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IDENTIFIERS Chester County (Pennsylvania)

## ABSTRACT

Chester County (Pennsylvania) is described in terms of its demography and its school system; its special education program is also reviewed. Placement and program organization are outlined for the trainable mentally retarded, brain injured, socially and emotionally disturbed, and physically, visually, or auditorially handicapped. The need for program improvement is explained, including the need for facilities, equipment, staff, and transportation. The planning process and conclusions are discussed as are 14 recommendations for the design of a county special education facility. Nine consultants' opinions are presented concerning a central facility as opposed to dispersion of classes; 00 aonsul<sup>o</sup>ants' reports are appended. An additional flier provides the architectural plans. (JD)

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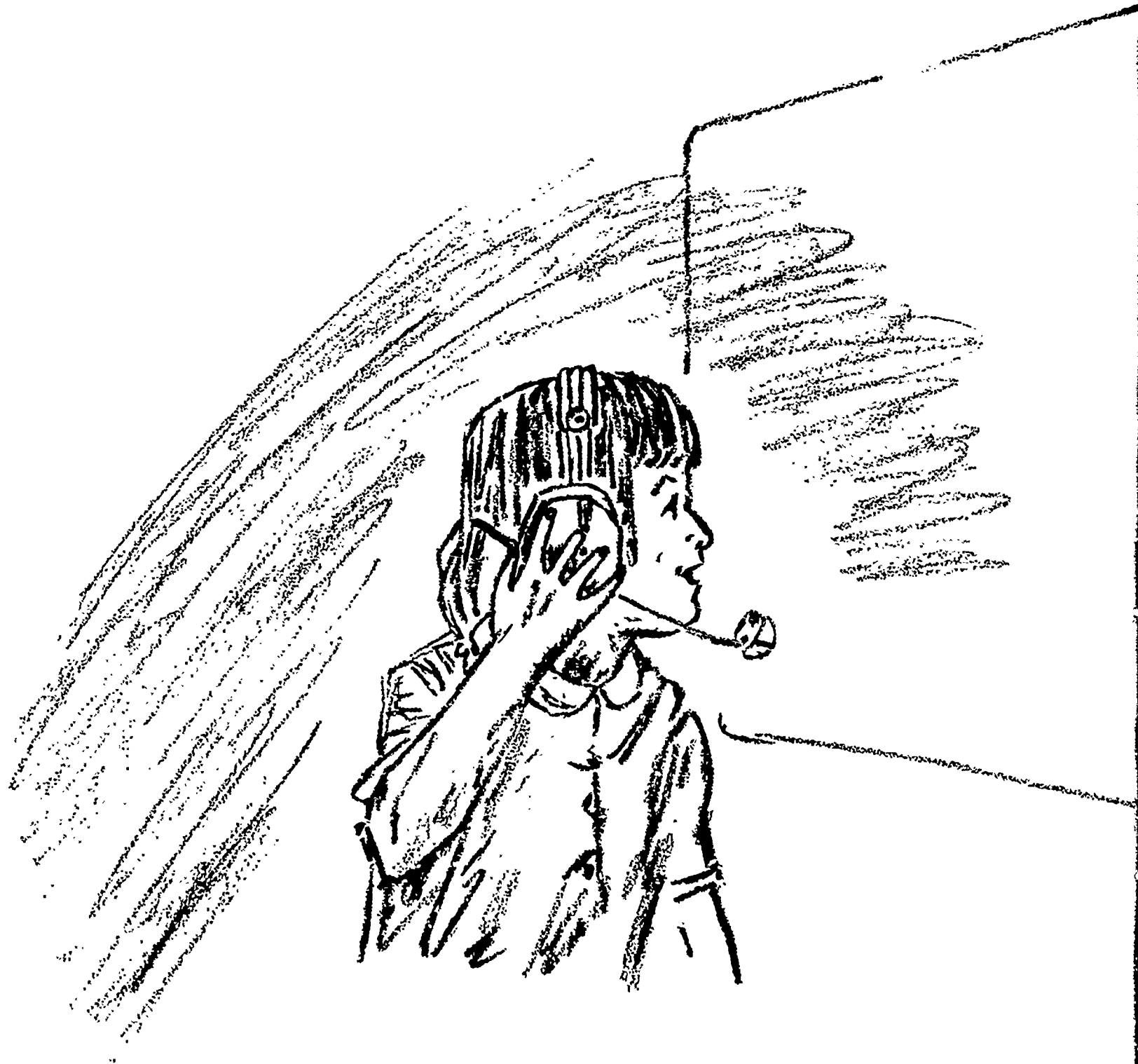
**PLANNING A**

**SPECIAL EDUCATION BUILDING**

**FOR**

**CHESTER COUNTY, PENNSYLVANIA**

ED05143E



ED036943

PLANNING A  
SPECIAL EDUCATION BUILDING  
FOR CHESTER COUNTY, PENNSYLVANIA

Compiled by the Special Education Staff  
of the  
Chester County Board of School Directors

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

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Accomplished through a  
Title III Grant, Elementary-  
Secondary Education Act  
Project No. 66-2125

Stanley K. Landis  
County Superintendent of Schools  
County Office Building  
Market & New Streets  
West Chester, Pennsylvania 19380

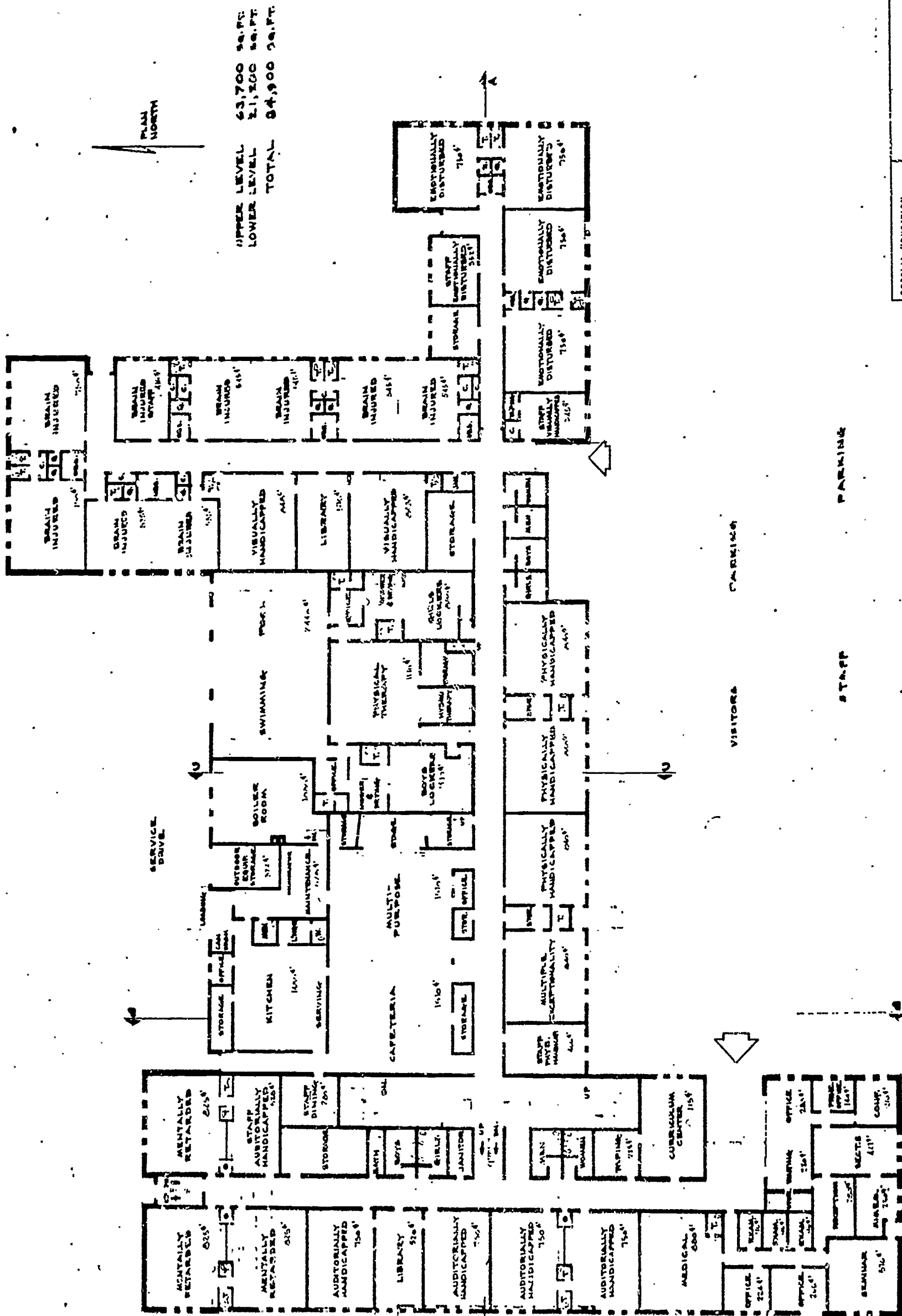
## ARCHITECTURAL PLANS

Schools for handicapped children are not unusual, but the unique quality of the planning for this facility, designed especially for the exceptional child, occurs very infrequently. It is the collective opinion of the Special Education Staff in Chester County, Pennsylvania, that such schools will increase in number as it is realized that the very special needs of the exceptional child are not being provided in other organizational patterns within public education.

Much discussion has occurred concerning the needs of the exceptional child; some proposals bear fruit and others result in mental exercise. The attached plan is evidence of the fruition of our planning project under Title III, Elementary-Secondary Education Act, Project No. 66-2125. We are deeply grateful for this opportunity, with Federal funds, to have been able to study and improve the educational opportunities for our exceptional children.

If additional information is desired, please write to:

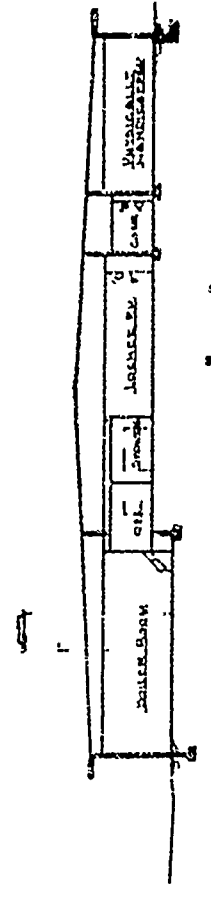
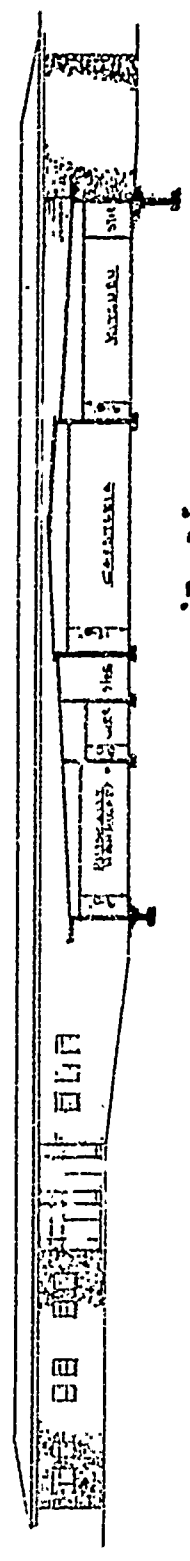
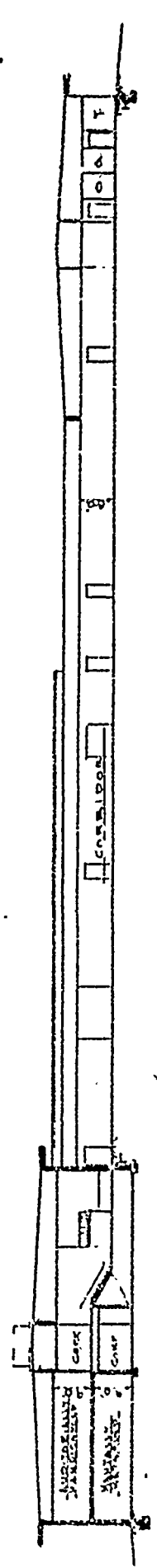
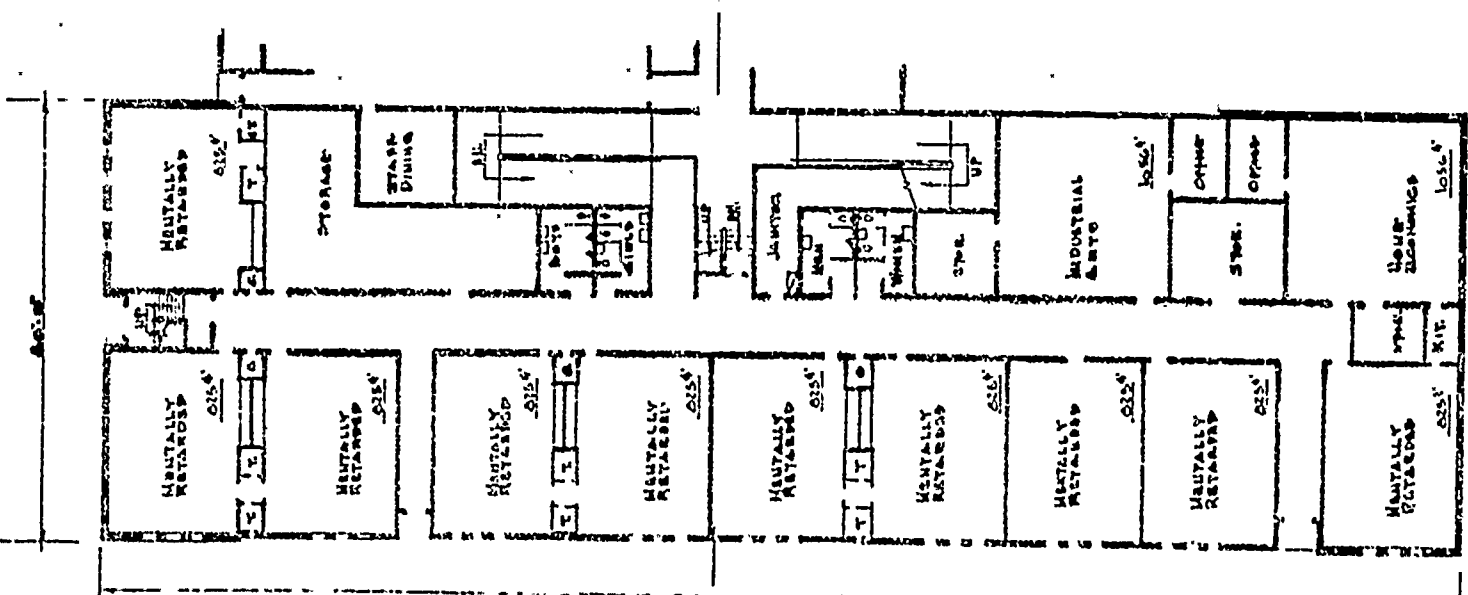
Mr. Charles R. Keim, Jr.  
Assistant County Superintendent  
Public Schools of Chester County  
County Office Building  
Market and New Streets  
West Chester, Pa. 19380



UPPER LEVEL 63,700 SQ. FT.  
 LOWER LEVEL 21,200 SQ. FT.  
 TOTAL 84,900 SQ. FT.

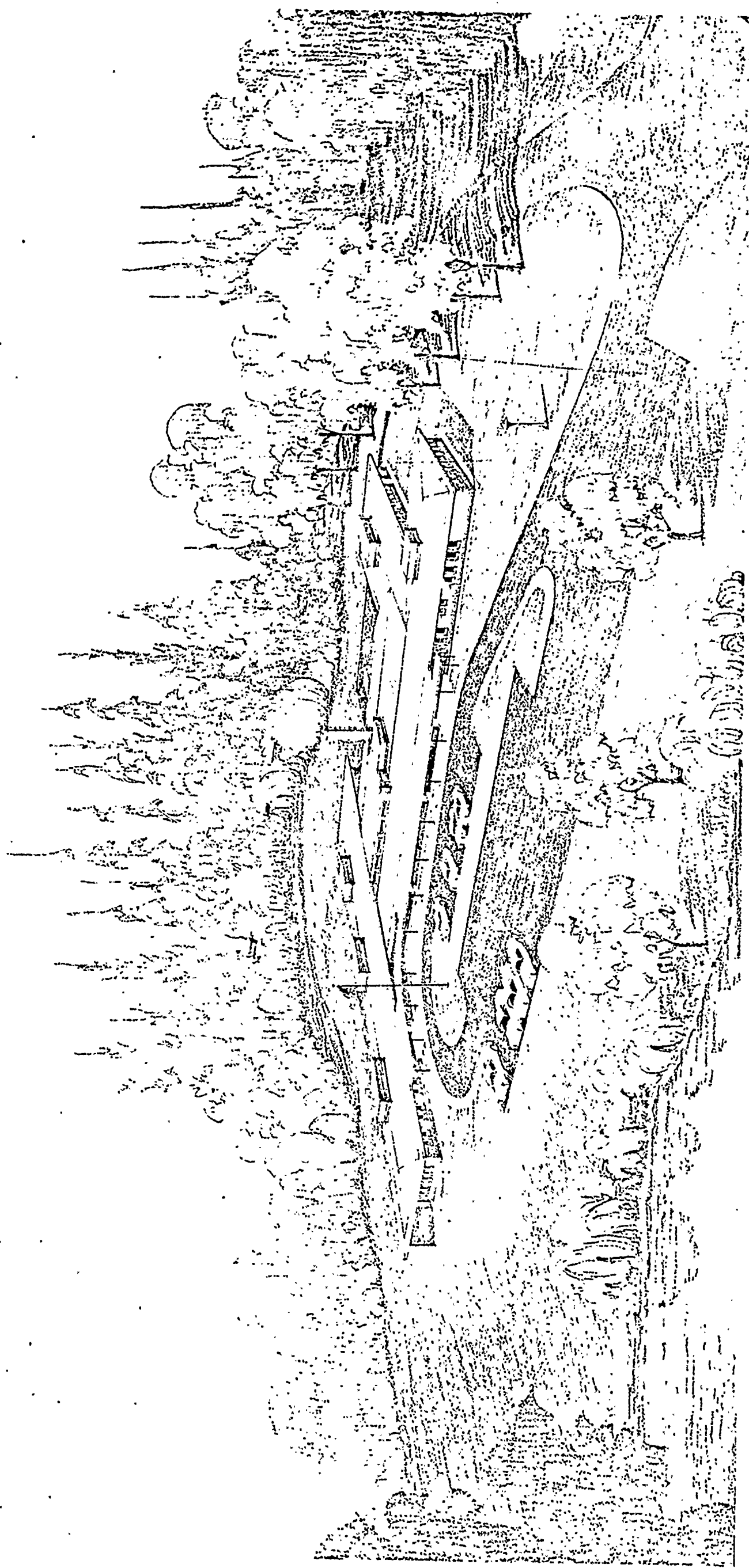
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	ARCHITECTS ... PAOLI PA.	
CHESTER COUNTY SCHOOL AUTHORITY 107 107	CORR. NO. 6424 DATE JUN 22 1988	

UPPER LEVEL PLAN  
1/8" = 1'-0"



SPECIAL EDUCATION FACILITY for CHESTER COUNTY SCHOOL AUTHORITY	TOBIESSEN WENGER & ASSOC ARCHITECTS 0624	PADLI PA Jan 22 1968	3
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SPECIAL EDUCATION SCHOOL for CHESTER COUNTY

TOBIESSEN - WENGER and ASSOC.  
architects

## FOREWORD

The ensuing report is the result of a Title III Planning Grant which was awarded to the Chester County Board of School Directors for the purpose of designing a special education facility. Although the primary function of this report is to provide information for use by those responsible for construction of such a facility in Chester County, it is anticipated that much of the material will also be of value to other areas of the country.



