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A Guide for Programs in Recreation and Physical Education for the Mentally Retarded.
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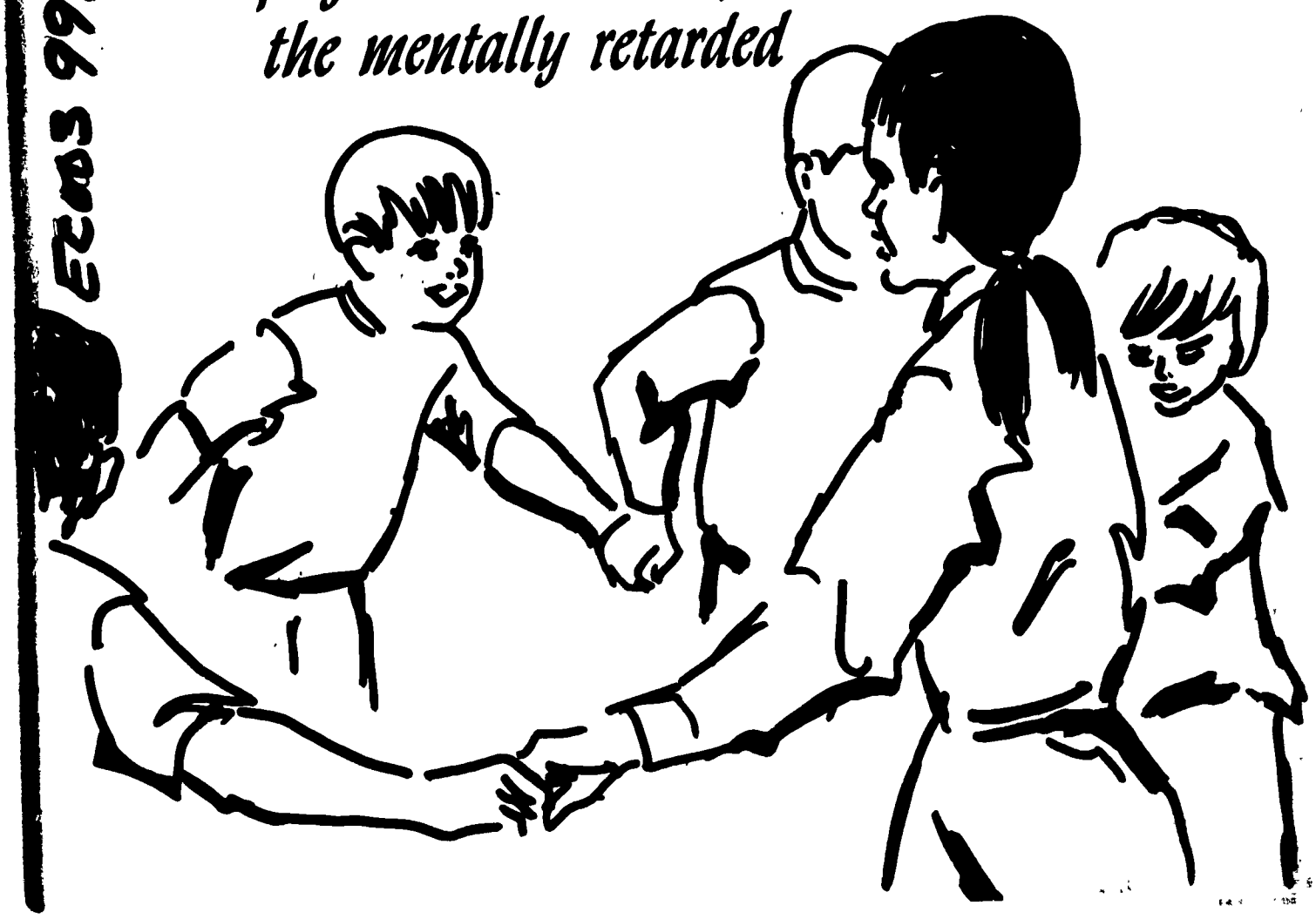
The Project on Recreation and Fitness for the Mentally Retarded and the objectives of such programs are reviewed. Activity areas surveyed include physical fitness, motor ability, sports skills, special events, and recreation. Also considered are the following: testing and measuring individual progress, including psychomotor and physical fitness tests, developmental profiles, and awards; medical examinations; and facilities, equipment, and supplies. Inservice education and training are discussed, as well as activities for volunteers and parents; public relations and information needs are considered. A guide for program evaluation and a 38-item bibliography are provided. (JK)

a guide for programs in recreation and physical education for the mentally retarded



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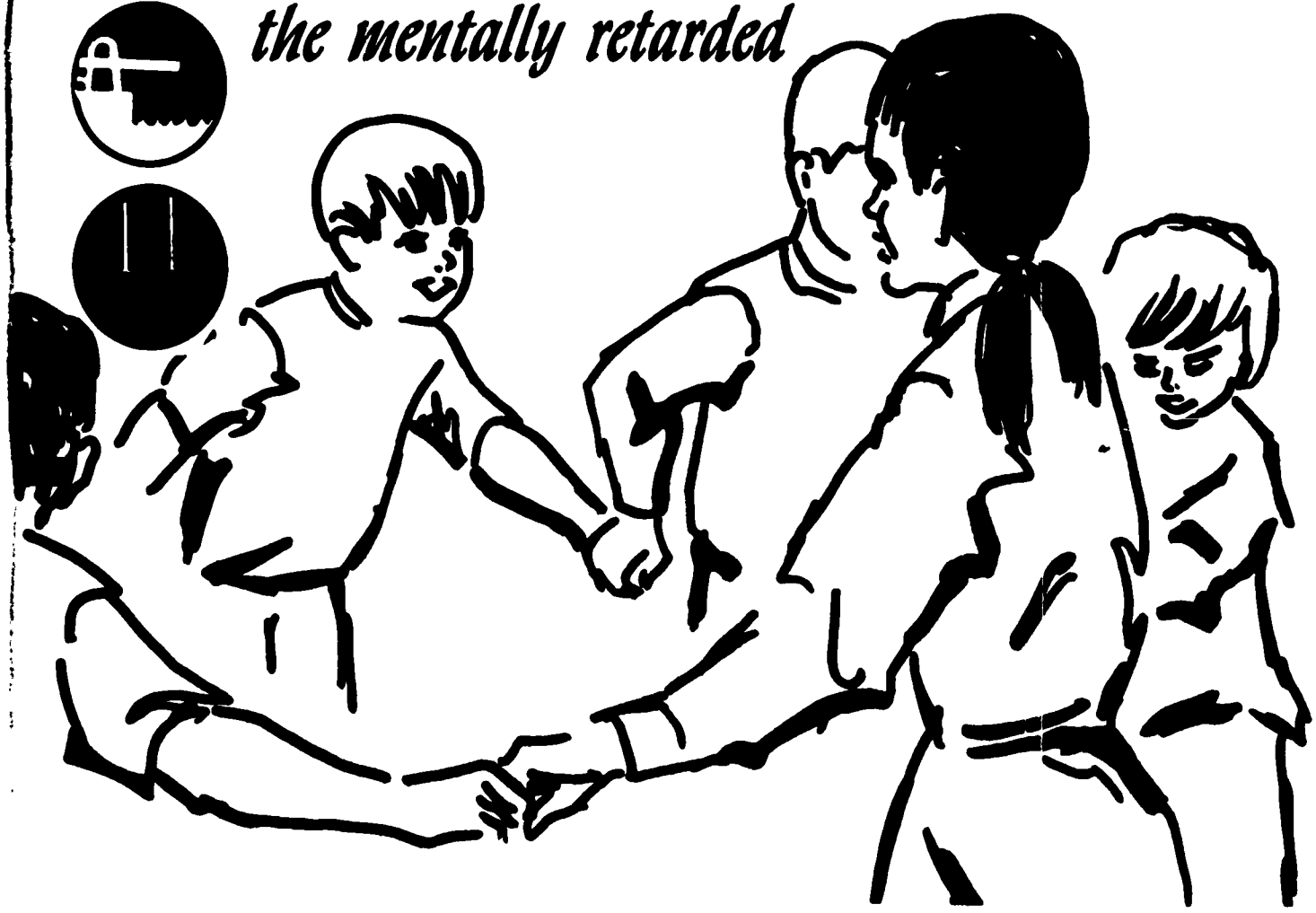

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CONTENTS

INTRODUCTION

This Guide for programs in recreation and physical education for the mentally retarded is not intended as a model approach to be applied indiscriminately in toto to any program. It is, as the name says, a guide, a start, a point of demarcation—a device to stimulate thought and to provide ideas and suggestions of what might be included in a comprehensive recreation and physical education program for the mentally retarded. Each reader is encouraged to take and use what is applicable; to modify, expand, and adapt what is not appropriate; and to use the full force of his imagination, creativity, and innovative ability to develop programs that are meaningful to the retarded in his community. In selecting activities and approaches, all facets of the individual situation must be considered—the community itself (customs and attitudes of the people toward the retarded, the number of retarded persons in the community, agencies and volunteers available); the participants themselves (their chronological age, mental age, background, experience, functional ability, and physical condition); the facilities, equipment, and supplies available; and the personnel involved in administering and conducting the program.

Broad and bold thinking must permeate these programs so that each can have the most positive impact possible upon the total growth and development of the mentally retarded. Both recreation and physical education must be thought of in new and more encompassing terms if their full potential is to be realized. For the retarded, recreation is far more than participating in a variety of wholesome activities during their leisure or free time, and physical education is more than simply taking part in games, relays, and dances. While these are important and integral parts of these programs, such definitions are limiting and restricting when considering programs for the retarded. Recreational activities must be thought of as a vital method, approach, or procedure in educating and training the retarded. Physical education must be interpreted as a program of developmental activities that contribute to the individual's social, emotional, and intellectual development as well as to helping meet his physical needs. Recreation and physical education can serve as the core to educating and training the retarded. Practical, meaningful, and enjoyable experiences from active participation in these programs can become the stimuli, the motivation, the trigger that provides the impetus for broader understanding and greater learning in academic areas and in other complex situations. It falls to those responsible for these programs to plan, organize, and conduct programs so as to provide opportunities for the retarded which develop skill, competency, and knowledge, so that every individual can live as independently in our society as his capabilities permit. As this Guide is dedicated to the fulfillment of this end, so it is hoped that all who read this will dedicate themselves to providing new program opportunities where they do not now exist and to enriching those now in operation.

Project on Recreation and Fitness for the Mentally Retarded

The Project on Recreation and Fitness for the Mentally Retarded was initiated on July 1, 1965, in an effort to stimulate the development of programs of recreation and physical activity for the mentally retarded. For three years the Project was conducted in cooperation with the Joseph P. Kennedy Jr. Foundation which made a grant to the American Association for Health, Physical Education, and Recreation for this purpose. Major areas of concern of the Project have included: (1) leadership preparation through organizing and conducting clinic, institute, and workshop programs; (2) research through encouraging, initiating, and sponsoring pertinent studies; and (3) interpretation and program development through developing publications, reproducing materials, and conducting a matching grants program. A number of subprojects have been initiated to meet specific needs in each of the listed areas of concern.

Progress evidenced at all levels has been great. Many new programs have been started; existing programs have been upgraded and enriched, and people from all walks of life have exhibited more interest, understanding, and appreciation for the retarded. In fact, a major discovery during the past three years has been the many dedicated individuals who have been providing excellent programs in physical education and recreation for the retarded for years. However, many of these people, professionals and nonprofessionals alike, have been so busy conducting programs they have had little time to write about them or to present information to others. Another major finding has been the similarity between physical education and recreation programs for the retarded and sound physical education and recreation programs for everyone—the nonretarded as well as those having other handicaps. The presentations, deliberations, and outcomes of the National Conference on Programing for the Mentally Retarded have contributed to and reinforced these findings.

