

DOCUMENT RESUME

ED 037 868

EC 005 292

AUTHOR Gloeckler, Theodore L. B.; And Others  
TITLE Project Evaluation: The Educational Diagnostic and Planning Center.  
INSTITUTION Educational Diagnostic and Planning Center, Cheyenne, Wyo.; Rocky Mountain Behavioral Science Inst., Inc., Fort Collins, Colo.  
SPONS AGENCY Office of Education (DHEW), Washington, D.C. Bureau of Elementary and Secondary Education.  
BUREAU NO BR-672789  
PUB DATE [68]  
GRANT OEG-4-7-672789-3038  
NOTE 158p.

EDRS PRICE MF-\$0.75 HC-\$8.00  
DESCRIPTORS Ancillary Services, \*Behavior Problems, Case Studies (Education), Changing Attitudes, Clinical Diagnosis, Community Coordination, \*Exceptional Child Services, Handicapped Children, \*Identification, Individualized Instruction, Inservice Teacher Education, \*Intervention, \*Learning Difficulties, Material Development, Psychoeducational Clinics, Special Classes, Special Programs, Teacher Developed Materials, Teaching Methods

IDENTIFIERS ESEA Title III Project

ABSTRACT

Project goals of the Educational Diagnostic and Planning Center were to diagnose academic and behavioral difficulties in their early stages; to design, implement, and improve individualized programs for students with such difficulties; and to establish small halfway classes as a means of gradual reentry to the regular classroom. Further goals called for inservice training, teacher developed methods and materials, coordination of community resources, and changes in attitudes toward success and education and citizenship for all. Activities relevant to each goal are stated; procedures to be used in evaluation are described. Over three-fourths of the document consists of appendixes relating to each of the goals. Technical reports on the goals are cited. (JD)

ED037868

PROJECT EVALUATION:

THE EDUCATIONAL DIAGNOSTIC AND PLANNING CENTER

Theodore L. B. Gloeckler

in cooperation with, and incorporating the  
evaluation design of members of

The Rocky Mountain Behavioral Science Institute, Inc.  
of  
Ft. Collins, Colorado

C. Dean Miller, Ed.D.  
Charles W. Cole, Ph.D.  
Eugene R. Oetting, Ph.D.

Project Number: 672789  
Grant Number: OEG-4-7-672789-3038

Title III  
ESEA  
EDP Center  
Cheyenne, Wyoming

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

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE  
PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS  
STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION  
POSITION OR POLICY.

EC 005 292E

The following section indicates the manner in which the project went about meeting its goals. The degree to which each goal was met has been thoroughly described. The organization of this section has been taken from the original grant application in which, 1) each objective of the project was presented, 2) activities relevant to each goal were stated, and 3) procedures which would be used in evaluation were described. This organization should facilitate both the review of the project and the subsequent utilization of project results.

It should be noted that this project, though primarily of a demonstration type, specified its evaluation plans from the very beginning and provided the personnel and other resources to ensure that evaluation activities would be carried out as a part of routine project operations. There was constant feedback to service and administrative personnel. This provided a means for the constructive redesign of programs and procedures throughout the project as well as providing a mechanism whereby staff activities were constantly oriented to project objectives.

Many demonstration projects lack a formally-structured mechanism for this type of internal evaluation. In such cases, it is quite difficult for the funding agency to retrieve information useful in the design of subsequent projects, information useful in agency and federal policy decisions, and information useful in making the experiences of the terminated project available to other projects. Our experience with this project has shown us that explicit provisions for internal evaluation should be required in any demonstration project.

The Rocky Mountain Behavioral Science Institute, Inc.

The arrangement of this evaluation report conforms to the order incorporated in the original grant proposal. The first section is divided into nine parts, one for each of the major goals of the project and lettered a through i. With each goal statement is the evaluation procedure copied from the grant proposal. An evaluation report follows each of these goals.

The second section contains the appendices. These are lettered to match the goals in section one. Thus Appendix A contains the subsidiary material referred to in evaluation report for goal a, etc.

Many of the sections refer to technical reports of various numbers. These reports have been published, or in some cases, will be published, independently of this evaluation document. Those already completed have been submitted to the funding agent. Those not yet completed will be submitted prior to the expiration of funding.

---

This evaluation is a result of the work of the entire staff of the Educational Diagnostic and Planning Center. Many individual staff members organized and prepared the reports included in the appendices. Grateful acknowledgement is also given to the two secretaries in the Center who deserve much of the credit for typing and compiling this document as well as maintaining much of the data on which it is based.

The present staff of the Center includes:

Director - Charles J. Wing  
Program Coordinator - George F. Storey  
Education Specialists - Doris Boettcher  
Merrilyn Borthwick  
Virginia Clark  
Barry Cowing  
Mary Lou Doran  
Robert Harrington  
Center Social Worker - Gloria Werner  
Center Nurse - Sally Jo Prigge  
Speech and Hearing Therapist - Nina Smith  
Counselors - Florence Moudy  
Theodore Gloeckler  
School Psychologist - Phyllis Kinney, Ph.D.  
Psychological Technician - Patricia Fleming  
Consultants - B. J. Fitzgerald, Ph.D., Psychologist  
Carole Rapp Stone, Learning Disabilities Specialist  
Secretaries - Vicki Nidelkoff  
Wilma Fox

Ted Gloeckler

a. To diagnose academic and behavioral difficulties in their early stages.

The diagnostic function of the EDP Center will be to provide services for the schools as well as to provide referral to other agencies where appropriate. The Center will also attempt to identify those factors in the child, his home, and school environment which are predictive of learning and behavioral difficulties in order that students may be located and preventative action initiated prior to adjustive breakdowns. In order to meet this objective formal evaluation will procede along several lines:

- (1) A narrative report will be prepared, describing the procedures that have been developed for testing and diagnosis; the numbers and types of deficiencies revealed through these procedures; the effects of such procedures on the early identification of difficulties; and the manner in which such procedures have been integrated in the school system and into the planning of individualized programs.
- (2) A report will be prepared describing the coordination of available information from other agencies with that from the schools and the use of this information in the early identification of academic and behavioral problems.
- (3) A longitudinal study will be undertaken to determine the effectiveness of the Check List of Potential Dropouts in the prediction of behavior problems which result in dropping out of school.
- (4) Teacher ratings of student behaviors will be studied to determine the relationship of such ratings to academic and behavioral problems and their value in early diagnosis.
- (5) The attitudes of students toward school will be studied in terms of satisfaction and dissatisfaction in order to obtain information predictive of breakdowns in school adjustment.

The narrative report describing procedures developed for testing and diagnosis is incorporated in Technical Report No. 7, and Technical Report No. 8, both titled DIAGNOSTIC PROCEDURES AND THEIR INCORPORATION IN THE PLANNING OF INDIVIDUAL REMEDIAL PROGRAMS. These two reports detail Center operations and use case studies to illustrate the processes. Included in report No. 7, is a description of the manner in which material from other agencies is used in program planning and this latter point is expanded in section h of this document.

The application for continuation of the grant submitted on December 14, 1967, stated: "Preliminary examination of the data suggests that the original classification system presented in the grant proposal is not relevant to planning for treatment. It now appears that each of the cases must be dealt with individually, therefore, while it is possible to classify the deficiencies, the classification is not meaningful in the preparation of a remedial or treatment program." Reference to this point was also made in Technical Report No. 1, THE FIRST TWO HUNDRED CASES, published by the Center in December, 1967, and submitted to the funding agency at that time.

The staff of the Center has become increasingly convinced of the value of early identification of academic, learning, or emotional difficulties. It was for this reason that the scope of the project was changed from K-12 to K-6 at the time of re-funding and via the continuation grant proposal of December, 1967. In line with this, the Center is engaged in a new project investigating the viability of using data readily available on each child in the school system, as a basis for screening of a large population for possible learning disorders. The work of Dr. Helmer Myklebust, et.al. of Northwestern University has given impetus and direction to this approach.

Two classes of second graders from each of six elementary schools have been selected as a population for the preliminary study. Data have been gathered on these children and already a number have been identified as possibly having learning disorders. These children, and a representation of those not so identified, will be tested more extensively to see if the predictions are verified. Should the results be favorable, it will be possible to institute mass, economical screening in the Cheyenne system this year. The work of this study will be reported in a technical report later this year.

The logitudinal study of the effectiveness of the Check list for Identification of Potential Dropouts is in progress. The form was completed for approximately 1000 pupils during their eighth grade in the school year 1966-67. These pupils have not entered high school and data on each are being gathered. Once the dropouts from this population have been identified, the responses on the original forms will be examined to determine which items had the highest predictive validity and to evaluate the usefulness of form. A technical report on these results will be published in the spring, 1969.

It was stated that teacher ratings of student behaviors would be studied to determine the relationship of such ratings to academic and behavioral problems and their value in early diagnosis. In satisfying this goal, the Early Prediction Scale has been developed by the independent evaluation team, the Rocky Mountain Behavioral Science Institute, Inc. Teacher ratings have been obtained on selected samples of referred and non-referred students in two school years. The preliminary data indicated such highly significant differences that further work is now being done with this instrument which should result in an indication of the validity of the early results. Upon completion of the present investigations, a report will be submitted summarizing the work with this Early Prediction Scale.

Two formal studies have been initiated in the assessment of students toward school. The first was an examination of the absence patterns of children before and after their involvement with the Center. This report is included in Appendix A. In addition, Appendix C contains pre and post written statements by children enrolled in a Center Halfway Class.

The second major study is concerned with the measurement of school attitudes on both verbal and non-verbal instruments developed for this purpose by the Rocky Mountain Behavioral Science Institute, Inc. and administered to children in grades one, three and six in selected schools in Cheyenne. The results of this study will be presented in a technical report during the spring, 1969.

#### Summary Statement

The members of the staff feel strongly that the realization of this goal of early identification is not only important in the work of the Center but that it is imperative that this goal be instituted and given highest priority among projects directed toward the improvement of educational processes.

Several steps might be taken:

1. Teachers need to be involved. They first must be made aware of the child and his individual functioning as basic to the achievement upon which decisions are so often based.
2. Inservice training sessions need to be conducted which will permit classroom teachers to recognize and use the wealth of diagnostic information, often neglected or overlooked in the concern for final scores, which is available in the guidance files of most children.
3. There needs to be a more widespread use of the many fine diagnostic instruments available for use with children in the primary grades. Again it would be necessary to instruct the teacher in the meaning and proper use of the resulting data.
4. The development of new, reliable, and valid diagnostic tools needs to be encouraged. These tools should not be directed toward measuring a

child's achievement in relation to his peers, but should attempt to evaluate the child's individual developmental and growth patterns and learning processes so the school might be provided with this basic and valuable information on which to base the child's individual learning experiences.

**APPENDIX A contains:**

1. List of tests available for use in the Center
2. Report: Absence Patterns and School Satisfaction

**See also:**

1. Technical Report No. 1: THE FIRST TWO HUNDRED CASES, published December, 1967.
2. Technical Report No. 7: DIAGNOSTIC PROCEDURES AND THEIR INCORPORATION IN THE PLANNING OF INDIVIDUAL REMEDIAL PROGRAMS, PART I, published January, 1969.
3. Technical Report No. 8: DIAGNOSTIC PROCEDURES AND THEIR INCORPORATION IN THE PLANNING OF INDIVIDUAL REMEDIAL PROGRAMS, PART II, in preparation.



b. To design individualized programs for students with particular behavioral or educational problems that otherwise might lead to school failure; to put such individualized programs into effect, and constantly to improve them in the light of experience.

Following diagnosis, project staff and educational specialists working in conjunction with school personnel will design a corrective program geared to the needs of the individual student. These programs are not limited to any specific approach but may include such things as counseling of the student, consultation with parents, special classes and learning materials. Each program will be as much of a "total-push" program as possible. Since each program will be to some extent unique, it will not be possible to evaluate the effects of specific programs; however, it will be possible to evaluate the effectiveness of the over-all approach. In this area, evaluational activities may be approached in several ways:

- (1) A narrative report will be prepared, describing in detail examples of programs that have been developed throughout the project. The relationship of these programs to the diagnosis of the behavioral or academic problems of the student will be specified. The effect of the program on the educational development of the individual child will be illustrated via case studies. The report will include as well data on the number of programs planned and implemented, the number of children successfully completing programs and continuing in school, the number of children not completing programs, and the educational outcome for this group.
- (2) Standardized tests of reading and other appropriate achievement areas will be administered within a reasonable time before the student enters the special programs, and similar tests will be used after completion of the program in order to assess the effect of the individualized programs on academic performance. Other measures such as grade point average will be considered as well.
- (3) The attitudes of the child toward the school and of the teacher toward the child will be measured both before and after the individualized program experience in order to assess the impact of the program upon behavior-relevant attitudes.

One of the crucial tasks of the members of the staff of the Educational Diagnostic and Planning Center is that of translating diagnostic information into specific individualized programs. Extensive work has been done in the area, which is, essentially, the distinguishing characteristic of the Center's operations. Detailed reports of this process are being published in Technical Report No. 7, already published, and Technical Report No. 8, in preparation. The reader is referred to those documents for complete information.

In compliance with the evaluation procedures outlined in the grant proposal, case studies illustrating the accomplishment of this goal of individual program planning, are presented in Appendix B. These studies are:

- No. 1: Mental Retardation with Organic Etiology
- No. 2: Communications Disorder
- No. 3: Learning Disability, Motor Problems and Emotional Complications
- No. 4: Brain Damage Requiring a Counseling Program
- No. 5: Underachievement

Data are included in Appendix B which list the numbers of such programs planned as well as the number of those cases still in progress, not completed, or for which no individual program was created.

As each case progresses, evaluation continues and the resulting data reflect the progress of the Center's work. Such continuous assessment is described in Technical Report No. 7, referred to above. Following the termination of a program, each education specialist or counselor makes periodic check with the school to see if the improvements are maintained.

As goal g in the grant proposal suggests, evaluation of growth and performance cannot be limited to an examination of the grades and achievement scores earned by the child. Changes in peer relationships, self-image, motivation, deportment, attitude, etc. are important. The teachers' and parents' comments reported in Technical Report No. 4, SURVEY OF ATTITUDES OF PARENTS AND TEACHERS TO SERVICES PROVIDED BY THE EDUCATIONAL DIAGNOSTIC AND PLANNING CENTER, give evidence to these improvements. The case studies presented in Appendix B also illustrate this point.