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## INTRODUCTION TO CHESTER COUNTY

The old cliché "There is no place like home" is understandable to most people and we have come to expect a certain amount of justifiable pride in our communities and the institutions found there and with which we are all familiar. Any statement we would make would go beyond the usual provincial pride because Chester County has its roots so deeply in our national heritage that one would have to search widely to find a county -- one of the first three counties laid out by William Penn -- in which there is so much to attract the true American. Within the perimeters of the county can be found the village of Valley Forge, the site of the encampment where the patriots, through their hard work and determination and the leadership of Washington, turned the tide of the Revolutionary War. Although Philadelphia is sometimes looked upon as the cradle of liberty, it has been stated that the birth of liberty occurred at Valley Forge.

The county, which today encompasses seven hundred and sixty square miles, is within the area usually considered as the Greater Delaware Valley. It is forty-five miles long from north to south and thirty miles wide from east to west at the extremities. It is traversed by the famous Route 30, the Lincoln Highway and the east-west section of the Pennsylvania Turnpike. The composition of the population extends from the suburban complex in the eastern part of the county, at the western end of the famous Main Line to the Amish section of Lancaster County, which is wholly rural in composition. Along with the agricultural industry, the world famous Lukens Steel Company is situated at Coatesville, having been established there in 1793. Its annual capacity today exceeds one million tons, with an employment at a minimum of

five thousand. The southern part of Chester County has long been recognized as a center for the mushroom industry, producing over sixty-five million pounds annually. This is also the location of the world famous Longwood Gardens, established by the duPont Foundation, and the center of the well known rose growing industry, spearheaded by the large nurseries of Conard Pyle.

West Chester, the County Seat, is seventeen miles north of Wilmington and twenty-five miles west from Philadelphia, thirty-four miles east of Lancaster and seventy-seven miles east of the capital of the Commonwealth, Harrisburg.

The two major concentrations of population and industrial activities are in the sections of the county closest to Philadelphia, Pa. and Wilmington, Delaware, and in the Coatesville-Downingtown area. Examination of the 1960 census indicates the total population of Chester County has risen from slightly over 159,000 in 1950 to well over 211,000 in 1960. The estimated population in 1965 was 235,000. (See graph, p. 3.) The population distribution of the county is as follows\*:

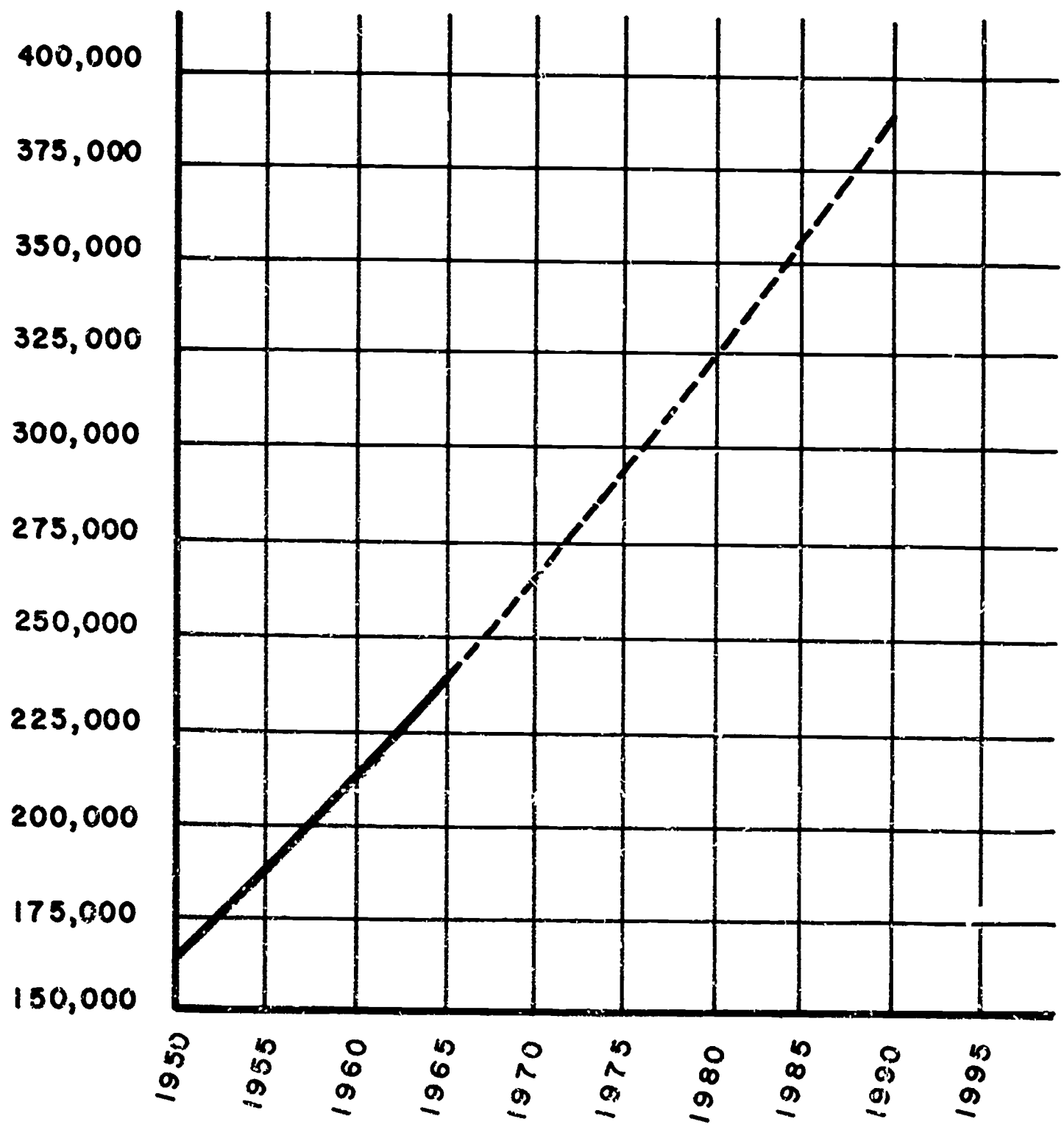
10.59%	rural farm
45.59%	rural non-farm
0.00%	metropolitan area -- central city
0.00%	metropolitan area -- non-central city
43.84%	other urban
<hr/>	
99.99%	Total

It should be noted that, according to the Chambers of Commerce in the county, no area qualifies as a metropolitan center, but the population centers are easily identified by the map, p. 5.

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\*Figures are partially estimated and taken from the 1960 census figures of the Pennsylvania State Planning Board.

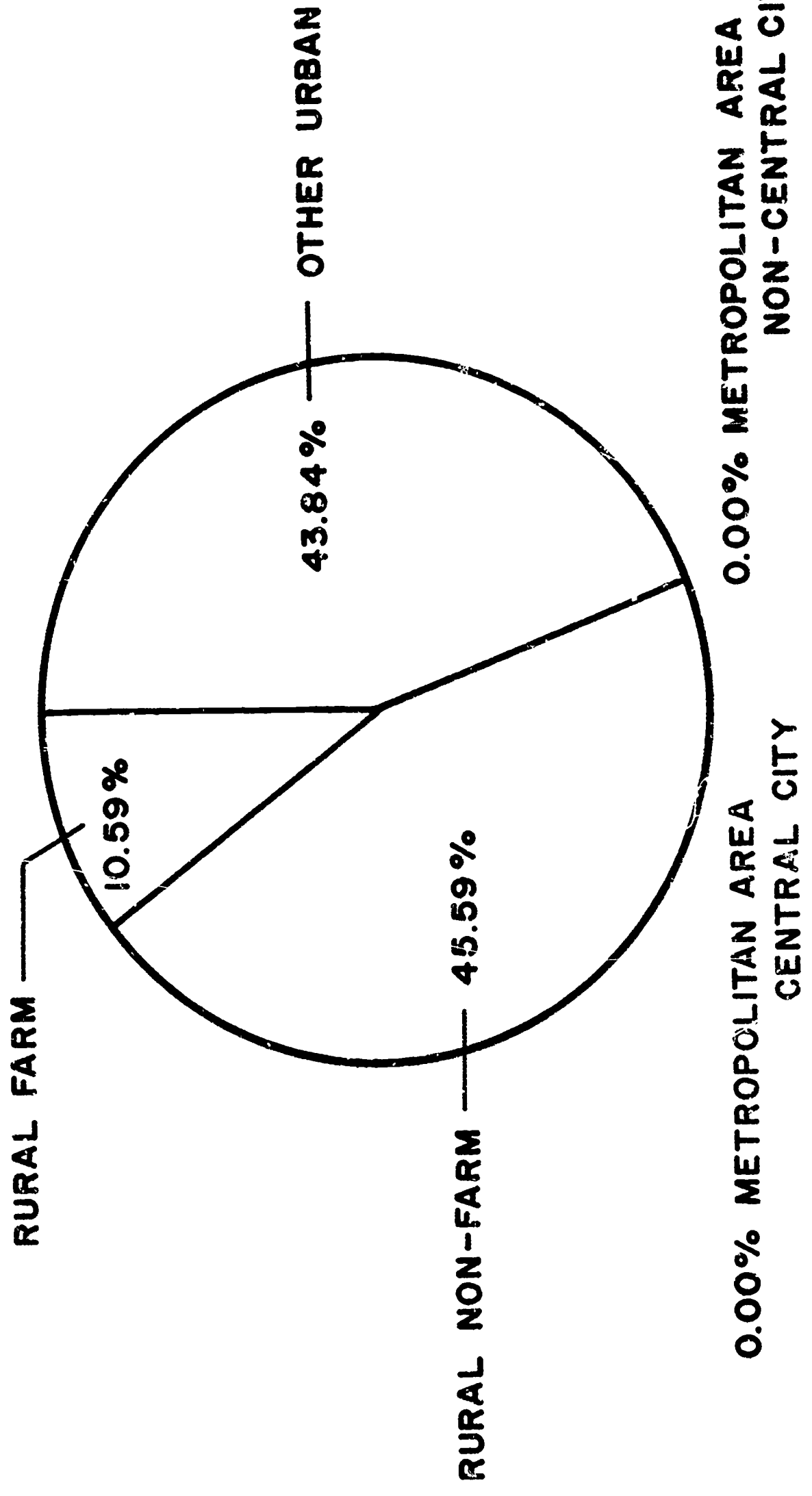
# PROJECTED POPULATION CHESTER COUNTY 1950-1990



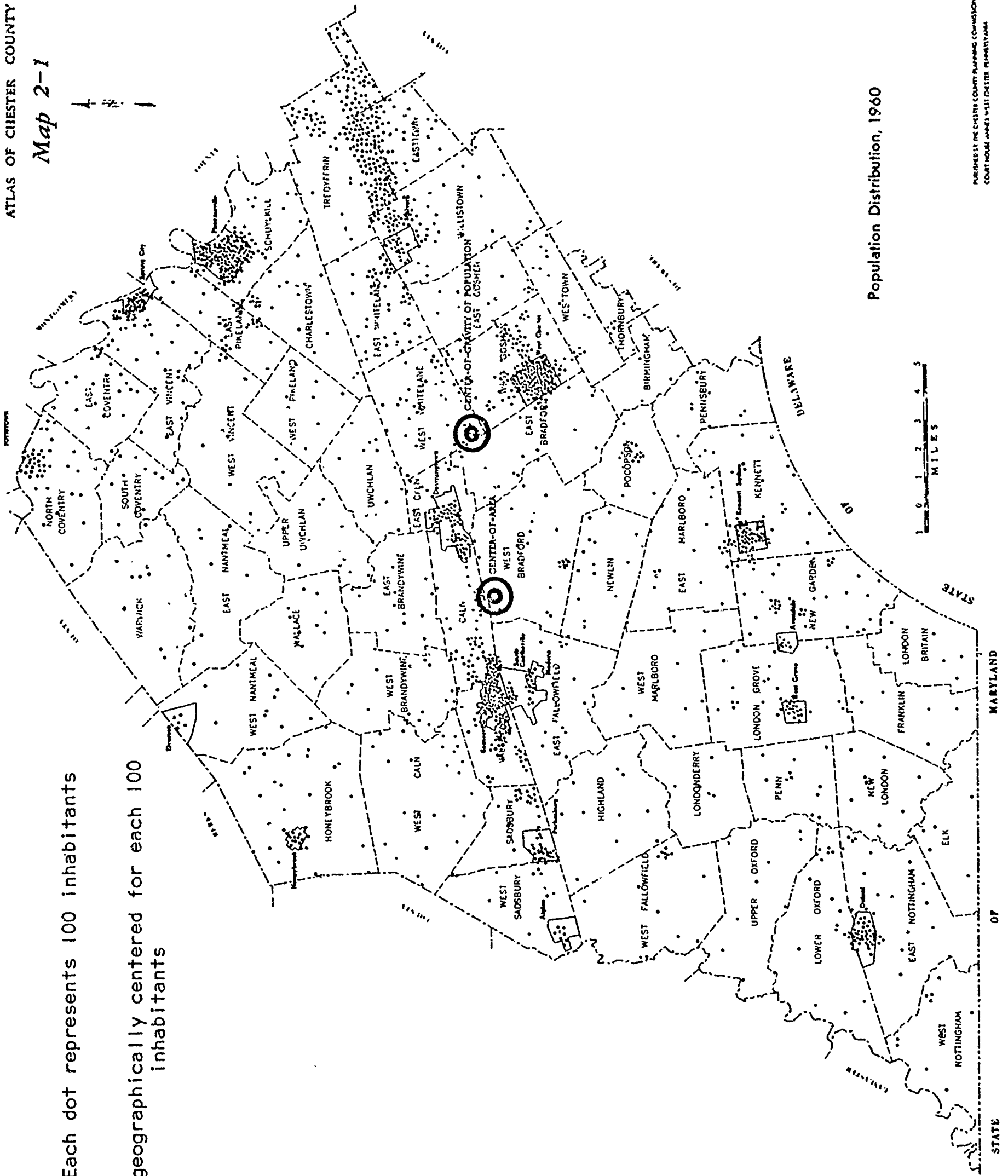
— ACTUAL FIGURES  
- - - PROJECTED FIGURES  
(Delaware County Planning Comm.)



# POPULATION DISTRIBUTION -- CHESTER COUNTY



Each dot represents 100 inhabitants  
Dot geographically centered for each 100 inhabitants



Population Distribution, 1960

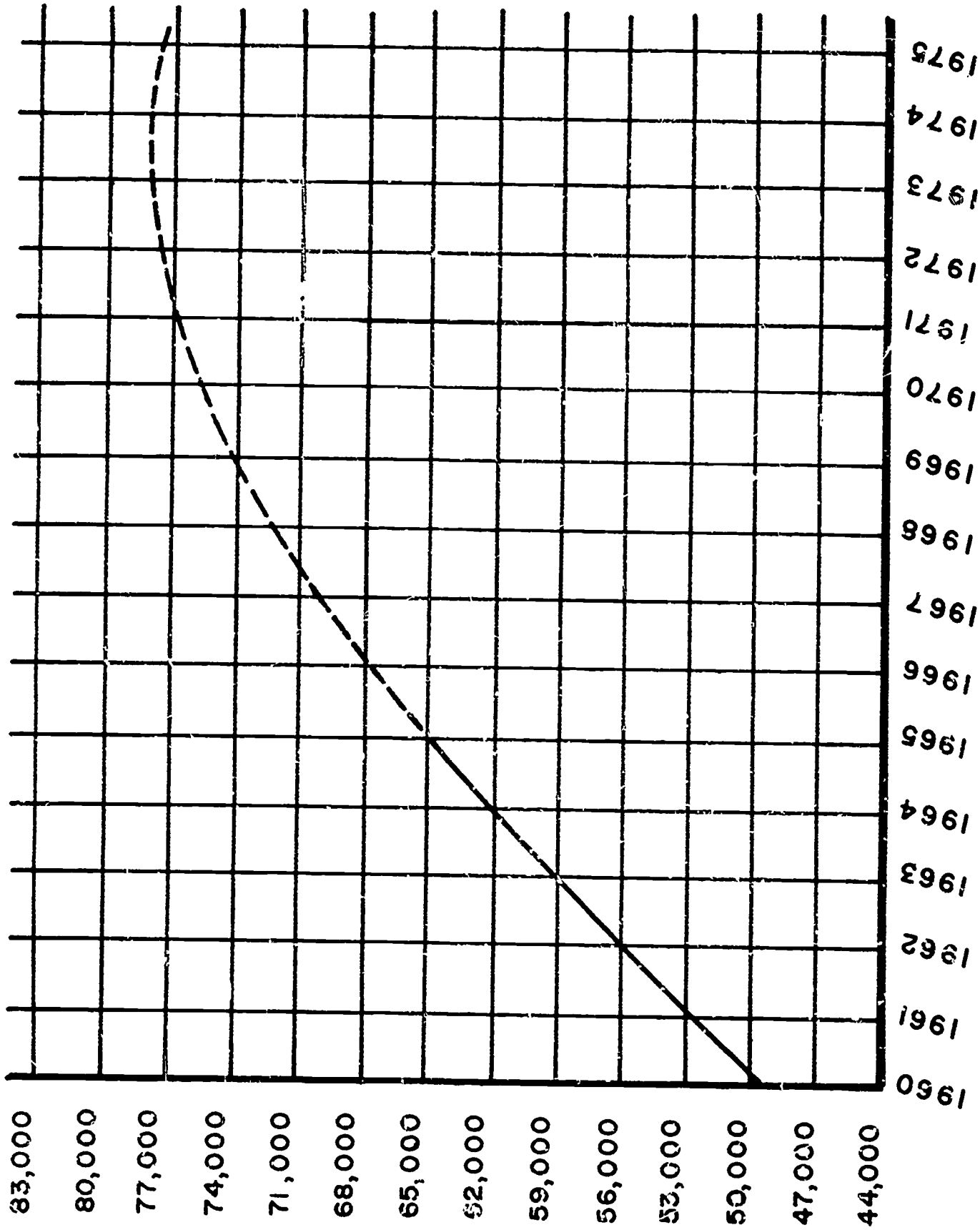
The median family income for families in Chester County in 1960 was \$6,604, which makes it the fourth highest in the Commonwealth. Twenty-two percent of the families have an income of \$10,000 or more, while in certain areas of low income, twelve percent of the families have an income of \$3,000 or less.