Now to help meet the growing demand and responsibility to programs for all handicapped, the AAHPER Board of Directors has authorized continuation of the Project which is to expand services gradually to encompass all handicapping conditions. The same emphasis, focus, and areas of concern given the mentally retarded now will be given all areas of adapted physical education, recreation for the ill and handicapped, and to those with other disabling conditions. The Project will not reduce services for the mentally retarded but rather will increase efforts in these other areas.

Objectives

The objectives of recreational and physical education programs for the mentally retarded are no different than those in comparable programs for the nonretarded. Since many professional books and publications deal in depth with the aims, objectives, and desirable outcomes from active participation in recreation and physical education programs, they will not be repeated in this Guide. The reader is referred to **Recreation and Physical Activity for the Mentally Retarded** (Council for Exceptional Children and the American Association for Health, Physical Education, and Recreation, Washington, D.C., 1966), Chapter I, "Objectives and Desired Outcomes," for a complete discussion of the philosophy, rationale, and goals for these programs.

Those charged with the responsibility of planning programs and guiding activities must remember that in the final analysis, the participant's reason for taking part will determine what he derives from the activity. Therefore, it is important for those in charge to plan and structure activities so the participant will receive personal satisfaction. It is equally important that the participant understand why he is taking part and what he should strive to accomplish. This is most effectively imparted to the participant by the instructor in a variety of subtle ways, some of which are as follows:

1. Approach the participant in terms he understands and in ways significant and meaningful to him.

2. Motivate the individual to work and strive for the fulfillment of the desired objectives.

3. Plan well and give the program a solid foundation by building it upon challenging, functional, and attainable objectives based upon the needs, interests, and abilities of each participant.

Remember the three stages of play—**individual play,** where the child amuses himself; **parallel play,** where two or more individuals share the same physical environment, but for the most part play independently; and **group play,** where two or more individuals work together and share things in a cooperative effort.

Some criteria for judging growth in mental health through play—

1. Is he a happier child?
2. Is he easier to manage?
3. Does he accept direction and authority more easily?
4. Does he exercise more self-control?
5. If he attends school, does he enjoy it?

Activity Areas

Activities in recreation and physical education programs for the mentally retarded are a means to an end; the tools and the media through which the retarded can learn many things about themselves and their environment. Many of the activities in these programs are nonverbal, symbolic, and concrete ones, in which the retarded can express themselves in meaningful and significant ways. The breadth of activities in physical education and recreation is so great that every individual, regardless of his age, degree of retardation, previous experience, abilities or disabilities, can find areas in which he is interested and in which he can succeed and achieve. Providing activities consistent with the participant's interests, abilities, and capabilities is important for the success of any program. The activity areas discussed in this Guide are not intended as being all-inclusive but are offered as examples of many types of activities used successfully in a variety of programs for the mentally retarded.

Activities must follow a logical, sequential, progressive, and systematic order to meet the individual's needs—the usual needs of one of his age and sex, plus the special needs caused by his retardation. In many instances, a variety of approaches will be needed to teach certain skills, just as the good quarterback uses a variety of plays to exploit a specific defensive weakness of the opponent. On the other hand, some retarded youngsters, when motivated and interested in what they are doing, will work hours on end at a given task, with little if any change in the approach. Instructors must avoid overgeneralizing about the retarded as a group, for there is much variability in their abilities and performances and a great deal of overlap in their achievement when it is compared with that of their nonretarded contemporaries. Further, these workers must not fall into the trap of selecting or suggesting activities on the basis of their own interests, abilities, and experience. As one organizes and plans physical education and recreation programs for the mentally retarded, there are many things to be consciously avoided. They should be selected for the retarded on the basis of the individual's characteristics. Many simple activities are most challenging and significant.

Facilities and equipment. While gymnasiums, large playfields, swimming pools, and equipment designed for specific purposes are nice, they are not requisites for a successful program! Many outstanding programs are conducted in limited indoor and outdoor areas and use much homemade and improvised equipment. In fact, many retardates enjoy and derive more benefit from these items than from elaborate and expensive supplies (much like Christmas morning when children throw their new toys in a corner and have a ball playing with the paper and boxes). Determine the needs and adapt what you have, in order to meet each individual's needs. Be resourceful, creative, and innovative. Don't rationalize lack of a program because of inadequate facilities and equipment!

Expectation. Many times the retarded's inability to do (or even try) is a reflection of our lack of expectation in him. Many retardates have reached high—even outstanding—levels of proficiency and performance in a variety of physical, motor, and recreational activities when interested, motivated, and given the opportunity. Emphasize ability, not disability; encourage, don't discourage; accentuate the positive, not the negative; provide challenge; teach activities in logical and progressive sequences. These are all important considerations when planning recreation and physical education programs for the retarded.

Successful performance in recreation and physical education activities is a complex process influenced by many factors. Just as motor activities contribute to the total growth and development of an individual, other factors influence the level of his motor performance. Since neither the individual nor the activities in which he is participating exist in a vacuum, methods and approaches must be consistent with the activities themselves and with the level of understanding and development of the individual. In teaching the retarded we need to be aware of a systematic and progressive approach, taking into consideration five different kinds of stimuli to which he will respond, which are as follows:

1. **Abstract**—the use of signals, signs, words, etc., which must be received, interpreted, and reacted to, prior to action.

2. **Verbal**—the use of oral instructions which give the individual the opportunity to respond to the spoken word. (There are some studies which suggest the retarded learn more readily from auditory stimuli than do the nonretarded.)

3. **Visual**—the use of visual instructions which give the individual the opportunity to respond to stimulation of the eyes (demonstrations, pictures, slides, films, loop-films, etc.).

4. **Tactile**—the use of the tactile senses in the body parts, which give the individual the opportunity to move parts touched. (This is seldom, if ever, used by itself, but rather as a means to reinforce visual and/or verbal stimuli.)

5. **Kinesthetic — Patterning (Doman-Delacato); Assistive (physical therapist); Controlling the Output (Kephart)**—the use of body parts actually guided through the desired movement, which capitalizes on the kinesthetic proprioceptive feedback from the muscles to the brain (the ability that lets us know where our body parts are when we can't see them).

Recognition of the importance of this methodology cannot be separated from the activities themselves, since they are so intertwined and interrelated. In many ways, teaching the retarded is like teaching the nonretarded—except it is done in slow motion. So often, instructors go from point A to point B, or from this step to that step, when teaching. When dealing with the retarded, we must take more time and create additional steps in going from one skill to the next or from one level to the next. Instead of going directly from A to B we go by way of A-1, A-2, A-3, A-4, and so on. We establish a sequential process in which the individual does not attempt to achieve more than is possible at one time.

Physical Fitness

Physical fitness is a concept that has a variety of meanings and interpretations. This ranges from considering fitness as an end result to regarding it as a means to an end. Certainly, the development of appropriate and adequate levels of physical fitness is a unique contribution of physical education programs and should be an integral part of the comprehensive recreation program. However, it is not the sole objective of either program—both are more far-reaching, have much greater potential, and have tremendous impact in educating and training the retarded.

Among the many definitions of physical fitness, the following one has been functional and practical, and is applicable to the mentally retarded: a state in which the individual possesses the qualities of strength, power, agility, flexibility, endurance, balance, speed, and general coordination to the extent that he is able to meet his everyday needs and emergency situations adequately. This implies that the functioning of the cardiovascular system is attuned to meet these same everyday needs and emergency situations.

There are many ways in which physical fitness can be developed. Some activities contribute more to fitness than others; certain approaches are more beneficial in promoting some fitness traits, while different techniques are more effective in stimulating and maintaining others. Unfortunately, some activities purported to develop fitness contribute little, if anything, to these traits! Therefore, it is incumbent upon the instructor to know and understand what constitutes good physical fitness and to select activities that will make positive contributions to fitness. There is no single activity, approach, or magic formula to guarantee that the individual will reach the desired levels of physical fitness—a varied and diversified program is obligatory. In selecting activities, the individual participant must be considered (chronological age, mental age, degree of retardation, previous experience, functional abilities, motivation, compounding impairments, etc.). Other important considerations are the contributions of the activities themselves to attaining the specific and overall fitness objectives, and the use of techniques and approaches built upon a sound educational, psychological, physiological, and scientific foundation.

General Considerations

1. Sufficient time must be devoted daily for vigorous physical activity to assure progress and improvement in the individual components of physical fitness.

2. Many types of play, games, rhythmic activities, and general movement experiences contribute to the development of physical fitness. Calisthenics and other formal fitness approaches do have a place in the program for some individuals, under given conditions and to achieve certain results. Judicious choice must govern selection of activities to ensure

that those appropriate for the development of physical fitness are chosen when this is the objective of major concern.

3. Enjoyable fitness activity can be provided through the use of small equipment: ropes, jump ropes, balls, hoops, logs, tires, inner tubes, chairs, barrels, parachutes, ladders, boxes, and beanbags. Improvising, using one's creative abilities, and being resourceful are important to the success of the fitness portion of the program. Some of the most enjoyable and beneficial activities for the retarded have come from simple, inexpensive, and ingenious devices motivated by need and developed because of concern for variety in the program.

4. Other fitness activities can be developed for use on a number of kinds of large equipment: horizontal ladders, jungle gyms, climbing ropes, gymnasium apparatus, trees, turning bars, cargo nets, specialized pieces (e.g., Swedish Gym, confidence or obstacle courses), large logs, mazes of various types, large pipes, and concrete blocks. Creative thought can lead to imaginative uses of existing equipment, innovations, and development of new pieces to meet specific and special fitness needs of the retarded.

5. Special supplementary and remedial programs can be designed to help alleviate specific physical problems that affect fitness development: posture, foot conditions, locomotor problems, inadequate range of motion in given joints, joint weakness, and instability. Specific causes for low levels of physical fitness should be astutely determined and appropriate remediation planned and implemented.

6. Activities can be selected and structured according to the fitness objective and goals for the individual at any given time.

7. Self-testing activities provide experiences that contribute to fitness and learning.

8. Partner activities are a fine means for improving fitness; such activities include dual stunts and tumbling, combative games and combatants, carrying relays, and partner calisthenics.

9. Swimming and aquatic activities make specific contributions to fitness.

10. Circuit training can be designed to focus on specific elements of fitness in an efficient and meaningful way.

11. Less formal activities (e.g., hiking, walking, cycling) can contribute to fitness and should be considered when planning these programs.

Specific Considerations

1. **Strength** is developed by working against resistance so that the overload principle is applied. Resistance can be provided by working with partners, weights, bars, dumbbells, medicine balls, apparatus, logs, ropes, or other kinds of weighted objects. (Little has been reported about the

effectiveness of isometric activities with the retarded. Although there has been some success and progress shown when these principles were used with ropes and in other innovative approaches, experimental work is needed in this area.)

2. **Power** is developed in activities of an explosive nature where maximum force is released at a specified moment. Jumping, certain types of throwing activities, and activities designed for quick, forceful movements encourage the development of power.

3. **Agility** is developed in activities in which the body must be maneuvered in space. Twisting, turning, side-stepping, and sudden starting and stopping are dependent upon agility.

4. **Flexibility** is developed in activities that provide for the maximum range of movement in any given joint. Stretching, swinging, swaying, and other similar body movements promote flexibility.

5. **Endurance** is of two distinct types—muscular and cardiovascular. Muscular endurance is closely related to the strength of a muscle and is developed in activities where a maximum number of repetitions are done against a fixed resistance. Almost all activities that promote strength can be adapted for developing muscular endurance. Circuit training and the interval system applied to a variety of activities are excellent for promoting muscular endurance. Cardiovascular endurance is influenced by the ability of the body cells to obtain and use oxygen and by the ability of the body to rid itself of carbon dioxide. This process includes body intake of oxygen and expelling of carbon dioxide; oxygen being transported to the cells to be utilized and carbon dioxide to the lungs. Cardiovascular endurance is improved by prolonged rhythmical activity, interval running and swimming, cross-country running, hiking, bicycle riding, and running games. Some cardiologists have stated that a **minimum** of two to three minutes of continuous and sustained activity is necessary to develop sufficient cardiac stress to promote development of cardiovascular endurance. Other cardiologists feel that even longer periods—twenty to thirty minutes of continuous activity—are necessary if improvement in cardiovascular endurance is to result from participation in these activities. Gradual progression and pace are important considerations in their planning and implementation.