Therefore evaluation must be based on more than statistical data. Other subjective information is important. The Center uses the following sources to gain information on the progress of a case:

1. Report card grades.
2. Progress shown in testing regularly conducted in the schools.
3. Reevaluation by the Center during the program.
4. Teachers' comments.
5. Reports from the parents.
6. Reports from the Center workers.
7. Characteristics Forms (see also: evaluation of goal g)

Appendix B contains samples from the Center files illustrating each of these sources of information and the kinds of data they present.

Goal b also suggests that attitudes of the child will be examined. The evaluation of goal a describes the current work in the measurement of attitudes and Appendix A contains the report on a study of absence patterns as a possible source of attitudinal information.

#### Summary Statement

It is again the opinion of the Center staff that this goal of individualizing instruction needs to be assigned high priority along with a goal concerned with early diagnosis. The one precedes the other in practice.

One distinguishing factor in the American system of government is the belief that its power ultimately lies with an educated and informed populace. Therefore, commensurate with this, the American system of education adopted the revolutionary idea that all children be given the opportunity to learn, grow and develop to their fullest capacity.

All such goals are limited by practical reality. However, as research and progress is made, education should adopt those procedures which will bring us closer to this goal. At the present, individualization of instruction is, for the most part, an attractive phrase. Little has been done to make it really possible. The procedures developed in the Educational Diagnostic and Planning Center are not a panacea answer to the problem but they have demonstrated the value of individual attention and have contributed methods of individualizing instruction which may be valuable considerations in future planning.

As Western culture has taught us the value of human life, it must now continue to teach us that it is necessary also to make that human life meaningful beyond mere survival.

APPENDIX B contains:

1. Five case studies as listed above.
2. Report: Status of Cases
3. Report: Types of Continuous Evaluation of Individual Cases

See also:

1. Technical Report No. 4: SURVEY OF ATTITUDES OF PARENTS AND TEACHERS TO SERVICES PROVIDED BY THE EDUCATIONAL DIAGNOSTIC AND PLANNING CENTER, published September, 1968.
2. Technical Report No. 7: DIAGNOSTIC PROCEDURES AND THEIR INCORPORATION IN THE PLANNING OF INDIVIDUAL REMEDIAL PROGRAMS, PART I, published January, 1969.

c. To establish small halfway classes as a means of gradual reentry to the regular classroom and school acceptance as an adjunct to individualized programs.

Halfway classes were established in three elementary schools in the system. Each of these was taught by an education specialist from the Center and a counselor was assigned to each group. Structure for each class was somewhat different.

Halfway classes were not established in the fall of 1967. Whereas the earlier experience was valuable in guiding the Center administration and staff toward more effective organization and management of such classes, and although the value of such classes was not in question, it was found that transportation could not be provided by the school system by which the children in the various schools could be brought together to form the proper groupings for such classes.

A special program has been initiated, however, which is similar to the halfway class concept. Two classes in self-concept improvement are being taught to two groups of adolescents. A similar program has been highly successful when used for adolescent delinquent girls in Cheyenne.

During the first year of operation, halfway classes were established in three elementary schools. In one school, pupils were transferred from other buildings to be available for this service. The transportation in this transfer was provided by a parent of one of the children in the program.

**Churchill School:** One halfway class was begun on February 6, 1966. Five 6th graders and one 5th grader were enrolled. Academic remedial work was done for four days of each week with the fifth day devoted to group counseling. Mrs. Merrilyn Borthwick was the teacher; Mrs. Joye Fuller, the counselor. Appendix C includes a description of this class and samples of essays written by pupils.

**Henderson School:** One halfway class was established on April 10, 1967. The teacher was Mrs. Beth DeFratis. Two children were transported to Henderson by a parent to be available for this class.

**Bain School:** Fourteen children were selected by the faculty to participate in a halfway class centered on reading problems. The education specialist from the Center was Mrs. Carolyn Vestal. The children met in various sized groups on a staggered schedule.

The halfway classes were not as successful as anticipated, not necessarily in the value to the pupils but in the administrative arrangements concerning them.

Some problems were unique to the particular school. At Henderson it was noted that teachers resented the children who were transported in for the special class. Whereas, they met with the Center teacher in the morning, there were assigned to regular classes for the afternoon. The afternoon teachers did not believe it fair to have problem children from other school areas assigned to their classes.

At Bain, some problem was encountered in the small groups coming and going to classes and particularly in relation to their work in the regular room.

The halfway class experience gave the Center other guidelines and suggestions; it was found, for instance, that much more work than expected needed to be done with the faculties of the schools in which the classes were located. Also, despite the attempts at grouping, it was found that it was unwarranted to begin a halfway class with the children with problems in the one school. Additional grouping as to age, problem area, emotional functioning, etc., was more desirable. Thus it would be necessary to transport children to schools other than their own to achieve this needed homogeneity.

There was, however, no such transportation available. For this prime reason, halfway classes were not initiated in the fall of 1967.

Two other halfway-type classes were begun, however. Classes in self-concept improvement were taught to two groups of adolescents, one in the Chaplin Special School, and one at Central High School in the pre-vocational program. These were taught by Mrs. Fran Osborn, a certified occupational therapist. A report with pre and post testing has been submitted via Technical Report #5: AN EVALUATION OF SELF-CONCEPT GROUPS WITH MARGINALLY-FUNCTIONING ADOLESCENTS.

#### Summary Statement

Despite the discontinuance of Half-way Classes in the Center's operation, the staff still believes that such grouped learning is viable. It may be economically necessary. In addition to the transportation problems which plagued this Center, other areas of concern are indicated.

1. Much care must be taken in grouping the children. Since individualization of instruction remains basic, even in these small classes, grouping on the basis of similar problems, especially as those problems are revealed in the diagnostic instruments, is less important than grouping on the basis of personality compatibility.

2. The term "Half-way Class" should be abandoned.

3. It is imperative that the staff of the school in which the class is located be thoroughly acquainted with the project.

4. It is desirable to schedule students and classes in a manner compatible with the scheduling in the rest of the school. However, this cannot be the determining factor in scheduling. The work with the child must supercede the convenience of other teachers.

5. The pupils must be aware of why they were assigned to the class. They need to be continually encouraged and supported since it has been the Center's experience that such classes soon earn venalistic titles among the other children.

6. The teacher or teachers of such classes must remain involved in the work of the sponsoring organization and have duties and interactions other than those limited to this class. It is only in this way that the teacher can remain involved and alive professionally. It is suggested that this might be applicable to the schools in general. Professional interaction and stimulation other than that received in after-school sessions which do little other than prolong the school day, might be helpful in determining stagnation and rigidity which often characterizes the behavior of experienced teachers.

Appendix C contains the following items:

1. Halfway class report written by a teacher of such a class.
2. Group counseling in a halfway class by a Center counselor.
3. Copies of essay, written by fifth and sixth grade boys enrolled in a halfway class.

See Also:

1. Technical Report No. 5: AN EVALUATION OF SELF-CONCEPT GROUPS WITH marginally-functioning adolescents, in preparation.



d. To conduct inservice training of school personnel in ways of handling students with special educational disabilities.

In addition to those projects and procedures already described in the report of December 14, 1967, other inservice training courses have been provided. Mr. Kenneth Tye, assistant to Dr. John Goodlad of the University of California presented a workshop on the non-graded school, for administrative personnel in the region on April 26 and 27, 1968. Two inservice workshops were offered in the fall of 1968 by Mrs. Carole Stone and the Center staff on learning disorders.

The Educational Diagnostic and Planning Center views the problem of inservice training on more than one level. The infusion of the work of the Center into the school system is in itself a form of inservice training. Another level is realized as individual education specialists meet with teachers of children referred to the Center. The formal courses offered by the Center constitute still another aspect of this operation.

Technical Report No. 4: SURVEY OF ATTITUDES OF PARENTS AND TEACHERS TO SERVICES PROVIDED BY THE EDUCATIONAL DIAGNOSTIC AND PLANNING CENTER, already submitted to the funding agency, attests to the influence of the Center on the school system. This report, based on a quantified questionnaire, indicated that, in addition to satisfying other goals, 75.51% of the teachers surveyed had increased their insight into the behavior problems of children.

The practice of inviting the principal and classroom teacher to the staffing conferences, as already described, is another form of inservice training. The review of academic, psychological, health, family, and other data by members of the staff, with the visitors participating, is instructive to these school personnel. The deliberations and amalgamations of the data presented create an awareness of the multiplicity of factors at work in the life of the child and make the teacher and principal more sensitive to his needs.

At the opening of each school year, the staff members meet individually with the teachers who will be having the referred children in their classes. This is done for some inactive cases as well as for all active cases. These conferences stimulate the teacher's thinking and help him to work effectively with the child under his care.

Frequently, as the teacher has had more experience with an individual child, a conference between the education specialist and the teacher centers around a behavior characteristics checklist. Together the two complete appropriate sections of this form and then, at the end of the year, they again cooperate in filling out an identical form. As they then compare the two, the teacher can often see in her own evaluation, progress in specific accomplishments not limited to the academic area. In this way the Center is also satisfying the objectives of goal g concerned with broadening of teachers' concepts of growth and success.

Two part-time consultants are made available to the schools. Both Dr. B. F. Fitzgerald and Mrs. Carole Rapp Stone have visited with faculties and individual teachers, not limited to those who have referred children to the Center.

### Summary Statement

It is probably not possible to overestimate the importance of inservice training in a project such as the Educational Diagnostic and Planning Center. The successful implementation of innovative programs or even merely new operating procedures depends largely on the acceptance of those teachers and principals who will be directly affected.

At the start of this project, before any referrals were accepted, the entire staff of the Center met with each school faculty in the system. In addition, individuals and small groups continued to meet with faculties, on request, and made presentation to most Parent and Teacher Association groups in the schools. Talks were also given at the teachers' professional organizations and for community groups.

Despite these efforts, the Center was aware that its philosophy continued to be misunderstood. The state evaluation team in the fall of 1968 recognized this problem and saw the need for remedy. They suggested that teacher's needed to be reoriented from their view that what work they did for a child referred to the Center was their service to the Center. The report saw it necessary that teachers recognize the Center as a supportive agency to them and that the prime responsibility for a child in school is that of the principal and the classroom teacher.

Additional problems in communication have been encountered. As the Center personnel necessarily work in the school throughout the day, there is frequently not opportunity for consultation with the classroom teacher. It is not always possible for the specialist to complete work in one school at the end of the day and then return to another school for a teacher conference. Only recently have some principals and teachers responded to persistent invitations to observe the work of the specialist with the child. Where this has occurred, it has been very rewarding.

Informal work in the schools has been well accepted. One junior high school principal who was not receptive to the Center at its initiation in the system, made a significant change in attitude and stated that of value to his school were (1) the idea that the school and the teacher were directly responsible for each child and (2) that the case conference method of examining problems was both rewarding and productive and usable in the school setting among the resources available there.

Formal courses, such as those on learning disorders, have been well accepted. Helping this situation has been the release of the teachers from their duties in the school. It would seem that such a system needs to be considered by school systems. Too often is the teacher expected to retain professional competencies on a "get-it-if-you-can" basis in hurried and poorly-timed sessions following the full working day. It would also be helpful if teachers were surveyed as to their needs in the area of inservice and an attempt made to satisfy these as well as introduce the teacher to areas about which they may have little knowledge.

On the more formal level, the Center has conducted several inservice training workshops. These have included:

1. A workshop on behavior management conducted by Mr. Axtell and Mr. Haase; Spring, 1967.
2. A workshop on the non-graded school conducted by Mr. Kenneth Tye, assistant to Dr. Goodlad of the University of California, for administrators and special personnel; Spring, 1968.
3. A two-day workshop on learning disorders conducted by Mrs. Carole Stone; Fall, 1968.
4. A two-day workshop on learning disorders conducted by the Center staff; Fall, 1968.
5. A workshop on learning disorders and school problems conducted by Mrs. Stone, Dr. Fitzgerald and the Center staff at Wheatland, Wyoming; January, 1969.
6. A workshop conducted by Dr. Edward Frierson of George Peabody College of Education, for administrators and special personnel, January, 1969.

More comprehensive reports on each of the workshops are contained in Appendix D. Technical Report No. 6: A REPORT ON AN INSERVICE TRAINING WORKSHOP ON LEARNING DISABILITIES, already submitted to the funding agency, describes the evaluation procedures and resulting data on one of these workshops.

APPENDIX D contains:

1. Reports on the various workshops sponsored by the Center.
2. Unsolicited letters of response to these workshops.
3. Newspaper articles about these workshops.

See also:

1. Technical Report No. 4: SURVEY OF ATTITUDES OF PARENTS AND TEACHERS TO SERVICES PROVIDED BY THE EDUCATIONAL DIAGNOSTIC AND PLANNING CENTER, published September, 1968.
2. Technical Report No. 6: A REPORT ON AN INSERVICE TRAINING WORKSHOP ON LEARNING DISABILITIES, published October, 1968.

e. To develop teaching methods and materials needed for atypical students and to improve these through continual trial and reexamination.

The educational specialists and the counselors have developed some special materials and techniques and reports on these are in preparation. However, one of the findings of this project has been that many commercial materials are already available and can be adapted for use with children in this group. The program descriptions and case studies being prepared describe the use of these materials. Many publishers are beginning to move into the area of work with the atypical child and more materials are becoming available. The problem is now not one of lack of material but awareness of the materials available.

Achievement of the goal of developing methods and materials is satisfied in a somewhat indirect manner due to the unique situation and philosophy of the Educational Diagnostic and Planning Center.

The grant proposal was written in the belief that professionally trained workers could be found in the areas of diagnosis, learning disorders, special education, etc. However, it was discovered that no outside help was available on a full time basis and that state certification requirements precluded the securing of a psychologist for the project. Therefore, the Center was staffed with experienced teachers, counselors, and others from the Cheyenne school system.

Early months of the project combined daily work with staff training. Support was found staff inservice training with extensive trips which permitted the personnel to visit other centers, school systems, and universities. By this method and individual initiative in study and practice, the Center employees became skilled in the many approaches, techniques, and methods developed by other professionals in the field.