Chester County had a public school population on September 15, 1966 of 56,993 students. There is no possibility, however, that the growth of the population will subside within the next decade, if the projections published by the Department of Public Instruction of the Commonwealth of Pennsylvania are valid. These are demonstrated in a graph (see p. 7.) which reveals that by 1970, it is expected that the public and private school population in Chester County will have reached 75,420 pupils, and by 1975, it is estimated to be 77,330.

The recent school district reorganization in Pennsylvania brought about a drastic change in Chester County. The plan proposed by the County Board of School Directors reduced the number of school districts from sixty-nine to eleven; the districts would vary in size from 2,220 pupils to approximately 12,000 pupils at this time. It should be recognized, however, that one unit, the Paoli Administrative Area, has not resolved the reorganization problem. At this writing, the districts in the Paoli Area are operating in the same manner as they did prior to Act 299, the Reorganization Law. This permits Charlestown Township, the Malvern Borough, East Whiteland Township and Willistown Township to operate their own elementary systems, while Tredyffrin and Easttown Townships joined together to operate their elementary schools. All districts have joined together into the Paoli Area Joint High School System for secondary school purposes. There

# CHESTER COUNTY SCHOOL ENROLLMENTS

## ACTUAL 1960-65 ——— PROJECTED 1966-75



————— ACTUAL FIGURES  
 - - - - - PROJECTED FIGURES

Based on figures in "Projections of Selected Educational Statistics for Pa. to 1975-76" Aug. 1966, Pa. Dept. of Pub. Inst., Harrisburg, Pa.

are twelve public high schools, sixteen junior high schools and seventy elementary schools located within the entire county. A map of the school locations is included.

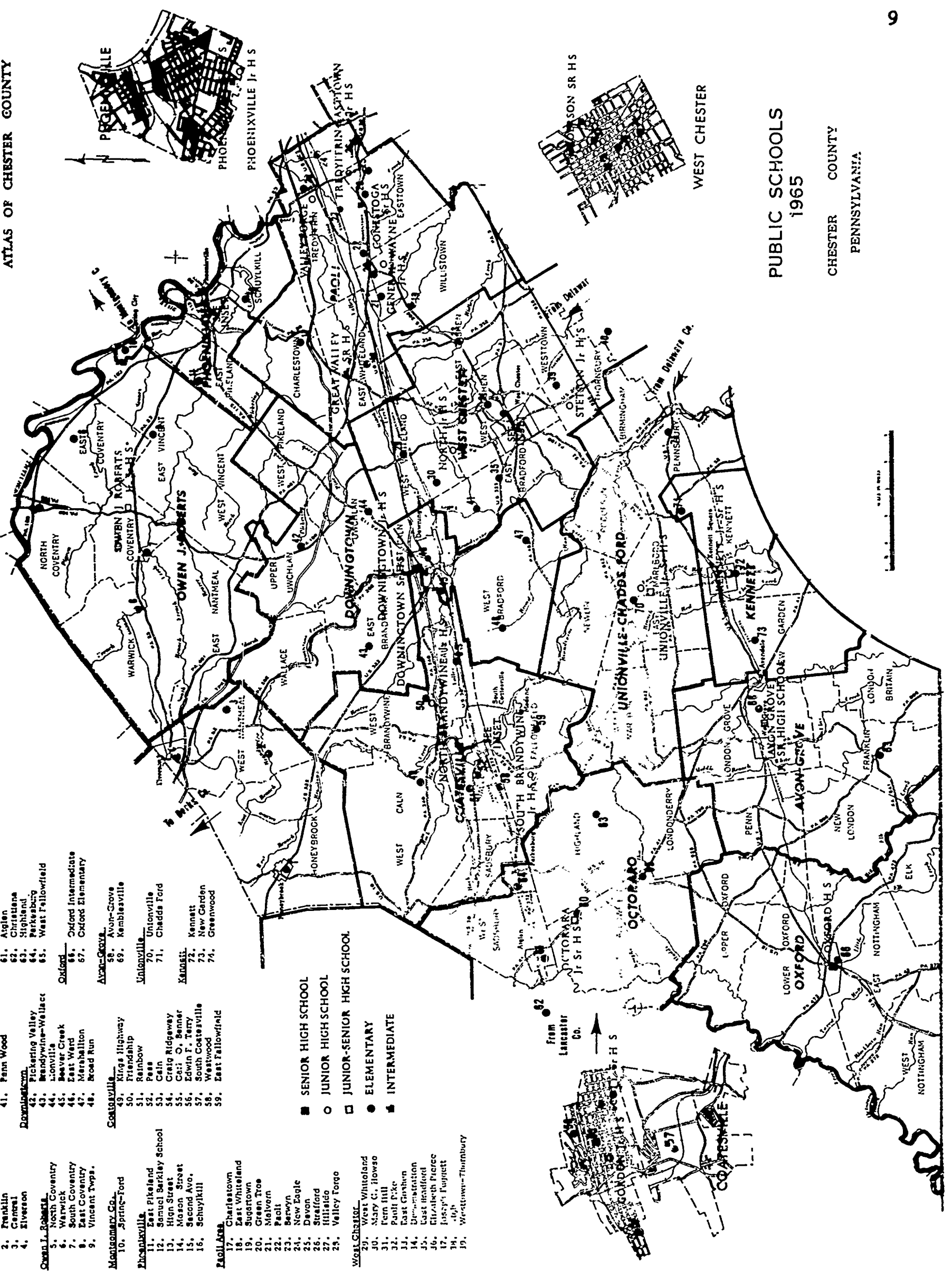


PUBLIC SCHOOLS  
1965

CHESTER COUNTY  
PENNSYLVANIA

- ELMENTARY SCHOOLS**
- Adams Co.**  
1. Honeybrook  
2. Franklin  
3. Central  
4. Elverson
- Coventry J. Roberts**  
5. North Coventry  
6. Warwick  
7. South Coventry  
8. East Coventry  
9. Vincent Twp.
- Montgomery Co.**  
10. Springs-Ford
- Phoenixville**  
11. East Pikeland  
12. Samuel Berkley School  
13. High Street  
14. Mason Street  
15. Second Ave.  
16. Schuylkill
- Paoli Area**  
17. Charlestown  
18. East Whiteland  
19. Sugartown  
20. Green Twp  
21. Melvern  
22. Paoli  
23. Berwyn  
24. New Eagle  
25. Devon  
26. Stratford  
27. Hillside  
28. Valley Forge
- West Chester**  
29. West Whiteland  
30. Mary G. Howso  
31. Fern Hill  
32. Paul Pike  
33. East Gaston  
34. Elmestration  
35. East Hillford  
36. Elizabeth Pierce  
37. Jussip's Fugett  
38. 46th  
39. Westtown-Thunbury
- Coatesville**  
40. Octavere  
41. Arglen  
42. Christiana  
43. Highland  
44. Parkersburg  
45. West Fallowfield
- Downingtown**  
42. Pickering Valley  
43. Brandywine-Walact  
44. Lionville  
45. Beaver Creek  
46. East Ward  
47. Marshallton  
48. Broad Run
- Oxford**  
46. Oxford Intermediate  
47. Oxford Elementary
- Avon Grove**  
48. Avon-Grove  
49. Kemblesville
- Unionville**  
50. Unionville  
51. Chadds Ford
- Kennett**  
52. Kennett  
53. New Garden  
54. Greenwood

- SENIOR HIGH SCHOOL
- JUNIOR HIGH SCHOOL
- JUNIOR-SENIOR HIGH SCHOOL
- ELEMENTARY
- ▲ INTERMEDIATE



## SPECIAL EDUCATION IN CHESTER COUNTY

In the area of special education, Chester County has adopted the following philosophy: all children, regardless of race, color or creed, are entitled to an education in our school system. We believe that handicapped children can benefit from instruction that is planned for them within the limitation created by their particular handicap. It is our purpose, through this instruction, to help these children be economically independent, socially competent and lead as full a life as is possible for them. We believe that the community has a heavy responsibility in providing programs, facilities and aid, in order that these children can share as fully as possible in community life.

The County has been operating special education classes since 1956, with a progressive increase in the enrollment, number of classes and handicaps served. (See chart, p. 11.) At present, the County is operating twenty-six classes serving the following groups: educable mentally retarded, trainable mentally retarded, brain injured, socially and/or emotionally disturbed, physically handicapped and visually handicapped; with a combined enrollment of 284.

Three principles are used to determine the establishment and jurisdiction for special education programs. They are:

1. All educational programs, including special education programs, that can be effectively operated within a local administrative unit, should be operated by the local board of school directors.
2. All educational programs that cross local administrative unit boundaries and those programs that cannot be effectively operated at the local level might well be considered for operation by the County Board of School Directors.

ENROLLMENT IN SPECIAL EDUCATION CLASSES

School Year	Trainable		Phys. Hand.		Brain Inj.		Emot. Disturb.		Socially & Audit.		Visually Handicapped		Total	
	Cl. Students	Cl. Students	Cl. Students	Cl. Students	Cl. Students	Cl. Students	Cl. Students	Cl. Students	Cl. Students	Cl. Students	Cl. Students	Cl. Students	Cl. Students	Cl. Students
1956-57	x	xx	2	16	x	xx	x	xx	x	xx	x	xx	2	16
1957-58	4	52	2	21	x	xx	x	xx	x	xx	x	xx	6	73
1958-59	5	66	2	20	x	xx	x	xx	x	xx	x	xx	7	86
1959-60	5	67	2	20	1	6	x	xx	x	xx	x	xx	8	93
1960-61	5	76	2	17	1	6	x	xx	x	xx	x	xx	8	99
1961-62	5	82	1	12	1	8	x	xx	x	xx	x	xx	7	102
1962-63	6	91	1	7	1	6	x	xx	1	12	x	xx	9	116
1963-64	6	94	1	8	2	14	x	xx	1	14	1	9	11	139
1964-65	7	98	1	9	3	19	x	xx	1	11	1	8	13	145
1965-66	8	108	1	8	3	21	2	27	0	0	1	8	15	172
1966-67	9	114	1	10	4	30	3	28	1*	6	1	8	19	196
1967-68														217
1968-69														241
1969-70														267
1970-71														296
1975														
1980														

\* Operated by Pa. School for the Deaf



3. Educational programs not effective at either the local or the County level of jurisdiction should continue under State jurisdiction. (An educational program for the blind within a State-supported residential school is an example.)

It is the opinion of the County staff that there are sufficient numbers of educable students in each reorganized school district to establish and maintain this program within the districts. It is expected that each year more and more of the districts will take over the education of the educable students. If local districts, however, do not assume this responsibility, it will be necessary for the County to continue the operation of the program under Section 1372 of the School Code ("The county board of school directors shall have power, and it shall be their duty, to provide, maintain, administer, supervise and operate such additional classes or schools as are necessary or to otherwise provide for the proper education and training in the manner set forth in the approved plan for all exceptional children who are not enrolled in classes or schools maintained and operated by school districts of the second, third and fourth class or who are not otherwise provided for in accordance with the approved plan.").

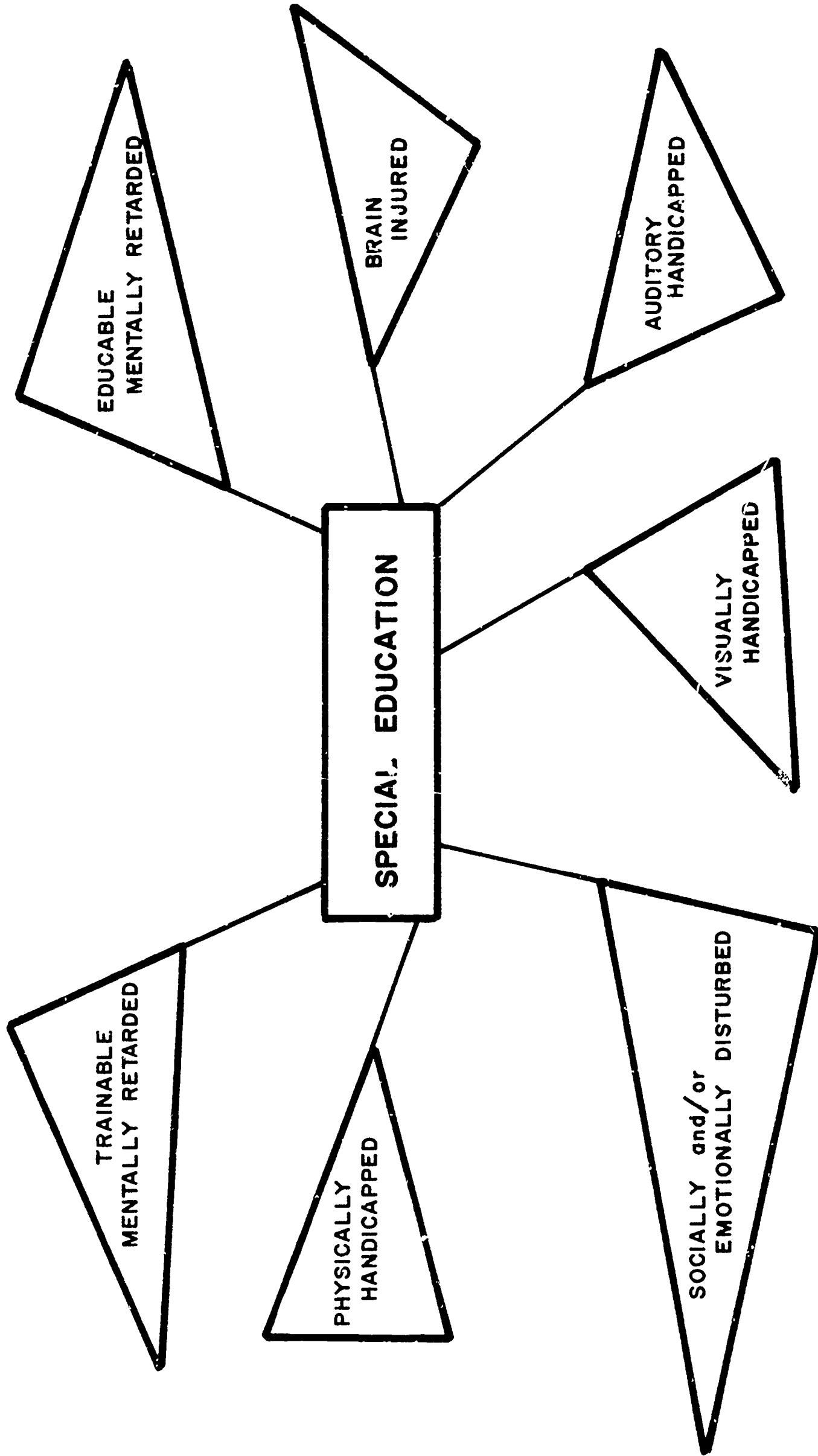
A description of the special education programs for those groups other than the educable retarded are listed below.

#### Trainable Mentally Retarded

Placement in classes for trainable mentally retarded is made for school age children having an intelligence quotient of 50 or less.

The primary function of the program is to develop self-help skills and adequate social adjustment. Speech improvement is an integral part of the

COUNTY OPERATED CLASSES





curriculum. Academic skills are developed as appropriate. Physical training is included and given strong emphasis.

There are currently eight classes in the county serving this group with a combined enrollment of 106.

#### Brain Injured

Placement in classes for brain injured is made for school age children who, due to an organic defect in the brain, whether pre-natal, para-natal or post-natal in origin, cannot benefit from regular instruction and whose measured intelligence is above the retarded range.

This program is seen as being remedial in nature, with the pupil's stay limited to three or four years. The usual academic program is offered. Emphasis is placed on stimulus control. Visual re-training and physical habilitation are provided as is needed and appropriate. A highly structured program is provided.

Currently, there are three classes in the county serving this group with a combined enrollment of twenty-one.

#### Socially and/or Emotionally Disturbed

Placement in classes for the socially and/or emotionally disturbed is made for a child who deviates from the average, socially and emotionally, to such an extent that he or she requires special services not presently available in a typical school program.

This program is offered for a maximum of one year, as required by State mandate. The usual elementary program is offered. The role of the teacher is essentially one of instruction, as opposed to therapeutic. Controlling

discipline is maintained at the level expected for other children, insofar as is possible. Currently, there are three classes in the county serving this group with a combined enrollment of thirty-one.

#### Physically Handicapped

Placement in a class for the physically handicapped is made for school children who are handicapped to the extent that they cannot function continuously in a normal school setting. The academic program that is provided for this group is essentially the same as that provided for children in a regular classroom setting. Provision is made, however, for adapting techniques that are desirable in the teaching of the physically handicapped. Physical therapy is provided once a week by cooperating agencies, and a swim program in conjunction with the physical education department at West Chester State College has been established. There is an enrollment of eight.

#### Visually Handicapped

Placement in a class for the visually handicapped is made for a child who has an identified and professionally evaluated eye problem that affects learning.

This program is presently offered for grades 1 through 6. Academic instruction is given by a specially trained teacher, who has such resources as magnifiers, tape recorders, "talking book machines", record players, large typewriters and many other concrete teaching devices on hand. Individualized instruction and the many adapted materials provide these children with the opportunity to learn the utilization of their remaining vision to its greatest potential. These children ultimately return to their regular classroom and are then served by the itinerant vision teacher, who provides specialized materials, instruction and consultation. Currently, there is one class in the county serving this group, with an enrollment of eight.

### Auditorially Handicapped

Placement in a program for auditorially handicapped should be made for school children with a hearing loss in the better ear of 40 to 60 decibels.

In 1965, there were ninety children evaluated by the therapist and identified as being hard of hearing. Our itinerant staff now includes three hearing therapists. An attempt was made to establish a class for the auditorially handicapped during the 1965-66 term, but this effort was abandoned. There is a need to re-establish this class at the earliest possible time, as well as classes for pre-school children who are deaf. A need of five classes for hard-of-hearing is anticipated by 1968.