6. **Balance** is of several types—static, dynamic, and that involving the handling of an object. Static balance is developed in activities where the postural orientation of the body remains motionless. Dynamic balance is developed in activities where the equilibrium is maintained while the body is in motion. Balance board, balance beam, and trampoline activities promote the development of balance, as do many simple activities in which the individual is forced to make changes in his center of gravity in response to postural or environmental changes. Whether the eyes are opened

or closed makes a substantial difference when performing balance activities. When the eyes are closed, balance is maintained solely through the functioning of certain internal mechanisms (vestibular pressures of the inner ear, proprioceptive feedback, and kinesthetic awareness), while visual cues play a major and equally important role when the eyes are opened. Many balance activities can be performed with the eyes either opened or closed.

Balance activities often focus upon the individual, with no consideration given the environment. Is it immobile or mobile? While it is important to provide opportunities for the retardate to develop static and dynamic balance in an immobile environment, it is equally important to help him develop balance in a moving medium. Consequently we now consider four levels—not the traditional two—in balance progressions:

Immobile medium—static balance.
Immobile medium—dynamic balance.
Moving medium—static balance.
Moving medium—dynamic balance.

There are many progressions and approaches by which the instructor can provide opportunities to help even the very inept individual develop balance in each of these categories.[1] The creative and original instructor can develop many activities to prepare an individual to meet safely and successfully many of the challenges of daily life which require balance in a moving medium—taking an escalator, riding on an elevator, standing on a moving bus, walking up the aisle of a train or airplane, etc. Activities which promote balance begin with the very simple motions—any time an individual moves a part of his body, adjustments in balance must be made because of changes in his center of gravity—and extend to the very complex. Too often, instructors tend to forget that balance can be nurtured and improved.

7. **Speed** is dependent upon muscular contraction and is developed in activities which emphasize quick movements. In addition to certain running (sprint) events, activities that are performed rapidly as possible in a specific time interval serve to promote speed in all parts of the body.

8. **General coordination** is the ability to integrate several different kinds of movements into a single effective pattern. This ability is developed in a wide variety of activities and with diverse approaches that range from the simple to the complex. Some of the most effective coordination activities for the retarded have been developed and devised by individual instructors to meet specific needs of their students.

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[1] Contact Mr. Robert Johnson, Director, Project Action, c/o Blue Grass Association for Retarded Children, 898 Georgetown Rd., Lexington, Kentucky 45005, for information about progressions and specific activities to promote balance in each of the four categories.

Motor Ability

Undoubtedly, there is no clear dichotomy between physical fitness and motor function. However, the evidence seems to indicate that minimum levels of specific components of physical fitness—strength, speed, agility, balance, power, flexibility, and coordination—are essential if satisfactory performance is to be accomplished in a variety of motor skills. The practitioner must clearly understand the traits and components of motor ability (the developed capacity of the individual, which can improve with training and instruction) if he is to plan programs consisting of meaningful activities designed to meet the needs of each individual participant.[1]

More attention must be given to the development of simple and fundamental movements and basic motor patterns in programs for the mentally retarded. The totality of the individual cannot be overlooked in considering motor development; motor learning is not achieved in isolation, for the total being is involved in situations which relate to motor patterns and skills. The sectioning off of a person into convenient physical, mental, emotional, and social compartments is purely for academic expedience; the human organism functions as an integrated whole rather than in individual parts. Sensory mechanisms, perceptual interpretations, social interaction, emotional overlays, and mental attitude all affect motor performance, just as motor function forms the base for perceptual and conceptual function, and influences intellectual performance. Increasingly, professionals from many disciplines are recognizing the interrelationships among sensory, motor, and perceptual development. Some investigators suggest that changes take place in the nervous system as sensory, motor, and perceptual function becomes more complex and refined. Ability to perform complex activities requires control from the higher centers of the nervous system and more complicated neuromuscular patterns. Many new terms are finding their way into our vocabulary because of this new emphasis—perceptual-motor training, psychomotor function, mobility training, reflex therapy, neurological organization, movigenic curriculum, force methods, Doman-Delacato approach, and the Kephart technique.

Patterning and controlling the output are new terms that essentially mean the same as kinesthesis and assistive therapy, which have been used by physical educators and physical therapists for years. However, the new thrust and emphasis on these techniques is giving a new dimension to physical education and recreation; they are being recognized for their

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[1] The reader is referred to the following sources for in-depth treatment of perceptual-motor learning: Barbara Philbrick, "Selected Readings on Perceptual-Motor Learning: An Annotated Bibliography," **Journal of Health, Physical Education, Recreation**, Vol. 39, No. 2 (February 1968), pp. 34-35; Newell C. Kephart. **The Slow Learner in the Classroom**, Columbus, Ohio: Charles E. Merrill Books, 1960; Bryant J. Cratty, **Movement Behavior and Motor Learning**, Philadelphia: Lea & Febiger, 1967; Robert N. Singer, **Motor Learning and Human Performance: An Application to Physical Education Skills**, New York, Macmillan Co., 1968.

potential and impact upon those with learning problems, the brain injured, the neurologically impaired, and the mentally retarded. No longer can programs of physical education and physical recreation focus only on motor skills involved in games, relays, and dances. Motor activities must also be selected on the basis of the developmental level and readiness of the individual; one must move from skill to skill, activity to activity, and level to level, in a sequential and progressive manner. Too often, retarded youngsters are expected to perform motor skills on the basis of their type or level of retardation, the chronological age, the mental age, or some generic combination of these and other factors. Past experience, motivation, determination and drive, understanding of the activities themselves, pride, and self-confidence are all factors that have greater influences upon one's skill in performing motor activities than the objective and more easily identified etiologic and age factors. Important considerations in the integrated development of motor ability are the following:

1. **Neurological organization** refers to the sequential pattern of neurological growth from birth to maturity; each level of development serves as a base for further development in the next stage. As the child takes part in a variety of activities, he promotes coordinated development of the neuromotor (neuromuscular) system through integration of kinesthetic, tactile, visual, and auditory stimuli. Motor performance and perceptual development are, in turn, improved. Information, skills, and awareness gained at one level are instrumental for success at the next level. A variety of motor activities can contribute to the orderly development of the nervous system, especially at the most fundamental level, where activities like moving arms and legs without forward movement, crawling, creeping, walking, running, jumping, hopping, skipping, etc., contribute much. Consideration should be given to the dominance of each of the individual's hands, feet, eyes, and ears, encouraging unilateral control (i.e., all controlled by same side of brain). Body scheme, self-image, and ego-consciousness all are stimulated and have, in some cases, improved with better neurological organization.

2. **Motor generalizations**[1] involve (a) balance and postural orientation, as the individual manipulates and controls his body against gravity; (b) locomotion, as the individual controls his body in space in relation to other objects in the environment; (c) contact with an external object, as the individual controls it in relation to himself and the external environment; and (d) receipt and propulsion of an object, as it is received or propelled in relation to the individual in the environment.

Motor generalizations are different from motor skills; they enable the individual to perform motor activities in different environments and under a variety of conditions. Motor skills are rather rigid and specific. One who develops a motor skill may have difficulty in transferring or performing it except in the way it was learned. This is consistent with research showing low correlations among motor skills except when muscles and muscle groups

[1] Based on theories of Newell C. Kephart.

are used in exactly the same way, with identical movements. Motor generalizations serve as the foundation for the development of specific motor skills needed for successful participation in most games, sports, dances, and recreational activities. Activities focusing on important motor generalizations must be planned for and structured in physical education and recreation programs for the retarded, to be sure they will receive adequate emphasis. Considerations for planning activities specifically designed for developing the full gamut of motor function—generalizations and skills—include the following points:

a. **Mobility training,** to promote the earliest stages of neurological organization. Certain coordination activities are important in aiding neurological organization.

b. **Balance activities** of a variety of types, to enhance motor development.

c. **Fundamental movement activities,** to improve basic motor function (walking, running, stair-climbing, jumping, hopping, skipping, climbing, throwing, catching, dodging, etc.), incorporating basic movements into games and relays.

d. **Movement exploration** or a discovery approach to improve both motor ability and physical fitness.

e. **Rhythmical activities and dances,** to improve motor ability.

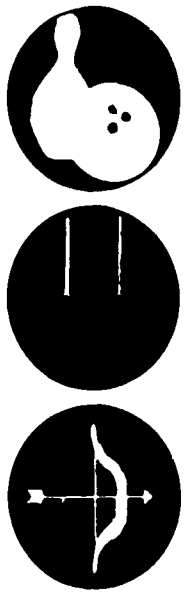
f. **Gymnastic activities** (e.g., tumbling, apparatus, dual and group stunts, balancing stunts, trampoline participation), to improve motor skills.

g. **Recreational and sports activities,** to apply and to improve motor skills (e.g., swimming, ice-skating, roller skating, bicycling).

h. **Small and large apparatus** (see page —), to promote both motor ability and physical fitness.

These are some criteria for assessing a child's progress in physical development through play—

1. Does he walk better?
2. Can he use his hands more effectively?
3. Is his coordination better?
4. Can he make better use of play equipment?
5. Does he sleep more soundly?
6. Is he less susceptible to fatigue?
7. Does he show evidence of greater levels of strength?
8. Is he less awkward and clumsy?
9. Is his appetite improved?
10. Has his weight become more appropriate for his age, height, and body build?



Sports Skills

Undue emphasis is often placed upon participation in complex and complicated sports or athletic events in physical education and recreation programs for the mentally retarded. Frequently the retarded are placed in sports activities they don't understand, and in which their chances for success are minimized because of the intellectual function required by the activities themselves. An adequate foundation of fundamental motor skills combined with too-early introduction to complicated sports skills also promotes failure for the retarded.

The following guidelines to assist the instructor in selecting proper activities are built upon logical sequences, based on progressions of the activities themselves and on the way children grow and develop:

1. Emphasize the development of fundamental motor skills.

2. Emphasize the application of fundamental motor skills to organized activities, relays, and simple games.

3. Emphasize the development of specific sports skills.

4. Emphasize the application of specific sports skills to lead-up activities, sports, games, and athletic contests.

5. Emphasize the development of skills needed to participate in individual, dual, and recreational sports with leisure-time and/or carry-over value.

No reference has been made to chronological and mental ages as bases for teaching different skills since a developmental approach is predicated upon challenging the individual with activities consistent with his readiness and abilities. Placing physical education and recreation activities into categories based on chronological and mental factors is inconsistent with the developmental principle and places emphasis upon the activity rather than upon the participant.

Many retarded youngsters are more interested in practicing sports skills in drills, relays, and similar activities than they are in participating in the sport itself. The retarded are often more receptive to individual activities (e.g., tumbling, gymnastics, swimming, wrestling, track and field) than to team sports.

1. The mental deficit compounds itself in most team sports and athletic contests, since they require a degree of abstraction, anticipation, response to cues, and attention to detail beyond the capacity of many retardates.

2. The individual challenge and sense of personal accomplishment in learning many sports skills can be more appealing to the retarded than participation in the games themselves, where individual challenge and per-

sonal achievement are not as clearly defined and the contribution (or lack of contribution) of any individual can be masked by the success (or failure) of a team. Individual sports and activities are often preferable because individual challenge, accomplishment, and personal satisfaction are so closely related.

Skills from virtually all sports—team, dual, and individual—have been taught with some degree of success to the retarded; some of these youngsters have reached high levels of proficiency in a number of sports. Regardless of the ability levels of those with whom one is working, there are basic considerations that will result in more effective instruction of sports activities and skills. These are as follows:

1. Skill instruction must be planned so that all will actively participate in a variety of regular and modified sports activities.

2. Specific skills must be broken down into small, progressive, and sequential steps,

3. Readiness activities must be devised to help the retardate develop the background, have the experience, and build the foundation needed to participate in sports activities.

