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A Resource Guide in Sex Education for the Mentally Retarded.

American Association for Health, Physical Education and Recreation, Washington, D.C.; Sex Information and Education Council of United States, New York, N.Y.

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A rationale for sex education introduces a curriculum guide which includes suggested steps for developing programs with the retarded and which is organized into curriculum content, sample activities, and resource material. Expanded in outline form are these topics: awareness of self, physical changes and understanding of self, peer relationships, and responsibility to society. The resource section lists printed materials, audiovisual aids, and packets, indicates their pertinence to one or more of the topics, and gives the level of difficulty. A form for evaluating the publication is included. (RJ)

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A Resource Guide in
SEX EDUCATION FOR THE
MENTALLY RETARDED

RC 004 454

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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A RESOURCE GUIDE IN
SEX EDUCATION FOR THE MENTALLY RETARDED

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Project on Recreation and Fitness for the Mentally Retarded *in cooperation with the* School Health Division of the American Association for Health, Physical Education and Recreation (1201 16th St., N.W., Washington, D. C.)

and the

Sex Information and Education Council of the United States (1855 Broadway and 61st Street, New York, New York).

Single Copies available upon request to Director, Project on
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PREFACE

All happy families resemble each other; each unhappy family is unhappy in its own way. Tolstoi: Anna Karenina

Almost daily old wives' tales are dispelled about what mentally retarded boys and girls, men and women can and cannot do; philosophies and approaches are changing-- emphasis is not upon custodial care and isolation but rather activities and programs aimed at habilitation, education, and integration. With increased efforts to keep the retarded at home and in the community, it is necessary to consider many personal and social factors and activities not thought necessary or within the scope of understanding, function, and interest of the retarded only a few years ago. Today these areas are creating some of the most pressing problems confronting those who work with and teach the retarded. Staff workers in residential facilities find changing attitudes and ideas relative to personal expression of residents presenting many new and heretofore unthought of legal, moral, and ethical problems and decisions. In no area has there been a greater cry for help, materials, and information than in the area of human sexuality.

Numerous problems about sex education of the mentally retarded have been identified and expressed--by professionals, parents, and volunteers who work with and teach the mentally retarded. How does one help the retarded establish realistic and sound attitudes about sex relationships? help them channel natural drives into socially acceptable behavior? provide them, where necessary, some form of lifetime supervision over relationships in the area of sex? Obviously, sex education involves more than areas of direct concern to adults and what adults think are of interest to and needed by children and adolescents. The roots of healthy human sexuality are far removed and more involved than simple considerations of the anatomy and physiology of reproduction; it starts with concepts and attitudes developed subtly

and in earliest infancy and affected by virtually every area and activity in one's life.

This Guide has been developed to serve as a resource for anyone-- professional, parent, volunteer--concerned with the growth and development, good and welfare of the mentally retarded and to provide guidelines and suggestions for developmental sequences to use and adapt for specific individuals and groups. This Guide will not be everything to everybody and is not the panacea of ready made answers so many seek. This is as the name indicates, a resource, a guide, with ideas and suggestions about content, methods, and materials to help teachers and parents develop the specifics to meet the needs of those with whom they work. This is intended as a working and practical document, not a theoretical one. A carefully selected committee representing individuals from public schools, residential facilities, and day care centers have individually and collectively contributed their knowledge, experience, and ideas to the making of this Guide. Additionally, many dedicated individuals from every area and state in the United States were contacted and asked to contribute ideas, suggestions, and materials for the Guide. Therefore, the content, activities, methods, and materials represent a cross-section in the thinking of many professionals, volunteers, and parents from every type of organization, agency, and institution, dealing with the mentally retarded. Since this is a working document it will be subject to future revision--sections will be changed, others will require additions, and still others will need deletions. Consequently, the special Committee of the Sex Information and Education Council of the United States and the American Association for Health, Physical Education, and Recreation's Project on Recreation and Fitness for the Mentally Retarded which developed this Guide will be a continuing one with specific charges and responsibilities. In addition to evaluating and

revising this Guide, the Committee will provide leadership for the development of additional printed and audiovisual materials and will encourage the use of materials on an experimental basis with mentally retarded of various ages, of different functional levels, and in a variety of environmental settings.

Within the Guide a developmental approach has been used whereby mental and chronological ages have not been included with the content, for activities, or materials. Concepts and the associated activities and materials have been presented within each area sequentially from the basic and extremely easy to the very difficult and sophisticated. Similarly material has not been designated for educable or trainable. The user of this Guide--professional, parent, or volunteer--is encouraged to look at the functional level and understanding of each individual with whom he is working and then select what is most appropriate and applicable for him.

This Guide is dedicated to the promise of a better life for the thousands of mentally retarded to which it has been denied and to an even better life for yet unborn retarded as all who work with and teach them strive to help them gain personal dignity, individual independence, and the human worth symbolized by healthy human sexuality.

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INTRODUCTION

Rationale

Since the awakening of interest which came with the support of the late John F. Kennedy, there has been a new look at all aspects of mental retardation. Programs of education, treatment, and rehabilitation are underway throughout the United States. With this renewed interest has come a greater investment in research, legislation and services. The availability of improved programming is resulting in increased opportunities for independence for the mentally retarded. Many more are taking their place in the community as self-supporting citizens. Others, until recently destined to a life of dependence are viewed as capable of becoming at least partially self sufficient. As the mentally retarded assume a more productive role in society, they also assume more responsibility for their own behavior and the welfare of others.

Today's complex society poses many problems for the mentally retarded. Persons responsible for their care and training are exploring new methods and techniques designed to enhance the performance of the mentally retarded. Among the concerns of professionals are a number of questions pertaining to the sexuality of the mentally retarded--their drives and their methods of satisfying sexual desires. Teachers of educable mentally retarded youth are asking "Can the mentally retarded have a normal sex life?" and "Do they have feelings and desires like the non-retarded?" For the most part, answers to these questions are yes. The more severely mentally retarded present an additional set of questions warranting the attention of teachers,

health educators, psychologists, social workers, and administrators.

This guide is based on the premise that retarded children and youth can and do learn; that their ability to learn varies greatly from person to person; and that most retarded children CAN learn to behave in an acceptable fashion in all areas of social and sex-related aspects of life. Those who live in institutions are particularly lacking in privacy but they too can be taught socially acceptable behavior by correcting inappropriate behavior, rewarding desirable behavior, and providing good examples. If we assume that they can and do learn, then the development of sex education programs becomes a reasonable goal.

The sex drive in the retarded may vary in intensity as it does for other persons; in one person it is strong, in another weak. There is no simple rule to follow, like, "all retarded are highly sexed," or "he is retarded, so he is not interested in girls." The amount of interest and activity shown by Johnny or Mary depends upon his or her particular set of sex glands and the way each person has learned to behave. Like other children, the mentally retarded have been exposed to sex in a variety of ways. Those who come from low socio-economic homes, or from the ghettos of our cities, will very likely possess different attitudes and information about sex than will other children. The lack of privacy in their homes, the observation of sexual intercourse, and general permissiveness regarding sexual behaviors of parents or siblings is based upon the concept of sex as a source of physical enjoyment, unrelated to consequences. Retarded children living in residential settings will present a still different set of experience and values. While the retarded child attending school in his home community presumably has profited from the more typical living setting, he too lacks the necessary understanding and emotional

stability to cope with the many social decisions he must make. Coupled with the individual differences among the retarded are the attitudes of parents toward sex education. Many parents wanting to protect their children fail to provide them necessary information. Such responses by parents are intended as a means of guidance, however, in reality they are a source of hindrance to the childrens' adjustment. A meaningful approach to sex education for the mentally retarded must be geared to their ability level and sensitive to the social structure in which they live.

The mentally retarded in the community encounter examples of behavior through observation of his peers, television, and magazines which encourages him toward sexual expression. Certainly, heterosexual relations and marriage are presented to him as the natural way of life. It should be added that retarded young people are vulnerable; they are easily misled and without careful preparation can and do fall victim to sexual seduction and exploitation. Although the incidence of marriage of the mentally retarded is not accurately known, it is known that the majority do marry and have children. However, the largest percentage of retarded committed to residential institutions do not marry, and are not encouraged in this direction. Yet, the sex drive is present with them as with the mildly retarded.

To believe that the retarded are not affected by "sexy" pictures and "sexy" talk is to err. The facts are quite different. Girly magazines are sexually stimulating to many retarded boys as is seductive talk sexually stimulating to girls. In most respects they respond to the world of sex as do the readers of this guide.

Living in a world of retardation means living in a world of limited accomplishment, of low self-esteem, and frequent failure--failure at school, and failure in social and recreational skills. But they do have

the sex drive in ordinary measure, and they soon realize that they can produce or bear children and gain that distinction, that sense of success, with or without benefit of marriage. Consequently, planned instructional programs of sex education become essential to their future adjustment.

The intellectual limitations of the mentally retarded present certain difficulties in the development of sex education relevant to their needs. They are not capable of understanding the complex biological structure of the reproductive system nor can they anticipate the social consequences of inappropriate sexual behavior. Yet they must be prepared for the social roles they will assume in the future. This means that decisions must be made relative to the information and concepts which will be taught, as well as those which must be deleted. Such decisions can not be universally made to apply to all mentally retarded children and youth. However, general guidelines can be established to serve as directives for those persons who undertake the task of developing sex education programs for the mentally retarded.

The purpose of this Guide is to identify those areas of human growth and development which are important for the healthy sexual maturation of mentally retarded children and youth. Particular attention is given to organizing relevant concepts and areas of information into a sequential pattern of instruction. The guide is viewed by the committee as a working document subject to future revision. Hopefully, teachers, parents, ward attendants, and administrators will use it as intended - a guide.

Curriculum Guidelines

The variances among mentally retarded children in terms of ability and the situations in which they live precludes the development of a single set of instructional objectives on sex education. The mildly mentally retarded living at home, attending special classes, have needs quite different from their counterparts living in an institution. The culturally disadvantaged children of the slums present an additional dimension to the problem. Any attempt to formulate guidelines for the development of sex education for the mentally retarded must either be restricted to very narrowly defined groups within the mentally retarded population or focus on sequentially organizing relevant content into a format which can be modified to meet the instructional needs of the mentally retarded regardless of their functioning level. The latter approach was taken in the development of this material. The intent has been to offer meaningful suggestions to those persons responsible for developing sex education programs for the mentally retarded.

The following five statements served as a frame of reference for the committee:

1. That a well designed sex education program should be made available to all mentally retarded children and youth whether they reside in a residential facility or at home in the community.
2. That the development of guidelines must be applicable to

situations in which sex education programs for the mentally retarded are underway, as well as to situations which have not initiated such a program.

3. That the incorporation of sex education for the mentally retarded into the curriculum by a local school district or an institution should not be in the form of isolated instruction. Rather, much of the content should be integrated with relevant aspects of the existing curriculum.
4. That the users of the guidelines will vary. Most will be teachers, however, many will be attendants, nurses, teacher aids, and administrators. Consequently, the material should be written to accommodate the many different users.
5. That the curriculum guides to be developed should not be in the form of a cookbook. Rather, they should suggest the scope and sequences of appropriate content plus samples of teaching activities.

Suggested Steps for Developing Sex Education Programs for the Mentally Retarded. The approach followed in the development of a sex education program for the mentally retarded will be dependent on the ability level for which the program is intended and the organization of the setting in which the instruction is to take place. While the objectives of a public school special class program are similar to those of educational programs offered through public and private residential facilities, the organizational structures do differ. If a local school district is in the process of

planning a sex education program then the program should also encompass the mentally retarded. Teaching methods will need to be modified and the curriculum content limited, however, there are many advantages in developing a sex education program for the retarded as part of a comprehensive school program.

The following suggested steps for the establishment of a sex education program can be adapted to both residential and day school programs. There are no short-cuts in developing sound and effective sex education courses for children and youth. Detailed and careful planning is essential. This is particularly true in structuring programs for the mentally retarded.

1. Selection of an advisory or ad hoc committee. The composition of such a committee should include parents, teachers, community leaders, and if possible, persons with experience in sex education. It will be particularly helpful if a representative of the administration is also a member. The latter person should be administratively close to the school program and to the major decision making level of the administrative structure. In an institution this might be the director of education or social services. In a school situation it might be a principal or the director of special education. It should be kept in mind that staff cooperation in addition to the support of parents and the community is important.
2. Establishment of curriculum objectives. Major decisions will need to be made regarding the objectives of the program. The task of determining what the program should do for the students

will require considerable study. The desired outcomes will not be the same for the severely retarded and the mildly retarded. It is not enough merely to discuss objectives within the membership of the committee. The objectives should be written down in explicit terms easily understood by all persons involved in the program.