Chester County has two supervisors of special classes on its staff, seven staff psychologists, two itinerant vision specialists and seventeen itinerant speech and hearing therapists.

The growth of special education within the county has necessitated a careful look at the present programs and future projections with an eye toward strengthening all educational programs and services for the exceptional child. This was required in the Act mandating the reorganization of school districts, Act 299, according to the following excerpt:

"Section 292. Submission of Plans-- . . . Each plan submitted shall assure the continuity of special education and area technical school programs by providing special education and area technical school attendance areas established in accordance with the standards approved by the State Board of Education."

All thinking of the authorities responsible for the preparation of legislation to create the intermediate service unit in the Commonwealth of Pennsylvania have clearly stated the duties of county boards of school directors in Pennsylvania should be transferred to intermediate unit boards when this unit of administration is established to replace the county superintendent in each county.

The projections by the special education staff of Chester County, as included in the County Plan, is included below. This data is valid to July 1, 1968, the proposed date of establishment of the system of intermediate units. Although projected classes include programs for the blind and aphasic, it is impossible to provide such classes under present circumstances. The projected figure of fifty classes for 1967-68 is further inflated, falsely, by the inclusion of the ten classes for mentally retarded educables who will not be included in the Special Education Facility.

DISTRICT OPERATED SPECIAL CLASSES

ADMINISTRATIVE AREA	<u>IN OPERATION 1965-66</u>	<u>PROJECTED CLASSES 1967-68</u>
Owen J. Roberts Area	1	7
Phoenixville Area	4	10
Downingtown Area	4	9
Coatesville Area	18	23
Octorara Area	4	5
Paoli Area	2	21
West Chester Area	4	16
Unionville-Chadds Ford Area	1	3
Kennett Area	4	5
Avon-Grove Area	2	4
Oxford Area	3	4
Totals	<u>47</u>	<u>107</u>

COUNTY OPERATED CLASSES (STATIONARY)

TYPE OF CLASS	<u>IN OPERATION 1965-66</u>	<u>PROJECTED CLASSES 1967-68</u>
Mentally Retarded Trainable	8	12
Mentally Retarded Educable	8	10
Physically Handicapped	1	4
Emotionally Disturbed	2	8
Brain Damaged	3	5
Partially Sighted	1	2
Blind	0	1
Hearing Loss	0	5
Mentally Advanced	0	0
Aphasic	0	3
Totals	<u>23</u>	<u>50</u>

COUNTY OPERATED CLASSES (ITINERANT SERVICES)

TYPE OF CLASS	<u>IN OPERATION 1965-66</u>	<u>PROJECTED SERVICES 1967-68</u>
Acoustically Handicapped	3	3
Speech and Hearing	13	19
Sight Conservation	2	3
Totals	<u>18</u>	<u>25</u>



## PROBLEM

At the time of the assessment of the problems facing the special education program in Chester County and the resultant Title III project proposal, the following summary was advanced:

### Problems Currently Involved

1. Inability to retain many well qualified staff members.
2. Loss of specialists' time due to geographical location of classes.
3. Limitation of desirable instructional equipment.
4. Substandard facilities
5. Difficulty in communicating among staff personnel.
6. Constant manipulation of transportation.
7. Constant relocation of classes.

### A Good Program Should

1. ATTRACT and retain a larger percentage of outstanding teaching personnel.
2. MAKE optimum use of specialized staff personnel.
3. GIVE recognition to the special needs of the children by having available desirable instructional equipment.
4. CREATE opportunities for research, experimentation and teacher preparation.
5. DEVELOP a broader perspective and appreciation of critical problems in this area.
6. ESTABLISH a degree of regularity in the transportation process.
7. PROVIDE an instructional "center" equipped to operate on a twelve month basis.

This summary lends itself to division into four main problem areas.

These are:

1. Facilities
2. Equipment

3. Staff
4. Transportation

### Facilities

In Pennsylvania, the county boards of education are not directly responsible to the electorate -- they have no taxing power, can own no property or facilities. For this reason, space for all County operated special education classes must be leased from the school districts composing the County or an outside agency.

The present twenty-six classes in the area of special education, presently operated by the County Board, are meeting in church basements, abandoned one-room schools, inadequate regular classrooms and other sub-standard facilities. Children in such classes not only possess some type of handicap, mental or physical but, under present circumstances, are also educationally deprived.

The Pennsylvania School Regulations adopted by the State Board of Education require that all new school buildings constructed within the state include classrooms for special education. However, the rapid increase in population in the majority of areas has resulted in the use of these special education classrooms for the regular school population, either immediately upon the opening of such schools or soon thereafter. In areas where such special classrooms, or other type of space, are available, one of the following situations usually results:

1. The local school or schools involved allow the County to lease space in their buildings only until such time as the space is required for use by their regular school population. Such leasing arrangements rarely last more than two years.

2. The local school or schools involved lease space to the County only so long as the special classes do not impede their work with the regular school population. Acceptance of such special classes has ranged from a period of two weeks to two years.
3. There is a reluctance on the part of local schools to lease space already in existence, or soon to be available, to the County Board for use by the special education program because these schools anticipate the retraction of such arrangements at a later date.

The present facility situations result not only in inadequate space in most cases, but also in considerable time spent in obtaining facilities for the initiation or relocation of classes. Although no research has been done to this effect in the county, it is evident that constant relocation, as well as questionable acceptance in school building facilities, has been detrimental, both educationally and emotionally, to the children and staff involved.

In addition, even sub-standard facilities are not easy to find in all areas of the county. Despite extensive time and effort, the last two special education classrooms for the 1966-67 school year were obtained only one week prior to the opening of school.

### Equipment

Problems in the area of equipment, as they pertain to the County Board operated special classes, fall into two categories:

First, much equipment now needs to be duplicated in most classroom locations because of the virtual isolation of these locations, making it impossible to share equipment among several classes. For example, slide projectors (if they are to be used) must be provided at each site, whereas

several classes in a school building can normally share such a projector. This duplication of equipment in each special class location is, of course, extremely costly.

Second, much equipment has yet to be purchased (and therefore unavailable to classes) because of the sheer cost and the resultant inability to make it available to a large group of children in any one location. A small pool, for the purpose of hydrotherapy, would be a valuable adjunct to the program for nearly all the children presently enrolled in special education, but the situation mentioned above makes provision for a pool not feasible.

While it is necessary for the County to give recognition to the special needs of the children by having available desirable instructional equipment, it is also very important that this equipment be used effectively. The present condition of special classes does not allow for either the quality or extent of such equipment or its effective use.

### Staff

Several problems have arisen in the area of staffing County programs of special education. The first problem is that of attracting and retaining qualified staff. It has thus far been very difficult to find individuals who are certified in special education as classroom teachers for a program where isolation of class and staff, sub-standard facilities, and inadequate equipment are often the situation. As a result, it has been necessary to hire teachers on emergency certification to fill the positions in special education. This problem is not peculiar to Chester County, as witnessed by the fact that 41% of Pennsylvania's special education teachers have less than four years of college training. (Table III, p. 10, "Statistics on the Professional Personnel in Pennsylvania's Public Schools - 1965-66".)

The scattered geographical location of the classes presents a problem through the loss of specialists' time in travel. Supervision and consultation are also extremely difficult.

Communication among staff, both to provide individual information to them and for the purpose of larger group discussions, is often neglected in the present system. There is little chance for exchange of information on new techniques, discussion of individual children, or attempts at any type of team teaching approach.

### Transportation

During the 1965-66 school year, the County Board operated station wagons or contracted vehicles which traveled 313,908 miles in transporting children to County operated special education classes.

in addition to the usual problems inherent in any transportation system, such as obtaining drivers and maintaining vehicles, other problems have developed, due to the present decentralization of facilities. In most instances, routes cannot be direct and drivers must deliver various groups of children to different classroom locations. This requires that starting and dismissal times be staggered. Too, there is a great deal of overlapping of routes necessitated by the varying locations of classes and the particular handicap served at each one.

The time involved in transportation is another problem and one that has resulted in parent reaction. Presently, there are some children who spend an excessive amount of time riding to and from their classes. The constant improvement of highways in the area, particularly those running in a northerly and southerly direction, will grant some relief in the future, although this is slow in being accomplished. Although unsatisfactory, the present arrangements are the best that can be made under the circumstances.

## APPROACH

The County staff, aware of the problems and deficiencies of its special education program, began early in 1965 to prepare the groundwork for improving their services. Events that took place in connection with this are listed below.

1. April 28, 1965: Chester County School Directors Convention Presentation by Mr. John N. Buch, Assistant County Superintendent: "The Future of Special Education in Chester County".
2. October 20, 1965: The following resolution was adopted unanimously by the Convention of Chester County School Directors: Be it resolved: That each of the eleven Administrative Units, as proposed in Act 299, appoint a school board member to serve on a Steering Committee to develop Articles of Agreement providing for the Construction of Facilities for Severely Handicapped Children in Chester County, and that this Agreement shall be submitted to local boards for review and action.
3. January 27, 1966: The first meeting of the Steering Committee, one member of which was appointed by each of the eleven Administrative Units, was held. The following are members of this committee:

Owen J. Roberts  
 Phoenixville  
 Downingtown  
 Coatesville  
 Octorara  
 Paoli  
 West Chester  
 Unionville-Chadds Ford  
 Kennett  
 Avon-Grove  
 Oxford

Mrs. Isabel K. Rosewarne  
 Mr. Harry T. Barnett  
 Rev. Carl Koppenhaver  
 Mr. James B. Norton  
 Mrs. Dorothy Chapman  
 Mr. John Hucker  
 Mr. Ralph W. LeGates  
 Mr. Robert Struble  
 Mr. Bradford Bowman  
 Mr. Edwin Montgomery  
 Mr. John W. Messick, Jr.



## Ad hoc members:

Chester County Board of  
 School Directors                      Mr. Earl Smith  
 Chief School Administrators      Dr. Vernon Dessenberger

4. February 9, 1966: A proposal for Planning a Special Education Facility was submitted under Title III of the Elementary-Secondary Education Act to the Office of Education of the Department of Health, Education and Welfare.
5. March 31, 1966: The Articles of Agreement were drawn up by the Steering Committee and the following officers were elected:
  - Mr. John Hucker, President
  - Mrs. Dorothy Chapman, Vice-President
  - Mrs. Isabel K. Rosewarne, Secretary
6. April 13, 1966: Notification was received that the proposal for Planning a Special Education Facility, submitted on February 9, 1966, was not approved for funding.
7. May 23, 1966: The proposal for Planning a Special Education Facility, after being revised, was resubmitted to the Office of Education.
8. June 30, 1966: The Steering Committee was notified that all Administrative Units had approved the Articles of Agreement. With this approval, the Steering Committee became the Joint Committee for Special Education.
9. July 12, 1966: Appointment was announced by Mr. John Hucker of the following committees:

Architectural and Site Selection Committee:

Mr. Ralph W. LeGates, Chairman (West Chester)  
 Mr. Bradford Bowman (Kennett)  
 Mrs. Isabel K. Rosewarne (Owen J. Roberts)  
 Mr. James B. Norton (Coatesville)  
 Mr. Robert Struble (Unionville-Chadds Ford)

Authority and Finance Committee:

Mr. John W. Messick, Jr., Chairman (Oxford)  
 Mr. Harry T. Barnett (Phoenixville)  
 Rev. Carl Koppenhaver (Downingtown)  
 Mrs. Dorothy Chapman (Octorara)  
 Mr. Edwin Montgomery (Avon-Grove)

10. July 18, 1966: Notification was received that the revised proposal for Planning a Special Education Facility, submitted May 23, 1966, was approved for funding. This provides for a three-month study with a budget of \$19,005.
11. September 1, 1966: The Architectural Selection Committee met and narrowed the field to the following five firms:
- Buchart Associates  
 Francis, Cauffman, Wilkinson & Pepper  
 Philip Steel and Associates  
 Thomson, Alvare & Obermaier  
 Tobiessen & Wenger
12. September 29, 1966: Presentations to the Joint Advisory Committee by the five architectural firms. A unanimous decision was reached by the committee to employ the firm of Tobiessen & Wenger.
13. November 2, 1966: Petition sent to the Department of Public Instruction for approval to establish and maintain a joint school.

With the notification of approval of the Title III proposal to Plan a Special Education Facility, County staff activity was directed towards this project. An initial meeting was held with knowledgeable community representatives to familiarize them with the Title III project about to be conducted. Names of possible consultants for the project were obtained from this group, as well as from national organizations concerned with, or knowledgeable in the area of exceptional children. The County staff, after receiving these names, made arrangements with the following individuals to serve as consultants to the project:

1. Mr. Howard Freeman, West Chester State College, West Chester, Pa.;  
Area - Teacher Preparation
2. Dr. Jack Birch, University of Pittsburgh, Pittsburgh, Pa.; Area -  
Teacher Preparation and-Research
3. Dr. Kathryn Alice Reier, Pennsylvania Dept. of Public Instruction,  
Harrisburg, Pa.; Area - General
4. Mr. Leonard Green, Devereux School, Devon, Pa.; Area - General
5. Dr. Edward G. Hutchinson, Auburn University, Auburn, Alabama  
Area - Speech and Hearing
6. Dr. Morris Fouracre, St. John's Development Center, Washington, D.C.;  
Area - Physically Handicapped
7. Dr. Nicholas Long, Hillcrest School, Washington, D.C.; Area -  
Emotionally Disturbed
8. Dr. Jean Hebeler, University of Maryland, College Park, Maryland;  
Area - Mentally Retarded
9. Dr. Sheldon Rappaport, Pathway School, Norristown, Pa.; Area -  
Brain Injured
10. Dr. Randall Harley, George Peabody College for Teachers, Nashville,  
Tennessee; Area - Vision

In most cases, the consultants spent one day in the county, meeting with the staff and visiting one or two of the present facilities. In two cases, this was impossible, due to the consultant's schedule and the project deadlines. The staff then met with these consultants in their agency. The full reports of all consultants are included in the appendix of this report.

In addition to the meetings with consultants, five trips were taken to visit the following schools:

1. Meadowood School (Trainable Mentally Retarded), Wilmington, Delaware
2. Allegheny County Special Education Facilities
  - a. Cumberland Hills School (Educable Mentally Retarded; Severely Mentally Retarded; Physically, Visually, Auditorially Handicapped)
  - b. Pathfinder School (Educable Mentally Retarded; Severely Mentally Retarded; Physically and Auditorially Handicapped; Aphasics)
3. St. Louis County Special Education Facilities
  - a. Litzsinger School (Orthopedically Handicapped, Trainable Mentally Retarded)
  - b. Northview School (Educable Mentally Retarded)
  - c. Ackerman School (Orthopedically Handicapped, Hyperkenetic, Trainable)
  - d. Wirtz School (Educable Mentally Retarded, Hyperkenetic)
4. Hillcrest Children's Center (Emotionally Disturbed), Washington, D. C.
5. Pathway School (Brain Injured), Norristown, Pa.

While these were the only facilities visited during the course of the project, it must be noted that the staff, prior to the beginning of the project, had toured the following facilities:

1. Reading School (Educable and Trainable Mentally Retarded, Physically Handicapped, Physically Delicate), Reading, Pa.
2. Bush School (Trainable Mentally Retarded), Wilmington, Delaware
3. Devereux School (Emotionally Disturbed, Brain Injured), Devon, Pa.
4. Vanguard School (Emotionally and Socially Disturbed), Haverford, Pa.
5. Old Forge School (Physically Handicapped), Lima, Pa.
6. Widener School (Physically Handicapped), Philadelphia, Pa.
7. Overbrook School (Blind), Philadelphia, Pa.

The information gathered from consultants, through tours of the above mentioned facilities, from a review of the available literature and from members of the community and staff is discussed in the next section.

## FINDINGS

The many fascinating and profitable experiences the special education staff of Chester County was privileged to have as a result of the Federal Planning Grant have served to identify definite impressions or findings that have a relationship to our immediate objective and the long range objectives of special education in general. 1. there is a deep and genuine interest in providing better opportunities for the handicapped at this time. To some, this may seem a trite statement because the interest is so widespread and completely accepted. To the believers in the Christian and Judaistic ethics, this assumption may seem to fall into the category of the assumption that darkness follows daylight, but upon closer examination, it is not the same. All who may read this document certainly will, from experience or training, realize that it is only within the past twenty-five years that concern has been increasing for educational opportunities for children other than the academically oriented. Those who were retarded were simply "discarded" from the schools, inasmuch as they could not "keep up" to the artificial barriers, or grade standards, which our society has created for each of its children to "prove his worth".

While various forms of homogeneous grouping required techniques of screening and ultimate instruction for groups of limited potential, the greatest impetus for programs of the exceptional child has resulted from several forces. The first, although somewhat indirect, has definitely caused a serious appraisal of all school programs with the primary purpose of meeting the challenges which fell at the educator's feet when the Russian Sputnik was launched into space. Our frantic efforts to meet the challenge and "upgrade" our programs led to honors courses, advanced placement, gifted



classes, and other attempts to meet the needs of the child with high potential and to extend him to his ultimate capacity. The fact that we had not been meeting the needs of these children brought a secondary fact into full perspective: we were not meeting the needs of the child at the opposite end of the educational achievement scale. Secondly, the dignity and worth of the individual became immeasurably more important than it had been at any time in our history. All scholars are aware of the assumptions advanced in the Declaration of Independence and the guarantees set forth in the Constitution of the United States of America, but we suddenly realized, for numerous reasons, the principles and guarantees supposedly accepted by all were not being bestowed upon certain minorities in our society. The civil rights movement, fair employment practices and public housing are examples of our attempts to correct a wrong which has existed far too long. Even the Great Society attempts to provide a greater opportunity to those who are culturally deprived or disadvantaged and those whose state of poverty makes it impossible for them to pursue the rights guaranteed to all men. But, in the process, we have come to realize that there is also a large segment of our school population which is educationally disadvantaged and we have suddenly directed our efforts in this area. A review of the growth of special education in Chester County, found on page 11 verifies the foregoing statements.

We cannot minimize the timeless efforts of individuals - Pearl Buck, The Kennedy family and agencies such as those created to give categorical assistance to the retarded, the physically handicapped, mental health groups, etc.

2. The quality of special education programs does not compare with those programs currently in operation for regular classes and for the superior student. The foregoing statement may evoke indignant denials from some responsible for the administration or instruction in the various areas of exceptionality but careful examination of several causal factors should produce agreement.