This process left little time to permit a wealth of original material to be created. Some was, however, and a report is included in Appendix E. Such work was also limited by the itinerant basis of operation under which the Center specialists move from school to school. Thus, numerous, large, or bulky materials could not be used.

There is another area, however, in which the Center has had outstanding achievement. It had been noticed in visits across the country, from the consultants and from the literature, that a gap frequently exists between diagnostic agencies, consultants, and the classroom. It has been the work of the Center to close this gap in the present project; to provide a continuity between diagnosis and remediation; to incorporate the many individual aids, methods, materials, and techniques already developed but isolated, into a unified, dynamic, individual approach to the child and his problems. The two technical reports, numbers seven and eight, describe this work in detail and contain case studies for illustration.

Members of the staff did develop an arithmetic concepts test in the absence of a suitable published battery in this area. Mrs. Merrilyn Borthwick and Miss Doris Boettcher researched the area thoroughly and finally created a short instrument satisfactory for inclusion in the group of tests available at the Center.

The Characteristics Checklist, described in section d, is another original product of the Center staff.

In their visits to other projects, staff members have gleaned ideas for techniques and aids and have, with permission, reproduced these for personnel of the Cheyenne school system and specifically for teachers working with handicapped children. The Center also maintains lists of materials and professional tests which are available from the project. Parts of these are included in Appendix E.

One area in which innovative work has been performed is that of the Perceptual-Motor Program. Mr. George Storey of the Center staff initiated the water therapy program in conjunction with this area, and Mr. Robert Harrington, specialist in physical education, has expanded and directed this effort. Only recently has the Center learned of one other similar program in the country. A report on the water program is included in Appendix E and another is in preparation for submission for professional publication.

Also being prepared is an article for publication on the counseling aspects of the Center's work. Appendix E contains a report containing the nucleus of this writing.

#### Summary Statement

The report above describes the change in impetus from the development of individual teaching techniques to that of total program development. Experience over the past three years has reinforced the Center staff's belief that these environmentally caused limitations were, in the end, quite beneficial. We now believe in the total thrust in making teachers aware of the myriad sources of children's problems, the use of material readily available in the school for diagnosis and remediation, the use of conference techniques and the resource personnel in meeting problems, and the new discoveries in the diagnosis and remediation of learning disabilities, as well as techniques of designing total programs, is an important contribution. Many workers across the country are developing individual techniques in their work with children while fewer school systems are working toward this total approach. We believe the experiences encountered in this Center can be beneficial in the future as the schools change and new programs are introduced.

APPENDIX E contains:

1. List of professional books in the Center library.
2. Partial list of materials available from the Center.
3. Report on the Water Therapy Program.
4. Report on the Counseling Programs.

f. To encourage teachers to be more creative and resourceful in designing their own special materials and methods for atypical students.

Teachers and principals are invited to participate in the staffing conferences held on each case after testing and evaluation has been completed. The Center provides a substitute teacher for the classroom so the child's teacher can accept the invitation. Since the staffing does not take a half day, the time for which the substitute has been hired, the teacher can remain at the Center after the staffing recommendations have been made, and confer with the staff members. Materials are shown and demonstrated and new approaches are discussed based on the problems which have just been presented in the staffing. Ways of adapting the materials to the particular child are also considered. In addition to these, the staff members encourage the teacher to become flexible in adapting her own personality and teaching techniques to meet the challenge of the atypical child and to explore new ways of helping him.



The first teacher-initiated activity resulting from the influence of the Center occurred at the beginning of the second year of the project. The teachers at Bain Elementary School, through their principal, requested help in establishing a screening committee. This group was first to have the function of deciding which children in the school should receive priority in being referred to the Center. As the work progressed, with the aid of a Center staff member, the teachers found the committee also has a useful place for solving problems within the school and thus precluding referral to the Center. Suggestions were made for remediation and teachers gain a new perspective in dealing with children's problems. In addition, the professional dialogue about children's problems supplanted much of the "lounge discussion" which can be so damaging to children.

At the beginning of the third year, staff members were appointed as liaison persons to individual schools. In this capacity they were able to encourage other schools to try the screening committee approach and to date about five other buildings have established such groups.

Many teachers used materials from the Center with their classes. A report of this and their evaluations is contained in Technical Report No. 4, "SURVEY OF ATTITUDES OF PARENTS AND TEACHERS TO SERVICES PROVIDED BY THE EDUCATIONAL DIAGNOSTIC AND PLANNING CENTER."

As a result of the success with these materials some teachers tried other new approaches and home-made teaching aids. Several teachers have shown unusual initiative in exploring new problems and providing classroom help on their own. This has been to some extent a result of the various Center workshops. A report of one teacher's work following a Center presentation is contained in Appendix F.

#### Summary Statement

This has been one of the most difficult goals to assess. It is often the case that many excellent teachers have been motivated to help children and have taken individual action to provide additional help in creative ways. But they do not often volunteer attention to themselves and see nothing unusual about their work. Because of these factors also, a valid assessment of success in the accomplishment of this goal is not possible.

However, in any similar project, the goal would be an important one to include. It is through such programs of individual teacher initiative that many children are helped and prevented from becoming candidate for referral to the school psychologists, special personnel or agencies such as ours.

Appendix F contains

1. A report of one teacher influenced by the Center to individual initiative.

g. To help teachers, students and others refine their conception of success in evaluating the growth and performance of those with special problems.

This activity is built into almost every part of the Center's program. The staff-teacher consultations, the staffing conferences, the public service presentations, the inservice training courses, and the talks given to faculties and parents groups all reflect this emphasis.

It is nearly impossible to document the major work which has taken place in relation to this goal. The very existence of the Center itself, all contacts between the Center staff and school and community personnel and parents, are instrumental in working toward this end.

**School Screening Committees:** One elementary school in the Cheyenne system, in the first year of Center operation, requested help in establishing their own screening committee. Teachers meet before and after school to discuss problems presented to them by their peers and often this interaction resulted in suggestions for help which precluded the child's being referred to the EDP Center. A Center staff member was usually in attendance during the first year of this project and he could take opportunities to instruct and guide the thinking and work of the staff. Other schools have been encouraged to inaugurate such committees.

The principal of one elementary school has stated that one of the major effects the EDPC staff has had on his faculty was in this area of communications. He suggested the teachers were more willing to admit to being baffled by children's problems and were more willing to discuss these problems among themselves in search for solutions. The principal of the city's largest junior high school reported in a similar vein. Following termination of direct services to the secondary schools, Center staff members still met with teachers in the junior high and high schools to provide continuity with children who were referred earlier. The principal gave much credit to the Center staff for being instrumental in guiding him and his staff in the team-conference method of looking at children and their problems effectively and urged other schools to take advantage of this service.

The Inservice Training programs described in Section d have also been instrumental in achieving this goal of encouraging others to see the child in a broader perspective.

Technical Report No. 4, SURVEY OF ATTITUDES OF PARENTS AND TEACHERS TOWARD SERVICES PROVIDED BY THE EDUCATIONAL DIAGNOSTIC AND PLANNING CENTER, has substantiated success in this area. The report states in part:

"Many feel that the Center's programs have increased their insight into the behavior of children (75.51%).

"Where formerly they (the teachers) seem to have, for the most part, considered individual educational programs a waste of time, individualization in all its forms, from counseling through special remedial programs, is now seen as a key factor in many cases where the Center's intervention has been successful.

"...the current survey documents the fact that (1) teachers are more aware of the problems of children, (2) they are more aware of the available resources of materials which can be brought to bear within the context

of the school, and (3) the behavior of many children changes in positive directions as an apparent consequence of individual intervention."

Data are still being collected on a major study of the attitudes of pupils and teachers in the schools and a device for the measurement of attitudes at an early age. Results of this research project are scheduled to be reported in Technical Report No. 10.

In the work of the Center, the counseling programs have had as one major emphasis the realization of this goal. Parent counseling both individually and in group sessions have encouraged parents to view their children in a positive light and see the varied areas of growth, while the pupils are being encouraged toward more positive self images. The Self-Concept Groups reported in Technical Report No. 5 are examples of this work.

**Characteristics Forms:** The education specialists of the Center devised forms applicable to various age levels on which lists of characteristics appear. These include personal, health, emotional, mental, experience, and behavior descriptions. The purpose of the form is to focus the teacher's attention on those non-academic areas of development which are important and which are not always reflected in academic grades. The education specialist meets with a teacher at the first of the year to complete such a form on a child referred to the Center; at the end of the year the form is completed again and the differences in the teacher's own evaluation are examined. This certainly assists the teacher in gaining a more comprehensive view of the pupil and, it is assumed, of pupils in general. A copy of this characteristics form appears in the Appendix.

#### Summary Statement

It is nearly impossible to separate the objectives of goal g from those of goal f. The Center's conclusions concerning the achievements of these goals are also similar. Helping teachers reform their concepts of success becomes an integral part of inservice training and little is accomplished without this accompanying change in attitude.

- h. To coordinate school, home, and community resources in assisting pupils with academic and behavioral difficulties.

The Educational Diagnostic and Planning Center, in attempting to provide diagnostic, treatment, and consultative services to the educational community, must give considerable emphasis in its programming to the coordination of all available community resources. The degree to which this objective is met will be described in a narrative report. This report will detail the procedure used in bringing the home, school, and other resource agencies together. It will describe the manner in which these sources were involved in the planning and implementation of assistance programs. To the extent possible, follow-up information will be obtained concerning the outcome of coordinated efforts, and case studies will be used to illustrate the process of agency coordination in providing help for children.

Center contact and cooperation with other agencies and individuals serve the purposes of providing additional information and aids for children as well as for maintaining productive communications.

In working with children, the Center finds it necessary to solicit available information from the school, parents, physicians, and other agencies. These data are incorporated in the staffing reports and contribute directly to the planning for remediation. This process is described in detail in Technical Report No. 7, referred to earlier in this document.

When it is discovered that a family has been involved with another agency, release of information forms are secured and contact is made. Should several agencies or professionals be concerned, it is a common practice to hold an interagency conference to coordinate work with the family. Case Report No. 1 in Appendix H is a transcription of a report of such a conference.

In several cases the Center has chosen to play a secondary role. We recognize the unique facilities and offerings of other groups. When extensive family counseling of a mental health nature is indicated, for example, the Center might defer to Southeast Wyoming Mental Health Center. The EDP Center would continue with the case only under the direction of the mental health worker. Then, too, a number of cases have been referred directly to other agencies after the screening or diagnostic workup at the EDP Center. Case Report No. 2 in Appendix H describes such a situation.

The inservice training programs described and evaluated elsewhere also satisfy part of this goal of coordination of home, school, and community activities. The individual and group parent counseling similarly works toward this end. In the fall of 1968, the Center social worker and the senior counselor began a series of evening courses for small groups of parents. Appendix H contains a report of one of these groups.

Prior to the Center's opening in 1966, representatives of the staff and the planning committee visited the offices of the various helping agencies in the community and surrounding locales. They explained the purpose of the project and enlisted the cooperation of those visited. Many letters of support which resulted from these meetings were contained in the grant proposal.

Following the Center opening, Dr. Dean Talagan, Director, continued the effort toward interagency cooperation. On November 18, 1966, an open house and tea was given at the Center for representatives of the Wyoming State Department of Education, the State Department of Public Welfare, the State Department of Public Health, and other similar agencies. Thirty-five persons attended this event.

Similar meetings were held for the Child Development Center, Cheyenne Schools Special Personnel, the Education Committee of the Cheyenne Chamber of Commerce, etc. The purpose of these meetings was to explain the work of the Center and establish lines of communication. Such public relations work has done much to insure excellent relationships among the Center and other professional groups.

Community recognition of the Center's work is also evidenced by the donation, by a local doctor, of a clinical audiometer. A newspaper report of this appears in Appendix H.

Each year, two advisory boards are appointed to provide liaison with the schools and with the community. Appendix H contains lists of current members of the School Advisory Board and the Lay Advisory Board.

#### Summary Statement

The Center recognizes the importance of interagency work in achieving the goals and the project. Many successfully completed cases were the result of such cooperation. Time and effort spent in establishing and maintaining lines of communication are well expended.

Appendix H includes:

1. Case Report No. 1: an interagency conference
2. Case Report No. 2: referral to another agency
3. Report of a Parent Group Counseling Course
4. Newspaper report on the audiometer
5. List of members of the School Advisory Board
6. List of members of the Lay Advisory Board

- i. To increase understanding and improve attitudes of pupils, parents, school personnel, and the community toward education and productive citizenship for all.

This objective, of course, is directly related to the primary purpose of the project. The project should do more than simply provide a diagnostic and treatment resource--it should be an agent for community change. While as an objective, it is nonspecific, such an interest is in harmony with the concept of "primary prevention" that is, the promotion of an optimal educational environment within the community. Again, the impact of the Center upon the educational community can be assessed through attention to some of the basic operational data generated by the project. A narrative report will be prepared in which the overall involvement of the project with the community will be described. This will involve a reporting of the speeches and other public contacts undertaken by project staff. In getting at the impact of these efforts, the frequency of referral to the project will be analyzed in terms of the individuals, groups, and agencies contacted. To the extent possible, the school persistence and behavioral adjustment of children referred to the project will be determined through follow-up procedures.



Progress toward this goal is central to the work of the Educational Diagnostic and Planning Center. The very existence of the Center is predicated upon the desirability of this end. Communication, whether directed toward the lay public via the news media, toward the professional field, or toward assistance to one child, supports this concern.

Work toward this goal began prior to the opening of the Center when representatives of the planning committee visited other community agencies to explain the proposed program and establish lines of communication. Meetings were held among school administrative personnel and representatives of the Wyoming State Department of Education.

During the first year of the project, the staff members spoke to many civic, religious, professional and educational groups. Over 3000 citizens of the community were audience to presentations about the work of the Center. Such intensive public relations work has continued in successive years of the project. The list in Appendix I presents these appointments and the numbers of people in attendance.

It should be noted that, although earlier presentations were descriptions of the work of the Center, more recent talks have been in the area of the professional competencies of the staff members. Their judgments have been sought out by newsmen as well as by policy-making committees of the school system. Various letters in Appendix I indicate the extent to which information has been requested by professional agencies and universities.