3. Specification of curriculum content. The scope and sequence of the curriculum should be determined by representatives of the instructional staff. Resource persons should be made available to the group assigned responsibility for this phase of the program. The content should be sequentially outlined on a continuum so that persons working with advanced students have access to the experiences provided students at the lower levels. The planning of curriculum content can be incorporated into the in-service activities discussed in step 4.
4. In-service education. Because the teaching of sex education may be a new experience for the teachers participating in the program, in-service education becomes essential. The focus of the in-service education should be aimed at influencing the attitudes and the teaching skills of the teacher. Following an orientation to sex education the in-service training can be structured into a curriculum development exercise. In this arrangement the teachers, with the help of consultants, can develop the curriculum, design teaching activities, and identify appropriate resources.
5. Relevance. Unlike the "normal" child, the mentally retarded

encounters considerable difficulty in generalizing what he learns today to situations in the distant future. It becomes necessary in teaching the mentally retarded to make all learning experiences as relevant and meaningful as possible. This precludes the teaching of sex education as a separate course apart from the general instructional program. Every attempt should be made to integrate the teaching of sex related information into the overall curriculum. It is also important that sex education be oriented toward social development. This is not to suggest that reference to the biological aspects of sex education should be excluded in teaching the mentally retarded. Rather, this recommendation is made in acknowledgement of the social limitations of the mentally retarded and the inability of the mentally retarded to comprehend technical biological information. Sex education taught in a social context will be much more meaningful for the mentally retarded.

6. Obtain administrative endorsement. The support of the administration is essential to a good program of sex education. If the administration has been represented in the preliminary planning, gaining endorsement will be less difficult. The support of the administration should be of such magnitude that it is evident to the teachers and others responsible for the actual instruction.
7. Experiment with program. Before committing extensive resources to the implementation of the program, conduct pilot classes

for a semester. This will allow selected teachers to gain experience and to test out the curriculum. Following the experimentation period, the pilot teachers can serve as consultants to the other teachers when the program is made operational.

8. Establish an on-going public relations program for parents. An on-going program of public relations which keeps parents informed and allows them to review program materials will make parents "partners" rather than objectors. Discussion classes for parents may be offered as part of this effort.

Organization of Curriculum Guidelines. The format of the curriculum guidelines includes two major sections, e.g., curriculum content and sample activities. The outline of curriculum content is organized under the headings of (1) awareness of self, (2) physical changes and understanding of self, (3) peer relationship, and (4) responsibilities to society. The content within each area is in sequence with the less difficult concepts presented first, followed by concepts of increasing difficulty. The sample activities parallel the curriculum content. In other words, sample activities are suggested for each curriculum area. The user will find activities in the right hand column which are suggested as a means for teaching the content in the left hand column.

Curriculum Content. The content includes concepts and information which are not typical of many guides on sex education developed for use in school programs with "normal" students. The reason for this is that the regular school curriculum includes a considerable amount of information in social studies or health education programs. Consequently, the sex

education program in the public schools can focus specifically on sex related concepts and information. Educational programs for the mentally retarded are not as comprehensive. Much of the background information which teachers of regular students assume has been previously taught must be built into the sex education program for the mentally retarded. Also, the broad approach to sex education taken in this material represents an attempt to encourage users of the guide to make the program meaningful to the child. It is particularly important, in teaching the mentally retarded, to couch new concepts within a context of familiar information or experiences.

For purposes of clarification the four content areas are briefly described.

Awareness of Self: The content emphasizes the individual in reference to his environment and to other persons around him. Attention is also given to the recognition of body parts and their functions.

Physical Changes and Understanding of Self: Bodily changes which occur during puberty and early adolescence receive considerable attention. Emotional adjustment and interpersonal relationships are also considered in depth. Topics such as menstruation, intercourse, and pregnancy are introduced.

Peer Relationship: This area deals primarily with the individual's responsibility as a member of groups and the influence of peers. Dating, masculine and feminine roles, and family relations also receive attention.

Responsibility to Society: Attention is given to marriage

and single life. Contraception, financial responsibility, and family care are focussed on in preparation for marriage.

Although the four curriculum areas are presented as a continuum, there is considerable overlap among the areas. For example, the user of this guide will find that while he is teaching in the area of "awareness of self" that much of the content including "physical changes and understanding of self" may also be applicable. Persons using this material are encouraged first to acquaint themselves with the scope and sequence within the four areas. They should then formulate a curriculum plan commensurate with needs of their particular group. Teachers of the trainable mentally retarded will not find the advanced concepts in each area of the four curriculum areas appropriate. However, the beginning concepts in each area will be applicable. By studying the complete guide the reader will see that there are, in essence, four sequentially developed patterns. The area of "awareness of self" begins at a very basic level and progresses to a more difficult level. The area on "physical changes and understanding of self" also begins at a basic level and progresses in difficulty as do the other two areas.

Sample Activities. The intent of the sample activities is not to dictate teaching methodology, nor to provide all inclusive activities. Instead, the committee has attempted to provide examples of activities which might be used to teach the information or concepts outlined under curriculum content in the left hand column. In general, the activities are most applicable for the mildly retarded. However, for the most part they can be modified for use with more severely retarded children. The sample activities are not described in detail.

Rather, sufficient information is provided so that the user can also apply his own ideas in designing the activities that he will use in teaching the curriculum content.

Occasionally, information is provided the reader for clarification purposes. This information is preceded by the word "NOTE". These statements are inserted as a means of offering a rationale for the suggestion of a particular activity or to discuss the importance of selected concepts. Like the sample activities, these statements directly relate to the curriculum content under consideration.

Resource Material. Because new materials are appearing on the market, a restricted list of recommended materials at this time would be premature. However, the section on Resources contains a compilation of materials which have been found to be useful in teaching mentally retarded children. As is true of most materials, the teacher must adapt them to his or her group of children. This is particularly true in selecting materials for use with the mentally retarded. Teachers are encouraged personally to review all materials prior to using them with his or her class. It may be only part of the material will be applicable or that the visual presentation of a film is applicable but the narration must be substituted by the teacher. The listing of a particular resource does not constitute an endorsement. The teacher must use his own judgement in deciding if the material is appropriate.

In order to ease the teachers' task of identifying materials, suggested resources are listed according to topic or area and level of difficulty. The reader of this Guide can use the resource section (pp. 61-75) to select materials appropriate for students with whom he works. The reader is encouraged to

study carefully the resource section to familiarize himself with its content and organization and to facilitate its use. The listing of resources has been organized as follows:

- I. Printed Materials
- II. Audiovisual Aids
(This includes films, filmstrips, charts, tapes, slides, transparencies, and records).
- III. Packets of Materials

CURRICULUM CONTENT AND SAMPLE ACTIVITIES

- I. Awareness of Self**
- II. Physical Changes and Understanding of Self**
- III. Peer Relationships**
- IV. Responsibility to Society**

CURRICULUM CONTENT

SAMPLE ACTIVITIES

- I. Awareness of Self
- A. Relation to Environment
1. Response of parent
 2. Physical comfort
(holding, feeling,
bathing, changing)
 3. Emotional comfort
(tolerance for behavior, warm response
in spite of no response
from infant)
 4. Stimulation (playing,
vocalization, kinesthetic,
mobility)
 5. Spatial Awareness

NOTE:

Section A is intended primarily to inform teachers and other persons not responsible for the care of the mentally retarded during early infancy.

However, it suggests areas of concern for those who do provide such care.

This area of content pertains to the early steps of the infant's life.

While it is unlikely at this age that a child will be in the charge of a person using this guide, it is important that the environmental influences on the child's later development be understood.

The physical contact of the infant with the mother or mother substitute greatly influences early emotional development. The affection shown the child during holding, feeding, bathing, and changing is important. Should a retarded infant be placed in a residential family, foster home or other day care facility, the child's need for attention and physical contact with an adult should be made known to those providing care. In a residential setting, other high functioning individuals might be used as baby sitters to assure sufficient attention to the infants.

As the infant develops to the toddler age, a variety of activities can be used. For example:

- (a) Singing, music box, radio, phonograph records, taped music
- (b) Games requiring physical contact such as peek-a-boo, creepy-crawly
- (c) Finger plays performed for and with the child

CURRICULUM CONTENT

SAMPLE ACTIVITIES

(d) Cradle gyms and mobiles. The latter can be made of colored discs, three-dimensional objects which are easy to handle, as well as objects which vary in texture.

(e) Floor mats can be used to increase opportunity for physical contact

At a very young age children should be provided experiences which allow them an opportunity to interact with their environment. They need to become familiar with objects around them and the relationship between things in their environment and themselves.

--- Have children identify body parts through obstacle course. Use following activities: Step over knee high object without touching it duck under obstacle about two inches lower than shoulder height without touching it: squeeze through narrow opening without touching it.

--- Have children respond to "Angels-in-the-Snow" body identification. This requires that he move his limbs, both singly and in combination with other limbs, in response to verbal and visual stimuli.

Recognition of body parts is also important as an introduction to the study of body processes. When making references to mouth, eyes, ears, nose and stomach, indicate the part's function. For example, eyes for seeing, mouth for eating, etc. It is not important at this stage to pursue an in-depth orientation to body processes.

However, the recognition of body parts will be made more meaningful if function is

- B. Recognition of parts of the body
1. Child responds to direction involving naming of body parts:

CURRICULUM CONTENT

SAMPLE ACTIVITIES

mouth, eyes, ears, nose,

hand, tummy

2. Is able to indicate

hand in response to com-

mand (no concern for

teaching function at

this point)

3. Tactile stimulation

also considered.

While bathing the child call attention to parts of his body. "This

is your arm, foot, stomach, etc." Use of records and singing games would also be helpful.

Play games with the child which require him to touch or otherwise identify your body parts such as foot, arm, face, ears. The situation can also be reversed by having child raise his hand or move his foot at your command. Reward the child for a good performance. Positive reinforcement is important. If the child fails to respond appropriately give him cues prior to directly helping him make the correct response.

As the child progresses in his ability to recognize body parts begin to introduce the use of such articles as soap, wash cloth, towel, etc., and their relationship to body parts.

C. Identification of body processes.

The need for the young retarded child to understand the biological aspects of bodily processes is not as important as preparation for the body functions involved.

1. eating

The retarded child will need to be taught appropriate behavior long before he is

2. sleeping

capable of understanding the function's significance.

3. elimination

The suggested activities and comments relate to initial training, much of which will be carried on in the child's environment. As the child reaches a state of readiness for learning more information relevant to body processes, users of this guide are advised to capitalize on the child's readiness. The information presented serves to attract attention to the need for the child accepting his bodily processes as natural and not as cause for alarm.

Eating: Provide instruction in "getting ready to eat." Dramatic play might be used to advantage in this situation. Be sure the child is provided eating utensils of appropriate size. Use of colorful eating utensils may be of help in sustaining the child's attention. Then practical, personal utensils should be provided. As independence in eating is achieved emphasis can shift to conversation and general behavior while eating.

Sleeping: The focus should be on developing independence in preparation for sleeping, e.g., completely undressing at bedtime or removal of shoes for nap time. The routine of getting ready for bed should stress undressing and dressing, scheduled time for bed and toileting. Activities might include the use of life-size dolls, as well as direct instruction with individual children.

CURRICULUM CONTENT

SAMPLE ACTIVITIES

C. Identification of Body
Processes (Cont.)

It will be helpful if instruction in preparing for sleep is provided in conjunction with rest activities, i.e., bedtime or nap periods. Music or other quiet time activities, could accompany this training. Independence in this activity will be slow for some retarded children, thus be aware of their frustration and try to maintain a pleasant atmosphere during the training session. Simplified role playing can be utilized. Ask the child to (a) be asleep (b) be still (c) yawn, etc.

Elimination: Awareness of elimination as a body process is preliminary to toilet training. The child should be helped to realize the relationship of bathroom facilities to his elimination processes. Question games such as "Where is the bathroom?" and "Where is the stool?" can be used as part of the orientation. The bathroom should be clearly identified. Since children will possibly not be able to read even simple words at this stage, illustration or conspicuous symbols should be used. Depending on the situation in which the child lives or is receiving training, directions as to where the bathroom is located relative to where he spends most of his time should be explicit. Arrows or tape lines might be used. However, frequent trips will be a first process in teaching location.

D. Toilet training

The teacher should be alert to the vocabulary typically used by children in their homes. The teaching of appropriate terminology is part of the total program,

1. Vocabulary

CURRICULUM CONTENT

2. Association (dry--
bathroom--stool)
3. Schedule--reinforcement
4. Management of clothing

SAMPLE ACTIVITIES

however, the use of terms familiar to the child might enhance toilet training. The persons helping to toilet train the child will need to make this decision.

1. Vocabulary: Teacher use of correct terms - urinate, bowel movement (or B.M.) go to the toilet, go to the bathroom. Teacher accepts child's term, repeats with correct term, to build associations.

2. Individualized activity: Taking the child to the bathroom at regular intervals during the day will facilitate his associating elimination with the use of the bathroom facilities. Praise as reinforcement should be appropriately used. In school, bathroom times are on schedule, but teacher will soon know which children can take responsibility for themselves. As soon as feasible, transfer responsibility to child. With others, teachers must give attention to the cause of not being toilet trained:

Possible causes: (This information is explanatory in nature and merely offered as a frame of reference for persons using this guide.)