- A. A lack of understanding and acceptance of a philosophy of special education on the part of the administration and staff in many school systems is an insidious detriment to the proper functioning of a special education program, even when the teacher is highly competent. The resistance to any interaction with the special education class, or the "group down the hall", soon communicates to other children that those in special education are different and can lead to long term isolation of the group, or perhaps ridicule.
- B. It is not uncommon to have special education personnel complain of the lack of proper supplies and materials for the programs they are expected to pursue. Budget cutting seems to come easier in the area of special education because the contribution of these youngsters to the status of the school will be minimal. Substandard space is a common affliction of special education programs in Pennsylvania, especially those operated by county boards of school directors. Inasmuch as the law in Pennsylvania requires the State to establish programs of special education when the local districts cannot, or do not, it is common practice for the county boards of school directors, or similar agencies, to operate classes in several exceptionalities. The county board is not immediately

responsive to the people because, in Pennsylvania, it is elected by the school directors in convention; because it is a non-taxing body, it cannot construct or own property. To comply with the law, it is necessary for such boards to lease space required to operate the classes they are called upon to provide. In the limited experience of Chester County, we have established quarters in abandoned school buildings, fire houses, grange halls, churches and unused school rooms, when adequate facilities could not be rented in existing school buildings.

- C. The lack of properly trained and certificated personnel in special education is another contributing factor to the inferior quality in some areas. While this situation is improving, it must be realized that several years will be necessary to correct the situation, which is not peculiar to special education alone, but to other areas of specialization in the school program. There seems to be no doubt on the part of the Chester County staff that the teacher who dedicates herself to service in the area of special education possesses a little "something extra" in professional spirit and zeal and has a deeper feeling for the less fortunate in our midst. But the fact remains, as quoted in the Department of Public Instruction Calculator in October of 1966, "The average level of education for special education teachers in the Commonwealth is 4.1 years of college preparation, while the average level of education for the combined elementary and secondary teachers in the state is 4.6 years". This may seem insignificant, but it does illustrate the fact that, generally speaking, teachers in special education are not as well prepared as those in the total instructional group.

3. Greater cooperation is necessary between the medical profession and the specialist in education, especially those involved with the special education program. It is unclear in many minds whether education has reached the status of a profession although, if the usual criteria are applied, it must be accepted as fact. Certainly those who are unconvinced would be somewhat reluctant to approach the problems of children and exchange diagnostic or clinical information indiscriminately. In special education, the teacher, the psychologist, the speech therapist, the auditory and vision specialist, often need the full cooperation with the pediatrician, the psychiatrist, the neurologist, etc. This cooperation has not been easy to establish, but progress is being realized.

## RECOMMENDATIONS

After the conferences and visitation stages of the work under the planning grant, Title III, to plan our Special Education Facility was terminated, it was necessary to digest the thinking advanced by the consultants in an attempt to integrate the ideals, the principles and suggestions presented with our objectives. Our deep desire to resolve our problem in the most satisfactory manner made the discussions both stimulating and challenging. It became time to make the decisions which would guide the architect in the development of plans for the building to be constructed.

The entire special education staff was deeply involved and, as cited by one consultant, "If no building appears, it will be the finest inservice experience the staff could have." The staff entertains no such negative thought, however, because we know positive action will result from our work in the near future.

It should be recognized that our staff is thoroughly familiar with the problems in educating exceptional children. Our experience, with the thorough knowledge of our problems and the assistance of the widely recognized consultants in each exceptionality, undoubtedly should lend authority to the conclusions which we have drawn following our involvement and careful consideration of all information. To illustrate, we have listed the staff members involved and some indication of our background. All the people on the following list were included in the long hours of discussion prior to agreement on the recommendations which will follow.

Stanley K. Landis, County Superintendent of Schools - Kutztown State College and University of Pennsylvania. Thirty-one years in teaching and administration. A member of the County staff since 1950.

Charles R. Keim, Jr., Assistant Superintendent in Charge of Special Education - West Chester State College, University of Pennsylvania, 26 years in teaching and administration. Member of the County staff since 1957.

Paul Burcher, Supervisor of Special Classes - psychologist, Penn State University, Temple University, 15 years in teaching and administration. Member of the County staff since 1963.

V. J. Selvaggio, Supervisor of Special Classes - Merrimack College, Villanova University, 14 years in teaching and administration. Member of the County staff since 1957.

Dr. Lester N. Myer, Supervisor of Psychological Services, formerly Director, Bureau of Special Fupil Services, Department of Public Instruction, Commonwealth of Pennsylvania. - Elizabethtown, Columbia University, University of Pennsylvania, 51 years in teaching and administration. Member of the County staff from 1941 to 1947 and returned in 1966.

Judith S. Crawford, Administrative Assistant - University of Minneapolis, B.A. in psychology, cooperated on a project for the mentally retarded in the State of Delaware.

Fridtjof Tobiessen - University of Pennsylvania, University of Wisconsin, Practicing Registered Architect - 29 years, member of American Institute of Architects, designed special education buildings for Royer Greaves School for the Blind and Devereux School.

Raymond A. Wenger, Jr. - University of Pennsylvania, Practicing Registered Architect - 15 years, member of American Institute of Architects, designed special education buildings for Royer Greaves School for the Blind and Devereux School.



In addition to the group listed above, the special education teachers, the staff psychologists and the itinerant speech and hearing personnel conferred and made recommendations for the facility. The material prepared would be entirely too voluminous to include in this document, but will be available to the architects before the building is conceived.

Although the recommendations which follow were unanimously adopted by the Joint Board for Special Education at its regular meeting on November 30, 1966, the fascinating and dynamic group process of decision must still be viewed when the board is confronted with the actual cost to implement these recommendations. At this writing, preliminary cost analyses have been realized to be somewhat in excess of projections made two years ago and the board, understandably realizing the responsibility to the taxpayer, as well as a responsibility to handicapped children, must ultimately decide if the recommendations, although supported, are necessary in this special education facility. Undoubtedly, the outcome will be interesting.

The basic recommendations upon which all have agreed are as follows:

1. One Special Education Facility, in a central location within the county, is the primary need at this time. All consultants except one were of this opinion. There was evidence that growth of the special education program may call for the placement of additional facilities in the future, in those areas where the need will appear greatest. As indicated from the current housing problems, which are by no means peculiar to Chester County, the need for such a building is already overdue. There is no question in the mind of anyone concerned with the project that this step will bring immediate relief, not only in the housing of our classes, but also in the staffing, the administration, the program and the transportation. It is anticipated that all will be immediately upgraded. To support this decision, we have quoted from the testimony of the consultants at the conclusion of our list of recommendations. This could be done for each separate recommendation, but I am sure an interested person reviewing the document can draw these conclusions for himself.
  
2. The Special Education Facility should be placed within close proximity of existing elementary and junior high school facilities to enable all interaction which is advisable. It is the thinking of the staff that one elementary school and one junior high school should not necessarily bear the entire responsibility for integration of handicapped children. Although most teachers are interested in and support the special education program, it must be recognized that not all are "converted" to the needs of the exceptional child. The close proximity of additional educational facilities will enhance the selection of supporting or auxiliary instructors

for the benefit of the individual child. It is not necessary for the handicapped student to walk next door to another school. In this time of great mobility, a vehicle can be used for conveying the student, within five minutes, to the teacher who will accept him, rather than simply tolerate his presence in her classroom.

3. The exceptional groups included in the Special Education Facility should be the mentally retarded trainables, the physically handicapped, the brain injured, the visually handicapped, the auditorially handicapped and the socially and emotionally disturbed. Although the staff saw programs where educable students were included in the special education facilities, the philosophy of our group has not changed. It is our thinking that the County should be called upon to educate only in those areas of exceptionality which cannot be handled in the local districts. It is our opinion that there are sufficient numbers of educable students in each reorganized school district to establish and maintain this program within the districts. Of course, in Pennsylvania, the law is clear in this matter and, if local districts do not assume this responsibility, it will be necessary for the County to continue the operation of the program.
4. Provision should be included in the central Special Education Facility for a diagnostic service center. The need for close coordination of the speech, hearing and vision consultants, as well as staff psychologists, coupled with the necessary establishment of a base of operation for each of these programs, caused all consultants to emphasize that provision should be made in this facility for these personnel. Along with the base of operation should go a clinical arrangement where these specialists can work with the students in the program, or those referred for service, in an appropriate setting.

5. The facility should provide for maximum flexibility. Many facilities were inspected by the staff and we were constantly impressed with the flexibility of the space provided. This flexibility is important for the utilization of space for several purposes with the future possibility of its conversion to instructional space, if necessary. It is recommended that basic instructional areas of 900 to 1000 square feet be provided which, for some programs, can be subdivided to handle two classes within a given instructional space. Classes for the brain injured or socially and emotionally disturbed would be an example of this subdivision of space. Basic areas should also be provided for office or work space for psychologists and other itinerant personnel.
6. It is recommended that the building include space for at least thirty instructional areas of 900 to 1000 square feet, which is our determined need, plus the additional ancillary space required for cafeteria, physical education, etc. With the programs currently operated by the Chester County Board of School Directors and those for which projection has been made, this decision can be justified.
7. In an innovative facility, such as being planned, all consultants urged the installation of closed circuit television as the primary method to meet the objectives of inservice education of teachers and teacher training. Several consultants also discussed the desirability of observation rooms with one-way mirrors; if only one method was to be permitted, the choice definitely was to include television. A central viewing area would provide the greatest utility for teacher training with the least disruption in the school program and disturbance to the exceptional child. Television has the additional feature of video tape,

which permits the viewing or observation by students in teacher preparation without the necessity for them to come to the Special Education Facility. The instruction can be carried on in the school and viewed at the teacher training institution, although it be several miles away.

8. A gymnasium of limited size should be included with a physical therapy area incorporated in this space. Since the physical education program will be primarily adaptive physical education, it will not be necessary to provide a large area for the usual gymnastic games. It should be recognized, however, that the anticipated number of classes will make it difficult to provide the desirable number of physical education sessions each week. Although the full size tournament-oriented gymnasium is not necessary, a division of available space permitting two teaching stations would undoubtedly simplify future scheduling of the desirable number of sessions for each class to be housed in the facility.
9. Positive comments from some consultants encouraged the consideration of a pool for purposes of hydrotherapy. Although the staff saw no swimming pools in the facilities visited, the innovative and exemplary role of the special project herein being planned dictates the inclusion of a pool -- at least in the preliminary planning. Few will doubt the desirability of this phase of the physical therapy program which is now provided for our physically handicapped at West Chester State College, which is in our community. It must be remembered that a pool need not be the size we are accustomed to seeing, but it should be large enough to house our program. A special education staff would be remiss in its duty if it did not urge consideration of this item.

10. A kitchen of adequate size should be provided in the facility so that food may be prepared for the entire student population. Students for whom work experience is a necessary part of their training may utilize this kitchen as a learning laboratory. A cafeteria should also be provided. However, it need not be of a size to seat the entire population at one time, since it is highly unlikely that students in some exceptionalities would be expected to eat in the central dining facility. Children who are emotionally disturbed or brain injured may find the overwhelming distraction of a large group to be detrimental to their adjustment in the cafeteria, leading to the disruption of the program within the classroom. Since it is possible that areas of exceptionality will be housed by groups and that some form of commons area will be provided within the sections, these children could be served lunch in that area.
11. The type of library commonly accepted in our schools will not be needed. The immobility of many groups will necessitate the location of the instructional materials within the classroom. A curriculum materials center, however, should be provided that will take on many aspects of what is commonly understood to be the library and will become a resource area for teachers instead of students.
12. The staff urges the consideration of provision for climate control of all or a major part of the facility to be constructed. The current trends plainly indicate that many of the programs for handicapped children are becoming eleven month programs; the County is now engaged in this work. When new school buildings are currently being planned to provide air conditioning, or climate control, it would be very unfortunate if this were not also provided for handicapped children.



13. The operation of a school for exceptional children of the size herein projected requires a much greater degree of supervision and coordination than is commonly experienced in the regular elementary school. Adequate administrative space should be provided, including an office for the principal and an assistant principal, along with the necessary clerical areas. The many conferences which will be held with students, teachers and parents, as well as supporting personnel, makes it extremely important that this area not be shortchanged.
14. It is recommended that a teachers' lounge be provided and that this area be as functional as possible to permit the execution of the common tasks of mimeographing, lesson planning, staff meetings, etc. It should not be an area given solely to socialization when off duty.

It was necessary to agree upon the foregoing recommendations prior to (1) the establishment of a room schedule with the authorities in the Bureau of School Buildings in the Department of Public Instruction and (2) the delineation of requirements to be utilized by the architect in the preparation of preliminary drawings. It is necessary that such decisions be made at this time. Some are irrevocable and others may be re-studied as costs are developed. If drastic changes must be made in the foregoing recommendations, they must be made contrary to the combined thinking of those trained in special education.

#### CENTRAL FACILITY VS. DISPERSION OF CLASSES

In one form or another, nine of the ten consultants and Dr. Spurgeon supported some type of centralized facility. Only one, Dr. Birch, was opposed to this concept. Listed below are selected comments on this subject, arranged from very pro to very con.

## 1. MR. LEONARD GREEN - THE DEVEREUX FOUNDATION

"I am strongly against the idea of attaching a wing to present elementary schools for the education of the atypical youngsters. The very fact of their exceptionality . . . is automatic separation. It has been our experience that these youngsters, especially the socially and emotionally disturbed, suffer sometimes irreparable harm and damage by peer ostracism when forced to attempt to compete with them [normal]".

## 2. DR. ORAL SPURGEON - SUPERINTENDENT, ST. LOUIS COUNTY SPECIAL SCHOOL DISTRICT

"These children are worse off if they are in a school that doesn't want them. It's impossible to provide a program for the handicapped in a regular school setting. A better job of education is done in the special buildings. It would be nice for all children to be together, if you could get cooperation, but you cannot."

## 3. DR. MORRIS FOURACRE - ST. JOHN'S CHILD DEVELOPMENT CENTER, WASHINGTON

". . . a Special Education Facility is most desirable. Personnel and equipment costs will likely be more economical as duplication is kept at a minimum. The stigma attached to a centralized facility need not be detrimental to the children or the community in which it is located. A good, honest public relations program can be very effective in overcoming prejudices."

4. DR. KATHRYN DICE REIER - DIRECTOR OF SPECIAL PUPIL SERVICES, DEPARTMENT  
OF PUBLIC INSTRUCTION

Go to central building located as close as possible to a regular school with established provisions for integration.

## 5. DR. JEAN HEBELER - UNIVERSITY OF MARYLAND

"Most of the children you are considering are severely impaired enough so that they would not be integrated. Double tract system - very handicapped in special school, less handicapped integrated into regular school."

## 6. DR. NICHOLAS LONG - HILLCREST CHILDREN'S CENTER

"With central facility, you have a better possibility of getting all the things you need, convenience of specialists and greater ability to control environment. I'm not sure it is better for the kids, but it's better for the special education professionals."

## 7. DR. EDWARD G. HUTCHINSON - AUBURN UNIVERSITY

"Ideally, you should provide space for handicapped in local schools, however, considering Chester County and its past, present and future problems, I would advise one central facility and possibly two outlying diagnostic centers."

## 8. DR. RANDALL HARLEY - GEORGE PEABODY COLLEGE

"There should be a special facility for the multiply handicapped. For those with just vision problems, integration is a must. This integration should be planned for, either in a special school or a regular school setting."

## 9. DR. JACK BIRCH - UNIVERSITY OF PITTSBURGH

"Exceptional children and normal children both profit most when they are integrated for education into the same school buildings."

"Putting a group of exceptional children in a separate building violates every sound principle of instruction and the objectives of education."

"There is present and future good sense, economy and maximum flexibility when the building facilities for the exceptional and typical are integrated."

APPENDIX

2

## DR. JACK W. BIRCH

The Project for Planning a Special Education Facility has a name which seems to limit it to planning the construction of a building. According to the project staff, there is really much more flexibility than that suggests. That is commendable, for the children and the taxpayers of Chester County will benefit most if there is first a projected plan for the operation and further development of special education. Then, any facilities to be constructed should fit into that plan.

The first order of business should be the development of a projected plan for special education, in writing. The plan should include estimates of the numbers and kinds of children and youth to be served each year for the next five years, and each five years after that for at least a total of 25 years. Keep in mind that any facilities to be constructed have a probable life of use of at least 25 years, and it will be two or more years from now before any construction now contemplated will be in actual use. Therefore, any building being planned now is for different children than those now in school. Also, the plan should be based on the twin principles that (a) the local unit of school administration is rapidly becoming larger and will continue to do so, and (b) exceptional children and normal children both profit most when they are integrated for education into the same school buildings. Further, the plan should recognize that a variety of special educational administrative arrangements is necessary for each type of exceptional child. One kind of facility is not enough. For the emotionally disturbed, for example, hospital classes, special day classes, resource rooms, itinerant teachers and home teaching are all necessary to accommodate the array of different children included in that category. One child, for instance, may need to spend time in three or four of the arrangements noted above in the course of several years of school. The same is true for the crippled and health impaired, the visually handicapped, the retarded, and so on.

It must be kept in mind that exceptional children are not all alike, not all to be served satisfactorily by one school. Normal children need at least three different kinds of schools (elementary, junior high, senior high). Exceptional children have all the education needs normal children have, plus many more. Thus it is clear that the exceptional children need elementary, junior and senior high school, plus many other adaptations.

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*Dr. Jack W. Birch, Associate Dean and Professor in the School of Education of the University of Pittsburgh, received his undergraduate education at the California State College, California and his Master of Science and Education degree at the Pennsylvania State University. His Ph.D. was awarded by the University of Pittsburgh. His wide experience as a teacher, both elementary and secondary classes, for the educable mentally retarded, and as a psychologist in the Somerset County Schools, Pennsylvania, and Director of Special Education in the Educational Clinic of the City of Pittsburgh has given Dr. Birch a strong background for his present position as Associate Dean and Professor at the University of Pittsburgh. The involvement of this person in the professional organizations concerning the exceptional child and his frequent contributions to the journals concerning these children makes Dr. Birch an old friend to all special educators. His participation in this project was a genuine indication of his deep concern for exceptional children.*



Dr. Jack W. Birch - page two

The purpose of administration should be viewed as making it possible to have the best of instruction. Thus, the instructional needs of exceptional children should be analyzed and administrators should adjust buildings, transportation, teachers' schedules and all other administrative matters to serve the needs of the children. There is agreement in principle among educators that administration should be the servant of instruction. Putting a group of exceptional children in a separate building violates every sound principle of instruction and the objectives of education.