4. Additional activities must be developed and inserted between conventional stages or steps used in teaching skills to the nonretarded, so as to offer new challenges to the retarded, enhance their chances of success in sports activities, and make instruction more specific, logical, and sequential.

5. Extensive use must be made of relays, drills, games of low organization, lead-up activities, and appropriate modifications of actual sports and games, to assist in the development of specific sports skills.[1]

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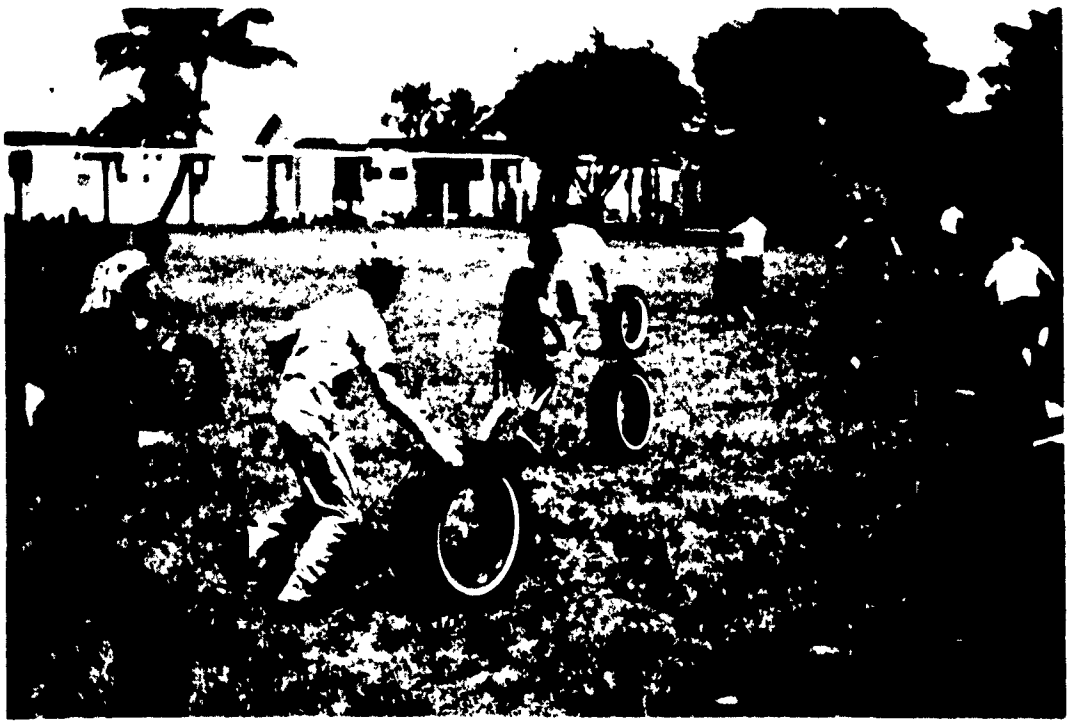
[1] For an extensive listing of these activities, the reader is referred to **Recreation and Physical Activity for the Mentally Retarded**, Council for Exceptional Children and the American Association for Health, Physical Education, and Recreation, pp. 50-59.



Special Events

A wide variety of special events have been used successfully in physical education and recreation programs for the retarded. Local customs, environmental conditions, administrative encouragement, instructor imagination, and the philosophy and policies of the agency will determine the frequency, extent, and type of special program. Some successful special events for retarded have included the following:

1. **Athletic and Sports Events**
   a. Bowling leagues
   b. Extramural competition
   c. Field days
   d. Intramural programs
   e. Play days
   f. Special contests and competitions (pass-punt-kick, fitness tests, basket shooting, bicycle rodeos, etc.)
   g. Sport days
   h. Swimming meets
   i. Telegraphic or mail-a-graphic competition (bowling, track and field, swimming, etc.)
   j. Tournaments (low-organized or individual activities, etc.)
   k. Track and field meets

2. **Camping and Outdoor Education Activities**
   a. Day camping
   b. Exploring
   c. Family camping
   d. Fishing
   e. Hiking
   f. Overnight camping
   g. Picnicking
   h. Residential camping
   i. Trip camping
   j. Winter camping

3. **School and Community Activities**
   a. Demonstrations at PTA meetings, athletic events, conventions, conferences, workshops, and as a community service.
   b. Exhibits and displays of projects and work of the participants, directed to the attention of the groups and audiences listed above.

c. Other types of programs where the retarded participate actively and/or the results of their efforts are shared with the community.

With proper supervision and control, the mentally retarded and the nonretarded may compete and/or participate in many of the same events.

As great a number of special events as possible should be scheduled throughout the year to supplement physical education and recreation programs for the retarded. These serve many purposes, some of which are as follows:

1. To motivate the retarded to participate in vigorous physical activities and in wholesome recreational endeavors.

2. To stimulate interest in all aspects of physical education and recreation for the retarded by parents, professional personnel, and the lay public.

3. To recognize the achievements of participants who have developed certain skills, reached certain levels of proficiency, or who have won various awards in different phases of the program (AAHPER Special or Regular Fitness Awards, swimming certificates, camp achievements, ribbons, intramural awards, American Junior Bowling Congress patches, etc.).

4. To provide additional opportunities for participants to apply and use their skills and abilities in challenging, stimulating, and meaningful ways.

5. To provide additional opportunities for the mentally retarded to have association and contact with the nonretarded in integrated school and community programs.

6. To serve as a means of acquainting and informing the public of the purposes, activities, contributions, and roles of physical education and recreation in educating and training the mentally retarded.

7. To be a part of a complete public relations program to inform and acquaint the public with the potential and problems of the retarded.

8. To provide additional opportunities for participants to have fun and to take part in vigorous physical activities and wholesome recreational endeavors.

Recreation

Recreation means different things to different people—one man's leisure is another's livelihood, and vice versa. Any definition of recreation generally includes the following forms:

1. Participation during one's leisure time.

2. Activities chosen freely and according to one's own wishes and personal desires.

3. Participation in activities for fun and enjoyment, for the personal satisfaction derived.

4. Activities of a nonsurvival nature.

5. Participation connoting active or passive involvement.

While these are important factors when planning recreation programs for the mentally retarded, there are considerations of even greater importance:

1. Recreation is more than participation during one's leisure time or preparation to use it wisely.

2. Recreation is an important and potent educational tool contributing much to the total growth and development of the retarded.

3. Recreation is broad and encompasses a wide variety of activities, enabling everyone, regardless of age, background, experience, abilities, interests, or handicaps, to participate in activities where they can succeed and achieve, and from which they can derive enjoyment and satisfaction.

4. Recreation can be the core around which a variety of meaningful and significant educational activities are built so as to stimulate and motivate the retarded to participate actively.

5. Recreation must be looked upon in the broadest sense and with the most liberal of interpretations so that experiences can be planned and structured to meet the specific needs of each participant. Every effort must be made to capitalize upon the individual's abilities, interests, and past experiences.

6. Recreation must use all available community sources and resources if the program is to be successful and meet the needs of the retarded.

With the increase in regional centers and day care programs, more retardates are being cared for at home and are members of the community. Recreational opportunities for the retarded can be programed in the regular community or school-centered program as follows: (a) full participation in activities of the regular program, (b) participation only in selected activities of the regular program, (c) participation in activities specially planned and conducted for the retarded, but under the auspices of the community or school-community recreation department.

Schools are assuming more responsibility in planning and implementing recreation programs for the retarded, which run the gamut from being an

integral part of the total program to simply enriching conventional and traditional offerings. However, including recreation as a part of the school's responsibility in programing for the retarded provides more opportunity for this important medium to have its full impact upon the retarded's growth and development—physical, intellectual, emotional, social, and ethical. Within the school-recreation program one should provide for the following:

1. Opportunities for recreational and sports activities after school hours and on weekends.

2. Activities such as sports, dance, active games, swimming, and hiking, emphasizing participation rather than passive entertainment.

3. Opportunities to use skills learned in the instructional program by including intramural activities, extramural participation, sports days, field days, play days, and other types of contests.

4. Encouragement for teams and individuals to compete in community sports leagues where feasible and practical.

5. Camping and outdoor education experiences throughout the year as activities in the complete education-recreation program.

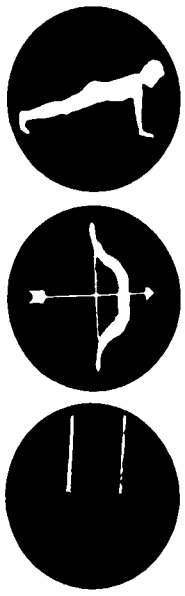
6. Winter outdoor activities such as sledding, skating, skiing, hockey, snow games, and sleighrides, when appropriate.

7. Opportunities in arts and crafts, musical activities, dramatics, excursions, involvement in service projects, belonging to clubs, and taking field trips as adjuncts of the total program.

Instructors must understand the stages of play and realize individual play precedes parallel play, which in turn develops before genuine group or cooperative play. Too often the retarded are forced into activities for which they are not ready. Should a group of two-year-olds be organized into teams or squads and be expected to take part in some sort of complex group activity? Attempts to organize certain groups of young and low level retardates to participate in most forms of group activities is just as foolhardy. Activities for the retarded must be consistent with the individual's development, consider the various stages of play, and challenge them to reach a little further to attain the next goal. Many activities in which the nonretarded participate spontaneously must be taught to the retarded. Since the retarded respond to the concrete rather than the abstract, many do not innovate or learn spontaneously, and must be shown. However, some retardates have shown a great deal of creativity in a variety of physical and motor activities after they have had an opportunity to build an adequate base and appropriate foundation. Creativity cannot exist or develop in a vacuum—there must be a baseline from which the individual initiates and to which he relates his creative action.

When properly attuned, the education and recreation programs complement and supplement one another, as both are designed to achieve the same basic goal—to enable the retarded to function as independently as possible in their environment.

Testing and Measuring Individual Progress



Evaluation of individual status, achievement, and progress must be a planned part of every physical education and recreation program for the mentally retarded; it should not be overlooked as an important motivating device to challenge each individual to greater effort and achievement. The effects of participation upon the retarded can be evaluated in many ways.

1. Informal techniques: observation; anecdotal records; discussions with the individual, his teachers, peers, and others who know and work with him; rating scales; checklists; inventories; questionnaires; and a variety of homemade devices.

2. Formal techniques: tests of perceptual-motor function, coordination, gross motor ability, fine motor skills, physical fitness, cardiorespiratory function, anthropometric characteristics, and specific sports skills.

3. A variety of developmental measures: tests of IQ, learning ability, academic achievement, social-emotional behavior, speech, and perception.

4. Results of tests and evaluations by specialists (audiologist, ophthalmologist, neurologist, pediatrician, psychologist, psychiatrist, sociologist, caseworker, home visitor, speech therapist, and any others from whom pertinent information can be obtained) need to be available and used by those involved in physical education and recreation programs for the retarded. Additional professional assistance can often be obtained from college and university departments of physical education, special education, recreation, educational psychology, medicine, and speech.

5. Individual records of all data collected about each individual should be kept and organized so they can be used by those involved in these physical education and recreation programs. Time should be allotted for specialists who have evaluated the participants to meet together, interpret their findings, and discuss appropriate activities and approaches to meet each individual's needs.

There are many evaluation scales and test instruments which have been used in assessing the psychomotor function and physical fitness of the mentally retarded. The following list is not all-inclusive but simply a representation of some selected approaches used in evaluating these important aspects of function among educable, trainable, severely, and profoundly retarded. (The listing of these instruments should not be interpreted as carte blanche recommendation by the AAHPER and the Project on Recreation and Fitness for the Mentally Retarded.)