The Center staff members have contributed to professional publications. "Teachers' First Indications of Children's Problems" was published in the Wyoming Personnel and Guidance Association News, Winter 1968, and the "Role of the Counselor in a Multi-Discipline Educational Setting" is being considered for publication by THE SCHOOL COUNSELOR, a publication of the American School Counselor Association. Other articles are in preparation including one on "Teachers and Testers" and another on the water therapy program conducted by the Center.

As a result of the Center's participation in the Year of the Non-Conference, sponsored by the National Education Association, the Center received over 150 requests for information. This necessitated the preparation of a brochure on the Center. Two members of the staff presented vignettes at the Regional Convention of the Year of the Non-Conference in Kansas City, January, 1968.

The effect of the work of the Center in changing attitudes of school personnel and parents has been reported in Technical Report No. 4.

Two public service lectures were presented for the community under the auspices of the Center. In January, 1967, Dr. Don E. Carline, Director of Reading Services, Colorado State University, spoke on "Parents and Reading", and in December, 1967, Mrs. Carole Rapp Stone, Learning Disorders Specialist, spoke on problems encountered by children in learning to read. Appendix I contains material on each of these presentations.

Certainly the inservice training programs of the Center and the accompanying publicity as reported elsewhere were instrumental in achieving this goal of increasing understanding and improving attitudes of the involved personnel.

Hundreds of persons have visited the Center from both in and outside the State of Wyoming. The school district in San Mateo, California, sent a representative to spend four days at the Center preparatory to initiating similar services for children in that community and from Seattle, Washington, a member of the planning committee of Project Early Warning visited the Center for two days.

Extensive coverage of the Center's opening and subsequent operation has appeared in the local newspapers, the Wyoming State Tribune and the Wyoming Eagle. Editorial comment has been most favorable and the articles, for the most part, have been representative of the services offered by the Center.

Articles about the Center, resulting from a UPI release, have appeared across the country. It has been impossible for the Center to trace all such published information or to obtain copies of them. We do know that the Center's operation has been described in the New York Times; The Champaign-Urbana News Gazette, Illinois; The Long Island Daily Press; The Lawton Constitution, Oklahoma; The Chicago Sun-Times; The Allentown Morning Call, Pennsylvania; The Sunday Patriot-News, Harrisburg, Pennsylvania; The Casper Star-Tribune, Wyoming; The Rocky Mountain News, Denver, Colorado; and in other papers in Houston, Texas; Flushing, New York; and Mobile, Alabama. Unfortunately, some of the authors and editors of the above articles, in attempting to reorganize their source material and to provide interesting reading, have misinterpreted and misquoted the functions and objectives of the Center. Therefore, while we are pleased with the national coverage, we cannot assume responsibility for the accuracy of some of the specific comments and interpretations reported in these publications.

The extent to which the publicity of the Center on a national scale has generated thought or influenced educational thinking is impossible to assess. However, included in Appendix I are letters of two types: (1) Letters from professional groups, and (2) Letters from individuals who need help. In replying to the latter, the Center has declined comment on the presented problems but instead has suggested procedures in locating help in the writers' own area. The letters do not evaluate the Center directly, but do indicate a nationwide need for services such as the Center provides.

### Summary Statement

The Center staff has been rewarded by the success, though limited, in the changing attitudes of teachers and other school personnel as evidenced in Technical Report No. 4. The staff members have borne the major responsibility in influencing these attitudes and in the public relations work with the community. We feel the recommendation of the state evaluation committee of December, 1968, that the school administration needs to more actively participate in this endeavor, is warranted.

Less success has been realized in work with the lay public. Despite the hundreds of hours of volunteer staff time in meeting with groups, and the support of the local newspapers, response by the public to the project has been disappointing. We would suggest that such projects as ours designate a staff member as being responsible for public relations activity and that coordinated planning guide this work.

Appendix I includes:

1. List of talks given by the Center staff members
2. Newspaper reports of Center activities
3. Letters received concerning:
  - a. request for additional information
  - b. support of Center activities
  - c. appreciation for services

APPENDIX A

List of Tests Available at the Center. . . . . page 1  
Report: Absence Patterns and School Satisfaction. . . . . page 4

1. Auditory Discrimination Test (Joseph M. Wepman), Language Research Associates.
2. Ayres Space Test (Jean Ayres), Western Psychological Services
3. Basic Sight Word List (Edward W. Dolch), Garrard Publishing Co.
4. Bender Motor Gestalt Test (Lauretta Bender) American Orthopsychiatric Association, Inc. (Western Psychological Services)
5. Botel Reading Inventory (Morton Botel), Follett Publishing Co.
6. Children's Apperception Test (Leopold Bellak and Sonya Sorel Bellak), C.P.S., Inc. (The Psychological Corporation)
7. Columbia Mental Maturity Scale, Revised Edition (Burgemeister, Blum, and Lorge), Harcourt, Brace and World
8. Draw-A-Family
9. Durrel Analysis of Reading Difficulty, New Edition (Donald D. Durrell), Harcourt, Brace and World
10. Gates Advanced Primary Reading Tests (Arthur I. Gates), Bureau of Publications (Teachers College Press)
11. Gates Basic Reading Tests (Arthur I. Gates), Bureau of Publications (Teachers College Press)
12. Gates Primary Reading Tests (Arthur I. Gates), Bureau of Publications (Teachers College Press)
13. Gates McKillop Reading Diagnostic Tests (Arthur I. Gates and Anne S. McKillop), Bureau of Publications (Teachers College Press)
14. Gates MacGinitie Reading Tests (Arthur I. Gates and Walter H. MacGinitie), Teachers College Press
15. Goodenough-Harris Drawing Test (Florence L. Goodenough and Dale B. Harris), Harcourt, Brace and World
16. Gray Oral Reading Tests (William S. Gray), Bobb-Merrill Co.
17. Hiskey-Nebraska Test of Learning Aptitude (Marshall S. Hiskey), Marshall S. Hiskey, 5640 Baldwin, Lincoln, Nebraska 68507
18. House-Tree-Person Projective Technique (John N. Buck), Western Psychological Services
19. Illinois Test of Psycholinguistic Abilities (James J. McCarthy and Samuel A. Kirk), University of Illinois Press

20. Iowa Tests of Basic Skills (E. F. Lindquist, et al), Houghton Mifflin Co.
21. IPAT 8-Parallel Form Anxiety Battery (Ivan H. Scheier and Raymond B. Cattell), Institute for Personality and Ability Testing
22. Lincoln Oseretsky Motor Development Scale (William Sloan) C. H. Steolting (Western Psychological Services)
23. Los Angeles Diagnostic Tests: Fundamentals of Arithmetic (Caroline Armstrong and William W. Clark), California Test Bureau
24. Marianne Frostig Developmental Test of Visual Perception (Marianne Frostig et al), Consulting Psychologists Press
25. Memory-for-Designs Test (Francis K. Graham and Barbara S. Kendall), Psychological Test Specialists
26. Metropolitan Achievement Tests (Walter N. Durant et al), Harcourt, Brace and World
27. Michigan Pictures Test (TIP 365) Science Research Associates
28. Minnesota-Percepto Diagnostic Test (G. B. Fuller and J/T. Laird), Western Psychological Services
29. Murphy-Durrell Reading Readiness Analysis (Helen A. Murphy and Donald D. Durrell), Harcourt, Brace and World
30. Orientation (non-standardized test devised by staff members on direction, laterality, time, sequencing, etc.)
31. Peabody Picture Vocabulary Test (Lloyd M. Dunn), American Guidance Service
32. Phonics Knowledge Survey (Delores Durkin and Leonard Meshover), Bureau of Publications (Teachers College Press)
33. Pictorial Test of Intelligence (Joseph L. French), Houghton, Mifflin Co.
34. Picture Story Language Test (Helmer R. Myklebust), Grune and Stratton
35. Progressive Matricies (J. C. Raven), The Psychological Corporation
36. Purdue Perceptual-Motor Survey (Eugene G. Roach and Newell C. Kephart), Charles E. Merrill Books
37. Psychoeducational Inventory of Basic Learning Abilities (Robert E. Valett), Fearon Publishers
38. Rorschach Method of Personality Diagnosis (Bruno Klopfer and Helen H. Davidson), Harcourt, Brace and World

39. Sentence Completion (various forms)
40. Sociogram
41. Stanford Arithmetic Diagnostic Test (Leslie S. Beatty, Richard Madden, and Eric F. Gardner) Harcourt, Brace and World
42. Stanford-Binet Intelligence Scale (Lew M. Termin and Maud A. Merrill), Houghton Mifflin
43. Thematic Apperception Test (Leopold Bellak), Psychological Corporation
44. Templin-Darley Screening and Diagnostic Tests of Articulation (Mildred C. Templin and Frederic L. Darley) Bureau of Educational Research and Service.
45. Torrence Tests of Creative Thinking (E. Paul Torrence), Personnel Press, Inc. (Ginn and Co.)
46. Verbal Language Development Scale (Merlin J. Meham), American Guidance Services
47. Vineland Social Maturity Scale (Edgar A. Doll), Education Test Bureau (American Guidance Service)
48. Wechsler Adult Intelligence Scale (WAIS), (David Wechsler), Psychological Corporation
49. Wechsler Intelligence Scale for Children (WISC), (David Wechsler), Psychological Corporation
50. Wechsler Preschool and Primary Scale of Intelligence (WPPSI), (David Wechsler), Psychological Corporation
51. Wide Range Achievement Test (Joseph Jastek and Sidney Bijou), Psychological Corporation

## ABSENCE PATTERNS AND SCHOOL SATISFACTION

One of the goals of the evaluation of the program of the Educational Diagnostic and Planning Center is to measure success in working with children, not only by the more conventional devices of objective testing and noting changes in academic achievement and in the observation of social and classroom behavioral changes, but also by assessing the children's attitudes particularly in the area of school satisfaction. It was hypothesized school satisfaction could be measured by school attendance; thus increased school satisfaction for children referred to the Center could be assessed by an examination of their absence patterns prior to, and following, their involvement with the Center.

A pilot study of the tenability of this hypothesis was conducted at the Center with nineteen subjects (eighteen male and one female) in three elementary schools with grade placement spanning the six grades. These children were enrolled in Halfway Classes in the second semester of the 1966-67 school year. Their attendance was evaluated by compiling data showing the number of absences in each of the four quarters of the 1966-67 school year and the first semester of the 1967-68 school year. These data appear at the end of this report.

The data would indicate that no meaningful differences were evidenced in the absence patterns of these children and that further investigation in this area for this population would be fruitless.

These data do not suggest, however, that the hypothesis that school satisfaction might be measured by such attendance and absence patterns is not tenable. They may suggest that the hypothesis, per se, is too gross for general applicability. Other factors might need to be considered before the hypothesis were again tested. One of these factors might be age. All subjects in this study were elementary school children and it might be found that these pupils are not yet sufficiently independent of the authority of school and parents to express their dissatisfaction with school in this manner and that more meaningful data might be gathered at the junior or senior high school levels. It may also be profitable to examine the hypothesis in relation to socioeconomic or ethnic groupings or the possibility that such an absence pattern might be one of the indices precursing pupils dropping from school.

**Summary:** A group of nineteen children referred to the EDP Center were subjects for a pilot study investigating the hypothesis that school satisfaction could be evidenced by the absence patterns of the children. The data did not support the hypothesis for this population although the assumption might have greater validity when refined by the consideration of other factors, one of which might be the ages of the children.



SUBJECTS	1966-67 Quarters				1967-68 Quarters		1967 Quarters	1968 Quarters
	1st	2nd	3rd	4th	1st	2nd	1st & 2nd	1st & 2nd
<b>Class I</b>								
1.	2	1½	10	7½	½	3½	3½	4
2.	0	1	4	3	½	2	1	2½
3.	0	1	1½	2	0	3	1	3
4.	1	½	0	1½	0	2	1½	2
<b>Class II</b>								
1.	0	3	1	0	0	0	3	0
2.	0	2	4	3½	1	0	2	1
3.	1½	3	4½	3	0	1½	4½	1½
4.	1½	0	4	0	0	0	1½	0
5.	½	0	½	3	1	4	½	5
<b>Class III</b>								
1.	1	1	1	3	0	1	2	1
2.	1	0	0	0	1	1	1	2
3.	0	0	1	4	0	0	0	0
4.	1	0	1½	1	0	1	1	1
5.	0	0	0	0	1½	0	0	1½
6.	10	½	3½	3	½	0	10½	½
7.	1	2	1	5½	0	5½	3	5½
8.	6½	5	4½	7½	2	5	11½	7
9.	0	½	1	1½	1	2	½	3
10.	0	1½	3	1	0	1	1½	1

APPENDIX B

Five Case Studies . . . . . page 1

No. 1: Mental Retardation with Organic Etiology

No. 2: Communications Disorder

No. 3: Learning Disability, Motor Problems and Emotional  
Complications

No. 4: Brain Damage Requiring a Counseling Program

No. 5: Underachievement

Note: Each individual case is numbered consecutively from page 1. These numbers appear at the upper left corner of each page. To avoid confusion, therefore, the appendix page numbers have been omitted from the bottom of each sheet.

Report: Status of Cases . . . . . page 25

Report: Types of Evaluation . . . . . page 26

## CASE STUDY # 1

### MENTAL RETARDATION WITH ORGANIC ETIOLOGY

by

Nina Smith, Speech and Hearing Therapist

Fall - 1966

Curtiss, age seven, the son of an Air Force officer, was referred to the Educational Diagnostic and Planning Center by the elementary school principal under the recommendation of the public school speech department. Very few test results accompanied his referral due to his inability to comprehend directions. Since moving to Cheyenne, Curtiss had been attending the Speech and Hearing Clinic in Ft. Collins, Colorado, had been seen by the language pathology department at Warren AFB in Cheyenne, Wyoming, and the guidance and speech departments of School District #1, Cheyenne, Wyoming.

In the past Curtiss had been diagnosed as having a moderate to severe language disorder which affected both comprehension and expression. He had a number of intelligible words, but when confused, overly tired, etc., he lapsed into a jargon-type speech with some echolalia. While working he had a tendency to wander, attention wise, visually and orally. Perseveration was evident in both speech and actions. Developmental milestones were slow. One physician who had examined him indicated that brain damage was evident while another expressed the opinion that there were no signs of brain damage.