The issue should not be what one could "sell" to a group of school directors. The members of the public, and the directors who are their elected representatives, are reasonable and sensible. They are often more ready to act constructively than we think. Usually, all we need do is give them the facts, and they will come to the correct conclusions. Good educational practices need only be explained -- they will sell themselves.

The project staff asked for reactions about the proposed three-fold function of the Special Education Facility, instruction of children, research and teacher education. The instructional program should be first; the other two secondary to it. Research of an applied kind -- demonstration research -- should be second, and it should be encouraged. It would be nearest to the instructional program and have the most direct bearing on its continued improvement. It is good to cooperate with colleges in teacher education, but all that is really needed is an excellent instructional program to serve that need.

Any facilities contemplated should look beyond what have in the past been the conventional, disability-oriented, special education categories. The present approaches to special education include the gifted, the creative, those with perceptual and other special learning problems, and the academically retarded. It is important not to build for yesterday, but for today and tomorrow; especially the latter, for that is when the facilities will be used. The facilities should be truly representative of the best judgment about what constitutes needed and appropriate educational services. It is important not to be carried away into medical, psychiatric, and social work services to the neglect of educational services.

The program of special education should develop hand in hand with the educational program for the rest of the children in Chester County. For example, the County staff should familiarize itself with the building plans of all of the school districts in the area and try to coordinate the development of special education facilities with other new buildings. There is very little required by way of specialized building for special education, especially if medical services are left to hospitals where they can more properly and more satisfactorily be performed. All new buildings in the county should be a major subject of concern for the staff of the Project, since every new building is a potential facility to serve some, and probably most, exceptional children. Attention to removal of architectural barriers to mobility is most of what is really needed to make any building satisfactory for use in special education. Therefore, there is no good reason for constructing separate facilities. Instead, there is present and future good sense, economy and maximum flexibility when the building facilities for the exceptional and typical are integrated.



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It is important to keep in mind that all the special education problems cannot be solved with one Project for Planning a Special Education Facility. It is quite likely that the persons who approved the project were fully aware of that, and they would be glad to receive another, follow-up proposal to carry the idea further. I expect that one of the most significant outcomes of the present project will be the recognition of and implementation of the need for a combination of detailed short-range and imaginative long-range planning for special education in full cooperation with like planning for the education of all children and youth.

## DR. MAURICE H. FOURACRE

## I. Physical Plant Considerations

- (a) The building must be constructed to house children with physical limitations, therefore must accommodate children in wheel chairs, using crutches, canes and leg braces, etc.
- (b) Elementary school classrooms must be of average size (Pennsylvania State Department of Education specification) with two means of egress: one directly to outside play area and the other to a central corridor. Each classroom for younger children should have lavatories adjoining to facilitate the toileting of crippled or physically impaired children.
- (c) Each classroom should have a sink and running water to facilitate the art program and also to be used in establishing good personal health practices.
- (d) An activity room, strategically located, should serve two or more rooms on a scheduled basis. The activity room would contain play equipment, including wheeled toys, homemaking corner, shop area, etc. Such a room allows for more overt activities and avoids the duplication of similar play equipment for each and every room. It further has educational value, in that the regular classroom activities are more of a sedentary nature or the classroom is the work room, while the activity room is a play room. It also allows the classroom to be less cluttered and, therefore, less distracting than if toys and play equipment are stored in the homeroom. The activity room must open out onto a paved play area so that wheeled toys may be used both in and out of doors. In some schools, a roof covers part of the play area immediately adjoining this room, thus allowing children to go out on mildly inclement days.
- (e) Ceiling heights, lighting and fenestration should be comparable to classrooms for non-handicapped children and should conform to at least the minimum standards prescribed by the State Education Department.
- (f) Lavatory facilities are mentioned under (b) above. However, it must be kept in mind that the commode stalls must be wide enough to accommodate wheel chairs next to the commode, and the doors to these stalls, as well as the doors to the toilet room, must be somewhat wider than

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*Dr. Maurice H. Fouracre completed his education at the University of Michigan and has served at the Wisconsin State College, Milwaukee, Wisconsin, New York State College for Teachers at Buffalo, New York and the Teacher's College, Columbia University, New York, as Director of Education for handicapped and/or exceptional children. He is currently the Director of the Saint John's Development Services for Children, Washington, D.C. His numerous publications and contributions to the professional journals have cast him as a national authority in the work of exceptional children. He was involved in the project as a consultant for the physically handicapped child.*

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standard doors. Further, centrally located lavatories for older physically handicapped children create a problem because frequently an attendant must assist a wheel chair patient. If female attendants or aides are used, it is sometimes embarrassing in the male toilet room for all concerned.

- (g) Classrooms must be located as close to ancillary services as possible. Physically handicapped children take longer to negotiate distances, therefore greater amounts of time are wasted in coming and going to special services areas. Frequently, attendants or children not going to therapy have to accompany the child in need of this special service, therefore every effort must be made to reduce distances and time required between the classrooms and ancillary service areas.

## II. Equipment - Furnishings

All elementary school classrooms for physically handicapped children should be self-contained for educational activities, therefore all furniture must be movable in order to adapt the room to a variety of uses. Special classroom furniture is frequently necessary, standing tables, modified desks to accommodate wheel chairs, etc., because of their odd shapes and sizes must be movable.

## III. Auxiliary Services and Personnel

A school must decide whether auxiliary services for physically handicapped children, such as: physical and occupational therapy will be the responsibility of public education. If the school system believes that these therapies are its responsibility, and this service is not being duplicated by some non-school agency, then the special personnel salaries will be charged to the school budget and special room(s) must be provided for therapy. If, on the other hand, these services are provided by an outside agency, there would be no need to establish therapy units in the building. In some school districts, a compromise is reached wherein the school system provides the rooms, the equipment and their maintenance, while the outside agency provides the therapists.

It is this consultant's opinion that if it is necessary to provide therapy room(s), the room(s) should be used to the fullest extent. The therapy room could accommodate both occupational and physical therapy and be used as an auxiliary gymnasium for adapted physical education.

Again, the room should be so located that the children do not spend more time travelling to and from the room than the time allotted to therapy for each child.

Speech therapy should be provided by the school system, hence therapy rooms must be a part of the building.

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#### IV. Teacher Preparation

The school building should be established as a laboratory-demonstration unit for the professional preparation of teachers. Proper scheduling of observations by the college officials pre-empt closed circuit television. One-way glass is desirable for visitors observing individual psychological examinations and speech therapy.

Actual classroom visits by outsiders is not a disturbing influence on children, therefore there is no need to provide one-way glass or observation booths adjacent to classrooms.

#### V. Research

No special building facilities are needed for research, as most teaching personnel are not research-minded or qualified to carry on scientific or quasi-scientific studies. If action research is included under the umbrella term of research, this type of study must be done in a natural setting, in order to be useful to other school systems or teachers.

#### Items of Special Concern to Chester County

A prevalency study of handicapping conditions should have been done to actually determine the number of children needing special education services. The location of residency of these children would contribute to the final selection of a building site. Door to door transportation is costly and time consuming, therefore a central location determined on a population basis appears to be most desirable.

To this consultant, a Special Education Facility is most desirable. Personnel and equipment costs will likely be more economical as duplication is kept at a minimum.

The stigma attached to a centralized facility need not be detrimental to the children or to the community in which it is located. A good, honest public relations program can be very effective in overcoming prejudices. Well-adjusted pupils and successfully placed graduates in either regular school programs or in industry will produce a good image. Empathetic administrative and teaching staffs can do a great deal to further the acceptance of the school by the parents of handicapped children and other members of the community.

A Special Education Building on the same grounds as another school would afford interpersonal relationships between the pupils of the two schools, as well as the faculties of the two units.

Finally, the upgrading of any Special Education program will depend on the enthusiasm of the teachers and school officials involved. One of the most important aspects will be the development of a realistic, practical and sequential curriculum which will meet the needs of the children enrolled in the program.



## HOWARD FREEMAN

A. The following recommendations are made in relation to teacher preparation programs associated with the Chester County Special Education Facility. I feel that such programs would be implemented if the facility made provision for the following:

1. A large multi-purpose central room to be used throughout the entire day. It would serve the following purposes for the groups listed below:
  - (a) Pupils: Opening exercises or morning assembly, special programs, lunch and some physical education activities.
  - (b) College students: Midmorning, afternoon and possibly evening and summer classes in teacher preparation for special education.

Facilities and furniture in this room would be arranged for maximum flexibility so that it could serve relatively small groups, i.e., a college class of 25, and also large meetings, i.e., an evening P.T.A. of several hundred people.

2. As many areas of pupil and staff activity as possible should be made accessible for viewing by college students. Such accessibility would be provided by uni-vision observation stations, closed circuit television and inter-communication systems. Television circuits installed in the facility should be readily adaptable for linkage to classrooms at West Chester State College and other teacher training institutions in this area.
3. Specific areas should be set aside throughout the school where private conversations or conferences might be held. The following would be included: student teachers and cooperating classroom teacher, student teachers and college supervisors, parent-teacher, classroom teacher and county supervisor. Such areas might be located between classrooms and used to store some types of teaching material, duplicating machines, etc.

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*Mr. Howard Freeman is the Director of the Department of Special Education at the West Chester State College, West Chester, Pennsylvania. His earlier education was received at the Millersville State College, Millersville, Pennsylvania, and Wyoming University in Laramie, Wyoming. Continuing graduate study is underway at the University of Pennsylvania in Philadelphia, Pa. His past experience in the Daniel Boone School in Philadelphia, and as Director of the Special Education Center of the Cheltenham Township Schools, Elkins Park, Pennsylvania, has provided him with the background for his present work. Mr. Freeman's involvement resulted from his wide knowledge in the field and from his responsibility as Director of the program at the teacher training institution within the area where the Special Education Facility is expected to be located. His views were quite valuable.*

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4. The facility should contain whatever climate-control equipment is necessary for year-round use. A large part of West Chester's teacher training program is conducted during the summer months and, hopefully, the College would conduct as much of this program as possible at the facility. This would include the Special Education Workshop, psychology courses in the various areas of exceptionality, and possibly activities in the emerging program of camping and recreation for the handicapped.
  5. At least one of the classrooms should be flexible enough to permit its conversion to a regular classroom for Saturday or summer programs for gifted or non-handicapped children. Teacher training for gifted children is an area which will undoubtedly receive more attention within the next several years and both the College and the County might well consider cooperative programs with interested school districts. Such programs would be housed in the Special Education Facility.
  6. Teacher training would be facilitated by a more realistic approach to the potential and adult responsibilities of the children enrolled in the school. Specifically, the school should not attempt to duplicate the elaborate shop and home economic suites found in some schools for the handicapped. There should be activities of both types in a Special Education Facility, but they should be geared to developing self-sufficiency and preparation for realistic employment, rather than used as display areas for visitors.
  7. In addition to the large multi-purpose room and the small conference rooms suggested in #1 and #3 above, there should be at least one intermediate-sized seminar room. Such a room might be used for upper-level or graduate seminars by college students and staff, for group therapy sessions as the mental health aspects of the program for disturbed children grows, for board meetings, and for meetings by community agencies.
- B. The recommendations listed above each have some relationship to teacher training. Those listed below are offered as general recommendations for consideration by the site committee.
1. Although a site adjacent to West Chester State College would be advantageous to all concerned, this should not rule out other possibilities. The services offered to the exceptional children and to the community may be of such a high order that one or several school districts may decide to locate a school near the Special Education Facility after it is built. Taking this view, the site might be located in an area of potential growth rather than in a relatively crowded area where sites are either unavailable or excessively high in cost. In addition to these factors, it would be well to recognize the mobility of student teachers assigned to the facility. Students



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are expected to reach their student teaching positions, no matter where the school is located. I think the site committee should be aware of this.

2. Wherever it is located, the Special Education Facility may receive more general acceptance if it offers a year-round, all day, community service rather than solely a service for handicapped children. As such, its facilities might be used for a small branch library, a part-time mental health center, a visiting nurse or public health nurse office or baby clinic, a recreation center or senior citizen group or a branch of the local adult night school. It is not intended that the special education office provide separate facilities for each organization or replace the Chester County Health and Welfare Council. What is intended is that the administrators of the facility provide as wide a base as possible for support from the general community and the school districts which will support the facility.
3. Considering the amount of money involved and the extreme need for a new building, it appears much more advantageous to plan in terms of one facility rather than two. The experiences gained in building and operating such a facility may be utilized in planning a second one, but the need now is to start building at least one.

The seven specific recommendations concerning teacher preparation and the three general recommendations listed above constitute the body of my report to the Office of the County Superintendent of Schools. It is of a necessarily general and preliminary nature. As specific plans for the facility develop, I will be happy to help answer any questions that may arise.

## LEONARD GREEN

I recommend that it would be wise to consider each wing in specific terms as to the type of exceptionality of the youngsters who must be educated and housed in that wing. The wing for the socially and emotionally disturbed should have smaller classrooms, oblong in shape or square, so that the teachers and the students are physically close. If possible, lavatory facilities should be in each classroom so that youngsters would not be wandering down the hallways looking for the bathrooms. Classrooms should be approximately one-half of the normal size of 850 square feet and, as mentioned, wider in dimension rather than deeper, or it can be square. 20' x 25' or 25' x 25' are the dimensions used in our work for eight youngsters in a classroom.

The furniture should be movable, permitting a maximum amount of flexibility in classroom arrangement. As far as windows are concerned in this wing, they can be of normal dimensions, but should be heavily draped to cut out external stimuli, if indicated. All floors should be covered with commercial carpeting rather than asphalt hard tile. This would cut down noise and would add more warmth to the rooms.

The classrooms for the organically brain-damaged should also be small and about the same size as developed for the emotionally disturbed. Here, too, the floors should be carpeted. Educational learning booths or corrals should be affixed and anchored into the walls, with all other furniture of heavy construction and preferably anchored into the floors. These youngsters almost always have perceptual problems, and are given to rage reactions; so, consequently, this would minimize the destruction of property, along with setting up more conducive physical education requirements. The windows should be heavily draped because of shadows. External stimuli should be kept to a minimum. I recommend that a sequential developmental room schedule be established for this type of youngster; specifically, Room I with educational learning corrals along the walls, enough for each student, plus desks cemented into the floor; Room II with fewer learning booths and more desks; Room III with two learning booths and furniture that perhaps is movable. As the child moves along, he would move, therefore, according to his behavior level, from one room to the next, rather than at an educational level because, in all candor, the problem is more of a behavioral one than the mere dispersement of academic knowledge.

I also recommend that you have one-way windows placed in each door of each classroom to provide observation of the students without interrupting

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*Mr. Green, Director and Clinical Administrator for the Devereux Foundation, has had his preparation at the West Chester State College and Temple University in Philadelphia. He is well qualified in the establishment of programs for the socially and emotionally disturbed children and the therapeutic components found therein. His experience does not lie entirely in the private school field because his interest has also been projected into public education through his role as a school board member.*

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or troubling them. You are going to have many guests and visitors, which could cause interference to the educational process. Those rooms housing the organically brain-damaged could have curtains drawn over the one-way glass if it proves too disconcerting to the students.

I recommend that one room be set up for demonstration purposes in line with teacher-training preparation. If you intend to use closed circuit television and video tape, you should first clear the legality of the situation. In thinking it over, if legal requirements can be met, this technique would be far superior for training purposes than any others that I can think of. Certainly it presents a whole host of excellent training avenues, with which I am sure you are more than familiar.

In each one of these wings, I would have a crisis counseling room adjacent to the teachers' conference room. I recommend that each wing have its teachers' room to solidify a so-called team approach, and place the counselor or the crisis teacher immediately adjacent to this room for communication purposes. For administrative reasons, an office should be in each wing because of the specific differences in approach, training, etc. with each type child to be educated. This office should also be designed to be close to the conference room and the crisis counselling room.

Because these are the youngsters who will be getting the maximal amount of psychological counseling and therapy, it would be wise to plan office space as close as possible to this wing for these itinerant specialists. All of these offices must be soundproofed.

It would be wise to plan to have the entire structure air-conditioned, rather than wait and have to do it later on.

I recommend that a large gymnasium be constructed which can be partitioned for use in the different categories being educated. Special equipment and planning for the partially sighted and physically handicapped will have to be installed. Adequate locker facilities and showers should be included in the plans.

I also recommend that serious consideration be granted to the installation of an indoor swimming pool, with heated water. This should not be a large, olympic-type pool, but one that is small, because the group in the pool at any time would be small in number. This also guarantees greater safety with the many types of exceptional children who will have to be taught in this area. Whirlpool baths should also be considered.

For training purposes, I recommend that a central cafeteria be set up which can be easily converted into an auditorium that can be used for the purpose of training staff, much like the cafetorium that several schools have now.

Facilities must be planned for music, with soundproofed rooms for instrumental training. This is imperative.

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Facilities also must be planned for shops, such as woodworking, home economics, etc.

I am strongly against the idea of attaching a wing to present elementary schools for the education of the atypical youngsters. The very fact of their exceptionality, whether they be physically impaired or socially or emotionally maladjusted, is automatic separation. It has been our experience that these youngsters, especially the socially and emotionally disturbed, suffer sometimes irreparable harm and damage by peer ostracism when forced to attempt to compete with them. Attaching a wing to a so-called normal program would only compound almost geometrically these problems.

Although Chester County is 760 square miles in area and the transportation problem is of large magnitude, this is not an insurmountable problem. I believe that a site should be selected somewhere between West Chester and the city of Coatesville for two reasons: first, based on present classes being offered, both on the county and the local level, for exceptional children, which have a larger number in this area than any other area in the county; and, secondly, and even more importantly, because of the pool of personnel available and accessible because of the proximity to Philadelphia, its universities and its suburban population. Also, it would place a special education facility fairly close to West Chester State College for teacher preparation work. The key to the entire success will be in the availability of personnel, and if any question were to arise as to site, the only move that I would recommend is even closer to the Paoli area, rather than further west, south or north.

I would not recommend that you plan for more than one special education facility at this time, as population growth certainly will occur, and then another facility might realistically be planned in another section of the county.

Just in closing, I know that the architect and the committee working with him will take close cognizance of the proper color schemes in each classroom and for the flooring, etc. It is imperative to stay away from excitable, stimulating colors and to adhere to the employment of tranquil pastels and muted colors.



## DR. RANDALL K. HARLEY

## i. Items of general concern in planning a special education program for visually handicapped children -

A well balanced program for visually handicapped should include the following types of services:

1. residential program
2. day school program - resource room teachers
3. day school program - itinerant teachers

Although a special school may be constructed, children who are now being integrated into the regular grades should continue in these grades in the present schools. To allow as much integration as possible, the schools in which the visually handicapped children are housed should be those in which the enrollment is made up of sighted children without any handicaps. Visually handicapped children need to be placed in a program that will provide stimulation and challenge. They do not need to be placed with physically handicapped, mentally retarded or children with other handicapping conditions unless they have additional handicaps themselves.

