the Gifted. Section III, Education and Training, Report of the Committee on Special Classes (New York: The Century Company, 1931), p. 466.

¹⁶Monroe, op. cit., p. 384.

had bad effects upon the suggestible minds of the mentally retarded and tended to nullify the teacher's efforts. At the other end of the scale the class had a small number of low-grade, feeble-minded. . . . The parents of such children believed the class was established for their special benefit and insisted upon their right as taxpayers. Such cases became a great burden to the teachers who had to become nurse-maids to them while trying to teach the rest of the class. In small cities these conditions still tend to exist. . . .¹⁷

Second, there was some thought in educational circles that such special helps were an actual injustice to the child and to society.

If special training increases his opportunity to struggle for a living, it may, by so doing increase the strain to which he is subjected. The attainment of a measure of success may also increase the chances of his marriage and the consequent begetting of defective offspring. Perhaps, then, we really do injury to the pupil and a greater injury to society by these special efforts to assist him.¹⁸

It was small wonder that while the special class movement did show a sharp growth for a period of time, it should eventually decline. The problems appeared too great to overcome, the teachers too difficult to obtain, and the costs were considered too large in relation to the slight returns.¹⁹

Following the White House Conference of 1930, an increased interest in the special class seemed to revive. Contemporary thought in regard to the exceptional child, specifically the mentally deficient,

¹⁷Harry J. Baker, Introduction to Exceptional Children (New York: The Macmillan Company, 1953), p. 270.

¹⁸Monroe, loc. cit.

¹⁹White House Conference on Child Health and Protection, op. cit., p. 446.

was one of belief in the child. An effort was made to minimize his differences and yet realistically recognize his limitations. "The education of exceptional children," said Heck, "is based upon the same philosophical concepts as is the education of children generally."²⁰

In discussing the education of the mentally defective child Hungerford stated:

. . . it is recognized that no philosophy is valid for education of the retarded that does not guide us into providing an education which benefits the retarded themselves. Such a philosophy must be based on a realistic view of the strengths and weaknesses of the mentally retarded as well as on the place it is hoped they eventually will occupy in society. It is now believed that the retarded have a potential contribution to make to the world in which they live and that it is a primary function of special education to help the retarded realize such potentialities.²¹

Hill summarized the prevailing thoughts about special education and the special class for the mentally deficient children by stating:

It is probable that much of the responsibility for education and training of retarded children has been given to the State institutions on the assumption that merely being somewhat different constitutes a hazard for the afflicted individual, his family and other individuals. . . . Most moderately mentally retarded persons can be trained for effective citizenship. . . . Some of the children whom we have assigned to institutional schools may . . . be trained to live an acceptable life

²⁰Arch O. Heck, "General Problems of Philosophy and Administration in the Education of Exceptional Children," Review of Educational Research, XIV, (June, 1944), p. 201.

²¹Richard H. Hungerford, "Education and Training of the Exceptional Child," Some Contemporary Thinking About the Exceptional Child, The Woods Schools (Langhorne, Pennsylvania: Child Research Center of the Woods Schools, 1949), p. 57.

in their families and local communities.²²

Hill felt that some mental deviates could be helped through prolonged institutional care, nevertheless, the majority could be dealt with in the family and local community. He considered it the privilege and responsibility of the family and community to provide for them.²³

Washington State

The history and philosophy of the care for mental defectives in the Territory and State of Washington paralleled closely that of the national scene. At the time of the survey national trends continued to influence the approach to the problem.

The Washington School for Defective Youth. The first school for handicapped children was started during the Territorial period in Tacoma; the actual date was not available. But in 1885, the Presbyterian minister responsible for this first group, "led a group to the Tenth Biennial Session of the Legislative Assembly petitioning for a school for these children."²⁴

²²Arthur S. Hill, The Forward Look: The Severely Retarded Child Goes to School, Federal Security Agency, Bulletin 11 (Washington: Government Printing Office, 1952), p. 2.

²³Hill, loc. cit.

²⁴Ross E. Hamilton, "Some Comments on the Education of Exceptional Children and the Preparation of the Teachers," Planning for Adequate Education in the School District, Western Washington College Bulletin VI (Bellingham, Washington: Cox Brothers, Inc., 1953), p. 57.

A second school was established February 3, 1886, in Vancouver; the legislature appropriated seven thousand dollars to defray operational expenses, but no provisions were made for the purchase of the site or construction of buildings. To cope with this situation several members of the Vancouver Board of Trades collected enough money to purchase one hundred acres of land and to erect a plain building. This property was later exchanged for seventeen acres of land, and in 1887, a new main building was erected. The name given this institution was "The Washington School for Defective Youth."²⁵

In 1887, the Board of Trustees of the Washington School for Defective Youth pointed to the needs for an expanded type of program:

Three feeble-minded youths have already knocked for admission, and have been turned away, from lack of any means to care for them. It would be simply ruinous to endeavor to educate that unfortunate class of youth in the same rooms with deaf mutes or blind pupils. There are already discovered by our director, some ten others of these feeble-minded youths within our Territory who should be cared for immediately, if the public is to be saved the expense of supporting them during the term of their natural lives, in the asylum for the insane. This dollar and cent consideration of the matter does not take into account the immense benefit to the State and to the individuals, which will result from those feeble-minded children being educated into industrious and intelligent citizens instead of being permitted to grow up into hopeless and helpless idiots.²⁶

²⁵Angie Burt Bowden, Early Schools of Washington Territory (Seattle: Lowman and Hanford Company, 1935), p. 49.

²⁶Pearl A. Wanamaker, "Current Challenges in the Development of Educational Services for Exceptional Children." An address to the Western Regional Meeting, International Council for Exceptional Children, Portland, Oregon, November 3, 1953. (Mimeographed)

The above pleas were not honored during the life of the Territory but in 1891, two years after statehood a building for the care of the feeble-minded was erected at Vancouver. Later the feeble-minded were moved to Medical Lake. Vancouver was thus free to devote its time to the deaf and blind.²⁷

State measures. In 1889, the newly adopted constitution of the State of Washington declared:

It is the paramount duty of the State to make ample provision for the education of all children residing within its border, without distinction or preference on account of race, color, caste, or sex.²⁸

The records report little provision for either the physically or mentally handicapped children in the public schools until 1943. At that time a law was passed which made permissive provision for the local district to provide services for physically handicapped children of school age. Simultaneously the division for handicapped children was created in the State Department of Public Instruction.²⁹

The "Strayer Report." In 1946, the Strayer Report³⁰ did much to evaluate the existing program on its merit and on a comparative basis with the national trend. This report provided five points in the

²⁷Bowden, op. cit., p. 49.

²⁸Washington State Constitution, Article IX, Section 1, Preamble.

²⁹Washington State Session Laws, 1943, Chapter 120.

³⁰George W. Strayer, Public Education in Washington (Olympia: State Printer, 1946), p. 272.

philosophy of the care for the handicapped in the State of Washington:

- (1) It established objectives in providing for them;

Society has two important objectives in making special provisions for all these groups: the protection of society itself from economic and social effects that inevitably result from their neglect; and the development to the fullest extent possible of such handicapped persons as happy and useful members of society.³¹

- (2) It defined the areas of care for these children:

Three aspects of the care of the seriously handicapped may be distinguished . . . the purpose for which society provides special care cannot be accomplished if excessive emphasis is given to any one phase at the expense of either of the others. These children and young people require medical . . . attention . . . they must be fed, housed, and clothed. They must be educated.³²

- (3) It gave a factual basis for the need of an expanded program for the handicapped;

. . . there is an appreciable group of youngsters — 4.16% to be exact — who have failed of promotion two or three times in their school careers. Looking at it in another way, one out of 25 are persistent repeaters . . . Entirely aside from the personal loss to the children themselves, there exists the possibility that as adults these children will not be the valuable additions to the body politic that a different kind of educational experience might have made them. In fact they may be a liability.³³

- (4) It discounted a practice and outlined a possible course of action both on a local and state level;

Some administrators prefer to have the room teacher do all the remedial work. However, . . . the remedial room teacher

³¹Ibid., p. 231.

³²Loc. cit.

³³Ibid., p. 229.

seems to be particularly useful.

Modern thinking emphasizes that the segregation of certain types of the handicapped should be avoided to the greatest degree possible. This means that more attention should be given to developing educational provisions for the handicapped in the normal environment of the home and the school. The State Board of Education has already been assigned responsibility for the education of the handicapped in the school and home. The provisions should be strengthened by additional aid to the school districts for the development of special educational services. This support should be administered by the State Department of Education as at present, and should be clearly distinguished from the special aids given the development of library, guidance, and nursing services. Further, the funds allocated to the State Department of Education should be increased to allow for the employment of additional consultants in special areas, specifically . . . the excessively slow learner. The program of the teacher training institutions for preparing special class teachers should be upgraded. Experience indicates that the best teachers of the handicapped are recruited from experienced teachers, who have been given special training equivalent to a fifth year or a Master's Degree. Adequate salaries should be paid to encourage teachers to take this special training.³⁴

(5) It provided an authoritative guide, recognized and respected by educators in the State, and acted as a stabilizing influence to planning for the future.

Recent Developments. Following closely upon the recommendations of the "Strayer Report" the Washington State Legislature passed, in 1949, a law which extended the 1943 law³⁵ to read, ". . . defective

³⁴Strayer, op. cit., pp. 231-233.

³⁵Washington State Session Laws, 1943, Chapter 120.

hearing, defective sight, defective speech, cerebral palsy, and other physical handicaps may be extended to include children of pre-school age."³⁶

In 1951, a law was passed extending the education facilities to include:

. . . those children in school or out of school who are temporarily or permanently retarded in normal educational processes by reason of physical or mental handicap, or by reason of social or emotional maladjustment, or by reason of other handicap. . .³⁷

Recognizing the difficulties that smaller districts would have in providing such far-reaching services to their children, the 1953 Legislature provided that districts could cooperate with one another in providing such services. This law permitted the local districts to set up, either independently or in combination with other districts, residential schools for handicapped children.³⁸

The State of Washington, at the time of the survey, appeared to be following a three-point guide in developing the program for handicapped children. First, an effort to obtain favorable legislation through the active insistence of the parents of the handicapped was evident. Second, through conferences and State-wide meetings of educators, objectives and definitions were being developed, and the responsibilities of various individuals were being defined. Third,

³⁶Ibid., 1949, Chapter 186.

³⁷Ibid., 1951, Chapter 92.

³⁸Ibid., 1953, Chapter 135.

efforts were being expended to obtain sufficient staff and organization at the state level in order to provide maximum assistance to local groups.³⁹

Summary of the History and Philosophy
of the Care for Mental Defectives

The history and philosophy of the care for mental defectives followed the social and educational trends of any given period. The ancient world accepted the mental defective in a direct ratio to his ability to help maintain the group. It was not until the teachings of Christ became rather widely accepted that this attitude of reciprocity changed noticeably. With the teaching of Locke and Rousseau a scientific interest in the defective was aroused. Through the centuries this scientific approach has divided itself into two distinct movements—an institutional movement and a special class movement.

Sequin, the "Apostle of the Idiot," was a great force in the institutional movement. However, the inability of institutions to adequately provide for the large numbers seeking admission forced humanitarian educators to seek other sources of aid. German educators first felt that the public schools, through special classes, could help in providing for these children. In the United States, Wallin

³⁹Wanamaker, op. cit., p. 5.

was an active advocate for the special class movement.

The history of the philosophy and care of mental defectives in the State of Washington paralleled closely that in other areas.

CHAPTER III

REVIEW OF THE LITERATURE

The history and philosophy of the care of mentally deficient children indicated a great amount of interest in the public school education of the deficient child at the close of the Nineteenth Century. This interest carried through to the middle of the 1920's, when it gradually diminished. This trend was reflected in the quantity of literature available. However, when the White House Conference on Child and Health Protection was held in 1930, there seemed to be a re-awakened interest in the mental deviate which had the appearance of a growing movement.

Initiating and Continuing the Program

Authors agreed that the mentally deficient child had a right to an education in the public schools, and they further agreed that they profited from such an experience. In 1917, one author wrote:

. . . open special classes for the instruction of children who are so defective as to be unable to get along with the ordinary school work. The public school can . . . make self-supporting citizens out of many of them.¹

In 1938, the Educational Policies Commission called the practice of providing special classes for these children within the

¹J. E. Wallace Wallin, Problems of Subnormality (Yonkers-on-Hudson: World Book Company, 1917), pp. 60-61.

public schools as "desirable and necessary."² In 1942, Strayer, in his report on the public schools of Newark, New Jersey, stated that people who deviate from their fellows should have special treatment. This special treatment could, in a measure, be supplied through the services of the special room. This, Strayer concurred, was entirely in keeping with the democratic ideal of "enabling each individual to make optimum contributions and at the same time preserving personal satisfaction."³

Because of the relatively small number of mentally defective children that could be cared for in special residential institutions, it was only natural that parents looked to the public school for assistance in educating their children. It became necessary for schools to re-examine their basic philosophies in order that they might care for these children.⁴

The community. Graham felt that a program for the mentally deficient began when the local community and schools accepted a sound educational view toward it.⁵ School systems that operated rooms for

²Educational Policies Commission, The Structure and Administration of Education in American Democracy, National Education Association (Washington: National Education Association, 1938), p. 38.

³George W. Strayer, The Report of a Survey of the Public Schools of Newark, New Jersey (New York: Teachers College, Columbia University, 1942), pp. 506-07.

⁴E. L. Johnstone, "What Shall We Do With the Mentally Deficient?" Mental Hygiene, XXX (April, 1946), p. 299.