- a. Very low ability: Conditioning program, plus timed schedule, plus rewards for success may help.
- b. Emotional problems (hostility, controllingness):
Generally accompanied by other negativistic behavior. Indirect treatment: Find ways to let child achieve and be self-directive;

CURRICULUM CONTENT

D. Toilet training (Cont.)

SAMPLE ACTIVITIES

- appreciate his areas of skill; give as few direct commands (providing chance for refusals) as possible; handle toilet accidents disapprovinly but factually and not emotionally.
- c. Retarded children are often slower in physical development than other children of similar age. Approach as with younger child; schedule, take to bathroom frequently as routine; get out of diapers; make use of group pressure.
 - d. Severely retarded children often have physical processes which contribute to toileting problem, thus a medical exam may be necessary to rule out physical factors.
3. Management of clothing: Management of clothing presents problems at this stage. Boys, particularly, may find the management of clothing when using the toilet to be troublesome. Frustration can be minimized if clothing with snaps, zippers and buttons are avoided. Many school age trainables and some educables need help because of poor motor coordination. Give help as needed, but with goal of decreasing need.
 - a. Role of parents in providing suitable clothing: Attention to kinds of fasteners; elastic waist bands vs. gripper snaps; clothing large enough.

CURRICULUM CONTENT

SAMPLE ACTIVITIES

D. Toilet training, (cont..)

- b. Sequence: Pull down, or unzip
Pull up under pants
Pull up outer pants
Fasten outer pants
Adjust shirt

Depending on the ability and age of the child, questions such as the following may be posed by the child:

1. What is this (pointing to the penis)
2. Why do I have to stand?
3. Why does Sally sit down?

Answer the child in terms he can understand. Vocabulary development is a part of toilet training. The child relies upon adults and older children to supply him models for vocabulary development. While it is to your advantage if the child initiates discussion of vocabulary through questions, comments and/or actions, it may be necessary for you to initiate discussion to help the child build association.

Vocabulary words might include: stool bathroom
penis trousers
pants zippers

CURRICULUM CONTENT

- E. Identification of body parts
1. Appropriate use of name of body parts
 - a. Mouth
 - b. Eyes
 - c. Hair
 - d. Ears
 - e. Nose
 - f. Hand
 - g. Leg
 - h. Neck
 - i. Head
 - j. Shoulder
 - k. Back
 - l. Finger
 - m. Knee
 - n. Toe
 - o. Abdomen
 - p. Stomach

SAMPLE ACTIVITIES

Vocabulary development can take place within the concept of the process of preparing for and using the toilet. This does not mean that the development of the suggested vocabulary should be restricted to the process involved. Rather, emphasis should be given to helping the child generalize his use of the vocabulary words to other appropriate settings.

1. Pictures to look at and discuss in group.
2. Pictures drawn by children.
3. Games: Children in circle, point to part of body named by teacher. Variation, to generalize, pointing to body parts on another child - combine with language teaching of pronouns - my, your, his, hers.
4. Incomplete pictures for child to complete - individuals, or as group activity.
5. Variation from drawn figures to clay models, or painted figures.
6. Songs, combined with action. "Touch your elbow, touch your toe."
7. Develop human model, complete with body parts and use not only for body part vocabulary building but also to develop awareness of joints, muscles, movement.

SAMPLE ACTIVITIES

CURRICULUM CONTENT

<p>E. Identification of body parts (Cont.)</p> <p>q. Navel</p> <p>r. Breasts</p> <p>s. Buttocks</p> <p>t. Penis</p> <p>F. Independent care of body needs</p> <p>1. Hygienic care</p> <p> a. Wipe nose</p> <p> b. Wash hands and face</p> <p> c. Bathing</p> <p> d. Brush teeth</p> <p>2. Clothing</p> <p>3. Eating (habits)</p>	<p>1. Hygienic care:</p> <p> a. Wipe nose: Progress from doing for child, to helping him do it, to assumption of responsibility. Have tissue readily available in classroom. Teach child from the beginning to throw used tissue in wastebasket rather than hand it back to adult.</p> <p> b. Wash hands: Accompany demonstration and help with verbalization: "First we wet them, then we soap them, then we rub them together, then we rinse them, then we dry them". Have child perform under direction and reward with praise. Have child teach another child or help another child. Have child take over.</p> <p> c. Wash face: Watch out for soap in the eyes. Help with wringing out face cloth. Same procedure: first parent or teacher performs, then child with help, then child with supervision, then on his own. Use of mirror; help child to look at at himself. Group inspections.</p> <p> d. Bathing: Generally home taught. Supervision usually must continue longer than anticipated. It takes a long time to establish habits. Pleasant associations - bubble bath, bathtub toys. Call child's attention to parts of his body he can't readily see. Establish a routine order of washing - face, neck, right arm, left arm, front, back, etc.</p> <p> e. Toothbrushing: Again, generally home taught. Same principles: Parent or teacher does it, accompanied by explanation; child does, with help; child does, with super-</p>
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CURRICULUM CONTENT

SAMPLE ACTIVITIES

F. Independent care
of body needs (Cont.)

vision child does, alone. Adult may need to help with toothpaste spreading.

- f. Wiping. A slow process to be learned. Parents, perhaps more concerned with cleanliness than with child's learning, continue to do this for the child too long. Same principles: soft toilet paper; teacher or parent does wiping child starts, teacher finishes child responsible for whole process, teacher checks; progress to child's assuming whole responsibility.

2. Clothing:

- a. Emphasize the importance of appearance. The teacher needs to be aware of the impact that clean clothes and a neat appearance have on self respect. It is important that the child be provided well fitting clothes.
- b. Principles of selection: Large enough, easy fasteners, big buttons.
- c. Process: Doing for, to helping to supervising, to complete independence.
- d. Use all possible cues: Teach child to look for label (on collar of sweater or shirt); lay clothing out in right position for child to put on; hold front of jacket; teach child to line up shoes. Shoe-tying is a very late skill; general independence often can be advanced by supplying shoes that don't tie. Large boots, plastic bags are devices to help handle overshoes.

3. Eating:

- a. Principles: Casual, matter of fact attitude; good example; not letting child use eating or refusal to eat as a weapon of control.

CURRICULUM CONTENT

F. Independent care of
body needs (Cont.)

G. Knowledge of body parts
as related to body im-
ages in contrast to
mere recognition of
body parts.

SAMPLE ACTIVITIES

b. At school age: High emphasis on social aspects, enjoyment.

c. "Party manners"

d. Classroom projects built around: Eating utensils, nutrition, good diets,
acquaintance with variety of foods, developing into cooking projects and
more formal home economics learning at older ages.

Previous references to body parts were in the realm of identification. The emphasis was on teaching the child to recognize parts of his body. Limited attention was given to the function of body parts in the body processes. At this stage, however, emphasis should be given to helping the child develop healthy attitudes toward his body. This will require providing the retarded child opportunities to participate in physical activities which are within his capabilities. Too often growing retarded children fail to benefit optimally from physical activities because they are unable to follow the required directions. This is in part due to their intellectual limitations and partly to the failure of persons directing the activities to select appropriately or modify the activities. Care should be taken to select activities which appeal to the interests and capabilities of the retarded. In addition to the values related to physical health gained from providing experiences which allow the retarded child to participate in such activities, there is much to be gained in the area of social development. The retarded child must be taught that he is capable of accomplishing much by himself. He must also be helped to view himself as a member of a group.

CURRICULUM CONTENT

SAMPLE ACTIVITIES

The emphasis on body parts at this stage should relate to the child as an individual. Attention will later be given to body parts and functions as they relate to reproduction. It is important at this time to stress the social as well as physical implications of the parts of the body.

H. Verbalization of feeling and sensation from gross stimulation (Inference is made to body orientation and response to environmental factors, not sexual stimulation)

This area of the curriculum is intended to reinforce the child's awareness of himself. Response to gross stimulation is suggested in relation to the child's understanding the relationship of tactile stimulation to parts of the body. Such activities should not be interpreted as referring to sexual stimulation, rather the emphasis is on the response of the child to tactile stimulation of such body parts as knee, foot, elbow, neck, face, etc. Have students identify parts of the body using tactile stimulation. The teacher can blindfold the child and touch him. He may either respond verbally, or remove blinder and touch next child in the same spot. To verbalize gross stimulation, have the child tell how "it feels" and where "it feels." Have student identify body parts by imitating body movements of teacher or other students. He should reverse the laterality of the teacher, for example, move right hand when teacher does.

I. Awareness of self in relation to others

1. Family member
2. Group member

NOTE: In contrast to the later emphasis to be given to the social role of the child in the family, attention at this stage should be given to helping the child view himself as a member of his family unit. The situation in which the particular group of retarded children lives will dictate the approach taken to helping

CURRICULUM CONTENT

I. Awareness of self in
relation to others (Cont.)

SAMPLE ACTIVITIES

the retarded child more effectively participate as a family and group member. Children in residential facilities will require a different approach to understanding their role as a family member than a child living in a more natural family situation. This is not to imply that there will be no differences among the families of children living in the community attending special classes. Teachers must familiarize themselves with the family background of their pupils. They need to know the general economic conditions of the family, the structure of the family--whether the father is present in the home--as well as the acceptance of the child by the family unit. Use pictures, slides, or transparencies to illustrate family membership. Have students identify the members of their family. A flannel board might also be used to stimulate discussion on family membership. Actual pictures with flannel or sandpaper on the back side can be used as illustrations. There will be different family structures represented by the students, thus care should be taken not to stereotype a family as having a mother, father, and three children. Select pictures which represent different family structures and ethnic groups. You may want to include a family without a father as well as families of different sizes. The emphasis at this point should be on the child's membership in the family unit. Stress the child's relationship to older and younger peers as well as to the parents or parent substitutes.

CURRICULUM CONTENT

I. Awareness of self in
relation to others
(Cont.)

SAMPLE ACTIVITIES

If you know the family of one of your pupils quite well, they could be invited to the class. The discussion could center around the role of each member of the family. If the class is small, the teacher might invite the class to meet his or her family in his home. The purpose of this experience would not be to compare the child's own family with the teacher's, but rather to focus the discussion on a neutral family now known to the class. The important concept should be that the child sees himself as part of the family and also understands that families differ in their makeup.

The child's role in groups other than the family should initially pertain to neighborhood groups or play groups. Avoid references to groups sponsored by organizations in which the retarded child may not be a member. An introductory activity might be to ask the children who they play with after school. Steer the discussion to the give and take that exists among small play groups. Team games at school or team assignments might help them realize that they frequently are part of groups and that each has a contribution to make to the group effort.

NOTE: This section serves as an introduction to the sections on the social role of the child which deals more specifically with the child's role in the family and extended family. The uses of the section should refer to preparation principles.

CURRICULUM CONTENT

- J. Awareness of emotional self and basic needs for:
1. Security
 2. Social approval
 3. Belonging and acceptance
 4. Self-esteem
 5. Achievement
 6. Affection
 7. Independence

SAMPLE ACTIVITIES

NOTE: The curriculum content related to basic needs is included as a reminder to the teacher and not as subject matter to be taught. The mentally retarded child often comes from a home environment which is not conducive to developing feelings of security, belonging, and self-esteem. The nature of the child's limitations also complicates this area of development for the child. Because the child spends a considerable amount of time in school, much can be done about the development of the child's concept of himself and the fulfillment of his basic needs. The total curriculum should reflect a consideration of these needs. The child should be provided with opportunities for social approval as well as situations in which he can achieve. One of the problems which contribute to the retarded child's negative view of his self is the fact that he is often placed in situations in which he can't compete or is assigned tasks which are beyond his capability. The teacher should be careful to design experiences which are relevant and in which the child can compete successfully.

Role playing would be a particularly good activity to use to develop feelings of belonging, acceptance, social approval, and independence. Situations can be structured and roles assigned to students, then observers can react to how the students play their roles.

CURRICULUM CONTENT

K. Awareness of self as a person capable of influencing others.

II. Physical Changes and Understanding of Self

A. Sexual differences (physical--external)

1. Boys

- a. Genitals
- b. Penis
- c. Testes
- d. Scrotum
- e. Rectum

(Associate with slang expressions)

2. Girls

- a. Breasts

SAMPLE ACTIVITIES

Retarded children, particularly, are often unaware that they can and do influence the actions of others. Coaxing is a good example of young behavior which influences other people. During play activities the teacher should be alert for examples of a child influencing another child's choice of a team mate. Role playing, as well as stories and films can be used to set the stage for discussion in this area.