At the time of referral, Curtiss was repeating kindergarten. He was able to follow classroom routine, but was unable to follow directions in reading readiness. He was not a discipline problem.

The staff screened this case and decided to accept it for complete evaluation. A date was set. The following tests were completed: hearing evaluation, simple motor tests, geometric designs, Peabody Picture Story Test, selected parts of the Stanford Binet, and one part of the Hiskey. These tests were selected because of his inabilities and past history. Parents were interviewed for a developmental.

Diagnostic impressions made at the Educational Diagnostic and Planning Center were that Curtiss was functioning in many areas below that expected for his chronological age. The Frostig indicated that in visual perception, he has difficulty perceiving an object in relation to its ground. A child with this problem may appear to be inattentive and disorganized. His attention tends to jump to any stimulus that intrudes upon him--to something that moves or glitters or is brightly colored--no matter how irrelevant it is to what he is doing. This was quite evident when examining Curtiss. He was low in his ability to coordinate vision with movements of the body or with movements of a part or parts of his body and in his ability to perceive an object as possessing invariant properties, such as shape, position, and size in spite

Mental Retardation with Organic Etiology  
Case Study # 1

of variability of impression on the sensory surface. The Peabody and Stanford Binet disclosed disabilities in receptive and expressive language with receptive higher than expressive. His articulation consisted of substitutions, omissions, and distortions. Peripheral hearing ability was adequate. There was no strong dominance of laterality. In kicking, he changed from right to left. In bead stringing he switched back and forth in hand preference. He could not hop or skip and could not be stimulated to run at a fast pace. Drawings of geometric designs were poor. Association from one experience was not transferred to another situation. After approximately ten minutes of work he would begin to lose interest, yawn, and pay little attention to instructions.

After the evaluation the complete staff reviewed this case and the test interpretations and proposed the following program:

1. Intensive work should be done in attempting to increase receptive and expressive abilities.
2. Work to increase auditory memory span and attention span.
3. Work on articulation.
4. Plan and carry out a program for developing simple motor skills--- oral and body.
5. Use the Frostig program for development of visual perception.
6. Provide a readiness program for basic academic skills.
7. Counsel with parents, giving suggestions for home reinforcement.
8. Counsel and assist the classroom teacher in the area of academic skills.
9. Meeting should be held with Mr. Augustine of Colorado State University to coordinate activities.

Staff assigned to work with Curtiss and the teacher were the educational specialist, the speech and hearing correctionist, and the coordinator of physical education. A guidance counselor was assigned to work with the parents.

Page 3

Mental Retardation with Organic Etiology  
Case Study # 1

Spring - 1967

Curtiss was seen three hours per week. By the end of the year it was possible to see marked improvement in some areas and little, if no, improvement in other areas. Both receptive and expressive abilities improved. A vocabulary test administered at the beginning of the sessions and again before termination indicated vocabulary growth of approximately one year. Curtiss was able to relate experiences concerning trips and outings on a limited basis. His auditory attention and memory span showed progress. When he first came to the Center, he was able to follow only one direction at a time. This increased to following a series of directions consecutively ("Go to the door, knock three times, and turn around.") Any noise or motion in the room would interrupt what Curtiss was doing. Later he was able to work with a minimum of distractions.

Curtiss' visual perception reached a ceiling where he was unable to progress even with individual tutoring in this program. He improved in skill in the areas he was able to do. He could match bead patterns up to ten. Visual discrimination for likenesses and differences improved as did association of ideas. He could count to 30, was unable to name pieces of money or tell time to the hour. Finger plays and simple rhymes were not successful. He did enjoy singing.

Gross motor skills are still deficient; however, Curtiss learned to slowly, but accurately toss a ball into a wastebasket.

Parents counseling was not initiated due to limitations of staff. However, parent conferences were held and suggestions given to the parents as to how they can assist Curtiss' program in the home.

At the end of the year, Curtiss was re-evaluated. It was felt that he could not profit from being in a first grade the following year. He had already repeated Kindergarten. He was placed in a special school for the educationally handicapped.

EDUCATIONAL DIAGNOSTIC AND PLANNING CENTER  
Staffing Conference

DATE: Oct. 24, 1966

CLIENT: Curtis

DATE OF INTAKE: Oct. 17, 1966

PRESENTED BY: Nina Smith

REFERRED BY: Mr. Kelly

CONFERENCE PARTICIPANTS: T. Gloeckler (chm); G. Storey; V. Clark;

Dr. James; C. Stone; G. Werner; N. Smith; P. Fleming; S. Sessoms; J. Fuller

PRESENTING PROBLEMS AS PRESENTED BY: general slow development and ability  
testing between 3 and 5 years (boy is 7); lateness in development of  
laterality with other motor and visual perceptual problems evident; very  
short attention span, speech difficulties, problems complicated by parental  
and familiar relationships and possible neurological impairment.

DIAGNOSTIC IMPRESSIONS: Mrs. Stone suggested that improvements have been  
made especially in the cooperativeness and willing attitude of boy; Dr.  
James suggest that his Kindergarten status is now being reinforced and this  
needs to be overcome to motivate continued development; suggestion that  
short attention span needs to be investigated to determine if this is  
organically caused or psychologically caused.

RECOMMENDED FOLLOW-UP: 1. CSU has been asked to check hearing. 2. Mrs.  
Smith will continue with speech work. 3. Arrange meeting with the staff  
of CSU concerning this (and other) case(s) to provide continuity of treat-  
ment. 4. Further staffing to be delayed until above meeting is arranged.  
5. Both parents should be involved in counseling. 6. Motor work needs to  
be done -- possibly with HS boy as suggested. 7. Possible afternoon  
sessions two days per week with therapist. 8. Inform teacher to permit  
her to compliment afternoon training and on approaches of working with  
child. 9. Meet with Mr. Augustine of CSU to coordinate activities.

Page 5

Mental Retardation with Organic Etiology  
Case Study # 1

11-3-66

Meeting with Mr. Augustine, Supervisor of Speech and Hearing Clinic --  
Colorado State University, Fort Collins.

Re: Curtiss

Work being done at CSU:

1. Working on increasing receptive abilities.
2. Working to increase auditory memory span and attention span.
3. They are going to have an occupational therapist work with Curtiss and concentrate on motor skills.

Suggestions as to how the EDP Center can help:

1. See about having an occupational therapist in Cheyenne work with Curtiss.
2. Work on motor perception and language reception.
3. Work on increasing auditory memory span.
4. Work on increasing attention span.
5. Work on articulation.
6. Give performance section of WISC.
7. Motor skills:  
    Oral--chewing, sucking, swallowing (carrots, apples, celery, dried bread, etc.) Have mother observe this.  
    Body--jumping, pushing, tumbling, rolling, walking on elevated boards, tossing and catching large ball, running
8. Possible muscle evaluation
9. Have another neurological given.
10. Use Frostig program.
11. Have a special one-to-one class, but it may be possible later on to work in a three-group language group program.
12. Prepare parents for possibility of Special Education. Mr. Augustine does not feel at this time that Curtiss will be ready for first grade next year. Suggests working with Curtiss with concentrated program. Check in the spring. Prepare parents through counseling.
13. Additional counseling with parents. Let them know what we're doing and what to expect of Curtiss. Let them know that Curtiss needs a routine and that when different things are going to occur, inform Curtiss beforehand. Provide broad experiences.

Agencies, books and personnel for references:

1. Ellie Gilfoil, Colorado General Hosp. (She can help set up a good program for occupational therapy. Good in motor perceptual problems.)
2. Jenny Freedburg, Speech Pathologist with Dr. Frankenburg
3. Cruickshank's books.
4. Kephart--Text, Slow Learners in the Classroom
5. Loretta Heights School in Denver
6. Boulder School Program for learning disabilities in the schools
7. San Mateo County Program in California

PROGRAM

CURTISS

1. Working on following oral directions
  - a. First one direction at a time
  - b. Follow with two or three oral directions at one time
2. Repeating words and phrases
  - a. Use stories
  - b. Games
3. Finger plays
4. Reproducing sounds and rhymes
5. Rhyming words
6. Frostig Visual-Motor Program
7. Other Frostig programs as he progresses and is able to handle them.
8. Motor activities
  - a. scissors
  - b. crayons
  - c. playing kick ball
  - d. throwing ball
  - e. catching ball
9. Continuous practice using complete sentences
10. Visual discrimination
  - a. Likenesses and differences
  - b. Using peg board
  - c. Matching color-size-shape
11. Relating experiences (tape)
  - a. What did you do at school?
  - b. Something he saw or did recently
12. Identifying action in a picture
13. Repeating nursery rhymes
14. Telling what he sees in a picture
15. Name pieces of money
16. Count to 30
17. Telling time to hour
18. Play simple games (dominoes)
19. Give as well as receive commands
20. Use tape for recorded instructions
21. Indirect stimulation for correct articulation
  - a. Listening time
  - b. Simple discrimination activities
  - c. Providing adequate examples of correct speech
22. Language stimulation and development
  - a. Peabody Language Development Kit
  - b. Language Master
  - c. Show and tell
  - d. Pictures to talk about
  - e. Puppets
  - f. Poems, rhymes, songs and riddles
  - g. Story time (acting out stories)
  - h. Providing for meaningful experiences



Page 7  
Mental Retardation with Organic Etiology  
Case Study #1

PROGRAM (continued)

CURTISS

23. Increasing attention span and auditory memory span (See #1)  
Use taped and oral commands
24. Increase receptive and expressive language ability
25. Work with parents to correlate above

Page 8  
Mental Retardation with Organic Etiology  
Case Study # 1

11-16-66

Conference with Mr. and Mr. C. Re: Curtis  
Staff members present: Pat Fleming  
Virginia Clark  
Dr. Talagan  
Nina Smith

Purpose of conference: 1. Inform parents of results of evaluation given by the EDP Center. 2. Indicate ways in which the Center will help Curtiss. 3. Indicate ways in which the parents can help Curtiss. 4. Schedule a time for working with Curtiss.

Mrs. Smith began the conference with an overall explanation of what the Center had done, their conclusions, plus the need for help and cooperation in reinforcing what the Center hopes to do. (Cooperation of parents.)

Mrs. Fleming explained the psychological testing that had been done and results of that testing. She did indicate to the parents the level at which Curtiss is presently performing.

Mrs. Clark explained visual perception, the Frostig program, and how it may be of value to Curtiss. Suggestions given to parents for reinforcement at home were:

1. Draw partially completed figures on paper. Let child complete them.
2. Climb on chairs, crawl under the table, push a chair--place weights on it to offer more resistance.
3. Differentiate left from right. Suggested marking the right arm with after shave lotion.
4. Finding things that are round, square, rectangular, etc.
5. Sorting things--buttons, beans, etc.
6. Running, jumping, hopping, and skipping exercises.
7. Suggested father take Curtiss swimming at base pool.

Mrs. Smith explained Curtiss' need for language and speech stimulation and procedures the Center would use in helping develop these abilities. Suggestions were given to parents to help provide for speech and language stimulation at home.

1. Listen to Curtiss when he speaks. Talk to him a great deal, slowly and plainly.
2. Require Curtiss to ask for what he wants.. Don't let him use gestures or let sisters interpret or speak for him.
3. One parent spend approximately ten minutes with Curtiss each day without the girls in talking, playing, or story time.
4. Give him responsibilities. Send him after things he must remember. "Bring me your shoes and shirt, etc."
5. Keep a routine for Curtiss. Inform him of coming changes in that routine.

Page 9

Mental Retardation with Organic Etiology  
Case Study # 1

6. Let Curtiss have outside contact with other children.
7. Have him chew on hard fruits and vegetables for oral exercises.

Curtiss was scheduled to be seen every Monday and Wednesday from 1:30 - 2:30 at the EDP Center.

Parents seemed very receptive and concerned. Mrs. C took notes and brought samples of Curtiss' work from CSU to show us. They stated that they were willing to help on suggestions given them and accepted the invitation to come back for visitations, discussions, and observations of Curtiss at work.

## CASE STUDY # 2

### COMMUNICATION DISORDER

by

Pat Fleming, Psychological Tester

#### Reason for Referral

Dawn was referred to the Educational Diagnostic and Planning Center due to her lack of adjustment in kindergarten. She was described as "very withdrawn." "She doesn't talk to the children or to the teacher. She will not play outside, but stands and watches. She cries and will not talk or do anything in class."

#### Family Background

The father is a truck driver in town, the mother, a housewife. Both parents have high school educations. Dawn is the oldest child, with two younger brothers, 1 and 2 in the home. The family appears to be close knit, with very few contacts outside the home. The mother is extremely nervous, agrees with everything suggested, and tries hard to please all members of the family and outsiders. The mother describes herself as extremely backward as a child, and the father says that Dawn is just like her mother. The father is the head of the family and appears to make all the decisions. He has changed jobs frequently. He does not like to argue with others and quits his job if there is any friction at his work. At the present time, he drives in the early morning and sees few people.

#### Past History

Dawn was enrolled in kindergarten in 1965, where she was described as very withdrawn. Hospitalization was necessary due to an appendectomy and she was forced to miss a great deal of school. It was recommended that she be taken out of school and re-enrolled in 1966. It was suggested to the parents that they consult the local psychiatrist for help with Dawn. During this conference with the psychiatrist, the parents were informed that he did not treat children, and referral was suggested to the Southeast Wyoming Mental Health Center. At this time the family felt threatened and rejected by the school and the psychiatrist. They refused help at the mental health center, but through encouragement of the public health nurse, referred Dawn to the Child Development Center. At this time, the Child Development Center referred the Donnelly's to the Educational Diagnostic and Planning Center on November 8, 1966.

A comprehensive developmental revealed no serious illnesses other than the appendectomy. It was felt, however, that this illness did not precipitate the emotional problem. In fact, the mother felt that the child showed improvement after her hospital visit.

At two years, Dawn clinched her fist and frowned at outsiders. She spoke and played normally in the home, but when approached by others she stiffened physically, and remained silent. Comprehension and use of spoken language seemed adequate and indicative of normal intellectual potential. However, her inability to use speech outside the home severely handicapped her progress in school and social development.