⁵Ray Graham, Illinois Plan for Special Education of Exceptional Children, Illinois Department of Public Instruction, Circular Series, No. 12 (Springfield: State Printers, 1950), p. 7.

mental deficient only found that these rooms received much more unfavorable publicity than similar rooms in systems where all types of special classes were operated.⁶ However, communities, in general, responded very well with both funds and services once they understood the functions of special education.⁷ It became imperative, therefore, that whoever was responsible for the genesis of these classes, and especially classes for mental defectives should take every precaution to see that proper attitudes be developed from the very start.⁸

Two areas seemed to be of special concern in the proper initiation and satisfactory continuation of these programs: (1) that great care should be exercised in not labeling the classes with a name that would give a stigma for belonging;⁹ and (2) that there be an ample release of constructive publicity concerning the functions and results of the program.¹⁰

⁶Maurice A. Fouracres, "Improving the Relationship Between Community and the Classes for Mentally Retarded," Journal of Exceptional Children, XII (January, 1946), pp. 108-112, 121.

⁷Washington State Curriculum Journal, "Guidance for Exceptional Children," VII (May, 1949), p. 30.

⁸Arch O. Heck, The Education of Exceptional Children (New York: McGraw-Hill Company, Inc., 1940), p. 375.

⁹Ibid., p. 268.

¹⁰White House Conference on Child Health and Protection, Special Education: The Handicapped and the Gifted, Section III, Education and Training, Report of the Committee on Special Classes (New York: The Century Company, 1931), p. 473.

The system. There was little literature available on the process of introducing a program for mental defectives into the regular school system.

Heck issued one caution to those responsible for initiating such a program.

No problem in the organization of these special classes is more important than that of developing the right kind of attitude toward the class upon the part of teachers, parents, regular grade pupils, and special class pupils. The past too frequently has seen those responsible for these classes foiled at this point; as a result, the work has failed.¹¹

The parent and the program. The literature appeared unanimous in its expression that the parents of mentally defectives needed help in understanding and accepting their child. In working with these parents the importance of telling them the truth about their children was stressed. It was felt that telling parents the truth had the dual effect of making them face the problem in its reality sooner and consequently seek help earlier.¹² Some authors felt that the greatest task facing the parent of the mental defective was that of accepting the child without reservations and feelings of guilt.¹³

Perhaps the most comprehensive statement as to the parent's

¹¹Heck, op. cit., p. 375.

¹²Child Research Center of the Woods Schools, Some Contemporary Thinking About the Exceptional Child (Langhorne, Pennsylvania: Child Research Center of the Woods Schools, 1949), p. 28.

¹³Child Research Center of the Woods Schools, loc. cit.

relationship to special education was found in the Conference on Education of Exceptional Children and Youth.

The development of programs for the education of exceptional children should not proceed without recognition of the needs and interests of parents. Unwholesome family relationships may easily arise because of the presence of a handicapped child in the home. This situation can be made less critical if there are, on the part of parents, understandings of the child's condition and an active interest in the advancement of specialized educational programs.

Organized groups of parents of exceptional children should be encouraged. They provide opportunities for discussion and study, as well as for intelligent cooperation between home and school in reaching out toward common goals. Parents and child may thus be helped to accept and to live with the handicap that cannot be overcome, to make desirable adjustments and compensations for it, and to find healthy outlets for many of their emotional conflicts. The special education program is given 24-hour support and parents and teachers find mutual satisfaction in helping to solve one another's problems.¹⁴

Diagnosis and Assignment of Pupils

Selecting pupils. In developing a special room two factors face the authorities responsible for the proper function of that room: (1) diagnosis of the pupils desiring admittance, and (2) assignment of pupils who have been recommended for admission.

Goddard reported a variety of methods employed in selecting children for special assistance prior to 1915. In some instances, he reported that the word of the teacher was sufficient to send a child

¹⁴Conference on the Education of Exceptional Children and Youth. Office of Education, United States Department of Health, Education, and Welfare (Washington: United States Printing Office, 1950), p. 26.

to the room for defectives; whereas, in other programs any child who was retarded two or more years in the regular program was automatically placed in the room. Some schools placed only the obviously feeble-minded in these rooms while others insisted that the child be able to improve academically before he could be placed. In commenting on these various methods of selection Goddard said, "The difficulty with all these methods is . . . They are inadequate and not based on scientific demonstration."¹⁵

A more complete and scientific method of selection was sought. To gain this end, the following type of diagnosis was suggested before admission to a special room:

A measurably complete examination. . . should include a physical, psychological, and educational examination, and a "history of the case"; that is, an investigation of the genetic and etiological background of the disability, including an inquiry into the family history, the child's developmental history (physical, psychological, social, and educational), and the influencing factors from home and neighborhood environments.¹⁶

This implied a comprehensive study of each case. The study should be scientifically correct and carried through by people experienced in each facet of child development. The Washington State plan recognized this need and stated clearly "Diagnosis depends upon many services. Those responsible for identification make referrals to

¹⁵Henry H. Goddard, School Training of Defective Children (Yonkers-on-Hudson: World Book Company, 1915), pp. 4-5.

¹⁶J. E. Wallace Wallin, The Education of Handicapped Children (Chicago: Houghton Mifflin Company, 1924), p. 105.

specialist services as may be necessary."¹⁷

Services employed in diagnosis and assignment. The employment of medical, psychological, and psychiatric services in the diagnosis and assignment of these people was generally agreed upon.¹⁸ But the importance given to each service was not always agreed upon by all authorities. Early investigators placed absolute confidence in the validity of the Binet test to diagnose mentally deficient children.

Nothing else is needed in the great mass of cases than this test, and we rely absolutely upon it,--unless we should discover children whose actual accomplishments contradict the results of this test. I know of no such cases as yet.¹⁹

Years of experience seem to have modified some of this earlier confidence in the infallibility of the Binet test. Variables such as testing techniques, emotional conditions, language fluency, and physical factors all were found to have a bearing on the accuracy of the test.²⁰ There developed a tendency to use the results of intelligence tests as indications rather than finalities.

Intelligence tests . . . are not infallible. Nor is the rating of a child on an intelligence scale the only thing that should be known about him. Emotional conflict, physical

¹⁷Washington State Curriculum Journal, "Guidance for Exceptional Children," VIII (May, 1949), p. 30.

¹⁸Child Research Center of the Woods Schools, loc. cit.

¹⁹Goddard, op. cit., p. 6.

²⁰Harry J. Baker, Introduction to Exceptional Children (New York: The Macmillan Company, 1953), p. 258.

condition, or the environmental situation may interfere with the full expression of his intelligence.²¹

Where Martens felt that extenuating circumstances affected the intelligence test score as such, others felt that they affected the functions of the score. This was especially true in the social sphere where children with equally low I. Q.'s did different levels of work dependent upon how well each was socially adjusted.

The part that the medical doctor should play in diagnosing mental deficiency has been debated for a number of years. The first indication that educators were questioning the medical doctor's role came with a statement by Wallin:

There is a general misunderstanding with regard to the special knowledge and aptitude of the doctor. . . .He is made to judge questions which do not belong to his special province—namely, the medical, and upon which he expresses opinions which are neither more nor less valuable than those of any other intelligent person. Recently, at various congresses, we have seen doctors with the best intentions laying down educational programs, . . . but with which the medical art has nothing whatsoever to do. As regards the selections of defectives, one is influenced by the same prejudice. . . .The prejudice we have noted is very tenacious, and will doubtless be difficult to overcome. . .²²

The problem still existed at the time of the study as Wanamaker indicated:

. . . there is much need for improvement in the ability of educators and physicians to work together.

²¹Elise E. Martens, Curriculum Adjustment for the Mentally Retarded, Office of Education, United States Department of Health, Education, and Welfare, Bulletin No. 2 (Washington: Government Printing Office, 1950), p. 5.

²²Wallin, op. cit., p. 101.

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The fact that teachers and physicians have not yet reached mutual understanding concerns us much at this time.²³

At the time of the study the question of the physician's role, seemed to resolve itself around the point of whether or not medical diagnosis was synonymous with the determination of educability. Because the physician's training and background was primarily concerned with physical problems, parents felt, in general, that he was not qualified to diagnose the educability of mentally deficient children. Using this same reasoning, they felt that this responsibility belonged to the educator and the psychologist.²⁴ In general, this type of thinking had the backing of educators for a number of years. Wallin states that:

. . . it is becoming recognized and very properly, that feeble-mindedness must be diagnosed primarily by psychological and social tests, and only secondarily by physical tests.²⁵

One of the suggested ways to employ the services of all the necessary specialists and to give proper weight to the contribution of each was by means of the case conference session. The case conference was described as:

²³Pearl A. Wanamaker, "Current Challenges in the Development of Educational Services for Exceptional Children." An address to the Western Regional Meeting, International Council for Exceptional Children, November 3, 1953 (Olympia: Superintendent of Public Instruction), p. 7. (Mimeographed)

²⁴Ibid., p. 8.

²⁵Wallin, op. cit., p. 113.

. . . a session at which various specialists can achieve a degree of common understanding and out of which each specialty may find assistance in furthering the diagnostic process.²⁶

Factors considered in admissions. Whenever schools established criteria for admission to the special class, immediately a limited or selective value was placed upon general admission. These criteria automatically tended to eliminate or include certain children.

Chronological age was a factor for consideration in the admission of the mental deviate to the special class. There was evidence in the literature which pointed to the desire on the part of educators to get these youngsters into school at a very early age. Ellis in an address before the American Association on Mental Deficiency in 1941, said, "Many communities in many states fail to recognize and help pre-school children who are mentally deficient."²⁷

Smith and Burke felt that children with an I. Q. of 50 or above and some below can be rehabilitated and that:

. . . such children should come to teachers. . . by the time they are six and surely by the time they are eight. . . [since] difficulties become greater with each passing year.²⁸

Lowery states further that:

. . . it is never too early to begin the training of a backward

²⁶Washington State Curriculum Journal, op. cit., p. 31.

²⁷E. L. Johnston, "What Shall We Do With the Mentally Deficient?" Mental Hygiene, XXX (April, 1946), p. 300.

²⁸Marion Funk Smith and Arthur J. Burke, Teaching the Slow-Learning Child (New York: Harper and Brothers, 1954), p. 163.

child, to set the stage for the teacher so that later progress can be quicker and easier. That is not to say that it is ever too late to do something. But that something is gradually limited according to age.²⁹

The State of Washington has indirectly limited the starting age of children to handicapped programs to three years of age by reimbursing districts for only those children in the handicapped program three years of age and older.

Generally, eligibility for enrollment in classes for the mentally handicapped was indicated in terms of I. Q. ranges or degrees of mental retardation. "Usually," Marten said, "a minimum mental age of 4 or 5 years is specified with an I. Q. range extending from 45 or 50 to 75 or 80."³⁰

Some states, such as Illinois, had entirely removed the mental age concept from their criteria of entrance. Instead they had substituted the examination of a qualified psychologist who declared whether or not the child could benefit from the program.³¹ The State of Washington reported no basis upon which to judge admittance to the room for the mental deficient except that of need.³²

²⁹Herta Lowery, The Retarded Child (New York: Philosophical Library, 1951), p. 18.

³⁰Elise H. Martens, State Supervisory Programs for the Education of Exceptional Children, Office of Education, United States Department of Health, Education, and Welfare, Bulletin No. 2 (Washington: Government Printing Office, 1940), p. 5.

³¹Graham, op. cit., p. 10.

³²Superintendent of Public Instruction, "Report of Survey on Enrollment of Exceptional or Handicapped Children in Local School Districts" (Olympia: Superintendent of Public Instruction, 1953), p. 2. (Mimeographed)

Problems of Administration

In addition to the responsibility of diagnosis and assignment of the mentally deficient child, the administrator faced many problems of an operational nature in the local program for mental defectives. The location of classes, the class structure, the hours of instruction, the areas of instruction, instructional equipment, personnel, housing, and transportation were of concern to those responsible for the functional success of the program.

Location of classes. The location of classes involved the problem of segregation versus non-segregation. The mass of literature indicated a desire on the part of educators to get away from segregation as much as possible. Graham emphasized that segregation must not be practiced for fear of causing emotional reactions within the defectives.³³ Frampton felt that in the final analysis segregation was rarely, if ever, total.³⁴ Wallin stated the one exception to the general trend.

Based upon actual experience in the administration of special schools nearly all of which were located some distance from a grade school, I do not hesitate to affirm that mentally defective children are much happier in a segregated special center, provided the school is properly housed, environed, and organized, and provided the parents do not make the children discontented.³⁵

³³Graham, op. cit., p. 18.

³⁴Merle E. Frampton and Hugh Grant Rowell, Problems (Vol. II of Education of the Handicapped. 2 vols.) (New York: World Book Company, 1940), p. 40.

³⁵J. E. Wallace Wallin, Education of Handicapped Children (Chicago: Houghton Mifflin Company, 1924), p. 140.

In 1938, Wallin criticized severely a recommendation of The Study Group on the Exceptional Child of the Association of Childhood Education. This group recommended, as a general policy, that flexible grouping rather than segregation be adopted by schools.³⁶

The Forty-ninth Yearbook of the National Society for the Study of Education would have resolved the problem in the following manner:

If a child can be accepted by a regular class and can profit by instruction in the regular class, with needed special services brought to him there, he may well remain there. If, however, his enrollment in the regular class is detrimental to his own development or that of the other children, then he should be placed where his growth can best be furthered. Thus, the education of exceptional children accepts special services in regular grades, special classes, and special schools as possible means for the education of the child.³⁷

The class structure. For mental deficient the factors taken into consideration in organizing a class were size of group, sex, and the mental and chronologic age of individuals.

Because of the acute nature of their learning difficulties it was recommended that the class size be small, about 10 or 15 children, thus permitting a maximum of individual instruction.³⁸

³⁶J. E. Wallace Wallin, "Trends and Needs in the Training of Teachers for Special Classes for Handicapped Children," Journal of Educational Research, XXXI, (March, 1938), pp. 524-25.

³⁷The Yearbook Committee, "Basic Facts and Principles Underlying Special Education," The Education of Exceptional Children. Forty-ninth Yearbook, Part II, National Society for the Study of Education (Chicago: University of Chicago Press, 1950), pp. 11-12.

³⁸Samuel A. Kirk, "What is Special About Special Education? The Child Who is Mentally Handicapped," Journal of the International Council of Exceptional Children, XIX (January, 1953), pp. 141-42.