NOTE: Sections A, B, and C are introductory in nature and are designed to prepare the child for the physical changes which will be encountered during puberty and adolescence. The concepts and information to be employed in Sections D, E, and F, will again touch on the same areas, however, the focus will then be on the implications of changes as they occur. The instruction at this stage, should coincide with the changes. There is generally a tendency to dwell mainly on the biological aspects of physical changes at the puberty and adolescence stages. Users of this guide are encouraged to devote considerable time to the behavioral aspects. While the retarded need to be prepared for the physical changes, they also need help in coping with their changes in feelings and the changes which will occur in their relationships with their peers as a result of these physical changes. The child who matures physically, either early or late may encounter emotional problems. In such cases the child's

CURRICULUM CONTENT

- b. Vulva
- c. Labia
- d. Vagina
- e. Urethra
- f. rectum

SAMPLE ACTIVITIES

needs may include counseling or being placed temporarily in another group comprised of children about his or her level of development. This should be done to accommodate the needs of the individual child rather than altering the instruction for the total group.

Preschool aged educable mentally retarded will possess some knowledge of sexual differences between boys and girls. However, they will lack understanding and probably will not possess a sufficient vocabulary in this area. Their knowledge of sexual differences will likely be confounded with attitudes which may or may not be based on realistic information. Again, the user of this guide is cautioned to value the vocabulary the child brings with him to school. While your objective may be to teach the child a more appropriate vocabulary, rapport is essential to changing behavior. To admonish the use of street terms is to risk a break in rapport with the child. Acknowledge the use of street terms by incorporating their use in discussions while working on the development of a more appropriate selection of terms.

Teaching activities might include the presentation of pictures which portray fully clothed boys and girls at an age similar to the group receiving the instruction. Ask the students to indicate the differences they see between the boys and girls. Responses will probably approximate the following:

- (1) "the girls are wearing dresses and the boys are wearing shirts and pants or trousers."

(2) "the girls are wearing their hair longer - or have ribbons in their hair."

(3) "the girls are taller than the boys."

Direct the attention of the girls to their classmates in an attempt to confirm the observed differences. Extend the discussion to include a generalization of the differences identified between boys and girls to adult males and females. Use the principal, parents, other teachers, and custodian as examples.

Since some children in the class will be knowledgeable of the physical differences, begin this discussion by asking the class if there are differences between boys and girls which cannot be seen in the pictures. Use the children's responses as a lead into an illustrated presentation on physical differences. Prepared transparencies and overlays depicting physical differences, as well as 2 x 2 slides, are available. The use of projected images has advantages over individual pictures in that the children's attention can be directed to the same image and explanations are enhanced.

Lessons of this type will need to be repeated periodically; however, the context in which the discussion is covered should be varied. While extraneous comments from students should not be consistently ignored, the teacher will need to maintain some control on the direction of the discussion. In discussing physical differences such as breast development, genitals, and pubic hair, the emphasis should initially be

CURRICULUM CONTENT

SAMPLE ACTIVITIES

on awareness of differences with less concern for proper terminology. The latter becomes the focus of attention after awareness of differences is established.

NOTE: While retarded children living in the community and attending school will have considerable contact with adult members of both sexes, this may not be true in some cases of residential settings. In the latter case an attempt should be made to allow interaction with both sexes. Too often the ward attendant, recreation worker, and teacher of young children are women. Under these circumstances, identification for boys with the like sex becomes difficult.

Activities which help the child identify with members of the same sex should be incorporated in the child's daily activities and not reserved for classroom instruction. Playtime should be structured so that boys and girls have opportunities to pursue play activities appropriate to their sex. The use of films, picture slides and newsclippings can be used to stimulate discussion regarding the kinds of sports that boys and men enjoy in contrast to girls and women. The sports page particularly provides a good resource, contrasting the sport interest of both sexes.

A field trip to a department store can be used to advantage in developing awareness of difference in dress. Select a store with children and adult departments. Most stores will have on display a variety of dressed mannequins. The trip to and from the store can be utilized by observing differences in dress of persons on the street.

B. Identification with like-sex and understanding of opposite sex.

Boys

Girls

1. Activities

- a. sports
- b. toys

2. Dress

- a. clothing
- b. haircuts
- styles

3. Interpersonal relationships

with parent or parent substitute of like sex.

4. Masculine or feminine work responsibilities in home.

5. School expectation

- a. school

CURRICULUM CONTENT

SAMPLE ACTIVITIES

b. public

A series of slides depicting men and women performing traditionally accepted masculine and feminine roles, e.g., carpenter, truck driver, plumber, nurse, babysitter, secretary, etc., can be used as a comparison of jobs that men and women perform. For older children the want ads section of the local newspaper will provide an excellent source for discussion of masculine and feminine jobs. Most newspapers carry ads pertaining to employment opportunities by sex. The role of the mother and father in the home can be an outgrowth of the discussion on sex differences and masculine roles. In presenting the father as the provider in the family, care must be taken to be aware of the family structure from which your pupils come. Some may be from families with no father living at home or where the mother also works.

Puppets can be used to introduce masculine and feminine work responsibilities in the home. It may be helpful to have a puppet family which can be used for instructional purposes. Short stories illustrating the mother and father role in terms of work responsibility in the home may be used.

NOTE: In Section I-I the emphasis was on the child as a member of a family or group.

1. In the family
 - a. family composition
(sizes, types)
 - b. purposes of family group (protection-security)
- At this stage attention shifts to the social role of the child and in depth study of family responsibility. The focus is still on the child but he is introduced to family type responsibilities which later will be a major area of study. The emphasis given to the extended family will vary depending on the type of community. If the children come from areas where it is common to find grandparents, uncles, aunts, and cousins living together, then more attention

CURRICULUM CONTENT

- c. Parent-child relationships
- d. Sibling relationships
- 2. Beyond family
 - a. Extended family
 - b, Peers - other retarded as well as normal
 - c. Other adults
 - d. Organized activities

SAMPLE ACTIVITIES

will be given to this topic. However, should the children be from urban communities where this is not the case or in residential settings which preclude family living, the topic may not warrant as much concern.

A film, flannel board presentation, photos and slides might be used to review family membership.

Follow up activities could center on the family and home as a point of departure in terms of the purpose of the family unit. The emphasis could be on living together as a unit. Stress the responsibilities of each member.

Assign small groups of children a task which requires that they work together and help each other. After the task has been completed review the activity focussing on the helping relationship. Use leading questions to help the students generalize from the structured situation of requiring classmates to help one another, to their home and their relationship with parents and siblings. Most children will be able to relate chores they perform or activities they engage in with their parents or siblings. Be selective in the example you choose from their comments to serve as an illustration. Role playing can be very effective in helping the children realize the importance of the contribution they make to the family when they assume responsibility.

With older children a bulletin board can be developed which depicts the many jobs which must be done every day in a home in which a family of six or seven lives.

CURRICULUM CONTENT

C. Social role of the child
(Cont.)

SAMPLE ACTIVITIES

Emphasis should be on the mother's burden if she has to do all of the work. From this discussion, turn to an emphasis on the division of labor among family members. Throughout the discussion subtle references can be made to the authoritative role of the parents. This should be handled from the perspective of their responsibilities rather than casting them as primarily authoritative figures. Reference to the parent's role in caring for young children, paying bills, buying clothes, etc., will help build the concept of authority. The reason for requiring parental permission for the students to participate in field trips could serve as a topic of discussion in this area.

Many children have little contact with grandparents, whereas others have grandparents, uncles and/or aunts living with them. Thus the extended family should be presented in several perspectives. One approach would be to use pictures of a family representing relatives which live some distance away. A story pertaining to a trip or a visit from them might be used to initiate discussion. The same technique or the use of puppets might be used to introduce the extended family as a single unit living together.

The child's role in the extended family might be couched in his relationship to adults. This does not have to be taught within the context of a particular lesson as the emphasis on child-adult associations should be integrated into the school activities as opportunities arise. The child's relationship to parents, grandparents, uncles, aunts, and cousins can be incorporated in the discussion of roles. However, an

understanding of the relationship will need to be repeatedly referred to in later instruction.

II. D. Awareness of Individual Differences

1. Physical

- a. Height
- b. Weight
- c. Size
- d. Appearance

2. Behavioral

- a. Personality characteristics

3. Intellectual Limitations

- a. Child's abilities

NOTE: It is natural for children to compare themselves with others. Many may

wish they were more like someone else. The purpose of this section is to acquaint the child with the many differences among people and to help him better understand himself in relation to these observed differences. Care should be exercised not to place value on particular features such as size or looks. The physical features of most children will resemble those of their parents and are not subject to change.

Make a chart of the heights and weights of the individual class members. Use this to illustrate the differences in sizes of boys and girls of the same age. A couple of students who are somewhat larger or smaller than others can be compared to their parents.

Individual differences, reflected in the realm of personality, is more difficult to examine. While your objective is to help the students become aware of differences in personality exhibited by peers and others, you are also concerned with guiding the children in the proper selection of models. Within most classes will be children who are rejected or merely tolerated by their peers because of personality characteristics. One approach would be to have students describe the type of person with whom they would like to work or play. Use these descriptions as examples of positive characteristics. The same technique, too, can be used to identify characteristics disliked

CURRICULUM CONTENT

SAMPLE ACTIVITIES

by children. Care should be taken not to suggest that all children should behave the same. The teacher will need to help the children understand that the same characteristics can be possessed in different ways. Role playing may be used to illustrate the personality differences.

Depending on the maturity of the children, the topic of moods or the influence of tiredness on personality may be introduced.

Obtain pictures of brothers, sisters, and parents of the children and arrange them on a bulletin board. Have children identify the family relationship. This activity can be used to stimulate discussion about the likeness among family members.

Emphasize similarities in features and sizes. It should be pointed out that members of some families are small and other families are large.

Pets and plants can be used to demonstrate the origin of life. The purpose of these activities is not necessarily to generalize from animals or plants to humans, rather it is to establish the concept that living things reproduce and to offer the child a frame of reference for later discussion.

NOTE: Bodily changes are often responded to with alarm by the uninformed youth. It is particularly important for the retarded to be prepared for these changes.

The process of growth can be demonstrated by inviting a boy and girl from different age groups to come into the class. Record their measurements. The chart will then illustrate the natural growth pattern.

- 4. Family likeness
 - a. family growth and development patterns
 - b. appearance

- E. Preparation for changes in self
 - 1. origin of life
 - 2. understanding growth - puberty changes

- a. Boys
 - 1. Broadening of shoulders
 - 2. Growth of hair
 - a. face
 - b. pubic area

- c. arm pits
- 3. Skin
- 4. Later growth spurts
- 5. Muscular development
- 6. Change in voice pitch
- 7. Development of reproductive system
 - b. Pubertal changes in girls
 - 1. Growth earlier
 - 2. Breast development
 - 3. Growth of hair
 - a. pubic area
 - b. arm pits
 - 4. Broadening of hips
 - 5. Skin
 - 6. Voice pitch
 - 7. Development of reproductive system

Transparencies designed for use with overhead projectors can be used to show changes in physical development. Retarded children may be confused and expect that these changes will occur suddenly. Care should be taken to develop an expectation of natural gradual change.

While it is helpful to prepare the retarded boy or girl in advance for the changes which will occur, it is unrealistic to expect them to fully understand the reasons for the changes. Nor is it realistic to assume that you can prepare them in advance so that they can anticipate the forthcoming changes. For the most part, it will be important to help them realize that changes will be occurring in themselves during this period in their lives and that these changes are natural. The teacher should be alert for signs of development so that the instruction can coincide with the changes as they occur. For example, with the retarded there is little value in discussing care of skin in terms of acne until it begins to occur among the students.

NOTE: In general, instruction about the reproduction system and the biological development of male and female can be done in a mixed group. However, the discussion of menstruation can be restricted to girls. Films and audiovisual aids will have to be relied upon to a great extent in teaching about the reproductive system. The teacher will want to review all films and visual aids in advance to be sure that they are not too complicated for the retarded. The emphasis on reproductive organs at this stage is to prepare the students for the study

SAMPLE ACTIVITIES

of reproduction which appears in the Section II-I. It may be necessary to review section I-E dealing with body parts. Particular attention should be given to the genitalia area. If the children are living in a residential setting this instruction may need to take place early because of the dormitory living conditions. Most young people will use slang terms when referring to the penis, scrotum, etc. These terms should be acknowledged and not condemned. Your use of appropriate terms will encourage the use of correct terms. Many boys will be experiencing erections and nocturnal emissions (wet dreams). These should be discussed openly.

Girls will require information on menstruation. The retarded girl's first period can be a traumatic experience. She should be informed of what to expect and given instructions on the use of sanitary napkins as well as general health care. There are a number of good films and visual aids listed in the resource sections. They should be carefully reviewed in order to select the areas most appropriate for your group. Help the girls to estimate the beginning date of their periods through use of the calendar. Record daily temperature readings and try to determine when ovulation occurs. Make up a kit of materials including sanitary napkin, sanitary belt, deodorant powder, panties with protective crotch, box of Bidettes (this is a specially treated cloth to cleanse and deodorize the outer vaginal area.)

-- Demonstrate the proper way to dispose of soiled napkins. Have each girl prepare for menstruation.