Therapy was arranged and the parents were included in the program. One therapist was assigned to work with Dawn once a week. Counseling of the parents by the social worker was to include specific suggestions regarding handling of the child, relieving tensions, and outside social contacts.

In view of Dawn's disturbed behavior, the comprehensive battery of tests was not given. However, on 11-18-66, the Peabody Picture Vocabulary Test, a test of receptive vocabulary, showed a mental age of 4-8, intelligence quotient 73, which placed the child in the first percentile. Her chronological age at this time was 6-6. The test was not considered a valid measure of her potentiality. The Heschke-Nebraska Test of Learning Aptitude was administered 12-12-66.

Memory for color 4-6 years, picture identification 5-0, paper folding 7-0.

Staffing conference recommended that very slow steps be taken, with calm companionable atmosphere. No pressure to achieve and no others were to work with Dawn. The first nine weeks Dawn and the therapist made cookies, did housekeeping duties and played dolls. The first time paints were used Dawn drew one big blob of red, then covered it with black.

As confidence in the therapist increased, Dawn talked freely, was able to talk when two or three other children were present, and was more relaxed. In May, Dawn had progressed from being unable to relate to a single person to speaking when two to five people were present, although not consistently. She relates better to males than females both adults and children. Her progress is not consistent and she regresses to the hunched shoulders, stiff posture and wide eyes when faced with too many people or difficult situations.

In the school situation, she is able to join the circle now, speak to some of the children in the school room, and whisper to the teacher. She progressed from having her mother bring her to school and walk in the room with the mother to walking to school with her friend. She is still unable to join in any of the work that requires conversation. Re-assessment of her abilities in May, 1967 showed the receptive language as measured by the Peabody to be a mental age of 5-10, intelligent quotient 87, which places her in the thirtieth percentile. Her Metropolitan Readiness Test was administered at the Educational Diagnostic and Planning Center since she was unable to do the work at school. She received a letter rating of D, low normal, which places her in the eighth percentile.

Consultation was held with the principal of the school in which she is enrolled. It was agreed that Dawn be enrolled in a pre-first grade in the fall of 1967. Therapy will continue during the summer. If she is unable to adjust to this pre-first grade, arrangements will be made for enrollment in a small class of pre-first graders at Miller School for the trainable children. Re-evaluation will be made of the case one month after enrollment. Therapy, however, will be continued throughout the school year, and it is felt that continued progress will be made.

The social worker, who has succeeded in establishing rapport with the mother will continue working with the parents. Through her help, the mother has gained in self-confidence and seems more able to cope with the problems at home.

#### Conclusions:

We may infer from the results achieved with this case that the combination of therapy for the child, and guiding the parents at the same time enabled the child to improve his level of functioning in most areas. The insecurity, anxiety, and fear have lessened. The school situation next year promises to be warm and supportive, and it is felt with the combination of therapy, parent counseling, and school help Dawn will show gradual improvement and be able to adjust.

10-12-67

Dawn is enrolled in the pre-first grade at Cole School. Priscilla Lynch, her teacher reports that Dawn is progressing well. She is now able to talk to the other children, enter into classroom activities, and has gained in independence. Virginia Clark, EDPC education specialist, is going to work with Miss Lynch and give special help to Dawn three days a week. It is hoped that Dawn will be able to enter second grade next year.

10-8-68

Dawn is in the second grade at Cole School in a team teaching situation. Although she is doing first grade work she is not in the lowest second grade class. She has three classroom teachers, a student teacher, a music and P.E. teacher. It is reported by the school that she has related well with all of these people. Her peer relationship is satisfactory. The case is not closed. However, the school did not feel Dawn requires individual help at this time. Mrs. Clark, education specialist, will make a periodic check once every quarter and if any problem develops the school will contact the Center.

### CASE STUDY # 3

## LEARNING DISABILITY, MOTOR PROBLEMS, AND EMOTIONAL OVERTONES

by

Merrilyn Borthwick, Education Specialist

John was referred to the Educational Diagnostic and Planning Center by his teacher. Reason for the referral is low achievement.

Background information - John was born August 8, 1956. John's father is a dentist, his mother is a housewife and there are six children in the family. The father is extremely domineering in the family unit. According to the record, John has an eye defect called nystagmus which has been almost entirely corrected with glasses to 20/30 vision in both eyes. John had been tested by the local school testing coordinator, school psychologist and the Colorado University Hearing and Speech Clinic and all have found an apparent and uniform inconsistency between measured ability and achievement. John entered the first grade having just become six years of age. He had difficulty with reading from the very beginning and it was considered from the middle of this first year that it might be wise to retain him because of this difficulty. However, the Binet given him in 1963 indicated a superior intelligence quotient and it was decided not to retain him in the first grade. Subsequently, he has not been retained in any grade although he still falls behind in reading and in any area where reading is necessary. Arithmetic had always been his most productive subject until reading became an integral part of learning arithmetic.

In the interview, John's parents report the following observation. They think John is frustrated by not being able to read and because of this he tries to ignore reading and will rely on help from his older brother and his mother. When his mother does read to him he comprehends all the material and can relate the details very readily. John has attended several summer sessions for additional work in reading, but with no record of improvement. He has worn glasses since the first grade. Reading has become quite aversive to John and he does not read voluntarily. If something looks interesting to him or he needs to read directions, he will get his older brother interested, and have him to the reading.

The accustomed program plans are as follows: The Educational Diagnostic and Planning Center tested John and the results obtained from the two subtests of the I.T.P.A. indicates that John's memory span for remembering items that are presented visually and orally is very high. This is in agreement with the Peabody Vocabulary Test which is a measure of the receptive vocabulary. Both receptive measures placed him well above the normal rating for his age. The Lincoln-Oseretsky Motor Development Scale showed a severe motor impairment which is not obvious in casual observation. General observations during these tests indicated good learning characteristics, cooperative and anxious to please. Nystagmus was not noticeable at any time during the tests. The Frostig shows perceptual motor difficulties.

The following program was designed for John and is being implemented:

1. Individual work in the deficient areas of reading skills was begun immediately.
  - a. Check Dolch words
  - b. Work on prefixes and suffixes
  - c. Language Master Machine
  - d. Letter sequences in words
  - e. Word forms
  - f. Choice of words or incongruities in context
  - g. Scanning for words in context
  - h. Paragraphs
  - i. Flash cards, with phonetic drill
  - j. Tape recorded drills
  - k. Tachistoscope
  - l. Frostig Perception materials
  - m. Read for pleasure
  - n. Taped reading for understanding
  - o. Tape story to read and write
  - p. Build vocabulary
2. The tutoring is being carried out in sessions of 45 to 60 minutes twice a week.
3. There is a water therapy program and gymnastic program conducted each Saturday morning.
4. It was indicated there was a need to change his learning environment so he was transferred to another school, giving him a fresh start with a new teacher and new peers.
5. A counselor from the Educational Diagnostic and Planning Center has been holding an one hour conference with John each week.

In conclusion, the above outlined program has shown some benefit for this pupil. The water therapy program and the tutoring program will be continued next year.

#### Supplemental Report

This written report is submitted as a supplement in the case file of the above-named student. Based upon a conference with the student's teacher at the end of school year, in the spring of 1967, the following significant observations were evident to the writer:

1. There was marked improvement in oral reading. His previous habit of pausing with "ah's" was practically unnoticeable. He was cognizant of punctuation and read with expression. He was able to attack new words more quickly and continue the thought pattern for better comprehension both orally and silently. His achievements in phonics were apparent, and this, of course, not only improved his reading and spelling but also gave him greater self-confidence in all of his academic work.



2. The student showed more interest in school by studying and memorizing his spelling words at home and by using extra materials and reports in science.

3. The teacher had concluded that John was above average in physical education. His co-ordination had developed by various project activities which included assembling tiny components of a paper model for science class.

In conclusion it is interesting to note that the teacher evaluated John as a low fifth grader when he entered her room in late November of 1966. At this time she believes him to be a strong average student in a major portion of the subjects which he has been exposed to. His defensive attitude has been alleviated to a significant degree. This change has resulted in his being more popular with his fellow students and the enjoyment of individual respect in his group associations.

End of Year Report  
May, 1968

John enrolled at Fairview the fall of 1967 in 6th grade. Mrs. Sutton, his teacher, reported John doing below average work during the 1st nine week period. An academic program stressing reading comprehension was held once a week. A tutoring session was held three nights a week after school to reinforce his regular school subjects. His grades started improving the second grading period. Spelling and arithmetic still remained below average. Special help was given to John in these areas.

The third grading period showed improvement in all areas with grades of 2's and 3's. The fall Iowa test scores showed:

Reading vocabulary	6.0	Social Studies map skills	6.7
Reading comprehension	4.2	Graphs	4.1
Spelling	4.2	Reference work	4.9
Capitalization	5.2	Total Work Study Skills	5.2
Punctuation	5.4	Arithmetic concepts	6.3
Language usage	3.3	Arithmetic problems	5.3
Total Language Score	4.5	Total Arithmetic Score	5.8
		Comprehension overall	5.1

This test was given the last of September.

The spring scores on the Iowa Basic Tests given in April showed:

Reading vocabulary	7.1	Arithmetic concepts	7.9
Reading comprehension	6.6	Arithmetic problems	7.0
		Total Arithmetic	7.5

In our last few sessions John discussed the problems that he had had in school. He felt that the help the Center had given him was very beneficial and that now it was up to him to work harder, to study more and to turn his work in on time. He is looking forward to Junior High. He will go to Carey next year. We will have a follow-up conference with the teachers at Carey in September.

Page 4  
Learning Disability, etc.  
Case Study # 3

The program recommended for John will be Social Studies, English, regular math class, reading, music, P.E. and workshop.

Mrs. A. is very pleased with John's progress and the work that the Center has done with John. She feels that his attitude toward school is much better.

Page 5  
Learning Disability, Etc.  
Case Study # 3

Copy of Letter Received From School Principal - May 1968

Dear Mr. Storey:

Mrs. A. stopped in the other day and was very well pleased with John's progress. In fact she says he is a different boy. It all ended by her insisting that we refer a younger boy, Tom. I tried to explain that we had not been given the go ahead sign for new referrals but she seemed to feel that since John was being terminated, there might be room to edge Tom in to the schedule.

I have gotten the referral together and the Parent Consent Form. They are attached.

Thank you,

Howard R. Curfman, Principal  
Fairview Elementary School

SURVEY FOR THE EVALUATION OF SERVICES PROVIDED THIS YEAR (1967-68)  
BY THE  
EDUCATIONAL DIAGNOSTIC AND PLANNING CENTER

Name of Child John  
(optional)

Circle the number following each of these statements which best indicates your attitude in regard to the items listed below:

- |  | waste of time | of little value | no opinion or does not apply | somewhat helpful | very helpful |
|--|---------------|-----------------|------------------------------|------------------|--------------|
| 1. Personal contacts with the Center staff.  | 1             | 2               | 3                            | 4                | 5            |
| 2. Information received from the Center in regard to your child and his problems.                                    | 1             | 2               | 3                            | 4                | 5            |
| 3. Individual program designed for your child.   | 1             | 2               | 3                            | 4                | 5            |
| 4. Information received about the operation and work of the Center as received from---                               |               |                 |                              |                  |              |
| School   | 1             | 2               | 3                            | 4                | 5            |
| Center staff   | 1             | 2               | 3                            | 4                | 5            |
| Publicity  | 1             | 2               | 3                            | 4                | 5            |
| 5. Have you been asked to do too much work as a result of your child's having been referred to the Center:           |               |                 | Yes                          |                  | No           |
| 6. Has referring your child to the Center been worth the effort involved?  |               |                 | Yes                          |                  | No           |
| 7. What kinds of changes have you seen in your child's performance in the following areas? (Check appropriate line.) |               |                 |                              |                  |              |

	<u>Improvement</u>	<u>No Change</u>	<u>Worse</u>
Academic work	<u>  X  </u>	<u>      </u>	<u>      </u>
Social Behavior	<u>  X  </u>	<u>      </u>	<u>      </u>
Department	<u>  X  </u>	<u>      </u>	<u>      </u>
Attitude	<u>  X  </u>	<u>      </u>	<u>      </u>

Comment below on any of the items listed above or about which you would like to make an explanation:

Indicate areas in which the EDP Center has met your expectations: \_\_\_\_\_

Evaluation and determination of problem with a programmed solution.

Indicate what areas in which they have failed to meet your expectations: \_\_\_\_\_

NONE

Suggestions for next year: It is our feeling (my wife and I) that this is one of the finest and most necessary facilities ever offered by the school system of Cheyenne.

(Signed) Mr. and Mrs. A.

## CASE STUDY # 4

### BRAIN DAMAGE REQUIRING A COUNSELING PROGRAM

by

Ted Gloeckler, Counselor

Dean, aged 15, was referred to the Center on September 30, 1967, for "blocked learning due to physical handicap, emotional problems which seem to be getting worse."

Possibly no child referred to the Center came with so much clinical data as did Dean. The only spontaneous live birth in five deliveries, Dean did not walk until 18 months. He continued to be slow and at age 6 was subjected to an extensive medical evaluation at Children's Hospital in Denver, Colorado. Just prior to the evaluation there had been a series of concussions sustained from several falls and some convulsive activity (Jacksonian Seizures). It was found that the right leg was shorter than the left; that there was normal cortical activity on the EEG and there was a normal pneumoencephalogram. At this time the Stanford-Binet resulted in a score of 86. This 1958 diagnosis suggested a "congenital defect of the cerebellum resulting in ataxia and loss of balance." Reevaluation at the same institution resulted in the statement that the condition was "stationary, having existed since birth" and the the problem was due to "cerebellar agenesis rather than any progressive cerebellar disease."

The boy remained in public school except for a brief period in a special school on the campus of Colorado State College in 1952. The junior high school from which he was referred to the Center reported a high level of anxiety with emotional outbreaks in the classroom. The case was screened by the staff on October 3, 1966, with the recommendation that once a parent permission form had been obtained by the principal, a program of counseling should be initiated with the immediate goal of reducing anxiety and improving peer relationships.