Smith felt that best results could be achieved if homogeneous grouping, based on certain factors was attempted. The description of a class which especially pleased Smith is as follows:

. . . my class has a range of I. Q.'s from 50 to 75 and an age group of eight to ten, which is as it should be. . . In the past I have had boys and girls from eight to fifteen years of age in the same class. Their I. Q.'s ranged from 50 to 89. The variance of I. Q.'s could have been handled with no more difficulty than that found in any heterogeneous class. The variance of age, however, presented numerous undesirable problems. . . I have found it impossible to handle competently boys and girls of fifteen with others aged eight in the same unit. The emotional, mental, and physical difference is too great. This is true even when there is only one sex involved. A group of widely divergent ages counteracts rehabilitative measures and adds new problems, many of which are sex and behavior problems.³⁹

Smith based her statement on many years of work as a classroom teacher of the mentally deficient. There was, however, as Heck pointed out, little, if any, objective evidence upon which to establish the best class size.⁴⁰

Hours of Instruction. It was generally felt that the length of the school day for the mentally deficient should approximate the length of the regular class. If a difference existed it would probably be that of a somewhat shorter day. There was one notable exception to this general consensus and that was offered by Whipple. She felt that it was out of line with consistent reasoning that the

³⁹Smith, op. cit., pp. 168-69.

⁴⁰Heck, op. cit., p. 363.

child who needed the greatest amount of time spent in learning should be given the least time for it. She deplored the "two o'clock" dismissal. Fatigue, Whipple felt, could be overcome by both teacher and student if the extra time in the lengthened day were spent in some type of enrichment activity. "Not only do pedagogical, but also, sociological considerations," said Whipple, "dictate a longer school day."⁴²

The areas of instruction. There were three basic considerations accepted in curriculum construction for the mentally defective: (1) that the capabilities, limitations, and interests of the child be considered; (2) that children be prepared for participation in the world's work; and (3) that training be provided in healthful living and wholesome social experience.⁴³ This current philosophy in the education of the deficient child was brought about through "trial and error," the periods of which were easily discernible. The first easily recognized period was that of the "relief philosophy" in which the child was segregated and he and the teacher spent their time in rather meaningless activity. This condition was a result of recognizing the child as a deviate but not comprehending the significance of the deviation. The "happiness philosophy" placed the mental

⁴²Helen Davis Whipple, Making Citizens of the Mentally Limited (Bloomington, Illinois: Public School Publishing Company, 1927), p. 34.

⁴³Elise H. Martens, Curriculum Adjustment for the Mentally Retarded, Office of Education, United States Department of Health, Education, and Welfare, Bulletin No. 2 (Washington: U. S. Printing Office, 1950), p. 12.

defective with a group of his kind which tended to relieve him of the pressures and sense of failure which plagued him in the ordinary classroom. There was, however, no specific program adjustment to fit his needs. The third period was characterized by its "handiwork philosophy." This was based on the theory that all the child needed was to know how to use his hands and eventually he would become a self-supporting citizen.

The philosophy prevalent at the time of the survey centered in the individual. The emphasis was placed upon teaching the child to do that which he was best able to accomplish, and thus be better able to live at the social level in which he would eventually find himself. This later philosophy required a careful analysis of the child and a realistic adjustment of the curriculum in terms of the child's own potential. Hungerford felt, that in the past, failure to do this has resulted in much waste of time, effort and money.⁴⁴

Those responsible for the construction of a curriculum for the mentally deficient child had to take into consideration the characteristics of the condition. Marten characterizes these children as having an:

. . . incapacity for academic achievement which becomes more and more pronounced as degrees of intelligence become

⁴⁴Richard H. Hungerford, "Education and Training of the Exceptional Child," Some Contemporary Thinking about the Exceptional Child, The Woods Schools (Longhorne, Pennsylvania: Child Research Center of the Woods Schools, 1949), p. 58.

less. [And] The least intelligent children cannot attain any effective control over words and numbers. Even those who test as high as 75 I. Q. (Stanford Binet scale) can reach only a limited degree of literacy.⁴⁵

Sometimes it was stated that, in general terms, a child's mental age was a rough indication of what he could be expected to do in comparison to average children.⁴⁶ However, there were some who felt that this was an oversimplification of the facts. Cruickshank, for example, conducted an experiment in which mentally retarded children were compared with a group of normal children in their ability to understand certain arithmetic processes. Both groups were of the same mental age. The four fundamental processes were studied and it was found that the control group, normal children, were superior to the retarded in every process.⁴⁷

It was felt that these children can learn to work with objects and materials easier than they could with symbols and abstract ideas.⁴⁸ This did not imply that the mentally deficient were especially adept in the mechanical field. Although they were less deficient in this field

⁴⁵Martens, op. cit., p. 5.

⁴⁶Martens, op. cit., p. 6.

⁴⁷William Cruickshank, "Arithmetic Ability of Mentally Retarded Children: II Understand the Arithmetic Processes," Journal of Educational Research, XLII (December, 1948), pp. 279-88.

⁴⁸Martens, op. cit., p. 6.

than in the area of abstracts, they had no special mechanical ability.⁴⁹

The degree of intensive instruction necessary to result in a desired mode of behavior was increased as the degree of intelligence decreased. "Constant training and guidance of idiots," said Morales, "is necessary not only to teach them activities but to maintain them once they have been taught."⁵⁰

The items comprising the curriculum of the mentally deficient were consistent from one author to another. The White House Conference gave a broad basis for the selection of subject matter to be used by stating, "The choice of subject matter will depend largely upon mental ability, physique, social status, length of time in school, and opportunities for employment in the community."⁵¹

Recognizing the limited ability of the child it was, nevertheless, recommended that an effort be made to teach him certain skills. Specifically it was suggested he be taught:

. . . [to know] trade arithmetic.

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⁴⁹ Karl G. Garrison, The Psychology of Exceptional Children (New York: Ronald Press, 1950), p. 126, citing C. D. Flory, "The Physical Growth of Mentally Deficient Boys," Monograph of the Society for Research in Child Development, 1936, Vol. 1, p. 129.

⁵⁰Garrison, op. cit., p. 22, citing Naomi Morales, "The Social Competence of Idiots," The American Journal of Mental Deficiency, 1942, XLVII, pp. 209-14.

⁵¹White House Conference on Child Health and Protection, op. cit., p. 482.

. . . [to] read signs in common use, to read and execute directions, to recognize the names of streets and public buildings, to fill out application blanks and similar forms.

. . . [to have] a knowledge and appreciation of the local community. Pupils should know where the recreation centers are, how to use them and . . . how to choose between clean and harmful recreations. They should be familiar with the activities of social service agencies such as the . . . hospital . . . health department . . . Child Welfare Bureau . . . police department . . . and know what steps to take to secure service. . . .

. . . [to pay] attention . . . to the development of correct speech.

. . . to write at least his own name and if possible to express his ideas in simple written language.⁵²

Although there was consistency in the items comprising the curriculum, the "educable" or "trainable" value attributed to each item varied considerably from one authority to another. "The three 'R's' are almost entirely out of place," said Wallin, "with children who are mentally deficient."⁵³

Wallin reports Woodrow as saying, "Instruction is useless in arithmetic beyond addition, subtraction, multiplication, very simple fractions if the child's I. Q. is below 70, and useless in reading if the I. Q. is below 40."⁵⁴

These standards were not as strongly shared by Pollock who stated:

⁵²White House Conference on Child Health and Protection, op. cit., pp. 455-57.

⁵³Wallin, op. cit., p. 231.

⁵⁴Wallin, loc. cit.

Even the child who is assessed as trainable, but not educable, should be given an opportunity to print his letters, write a few figures, recognize words in a pre-primer, and do some of the exercises in the reading-readiness books. It adds to the child's self-respect if he is able to master these simple assignments.⁵⁵

In teaching the basic skills to the mentally defective child certain limitations were apparent. In order to educate these subnormal children successfully in the public schools it was necessary that educators break away from the more traditional ideas of what constituted an elementary education. By making this change it was recognized that these children will, in all probability, never gain any great proficiency in even the simplest abstract skills. Elementary education was not, therefore, the foundation for continued study but, in a very real sense, a preparation for life.⁵⁶

In the "training" aspect (as contrasted with "education") of the educational program the ultimate goal was to supply mentally defective children with practical experiences which would help them live better lives as adults. Usually this was considered as some form of manual or vocational skill; however, social skills were also important and care had to be taken to insure a proper balance between the two. Hungerford felt that the entire education of the mentally deficient should center around:

⁵⁵Morris P. Pollock and Marian Pollock, New Hope for the Retarded (Boston: Porter Sargent, 1953), p. 12.

⁵⁶White House Conference on Child Health and Protection, op. cit., p. 455.

. . . achieving . . . vocational and social competence of a kind which will give the retarded sufficient freedom to enable him to develop his capabilities for self support, and yet sufficient protection from the rigors of competition to keep him from being too hopelessly discouraged to utilize these capabilities.⁵⁷

Unfortunately evidence indicated that children deficient in mental qualities were deficient also in motor skills. They did not set high standards of efficiency in mechanical tasks. Fortunately, however, these people preferred to work on simple repetitious tasks which enabled them to learn a few things well. They, also, preferred to work on those things which had an immediate goal and were useful to them.⁵⁸ It was for this reason Kelley advocated training in the "Areas of Living."⁵⁹ Having this in mind, Martens stressed that the vocational interests of the adolescent deficient should be given special consideration in any such programs.⁶⁰

Since the true mental defective had definite physical characteristics which often affected his vocational adjustment, a carefully planned program for vocational guidance was advocated.⁶¹ Some authors

⁵⁷Hungerford, op. cit., p. 58.

⁵⁸Harry J. Baker, Characteristic Differences in Bright and Dull Children (Bloomington, Illinois: Public School Publishing Company, 1927), p. 80.

⁵⁹Elizabeth M. Kelley, "Curriculum Planning for Exceptional Children," Journal of Exceptional Children, XIV (February, 1948), pp. 130-132.

⁶⁰Martens, op. cit., p. 68.

⁶¹Hungerford, op. cit., p. 51; and White House Conference on Child Health and Protection, op. cit., p. 481.

felt that vocational guidance beyond the school environment and into industry could be beneficial to the mental deficient. The proponents of this thinking said such guidance was necessary for two reasons: (1) the individual difficulty of adjustment which the mental deviate encounters; and (2) the moral obligation brought about by their rejection by society. Most employers were not fundamentally interested in helping the mentally deficient child. "To them the task may [have] appear[ed] too difficult or distasteful, or at least in the province of others."⁶²

Instructional equipment. The equipment recommended for use in a program for mentally defectives reflected the characteristics of their learning ability.

. . . they are ordinarily "thing-minded" rather than "word-minded" or "thought-minded." They are "eye-minded," "ear-minded," or "muscle-minded" rather than predisposed to cognition or reflection. They are instinctively interested in things.⁶³

Wallin suggested that materials be chosen which are used in play activities and adult occupations. Materials should offer sharp contrast and the child should be able to manipulate them easily. Items should be sanitary, easily cleaned, and of such type that they can be easily arranged in graded and progressive series.⁶⁴ Smith and Burks

⁶²Child Research Center of the Woods Schools, Some Contemporary Thinking About the Exceptional Child (Langhorne, Pennsylvania: Child Research Center of the Woods Schools, 1949), p. 24.

⁶³Wallin, op. cit., p. 197.

⁶⁴Wallin, op. cit., p. 241.

point out that mere "gadgetry" was not wanted for these rooms, but rather those things which would serve practical crafts.⁶⁵

Personnel. Frampton pointed out that there were three areas of difficulty in training for work in special education. First, the needs of the field were not clearly understood by the general educator. Second, educators were, for the most part, quite well satisfied with status quo of their programs. Third, it seemed that a considerable divergence of opinion existed between employers and the training institutions as to what the teacher should have in course background.⁶⁶

Strayer felt that the course work of teachers of mental deficiencies should be up-graded. He felt, also, that the best teachers of the handicapped were those teachers with general experience who had a fifth year in special training.⁶⁷

Heck stated, specifically, his opinion of the training background of these teachers. He said that:

. . . every teacher should have a master's degree and two years of teaching in regular classes; the 5 years of training shall consist of 3 years devoted to academic study, 1 to

⁶⁵Marion Funk Smith and Arthur J. Burks, Teaching the Slow-Learning Child (New York: Harper and Brothers, 1954), p. 137.

⁶⁶Merle E. Frampton and Hugh Grant Rowell, Problems (Vol. II of Education of the Handicapped. 2 vols. (Yonkers-on-Hudson: World Book Company, 1940), p. 29.

⁶⁷George W. Strayer, Public Education in Washington (Olympia: State Printer, 1946), pp. 232-33.

professional training, I related to specialized training related to the problems of dealing with children of low I. Q.⁶⁸

A survey of the literature showed that teaching mental deviates was found to be one of the most difficult tasks in the entire profession. For that reason none but the most competent should be employed. Lord, Wallace, and Wallin all agreed that teachers of mental deficientes should be healthy, optimistic, sympathetic, and possessed of a gentle sense of humor. They must be able to be a part of a non-routine and rather unpredictable situation.⁶⁹

Administration. The administration of the program for the mentally handicapped was usually under the supervision of regular building principals. The reason for this was probably due to the fact that most programs were housed in regular school buildings. There were usually, however, some persons available who acted as specialists and could assist or offer guidance to the principals as the need arose.⁷⁰

Housing. There were few specific recommendations to be found in the literature for the housing of mental deviates in the public

⁶⁸Arch O. Heck, The Education of Exceptional Children (New York: McGraw-Hill Book Company, 1940), p. 375.

⁶⁹E. F. Lord and Merry Maude Wallace, "Recruitment of Special Education Teachers," Journal of Exceptional Children, XV (March, 1949), pp. 171-73; and J. E. Wallace Wallin, The Education of Handicapped Children (New York: Houghton Mifflin Company, 1924), pp. 249-54.