CURRICULUM CONTENT

SAMPLE ACTIVITIES

-- Show films and distribute pamphlets listed in the resource section of this guide.

F. Acceptance of change.

1. Observes changes in others
2. Compares self with others.
3. Has ego strength to accept his status

While children are conscious of the physical changes in others, they are less cognizant of the change occurring in the realm of maturity. Clothing that is too small, increased skill in play due to size, and the relative height of pupils to peers and teachers serve as indicators of physical changes in others. To enhance children's awareness of more general changes in others, questions such as the following could be posed during the discussion period:

1. What kind of games do very small children like to play? Show the children a picture of a toddler.
2. What kinds of games do boys and girls like to play when they are old enough to start school?
3. What do boys and girls your age like to play? What kinds of places do you like to visit?
4. What do your older brothers and sisters do in their free time? What kind of work do older boys and girls do?

G. Changes in relationships and social expectation

1. Change role.
2. Increased responsibility

Emphasize the changes that occur in interests and activities as children get older. Point out the additional responsibility given to them. Depending on the abilities of the students, they might be assigned to small groups and asked to make a list of the things they all like to do. Also have them individually identify activities which some children enjoy but which others do not.

CURRICULUM CONTENT

- H. Emotional response to opposite sex
1. Conception
 1. Reproductive purposes
 2. Review of male and female reproductive organs
 3. Act of intercourse
 4. Contraception
 5. Social implications

SAMPLE ACTIVITIES

The mentally retarded, like other youngsters, develop feelings in reference to the opposite sex. They are also stimulated by pictures, "sexy" talk and physical contact.

While normal youth encounter difficulty in selecting appropriate outlets for their responses, the retarded experience more difficulty because they do not understand why they are being stimulated or how they can relieve tensions in an acceptable manner. They also need more guidance in terms of leisure time activities. Many of the mildly retarded will come from home situations in which they have observed intercourse. They may come from homes in which crowded living conditions contribute to observation of sexual acts.

NOTE: While the timing of instruction relative to conception is important, it is difficult to determine the appropriate time for a specific group. A class of students will vary considerably in their readiness for such instruction. Some may have experienced intercourse at a young age and be quite knowledgeable of the sexual act. Others will not only be unfamiliar with the reproductive process but because of their retardation may have been given misinformation by their parents. Pregnancy as a consequence of intercourse will be difficult for the mentally retarded to understand. While it is important for them to understand that sexual intercourse is primarily for the purpose of reproduction, the role of sexual relations in marriage should not be ignored. It must be kept in mind that the mentally retarded experience difficulty in the retention and transfer of

I. Conception (Cont.)

what they learn. This makes it difficult to teach at one point what they will need to know at a later time. Considerable teaching and counseling relative to such topics as family planning, contraception, care during pregnancy, etc., should be postponed and provided at the time of marriage or when circumstances warrant such instruction.

Considerations to Keep in Mind when Planning Activities

1. The background of information on the part of the students will vary.
2. The mentally retarded, like the "normal" child will develop interest in sexual activities.
3. The mentally retarded will not be capable of understanding technical terms.
4. Most students will possess a strong vocabulary, which for them is a means of communication. Use the slang as a point of departure working toward use of appropriate basic terms.
5. Retarded youth are generally less inhibited than their counterparts in regular classes, thus with some encouragement, they should enter into discussion quite readily.

A number of films, transparencies and slides are listed in the section of resources. The teacher should preview all materials first and discuss with the class what to anticipate. Never show a film or slides without providing time for questions and answers.

It may be helpful to ask the public health nurse to serve as a resource person. Many films and slides, while very applicable for use with the retarded in the area of conception and sexual relations, tend to overemphasize the biological aspects. This infor-

CURRICULUM CONTENT

SAMPLE ACTIVITIES

I. Conception (Cont.)

mation is important but the social implications are equally important, particularly for the retarded. When using charts, be sure that they are simple. It may be necessary to modify them by eliminating much of the terminology. In discussing the charts you can use slang expressions to help the students understand the charts, but use correct terms on the charts.

J. Pregnancy

NOTE: Minimal instruction needs to be given to the development of the fetus or health practices during pregnancy. Such instruction should coincide with pregnancy. The important task will be to develop an awareness of the importance of medical care during pregnancy. Many retarded youth will be familiar with a case worker or a public health nurse. They should be encouraged to seek guidance from these sources.

1. Selection of a doctor

2. Following doctor's

directions

3. Bodily changes in mother

4. Growth of fetus

The girls should be instructed to signs of pregnancy. Emphasis should be placed on the importance of going to a doctor early. Some will know a doctor, others may not be identified with one. The school nurse or public health nurse can be invited to discuss the importance of medical care and give students some idea of what to expect during their first visitation to the doctor. An obstetrician might be invited to speak to the class to answer questions and to help the girls gain confidence in a doctor. Lessons on the importance of medical care to their family can be planned. If the girl and husband are identified with a doctor early in their marriage they can obtain guidance from him. This will also help to assure that the girl goes to the doctor early in pregnancy.

CURRICULUM CONTENT

SAMPLE ACTIVITIES

While you can stress the importance of following the doctor's directions, this will not be as evident until pregnancy occurs. The same applies to bodily changes. However, in the latter case, pregnant women can be observed or illustrations used to demonstrate the changes.

NOTE: This area of instruction should be merely for orientation purposes. In depth information shall be provided at time of pregnancy. The rationale mentioned in Part II-I., relating to medical care, applies here also. The public nurse can play a major role in this area.

NOTE: These areas of content are important but difficult for students to understand. Masturbation should be presented in a definition way to be sure the youth understands what is being discussed. It should be stressed that at sometime almost everybody does it. The many fallacies about masturbation should be clarified.

The discussion on sexual deviates and venereal disease should be provided for protective purposes. While films, transparencies and slides are available, much of the instruction will need to take place within the realm of discussion, particularly in reference to homosexuality. If there are state laws regarding homosexuality, they should be discussed.

Instruction on V. D. should focus on how it is contracted, symptoms and the need to see a doctor. The students may not understand the technical names of diseases, but

- K. Childbirth
 - 1. Types of delivery
 - a. natural
 - b. Caesarean
 - 2. Multiple Births
 - 3. Postnatal
- L. Informational Areas
 - 1. Masturbation
 - 2. Sexual Deviates
 - a. Homosexuals
 - b. Indecent Exposure
 - 3. Venereal Disease
 - a. Cause
 - b. How spread
 - c. Treatment

CURRICULUM CONTENT

L. Informational Areas
(Cont.)

SAMPLE ACTIVITIES

they can understand the symptoms. Films will be helpful in this area. Again, as mentioned in the area on pregnancy, the importance of routinely seeing a doctor and good health practice should be stressed.

III. Peer Group Relationship

A. Development of

Self-respect

1. Success in achievement

2. Attention to appearance

3. Privacy

(person-

information)

4. Self-control

5. Acceptance of responsibility

6. Poise

B. Respect for

others

1. Property rights

NOTE: The development of good peer relationships by the mentally retarded is confounded by their dual status. In many situations such as in the classroom, their peers are also retarded whereas in the home and in their neighborhood, their peers may be older or younger children. The response of the other children and adults to the retarded will greatly influence the social skills which the retarded will develop. The teacher must be aware of the "cruel situations" which will occur and be prepared to help the retarded adjust to these situations.

The suggested curriculum content may appear redundant; however, respect for others, property rights, and group relationships must be emphasized repeatedly. It is important at the 6-7 age level as well as in early adolescence.

The development of self-respect on the part of a child does not result from participation in a particular unit of instruction, rather it is influenced by the teacher's teaching methods and the experiences of the child in and out of school over a period of time.

The teacher should be careful to assign tasks which are within the capacity of the child. He needs to experience success as well as challenge. His achieve-

CURRICULUM CONTENT

- B. Respect for others
(cont.)
2. Privacy
 3. Opinions
 4. Feelings

SAMPLE ACTIVITIES

ments, large or small, should not go unnoticed. He needs reinforcement.

The teacher should capitalize on current situations in teaching self-control and respect for privacy. Much of the teacher's influence on the child in these areas may be on a personal basis and not in group situations.

Take the children on a field trip (walk). The trip might begin in the classroom, move to the playground, then to a nearby residential area, and if possible, pass a business place. Have them identify different types of property and indicate the probable owner. After returning to the classroom, focus the discussion on what is their personal property and what belongs to their neighbor. The teacher can use her purse as an example of property which is very private.

Role playing or dramatic play can be used to illustrate positive and negative aspects of expressing opinions. It should be impressed on children that it is natural to have strong feelings about other people and about things they do. Everyone has likes and dislikes.

C. Peer Expectations

Puppets can be used to illustrate the influence of one individual on another. Don't limit the illustrations to negative situations in which the resultant behavior is negative. Also use examples in which an individual persuades another child to do something good or talks him out of doing something which is not

1. Influence of

individuals

2. Influence of groups

CURRICULUM CONTENT

III. Peer Group Relationship

A. Development of

Self-respect

1. Success in

achievement

2. Attention to

appearance

3. Privacy

(person-

information)

4. Self-control

5. Acceptance of

responsibil-

ity

6. Poise

B. Respect for

others

1. Property

rights

SAMPLE ACTIVITIES

NOTE: The development of good peer relationships by the mentally retarded is confounded by their dual status. In many situations such as in the classroom, their peers are also retarded whereas in the home and in their neighborhood, their peers may be older or younger children. The response of the other children and adults to the retarded will greatly influence the social skills which the retarded will develop. The teacher must be aware of the "cruel situations" which will occur and be prepared to help the retarded adjust to these situations.

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CURRICULUM CONTENT

SAMPLE ACTIVITIES

C. Peer Expectations
(Cont'd.)

3. Behavior of
friendships

socially desirable.

Fads related to clothing, popular sayings, etc., can serve to stimulate discussion on group influences.

Have the children tell you about their friends. Follow up with questions which require them to think about the things their friends do for them and the things they do for their friends.

D. Responsibility to
group

1. Using group for
support

Team physical sports are excellent activities for impressing on children their responsibility to the group. Team activities can be carried out in the

classrooms as well as on the playground. Vary the activities to allow all children to experience success as a team member. Some children are not adept at sports but might excel in other organized team activities in which athletic ability is not required.

2. Using group as a
challenge

3. Need for success
in group

4. Concern for good of
group

CURRICULUM CONTENT

SAMPLE ACTIVITIES

- E. Prelude to group relations
1. Courtesy
 2. Thoughtfulness
 3. Values of rights of individuals
 4. Values of group membership
 5. Standards of behavior
 6. Self-discipline

Demonstrate the utility of other people and how they affect feelings through "fun", for example, visit a sick classmate and analyze how happy the visit made him feel. Begin the development of "functional empathy". Induce awareness of how the other guy feels. Show the difference between thoughtfulness and courtesy, and require courtesy in classroom situations.

Modeling or "imitation" procedures are useful in overt demonstrations of how appropriate behavior produces better "feelings". Set up role playing situations in which the child acts out socially acceptable behavior to encourage the group to accept him.

Reenact the play with other kinds of acceptable behavior so the student will see many examples of approved social behavior. Give concrete demonstrations of how individual behavior is modified by the actions of others.

Leave the class alone and unsupervised for periods of time to give students a chance to set standards for governing themselves. Reward them verbally and by a special class activity for appropriate behavior.

Discuss diet as a method of self-discipline and demonstration of freedom.

CURRICULUM CONTENT

F. Identification with same and opposite sex. (Masculinity and femininity)

SAMPLE ACTIVITIES

NOTE: This area of the curriculum was introduced in Section II-B. The emphasis at this stage should be to reinforce the earlier instruction on sex roles. It is also presented as a prelude to dating. Use modeling method. Have boys perform typical male courtesies with girls, e.g., opening doors, pulling out chairs. Also have boys move desks when needed, and the girls wash the tops. Institute a dress-up day when students emulate adult social functions. The girls can pour coffee and serve the boys. Schedule boys in shop and girls in home economics.

At the vocational level, the boys can hold typically male jobs as in tire shops, bus boys, janitors. Girls may be placed as file clerks, receptionists, waitresses.