1. **Tests of Psychomotor Function**

   a. **Basic Motor Fitness Test** (Donald A. Hilsendager, Department of Physical Education, Temple University, Philadelphia, Pennsylvania 19122). This test contains qualitative (i.e., pass-fail)

and quantitative (i.e., measured) test items. Qualitative measures are concerned with fundamental motor skills; quantitative items measure more specific motor skills. Requests for further information and permission to use the test should be directed to Dr. Hilsendager.

b. **Exercises for the Mentally Retarded: How to Develop Physical Functions in the Growing Child** (Evelyn Loewendal, A. C. Croft, Inc., Swarthmore, Pennsylvania 19081). This publication suggests basic principles for interpreting levels of physical growth and motor development in mentally retarded children, shows the skeletal, nerve, and muscle growth desirable for each year, and describes some appropriate exercises and physical activities for different developmental levels. As the child progresses through the five levels, the instructor has a built-in evaluative instrument and a program guide of pertinent activities.

c. **Mobility Testing of Neurological Organization** (Ernest P. Davis, Crowley Special School, 82 East Delos Street, St. Paul, Minnesota 55107). These devices include measures of fundamental movements, perceptual-motor relationships, basic motor skills, and specific motor skills. Attention is given to social, emotional, and intellectual development, and the interaction of each with the specific motor traits. A great deal of visualization (e.g., use of stick figures), use of individual charts and records, and involvement of the children themselves in the evaluation process are important parts of these instruments. Some of these approaches are included in **The Ernie Davis Lesson Plans Book** (St. Paul, Minnesota: H. M. Smyth Co., Inc., 1965).

d. **Motor Perceptual Survey** (Matthew E. Sullivan, Physical Education Consultant, Special School District of St. Louis County, 9820 Manchester Road, Rock Hill, Missouri 63119). Test items have been classified under general headings of balance, awareness of self, spatial orientation, and related areas. The scoring system provides a method for measuring any change that takes place as the child has opportunity to participate in motor activities. This survey can be administered as part of the class routine, without having to conduct the test on a one-to-one teacher-pupil basis.

e. **Movement Pattern Checklists** (Barbara B. Godfrey and Margaret M. Thompson, University of Missouri, Columbia 65201). These checklists are designed to evaluate the major basic human movement patterns and are intended to give a status assessment of patterns fundamental to human performance

which form the foundation for human movement. Walking, running, jumping, hopping, skipping, sliding, crawling, climbing, rolling, standing, throwing, catching, hitting, kicking, pushing, and pulling are movements included. These checklists are suitable for use by either trained or untrained personnel.

f. **Oseretsky Tests of Motor Proficiency** (Educational Test Bureau, Educational Publishers, Inc., Minneapolis, Minnesota). This is a maturation scale of motor proficiency which resembles the Binet Intelligence Test in construction. It gives a motor age for children 4 to 16 years of age and distinguishes four grades of motor proficiency. Items are scored on a pass-fail basis and are divided into six categories: static coordination, dynamic manual coordination, general dynamic coordination, speed, simultaneous movement, and synkinesia. Several revisions have been made of this test by American investigators: R. L. Berk, **A Comparison of Performance of Subnormal, Normal, and Gifted Children on the Oseretsky Tests of Motor Proficiency** (Doctoral Dissertation, Boston University School of Education, 1957); R. H. Cassel, "The Vineland Adaptation of the Oseretky Tests," **Training School Bulletin** (1949, 46: 3 and 4. Monograph supplement, series number 1); William Sloan, "The Lincoln-Oseretsky Motor Development Scale," **Genetic Psychology Monographs** (1955, 51: 183-252); Keith M. Kershner, Russell A. Dusewicz, and John R. Kershner, "The KDK Adaptation of the Vineland Oseretsky Motor Development Tests: A Group Testing Technique" in John R. Kershner, **An Investigation of the Doman-Delacato Theory of Neuropsychology as it Applies to Trainable Mentally Retarded Children in Public Schools** (Harrisburg, Pennsylvania, Department of Public Instruction, May 1967, pp. 63-103). There appears to be some question as to just what motor traits these test items do measure. Other than the KDK Adaptation, the test must be administered individually and requires at least 45 minutes per person.

g. **The Perceptual-Motor Attributes of Mentally Retarded Children and Youth** (Bryant J. Cratty, Department of Physical Education, University of California at Los Angeles, Los Angeles, California 90024). This reports a study sponsored by the Mental Retardation Services Board of Los Angeles County in cooperation with several other agencies. Test items are listed for two levels in each of six categories (body perception, gross agility, balance, locomotor agility, throwing, and tracking). Five specific tasks are assigned to each category and at each level (a total of 60 items). Decile rankings by age are included for trainables (5-24 years of age), educables (5-20 years of age),

educationally handicapped (5-16 years of age), and children (5-22 years of age) with Down's Syndrome (Mongolism). Additional norms and classifications are included for each of the groups.

h. **A Program of Developmental Motor Activities for Retarded Children** (Louis Bowers, Department of Physical Education, University of South Florida, Tampa, Florida 33620, or Director, Project on Recreation and Fitness for the Mentally Retarded, AAHPER, 1201 Sixteenth Street, N. W., Washington, D. C. 20036). This program contains measures of neurological fitness and a developmental program (including evaluative approaches) involving movement exploration, balance, trampoline, and perceptual activities.

i. **The Purdue Perceptual-Motor Survey** (Eugene G. Roach and Newell C. Kephart, Charles E. Merrill Books, Inc., Columbus, Ohio, 1966). This book contains procedures for administering and scoring the survey, which includes a variety of specific perceptual-motor test items. Rationale and development, standardization statistics, and practical use and application of the survey are also included. Much of this same information can be found in N. C. Kephart, **The Slow Learner in the Classroom** (Columbus, Ohio: Charles E. Merrill Books, Inc., 1960). A battery in which certain adaptations of this test are used can be obtained from Donald M. Kupfer, Activities Supervisor, Park and Recreation Department, Colorado Springs, Colorado. Further application of the theory underlying the Perceptual-Motor Survey can be found in **Aids to Motoric and Perceptual Training** (Bulletin No. 4a), State Department of Public Instruction, Bureau of Handicapped Children, Madison, Wisconsin. This Bureau also distributes material on an experimental approach for children with special learning disabilities, **A Movigenic Curriculum** (Bulletin No. 25), which emphasizes movement patterns leading to learning efficiency (i.e., muscular strength, dynamic balance, spatial awareness, body awareness, visual dynamics, auditory dynamics, kinesthesia, tactual dynamics, bilaterality, rhythm, flexibility, and motor planning).

2. **Tests of Physical Fitness**

a. **Kraus-Weber Tests of Minimum Muscular Fitness** (Hans Kraus and Ruth Hirschland, "Minimum Muscular Fitness Test in School Children," **Research Quarterly** 25: 178-188, May 1965). These tests of minimum muscular fitness were constructed to determine whether an individual has strength and flexibility in parts of the body upon which demands are made in normal daily

living. Test items include measures of strength of abdominal and psoas muscles, upper and lower back muscles, and flexibility of back and hamstring muscles.

b. **Physical Fitness for the Mentally Retarded** (Frank J. Hayden, distributed by Information Center-Recreation Center for the Handicapped, c/o Little Grassy Facilities, Southern Illinois University, Carbondale, Illinois 62901). This battery consists of eight items which assess levels of muscular and organic fitness. Seven of the individual test items measure some combination of muscular endurance, strength, and flexibility, although particular emphasis is on just one of these traits. Each of these test items applies to one of the four main muscle groups of the body—arms and shoulders, back, abdomen, and legs. The eighth item is considered a measure of organic fitness or cardiorespiratory condition and function. Age norms (8-17 years of age) according to sex for each item of the battery are included for the trainable retarded. Test items include bar hang, medicine-ball throw, speed back lifts, vertical jump, floor touch, back extension, and 300-yard run-walk.

c. **Physical Fitness Test Battery for Mentally Retarded Children** (Hollis Fait, School of Physical Education, University of Connecticut, Storrs, Connecticut 06268). This battery consists of six items which are considered appropriate for both educable and trainable mentally retarded youngsters. Test items not requiring memorization of difficult movement patterns or having detailed directions were selected. Every effort was made to eliminate items which produced a large number of failures and in which intellectual factors weighed heavily in successful performance. Differential scoring scales are included for **educable** and **trainable** according to sex and age (9-20 years). Test items inculde 25-yard dash, bent arm hang, leg lift, static balance, thrusts, and 300-yard run-walk.

d. **Special Fitness Test** (American Association for Health, Physical Education, and Recreation, 1201 Sixteenth Street, N. W., Washington, D. C. 20036). This Special Fitness Awards program is an extension of the AAHPER Youth Fitness Test program, in which (1) three of the seven test items have been modified and (2) standards have been determined from norms based on a large national sample of educable retarded children. Percentile scores are available for each year (8 to 18), according to sex, for each of the test items. Test items include flexed-arm bar hang, sit-ups for one minute, shuttle-run, standing broad jump, 50-yard dash, softball throw for distance, and 300-yard run-walk. Candidates must meet specific standards of performance, according to their age and sex, on the

AAHPER Special Fitness Test. Test instructions and national norms for educable retarded children are included in the **AAHPER Special Fitness Manual for the Mentally Retarded,** available from AAHPER at $1.00 per copy.

e. **Youth Fitness Test** (American Association for Health, Physical Education, and Recreation, 1201 Sixteenth Street, N. W., Washington, D. C. 20036). Some use has been made of this test battery in programs for the retarded; several research studies have included this battery as a criterion measure. Reports and results from these programs and studies present conflicting evidence concerning the efficacy of using this test with the retarded. However, recent trends strongly suggest that this battery can be used with the educable when they are given the benefit of a planned, regular, systematic, and progressive physical education program. Percentile scores are available for each year (10 to 17), according to sex, for each of the test items. Norms have also been developed for both boys and girls according to a classification index including age, height, and weight. Test items include pull-ups (flexed-arm bar hang for girls), standing broad jump, shuttle run, sit-ups, 50-yard dash, softball throw for distance, and 600-yard run-walk.

Development Profiles

1. **Denver Developmental Screening Test** (University of Colorado Medical Center, Denver, Colorado 80220). This test was devised and standardized to provide a simple, clinically useful tool to assist in the early detection of children with serious developmental delays. It can be used by people who have had no training in psychological testing; it is simple to administer and interpret. The DDST evaluates these functions: gross motor, fine motor—adaptive (the use of hands, and as the child grows older, his ability to solve nonverbal problems), language (the ability to hear and talk), personal-social (the ability to perform tasks of self-care and to relate to others). The test is not designed to give a developmental or mental age, nor a development or intelligence quotient; it is to be used to call attention to the possibility of developmental delays so that appropriate diagnostic studies may be pursued.

2. **T.M.R. Performance Profile** (Reporting Service for Exceptional Children, 563 Westview Avenue, Ridgefield, New Jersey 07657). This evaluation scale, based upon teacher observation, presents graphically the current status of an individual child, to help the teacher evaluate more readily existing needs, to plan for individual growth, and to record change and development. The six major areas most frequently referred to in curriculum guides for the severely and moderately retarded are used as the basis for the profile (social behavior, self-care, communication, basic knowledge, practical skills, and body usage). The section on body usage is subdivided into coordination, health habits, fitness, and eye-hand coordination. Various indexes make it possible to evaluate one major area against another and to assess progress in the various areas from year to year.

3. **A Special Diagnostic Battery of Recreative Functioning for the Trainable Mentally Retarded** (developed by Jean Mundy, Department of Recreation, Florida State University, Tallahassee 32306.) This instrument measures skills, abilities, and competencies needed by an individual if he is to participate successfully in different recreational activities. By looking at an individual's profile, the recreation leader can guide the participant into activities consistent with his level, degree, and kind of ability so he will have a greater chance for immediate success and achievement. The classroom special education teacher will find this a valuable tool to use in various aspects of his basic program.