⁷⁰H. J. Baker, "Administration of Special Education," Review of Educational Research, XIV (June, 1944), pp. 209-16.

school. Goddard, in 1915, suggested the following as a standard room for an ungraded group which would give each child a minimum of 80 square feet and a possible maximum of 120 square feet.

First of all, the room should be large, light, and airy. . . . The plan is for a room of fifteen children . . . ten would be better. A room thirty by forty feet with a south and east or a south and west exposure would be desirable.⁷¹

As the current philosophy of the special room was reviewed it could be inferred that the physical properties of the room should be equal to that for the normal child plus extra space and facilities needed to meet the specific problems of mentally handicapped children.

Transportation. Recommendations as to how these children should be transported to and from school were few.

The White House Conference on Child Health and Protection reported that commercial transportation of the type commonly used in a community was to be preferred over other types. The training and experience received in their use would make the child more proficient as an adult in his movements about the community.⁷²

Concerning the modes of transportation which could be used Frampton states:

Choices in these situations are local matters, and the only principle that can be elicited is that safety, reliability, cost, and the amount of time consumed by the child all have to be considered.⁷³

⁷¹Goddard, op. cit., p. 20.

⁷²White House Conference on Child Health and Protection, op. cit., pp. 481-82.

⁷³Frampton, op. cit., pp. 37-38.

Summary of the Literature

Early attempts at the diagnosis of mental deviates were admittedly unscientific. With the appearance of the Binet Test of Intelligence, educators felt a truly scientific approach to the problem of diagnosis was possible. Some educators were willing to accept the results of the Binet test as the sole criteria for entrance to the special class. Later investigators tended to question the validity of using the results of a single instrument in admitting children to the special room. They advocated that many services and specialists should be employed in the diagnosis and assignment of mentally defective children.

Physical problems, mental ability, emotional make-up, and socio-economic backgrounds were all factors considered before special room assignments were made. Nevertheless, while these factors were considered, the trend seemed to be towards minimizing the importance of fixed factors in favor of assignment based on individual need.

The importance of minimizing the differences of these children was stressed by most authors. A program which paralleled the regular school schedule was felt by some to reduce the feeling of being different. A homogeneous class structure based upon many factors was indicated as necessary to lessen the environmental pressure on the child and to aid the teacher in class management.

Teaching the mental deficient was generally conceded to be an extremely difficult task. To do the job satisfactorily most authors

agreed that college work beyond the four-year program was necessary. The extra college experience was to be taken in the area of special education.

In initiating the program stress was placed upon developing it in such a manner that no stigma would be attached for belonging. An adequate release of constructive publicity was generally felt to be essential to the continuation of the program.

CHAPTER IV

ANALYSIS OF THE DATA

Data was collected in the major areas concerned with initiating and continuing the program (Tables I-XIII), diagnosis and assignment (Tables XIV-XXI), and practices and problems in administration (Tables XXII-XLI).

Initiating and Continuing the Program

Implementing the program for mental deficient. Since fourteen different groups, organizations, or individuals were reported as taking an active part in the initiation of the program, and only ten schools were surveyed, it became obvious that there was an overlapping of interest by groups as presented in Table I. Schools and non-school groups shared equally in getting the program started. Seven schools reported that it was school authorities who were responsible for getting the program underway, and seven non-school groups were reported as taking part in initiating the program.

A break-down of the non-school groups gave the responsibility in two cases to organized groups especially concerned. There were five reported instances where parents of mental defectives were largely responsible for initiating the program. Schools were thus responsible for starting the programs in 50 per cent of the cases, parents of mental deficient in 35.7 per cent, and 14.3 per cent by interested

organizations.

TABLE I

REPORTED GROUPS, ORGANIZATIONS, OR INDIVIDUALS RESPONSIBLE
FOR IMPLEMENTING THE PROGRAMS FOR MENTAL DEFICIENTS

Group	Total
School Authorities	7
Organized groups especially concerned	2
Civic Groups	0
Parents with mental deficient children	<u>5</u>
Total	14

Advisory aids solicited in setting up the programs. Of the reported sixteen instances where aid was sought, Table II shows the State Office of Education was by far the most frequently used. Over 43.6 per cent of the help received was solicited from this source.

The second most frequently reported aid was the service of college personnel, furnished in three of the sixteen instances. Lay committees, community groups, and parent groups were asked the least frequently. Each was reported as being asked to render aid in only two of the sixteen instances reported. Three schools did not solicit aid and handled their programs entirely by themselves.

Attitude changes by the community. Since no program was listed as non-segregated, it was possible to report only on attitude changes in communities with segregated groups. Table III shows that one school reported that their program was too new to determine any attitude changes. The other nine were unanimous in their feeling that under segregation community attitudes toward the program had improved.

Home visits and parent conferences. In those systems opening new classes, reference to Table IV shows 80 per cent reported making home visits, while 90 per cent reported making home visits on admission of a new pupil to an existing class. Parent conferences were held by 70 per cent of the schools opening new classes and by 100 per cent of those schools admitting a new pupil to an existing class.

Table IV indicates that slightly more extensive planning occurred when a pupil was admitted to an established class than when admitted to a new class.

School authorities responsible for home visits. Table V shows that in opening a class for mental deficient the person most active in home visits was the school nurse. The nurse made such visits in 80 per cent of the schools. The second most active person in home visitation for the class was the psychologist, 70 per cent of the schools reported. The teacher and supervisor were reported by 50 per cent of the schools making home visits before a new class was opened, and visiting teachers were reported by 20 per cent of the

TABLE II
REPORTED AIDS SOLICITED IN SETTING UP
THE PROGRAMS FOR MENTAL DEFICIENTS*

Group	Total
Lay Committee	2
State Department of Education	7
Community Group	2
College Personnel	3
Parent Groups	<u>2</u>
Total	16

* 3 schools solicited no aid (handled entirely by school)

TABLE III
REPORTED ATTITUDE CHANGES TOWARD CHILDREN, BY THE COMMUNITY
IN SEGREGATED PROGRAMS*

Condition	Yes	No
Improved	9	0
Stayed the same	0	9
Became worse	0	9

*One school reported their program as being too new to determine attitude changes.

TABLE IV

SCHOOLS MAKING HOME VISITS AND HOLDING PARENT CONFERENCES
BEFORE OPENING NEW CLASSES
AND BEFORE ADMITTING NEW PUPILS TO EXISTING CLASSES

	Yes	No	Total	Per cent affirmative
Home visits				
New class	8	2	10	80
New pupils to established class . .	9	1	10	90
Parent Conferences				
New class	7	3	10	70
New pupils to established class . .	10	0	10	100

schools making home visits. Only one school reported that administrators took part in these pre-opening visits. Table V indicates that social workers, school counselors, and speech teachers did not participate in home visits when a new class was opened. More people were involved in home visits for the new pupil admitted to an established class than when both pupil and class were new.

A shift of emphasis was evident when the new pupil was being admitted to an established class. The room teacher and supervisor were still reported by 50 per cent of the schools, but they were now the most frequently reported. The school nurse and the psychologist were reported making home visits in only 30 per cent of the schools. The visiting teacher was reported as making visits by 20 per cent of the

TABLE V

REPORTED SCHOOL AUTHORITIES RESPONSIBLE FOR HOME VISITS BEFORE OPENING NEW CLASSES
AND BEFORE ADMITTING NEW PUPILS TO EXISTING CLASSES.
PERCENTAGES OF PROGRAMS USING THIS SERVICE

School Authority	New Pupil--New Class					New Pupil--Established Class			
	Yes	No	Total	Per cent Affirmative		Yes	No	Total	Per cent Affirmative
Teacher	5	5	10	50	. . . . .	5	5	10	50
Psychologist	3	7	10	70	. . . . .	3	7	10	30
School Nurse	2	8	10	80	. . . . .	3	7	10	30
Supervisor	5	5	10	50	. . . . .	5	5	10	50
Administrator . . .	1	9	10	10	. . . . .	1	9	10	10
Visiting Teacher . .	2	8	10	20	. . . . .	2	8	10	20
Social Worker. . . .	0	10	10	0	. . . . .	1	9	10	10
School Counselor . .	0	10	10	0	. . . . .	1	9	10	10
Speech Teacher . . .	0	10	10	0	. . . . .	1	9	10	10

schools, and administrators, social workers, school counselors, and speech teachers were each reported by 10 per cent of the schools as participating in home visits.

School authorities responsible for parent conferences. In Table VI, the incidence of parent conferences before opening a class is given. The supervisor was reported by 60 per cent of the schools to hold parent conferences. The teacher held conferences in a reported 40 per cent of the systems. The psychologist and school nurse held parent conferences in three out of ten schools. Those persons reported by only one school as having participated in these conferences were the administrator, the visiting teacher, the school counselor, and school psychometrist. Speech teachers and social workers did not participate.

Table VI indicates that more parent conferences were held for a child being admitted to an established class than if both were new. This table also indicates that a larger number of persons were involved in the parent conferences when a new child was admitted to an established class. The teacher and supervisor were reported in 60 per cent of the schools as taking part in the conference, and the psychologist and school nurse were reported by half the schools as having participated. Administrators and visiting teachers were reported by 20 per cent of the schools as holding such parent conferences. Social workers, school counselors, speech teachers, and school psychometrists were each reported by 10 per cent of the schools as having held these conferences.

TABLE VI

REPORTED SCHOOL AUTHORITIES RESPONSIBLE FOR PARENT CONFERENCES BEFORE OPENING NEW CLASSES

AND BEFORE ADMITTING NEW PUPILS TO EXISTING CLASSES.

PERCENTAGES OF PROGRAMS USING THEIR SERVICES.

School Authority	New Pupil—New Class				New Pupil—Established Class			
	Yes	No	Total	Per cent Affirmative	Yes	No	Total	Per cent Affirmative
Teacher	4	6	10	40	6	4	10	60
Psychologist	3	7	10	30	5	5	10	50
School Nurse	3	7	10	30	5	5	10	50
Supervisor	6	4	10	60	6	4	10	60
Administrator	1	9	10	10	2	8	10	20
Visiting Teacher	1	9	10	10	2	8	10	20
Social Worker	0	10	10	0	1	9	10	10
School Counselor	1	9	10	10	1	9	10	10
Speech Teacher	0	10	10	0	1	9	10	10
Psychometrist	1	9	10	10	1	9	10	10

Opening day attendance. Table VII shows that, of the ten schools reporting enrollment practices, only three stated that they admitted all their children at one time. Of these three one supervisor stated, "It isn't a good idea to start them all at one time." Three schools admitted one-half of their ultimate enrollment on opening, two varied the number admitted with the type of group, and one each reported staggering the admissions, permitting only a small percentage to attend first.

Length of class day for new students. Reference to Table VIII shows that seven schools reported that a child attended a full session at the very start. The school day was gradually lengthened in three schools as a child became adjusted. One school reported allowing the child to attend only a part session at the beginning.

Parent organizations. Table IX shows that there were a total of nineteen incidents where parents had membership in an organized group. Six of these were within a regular unit of the Parent-Teacher Association and five with special units of that organization. There were eight organizations other than the Parent-Teacher Association to which parents belonged that were specifically concerned with the handicapped child.

TABLE VII
THE REPORTED PART OF THE ULTIMATE ENROLLMENT ADMITTED ON OPENING
OF A NEW CLASS FOR MENTAL DEFICIENTS

Enrollment	Total
One-half ultimate enrollment	3
Small percentage of ultimate enrollment	1
Staggered assignment to start	1
Entire enrollment on opening	3
Varies with group.	2

TABLE VIII
REPORTED LENGTH OF TIME THE PUPIL IS ALLOWED TO STAY
UPON FIRST BEING ADMITTED TO THE CLASSROOM

Length of Time	Total
Attends full session	7
Time gradually lengthened as child becomes adjusted . .	3
Attends only part session	1

TABLE IX

REPORTED ORGANIZATIONS CONCERNED WITH THE HANDICAPPED CHILD
TO WHICH THE PARENTS OF MENTALLY DEFICIENT CHILDREN BELONG

Organization	Number
Regular P. T. A. Unit	6
Special Unit of P. T. A.	5
Organizations other than P. T. A.	<u>8</u>
Total	19

TABLE X

COMMUNITY GROUPS ASSISTING IN PARENT EDUCATION

Group	Yes	No	Total	Per cent Affirmative
P. T. A.				
Regular Unit	6	4	10	60
Special Unit	5	5	10	50
Mother's Club	0	10	10	0
School.	6	4	10	60
Unorganized Parents	4	6	10	40
Organized Parents (Other than those mentioned) . .	8	2	10	80

Community groups assisting in parent education. All schools, as presented in Table X, reported groups within their community which were sponsoring some type of educational activity for the parents of mentally defective children. Table X indicated that most frequently the parents, themselves, were undertaking their own self-education. Unorganized parents were undertaking this task in 40 per cent of the schools reporting. Organized parents, other than those usually associated with the schools, were reported by 80 per cent of the programs as making some effort toward a self-education program. The Parent-Teacher Association and some form of educational activity sponsored by the school itself were each reported by six of the ten schools as participating in an educational program for these parents.

Sponsored parent education activities. Among sponsored parent education activities, the activity ranked the highest in educative effectiveness, as presented in Table XI, was the informal social affair. Grading on a scale of ranking 1 highest and 10 lowest, it was rated 1.5. Six of the ten schools reported such activity.

All schools reported that discussion groups had been sponsored and rated its relative educative effectiveness at 1.8. The parent-teacher conference was given the same rating. Parent-psychologist conferences were held by 60 per cent of the schools and were ranked at 2.0. Resource speakers were widely used, 80 per cent of the schools using them, and were given the rather high comparative ranking of 2.5 on a scale of ten. Parent conferences with administrative personnel

were not ranked as extremely effective. In both the parent-administrator and parent-supervisor conference a rating of only 3.3 was achieved. The parent-nurse conference, used by 70 per cent of the programs, and the classroom visit, used by 100 per cent of the programs, were both given the rather low ratings of 4.3 and 4.5 respectively. The lowest rating of educative effectiveness was given to the social worker-parent conference with a score of 6.0 on the scale of ten. Although the medical-psychological clinic was used in six out of the ten schools, no school rated its effectiveness.