G. Acceptance of changing role in relation to others

Have students make a list of what constitutes the majority of problems in their families. Discuss chores, parental rules, following directions. Set up role play where one person has everything his own way to demonstrate the resulting unhappiness of the rest of the family. Then role play where a single family member is constantly "picked on" and taken advantage of by the rest of the family. Compare the two situations to demonstrate disharmony in either extreme. Let

1. The family as a societal unit:
(a) Family problems

CURRICULUM CONTENT

SAMPLE ACTIVITIES

<p>G. Acceptance of changing role in relation to others (Cont.)</p> <p>(b) Sibling relationships</p> <p>(d) Rights of individuals of family</p> <p>(e) Responsibilities of individuals</p>	<p>students decide what each could do to better his family relations. As homework, have students discuss this at home and bring suggestions from the parents and siblings to school for analysis. Define the word love when applied to various people, e.g., parents, siblings, teachers, friends of same and opposite sex.</p> <p>Compare similarities and differences between each.</p>
<p>H. Acceptance of role as an employee</p> <p>1. Subordinate employee role</p> <p>(a) Boy with male boss</p>	<p>Use role playing in classroom for junior high students. Act out job interviews, on the job training situations, coffee breaks, employee with a gripe, employer-employee and employee-employee dramas, late-for-work situations, etc. Use field trips to business places employing both sexes for demonstration of opposite sex roles.</p>

CURRICULUM CONTENT

SAMPLE ACTIVITIES

- H. Acceptance of role as an employee (Cont)
 - (b) Boy with female boss
 - (c) Girl with male boss
 - (d) Girl with female boss
- I. Social heterosexual relationships
 - 1. Preparation for dating
 - (a) Selection of companions
 - (b) Arranging for a date
 - (c) Accepting a date

NOTE: While many more retarded young people will not date, most of the educable group will. Teachers are encouraged to take advantage of school sponsored activities to teach dating and group-social behavior. Too often the special class students are not encouraged to participate in such activities and they must learn desirable social behavior under circumstances with little or no supervision. Role playing is a good technique to use in setting the stage relative to discussion on arranging dates. To avoid embarrassing situations, it is best to alternate roles to allow as many students as possible to participate. Emphasis on responsibility should be incorporated with the attention given to behavior. For

CURRICULUM CONTENT

I. Social heterosexual relationships (Cont.)

(d) dating behavior

- courtesy,

respect,

petting

SAMPLE ACTIVITIES

example, the newspaper can be used as a resource in discussing places to go on dates. The cost of movies, ball games, refreshments, transportation, etc., should be focused on as well as the proper clothing to wear and appropriate behavior.

The teacher might begin this area of behavior by having the class plan garage parties. While the students will not need to ask dates, dating type behavior can be encouraged during the party. From this type of activity group dating can be arranged in terms of school sponsored activities. Dating in pairs should be the focus of considerable discussion. The teacher should confer with the parents to assure that she is not encouraging a practice which the parents oppose. Some parents may prefer that their retarded girl not date except in groups. Petting should be frankly discussed. Again, we find a situation in which the retardates' intellectual limitation complicates the teaching of appropriate behavior. They are less likely to be able to control their impulses and are also less able to make judgments as to when to engage in necking and when to stop sex play type activities. They can be encouraged to avoid situations in which heavy necking occurs and to participate in group recreation; however, they cannot be continually supervised. A close working relationship with the parents and others who work with the retarded can help reinforce socially desirable behavior. The objective is to equip the retarded to make correct decisions in social situations. This

CURRICULUM CONTENT

SAMPLE ACTIVITIES

is no easy task. For the retarded in a residential setting, the teacher, attendant, recreation worker, etc. must cooperate in helping the child establish acceptable patterns of behavior. It is particularly important, in a residential facility, that social activities allowing dating be arranged. Without such heterosexual functions, the child leaving the environs of the facility will be ill-prepared for the social freedom he will encounter in the community.

J. Classification of pre-marital intercourse.

1. Abstinence
2. Double standard

NOTE: The teacher must know her students and their background well prior to initiating instruction on this topic. Many retardates, particularly those from ghetto type areas may have participated in intercourse or certainly be knowledgeable of its prevalence. There is a risk of establishing guilt feelings. Your knowledge of this background should serve as your guide to this area. In Section II, intercourse was presented as an important part of marriage. This should be reinforced. While pre-marital sexual relations are to be discouraged, it cannot be accomplished with the mentally retarded merely by saying it is bad or that pregnancy might result. They need direction regarding leisure time activities as well as instruction on the consequence of such sexual relations.

CURRICULUM CONTENT

RESPONSIBILITY TO SOCIETY

IV. Responsibility to Society

- A. Single life
 - 1. Independent living
 - 2. Social relations
- B. Preparation for marriage
- C. Selection of mate
- D. Financial obligations of marriage
- E. Husband-wife relations
- F. Contraception
- G. Responsibility of care for a household
- H. Child care

NOTE: The adult life of the mentally retarded will vary greatly depending on the level of retardation. A majority of the mildly retarded will marry and raise a family. The more severely retarded will not marry and for the most part will live in supervised living situations. Both groups will need guidance in achieving satisfactory adjustment relative to their sexual drive and social needs. It is, of course, unrealistic to assume that a program of sex education during the school age years can alone prepare mentally retarded youth for adulthood. Continuing education and counseling programs will need to be made available to the mentally retarded as they enter adulthood. Much can be accomplished through the services of social agencies who routinely serve the mentally retarded and their families. While group instruction is appropriate in this area, individual counseling is essential in those cases in which students are contemplating marriage.

Since many of the mentally retarded will not marry, care should be taken not to imply that everyone should marry. It should be stressed that a number of men and women remain single and live happy lives. Topics such as leisure time, jobs, and budgeting as they relate to single persons, should be discussed. A single

person could be invited to the classroom to discuss what he or she does for recreation.

Typically, teenagers do not comprehend the responsibilities which accompany marriage. They view it as a happy relationship involving two people. Early discussions on marriage should focus on the responsibilities of marriage, as well as the physical and emotional relationship experiences between the marriage partners.

Ask the class to describe the type of person with whom they would like to spend the rest of their lives. Impress upon them the importance of having similar interests.

Ask them how much money they feel the husband should earn in order to support a wife or a wife and children. Use this as a lead into a study of marriage responsibilities. Have the girls plan menus and determine costs. Extend this activity to budgeting for rent, clothing, utilities, insurance, car, and recreation. Installment buying should be introduced. This might constitute a major area of emphasis in the curriculum apart from sex education.

List a number of tasks which must be done in caring for a household and raising a family. Have the students indicate which should be done by the husband and which by the wife. Also ask them which jobs could be done cooperatively by the husband and wife. Emphasize that both must help each other in a successful marriage.

The topic of contraceptives could be introduced through a discussion on family planning and the responsibilities of raising a family. Resource persons such as a physician, clergyman, representatives of Planned Parenthood, etc., can

be used to explain methods of contraception.

Child care warrants a major unit of study. It should be incorporated into a unit on the family. The concepts of care introduced in Section I. A, B., and C will be applicable at this stage. The study of child care should emphasize the social as well as the physical needs of the child. Many girls will do baby sitting as a source of income. They should realize that in accepting the job they have the same responsibility for care as do the parents. Both boys and girls should be provided opportunities to work with children. Possibly they could be assigned to the kindergarten to help or to a day care preschool.

A mother with young children could be invited to class to discuss child care. Prepare the students for the visit so their questions are relevant. In a residential setting students could be assigned to work with young children in the recreation program.

Retarded youth cannot be expected to remember specific information on feeding, formulas, and care of feeding utensils. However, they should be made aware of the responsibilities which accompany the raising of children. This should be a major objective of the child care unit.

RESOURCES

The resources listed are a compilation of materials which have been used by many different individuals in a variety of programs of sex education for the mentally retarded. Very few of the listed resources have been developed specifically for the mentally retarded, but most all have been used successfully with the retarded for specific purposes in given situations. While rather lengthy, this listing in no way represents all of the excellent printed and audiovisual materials which are available and appropriate for programs of sex education for the mentally retarded. The reader is encouraged to use his own initiative, to be creative and original in developing new materials designed to meet the specific needs of youngsters with whom he works and to modify and adapt already existing materials to help meet their needs, i.e., use films and filmstrips without sound tracks, tapes or records, develop special tapes for use with films and filmstrips, make special audiovisual materials as needed.

The Resource section has been developed and organized so the instructor can locate easily materials on a specific topic and at the level of function and understanding of those with whom he is working. Areas and levels are not mutually exclusive or independent since there is a great deal of overlap.

Area or Topic

- A - Awareness of Self
- B - Physical Changes and Understanding of Self
- C - Peer Relationships
- D - Responsibility to Society

Level of Difficulty

- 1 - Appropriate for Basic Concepts
- 2 - Appropriate for Extremely Easy Concepts
- 3 - Appropriate for Medium Difficult Concepts
- 4 - Appropriate for Difficult Concepts
- 5 - Appropriate only for Very Difficult Concepts and the Most Sophisticated Individuals

This Guide will be constantly revised to meet the changing needs and demands of those in the field; you are encouraged to complete the Evaluation and Suggestion Form in the back of this publication and to return it as requested. Of particular interest will be your evaluation and rating of listed resources and information about materials you have used successfully in your program which are not included in this section.

Many states, schools, and school systems have comprehensive curriculum guides for special education programs including units dealing with sex education, family living, boy-girl relationships, preparation for marriage, and any one of many other synonymous terms. Additional resources and materials appropriate for units of this kind may be found listed in these guides. State and local audiovisual and instructional materials centers and any one of the fourteen Special Education Instructional Materials Centers (Bureau of Education for the Handicapped, U. S. Office of Education, Washington, D.C.) should be contacted for supplementary materials and a listing of what is available in that geographical area.

PRINTED MATERIALS

	A	B	C	D
<i>A Social Attitude Approach to Sex Education for the Educable Mentally Retarded.</i> Special Education Curriculum Development Center, University of Iowa, Des Moines, Iowa.	T	E	A	C
<i>Accent On You.</i> Tampax, Incorporated, New York, N.Y.: Education Department. Grades 4-6. Pupil.	2-3	2-3	2-3	
American Association for Health, Physical Education, and Recreation, Washington, D.C.				
<i>A Story About You</i> (244-06854)	1-2			
<i>Approaching Adulthood</i> (244-06976)	3-4	3-4	3-4	3-4
<i>Facts Aren't Enough</i> (244-06978)			3-4	
<i>Finding Yourself</i> (244-06846)	4	4		
<i>Parents' Responsibilities</i> (244-06852)	P	A	R	E
<i>Sex Education Resource Unit for Grades 5, 6, or 7</i> (244-07822)	1-2-3	1-2-3	1-2-3	1-2-3
American Medical Association, Chicago, Illinois.				
<i>Health Education Materials Catalog</i>				
<i>The Miracle of Life</i>				
"Who Should Not Marry?" by Paul Popenoe in <i>Hygeia</i> October, 1939				
<i>Attaining Manhood</i> , Harper and Row, New York, N.Y.	4	4		
<i>Attaining Womanhood</i> , Harper and Row, New York, N.Y.	4	4		
Bauer, W. W., et al. <i>Just Like Me.</i> Chicago, Ill., Scott, Foresman and Company	1-2	1-2		
Boyer, A. D. and E. R. Brandt. <i>Human Growth and Reproduction.</i> River Forest, Illinois: Laidlaw Brothers, 1968.	1-2-3	1-2-3		
Burchinal, Lee G., and Chancellor, Loren. "What About School-Age Marriages?" in <i>Iowa Farm Science</i> , Vol. 12, #12. Iowa State College, Ames, Iowa. June, 1958.	4-5			4-5
DeSchweinitz, K. <i>Growing Up.</i> New York: Macmillan, 4th Edition, 1965.	1-2	1-2	1-2	1-2
Dickerson, Roy E. <i>Into Manhood.</i> New York: Associated Press, 1954.	5	5	5	

TEACHER - PARENTS
2
(TEACHER-PARENT) 5

Printed Materials, continued

	A	B	C	D
DuVal, Evelyn. <i>Why Wait Until Marriage?</i> Available in Pocketbook. General and Catholic Editions, 1962.	4-5	4-5	4-5	4-5
Ellett, Marcella H. <i>The World of Children.</i> Minneapolis, Minnesota: Burgess Publishing Company, 1967. (Teacher-Parent)	1-2	1-2		
Ets, M. H. <i>The Story of A Baby.</i> New York: Viking Press, 1939.	1-2-3	1-2-3		
Farnsworth, Dana L. <i>Child Growth In The Middle Grades.</i> Chicago, Illinois: Lyons and Carnahan, 1967.		2-3		
Farnsworth, Dana L. <i>Child Growth In The Primary Grades.</i> Chicago, Illinois: Lyons and Carnahan, 1967.		2-3		
Fransworth, Dana L. <i>Child Growth In The Upper Elementary Grades.</i> Chicago, Illinois: Lyons and Carnahan, 1967.		2-3		
Filas, Francis L., S.J. <i>Sex Education In The Family.</i> Englewood Cliffs, New Jersey: Prentice- Hall, Inc., 1966, Teacher				T E A C H E R
Gesell, A., Ilg, F.E. <i>The Child From Five to Ten.</i> New York: Harper Brothers, 1946. (Teacher-Parent)	3	3		
Gilbert, Margaret S. <i>Biography Of The Unborn.</i> Baltimore: Williams and Wilkins Co., Second Edition, 1963. (Teacher)		5		
<i>Growing Up and Liking It.</i> Milltown, New Jersey: Personal Products Corporation.	1-2	1-2		
Greenberg, Sidonie M. <i>The Wonderful Story of How You Were Born.</i> New York: Doubleday and Company, Inc., 1952.	1-2	1-2		
Hofstein, Sadie. <i>The Human Story: Facts On Birth, Growth and Reproduction.</i> Glenview, Illinois: Scott, Foresman and Company, 1967. (Teacher-Parents)			4	
<i>How Your Child Learns About Sex.</i> Columbus, Ohio: Ross Laboratories, (Teacher)	1-2			
Ingelman-Sundberg, Axel and Claes Wirsen. <i>A Child Is Born. The Drama of Life Before Birth.</i> New York: Delacorte Press, A Seymour Lawrence Book, 1965. (Teacher and Parents)		5		