Often tests are given but the results not used to facilitate instruction. Many times tests are given when critical observation of the participant would be equally valid and reliable. The instructor should not underestimate the importance and effectiveness of visual evaluation based upon observation and professional judgment, tempered by experience, knowledge of activities, and understanding of children. No program can become enslaved to testing and evaluation—these devices can be justified only in terms of their contributions to the program and in making it a more ef-

fective and efficient tool to meet the needs of each individual participant. To help achieve this, one should be aware of certain factors:

1. Know where the child started, as well as his current status.

2. Use these instruments as devices to improve instruction and upgrade program opportunities for each individual.

3. Use, do not misuse, norms that are available.

4. Use the results to help provide a developmental program in which the next step or activity logically follows the preceding one.

5. Use the results as guides rather than absolutes.

6. Realize the effect of the total function (motivation, social pressures, previous experiences, understanding of the test items, self-confidence, competitiveness, cooperativeness, pride, and self-concept, etc.) of the individual upon his motor proficiency or physical fitness scores.

7. Supplement formal techniques with observation of the individual in a variety of situations both in and out of school.

8. Discuss the results with others who know and work with the individual in other directly or indirectly related activities.

9. Use the results to motivate and challenge the individual to increasing levels of performance.

10. Know and understand the results and their significance.

11. Realize that cardiologists tell us that a minimum of two to three minutes of sustained effort is necessary to produce sufficient cardiac stress to measure cardiorespiratory endurance.

12. Require a thorough medical examination before permitting children to participate in vigorous activities.

13. Know and understand the kinesiological analysis of each test item used and the related implications and ramifications.

Some criteria for assessing a child's progress in intellectual development through play—

1. Is he more observant?
2. Is he better able to remember important facts?
3. Does he understand and follow directions more easily?
4. Does he understand rules and regulations involved in games and other activities more easily?
5. Is he better able to evaluate?
6. Does he make decisions on his own more often?
7. Is he more able to identify rhythms and tones?
8. Is he more able to identify animal sounds?
9. Can he complete a verse or story which he has heard before?

Awards

A goal of all instructors is to build within each participant a desire to learn and to take part in various activities. Intrinsic motivation means to perform, to participate, and to do one's best for the sheer love of the activity and for the feeling of personal well-being which it induces. However, since so many retarded have known nothing but failure and frustration, they are difficult to motivate in this manner. Most retardates respond best to stimuli—the real and the tangible—that have meaning and significance for them. Expectation and motivation are closely related—the greater your expectation, the more intense their motivation. Many times, performance of the retarded is more indicative of motivation than of proficiency.

Increasingly, research is emphasizing the importance of motivation as a determining factor in the achievement of the retarded. For example, rewards (candy), reinforcement (knowledge of previous performance), and conventional motivational techniques (verbal urging and praise) were used with three groups of girls—mentally retarded, chronological age comparisons, and mental age comparisons. When rewards were given as initial motivation, performance of the retarded continued to improve, when the less intense methods (reinforcement and conventional) followed. On the other hand, when rewards followed reinforcement and/or conventional techniques, performances were unaffected. Although participation was initially to obtain candy, the retarded soon learned they could achieve, perform, and succeed, which, in turn, helped bring about the desired intrinsic motivation—performing for the inner satisfactions. Conversely, when reinforcement or conventional motivational techniques were initially used, the retarded continued in their usual failure-frustration cycle; after this, reward had little or no effect in helping to counteract the negative tendency. Importance of success to the retarded cannot be overemphasized—physical education and recreation cannot be allowed to contribute to this failure-frustration cycle. Awards and rewards can be important motivators for the retarded and can stimulate them to successful experiences in a variety of activities.

Considerations for implementing an award system include the following items:

1. Providing suitable awards for motivation to improve performance.

2. Recognizing participation, as well as achievement and improvement.

3. Providing awards for individual students, classes, schools, or institutions.

4. Presenting awards for physical fitness activities, sports performance, or special event competition and participation.

Special Fitness Awards

A special physical fitness award program has been developed cooperatively by the Joseph P. Kennedy Jr. Foundation and the American Association for Health, Physical Education, and Recreation, in cooperation with the President's Council on Physical Fitness. This program has been designed to encourage and motivate the retarded to participate in vigorous physical activities and in wholesome recreational endeavors, and to stimulate all concerned with programs for the retarded to place greater emphasis upon these kinds of activities. This is an extension of the AAHPER Youth Fitness Award program in which the retarded can qualify for special silver, gold, and Champ emblems.

In many instances the retarded have been successful in attaining standards designed for the general population. For example, many retardates have performed sufficiently well to win the emblems awarded in the regular AAHPER Youth Fitness Test Program. Others have met the requirements for awards in the AAU Fitness Program, won Red Cross swimming badges, or earned YMCA swimming cards and certificates. Some have received special certificates, cups, or trophies for specific achievements or outstanding performances. Awards that have been successful in programs for the retarded include the following:

1. Ribbons awarded in special events, tournaments, or competitive activities.

2. Pictures placed in a "Hall of Fame" for outstanding performance or achievement (best score on each of the items in a physical fitness test, records in swimming, fastest time in track events, etc.).

3. Names listed and displayed for meeting certain standards of achievement (reaching given percentile levels on various tests, attaining specific times, distances, or heights in different activities, etc.), or for fulfilling specifically stated goals (running a predetermined distance—50 or 100 miles cumulatively, swimming certain distances, participating so many hours, etc.).

4. Certificates given for meeting certain standards of achievement or for fulfilling stated goals.

5. Cups or plaques presented for especially outstanding achievement or performance.

6. Tokens given for specific purposes; after a specified number of tokens are accumulated they can be turned in for a larger and more tangible award.

Another effective approach has been to recognize those who attain certain standards or levels of achievement, by making them student assistants, junior leaders, or letting them serve in some similar capacity. Often this kind of recognition or that which a retarded youngster gets from

his classmates and peers after a simple presentation ceremony, far outweighs the award itself—the youngster feels important as his ego and self-image are boosted.

Awards and award systems must be kept in perspective and be consistent with comparable programs in the school or system. Whatever the program or method, it must have meaning to the group with which it is being used. What types of awards or rewards have significance for the trainable? Would small personal tokens (candy, toys, gadgets) have more meaning for them than some of the conventional approaches that mean so much to the educable? These are questions that need to be explored and for which more definitive answers must be obtained.

Facilities, Equipment, and Supplies

Too many instructors rationalize that they cannot have a physical education or recreation program for the retarded because they do not have adequate indoor or outdoor facilities or appropriate supplies and adequate equipment. However, some of the best programs in the nation are being conducted by agencies and organizations which have no special indoor facilities, little outdoor space, and little, if any, traditional physical education or recreation supplies and equipment. Conversely, some places with excellent gymnasiums, playfields, hardtop areas, supplies, and equipment have poor programs. When all other factors are equal, adequate facilities, ample supplies, and sufficient equipment enhance the program; lack of these need not be deterrents to comprehensive planning and meaningful programming. There is a need for those in the field to experiment and to share ideas in the following areas:

1. Adapting conventional facilities and traditional equipment for use with the retarded.

2. Developing equipment to meet specific needs of the retarded.

3. Making inexpensive equipment of a creative and innovative nature for use in programs for the retarded.

4. Creating new designs for indoor and outdoor facilities (playfields, playgrounds, gymnasiums, auxiliary playrooms, swimming pools, campsites, etc.) where needed.

5. Giving the retarded an opportunity to participate actively in planning and building facilities and equipment, and securing supplies for use in their own programs. Outdoor educational facilities, tree houses, small games, equipment for low organized games, and camp projects are a few examples of ways in which the retarded have enriched their own programs.

In addition to conventional and traditional kinds of supplies and equipment (beanbags, medicine balls, play balls, hoops, wands, mats, gymnastic apparatus, sports equipment, climbing apparatus, play walls, swimming and wading pools, sandboxes, record players, ad infinitum), many ordinary items can be adapted and used in these programs. Chairs, benches, logs, tires (airplane, automobile, and bicycle), inner tubes of all sizes and shapes, ropes, parachutes, ladders, barrels, boards and planks, oil drums, broomsticks, balloons, stage screens, silk scarves, and old bowling pins are a few examples. Determine the skills and abilities to be taught; develop the program in terms of actual equipment and supplies available; then improvise what is needed, from these easily obtained and readily available items. Resourcefulness, initiative, and the inspiration of a dedicated teacher are more important in determining the success of a program than

possession of elaborate equipment and expensive supplies. Often the retarded derive more fun, pleasure, and benefit from simple physical education and recreation equipment and supplies, items do not have to be elaborate or sophisticated.[1]

[1] A slide program on innovative and creative equipment is available from the Project on Recreation and Fitness for the Mentally Retarded (c/o AAHPER, 1201 Sixteenth Street, N.W., Washington, D. C. 20036). A taped description accompanies the slides, which show many pieces and kinds of innovative and creative equipment which have been used successfully in physical education and recreation programs for the mentally retarded all over the country. Most are homemade, inexpensive, and constructed from readily available materials. Development of specific motor and perceptual-motor skills are encouraged by using each device.

Medical Examinations

Good judgment and sound practice dictate that each student be required to have a thorough medical examination before being allowed to participate in any program involving vigorous physical activity. This is necessary for the protection of the child and his family as well as for the teacher and his school or the agency sponsoring the program. Even if the examination is not administered directly by the school, it is the responsibility of the administration to see that it is done. Since so many retardates have had little opportunity to participate in vigorous physical activities, and with an increasing number of multiply handicapped youngsters becoming involved in physical education and recreation programs, complete medical examinations are a must, and an even more important consideration for them than for the nonretarded.

A valuable supplement to the medical examination is the comprehensive diagnostic evaluation which is being used effectively in some schools and school systems. These examinations are conducted by a variety of specialists who make up a team to which each member brings the unique talents of his discipline. Each specialist reports and interprets the results of his tests to the entire group, which may include ophthalmologists, audiologists, neurologists, psychologists, psychiatrists, pediatricians, and/or other medical doctors, sociologists, and educators. Admittedly, some of the instruments used in these examinations need to be refined to make them more valid and reliable diagnostic measures. However, to date, the complete diagnostic work-up and its associated staffing has been the most accurate and effective way to ascertain the causes of a child's problems and difficulties. While there are chances to make mistakes in the diagnosis and in the program recommended, this is much less likely to happen when such an approach is used.

The results of the medical examination and of the more complete diagnostic evaluation must contribute to the individual in the program which indicates his developmental level, thereby assisting the staff to focus on his specific needs. Periodic re-examinations are needed to assess the influence of the physical education and/or recreation program upon the individual, to determine changes in status or conditions, and to serve as the basis for program change and activity modification. Those with certain problems (e. g., posture, orthopedic) may be given special corrective or remedial exercises as recommended by the examining physician. Some children are included in this phase of the program in addition to their participation in the regular physical education program. When qualified personnel are available, a corrective component or remedial component should supplement other aspects of the total physical education program.

Parents should be kept informed in order to help them understand the program and to obtain their support, to assure the success of the program. Close contact with parents (home visitations, telephone calls, letters, written reports, conferences, parental observation of the program)

is needed if the physician's recommendations are to be implemented fully; there is much for them to follow up. Such plans must be made at the time the medical examination is administered.

Some find it more practical and feasible to have medical examinations given under the auspices and direct supervision of the agency sponsoring the program. Others insist that these examinations be given, but consider it the responsibility of the parents to take the child to the physician, clinic, or hospital of their choice. Some use a combination of the two approaches, sponsoring some examinations and in other cases having parents make necessary arrangements. Each community must weigh the pros and cons of these approaches, consider all factors, and then decide upon the one that they deem best. The best interests of the children involved are the most important consideration and guide in making such decisions.

Considerations for selecting activities—

1. Does the activity offer ample opportunity for achievement and success?
2. Is the activity adaptable to the individual or group?
3. Does the activity contribute to the need for providing a wide variety of experiences involving many different skills?
4. Is the activity practical for the time allotted and the facilities available?
5. Is the activity relatively safe for the individual, considering his physical and mental abilities and his emotional and psychological conditions?
6. Does the activity invite response to its challenge?
7. To what degree does the activity promote cooperative effort or involve competition?
8. Is the activity socially beneficial?
9. Is the focus on action and participation?