On October 9, the case was staffed with the following recommendations: (1) Counseling should be initiated with a male counselor. (2) The Center social worker should begin parent counseling. (3) A conference should be held with the teachers in the school. (4) No academic program should be planned at this time. All of these recommendations were followed.

Counseling was initiated on November 10, and continued for one hour per week until May, 1967. The counselor noted that Dean appeared as an adolescent with a doughy appearance, acne, and marked physical discoordination. He was, and continued to be, unkempt although he was clean.

Page 2

Brain Damage Requiring a Counseling Program  
Case Study # 4

Rapport was easily established with the boy during the first counseling session. This and several succeeding sessions were held in the coach's office near the gym. The boy was not able to take physical education but had been given a lockerroom assignment of passing out towels, etc., by the coaches. There were very good with the boy and Dean was rewarded by the approving attentions of the masculine figures.

The boy was concerned with grades and appeared to be a "stooge" for the other students. There was much ambivalence in his attitudes toward parents, peers and teachers. Sessions continued at a high pitch, the counselor needing to interject little. Often there was much affect as the boy relived unhappy earlier experiences, almost forgetting the presence of the counselor. As rapport was cemented the sessions were moved to a counseling room.

Anxiety became noticeably relieved and sessions became less fevered as the year went on. In January, 1967, some testing was begun. The following instruments were administered: Weschler Intelligence Scale for Children, Bender-Gestalt, Draw-A-Family, Thematic Apperception Test, and the Wide Range Achievement Test.

In general there were serious deficiencies in all academic areas; the reading level on the Wide Range was 1.5 while both the spelling and arithmetic were on the 4th grade level. The WISC resulted in a full scale IQ of 71, a Verbal IQ of 81 and a Performance IQ of 65. The performance subtests, the Draw-A-Family and the Bender all reflected the severe motor handicap. The TAT illustrated his ambivalence in independence-protection, his view of the world as a hostile place and the domination of an over-protective mother.

Counseling continued with the goals of realizing both limitations and strengths. It was more directive counseling than before. By the end of the sessions, Dean seemed to have accepted the fact that college plans would be unrealistic; anxiety was significantly reduced and he had made one friend and had managed to maintain a successful relationship for nearly two months when school was out for the summer.

Because of the overconcern of the school at the referral, the counselor avoided contact with the boy in the fall of 1967. No word came from the school of problems and it was not until the second semester, January, 1968, that the counselor intervened. This action of avoiding intervention reinforced both for the school and the boy, his ability to function adequately without the continued counseling. Contact was made in planning the high school program.

Page 3

Brain Damage Requiring a Counseling Program  
Case Study # 4

Throughout the remainder of the year arrangements were made for a high school program. It was decided by the family that Dean should enroll in high school rather than in the school's Pre-Vocational program to see how things would work out.

In October, 1968, Dean was successfully passing all high school subjects although with some difficulty. Only one teacher had expressed concern to the administration about the boy's ability or problems. It is, however, too soon to determine the appropriateness of the school program for Dean and he may later need to be enrolled in a vocational training setting. In any case, and despite the limitations placed by the physical condition, the counseling was reasonably successful in reducing anxiety and in leading the child toward better and more realistic concepts and goals.

## CASE STUDY # 5

### UNDERACHIEVEMENT

by

Virginia Clark, Education Specialist

David had been promoted to the 4th grade on a trial basis. After one month in this grade his parents decided he was not achieving up to ability and so requested that (1) he be demoted to 3rd grade and that (2) he be referred to the Educational Diagnostic and Planning Center. The school complied.

David is the son of a retired Army officer who was quite rigid in attitude and discipline. His mother did not work outside the home. One older sister is married and another is in high school.

His school records indicated a history of talkitiveness, immaturity and inattention. His school grades had always been 3's and 4's (equivalent to C and D) and comments have appeared on his report cards and cumulative folder concerning the boy's poor work habits and irresponsibility.

At the time of referral to the Center David was nine years, five months old. His medical records contained nothing to indicate any problem in this field. A WISC administered in the school resulted in a score within the normal range of functioning. All his grades, however, were lower than this academic potential indicated. The case was screened and accepted by the Center for complete workup.

The parents came to the Center for an initial conference and the interview revealed a rigid family structure with the father as a strong authority figure.

For the boy, the Center psychometrist administered the following tests: Peabody Picture Vocabulary Test, Bender-Gestalt, Draw-A-Family, Gates McKillop Reading Diagnostic Test, Children's Apperception Test, and the Frostig Developmental Test of Visual Perception.

In summary, these instruments and the observations of the staff indicated that his functioning was lower than his potential, hyperactivity, limited attention span, distractibility, extreme talkativeness, and some signs of anxiety and insecurity. Also some perceptual problems were indicated.

The case was staffed and a program was planned to include the following:

1. Parent counseling to relieve home pressure.
2. Water Program
3. Special help from an Education specialist one hour a day, three days a week. The work to include the Frostig Program with additional emphasis on following directions, increasing attention span and improving work habits. Also included would be some remediation in phonics, reading and spelling.



All these staffing recommendations were followed. The parents were receptive to the suggestions made by the Center staff but, in the end, this proved to be the area of least success.

The boy was enrolled in the Saturday morning Water Program. His activity during the early weeks of the program could have been predicted from his school behavior. He ran screaming into the pool, excited, hyperactive. He was difficult to control and frequently had to be sent to the bench on the edge to settle down. He was assigned to a high school athlete who worked in the program. This young man was calm, steady, and certainly not excitable. With exceptional patience and tenacity the high school student worked on an individual basis with David and established a good "big brother" relationship. There was a noticeable diminution of the boy's undesirable activity.

The Education Specialist met with the boy as planned. At the end of the school year, April, 1967, a conference was held among the child's teacher, the Center Education Specialist and the school principal. The following points were noted and discussed:

1. There was a noticeable improvement in school work to the point where the boy was able to complete assignments and raise his grades to 1's and 2's (A and B). Spelling was improved and the classroom teacher was able to assume part of the special help in arithmetic.

2. The teacher reported significant improvement in attitude, both in the classroom and on the playground, and in his peer relations. She also stated that he was not so nervous and distractible as before the Center aid.

3. Results of the Metropolitan Achievement Tests, regularly administered to all children in the schools, were discussed. These changes appear below:

	<u>Reading</u> <u>%ile</u>	<u>Math</u> <u>%ile</u>	<u>Spell</u> <u>%ile</u>	<u>English</u> <u>%ile</u>
1966 (Before referral)	72nd	70th	35th	65th
1967 (following Center work)	97th	80th	75th	70th

A meeting was held with the parents to review the work accomplished and to reinforce their role in the remedial process. It was determined to stop Center intervention but to continue to check on David's progress.

#### Follow-up

In September 1967 of the following year, a conference was held with David's new teacher. It was the same teacher who had David a month in fourth grade last year before he was demoted.

Page 3  
Underachievement:  
Case Study # 5

The teacher reported no difficulties and that David was doing excellent work and showing progress equal to most of the others in the class. He was reported to have a cooperative attitude and that he participated in class activities, has good peer relationships and that he has volunteered to do extra work.

Follow-up 1968

The family moved during the summer and in September David enrolled in a new school. On October 15, 1968, the principal was asked about David's progress. He was surprised that David had ever been referred to the Center and could not understand why he would have needed to be referred.

STATUS OF CASES

Number of referrals, December 31, 1968	275
Programs planned, carried through and completed:	40
Programs planned but not completed:	22

Of these eighteen families moved from the community prior to completion, reflecting, in part, the transiency of families associated with the military at F. E. Warren Air Force Base. Four families withdrew permission prior to completion of work.

Program planned and now in progress:	109
No programs planned:	104

This figure reflects on the program-planning aspect of the Center's work. Prior to placement, referral to another agency or back to school, a diagnostic workup was completed.

No parent permission:	8
Referred to special education:	31
Referred to other agencies:	22
Accepted for testing only:	11
Referred back to the school:	21
Not accepted at screening:	5
Other:	5

TOTAL	275
-------	-----

TYPES OF EVALUATION

Report Card Grades:

Case No. 8: This boy was referred to the Center while enrolled in the fifth grade. During his fifth and sixth grade years he received aid from the Center in the form of counseling, an academic program, and enrollment in the water program. Grades listed here are for fourth grade, prior to his referral and for the first quarter of seventh grade, following the termination of the individual program at the end of the sixth grade.

Fourth Grade		Seventh Grade	
Arithmetic	F	Math	B
Health	D	----	
Art	D	Art	C
Language Arts	F	English	B
Music	D	----	
Reading	D	Reading	C
Science	D	----	
Social Studies	F	Social Studies	F
----		Industrial Arts	D

Progress as Shown in Testing Regularly Administered in the Schools:

Case No. 3: This boy received an individualized academic program during his fifth and sixth grades. Scores are given for the Iowa Tests of Basic Skills for the Fall 1966, prior to referral; the Fall 1967, during the program; and Fall 1968, in the seventh grade following termination of the program in sixth grade.

	Fall 1966	Fall 1967	Fall 1968
Vocabulary	3.2	6.0	7.6
Reading	4.8	4.2	6.9
Spelling	3.2	4.2	4.1
Capitalization	2.5	5.2	6.0
Punctuation	4.6	5.4	6.4
Usage	4.0	3.3	5.0
Total Language	3.6	4.5	5.4
Map Skills	5.5	6/7	7.5
Graphs	4.5	4.1	7.8
Reference Skills	3.5	4.9	5.9
Total Work Skills	4.5	5.2	7.1
Arithmetic Concepts	3.4	6.3	6.6
Arithmetic Problems	4.0	5.8	7.6
Total Arithmetic	3.8	5.8	7.1
Composite	4.0	5.1	6.8

Reevaluation by Center Testing during the Program

Case No. 12

The tests first administered in the fall of 1966 and then readministered in the fall of 1968 included the Wechsler Intelligence Scale for Children, the Peabody Picture Vocabulary Test, the Gates-McKillop Reading Diagnostic Tests and the Gates MacGinitie Reading Tests. Results of these instruments (in part) are presented here. They reflect areas of improvement as a result of the Center program as well as areas in which improvement has not been seen.

Wechsler Intelligence Scale for Children

1966: Verbal IQ - 82 Performance IQ - 83 Full Scale IQ - 81  
1968: Verbal IQ - 92 Performance IQ - 76 Full Scale IQ - 83

Subtest Scatter:

	1966	1968		1966	1968
Information	4	9	Picture Completion	7	5
Comprehension	8	7	Picture Arrangement	8	9
Arithmetic	6	7	Block Design	5	6
Similarities	6	10	Object Assembly	9	5
Vocabulary	13	12	Coding	9	8
Digit Span	6	8	Mazes	8	-

Peabody Picture Vocabulary Test:		1966	1968
	MA	10-4	10-8
	IQ	109	97
	Percentile	71st	41st

Gates-McKillop Reading Diagnostic Tests:			
	Oral Reading	1.9	4.0

Gates MacGinitie Reading Tests:			
	Vocabulary	1.6	3.4
	Percentile	12th	27th
	Comprehension	1.9	2.7
	Percentile	18th	16th

Teachers' Comments

Since the Center personnel work closely with the classroom teacher, the comments that the teacher provides both in written form and in conference are important in evaluating the progress of the program. Technical Report No. 4 was concerned with the teachers' evaluations of the Center. Below are individual comments taken from the surveys used in soliciting the information for that report.

Case No. 12

Has the child's behavior changed?

"yes"

Have peer relationships changed?

"yes"

"Steve can read and this is true only because of the help he has received from the Center."

Case No. ? (child not identified on response)

Has the child's behavior changed?

"yes"

Have peer relationships changed?

"no"

"The child in question has improved in deportment but I see no change in his ability to communicate with other youngsters in his class. Although our relationship is one of trust, I see the need for help from the Diagnostic Center next year."

Indicate areas in which the EDPC has met your expectancies:

"Establishing an atmosphere of openness and trust, something this child greatly needs."

Case No. 84

Has the child's behavior changed?

"yes"

Have peer relationships changed?

"yes"

"John's social behavior has changed but is still quite poor. He cannot get along with others whereas last year he didn't associate with them at all. He had poor behavior patterns but they have been changing since last year."

Indicate areas in which the EDPC has met your expectancies: "When compared with the first work John produced, we can see great strides have been made. He has learned his letters and their sounds and how to follow directions. He still needs help."

#### Reports from the Parents

Again, oral and written reports from the parents assist the Center staff in judging the quality of the work being done by the workers and the progress being shown by the child. From the surveys used in soliciting information for Technical Report No. 4, are taken these comments from the parents.

Case No. 55

Indicate areas in which the Center has met your expectancies:

"Counseling has been especially helpful and the fact that school progress of our child will continued to be monitered."

Case No. 71

"There has been a great improvement in his interest in learning and trying hard. His vocabulary has increased greatly."

"They (the Center staff) have made many suggestions in helping him progress upward. They showed us a complete academic evaluation of our child so we could understand him."

Case No. 47

"Dan's biggest improvement is his own feelings about himself. He no longer feels worthless and "dumb." Best of all, he no longer suffers from nightly nightmares. He still has a long way to go but he is no longer last."

Case No. 25

Indicate areas in which the EDPC has met your expectations:

"Having Mrs. Werner come for consultation; she was more help than I could possibly write."

Case No. 68

"Our child has been able to attend public school as a result of the Center's working with her."

Reports of the Center Workers

At the end of the school year, the members of the staff complete form #20 describing the areas in which each child has shown improvement or no change and offering recommendations for continued work.

A few copies of actual forms completed by the Center workers are included on the following pages.

Characteristics Forms

To assist in achieving goal g, to permit school personnel to revise their concepts of success and see growth in indices other than simple academic achievement, the Characteristics Form was developed by the Center education specialists. A more complete description of this is included in section G but since the form also served in evaluating the child a sample is given here. Following the end-of-year evaluation forms, on the following pages, is one example of results with the Characteristics Form. The sample has been condensed so that results from both the fall of 1967 and spring of 1968 are included on the same sheet. Only the first page of the form is shown.

Case No. 106

Name \_\_\_\_\_ Date 1968-5-23

Improvement:

No Change: Because of extreme hyperactivity Vaughn cannot be tested accurately. Dr. Fiske is attempting to adjust medication so he can be tested and a program prepared for him. Lack of parent cooperation hinders progress.