Printed Materials, continued

	A	B	C	D
<i>It's Natural It's Normal</i> , Tampax, Inc., New York, N.Y.		2		
Johnson, Erick. <i>Love and Sex in Plain Language</i> . J. B. Lippincott, New York: 2nd Edition, 1967.	3-4	3-4		
Jones, Marion. <i>Tampax Education Materials Packet</i>				
"Now You Are Ten"	1-2-3	1-2-3		
"Very Personally Yours"	1-2-3	1-2-3		
"How To Tell The Retarded Girl About Menstruation"	1-2-3	1-2-3		
"You're A Young Lady Now"	1-2-3	1-2-3		
Kimberly-Clark Co., Neenah, Wisconsin.				
Kirkendall, Lester A. and Ruth Farnham Osborne, 1955. <i>Understanding The Other Sex</i>	5	5	5	
Kirkendall, Lester A., 1947. <i>Understanding Sex</i> . Guidance Series Booklets, Science Research Association, Chicago, Illinois.	5	5	5	
Lawson, Gary D., 9488 Sara Street, Elk Grove, Calif. 95624. <i>Safe And Sound</i> .			3-4	3-4
Lerner, Marguerite. <i>Who Do You Think You Are?</i> Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963	1-2			
Lerrigo, Marion and Michael Cassidy. <i>A Doctor Talks to 9-12 Year Olds</i> . Chicago, Illinois: Budlong Press, 1964. (Teacher-Parents)	2-3	2-3		
Lesko, Carol. <i>How About A Date Cutie?</i> 13403 W. 21st Avenue, Golden, Colorado 80401	2-3	2-3	2-3	2-3
Levine, M.I. and J. H. Selgman. <i>A Baby Is Born</i> . New York: Golden Press, revised edition, 1966. (Pupil and Teacher)		1	1	
Life Adjustment Booklets. Science Research Associates, 47 W. Grand Avenue, Chicago, Illinois:	1-2-3-4	1-2-3-4	1-2-3-4	1-2-3-4
<i>Let's Talk About Honesty; Enjoying Your Leisure Time; All About You; Your Problems: How to Handle Them; Getting Along With Parents; What Are You Afraid Of?; Your Behavior Problems; Growing Up Emotionally; Understanding The Other Sex; Guide to Good Grooming; About Marriage and You; Understanding Sex.</i>				
Meilach, D. Z. <i>A Doctor Talks To 5-8 Year Olds</i> . Chicago, Illinois: Budlong Press, 1966. (Teacher-Parents)	3	3		

Printed Material, continued

	A	B	C	D
National Dairy Council, Chicago, 1965. "Who Me?" "A Girl and Her Figure" "A Boy and His Physique"	1-2	1-2		
Orenstein, Irving. <i>Where Do Babies Come From?</i> New York: Pyramid Books, 1962.		1	1	
Pemberton, Lois. <i>The Stork Didn't Bring You.</i> Heritage Press, 1948.		1	1	
Power, Jules. <i>How Life Begins.</i> Simon Schuster, New York, N.Y., 1965 (Teacher-Parent)				Parents Teacher
Richards, Frederick C. <i>Sex and the Mentally Retarded: Proceedings of an All Day Institute.</i> Greater Cleveland Mental Retardation Development Project The Welfare Federation of Cleveland 1001 Huron Road, Cleveland, Ohio 44115				Parents Teacher
Rodgers, Bruce E. <i>How Babies Are Born.</i> Essandess Edi: New York, New York, 1967 Pages 37-46.			1-2-3	
Selznick, Harrie M. "Sex Education and the Mentally Retarded", <i>Exceptional Children</i> , May, 1966 Pages 640-643. (Teacher)				4
<i>Social Hygiene Guide</i> , Illinois School for the Deaf, Jacksonville, Illinois. "Social Growth and Development" "Family Life and Development" "Dating and Courting"			3-4	3-4
Strain, Frances Bruce. <i>Being Born.</i> Appleton- Century, N.Y., 1936				Teacher
Strain, Frances Bruce. <i>New Patterns in Sex Training.</i> New York, N.Y.: Appleton-Century-Croft, Inc., 1951				Parents - Administrators and Teachers
<i>The Adolescent In Your Family.</i> Children's Bureau Publication #347. Washington, D.C., U. S. Govern- ment Printing Office. (Teacher)	1-2-3	1-2-3	1-2-3	1-2-3
<i>What to Tell Your Children About Sex.</i> Child Study Association of America, Inc. New York: Permabooks, 1958.				Parents Teacher

Printed Material, continued

	A	B	C	D
Wilson, Charles and Elizabeth. <i>Growing Up</i> . Indianapolis, Indiana: Bobbs-Merrill Company, Inc., 1966.	3-4	3-4		
<i>World of A Girl</i> . Scott Paper Company, Home Service Center. International Airport, Philadelphia, Penna.	1-2-3	1-2-3		
<i>Your Baby's First Year</i> . Children's Bureau, U. S. Government Printing Office, Washington, D.C., 1966				4-5
Zim, Herbert S. <i>What's Inside of Me?</i> New York: N.Y., William Morrow and Company, 1952.	1	1		

AUDIOVISUAL AIDSFILMS

	A	B	C	D
<u>As Boys Grow.</u> 20 min., Medical Arts Production. <i>Ejaculation, masturbation, fertilization, and differences in rate of maturation are discussed.</i>	2-3-4	2-3-4		
<u>Biography of the Unborn.</u> 16 min., b&w. (Encyclopedia Britannica Films, 1956). <i>The primary objective of this film is to give the lay audience a simple explanation of the development of life inside the womb, starting with the fertilization of the egg and concluding with the doctor holding a new born baby.</i>		3-4		
<u>Boy to Man.</u> 16 min., color. Churchill Films, 1962. <i>Presents the changes of adolescence in the order of their simplicity - moving from superficial change of growth, skin, voice, and body hair to more complicated phenomena of glandular changes and sexual maturation. Individual differences in rate of growth are stressed as normal.</i>	2-3	2-3	2-3	
<u>Choosing for Happiness.</u> 14 min., black and white. (McGraw-Hill Book Company, 1950) <i>In this film two girls realize that before they can assess possible mates they must first analyze themselves.</i>	4-5	4-5	4-5	
<u>Dance Little Children.</u> 25 min., Calvin Productions, Inc., 1961. <i>Story of a girl who contracts syphilis; depicts methods used by Public Health Agencies to stop spread of the epidemic.</i>		3-4		3-4
<u>Date Etiquette.</u> 11 min., color, (Coronet Instructional Films, 1960). <i>This film helps young people to be more comfortable on dates by showing them how they might ask for a date, accept a date, call for a girl, meet her parents, attend a school event, and say good-night. For senior high and college.</i>			3-4-5	3-4-5
<u>Dating: Do's and Don'ts.</u> 14 min., color, (Coronet Instructional Films, 1949). <i>In describing an idealized date this film offers some suggestions on date etiquette. For junior and senior high and adult groups.</i>			4-5	4-5
<u>Developmental Characteristics of Preadolescents.</u> 18 minutes, b&w, (McGraw-Hill Book Co., 1954) <i>This film points out behavior patterns of pre-adolescents, describing them as intolerant, self centered, imitative, energetic, and forgetful.</i>	4-5			4-5

Films, continued

	A	B	C	D
<u>Early Marriage.</u> 26 min, color. (Churchill-Wexler Films, 1960). <i>This film shows some of the problems of early marriages and compares minister and justice-of-the-peace marriages.</i>	4-5	4-5	4-5	4-5
<u>Emotional Maturity.</u> 20 min., b&w (McGraw-Hill Book Co., 1958). <i>This dramatization of a high school boy's immature behavior, demonstrates to adults some of the consequences that occur when an adolescent fails to channel his increasing emotional tempo into positive actions and feelings.</i>				4-5
<u>Engagement: Romance and Reality.</u> (McGraw-Hill Book Co.) <i>This film presents a step-by-step portrayal of a couple who plan to marry. It is immediately apparent that although Judy and Jim claim to love each other, they do not really know one another and the image each has of himself is completely unrealistic.</i>			3-4	3-4
<u>Family Life.</u> (Coronet Films). <i>A mother sees family life as a business -- calls family councils and regular meetings to determine home management; to put plans into action.</i>				3
<u>Farewell To Childhood.</u> 23 min., b&w. (International Film Bureau, Inc., 1953). <i>In this story of a girl who both wants and fears the independence and privileges of adulthood, there is the beginning of a closer understanding between the girl and her parents.</i>			4-5	4-5
<u>From Generation To Generation.</u> 30 min., color. (McGraw-Hill, 1959). <i>Combines animation with live action to illustrate the basic facts of human reproduction with emphasis on proper attitudes of the family. Child bearing as an emotional and spiritual experience is stressed as well as being a physical one.</i>	3-4	3-4	3-4	3-4
<u>Girl To Woman.</u> 16 min., color, Churchill Films, 1964. <i>Deals with human growth and development during the change from girlhood to womanhood; describes male and female reproductive systems.</i>	1-2-3	1-2-3		
<u>Going Steady.</u> 10 min., b&w. Coronet Films, 1951. <i>This film helps teenagers examine the pros and cons of steady dating. For young people.</i>	4-5	4-5	4-5	4-5

Films, continued

	A	B	C	D
<u>Handling Marital Conflicts.</u> (McGraw-Hill) <i>Alternately, the film portrays the development of an argument between each of two couples. It can well be used in discussions of child discipline in addition to marriage disputes.</i>	5	5	5	5
<u>How To Say No.</u> 10 min., b&w. (Coronet Instructional Films, 1951). <i>This film dramatizes several situations in which a group of adolescents gracefully say no to undesirable activities.</i>	2-3-4	2-3-4	2-3-4	2-3-4
<u>Human and Animal Beginnings.</u> 13 min., Wexler Film Productions. <i>Beginning of life simply described along with basic concepts of family and reproduction.</i>		1-2		
<u>Human Body, The: The Reproductive System</u> 13 min., color, Coronet Instructional Films, 1951. <i>Through animation and photomicrography this film presents a clear and objective description of the male and female human reproductive systems.</i>		3-4		
<u>Human Growth.</u> 19 min., color, now available in single concept loop films through E. C. Brown Trust Company, 1962. <i>A mixed group of seventh-grade youngsters in a class situation view and discuss an animated film which traces human growth and development of the organism from mating through pregnancy and birth, then from infancy through childhood and adolescence to the adult form; differences in male and female structural development emphasized.</i>	1-2-3	1-2-3	1-2-3	
<u>Human Heredity.</u> 18 min., color, E. C. Brown Trust Company, 1956. <i>This film points out some of the facts concerning human heredity, sex determination and roles, and the influence of environment on behavior and attitudes.</i>	3-4	3-4	3-4	
<u>Human Reproduction.</u> 20 min., b&w, McGraw-Hill. <i>Explains the human reproductive systems and the process of conception, pregnancy, and childbirth. Describes the anatomy, physiology, and functions of the male and female reproductive organs; illustrates by means of animated drawings the body mechanics of delivery.</i>	2-3-4	2-3-4	2-3-4	

Films, continued

	A	B	C	D
<u>Innocent Party, The.</u> 17 min., color. (Calvin Productions, 1959). <i>This documentary on the nature, symptoms, cure and control of syphilis shows how one young man learns the tragic effect on his steady because he picked up a girl.</i>	4-5	4-5	4-5	4-5
<u>It Takes All Kinds.</u> 20 min., b&w. (McGraw-Hill Book Co.). <i>This film points out that successful marriages are those where the partners choose each other with care and then accept each other for what they are.</i>			4-5	4-5
<u>It's Wonderful Being A Girl.</u> 20 min., color. Personal Products Co. (Association Films-Distributors). <i>Made to give young girls a healthy understanding of the physical and emotional changes that occur in growing up.</i>	1-2-3	1-2-3		
<u>Jealousy.</u> 16 min., b&w. (McGraw-Hill Book Co., 1954). <i>This film shows a young wife's jealous misunderstanding of her husband is really an expression of her own dissatisfactions and tendency to dramatize.</i>				4
<u>Kittens: Birth and Growth;</u> captioned film for the handicapped. U. S. Office of Education, Bureau of Education for the Handicapped, Division of Education Service, Washington, D.C. 20202 <i>Interesting presentation of simple science lesson; Child's reaction to birth of kittens.</i>		1-2-3		
<u>Marriage Today.</u> 22 min., b&w, (McGraw-Hill Book Co.). <i>This film shows two couples who have made their marriages work through analysis of their mutual aims and cooperation in striving to achieve them.</i>			4-5	4-5
<u>Molly Grows Up.</u> 15 min., b&w, (Medical Arts Productions, 1953). <i>This film discusses menstruation and illustrates different ways to introduce a young girl to these changes.</i>	1-2-3	1-2-3	1-2-3	
<u>Nine Months To Get Ready.</u> 25 min., color, Potomac Films, Inc. <i>Uses documentary technique to tell the story of a young mother who in her second pregnancy successfully avoids the complications she experienced in the first, by prenatal care.</i>	3-4	3-4	3-4	
<u>Phyllis and Terry.</u> 36 min., b&w, (Marner Films, 1965). <i>Life in a New York ghetto as experienced by two impoverished Negro teenagers. What evolves is a compelling portrait of hope and despair etched out by girls themselves.</i>		5		