Informing parents of academic and social growth. Table XII shows three methods were reported as being employed to inform parents of the social and academic growth of their children. These were report cards, conferences, and written reports at the end of the school year.

The parent conference was the most frequently reported method, as nine of the ten schools said they used it. A report card was used by six schools, and only three used a written report at the end of the year. As the table indicated, some schools were using combinations of the three reported methods.

Community groups assisting in financing the program. At the time of the survey there was a set pattern for schools to follow in getting State aid for their programs for mentally deficient children. However, programs were assisted financially by interested persons, as shown in Table XIII. This table indicated how some of this aid was

given. Gifts of money were reported by four programs, five were given equipment, and the salary of an employee was paid in one program.

TABLE XI

REPORTED NUMBER OF SPONSORED PARENT EDUCATION ACTIVITIES;
PERCENTAGE OF PROGRAMS INVOLVED;
RATING OF RELATIVE EFFECTIVENESS

(RATE 1 HIGHEST; 10 LOWEST)

Sponsored Activity	Yes	No	Total	Per cent Affirm- ative	Relative Effectiveness
Discussion groups	10	0	10	100	1.8
Informal social affairs	6	4	10	60	1.5
Resource speakers	8	2	10	80	2.5
Parent-psychologist conference	6	4	10	60	2.
Parent-nurse conference	7	3	10	70	4.5
Parent-administrator conference	7	3	10	70	3.3
Parent-supervisor conference	8	2	10	80	3.3
Medical-psychological clinic	4	6	10	40	*
Social worker-parent conference	6	4	10	60	6.0
Parent classroom visit	10	0	10	100	4.3
Parent-teacher conference	10	0	10	100	1.8

* No school reported on the effectiveness of this service.

TABLE XII
REPORTED METHODS OF INFORMING PARENTS
OF ACADEMIC AND SOCIAL GROWTH

Method	Number
Report Card	6
Parent Conference	9
Written Report at end of year	3

TABLE XIII
REPORTED METHODS OF COMMUNITY GROUPS HELPING
TO FINANCE THE PROGRAM

Method	Number
Fund Gifts	4
Equipment gifts	5
Paying salary of employee (s)	1

Diagnosis and Assignment of Pupils

Types of special services employed in diagnosis. Table XIV shows nine schools using the services of a psychologist, whereas only three used the services of a psychiatrist. The reason stated most frequently for not using the services of a psychiatrist was that one was not available in the community. The next most frequently mentioned reason was that the psychiatrists' services were not greatly needed for these youngsters. Medical doctors were reported assisting in 80 per cent of the programs. Exactly half of the schools reported the use of a special committee as a service to assist in diagnosis of these children.

The most frequently reported service in use was the Binet Intelligence Test. All schools reported its use. However, while all agreed that it was the most reliable instrument available, none used it as the sole criteria for admission.

Some form of scale of social competency was used by eight of the ten schools reporting. The Vineland Social Maturity Scale was reported as being used by these schools.

Occupation and professions represented on the selection committee. The use of a selection committee was reported by five schools. The education profession was most frequently represented on the Special Committee as shown on Table XV. Educators were mentioned twenty-two times while non-educators were only listed by two schools. The only non-educators reported were those represented by the Health Department and

the County Welfare.

Elementary school principals and the teachers of the special room were on such committees in four of the five schools reporting. The Supervisor of the Handicapped Program and the Special Service Supervisor were listed by only two schools. The use of a visiting teacher, health department representative, school personnel director, district superintendent of schools, county superintendent of schools, county supervisor of handicapped program, school psychometrist, and county welfare representative was reported once for each.

Methods of selecting the special committee. Table XVI indicates that of the possible methods of selection listed on the interview questionnaire only two were used by the schools who had Special Committees. In three cases schools requested the members to serve and in two cases the members served on a basis of being interested in the case. No persons were appointed or volunteered for service on the committees.

Power of Special Committee. Table XVII gave the degree of power in four areas pertinent to assignment of pupils. These areas were accepting, rejecting, eliminating the unsuitable, and removing those children the room could no longer help.

In three of the five schools reporting the committee power in all areas was advisory to the administration. That is to say, in three schools the administrator had the responsibility of making the final decision in assignment. In one system the committee had absolute say

in the matter of assignment, but no power in eliminating those children who could no longer be helped by the program. In one school the committee was fact-finding only in all areas. All schools reported the committee as having no final legal power.

TABLE XIV

REPORTED TYPES OF SPECIAL SERVICES EMPLOYED IN DIAGNOSIS;
NUMBER AND PERCENTAGE USING EACH

Service	Yes	No	Total	Per cent using
I. Q. Tests (Binet)	10	0	10	100
Scales of Social Competency	8	2	10 *	80
Psychologist	9	1	10	90
Psychiatrist	3	7	10	30
Medical Doctor	8	2	10	80
Special Committee	5	5	10	50

* 8 schools reported using the Vineland Scale.

TABLE XV
OCCUPATIONS AND PROFESSIONS REPRESENTED
BY COMMITTEE MEMBERS*

Occupations or Profession	Number Reported
Common School Principal	4
Teacher of Handicapped Room	4
Supervisor of Handicapped Program	2
School Special Services Supervisor	2
School Curriculum Consultant	2
Visiting Teacher.	1
Health Department Representative	1
School Personnel Director	1
County Superintendent of Schools	1
District Superintendent of Schools	1
County Supervisor of Handicapped Program	1
School Psychometrist	1
County Welfare Representative	1

* Five schools reported special committees.

TABLE XVI

REPORTED METHODS OF SELECTING
SPECIAL COMMITTEE MEMBERS *

Method	Frequency
Appointment	0
Volunteer	0
Request to Serve	3
Basis of Interest	2

*Five schools reported special committees

TABLE XVII

SPECIAL COMMITTEE POWER IN ACCEPTING, REJECTING, AND ELIMINATING
THE UNSUITABLE AND THOSE CHILDREN
THE PROGRAM CAN NO LONGER HELP*

Power	Accep- tance	Rejec- tion	Elimination Unsuit- able	Elimination when program of no more Assistance
Advisory to Administration	3	3	3	3
Advisory to School Board	0	0	0	0
Final Say in Matter	1	1	1	0
No Power	1	1	1	2

* Five schools reported special committees

Educators participating in selecting children for the program.

The educators reported and tabulated in Table XVIII were not necessarily members of a Special Committee but were reported merely as being consulted in some degree before assignments were made. The person reported least frequently as taking part in selecting the child for the special class was the regular classroom teacher. Only one of the ten schools reported her as taking part in this task. The service of the superintendent was reported by one school in three and 50 per cent of the principals in charge of the program were reportedly consulted. The supervisors in charge of the programs led all others in the frequency of participation as they were listed by eight of the ten schools. The teacher of the special room ranked next, seven out of ten schools listing her as taking part in the selection of children for the special room.

Chronological and mental ages of children in the special room.

The oldest chronological age among children accepted by any school, as shown in Table XIX, was twenty-two years, and the youngest chronological age was four years. The average chronological age was eleven years six months. The average mental age was three years three months, the oldest mental age was fifty-eight months, and the youngest mental age reported was twenty-four months.

Terms trainability and educability and point of determination.

Table XX shows that six schools considered the term "educability" and

six considered the term "trainability" of youngsters before admission to the program for mentally deficient children. At what time educability and trainability were determined differed considerably among these schools. Only 16 per cent determined the trainability while 83 per cent determined the educability at the time of diagnosis. In four schools the term "trainability" was not considered before assigning youngsters to a room. The term "educability" was not considered as a criterion by two schools, and two did not give a response.

TABLE XVIII

EDUCATORS REPORTED PARTICIPATING IN SELECTING CHILDREN
FOR ADMITTANCE TO THE PROGRAM FOR MENTAL DEFICIENTS

Educator	Yes	No	Total
Teacher of Special Room	7	3	10
Supervisor of Program	8	2	10
Principal in Charge of Program	5	5	10
Superintendent	3	7	10
Classroom Teacher	1	9	10

TABLE XIX

EXTREMES OF CHRONOLOGICAL AND MENTAL AGES
OF CHILDREN IN THE PROGRAM

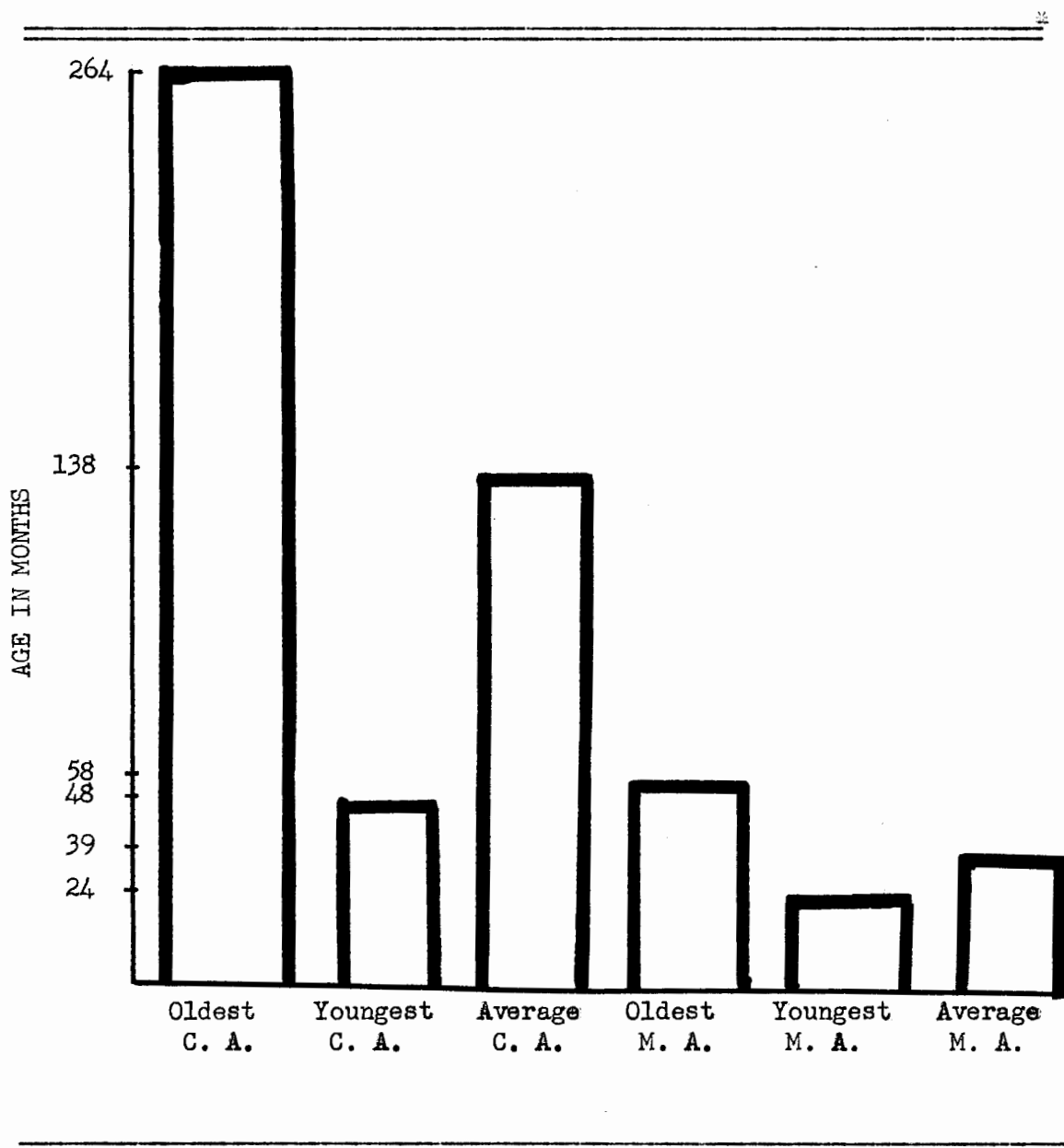


TABLE XX

USE OF TERMS "TRAINABILITY" AND "EDUCABILITY" AND POINT OF DETERMINATION
IN ASSIGNING TO THE ROOM FOR MENTAL DEFICIENTS

	Considered	Not Considered	Number Reporting	Indicated No response
Trainability	6	4	10	0
Determined at assignment	16%			
Determined following assignment	50%			
Educability	6	2	8	2
Determined at assignment	83%			
Determined following assignment	33%			

Physical factors considered in admission to the special room.

Table XXI indicates that the majority of the schools insisted that the child have some measure of control over body functions before he was admitted to the special room. Seventy per cent of the schools stipulated that the child be able to look after his own toileting needs before entry was granted. Self-locomotion and self-feeding were required by six of the ten schools reporting. Apparently schools felt that the manipulation of instructional materials was the least important of the physical factors considered since only four schools of the ten required such ability.

TABLE XXI

REPORTED PHYSICAL FACTORS CONSIDERED BEFORE ADMISSION
TO THE ROOM FOR MENTAL DEFICIENTS

Factors	Yes	No	Total	Per cent Considering
Capable of Self-Toileting	7	3	10	70
Capable of Self-Feeding	6	4	10	60
Capable of Self-Locomotion	6	4	10	60
Capable of Self-Manipulation of Instructional Materials	4	6	10	40

Items of personal history considered in admitting children to the room for mental deficient. As seen in Table XXII all programs considered records from other schools. Emotional stability was considered in 90 per cent of the schools. Sex was considered by only two of the ten programs, but sexual irregularities were considered by 50 per cent of the programs.

TABLE XXII
REPORTED PERSONAL HISTORY FACTORS CONSIDERED BEFORE ADMISSION
TO THE ROOM FOR MENTAL DEFICIENTS

Factors	Considered	Not Considered	Total	Per cent Considering
Records in other schools	10	0	10	100
Emotional Stability	9	1	10	90
Sex	2	8	10	20
Sexual Irregularities	5	5	10	50

Consideration of environmental backgrounds of the child admitted to the special room. No single factor in Table XXIII was considered by all of the schools. The highest point of consideration reached was 50 per cent on the items "stability of family life" and "family assistance in teaching the youngster." Family socio-economic standards were considered by only 40 per cent of the schools. No school considered the period of residence with the community, but one program supervisor reported, "It should be considered."