In-Service Education and Training

Change permeates virtually everything we do. But change should result in progress—and progress means better things and greater opportunities for the mentally retarded. However, communication is vital if change is to have an impact in improving physical education and recreation programs for the retarded; all concerned with these programs must have much new information made available to them regularly. A well-planned and functional in-service education and training program is needed if there is to be continual progress in all programs. Some type of in-service workshop, lecture, clinic, or meeting should be conducted every month of the school year. Full use should be made of other scheduled meetings and blocks of time (e.g., teacher meetings; local, district, regional, or state sessions; released-time opportunities). Special programs for administrators, supervisors, teachers, volunteers, and aides should include a variety of topics to assist them in dealing successfully with the retarded in physical education and recreation. Since many physical education and recreation personnel have had little, if any, background, training, or other experience with the retarded, some of their in-service programs should focus on meeting this need. Conversely, few special educators have knowledge, skill, and sufficient competency in physical education and recreation. Therefore, programs should be designed to meet their special needs. For those who already possess such training and experience, in-service programs should provide opportunities to receive updated information and to stay abreast of the latest in theory and practice in programing for the retarded, in general, and in physical education and recreation, in particular.

Workshops, clinics, and in-service programs need to have variety.

1. Include topics like class organization; teaching methods and techniques; physical fitness activities; specific sports and sports skills; fitness testing; skills testing; evaluation of posture and motor ability; aquatic activities, water safety; recognizing and meeting individual needs; seasonal activities; use of music, rhythmics, and dance; learning through physical activity; perceptual-motor training; mobility activities; and enrichment activities (e.g., intramurals, extramurals, and interscholastics).

2. Feature special lectures on physical education, recreation, special education, mental deficiency (e.g., medical, social, educational, and psychological aspects; characteristics; etiologies; prevalence), vocational rehabilitation, nutrition, genetics, and social work.

3. Include appropriate audiovisual materials (films, slides, filmstrips, displays, etc.).

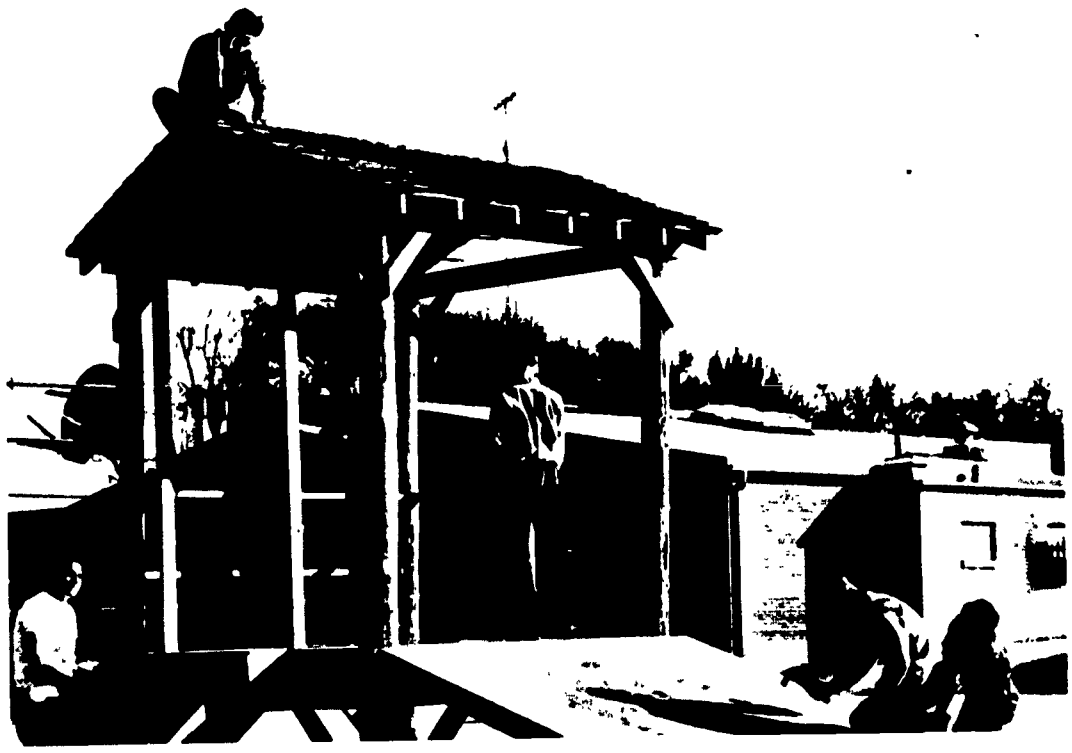
4. Encourage the staff, individually and collectively, to visit and observe similar programs in other schools, residential facilities, day care centers, and at playgrounds.

5. Bring in people from other programs to conduct demonstration lessons of general interest or on a specific topic and provide opportunities for staff members to participate so each can gain experience in the activities and approaches suggested.

6. Hold weekly meetings for all personnel involved to discuss individual students; to evaluate the program in terms of its strengths, weaknesses, and direction; to plan and organize for the future (both short- and long-term); and to discuss, analyze, and attack special problems.

Staff bulletins or newsletters can be quite informative and valuable and may include minutes of staff meetings; information about special events; reading references; annotated bibliographical citations; information about conferences, conventions, workshops, and lectures; reviews and abstracts of research; data about activities, methods, and techniques; and exchange information from others working in the field. Ideally, these bulletins should be distributed once a month, with special issues as needed. Bulletin boards focusing on these programs provide still another means of staff communication and can contribute to the complete in-service program.

Since some colleges and universities offer course work in physical education and recreation for the mentally retarded, directly related classes (e.g., motor learning, diagnosis and prescription of motor disabilities, motor-perceptual development, adapted physical education, recreation for the ill and handicapped), and appropriate courses from regular curriculums, staff members should be encouraged to take advantage of appropriate offerings in extension courses and during summer sessions. Additional work experience with the retarded in different settings during the summer or even while school is in session will help the teacher become more understanding, appreciative, knowledgeable, competent, and skillful in dealing with the retarded. Although these are not in-service activities directed by the school or school systems, they are important ways for the dedicated instructor to prepare himself to do a better job.

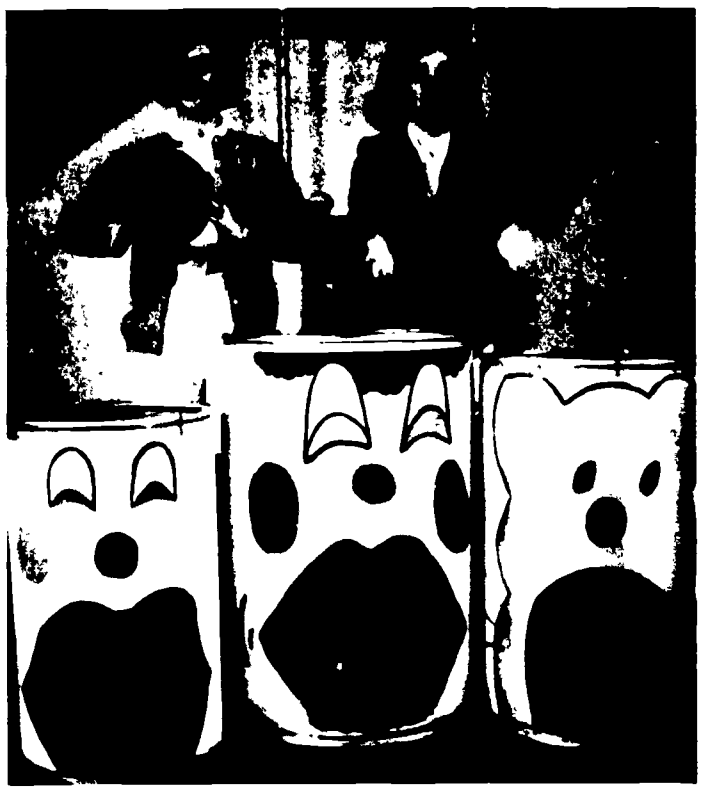


Volunteers

Sufficient assistance to ensure the individual attention each child needs is important to the success of physical education and recreation programs for the retarded. Individual attention may be the most important factor in getting the retarded to respond—they feel important and build, possibly for the first time, a warm relationship with someone outside their families. Volunteer assistance is needed in after-school and weekend recreational programs, and in the regular instructional program. Every community has a number of sources of volunteers—high school and college students, student clubs and organizations, parents, service clubs, civic groups, women's clubs, religious organizations, student teachers, regular classroom aides, and Red Cross volunteers. Students in the school itself should not be overlooked; better performers and interested boys and girls can be used as student leaders or assistants in the same way in which they are used as library or office helpers. Older and more capable retardates should be considered. (Most residential facilities would be unable to operate many programs without help from older and more capable residents.)

Volunteers should be given appropriate orientation and adequate training, including sessions on retardation, physical education, and recreation. Detailed information about the volunteers' duties and responsibilities should be included if they are to make positive contributions and help each child achieve the goals of the program.

Appropriate recognition should be given to those who work as volunteers. For example, a luncheon or open house planned and presented by the children themselves would be an effective way to recognize their effort and show appreciation.



Parents

Parents need to be involved in physical education and recreation programs in a variety of ways so they can better understand and appreciate what is being done and supplement the program at home. In addition to periodic group meetings (which may or may not be a part of regular PTA meetings or programs of associations for retarded children), special activities involving parents should include the following elements:

1. Instructor conferences and interviews with parents two or three times a year to report progress. Other meetings may be scheduled as needed to discuss particular situations and special poblems.

2. Instructor visitations to become familiar with the home setting and environment of the child.

3. Educational programs or meetings to include talks, lectures, seminars, discussion groups, workshop sessions, films, and other appropriate activities.

4. Orientation activities in which the physical education and/or recreation programs are described and explained.

5. Demonstrations and exhibitions in which the children show activities typical of the program. Parents should be encouraged to visit classes and attend other parts of the program.

6. Bulletins, regular reports, special individual reports, and other printed materials about the program, in general, and about the progress of their child, in particular.

Parents should be willing to participate in the following ways:

1. Receive direction and guidance to prepare them to assist their children to become more physically active in neighborhood play, home exercise, and family activities. Some families coordinate efforts in their neighborhood—each family provides facilities, equipment, and supplies for a different activity (volleyball, badminton, shuffleboard, play apparatus, etc.). In this way, a variety of experiences and opportunities can be offered within the confines of the immediate area.

2. Assist as volunteers in various aspects of the program. This will improve the instructor-participant ratio to provide more individual attention. Leaders with special talents, interests, skills, and competencies thus can be brought into the program to give it greater depth and scope.

3. See that recommendations from medical examinations are followed.

Public Relations and Information

During the last two or three years many more opportunities in physical education and recreation have been provided for the mentally retarded than is generally realized; however, this does not mean enough is being done. Over the years, the dedicated teachers, recreation workers, volunteers, and parents have been so busy planning, organizing, and conducting programs, they have not had time to write or tell about these programs and the accomplishments of their children. Sharing ideas, exchanging information about successful activities and practices, letting others know of successful innovations and improvisations, and giving others the benefit of one's experiences are vital to continued progress in these programs. Professionals from various disciplines are getting information about physical education and recreation for the mentally retarded in many different ways: (1) more articles on these topics are appearing in professional journals; (2) greater numbers of research projects, theses, and dissertations are being done; (3) increasing emphasis is being placed upon these areas in courses at both the undergraduate and graduate levels; (4) more students from high school through graduate school are doing special reports on retardation, in general, and on physical education and recreation for the retarded, in particular; (5) special workshops, clinics, institutes, in-service programs, and classes are increasing rapidly all over the country; and (6) programs in national, regional, district, state, and local conventions and conferences are expanding greatly.