Films, continued

	A	B	C	D
<u>Prenatal Care.</u> 23 min., b&w, (Medical Arts Productions, Inc., 1952). <i>This film, describing the lives of three pregnant women, stresses the need of early medical examinations, correct diet, adequate exercises, and proper clothing.</i>		3-4		
<u>Quarter Million Teenagers.</u> 16 min., Imperial Film Company, 1964. <i>Veneral disease - how organisms spread and enter body; how they affect the body; how they may be recognized; necessity for medical aid stressed.</i>		4-5		4-5
<u>Story of Menstruation.</u> 10 min., color, Kotex Corporation, Walt Disney, 1946. <i>Animated drawings and diagrams are used to explain the physiology of menstruation; suggests methods of care and hygiene, and encourages a healthy attitude toward the process.</i>	1-2-3	1-2-3		
<u>This Charming Couple.</u> 19 min., b&w, (McGraw-Hill Book Co., 1950). <i>This film focuses on a frequent cause of broken marriages: idealization of the courting partner and subsequent disillusionment.</i>			4-5	4-5
<u>What To Do On A Date.</u> 11 min., color, Coronet Instructional Films, 1951. <i>This film points out the range of amusements available to make dating an entertaining and constructive social occasion.</i>			2-3-4-5	2-3-4-5
<u>Who's Boss.</u> 16 min., b&w, (McGraw-Hill Book Co., 1954). <i>This film tells the story of a couple who discover a broken marriage with two bosses is less desirable than a strong marriage with two partners.</i>				4-5
<u>Who's Right.</u> 18 min., b&w, (McGraw-Hill Book Co., 1954). <i>This film shows a typical marriage quarrel of two people who have not yet achieved mature love based on understanding and forbearance.</i>			4-5	4-5
<u>Worth Waiting For.</u> 28 min. Brigham Young Univ., 1962. <i>Teenagers want to marry before high school graduation; the film elaborates on how they make a wise decision.</i>	3-4-5	3-4-5	3-4-5	3-4-5
<u>Your Body During Adolescence.</u> 10 min., b&w. McGraw Hill Book Co., 1954. <i>Eighteen young people from 13 to 15 are shown to vary widely in size and shape as all are in various stages of pubertal development. Structure and the function of male and female reproductive organs are outlined and discussed.</i>	1-2-3	1-2-3	1-2-3	

FILMSTRIPS

	A	B	C	D
<u>And They Lived Happily Ever After?</u> Two color filmstrips and two 12" LP records. Guidance Associates, Harcourt, Brace and World, Pleasantville, New Jersey 10570. <i>Purpose: To present facts, questions and viewpoints on the problem of teenage marriage in a way to interest the teens. It is designed to help teachers, guidance counselors, and youth group leaders to constructively discuss the problem with teenage groups.</i>		3	3	
<u>Confidence Because.</u> 15 min., color, with record. Henk Newenhouse, Inc., 1017 Longaker Road, Northbrook, Illinois 60062. <i>Dramatizes the healthy attitude of a young girl who understands the physiological basis and purposes of menstruation.</i>		3		
<u>Especially For Boys.</u> Sound. Henk Newenhouse, Inc., 1017 Longaker Road, Northbrook, Illinois 60062. <i>Purpose: Produced especially for use with boys to help them develop basic understandings and wholesome attitudes about human growth and reproduction. Concepts presented in this filmstrip include: an overview of the pubertal changes which are a normal part of growing up; processes by which egg and sperm cells function in the continuation of human life, and development of a human being.</i>	2-3	2-3		
<u>Sex: A Moral Dilemma For Teenagers.</u> Two color filmstrips and two 12" LP records. Guidance Associates, Harcourt, Brace and World, Pleasantville, New Jersey 10570. <i>Purpose: To help guidance counselors, teachers, and youth group leaders to discuss openly some of the problems that are troubling teenagers about sex. It is made up of live interviews with young people in which they express their opinions, confusions, and apprehensions about their own sexuality and sexual relationships. It also contains live interviews with professional authorities in the fields of medicine, religion and education. The language of the teenagers is direct and honest; their approach is sincere and extremely frank.</i>			4-5	
<u>The Tuned-Out Generation.</u> Two film strips in color and two 12" LP records. Guidance Associates, Harcourt, Brace and World, Pleasantville, New Jersey 10570. <i>Purpose: To stimulate discussion and provide motivation for more open communication between adults and youth. To present an examination of the ways in which the generations are alike (not different). To point out that reaching adulthood is not an end - but a beginning.</i>			4	4

OTHER AUDIOVISUAL AIDSCharts

	A	B	C	D
<u>Beginning The Human Story: New Baby In The Family.</u> Scott Foresman and Company, Glenview, Ill. 60025 <i>The program consists of twelve 20 X 20 full color photographs which present scenes in the everyday life of an inner city family, from the time the children are told that a new baby is coming to the arrival. Scenes include: (1) At Home With The Family; (2) Talking Over Some Exciting News; (3) Getting Ready For The New Baby; (4) Grandmother Comes To Help; (5) Father Takes Mother To The Hospital; (6) Baby Is Here; (7) Grandmother Takes The Children To The Zoo; (8) Coming Home; (9) Mother Feeds The Baby; (10) Baby's Bath; (11) A Shopping Trip; (12) First Birthday.</i>	1	1		

Slides

<u>How Babies Are Made. (35 mm slides), color.</u> <i>This slide show (34 in color) imparts facts, attitudes, and ethics to children about sex and love. A useful aid to parents and educators. Can be supplemented with readings from Sidonie Greenberg's book on the mystery of birth, <u>The Wonderful Story of How You Were Born.</u></i> (Creative Scope, Inc.)	1-2	1-2		
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Tapes

A taped lecture (given to a group of adolescents in Baltimore) by Dr. Mary Calderone is available for use free of charge. Contact Mrs. Marise Ross, Lutherville, Maryland 21093 - VA5-4754.

A taped lecture given by Mrs. Helen Southard, YWCA National Board at 4-H Conference, University of Maryland, College Park, is available on loan free of charge from: Audiovisual Aids Library, College of Agriculture, Symons Hall, University of Maryland, College Park, Maryland 20740.

The Use of Sex in Human Life; Sex Ethics, Sex Acts, and Human Needs; Pre-Marital Sex Behavior.
National Council of Family Relations, St. Paul, Minnesota.

Other Aids, continuedTransparanciesVisual Products Division - 3-M Company

Concept: The family serves to perpetuate man and to fulfill certain health needs.

(Each packet of printed originals and set of prepared color transparencies contains 20 individual visuals.)

Level 1

	A	B	C	D
The Family	1-2		1-2	1-2
Family Health	1-2		1-2	1-2
Characteristics of Boys and Girls		1-2	1-2	
Living Things from Living Things	1-2	1-2	1-2	

Level 2

The Health and Happiness of the Family	2-3		2-3	2-3
Range of Family Characteristics	2-3		2-3	2-3
Body Changes at Puberty	2-3	2-3	2-3	
How Life Begins	2-3	2-3	2-3	
Heredity	2-3	2-3	2-3	

Level 3

Individual Health and Family Life	3-4		3-4	3-4
The Human Reproduction Systems	3-4	3-4	3-4	
Influences on Family Life	3-4	3-4	3-4	3-4
Inherited and Acquired Characteristics	3-4	3-4		
Developing Dating Criteria			3-4	3-4

Level 4

Marriage and the Family: Responsibilities and Privileges			4-5	4-5
Conception, Prenatal Development and Birth	4-5	4-5		
Family Cycle and Values	4-5	4-5	4-5	4-5
Factors Influencing the Sex Drive	4-5	4-5	4-5	4-5
Causes and Effects of Family Disharmony	4-5	4-5	4-5	4-5

Records

Basic Concepts Through Dance: Body Image
(##ALP 601)

Listening And Moving (#LP605, 606-7)

Teaching Children Values (LP#702)

Educational Activities, Inc., Freeport, N.Y.

Sex and Your Daughter (#FC6610 and booklet)

Sex and Your Son (#FC6612 and booklet)

Family Information Center, Chicago, Ill.

Other Aids, continued

A	B	C	D
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Records

Generally records have not proved too valuable or effective when used directly with the mentally retarded. However, many teachers, parents and others interested in providing information about sex education to the mentally retarded have obtained some excellent ideas and approaches from records when they used them as a part of their own preparation. There are additional records which can be used for these purposes.

PACKETS

- | | | |
|--|---------|---------|
| <u>Teaching Portfolio.</u> Education Department, Box X6, Personal Products Company, Milltown, N.J. 08850.
<i>Includes a book for mothers, a book for students, and a teacher's guide.</i> | 1-2-3 | 1-2-3 |
| <u>Classroom Demonstration Kit.</u> Education Department, Box X6, Personal Products Company, Milltown, New Jersey 08850.
<i>Contains various kinds of Modess and sanitary napkins.</i> | | 2-3-4 |
| <u>Kimberly Clark Corporation Packet,</u> Neenah, Wisconsin.
<i>Contains: Physiology Chart; A Practical Guide for Teaching Menstrual Hygiene; At What Age Should a Girl Be Told About Menstruation?; Very Personally Yours; You're a Young Lady Now; Now You Are Ten; How To Tell The Retarded Girl About Menstruation.</i> | 1-2-3-4 | 1-2-3-4 |

EVALUATION AND SUGGESTIONS

This Resource Guide represents an initial effort to bring together diverse thoughts and ideas of personnel interested and involved in programs of sex education for the mentally retarded. As such, this Guide should be looked upon as a beginning, a first step in meeting a tremendous unmet need. Plans include revision and refinement of this Guide according to comments, suggestions, and direction given by those using this publication. To help in making revisions and compiling a more functional publication, your cooperation in completing the following evaluation sheet and returning it to us is requested. Your critical analysis of all sections along with approaches, methods, materials and resources you have found effective in your program will be especially valued. With this type of cooperative sharing, all can benefit from successes of others.

EVALUATION AND SUGGESTIONS

Identifying Information

Position: _____

Type of Facility in Which Employed: _____

Level of Retardates with which Work: _____

Chronological Ages with which Work: _____

How do you feel this publication can be strengthened? (For example, format of activities, organization, resources, etc.).

Do you feel this publication is appropriate for use with the non-retarded?
 Yes _____ No _____ Clarify.

Do you find the terminology used within this publication understandable?
 Yes _____ No _____ If no, explain.

Please evaluate specific sections of book contained on the form on reverse side.

Please return this sheet and pertinent materials you would like considered for inclusion in subsequent revisions of this publication to:

Director, Project on Recreation and Fitness for the Mentally Retarded
 American Association for Health, Physical Education, and Recreation
 1201 Sixteenth Street, N.W., Washington, D. C., 20036.

Indicate where activities and content are not adequate in presenting specific concepts.

Practicality and value of materials and content.

	Elementary	Intermediate	Advanced	Very worthwhile	Adequate	Little Value
Rationale	_____	_____	_____	_____	_____	_____
Curriculum Guidelines	_____	_____	_____	_____	_____	_____
Suggested Steps	_____	_____	_____	_____	_____	_____
<u>Content</u>						
Awareness of Self	_____	_____	_____	_____	_____	_____
Physical Changes and Understanding of Self	_____	_____	_____	_____	_____	_____
Peer Relationships	_____	_____	_____	_____	_____	_____
Responsibility to Society	_____	_____	_____	_____	_____	_____
<u>Sample Activities</u>						
Awareness of Self	_____	_____	_____	_____	_____	_____
Physical Changes and Understanding of Self	_____	_____	_____	_____	_____	_____
Peer Relationships	_____	_____	_____	_____	_____	_____
Responsibility to Society	_____	_____	_____	_____	_____	_____
<u>Resources</u>						
Printed Materials	_____	_____	_____	_____	_____	_____
Films	_____	_____	_____	_____	_____	_____
Filmstrips	_____	_____	_____	_____	_____	_____
Other Audiovisual Aids (Specify)	_____	_____	_____	_____	_____	_____