TABLE XXIII
 REPORTED ENVIRONMENTAL BACKGROUND FACTORS
 CONSIDERED BEFORE ADMISSION
 TO THE ROOM FOR MENTAL DEFICIENTS

Factors	Considered	Not Considered	Total	Per cent Considering
Family Socio-Economic Standards	4	6	10	40
Stability of Family Life	5	5	10	50
Family Assistance in Teaching Child	5	5	10	50
Period of Residence in Community	0	10	10	0

Practices and Problems of Administration

Segregation. A study of Table XXIV shows that all schools practiced some form of segregation and all schools reported the use of separate classes in regular buildings. Three schools reported their classes were held in buildings not regularly used for schools. Nine of the schools reported that they did not restrict the activities of these children. No school reported using separate playground facilities.

TABLE XXIV

SCHOOLS SEGREGATING THE MENTALLY DEFICIENT CHILD

Type of Segregation	Yes	No	Total
Use of separate buildings	3	7	10
Use of playground facilities	0	10	10
Use of separate classes in regular buildings	10	0	10
Limiting activities in which they participate	1	9	10

The effect of segregation upon the mentally deficient. An analysis of the data in Table XXV indicates that in six out of eight cases an effort was made to eventually place the child in a regular classroom. Only one school in seven did not make an effort to place these children in a regular class. Two schools did not report on these items. In no reported case was an effort made to keep the child in a homogeneous group of like deviates.

The reaction of normal children and their parents toward the deviate was not spectacular in either its positive or negative aspects. Four out of seven schools reported reactions by the normal child against the mental defective; three schools did not report. Four out of eight reported reactions against the deviate by parents of normal children; two schools did not report.

Concerning whether or not segregation protected the child from adverse reaction, the report seems to indicate that it protects him from the normal child more often than from the parents of normal children. In four schools it was felt that the child was protected from the reactions of normal children by segregation. No school reported that they felt he was not protected. Six schools did not respond to the question. Only two schools reported that segregation protected the child from the reaction of parents or normal children and one school felt it did not. Seven schools did not respond.

Grade groups and their composition. Table XXVI shows all schools employed ungraded grouping and no schools reported using conventional grades. In the factors considered for class composition there was little agreement. Chronological age was reported considered by 89 per cent of the schools and 50 per cent reported considering mental age. Only one school reported considering social age or socio-economic backgrounds in making up their classes.

Class loads. The average maximum load stated on Table XXVII is 13.4 pupils. However, one system reported an actual maximum of three children per teacher when the children had an I. Q. below 50. These figures were not included in the computed average. It was interesting to note that the suggested average minimum of 8.5 pupils came very close to the optimum average of 11.5 pupils.

TABLE XXV

THE EFFECT OF SEGREGATION ON THE MENTAL DEFECTIVE

	Yes	No	No Response
In School:			
An effort is made to eventually place the child in a regular classroom. . . .	6	2	2
An effort is made to keep the child isolated so long as he is in the program	1	7	2
An effort is made to keep the child in a homogeneous group of like mental deviates	0	8	2
Normal children have reacted adversely to the mental deficient child	4	3	3
Segregation tends to protect him from adverse reaction by normal children.	4	0	6
Parents of normal children have reacted adversely to the mental deficient child	4	4	2
Segregation tends to protect the mental deficient child from adverse reaction by parents of normal children.	2	1	7

TABLE XXVI

FACTORS REPORTED CONSIDERED IN CLASS
COMPOSITION AND GRADE GROUPS *

Factor	Yes	No	Total	Per cent Reporting "Yes"
Chronological Age	8	2	10	80
Mental Age	5	5	10	50
Type Breakdown	0	10	10	0
Conventional Grade Groups	0	10	10	0
Ungraded Grouping	10	0	10	100
Social Age *	1	-	1	-
Socio-Economic Background	1	-	1	-

* One written-in response

TABLE XXVII

SUGGESTED MAXIMUM, MINIMUM, OPTIMUM
CLASS LOADS AND AVERAGES

School	1	2	3	4	5	6	7	8	9	10	Load Average
Maximum Load	16	12	15	15	12	18* 16**	12	10	3 ^o 16 ^o	15	13.4***
Minimum Load	7	8	6	12	6	12	-	-	-	-	8.5
Optimum Load	8	8	9	15	8	13	8	15	20	-	11.5

* Older age group

^oI. Q. below 50

** Younger age group

^{oo}I. Q. above 50

*** Does not include Schools 6 and 9

Hours of instruction and attendance. Table XXVIII shows that seven schools had full-day sessions and three schools had half-day sessions. Four of the seven schools reporting full-day sessions followed schedules nearly identical with the regular school schedules. Full-day programs in three schools convened earlier than the regular programs. The average number of hours attended for the full-day session was five and one-half. Half-day sessions were reported by three schools. Each school had both morning and afternoon sessions.

The average morning session was exactly one hour longer (three hours) than the afternoon session of two hours.

The areas of instruction. In response to the question, "Do you separate the academic and training aspects of your program?" two schools reported they did separate the phases and eight reported they did not.

Academic subjects. Table XXIX has no bearing on whether the training and academic aspect of the programs are separated. It indicates only whether certain academic subjects were taught. In relative importance social habits ranked first with a rank of 1.0 and health habits second, with a rank of 2.0. Community and appreciative attitudes were a close third with a rank of 2.5 and 2.8 respectively on a scale of eight.

Table XXIX indicates that schools were more concerned, as indicated on a basis of ranking, with the social learning than with academic learning. Speaking came the closest to being ranked with the socializing areas and it was a full point behind the lowest rated of these. Reading and writing were ranked in that order by the schools. The 4.2 rank given reading and 4.8 rank given writing indicated only a slight difference in importance. Arithmetic, 6.2 in rank, was lowest and study skills, 5.2 in rank, was next to last on the scale of eight.

Curriculum. In answer to the question, "Does the academic aspect of the program parallel the regular school curriculum?" four schools reported that it did and six reported that it did not.

"Areas of Living" education. In compiling the material for Table XXX a list was provided to be checked by those interviewed. Items not on the list were written in. Crafts was the only item added and that by only one school. Every item on the list was taught in some school but no item was taught in all schools.

The items most frequently reported were cooking, sewing, environmental science, and personal hygiene. In eight of the ten schools each of these items were in their program. Consumer education was taught by six of the ten schools. One school felt that "Learning how to buy, recognize money, and make correct change is one of the most important things taught."

"Handy Man" work was taught to boys as a counterpart to the girls' "Maid Work." It was given by 50 per cent of the schools, 40 per cent of the schools offered training in "Maid Work." Manual arts was more frequently offered to boys than to girls. This was especially true in wood working, six schools offered it to boys and only three to girls. Three schools offered metal crafts to their pupils but it was offered equally to both boys and girls. Pre-employment experience was offered in 40 per cent of the schools.

TABLE XXVIII
HOURS OF INSTRUCTION
AND AVERAGE HOURS ATTENDED

Reporting Entire Day

School	1	2	3	4	5	6	7	
Beginning	9:30	9:30	9:15	9:00	8:50	9:00	9:00	
Dismissing	2:45	2:00	2:00	2:30	3:10	3:00	3:00	
Average hours attended								5½

Reporting Half-Day

School	8	9	10	
A. M.				
Beginning	8:45	9:30	8:50	
Dismissing	11:35	12:45	11:50	
Average hours attended				3
P. M.				
Beginning	12:45	12:30	1:00	
Dismissing	3:15	2:30	3:00	
Average hours attended				2

TABLE XXIX

SUBJECTS BEING TAUGHT IN THE ACADEMIC PHASE OF THE PROGRAM
 AND THE RELATIVE IMPORTANCE ASSIGNED EACH SUBJECT
 (RANK 1 HIGHEST; RANK 8 LOWEST)

Subject	Schools Reporting	Relative Importance
Reading	8	4.2
Arithmetic	8	6.2
Speaking	8	3.8
Writing	8	4.8
Social Patterns	8	1.0
Health Habits	8	2.0
Community Attitudes	8	2.5
Appreciative Attitudes	8	2.8
Study Skills	8	5.2

TABLE XXX

THE REPORTED PERCENTAGE OF SCHOOLS PROVIDING EXPERIENCE
IN "AREAS OF LIVING" EDUCATION

Areas of Experience	Yes	No	Total	Per cent Reporting "Yes"
Cooking	8	2	10	80
Sewing	8	2	10	80
Laundry Work	3	7	10	30
Consumer Education	6	4	10	60
Maid Work	4	6	10	40
"Handy Man" Work	5	5	10	50
Environmental Science	8	2	10	80
Personal Hygiene	8	2	10	80
Pre-Employment Experience	4	6	10	40
Manual Arts				
Metals				
Boys	3	7	10	30
Girls	3	7	10	30
Woodworking				
Boys	6	4	10	60
Girls	3	7	10	30
Crafts *	1			

* One written-in response

Special assistance given the teacher of mental deficient.

Perhaps the most impressive feature about Table XXXI is the high percentage of "no assistance granted" in all areas. Only three of the ten schools reported any type of help in art, crafts, physical education, speech, and physical therapy. Only two schools reported help given in home tutoring or in music. Only one school reported assistance granted when sight difficulties were present.

Planned community apprenticeships. As indicated on Table XXXII only one school reported having any type of planned community apprenticeship and this in only stores, garages, homes, and laundries. No school reported any type of apprenticeship in factories or dairies.

The comments from those supervisors not having planned community apprenticeships were recorded:

- | | |
|--|-----|
| "There is a definite value in this." | (2) |
| "We want to get it started." | (1) |
| "We are in the process of planning
such a program in cooperation with
a local service club." | (1) |
| "In some instances we encourage parents
to seek such apprenticeships for their
child." | (1) |

Community efforts in finding employment for the deficient.

Table XXXIII shows that only three schools reported any effort on the part of the community to help in finding employment for these youngsters. Of these three, two rated their community's efforts as good and the third rated its community's efforts as poor.

TABLE XXXI

REPORTED AREAS OF SPECIAL ASSISTANCE FOR THE REGULAR TEACHER
OF THE ROOM FOR MENTAL DEFICIENTS*

Areas	Part time		Full time		No Assistance	
	No.	Per cent	No.	Per cent	No.	Per cent
Music	1	10	1	10	8	80
Art	1	10	2	20	7	70
Crafts	0	0	3	30	7	70
P. E.	2	20	1	10	7	70
Speech	0	0	3	30	7	70
Physical Therapy	0	0	1	10	9	90
Home Tutor	0	0	2	20	8	80
Sight	0	0	1	10	9	90

* Ten schools reporting.

TABLE XXXII

REPORTED TYPES OF PLANNED COMMUNITY APPRENTICESHIPS
AND PERCENTAGE OF PROGRAMS INVOLVED IN EACH

Types of Apprenticeships	Yes	No	Total	Per cent Operating
Stores	1	9	10	10
Garages	1	9	10	10
Homes	1	9	10	10
Laundries	1	9	10	10
Factories	0	10	10	0
Dairies	0	10	10	0

TABLE XXXIII

SCHOOL SYSTEMS' RATING OF COMMUNITY EFFORTS
TO FIND EMPLOYMENT FOR THE DEFICIENT

Rating:

Excellent 0 Good 2 Fair 0 Poor 1

Total Number Reporting: 3

Instructional materials used with children of a mental age of two and three years. Table XXXIV was compiled by asking teachers what they felt was suitable for use by these children. The categories used were skill toys, toys for social development, art supplies, and music supplies.

Instructional materials used with children of a mental age of four and five years. Table XXXV was compiled by asking teachers what they felt was suitable for use by these children. The categories used were skill toys, toys for social development, arts and crafts, and academic supplies.

Special equipment in use in these rooms. Table XXXVI was compiled by asking the interviewed persons what equipment was being used in the room for mental deficient children that was not ordinarily used in a regular classroom.

Selection of instructional personnel. A study of Table XXXVII shows that there was complete agreement among the administrators of the ten schools on the point that teachers for mentally deficient children should have general experience. Special education experience was listed as being important by eight of the ten schools.

There was little agreement as to other factors which administrators considered in hiring personnel. College course work was given a low rank in comparison with work in remedial education. Work in the psychology of the exceptional child was considered important by only

three schools. Work in the area of tests and measurements was given the lowest rank, only 10 per cent of the administrators considering it when hiring a teacher.

Administrators in 80 per cent of the schools did not consider sex or age a matter of importance in selecting a teacher for the special room, and by a similar percentage they did not consider an ability with handicrafts important.

Desirable characteristics in the teacher of mental deficient.

In rating desirable characteristics Table XXXVIII shows emotional maturity and confidence in the worth and possibility of the handicapped ranked first and second respectively with a rank of 1.7 and 2.5 on a scale of 8. Sensitivity to the needs of others ranked 4.1, resourcefulness in developing the existing program ranked 4.7, and good health ranked 4.8. The spread for this entire second group was less than one point. Patience and resourcefulness in the use of existing facilities ranked equally with 5 on the scale of eight. It should be noted that no single item was given rank 1 and no item was ranked as low as 8. The lowest rank, 6.7, was given to a sense of humor.