Despite this significant progress, there are still many unanswered questions and a great need for people at the grass-roots level to exchange information and ideas. Equally great is the need to communicate to parents and to the general lay public; much of the public's apathy, indifference, and even active antagonism toward retardation is caused by fear and ignorance. Appreciation of the retarded and understanding of retardation can come from planned educational programs involving the mass media. Although popular periodicals, newspapers, radio, and television are increasing their coverage of retardation, much of this has been of a medical, biomedical, paramedical, or personalized human-interest nature. Very little information has been given by the mass media about the role of physical education and recreation in the education and training of the retarded, and their important contributions to growth and development. This information—the entire story—must be directed to every citizen in the United States. Everyone involved in physical education and recreation programs for the mentally retarded has a responsibility to plan and implement an active and vigorous public relations program aimed at reaching different individuals and groups, including professionals, preprofessionals, subprofessionals, volunteers, parents, and the lay public.

Information about all aspects of physical education and recreation programs for the retarded should be made available and disseminated regularly to the news media—radio, television, newspapers (local, state, and national). Personal contact with key people in each of the media must be made and maintained as a regular assignment of some staff person.

Newsworthy items, materials for features, series, and human-interest stories, information about special accomplishments of the participants, and other pertinent data should be widely distributed to help bring this message to the public; pictures will give greater impact to written materials.

The public needs practical demonstrations and exhibitions of these programs in open houses, contests, exhibits, special programs, and demonstrations at various school and community events. Members of the staff should accept every opportunity to discuss the program in formal and informal settings and before civic groups.

It is essential that arrangements be made to permit individuals and groups of all kinds to observe the programs in action. In addition, information about curriculums can be disseminated by the following methods:

1. Articles for professional periodicals.

2. Technical reports for professional journals.

3. Oral reports and demonstrations for professional meetings.

4. Curriculum outlines and guides.

5. Reports of research and special projects conducted as a part of the program. Teachers, recreation workers, camp counselors, and others directly associated with these programs should be encouraged to do action research—conducting projects designed to answer questions, attack problems, and clarify situations arising in their own positions. These studies can be done at little or no cost, with no disruption of the program; often the results are among the most beneficial and useful in giving direction to others in the field.

6. Films, slides, filmstrips, pictures, audiotapes, and records about successful, special, and original activities, methods, and approaches used in the program.

Personnel affiliated with public and private agencies should be kept informed of current happenings and trends in physical education and recreation conducted by other groups and organizations.

Appropriate information should be sent to public health departments, colleges and universities, social work agencies, park and recreation departments, associations for retarded children, residential facilities and day care centers for the retarded, civic and service organizations, vocational rehabilitation and job placement service agencies, state leaders in programs for the mentally retarded, state supervisors of physical education, coordinators or directors for the state comprehensive plans in mental retardation, executives and staff of state recreation societies, and groups with special interest in physical education and recreation for the mentally retarded—Boy Scouts, YMCA, YWCA, Red Cross, etc. Special effort should be made to keep school system personnel (boards of education, administrators, supervisors, teachers, and aides) apprised of this information.

How Does Your Program Rate?--A Guide for Evaluation

A major purpose of this publication is to provide assistance to those initiating physical education and recreation programs for the mentally retarded and to those enriching or expanding already existing programs. Every section of this Guide can assist personnel in evaluating parts of their program; this section offers more definite suggestions and specific guidelines. This approach simply suggests one way to evaluate different aspects of programs. Although much of this material may appear more appropriate for physical education or school-centered recreation programs, some sections can be applied directly and all can be adapted for use in community-centered or special recreation programs.

Objectives

What are the major objectives of the program and each of its component parts?

Why is each of the specific activities included in the program?

Do the program and each of its component parts meet the needs of the population they serve?

Staff

What are the personal and professional qualifications of each staff member?

Is each staff member in a leadership position best suited to his knowledge, skills, and competencies?

What is the work load (number of classes, responsibility for other activities, supervisory duties, administrative responsibilities, etc.) of each staff member?

What is the ratio of program participants to the total staff? What is this ratio for the professional staff? For the total staff including volunteers?

How many staff members are involved exclusively in administering and/or supervising the participants?

Program

How many children, adolescents, young adults, and adults does the program reach?

In how many classes are appropriate programs and activities available for educable, trainable, severely, and profoundly retarded males and females at the various levels (preschool—under 5 years; primary—5-9 years; intermediate—9-12 years; junior high—12-15 years; senior high—15-20 years; young adult—21-30 years; and adult—30 years and over)?

What percentage of the total retarded population is reached through the program? If there are differences in this percentage for some groups, why is this so?

How often do students participate in an organized physical education program (..... periods per week; each period is ..... minutes long)?

How often do students receive additional planned physical activity (..... minutes per day, ... days per week) under the direction of their classroom teacher?

How often do students participate in out-of-school recreational activities (..... days per week, ... minutes per participation, approximately ..... days) during the school year?

In what ways is the physical education program integrated and/or correlated with other areas of the school curriculum?

Does the physical education program contribute to the vocational readiness and competency of the participants?

How is the school physical education program coordinated with private, public, and/or semiprivate recreational programs in the community?

Are methods, techniques, and approaches appropriate for the groups with which they are used?

How are improvisations, innovations, original activities, and creative techniques used in the program?

Are the activities consistent with the aims and objectives of the program?

Is the program developmental in nature and designed to meet the specific needs of the participants?

Recordkeeping

A sample chart for keeping an accurate record of each pupil's participation appears on pages 42-43. Such a chart enables the instructor to tell at a glance what specific activities comprise the program and the degree of participation in each.

Some criteria for assessing progress in social development through play—

1. Does he work and play better with others?
2. Does he cooperate better?
3. Is he less easily distracted?
4. Is he friendly when he meets someone new?
5. Can he do more things for himself?
6. Is he happier in the group?

SAMPLE CHART OF PUPIL PARTICIPATION

Code
N—Nursery or preschool P—Primary level I—Intermediate level J—Junior high level S—Senior high level Y—Young adult A—Adult

Activity	Number of Weeks Included														Number of Periods Per Week												Check appropriate column for each	
	Boys							Girls							Boys							Girls						In school	Out of school
	N	P	I	J	S	Y	A	N	P	I	J	S	Y	A	N	P	I	J	S	Y	A	N	P	I	J	S	Y	A	
Individual sports and games																													
Dual sports and games																													
Sports and team games																													
Combatives																													
Rhythms and dance																													
Partner activities																													
Tumbling, gymnastics, and apparatus																													
Physical fitness activities																													
Formal calisthenics and exercise																													
Obstacle or confidence course (composition)																													
Circuit training (composition)																													
Special corrective or remedial activities																													

Recreational and carry-over activities
Camping and outdoor education
Special winter activities
Intramural activities
Extramural activities
Sports days, play days, and field days
Interscholastic activities
Mobility activities
Perceptual-motor activities
Movement exploration
Fundamental motor activities
Specific motor activities
Games of low organization
Self-testing activities
Relays

Other activities which might be charted include the following: specific lead-up and sports skills activities, aquatic activities, arts and crafts, musical activities, dramatics, excursions, spectator events, television, radio and phonograph, quiet games, organized groups (clubs, etc.), special events, social activities, hobbies, and community service.

Awards and Motivation

For what purposes has the award program been developed? Does it actually fulfill these purposes?

What awards and award systems (individual, class, school, instructor) are used as regular and/or special parts of the program?

How are awards presented to their recipients?

What motivational devices and techniques are used?

What criteria are used to determine recipients of the awards?

How many participants receive the different awards?

How is year-to-year continuity maintained in the award program?

Facilities, Equipment, and Supplies

Is full use made of all available facilities, equipment, and supplies?

What facilities (community, public, private, semiprivate) are used? How can more effective use be made of all available facilities?

What adaptations have been made of conventional and/or traditional items of equipment and supplies?

What kinds of homemade equipment have been developed?

Testing and Measuring Individual Progress

For what purposes has evaluation in the physical education and recreation program been developed? Does it actually fulfill these purposes?

In what ways does this evaluation program contribute to the total program and to a better understanding of the individual participants?

What kinds of evaluative instruments are used?

Are the specific evaluative instruments appropriate and applicable to the individuals and groups with which they are used?

How are records (individual, class, permanent) maintained and used?

Are analyses and comparisons made of results from evaluations taken at various times within the same year, year to year, class to class?

What research has been conducted in conjunction with the program? Are instructors encouraged to do action research to attack problems confronting them?

Are the results of evaluations interpreted to the participants and/or their parents or families?

Diagnostic Examinations and Procedures

Are medical, pediatric, neurological, psychological, psychiatric, ophthalmologic, audiological, sociological, intelligence, learning ability, educational achievement, and other examinations administered as part of the program?

How often is each examination administered and required?

When and by whom is each examination administered?

How is each examination financed?

How are the results of these different examinations used to influence the program for any given individual?

How are staffing procedures and the results of these examinations used in a team evaluative diagnostic work-up for each individual?

Is a thorough medical examination required before allowing an individual to participate in any vigorous physical activity?

In-Service Education and Training

Are in-service programs provided and required for all staff members?

How often are in-service programs scheduled?

What types of in-service programs are scheduled (workshops, clinics, institutes, classes, staff meetings, visitations, conferences, etc.)?

Are content and approaches of in-service programs varied and designed to meet special needs of the staff?

What methods and approaches are used for in-service programs (lectures, demonstrations, films, instructor participation, visits, printed materials, bulletins, etc.)?

What specific topics are considered during in-service programs?

Who conducts the various in-service programs?

For whom are the in-service programs designed (physical educators, special educators, classroom teachers, administrators, supervisors, etc.)?

What influence and effect has in-service activity had upon the quality of the program?

Parental Involvement

How are parents involved in the program?

What activities acquaint and educate parents about the program? Serve them? Encourage them to supplement and follow up the program at home and in the community?

Volunteers Involved in the Program

What is the role of the volunteer in the program? How is this communicated to the volunteer?

What is the total number of volunteers involved in the program? On a regular basis? On a nonregular basis?

How often does an individual volunteer take part in the program (daily, weekly, monthly, etc.)?

How long does an individual volunteer serve at any one time (one period, half a day, all day, etc.)?

What are the specific duties and responsibilities of volunteers?

What training and/or orientation is required of volunteers? How often are they required to take part in in-service education and training sessions?

From what sources are volunteers obtained?

What proceaures are used for obtaining the services of volunteers? Are these adequate?

What recognition is given to volunteers who take part?

Public Relations, Information, and Publicity

What kinds of information are disseminated about the program?

How is the public relations and information program planned and implemented?

To whom is the responsibility for this part of the program delegated?

To which of the mass media (television, radio, newspapers, magazines) is information about the program (activities, participants, and staff) given? How often is this done?

Have articles been submitted to professional journals about specific parts of the program?

Have newsletters been developed and circulated about the program? How often?

Have special programs (films, slides, tapes, demonstrations, speeches, etc.) been developed and presented to interested civic and service groups in the community and throughout the state? How often are they presented?

What kinds of technical reports have been developed and circulated about the program and its component parts?

Have curriculum outlines and guides been developed and circulated to other interested agencies and organizations for use and evaluation?

Specific Impact of the Program

What impact has the program had upon the local community? Parents? School personnel in the district? Personnel in other school districts? People in the business community? Others?

Miscellaneous

What are the greatest **strengths** of the program?

Greatest **weaknesses** of the program?

Greatest **problem areas** in the program?

Projected changes for the program and approaches for the future?

Areas of greatest disappointment in the program?

Areas of greatest progress in the program during the past year?

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FOR THE INTERESTED READER

Newsletters dealing with physical education and recreation for the mentally retarded include:

Challenge. Project on Recreation and Fitness for the Mentally Retarded. c/o AAHPER, 1201 16th Street, N.W., Washington, D.C.

Information Center—Recreation for the Handicapped. c/o Little Grassy Facilities, Southern Illinois University, Carbondale, Illinois.

PCMR Message. The President's Committee on Mental Retardation, Washington, D.C.

Recreation for the Retarded. c/o National Association for Retarded Children, 420 Lexington Avenue, New York, New York.