The present resource room seems to be well located within the school, adequately designed, and equipped to serve the needs of visually handicapped children. It is hoped that these children will continue to receive their education in such a school.

The greatest needs at the present time seem to be the following:

1. Evaluation of the vision screening program - Although the screening program was not to be evaluated in this report, it is felt from past experience and according to incidence of visually handicapped children in the country at the present time that there should be more visually handicapped children in the program. According to a conservative estimate by U.S. Office of Education, there should be at least 60-70 visually handicapped children in the 66,000 school age children who need special services.

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*Dr. Randall K. Harley, Assistant Professor of Special Education, George Peabody College for Teachers, Nashville Tennessee, was asked to participate because of his background in education for the partially seeing or blind child. His education at Middle Tennessee State College and his M.A. and Ph.D. from the George Peabody College for Teachers is strengthened by his experience as an elementary and junior high school teacher and principal, as well as a teacher and administrator for schools for the blind, and has given this person tremendous insight when he speaks of programs for exceptional children in this field. At the present, he is Associate Editor for the International Journal for Education of the Blind and has made many contributions to publications in this field.*

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2. Provision of services for the blind children - According to my inquiry among staff members, there are a large number of blind children being served by residential schools. It is felt that many of these children could be served at home where they would have an opportunity to remain with their families and peers in the community. There is a trend in the country to provide for both blind (braille reading) and partially seeing (print reading) children in day school programs. According to a recent survey, more than 65% of the programs in this country which served both blind and partially seeing children employed teachers who instructed both types of visually handicapped children. It is recommended that provisions be made for both blind and partially seeing children in the resource room and itinerant program.
3. Provision of services for visually handicapped children who have additional handicaps - In a recent survey, about 80% of the school programs serving visually handicapped children serve children who also had one or more additional handicap. If a special school is constructed, it is recommended that provisions should be made for the visually handicapped children who are multiple handicapped. It should be emphasized that the special school should serve only those visually handicapped children who cannot be served adequately in the resource room and itinerant programs.

Although some of the multiple handicapped children may be served in classes for the physically or mentally handicapped, there will probably be a few children who are handicapped primarily by visual problems and can be served best by a special teacher who has been trained to teach visually handicapped children.

- II. Physical facilities - for a unit of six multiple handicapped children who have visual limitations -

Two rooms with adequate indoor and outdoor play areas are necessary. Three or four small rooms would be more desirable. A minimum of 70 footcandles of lighting for reading pencil reading to a minimum of 150 footcandles for lip reading, chalkboards and sewing has been recommended by the National Society for Prevention of Blindness.

The color scheme for the room and equipment in the room should meet reflectance values recommended by the Illuminating Engineering Society.

Recommendations for equipping the room:

1. piano, rug, chairs to provide homelike setting
2. large indoor equipment - boat, slide, jungle gym, etc.
3. a sink and stove unit
4. sufficient electrical outlets for talking books and tape recorders
5. adequate cupboard and storage space - low and easily accessible
6. closet space large enough to store materials not in use, such as portable cots
7. one way screen for observation



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8. lavatory facilities convenient to the room
9. desks with tops which may be raised to any desired angle
10. bulletin boards and chalkboards at eye level for children
11. other specialized equipment as needed - braillewriters, talking books, tape recorders, typewriters, games, puzzles, etc.

### III. Auxiliary Personnel

The services of the following personnel are recommended: ophthalmologist, pediatrician, psychiatrist, social worker, psychologist, teacher and nurse. Other specialists may be needed such as physical therapist, speech therapist, mobility specialist, neurologist, etc. depending upon the needs of the individual child.

The teacher should have an assistant. Both teachers should meet state certification requirements. At least one of the team should be certified to teach visually handicapped children. It would be desirable to have teachers who have been trained to teach multiple handicapped children.

### IV. Other Items (as requested)

1. Teacher education and research - Research and teacher education will be limited by the small incidence of visually handicapped children. Cooperation with teacher preparation programs and research endeavors would offer opportunities to strengthen the special education program in Chester County.
2. Number of facilities - One facility would certainly seem to be adequate for the multiple handicapped children. The resource room and itinerant programs would require facilities in other schools.
3. Location of class - The multi-handicapped group could be located as a wing of a present elementary school or adjacent to a present elementary school.
4. Upgrading special education program in area of the visually handicapped -
  - A. The itinerant and resource room teachers can be helped to provide more adequate services by receiving secretarial help at critical times during the year.
  - B. The special teachers should be trained to teach both blind and partially seeing children.
  - C. The present vision screening program should be evaluated as soon as possible.

## DR. JEAN R. HEBELER

A. General Considerations

While my specific assignment was the consideration of programs for the mentally retarded, I found it difficult on my site visit and also find it difficult in this report to delimit this aspect of the program, since I conceive of the facility housing a program which is not so much based on the etiologic diagnosis and evaluation, but on the learning characteristics and needs and therefore the educational programming appropriate for the children. Because of this, I see some children who may be diagnostically labeled as mentally retarded, needing the very same kind of setting, stimulation and materials as some children who would be considered to be neurologically impaired or brain injured. My concept of the facility in general is one with flexibility in terms of room size and traffic flow, as I believe I sketched on the board in our final session on the 14th. I see this as being small rooms which would house a teacher or a teacher clinician working with one to five children. I see this size room also serving for parent counseling, parent interviewing, a space for psychological testing, educational testing, speech work, etc. I see somewhat larger rooms which would be suitable for smaller groups of anywhere from eight to fifteen or sixteen and might be used for full-time full-day activities. I then see larger group rooms which would house up to thirty children comfortably, which could be used for certain kinds of activities during the school day. I would highly recommend that all of these rooms open onto an inside hall and that their accessibility for children from one room to the other be maximized. I am saying this because I feel that attempts at team teaching, placement of children in appropriate groupings for other educational needs, etc. is much more likely to occur if it is geographically possible. I would recommend that in the large room and particularly the medium size room which I have described, that there be inside lavatory facilities accessible from inside the classroom. It is possible that from time to time, these would not be used, but in order to build flexibility of use into the rooms, I think these should be included in each of these kinds of facilities. For the small individual workrooms or very small group rooms, I would suggest that they be arranged in some sort of suite arrangement and that there be one or two lavatory facilities to

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*Dr. Jean R. Hebeler is presently the coordinator for the Special Education Program at the University of Maryland, College Park, Md. She received her undergraduate training at the State University of New York, and her Master's Program was taken at the University of Illinois. Her Ed.D. was awarded by Syracuse University in Syracuse, New York. She has been a special class teacher for the educable mentally handicapped in Elba, New York and Jacksonville, Illinois, as well as an instructor in the Institute for Special Education at the University of Utah in Salt Lake City, Utah. She has also been a research assistant at Syracuse University and involved with the Youth Development Center study of juvenile delinquency. Her research has lead to many contributions to publications in the field.*

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service these. In other words, I would not suggest that the children go back to their classroom if they need to go to the lavatory while they are working in an individual or small group session.

The arrangement of the instructional area within each of the classrooms is highly dependent upon the personality and training of the teacher or teachers who will be assigned to certain facilities. I would strongly urge that there be the possibility for an encouragement of work areas with the classroom and that an attempt be made to arrange the self-contained classrooms so that certain areas would be designated as quiet work areas, group work areas, recreational area, etc. This aspect helps a teacher provide for instructional time with individual groups of children and gets away from teaching to the whole group, which is rarely appropriate with children who have learning problems, whether they be mentally retarded or brain injured (I am speaking here of academic content and skill learning in this instance, not social skills, etc.).

The equipment and furnishings in the rooms, no matter what their size, should be as movable as possible. I would recommend that other than a sink, storage cabinets for instructional materials and materials of this nature, that all other equipment such as wardrobes, book storage, paper storage, etc. be non-fixed so that maximum flexibility in room arrangement and sharing of equipment might be managed. Some teachers prefer to work with a minimum of furnishings and in these instances, certain materials could be removed from the classrooms. Others would want to use more equipment and the non-fixed arrangement would make this possible. I have also found that it is very effective to use movable equipment and cupboard units, etc. as natural dividers for the work areas, study areas, etc., which I described in one of the above paragraphs.

Auxiliary services which I feel would be essential in an educational facility for children who have learning problems would include a psychologist and preferably one who has a degree in educational or school psychology, rather than experimental or clinical. In either regard, I would feel that it would be essential for the goal of the Center that the person have a strong exposure to education and the pedagogy behind the methodology, etc. which teachers will be working with. A second auxiliary personnel which would be essential is a speech and language clinician. I am becoming more and more convinced that the traditional concept of a speech therapist is not what is primarily needed in educational programs for these children, particularly at the elementary level. What we seem to be having more success with is a speech person who has a strong interest and training in the area of language development. This person then can work directly with some children, but also serves as a backup for the instructional staff of teachers and clinical teachers in the systematic development of language and language concepts, rather than the isolated cleansing of articulation errors. A third type of auxiliary personnel is the physical education-recreation service which can do a lot in improving the coordination, body image, and general physical

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orientation of many of the children who would fall in the categories which you plan to house in the building. In the past, perhaps the brain-injured group has received most attention in terms of related educational outcomes as results of some physical training. We are seeing many of the same kinds of results with trainable and some of the educable children who have coordination or general gross physical inefficiency. A fourth type of ancillary service and personnel which we discussed is the school social worker or someone roughly fitting that role description who would serve as liaison between the home and school and between feeder schools and the Special Center on both a referral and input basis, as well as a replacement role when certain children would be placed back into regular programs. The services of this individual should help to pave the way for greater success in placing children from the special program, particularly in the "brain-injured" program to make a satisfactory adjustment in the regular classroom. The other auxiliary services and personnel which come to my mind are services which I believe would be available through the County Health Department or some other service unit within the community. Here I am speaking of the school nurse, a school physician, a consulting psychiatrist, a consulting neurologist, a consulting optometrist, etc. I am purposely separating the personnel whom I see as directly related to the school instructional program, i.e. the classroom teachers, the psychologists, the language therapists, the recreation worker and the social worker from the ancillary services, not as directly related to the instructional program, that is those perhaps most directly related to the medical aspect.

In order to equip this facility for teacher preparation services, I would strongly urge the installation of two-way view class in one wall of all of the classrooms, whether they be the small individual rooms or the larger ones. As we discussed, it is possible to have rooms made to view either way by the controlling of the light situation. This would make it possible for a large group to observe a small group in a clinical teaching situation or an individual child in a testing situation or a parent conference in one of the small individual rooms or it would be possible for a small group of individuals to be in the smaller facility and observe a full class in a physical activity or something of this sort. This particular suggestion also points up the need for accessibility to each of these rooms or services from a common hall or through a suite arrangement so that visitors need not go through one room in order to get in a position to be observing. I believe I also mentioned the additional service which closed circuit T.V. for direct viewing or for taping for further use would have for teacher education programs in that particular geographical area or in a broader area. It is becoming increasingly more difficult to get large numbers of university students to appropriate educational settings at convenient times for the students and for the people in the schools. It also cuts down on the additional traffic and demands on the school staff, since this makes it possible for there to be one university coordinator who works with the staff and administration of the particular facility in planning and arranging for the kinds of experiences which are desired for the teaching curriculum. I realize that this is a relatively expensive endeavor, but would strongly urge that the basic wiring and lines be installed at the time of construction and the acquisition of the cameras and other portable equipment (and I would



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recommend portable) be delayed until further time if it is not feasible at the present. The same kind of consideration for viewing and for television observation of a group activity or for a close-up watching of the individual performance of individual student, also relates to the equipment for the use of the facility for research in individual development or from a curriculum point of view. I think that the facilities which have been discussed here in relationship to the observation rooms, T.V., taping opportunities, etc., as well as the flexibility of size of classrooms and of their arrangement, are the two main considerations for the physical end of the readiness of the facility for research. It is frequently necessary in any kind of action research to do individual or small group work or evaluation with children. This would make the small rooms a necessity in my book. If the facility is going to be used for student teaching activities on a large scale, I would also recommend that the classroom teacher who is assigned to a relatively self-contained group of children have an office adjacent to or in a portion of the room, which is set off by the one-way vision glass. This provides for the student intern to have a much more independent role in working with the children in a demonstration situation. It also allows for the supervising teacher to be auditing the classroom activity, but also doing preparation work, etc. without becoming a distraction to the group.

#### B. Items of special concern to Chester County

I really do not feel specifically qualified to answer the major question under Item B as to whether one or more than one facility might seem more appropriate. If the transportation aspect would not be too difficult by having one facility, and by having this facility on a campus adjacent to or connected with an elementary school and, if possible, a secondary school, I can see certain advantages for the one facility over a fragmentation. The one facility provides the opportunity for much more staff sharing of skills with individual students. It would make it possible for certain children to be included in certain activities which may at the present time be planned and thought beneficial for diagnostic groups and not others. This facility, with an attitude of experimentation on the part of the staff, could make it possible to try out some of these things for which we have no evidence, just our own hunches at the present time.

I believe my discussion with the group on the 14th frequently included the term "educational diagnosis" and I am sure that the preceding pages of this report have also reflected this kind of trend on my part. I am not suggesting that this be limited to a diagnostic center by any means, but am strongly convinced that we need more educational diagnosis in addition to the psychological evaluation which we have been getting up to the present time in terms of determining the most appropriate educational mode of presentation for each child in each area of learning. This is to me what we are about with exceptional children. I would like to recommend, in light of this idea, there be a staff person assigned to the facility who would be strong in the area of methodology and looking at children in terms of their characteristics and then choosing appropriate educational methods and materials. I think it would be

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essential that this person not be bogged-down with the usual chores assigned to a principal of a building, and particularly not be in any direct evaluative role with the teachers, at least on the initial stages. This person could be thought of as a head teacher of a team teaching project or something. He may be conceived of in some situations as the one who very frequently generates the ideas and keeps the ball rolling and has the initiative and the authority to go ahead and try certain things which probably would not otherwise be attempted.

One other item which relates to several of the points which I have made, which was also discussed on the 14th, is the aspect of an ongoing evaluation of the children who would be served in such a facility. As I pointed out, it has frequently been my experience that, once a child is placed and if his parents are relatively happy, he may overstay his need to be in a particular setting or he may need to be looked at in terms of more appropriate services for him. I have particularly noticed that this has occurred where there is a physical facility which is set apart for children who have one or more types of learning problems. I think the consideration of the placement of the facility adjacent to a regular school or schools, plus the inclusion of a staff member who would be looking at children and their individual programs would both be safeguards against this kind of occurrence. I would also recommend that there be continued periodic evaluation of children and their progress, as well as the constant listing of comments and recommendations of teachers.



## DR. EDWARD C. HUTCHINSON

INTRODUCTION

Ever since the beginning of public school programs for children with communicative disorders some 44 years ago, the concept of an itinerant person to provide the services necessary has been the standard. There seems to be little evidence to support this approach by the pioneering school systems of Pennsylvania and Wisconsin. In any event, there has been minimal change in the overall operation of the program since that time. Attempts to alter this approach to the problem have typically produced equivocal results.

This itinerant approach has been attempted with little modification at all levels (elementary, middle and upper grades) and in all settings (rural, semi-urban, urban).

The notable exceptions to this approach have been programs designed to provide services for the child with a severe auditory deficit and programs to help the child with confused or inappropriate language patterns as a result of an inadequate nervous system (i.e., aphasia). In these instances, the children are usually segregated for the bulk of their educational experiences.

There seem to be two major areas of difficulty in the itinerant program for the speech and hearing handicapped in Chester County -- case load and housing. Although the primary task for this consultant was to discuss housing, it is impossible to separate these two matters.

CASE LOAD

In the 1962 bulletin from the Pennsylvania Department of Public Instruction describing the standards for the organization and administration of special service programs for exceptional children, it is suggested that "enrollment on itinerant programs of speech correction should range from 100 - 175 pupils per teacher instructed at least once a week for half-hour periods or an equivalent pupil-period load."

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*Dr. Edward C. Hutchinson's education was provided by Hiram College, Kent State University and Ohio State University, which awarded his Ph.D. His present position is Associate Professor of Speech at Auburn University, Auburn, Alabama, where he is Director of the Speech and Hearing Clinic. He has been a member of the faculty at Kent State University and has acted as a consultant to the State Health Department in Ohio. His wide experience made him a valuable contributor to the project, inasmuch as the speech program in Chester County is not only provided for those in special classes, but for all children in the county on an itinerant basis.*

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It seems incomprehensible that the State of Pennsylvania, one of the pioneers in providing special services for the speech and hearing impaired child, would enforce such an archaic and unreasonable case load for the personnel involved in this program. With the speech therapist burdened down with such a case load, it is impossible for him to serve as a resource person for the classroom teacher.

The statement in the bulletin to the effect that the incidence is 5% is not consistent with current evidence. All recent evidence suggests that the figure 8% is an absolute minimum frequency of occurrence of children with handicapping speech problems in the elementary schools and a slightly lower figure in secondary schools. In any event, this consultant would agree with the statement made by Dr. Martha Black, who is considered our nation's top expert on public school programs, "Case loads above 100 are a waste of both time and money and are unworthy of professional recognition".

Unreasonably large case loads and poor housing are a source of constant frustration to the personnel involved and represent the significant barriers to recruitment of persons for this profession. If we accept the statement in the bulletin that one speech correctionist could adequately service 3000 school pupils, it would indicate that Chester County should be staffed by approximately 20 speech correction personnel. Although a minimum of thirty is undoubtedly a far more realistic number for this county, the remainder of the report will be written with a staff of twenty as the minimum.

### Recommendations

As was pointed out above, the exceedingly large average case load of the speech correctionists is preventing them from providing two of their major services -- continuing inservice consultation with the classroom teacher and adequate follow-up of the children. With these in mind, the following recommendations are made:

1. There must be an attempt made to reduce the case load of the speech correctionist and to increase the contact time with the pupil.
2. There should be a full-time person employed to supervise a continuing program of inservice training for the classroom teachers in the areas of speech and hearing conservation. There are many ways in which the principles of speech improvement can be integrated into the existing curriculum. If this could be achieved, the number of mild problems would be reduced, thus allowing the correctionist more time to devote to those with greater handicaps.
3. There should be consideration given to the employment of "sub-professional" personnel to serve as assistants to the correctionists. These persons could provide an invaluable service by reducing the amount of time the professional correctionist must devote to routine repetitive activities. In other areas of service, they have proved invaluable in the areas of language stimulation, materials preparation, etc.