TABLE XXXIV
MATERIALS OF INSTRUCTION FOUND SUITABLE FOR CHILDREN
WITH A MENTAL AGE OF TWO AND THREE YEARS
IN THE PROGRAM FOR MENTAL DEFICIENTS

Skill Toys

Push and pull toys	Buckets
Three-wheel scooters	Spools
Wagon	Large hollow blocks
Balance board	Sand toys
Wheelbarrow	Blunt scissors
Large colored wooden beads	Large peg-board and pegs
Lock box	Tinker toys
Milk bottle caps	Lacing shoe
Kodak film spools	Hammer and large nail set
Assorted locks	Picture puzzles (3 or 4 pieces)
Keys	Nests of blocks
Plumbing elbows	Seeds, buttons, macaroni
Nursery slide	to string

Toys for Social Development

Dolls	Sweeper
Play house materials	Dump truck
Balls	Toy animals
Blocks	Milk wagon
Wagons	Small wheeled toys (autos, etc.)
Lawn mower	Dress-up clothes
Doll carriage	Housekeeping toys
Broom	Noah's Ark

Music Supplies

Records with simple rhythms
Records with simple activities

Art Supplies

Easel
Large crayons
Modeling clay

TABLE XXXV

MATERIALS OF INSTRUCTION FOUND SUITABLE FOR CHILDREN
WITH A MENTAL AGE OF FOUR AND FIVE YEARS
IN THE PROGRAM FOR MENTAL DEFICIENTS

Skill Toys

Jungle gym	See-saw
Bubble set	Slide
Scooter	Raised ladder (horizontal)
Tricycle (oversize if necessary)	Blocks
Balls (large diameter)	Work bench with simple tools
Roller skates (friction wheel)	Puzzles (8-10 pieces)

Toys for Social Development

Garden tools	Toy telephone
Housekeeping toys	Traffic signs
Simple stores	Sandbox
Fire engines	Dishes
Garages and gas stations	Tables
Farm sets	Chairs

Arts and Crafts

Easel	Large-sized chalk (colored)
Paints and crayons	Bead loom
Modeling clay	Colored paper
Finger painting materials	Scissors
Weaving looms (simplest type)	

Academic Supplies

Plants	Rhythm Instruments
Aquarium	Pictures (simple, direct, and colorful)
Pet cages	Rhythm records

TABLE XXXVI

SPECIAL FURNITURE AND EQUIPMENT OBSERVED IN USE
FOR MENTALLY DEFICIENT CHILDREN

Sand box (with cover)
Jungle gym
Matching Board (electrical)
Potter's Wheel
Slides (both Nursery and Kindergarten type)
Tape recorder
Pyramid
Junior High practice cottage
Round tables with deep seats
Stop and Go light
Deep seat tables with belts for strapping in children
Phonograph
Traffic signs

TABLE XXXVII

REPORTED POINTS OF SPECIAL CONSIDERATION
IN SELECTING INSTRUCTIONAL PERSONNEL

POINT OF SPECIAL CONSIDERATION	Yes	No	Total	Per cent Favoring Consideration
Age	3	7	10	30
Sex	3	7	10	30
General Experience	10	0	10	100
College Work in Remedial Education	4	6	10	40
College Work in Tests and Measurements	1	9	10	10
Handcraft Ability	2	8	10	20
Special Education Experience . .	8	2	10	80
College Work in Psychology of Exceptional Children	3	7	10	30

TABLE XXXVIII

SUPERVISORS' AVERAGE RATINGS OF CERTAIN DESIRABLE ATTRIBUTES
IN THE TEACHER OF MENTAL DEFICIENTS
(RANK 1 HIGHEST; RANK 8 LOWEST)

Desirable Characteristics	Average Rating
Emotional maturity	1.7
Confidence in worth and possibility of the handicapped	2.5
Sensitivity to needs of others	4.1
Resourcefulness in developing the existing program . .	4.7
Good Health.	4.8
Patience	5
Resourcefulness in use of existing facilities	5
Sense of humor	6.7

Specialized personnel. Table XXXIX shows that supervisors, nurses, and psychologists were the specialists most frequently employed by districts at the time of the study. All programs used some form of supervision, either part or full time. Nursing services were reported by 90 per cent of the schools. A psychologist was employed in eight of the ten programs, but only two schools reported psychiatric service. Several, however, reported of the psychiatrist that, "One is available in the area if needed."

The use of a medical doctor was reported by 50 per cent of the schools. The services of a vocational counselor was reported by 30 per cent of the schools and another 40 per cent of the schools reported that a social worker was on their staff.

Location of classes. Reference to Table XL shows seven classes located in regularly used school buildings. A single class was located in an old office building, another in an old school no longer in use by regular classes. The tenth school had their classes located in an abandoned federal housing nursery.

Classroom floor space allotted the mental defective. Table XLI only approximates the existing picture for two reasons: (1) where educators had listed a "regular class room" an estimate had to be made of the approximate number of square feet in a regular classroom,¹

¹Since there were no State recommendations for floor space to be allotted the elementary room, it was suggested by Mr. Erickson, Superintendent of Schools, Ellensburg, Washington, that 900 square feet be used since that figure has approximated the space allowed in Washington State for some time.

(2) in figuring the floor space allotted per child the maximum enrollment for a room was used.

Areas ranged from a maximum of 143 square feet to a minimum of 51.6 square feet. There was an average of 82.3 square feet available to the child in the room for mental deficient.

TABLE XXXIX

SPECIALIZED PERSONNEL REPORTED ON STAFFS
OF MENTAL DEFICIENT PROGRAMS *

Specialized Personnel	Part time		Full time		Not Available	
	No.	Percent	No.	Percent	No.	Percent
Psychologist	4	40	4	40	2	20
Social Worker	2	20	2	20	6	60
Vocational Counselor	1	10	2	20	7	70
Nurse	5	50	4	40	1	10
Psychiatrist	1	10	1	10	8	80
Medical Doctor	3	30	2	20	5	50
Supervisor in Charge	2	20	8	80	0	0

* Ten Schools reporting.

TABLE XL

REPORTED LOCATION OF THE CLASS FOR MENTAL DEFICIENTS

Location	Total
Located in a regularly used school building	7
Rented quarters	1 *
Old school	1
Abandoned Federal Housing Nursery	1

* Old office building

TABLE XLI

APPROXIMATE SQUARE FEET OF FLOOR SPACE ALLOTTED PER PUPIL
IN THE PROGRAM FOR MENTAL DEFECTIVES

Area Description *	Area as given in sq. feet	Number of Children Using	Square Feet per Child
7 Regular classrooms	6300	82	76.8
Regular classroom	900 **	12	75.0
Classroom	672	13	51.6
Regular classroom	900	15	60.0
Regular classroom	900	16	56.2
Regular classroom	900	15	60.0
Room 40' x 30'	1200	14	85.7
Kindergarten room	<u>2288</u>	<u>16</u>	<u>143.0</u>
Total	15060	183	82.3

* Due to large number of different buildings involved, the information was not available in one school. Another did not report because of large number of small rooms being used interchangeably by the total group.

**Where figures were not given and "average classroom" was entered, it was assumed to approximate 900 square feet--a figure suggested by Mr. Ed Erickson, Superintendent of Schools, Ellensburg, Washington.

Acoustical problems. In response to the question, "Have any special acoustical problems arisen in housing the mental deviate?" two schools reported in the affirmative. In one case the problem was solved by changing the location of the room. The other school insulated with acoustical tile. Eight schools reported no problem in this respect.

Janitorial problems. In response to the question, "Have any janitorial difficulties arisen in your program?" all responses were negative.

Sanitation problems. In response to the question, "Have any special sanitation problems arisen in respect to toileting, waste disposal, food handling, both private and cafeteria?" all schools reported no special sanitation problems in these areas.

Safety problems. Few safety problems were reported as shown in Table XLII. Windows and door knobs were reported to be a problem if within the reach of the child. Fire drill routine needed to be given special consideration by the children's teacher. One school stated that if at all possible these children should not be allowed to use stairways. Power tools proved extremely hazardous and should not be used except under close supervision. Floors should not be too smooth but rather have a good friction surface. Playgrounds were reported to need very careful supervision. No item was reported by

more than one school. However, several schools did report more than one problem.

Methods of transportation. Table XLIII shows as many schools were using a regular school bus as were using private transportation in getting the children to and from school, seven in each case. A special bus was used by two schools and one school reported a regular school conveyance on a special schedule. City buses were reported being used by two schools. Over half of the schools using a regular school bus reported a safety problem. Safety problems were reported by one of the two schools using city buses.

Special equipment used in transporting deficient children.

In response to the question, "Has any type of special equipment been used in transporting these children?" one school reported the use of a safety belt.

TABLE XLII

AREA, NUMBERS, TYPES OF SAFETY PROBLEMS,
AND PREVENTIVE MEASURES

Areas	Yes	No	Preventive measures
Classroom floors	1	9	Floors need good friction surface.
Classroom windows	1	9	Windows out of easy reach.
Classroom heat	0	10	
Tools	2	8	Power tools extremely hazardous.
Instructional materials	0	10	
Toilets	0	10	
Playground	1	9	Very close supervision.
Lavatories	0	10	
Stairways	1	9	Avoid having, if possible.
Fire Drills	1	9	Acquaint with routine.
Doors	1	9	Knobs should be out of reach.

TABLE XLIII

REPORTED METHODS OF TRANSPORTATION FOR THE MENTALLY DEFECTIVE CHILD
AND THE OCCURRENCE OF SAFETY PROBLEMS

Method	Number Using	Safety Problem	
		Yes	No
Private Means	7	0	7
City Buses	2	1	1
Special School Conveyance	2	0	0
Regular School Conveyance	7	4	3
Regular School Conveyance --Special Schedule	1	0	0

Summary of the Data

The way in which communities initiated and maintained their programs for mental defectives seemed to indicate several common practices. First, the data shows that in 50 per cent of the cases it was the school that was responsible for implementing the program for mental defectives. Second, the State Office of Education was the most frequently sought agency for advisory aid. Third, there was more planning for admitting the new student into the established class than in admitting the new pupil into the new class. Fourth, schools were actively participating in a variety of educational activities for the parents of mental defectives. Fifth, financial aid was being given to these programs by interested community groups.

In the area of diagnosing and assigning pupils only four practices seemed to be in general use. First, a variety of special services were being employed in the diagnosis and assignment of the deficient child to the special room. Second, the "educability" and "trainability" of children were being considered by administrators of programs either before or after admission to the special room. Third, the majority of schools indicated that the child must have some control over his bodily functions before entering the special room. Fourth, all schools appeared interested in the personal history of the child before admitting to the room for mental defectives.

There is relatively little similarity in practices of administration or methods of solving identical problems among the various

programs. There were, nevertheless, four areas in which similarities did exist. First, all schools reported some form of segregation and that ungraded grouping was being used. Second, there was a tendency toward small classes, 13.4 pupils per teacher being the average maximum. Third, programs generally stressed education of the social being. Teaching him to get along in the community and how to become at least partially self-supporting. Fourth, the programs generally employed supervisors, nurses, and psychologists as specialists for their programs.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this paper was to discover the practices and problems of administering the common school program for mental defectives in the State of Washington. An effort was made to compile the materials in a manner that would be of use to persons interested in establishing such programs.

The method of study used was that of a status survey. The instrument employed was an interview questionnaire. The schools visited were selected on two bases (1) the duration of the program, and (2) the recommendation of the Director of Education for Handicapped Children in the State of Washington. Ten schools were visited.

The study was divided into three major categories; namely, the history and philosophy of the care for mental defectives; the review of literature on the subject; and the analysis of data. To facilitate the analysis of the data three major areas were developed: initiating and continuing the program; diagnosis and assignment of pupils; and practices and problems of administration.

Summary

The history and philosophy of the care for mental defectives reflected the prevailing social and education trends of a particular period. The ancient world treated the mental defectives with tolerance

only if he was capable of helping the group survive. The first change in this philosophy came after the teachings of Christ had made their mark upon the ancient world.

The teaching of Locke and Rousseau brought about a scientific interest in the mental defective. This interest eventually evolved into the institutional movement from which sprang the special class movement. Germany was the first to employ the special class for mental defectives in the regular school. Wallin in the United States had much to do with the growth of the movement in this country. The State of Washington's interest in the special class movement paralleled closely that of the United States as a whole.

There was not a large amount of literature available about the mentally defective child and his education in the common school. The literature which was available divided itself into two periods. The period before the White House Conference on Child Health and Protection was marked by a declining interest—as compared with the interest which had existed at the close of the Nineteenth Century. The period following the White House Conference appeared to be one of a reawakened interest in the mentally deficient child as evidenced in the increased literature available.

Selection of children for the special room was a serious problem until the development of the Binet Test of Intelligence. The Binet Test was the first scientific instrument created for the specific purpose of measuring mental capacity. At first its reliability was overrated and

the results were frequently the sole basis for admission to the room for mental deviates. With more experience in the use of the Binet Test it became apparent that emotional stability, experience background, and general health frequently had a bearing on the intelligence quotient obtained on the Binet. It thus became necessary to employ many services in the diagnosis of the general condition known as mental deficiency.

Teaching the mentally defective was conceded to be an extremely difficult task. Many authors suggested employing only those teachers with master's degrees or the equivalent in extra training.

Segregation was of special concern to many authors. The opinion was generally expressed that if segregation was practiced every effort should be made to minimize any possible stigma which could result.

The data collected in the area of initiating and continuing the program indicates the following practices:

(1) Initiating the program was the responsibility of the school in most communities.

(2) Advisory aid was most frequently sought from the State Office of Education.

(3) Planning was more intensive for the new pupil entering an established class than for the new pupil entering a new class.

(4) Educational activities for parents of mental defectives were developed through a variety of activities in many schools.

(5) Financial aid was generally being given to the program by interested groups or persons.

In the area of diagnosing and assigning pupils the following practices were in general use:

- (1) A variety of special services were being employed in the diagnosis and assignment of mentally deficient to the special room.
- (2) The "educability" and "trainability" of children was being considered either before or after admission to the special room.
- (3) Control over bodily functions was required by the majority of schools before admitting a child to the school.
- (4) The personal history of the child was of interest to each school.

Relatively little similarity was revealed by the study in practices of administration or methods of solving identical problems. However, there were four exceptions to this general condition:

- (1) Some form of segregation and ungraded grouping was reported by each school.
- (2) Class maximums tended to be fifteen pupils or less per teacher.
- (3) Education of social attitudes was stressed.
- (4) Special personnel most often employed were supervisors, nurses, and psychologists.

Conclusions

It may be concluded from the study that:

(1) There tended to be considerable disorganization in the total picture of those areas surveyed. This appeared to be due in part to the lack of precedence, and the rapid development of the program in the Washington schools.

(2) Practices, even when generally reported, were too nebulous to indicate any definite trend toward a specific goal.

Recommendations

It is recommended that a committee of qualified persons be appointed by the Superintendent of Public Instruction to study the problem of the education (or training) of mental defectives in the common schools of the State of Washington. It is further recommended that the Director of Education for Handicapped Children, as chairman, direct this committee toward setting up a specific and comprehensive guide to assist districts in organizing programs for mentally deficient children.

Recommendations for Further Study

An evaluation of the effectiveness of the program in aiding the child to adjust to the normal world should be made as soon as the program achieves greater stability.

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APPENDIX

INTERVIEW QUESTIONNAIRE

A Study of Selected Problems in the Administration and
Supervision of Local Programs for the
Mentally Deficient in the State of Washington

I. INITIATING AND CONTINUING THE PROGRAM

A. New class and, or, new student

1. Were home visits made:

new class ___NO ___YES; new student ___NO ___YES

a. by whom were home visits made?

NEW CLASS

NEW STUDENT

___	teacher	___
___	psychologist	___
___	school nurse	___
___	supervisor	___
___	administrators	___
___	others	___

2. Were conferences arranged for parents?

new class ___NO ___YES; new student ___NO ___YES

a. With whom were conferences held?

NEW CLASS

NEW STUDENT

___	teacher	___
___	psychologist	___
___	school nurse	___
___	supervisor	___

☐ administration ☐
☐ others ☐

3. In starting the new class how were students admitted?

☐ 1/3 of ultimate total enrollment
☐ 1/2 of ultimate total enrollment
☐ 1 or 2 members of total enrollment
☐ other ways

4. In admitting the new student is he permitted, at first, to:

☐ attend full session
☐ break in gradually as he adjusts
☐ attend only part sessions

B. The total program

1. Who was responsible for getting the program underway in your community?

☐ school authorities
☐ organized groups especially concerned
☐ civic groups
☐ parents with mental deviates

2. What aids were solicited in setting up the program?

☐ lay committee
☐ state department
☐ community groups (lists)
☐ college personnel
☐ others

3. The program has continued in the community has the degree of acceptance:

a. with children segregated from the group

___improved

___stayed the same

___become worse

b. with children not segregated from the group

___improved

___stayed the same

___become worse

C. Parent Education and Participation

1. Is any effort made to help educate the parent towards understanding and accepting his child?

___NO

___YES

2. Do any of the following sponsor educational activities for these parents?

___P.T.A.

___Mothers Club

___School

___groups of parents themselves--without formal organization

3. Do they have membership in a regular P.T.A. group or a unit of their own?

___OWN

___REGULAR UNIT

4. Do they have any type of formal organization of their own?

___NO ___YES

5. Which of the following educational activities have taken place with the parents of your group? Rate ten which you feel were most effective.

SPONSORED	RATING
___ discussion groups	___
___ informal social affairs	___
___ resource speakers	___
___ parent/psychologist conference	___
___ parent/nurse conference	___
___ parent/administrator conference	___
___ parent/supervisor conference	___
___ medical/psychological clinic	___
___ social worker/parent conference	___
___ parent classroom visit	___
___ parent/teacher conference	___
___ others	___

6. Do parents assist in curriculum planning?

___NO ___YES

7. Is there any promotional program?

___NO ___YES

8. Is the parent informed of academic and social growth?

___NO ___YES

- a. How is the reporting accomplished? (Samples of written forms.)

___report card

___parent conference

___others

D. Financing

1. Have interested community groups in any way helped finance your program?

___NO ___YES

Specifically how?

II. DIAGNOSIS AND ASSIGNMENT OF PUPILS

- A. Types of services employed in diagnosis. (Check those appropriate.)

___1. I. Q. tests

___2. Scales of social competency (List types employed.)

___3. Psychologist

___4. Psychiatrist

___5. Medical Doctor

___6. Special committee:

- a. membership of committee consists of: (List occupation or profession.)

- b. membership is selected through

___appointment

- ☐ volunteers
- ☐ request to serve
- ☐ others

c. extent of power of committee

rejection

- ☐ advisory to administration
- ☐ advisory to school board
- ☐ absolute say in the matter
- ☐ none

acceptance

- ☐ advisory
- ☐ advisory to school board
- ☐ absolute say in the matter
- ☐ none

elimination of unsuitable

- ☐ advisory to administration
- ☐ advisory to school board
- ☐ absolute say in matter
- ☐ none

determination whether child has reached point
where school can no longer be of help

- ☐ advisory to administration
- ☐ advisory to school board
- ☐ final say in matter
- ☐ none

7. Educators:

- ☐ teacher of special room
- ☐ supervisor of program
- ☐ principal in charge of program
- ☐ superintendent

8. Others employed.

B. Factors considered in selection:

1. Age

C.A. (give actual age limit)

- ☐ oldest level
- ☐ youngest level
- ☐ not considered

M.A. (give actual age limit)

- ☐ oldest level
- ☐ youngest level
- ☐ not considered

2. Educability:

- ☐ not considered
- ☐ considered as separate from trainability
- ☐ a special effort is made to determine--aside
from original diagnosis
- ☐ determined at same time of original diagnosis

3. Trainability:

- ☐ not considered
- ☐ considered as separate from educability

☐ a special effort is made to determine it aside
from original diagnosis

☐ determined at the same time as original diagnosis

4. Physical condition:

☐ not considered

☐ considered

☐ must be able to look after his toileting needs

☐ YES ☐ NO

☐ must be able to feed himself

☐ YES ☐ NO

☐ must be able to move about without help

☐ YES ☐ NO

☐ must be able to manipulate instructional
materials

☐ YES ☐ NO

5. Personal history

☐ not considered

☐ considered (Check those pertinent to the system;
list others used.)

☐ records in other schools

☐ emotional stability

☐ sex

☐ sexual irregularities

☐ others

6. Environmental background

☐ not considered☐ considered (check those pertinent to the system.)☐ family socio-economic standards☐ stability of family life☐ if family can be of help in teaching the child☐ period of residence in community☐ requires specific period☐ do not require a specific period☐ others

III. PRACTICES AND PROBLEMS OF ADMINISTRATION

A. Do you separate the academic and training aspects in your total program?

☐ YES ☐ NO

1. If under the academic aspect you attempt to teach any of the following, check those taught and rank in order of felt importance:

TAUGHT	RANK
<input type="checkbox"/> Reading	<input type="checkbox"/>
<input type="checkbox"/> Arithmetic	<input type="checkbox"/>
<input type="checkbox"/> Speaking	<input type="checkbox"/>
<input type="checkbox"/> Writing	<input type="checkbox"/>
<input type="checkbox"/> Social Patterns	<input type="checkbox"/>
<input type="checkbox"/> Health Habits	<input type="checkbox"/>
<input type="checkbox"/> Community Attitudes	<input type="checkbox"/>

☐ Appreciative Attitudes ☐
☐ Study Skills ☐
☐ Others ☐

2. Does the academic aspect of your program parallel the regular curriculum?

☐ YES ☐ NO

3. Does the training aspect, as separated from the purely academic aspect, cover any of these "Areas of Living"?

Check and rank in order of felt importance.

IN PROGRAM	RANK
------------	------

<input type="checkbox"/> Cooking	<input type="checkbox"/>
<input type="checkbox"/> Sewing	<input type="checkbox"/>
<input type="checkbox"/> Laundry work	<input type="checkbox"/>
<input type="checkbox"/> Consumer education	<input type="checkbox"/>
<input type="checkbox"/> Maid work	<input type="checkbox"/>
<input type="checkbox"/> "Handy Man" work	<input type="checkbox"/>
<input type="checkbox"/> Environmental science	<input type="checkbox"/>
<input type="checkbox"/> Personal hygiene	<input type="checkbox"/>
<input type="checkbox"/> Pre-employment experience	<input type="checkbox"/>
<input type="checkbox"/> Manual arts	<input type="checkbox"/>
<input type="checkbox"/> metals	
<div style="margin-left: 100px;"><input type="checkbox"/> boys</div> <div style="margin-left: 100px;"><input type="checkbox"/> girls</div>	
<div style="margin-left: 100px;">wood working</div> <div style="margin-left: 100px;"><input type="checkbox"/> boys</div> <div style="margin-left: 100px;"><input type="checkbox"/> girls</div>	<input type="checkbox"/>

_____ Others _____

4. Does any type of planned community apprenticeship exist in:

____ stores

____ garages

____ homes

____ laundries

____ factories

____ dairies

____ others (list)

5. Is there help from the community in trying to give these people work?

____ YES ____ NO

- a. would you rate this help as:

____ excellent ____ good ____ fair ____ poor

- B. In your class composition is there

1. An age breakdown

____ NO

____ YES

____ C.A.

____ M.A.

2. Sex breakdown

____ NO

____ YES

3. Type breakdown

☐ NO☐ YES

Examples:

4. Efforts toward homogeneous grouping other than those mentioned:

☐ NO☐ YES

5. Is an effort made to keep conventional grade levels?

☐ NO☐ YES

6. Is ungraded grouping employed?

☐ NO☐ YES

C. What is the number assigned per teacher—give type if type breakdown is used:

NUMBER	TYPE	NUMBER	TYPE
<input type="checkbox"/> maximum	_____	<input type="checkbox"/> maximum	_____
<input type="checkbox"/> minimum	_____	<input type="checkbox"/> minimum	_____
<input type="checkbox"/> optimum	_____	<input type="checkbox"/> optimum	_____

D. Hours of instruction

1. The same group attends:

☐ entire day☐ half day☐ special part time assignments:

2. If your class attends full day the hours:

___beginning

___dismissing

3. If your groups attend half day sessions the hours:

Morning

___beginning

___dismissing

Afternoon

___beginning

___dismissing

E. Segregation

1. Is any type of segregation practiced:

___NO

___YES

___use of separate building

___use of playground facilities

___use of separate classes in regular building

___limiting the types of activities in which
they participate

___others

2. If segregation is practiced is an effort made to:

eventually place the child in a regular classroom

___NO ___YES

keep child isolated so long as he is in the program

___NO ___YES

keep groups homogeneous e.g. keep all mental deviates
of one kind in one group:

___NO ___YES

to prevent social isolation if physical isolation
is practiced

___NO ___YES

3. If segregation is practiced have any problems arisen
from the reaction of the normal child to the deviate?

___NO ___YES

- a. Do you feel these problems would have arisen if
if segregation had not been practiced:

___NO ___YES

- b. Do you feel, with segregation, these problems
will eventually be overcome?

___NO ___YES

4. If segregation is practiced have any problems arisen
from the reaction of parents of normal children to
the deviate:

___NO ___YES

- a. Do you feel these parent problems would have
arisen if segregation had not been practiced?

___NO ___YES

- b. Do you feel with segregation these parent problems
will eventually be overcome?

___NO ___YES

5. If segregation is not practiced have any problems arisen from the reaction of the normal child to the deviate?

☐ NO ☐ YES

- a. Do you feel that these problems would have arisen if segregation had been practiced?

☐ NO ☐ YES

- b. If segregation is not practiced have any problems arisen from the reaction of the parent of the normal child to the deviate?

☐ NO ☐ YES

F. Transportation

1. Transportation is by:

☐ private means
☐ regular school conveyance
☐ special school conveyance
☐ others

2. Is there any type of special equipment being employed on the buses for carrying these people?

☐ NO ☐ YES

list

3. Have any safety problems arisen in transporting these people?

☐ NO
☐ YES

Brief description

Solution

G. Housing

1. Housing:

___ is your group located in regularly used school building

___ rented quarters---type of building being used___
 ___ others

2. What is the number of square feet of floor space per child?

___ minimum

___ maximum

___ optimum

___ amount actually being used in your program

3. Have any special accoustical problems arisen

___ NO

Brief description

Solution

___ YES

4. Have any special safety problems arisen:

	NO	YES	DESCRIPTION	SOLUTION
Classroom___	___	___		
floors ___	___	___		
windows___	___	___		
heat ___	___	___		
Tools ___	___	___		
Inst. Material___	___	___		
Toilets ___	___	___		
Playground___	___	___		
Lavatories___	___	___		

Stairways ____

Others ____

5. Have any special problems in sanitation arisen?

Toileting ____

Waste Disposal ____

Food

Cafeteria ____

Private ____

Others

6. Have any special problems in janitorial services arisen?

___ NO

Description

Remedy

___ YES

7. Personnel

a. Does your staff include:

	NONE	FULL TIME	PART TIME
Psychologist	___	___	___
Social Worker	___	___	___
Vocational Counselor	___	___	___
Nurse	___	___	___
Psychiatrist	___	___	___
Medical Doctor	___	___	___
Supervisor in Charge (Special)	___	___	___

b. If there is no special supervisor who of the following acts as supervisor:

___ elementary principal

☐superintendent
☐psychologist
☐special committee chairman
☐psychiatrist
☐no assigned supervision
☐others

c. Is special assistance given in:

	NONE	FULL TIME	PART TIME
music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P.E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
no area			
others			

d. Selection of Instructional Personnel

	POINT OF SPECIAL ATTENTION	
Age	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Sex	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Experience (Gen.)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Experience (Sp.)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Special Certification	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Special Courses (List)	<input type="checkbox"/> NO	<input type="checkbox"/> YES

- e. Rate the following attributes in order of their importance to the teacher of mentally deficient, rate them 1,2...8:

___good health

___emotional maturity

___patience

___sense of humor

___sensitivity to needs of others

___resourcefulness in use of existing facilities

___resourcefulness in developing the existing
program

___confidence in worth and possibility of the
handicapped

___others

SUPPLEMENT SHEET TO ADMINISTRATIVE PROBLEM

LIST OF INSTRUCTIONAL MATERIALS

LIST OF SPECIAL FURNITURE AND EQUIPMENT