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## HOUSING

The report on housing for the speech and hearing programs is in four parts - (1) central facilities, (2) itinerant program, (3) regional treatment and (4) mobile units.

### Central Facilities

The central facility should provide the following:

1. Adequate office space for the itinerant personnel, including a conference room large enough for the entire staff.
2. A diagnostic facility which would be staffed by two speech pathologists and one audiologist. A diagnostic case load of 500 - 600 per year is anticipated.
3. A treatment area suitable for the young child with severe acoustic handicap.
4. A treatment area for those children with severe language problems as the result of inadequate nervous systems.

### itinerant Program

Each building visited by the itinerant correctionist should provide minimum housing as described in the 1962 bulletin from the Department of Public Instruction.

### Regional Treatment Centers

It is recommended that a treatment center be located in each of the areas of maximum population density in the county. Three or four such centers would probably provide adequate coverage until such time as each building can provide adequate housing. These regional centers would be located adjacent to already existing elementary schools in the county and would probably be staffed by four speech correctionists.

### Mobile Units

Because of its peculiar population distribution, the County of Chester seems to be particularly well suited to the mobile unit approach. With several reasonably dense areas and many fairly sparse areas, it would seem feasible to develop a series of units which could be utilized in an area and then moved to the next division to be serviced.

Although the mobile unit approach has been generally associated with the conservation of hearing problems, it is having wider acceptance in programs with children with speech disorders as well.

There are units which are primarily designed for testing and evaluation, but which also have the capabilities of providing suitable space for administering therapeutic services. Probably three such units would adequately provide coverage for the county for the next five years with an additional unit to be ordered for each additional growth of 10,000 school children.

#### SUMMARY

In order to adequately provide the services described in this report, the following personnel would be involved:

1. Coordinator of Speech and Hearing Services.
2. No fewer than twenty itinerant speech correctionists.
3. Three itinerant hearing therapists.
4. At least one approved teacher of the primary age deaf child.
5. At least one teacher who has specialized in language retraining for youngsters with inadequate nervous systems.
6. Two speech pathologists to staff the central diagnostic facility.
7. At least one audiologist to staff the central diagnostic facility.
8. A full-time person who is responsible for establishing a continuing program of inservice training of teachers and other personnel involved in the program.
9. At least ten "clinical assistants" who would provide assistance to the correctionist. These might be parents, volunteers, or students from the local college training program.

Chester County is blessed by its location. Because of this ideal setting, it should be able to continue to attract the very best special education personnel. If the working conditions could be improved as suggested in this report, it would be in an even more enviable position.

Although this final comment may be impertinent, this consultant would be remiss in his obligations if he did not render it. The bulk of the professional activities of the speech pathologists and audiologists in our nation is carried on in the public school setting. The bulk of the research, however, is being carried out in settings other than the public schools. It is critical that the local school units provide the stimulation and support for further research in these areas. Chester County is in a position to become a real leader in this matter. Once this current housing problem is resolved, there should be serious consideration given to planning an ongoing program of research.



## DR. NICHOLAS J. LONG

In considering provisions for special classes, it must be realized that any one design is inadequate, whether in a public school, a special school, or an institution. What is needed is a stepping stone of facilities geared to the needs of the various children to be served.

A central facility has the advantage of convenience. Specialists can be used more effectively than when they have to travel from building to building. You can develop the kind of atmosphere necessary for the teaching of these children and you can rapidly change classroom conditions. In a central facility, you also have the advantage of administrative support without which little can be accomplished.

Integration of the emotionally disturbed in regular schools has the advantage of providing for these children the opportunity to develop adequate social skills by being with children that have established these skills at a level that is acceptable. The greatest difficulty experienced by teachers of the emotionally disturbed is not in teaching the children, but in establishing peer relationships and helping them get along more acceptably with others.

If a choice is available, I would recommend that there be classes for the emotionally disturbed in the regular schools for children who need this, but that there also be classes in a central facility for children who are more severely disturbed and need the specialist's time and environment that a special school provides. The strongest educational force says, "Keep a child in a special class as little as possible", and this should always be followed, whether the class is in a regular school or in a special facility.

In designing a facility that will serve the emotionally disturbed, I would recommend that the following four provisions be considered:

1. There be as few corridors as possible and lining up be kept at a minimum.
2. The building be as flexible as possible.
3. A suite of rooms be provided for each class.
4. A quiet room be located adjacent to the classroom.

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*Dr. Long received his Ph.D. from the University of Michigan in the field of Child Psychology. His early experience was received as the administrator of the Therapeutic School at the University of Michigan Children's Psychiatric Hospital. He has worked with Dr. Fritz Redl in his study of hyper-aggressive children, prior to joining the faculty of Indiana University as an Associate Professor of Educational Psychology, directing the training programs for school psychologists. Recently, he joined Drs. Morse and Newman in the publication of the book entitled "Conflict in the Classroom". His present position is Director of the Hillcrest Children's Psychiatric Center, Washington, D.C. The review is a synopsis of a conference with Dr. Long which occurred at Hillcrest.*

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With a suite of rooms, the classroom can be kept formal to stimulate learning and concentration. Here, you want to maximize the teacher-child relationship. An activities room adjacent to the classroom can be used for arts and crafts and other projects. Here the emphasis is on peer relationships and socialization. A quiet room adjacent to the classroom should include a desk and be used to calm a child who has become upset, or as a place of study.

Each classroom should be as self-contained as possible and include a bathroom, sink and drinking fountain. The facility need not have an antiseptic appearance. It should be attractive, warm and colorful. You can have the normal type of stimulation, such as windows, but there should be provision for draping these windows or cutting out stimulation, if necessary.

Any glass to be used in the area that will serve the emotionally disturbed should be of the type that will not break. A pour-on liquid flooring is also to be recommended. It wears well, is easy to maintain and, since it has no seams, it is virtually impossible for these children to peel off the floor. With the emotionally disturbed child, you must also be careful with acoustical tile, baseboards, air vents, thermostats and fire alarms. If these are to be used, provision should be made to assure that the children cannot get them off the walls or otherwise misuse them.

A facility should include a library and swimming pool, both for the usual advantages they offer, and also as a place of socialization for these children. The therapeutic advantages of these should not be underestimated. Provisions should be included for children to eat in their classrooms, if necessary, or in larger groups in a cafeteria.

A central facility is unquestionably ideal for teacher training. I would recommend that for this purpose, closed circuit T.V. be installed with provision for video taping and sending directly to the college campuses in the area. I am opposed to observation rooms, because you miss the whole feel of the classroom. For teacher training, you must find ways of communicating emotional experiences and this can be done most effectively through T.V.

It is highly possible that a joint arrangement can be worked out between the facility and the college or colleges in the area that will be of benefit to both strengthening in teacher preparation and also research in the field of the exceptional child.



### DR. SHELDON R. RAPPAPORT

A minimally brain-injured child usually has close to average or above average intellectual potential which he is unable to use optimally or adaptively. That is because some type of hidden or unapparent cerebral dysfunction has interfered with a normal progression of such basic adaptive processes as attention, accurate recall, perception and concept formation. Because of such basic skill deficiencies, he is likely to have difficulty both in scholastic learning and also in behavioral adjustment.

The National Association for Children with Learning Disabilities estimates that about 15% of those children who fail have neurological dysfunction. Other surveys have consistently indicated that nationally minimally brain-injured children comprise 4% of the population. In other words, we are talking about a relatively large number of youngsters.

In tracing the cause of the brain-injured child's learning and behavioral disabilities, the conceptual model published by Dr. Rappaport and used at Pathway is that this child is robbed of the opportunity to build such basic ego, adaptive skills as perception and attention span because of the neurological dysfunction. As a result, the child develops a strong sense of failure and inadequacy. He also develops many non-adaptive ways of trying to adapt to the environment and get it to respond favorably to him. To succeed with these children, the teacher must understand what his previous life experience has been like and which non-adaptive attempts at adaptation he has developed. Within that framework, our first job is to help build the basic skills which did not emerge as part of normal development, and from there, help him to develop the higher order ego skills such as impulse control, responsibility, respect for authority, respect for the rights of others, etc. which are required both for scholastic success and also for getting along successfully in society.

There is considerable advantage to having a cluster of six handicapped groups in one place, rather than to have a single class in one school and others sprinkled throughout the county. There are several advantages to a cluster. First of all, part of why programs for the brain-injured child have failed in certain districts is because there not only was an untrained

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or poorly trained teacher to begin with, but she had no one to turn to to help her over the daily problems she was faced with. If there are a cluster of classrooms, even poorly trained teachers do have the opportunity to compare notes and support each other through the daily problems with which they are confronted. Another advantage is that administratively supportive personnel can go to a single place and provide consulting help to a number of classes at the same time. Similarly, in-service meetings can be held at a given place to benefit those who work together as teachers in the cluster.

Obviously, a prime factor of importance is whether a quality program is being set up or not. To have a quality program, a teacher needs to be properly trained and prepared to take over a class of brain-injured children. Secondly, the needed materials, environmental structure, lesson plans and administrative support need to be worked out in advance. Thirdly, the classroom teacher needs the proper classroom aid to assist her, even with a group of six to eight children. Having the proper type of person as the classroom aid is tremendously important to the progress of the children and to the smooth function of the class.

Although some parents are fearful of the child knowing that he has a brain injury as the cause of his learning and/or behavioral difficulties, the children invariably are relieved to find that the key adults in their lives are able to identify and to face their problem. That means that the problem is not so scary or irrevocable, that the child must continue to run from it. Along this line, the parent counselor is an important part of the habilitative team. If the parents do not receive help, no matter how good a job you do in school, it can be, and usually is, readily undone at home. Parents have a great hunger for and are particularly responsive to an educative kind of counseling which helps them understand why the child does what he does and what they can do to help foster his habilitation.

Two types of classrooms are indicated for the brain-injured child. The first is highly structured to cut down as much as possible on environmental stimuli which, in the beginning, the child is unable to handle. The size of the class should be approximately 600 square feet. Carpeting is recommended as a floor covering because it cuts down on noise, opportunities for distractibility, and also because of its ease of maintenance. Carrels should be provided in the classroom. These help a child to focus on the task presented to him, cutting down on hyperactivity, hyperdistractibility, etc. The carrels should be 3-1/2 to 4 feet in width to enable a teacher or aid to work with the child in the carrel when necessary. Carrels also should be deep enough and to the ceiling to prevent a child from making physical contact with the children in neighboring carrels and disturbing them. Earthtone colors should be used in the classroom, because they provide a neutral background and help maintain the minimal stimulation the brain-injured child needs. Fluorescent lighting is satisfactory for the classroom, but the covering of the lights should be neutral, not patterned so as to cause distractibility.

A second type of classroom is needed for the brain-injured child who has developed basic ego skills and who, therefore, can cope with normal

Dr. Sheldon R. Rappaport - page three

environmental distractions. Such a child needs a classroom which provides a transition from the highly structured one he came from to the large, busy, densely populated classroom to which he will return. Such an intermediary classroom should be at least as large as the other, if not a bit larger. It need not be carpeted, and it can have windows, whereas his previous room did not have them.

While in the intermediary classroom the child will receive further attention on strengthening the basic skills which he has acquired, on moving those skills into the higher order skills, and on filling in the gaps of content which he missed because of his disabilities.

For both the beginner and the intermediary child, art can be an effective means of skill building. However, it requires a teacher who understands the brain-injured child's skill deficiencies and likely behavioral reactions. She further needs to understand that to give such a child "opportunity for free expression" would be to invite disaster for herself and the class equilibrium and to provide no help to the child.

With practically all beginning brain-injured children, music is too stimulating. Frequently, quiet - provided by carpeting and insulated wall and acoustical tile will produce more of a sense of calm than any type of music. As these children gain basic skills and behavioral controls, they do enjoy music properly selected for their current state of development.

The traditional type of physical education involving group games, etc. is a tremendous waste of time for brain-injured children. Instead, they need adaptive physical education which helps them to utilize their motor systems in ways which produce successful experiences for them. Then, after they have acquired such skills, they can be taught the competitive sports which they will need to have facility with when they return to regular classes.

Closed circuit television provides the best method of teacher training currently available. A hidden camera, properly installed is much more satisfactory than one-way vision mirrors and observation rooms. The latter are distracting, invite anyone to walk into the observation rooms and, perhaps, misinterpret what they are seeing, and the children eventually learn that they have an audience. Both the teacher and the class do not need such additional stresses. Additional advantages to the "cluster" concept, as opposed to single classes scattered about geographically, are that that the teachers can keep track of a child who has left her group, thus providing her a greater sense of continuity and fulfillment, and also providing her with more information as to the ingredients for progress; that all staff can meet for a prescribed period of time before classes begin in the morning, providing the opportunity to discuss difficulties and resolve problems on a daily basis; and, with classroom aids there, teachers and supportive personnel (even on a consultative basis) could meet at any time during the day for a demand conference, the purpose of which would be to resolve a crisis which had arisen.



## DR. KATHRYN DICE REIER

The field of Special Education has grown rapidly in the State of Pennsylvania and has been approached in a number of different ways throughout the state. With this growth, which is very evident within Chester County also, and with the present problems faced there, I would recommend that a central facility for certain types of handicapped be constructed. I would define these certain types on the incidence of cases and the nature of the educational program needed. Within this central facility, there should be definite provisions for integrating these children with their "normal" counterparts. This integration can be carried out by:

1. Locating the facility adjacent to a regular school.
  2. Busing the children to a nearby regular school.
  3. Bringing special teachers in for the purpose of integration.
- Solution No. one, of course, would present the ideal situation.

Although the primary function of the facility would be to house classes, I would recommend that it be designed also as a service center to include diagnosis, counseling, and a home base for resource people and itinerant personnel. It could be used effectively for teacher preparation, both of a pre-service and in-service type.

The facility would need to include two, three or four different types and sizes of classrooms. These classrooms should generally be larger than regular classroom size and contain less fixed equipment. The possibility of designing hexagonal rooms for the hard of hearing should be investigated.

An intensive study needs to be conducted within the County on present and projected population, in order to determine the number and type of rooms required for those children not provided for by local districts. The County Medical Society should be consulted when making these projections. In considering trainable mentally retarded, auditorially and visually handicapped, these projections should be made to age 4.

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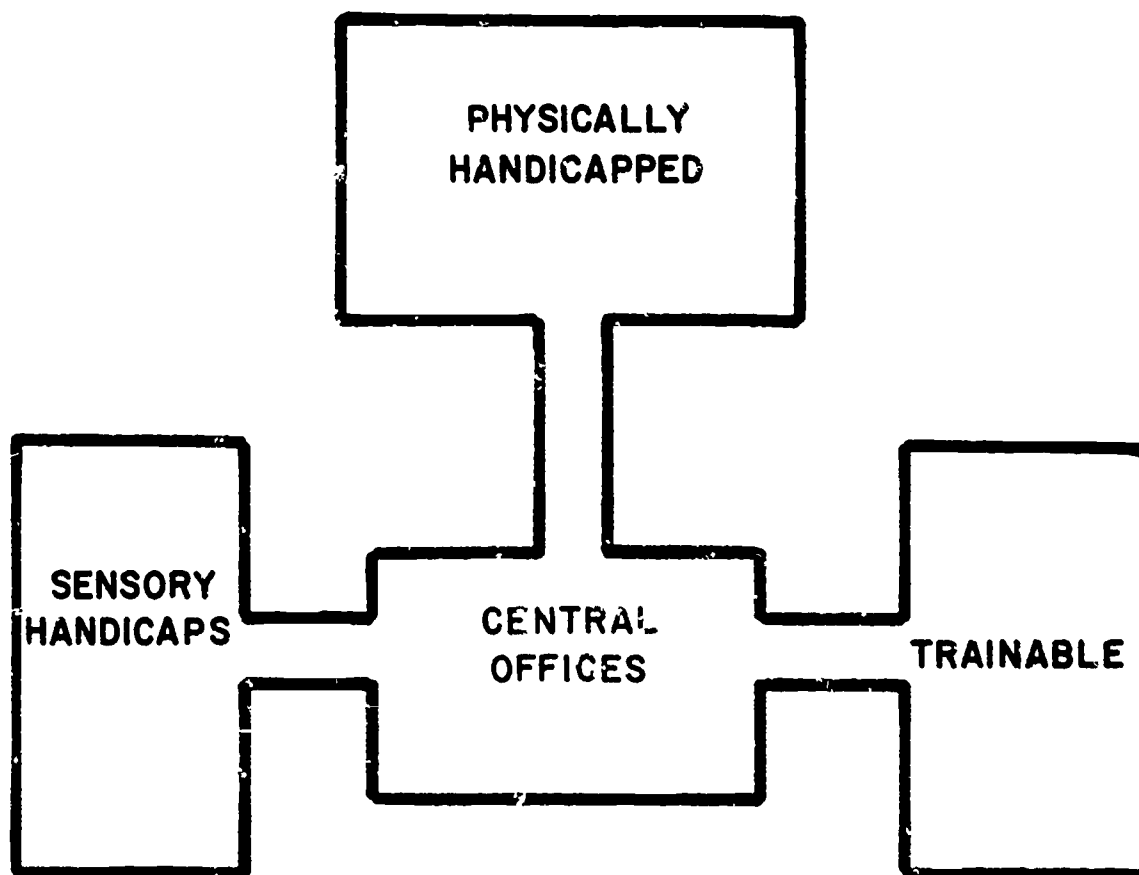
*In seeking the advice of outstanding people, the Special Education Staff of Chester County involved the Director of the Bureau of Special Education, Department of Public Instruction, Commonwealth of Pennsylvania, Dr. Kathryn Dice Reier. Dr. Reier received her training at Johns Hopkins University, Baltimore, Maryland. Post doctoral study was pursued at the University of Maryland, the Washington School of Psychiatry and the Medical Chirurgical Faculty of Baltimore, Maryland. Wide experience in psychiatry and mental hygiene and as Supervisor of Special Education, Allegheny County Schools, Pennsylvania, prior to her present role as State Director, enabled her to give positive direction to the exploration of this project. The previous report, which is included, is the result of a conference held with Dr. Reier for this purpose.*

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The school situation should be a lifelike situation. The facility does not need to be highly specialized and, indeed, should not be. With the over-sensitivity of the children to be included to illness, however, I would recommend that the building be equipped with climate control.

In designing the facility, the architect may wish to consider the possibilities sketched below.

While these are merely conceptions, the first incorporates the "school within a school" idea and can be accomplished by wings or pods in semi-isolation.



Another concept could be the "school in the round", approved with the separations of groups of a given handicap with the use of the common facilities in the center of the building. These concepts are not new, but can be adapted for use in a special education facility.