Overall Progress:    None            Poor            Fair            Good            Excellent  
                            X              \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Recommendations: (Continued on Back)

Continued follow-up



Case No. 90

Name \_\_\_\_\_ Date 68/5/17

Improvement:

Michael has shown much improvement in ability to listen to directions and follow through, in increased attention span and in being able to wait to take his turn.

Frostig test indicates Perceptual Quotient of 98 with percentile rank of 45.

No Change: Still very immature

	None	Poor	Fair	Good	Excellent
Overall Progress:	_____	_____	_____	<u>  X  </u>	_____

Recommendations: (Continued on Back)

Michael should remain in Miller school at least one more year since he is still very immature for the regular classroom situation.

Case No. 86

Name \_\_\_\_\_ Date 1968-5-21

Improvement:

Kerry Lu was referred to the Center by her kindergarten teacher (66-67). She received counselling and play therapy from the Center. In the fall of (67-68) her first grade teacher noted that she was progressing nicely and no further help was needed. Periodic checks with the school have indicated good adjustment and no problems.

No Change:

	None	Poor	Fair	Good	Excellent
Overall Progress:	_____	_____	_____	_____	<u>    X    </u>

Recommendations: (Continued on Back)

Case Closed

May be reopened if conditions should arise to make this necessary.

CHARACTERISTICS FORM

Case No. 124

- Ratings: 1 - Good  
 2 - Above Average  
 3 - Average  
 4 - Below Average  
 5 - Poor

I. Personal Characteristics:

A. Social Behavior

	1967	1968
1. Gets along well with peers	1 2 (3) 4 5	1 2 (3) 4 5
2. Follows directions	1 2 (3) 4 5	1 2 3 (4) 5
3. Uses acceptable manners	1 2 (3) 4 5	1 2 3 4 (5)
4. Has self control -		
on playground	1 2 (3) 4 5	1 2 (3) 4 5
in classroom	1 (2) 3 4 5	1 2 (3) 4 5
How much control is exercised?		
5. Cleans up after work periods	1 (2) 3 4 5	1 2 3 (4) 5
6. General temperament	1 2 (3) 4 5	1 (2) 3 4 5
7. Doesn't interfere with others' activities	1 2 (3) 4 5	1 2 (3) 4 5
8. Trustworthy when not supervised	1 (2) 3 4 5	1 2 3 (4) 5
9. Attention span	1 2 3 (4) 5	1 2 3 4 (5)
10. Accepting criticism	1 2 3 (4) 5	1 2 (3) 4 5
11. Classroom attitude	1 2 (3) 4 5	1 2 3 4 5
12. Accepting responsibility	1 2 (3) 4 5	1 2 3 (4) 5
13. Does he respect property?	1 (2) 3 4 5	1 2 (3) 4 5
14. Is he kind to animals?	1 2 3 4 5	1 2 (3) 4 5

APPENDIX C

Half-Way Class Report . . . . .page 1  
Group Counseling in a Half-way Class. . . . .page 3  
Pupil Pre- and Post Essays. . . . .page 5

### HALF-WAY CLASS REPORT

On February 6, 1967, at the instigation of the Diagnostic Center, a half-way class was organized, and it was composed of five sixth graders from Churchill School. These particular pupils had been categorized as low achievers and potential drop-outs. In addition, two low achievers in the fifth grade were included in the class.

The purpose and objective for this class was to re-expose these individual students to the basic academic program of an elementary school which would provide them with a better outlook on school life in general.

They were counselled both individually and in group sessions once a week. The academic program was conducted four days a week from 8:45 a.m. to 11:50 a.m. and in the afternoons they participated in their regular assigned classrooms. This program was continued until May 20, 1967.

The morning academic program included arithmetic with addition and subtraction facts. Using combination facts, they were taught reasoning and logic problems. Subsequently, we continued with drill on multiplication-division facts, they were taught reasoning, number sequences, geometrical forms, decimals and fractions.

Reading was also included in the academic program. This subject was taught primarily from the text "Webster Classroom Reading Clinic." This book contains the basic fundamentals of phonics, word attack, comprehension and listening. Also, materials in books were used which contained extra silent reading for high interest levels and low reading levels. A variety of materials were used for new approaches to stimulate interest in reading. Mechanically, the Language Master was utilized to increase auditory and visual perception, to broaden individual vocabularies, and to strengthen spelling skills.

Two of the students were exposed to the S.R.A. Reading Program. These two students were at higher reading levels than the other members of the half-way class. The MacMillan Reading Spectrum was used to broaden the reading and language program. The verbal encoding and decoding was increased by using and memorizing nonsense verses, telephone number games, and tape recorded stories, the conclusions to which were formulated by the students either verbally or in writing. The students also created stories by using an overhead projector and by sketching animated characters on a chalk board. The students taped a radio script which they entitled "The Boyhood of Great American Leaders" with each student selecting his own favorite American leader.

All of the students were encouraged to evaluate themselves realistically in terms of their future possibilities both with and without a high school education. Attached are some samples of papers written by the students prior to their attendance in the half-way class, and some samples of papers written by them just prior to termination of the special class. It is interesting to note, that all of these papers express by inference an individual recognition of being culturally deprived. The writer is of the

opinion that the papers of each individual student show significant improvement in attitude, ability in written expression and thought sequence. (The papers of each individual student are marked A and B, the latter being the last paper written by the respective student.)

In addition to the academic program for the students which was held within the confines of Churchill School, the regular teachers and parents of each student were oriented periodically on the program and the students response thereto.

The sixth graders, members of the half-way class, returned to their regular classrooms in junior high school during the fall of 1967. The Diagnostic Center is continuing to observe their progress. The undersigned has made periodic visits to their respective classrooms and consulted with their individual teachers. At the beginning of these consultations, a lack of interest was apparent on the part of these teachers. However, after giving them insight into the individual problems of each student and what had been done last spring to alleviate these problems, they voiced a better appreciation of the student's ability and seemed to look forward to developing a better student-teacher relationship.

In conclusion, it is emphasized that this half-way class was a pilot program. We considered that it had a lot of individual benefit and that its future applicability use is unlimited.

Submitted by:

MERRILYN BORTHWICK

## GROUP COUNSELING IN A HALFWAY CLASS

### 5th - 6th Grade Boys

Group counseling sessions with the boys in the half-way class were initiated on February 17, 1967. These sessions, in the beginning, were one hour in length one day a week with five boys participating as a group. The group met through May, 1967, though it was broken into two small groups April 7, 1967.

These sessions were carried on with a very permissive atmosphere with minimum limitations being placed on activity. These limitations were placed in order to prevent injury to equipment in the room itself and injury to self or another member of the group.

The group, was at first, very concerned with activities requiring work with their hands, and were unrealistic in the goals set up for themselves within the group. It was obvious that two boys in particular, were dominating factors in the choice of activities by the remainder of the group. It was also obvious that one boy was used as a scapegoat or target for any undesirable behavior. Blame was readily assigned to him by all the other group members.

#### Summary of feelings in the beginning:

- 1) Uncertainty about not being told what to do.
- 2) Not sure of my role - teacher or pal.
- 3) Uncertainty as to feeling about not having to complete projects.
- 4) Concern over money to be used for projects.
- 5) Inability to choose something to do and carry it through without specific instructions.
- 6) All seemed to feel they had to work as group - little individuality.
- 7) Little feeling - except disgust - seemingly, for the scapegoat in the group.

As the group progressed, the boys began to develop individual interests and completed several projects in copper, clay, wood. More and more discussions developed concerning problems common to all of them. Among topics discussed: 1. Feelings of the boys about the half-way class; 2. Feelings of teachers and friends concerning the half-way class; 3. How parents feel about the boys and their school work; 4. Purpose of the group sessions other than crafts; 5. Group leadership - influence of it on others.

As a result of several sessions, it was decided by the boys that the group could be divided. Group pressure was less obvious in the selection of the two separate groups that had been evident before. The two group leaders were considered as instigators of ridicule or one member of the group and thus it was decided by the group that it would be better to separate them for the 3rd member's sake.

The boys also requested individual sessions so that they could talk about specific problems.

Thus overall goals met:

- 1) A more objective view of self in relation to school work.
- 2) Increased ability to talk about specific problems.
- 3) Increased individual thought and decision making.
- 4) More realistic expectations of Jr. High.
- 5) Increased awareness of influence of group pressure.
- 6) Increased ability to complete a task assigned by themselves.
- 7) Increased tolerance and acceptance of others by some members of the group.

Submitted by:

JOYE FULLER



James

Dec 7 1966

What I would do if I did not  
have to go to school

Well I would sit up and watch  
my father on. And then at 8:20 I  
would go out and watch the trial  
go to court, I can see what they  
are doing. Lets come reading. Then math  
spelling. Then read. Boy that is enough  
to make anybody crazy. Boy we  
would go to school. I guess I  
would go in front and get me a coke  
and lay down and watch TV.  
Well I had to say go-by. You  
should be staying out of school  
some day it is fun

Wish out a education  
This didn't end for a education.

International playboy. are always hand  
If you sudden us just call this number  
547-6095 in ten year call us

Sub copy

James

May 22

That would you do if you  
did not have a education  
I would stay home  
and watch T.V. and some time  
I would look for a job  
thin you become lazy  
and become weak you  
wouldnt know how to spend  
your money well you might  
even get runover. You might  
get lost. Or you might get in  
trabl with the cops. you wont  
know how to read or write  
and you would be stupid  
and if you do not have  
education you would not  
have a very good job  
a family the service  
would not have you,  
you could not have  
a car and can  
get one 15 year old  
Why do you need a education.

Robbie

Dec. 7, 66

If I had know education

If I had know education  
I would be a bum that hitched  
ride on trains. like some bums  
to and hiche ride from coast  
if I could. If I found some wood  
I would make a shobe to live in.  
If I had know education  
I would get married to a rich  
lady so I could have money and  
get a cheep job because you  
have to have a education  
to get a good job like some  
men.

My father just went to  
school until 6th grade and he  
is a parter.

The  
End

Robbie.

If I had an Education

If I had an Education I would go to college for five years and get Education there. After I got out of college I would try to get a job being a jockey. I would ~~like~~ like to ride fast thoroughbred, quarter horses, and other kinds. I would try to stay the same weight so I could ride in lots of races. I would like to get married ~~and~~ and have kids. I would like to have four children ~~and~~ and a wife. If I did have them I would take them to the races so they could ~~and~~ see the races.

question: What would you do all day if  
not in school?  
What would you do as an adult  
with no education?

Ronald

12/1/77

What would I  
do if I was not in school,

I would play with my  
dog & ride our horses.  
I'd walk around & would  
sit around the house without  
doing anything at all. But my mother  
would make me get up and do the  
dishes and then she would make  
me clean up the house for her.

Ken.

5-22-67

What I would do without  
an education.

If I did not have an  
education I could not get  
very good jobs. And I  
need a good paying job if  
I get a family. And with-  
out a good paying job I  
could not support my family  
very well and keep my wife  
and kids healthy and strong.  
If my wife or kids or I  
got sick or hurt and had  
to go to the Dr. or the  
hospital I could not pay  
for the checkups and hospi-  
tal bills. I could not  
pay the rent, gas, lights  
or anything. I would not  
have the money to get  
the things that the kids  
want.

games:

Dec 7, 1966

-Why I don't like school

The reason I don't like school is because you get into trouble with teachers or patrols. And if you for get something and she just told you oh boy what pain. and the work you get! and math oh boy I hate it! and sewing! and other jaze you have to do. I'm just like my cousin Robert Jackson I would rather be a cool ma cool guy so you can take a ride in cool cars and take chicks with you like Sara Hernandez or Janie Boyce Bo Bo's cousin. but the real chick is Sara boy what a ball and shape. Well time got me to say good by she's waiting sh-sh-sh.

Jim

what I would do with education

I would go into the navy  
or become a semi truck  
driver. I would like to  
become a truck driver  
you get paid good money  
and driving all the way  
to rawlins, fort Collins,  
nebraska, colorado and  
and the trucks that go  
P. I. C. stands for Pacific.  
The truck drivers that go  
that far must really get  
paid a lot of money. And as  
for the navy I would like  
to become a sailor you  
would learn about n, m.  
30 calibers and 50 calibers.  
and you would get paid  
good money and you would get  
a good leave. you would  
be serving your country  
well. and you would go to  
far away lands that you  
never have been in your



APPENDIX D

Reports on Inservice Training Workshops . . . . . page 1  
Unsolicited Letters in response to Workshops . . . . . page 4  
Newspaper reports of workshops . . . . . page 7

## Reports on Inservice Training

### AXTEL-HAASE INSERVICE PROGRAM

Two graduate students from Colorado State University, Mr. Brian Axtel and Mr. Robert Haase, were assigned to the Center as part of their practicum experience directed by the Southeast Wyoming Mental Health Center. They conducted an inservice training program of their own design in the spring of 1967, for twenty-four elementary school teachers. Their work was supported in part by the U. S. Office of Education Grant Number OEG-4-6-661439-1091. The two agencies cooperated on this project.

This work has a two-pronged approach since (1) service was provided to teachers and (2) an investigation was made concerning the effectiveness of presenting pertinent information to teachers via different approaches. The Center's primary interest was, of course, in the former goal. In this regard, the purposes of the program were (1) to acquaint teachers with the basic principles of learning as a mode of behavior modification, (2) to provide a series of examples and situations within a programmed text to allow for translation of theory into action, and (3) to increase teachers' feelings of confidence in their ability to deal with destructive behavior in the classroom.

Outcomes are reported in REINFORCEMENT TECHNIQUES AND THE MODIFICATION OF BEHAVIOR IN THE CLASSROOM: A PROGRAMMED APPROACH written by the two students and supervised by Dr. Sara Lyon James of the Southeast Wyoming Mental Health Center and Mr. George Storey, Acting Director of the EDPG. All materials including this report and the programmed text written for the course are available in the Center. The results were also presented at the Rocky Mountain Psychological Association Convention, Salt Lake City, May, 1967.

In general, the study indicated that neither the programmed text nor the lecture method was superior to the other in the presentation of the subject matter; nor was the presence or absence of discussion groups on the topic relevant to the quality of learning. The results did indicate, however, that younger teachers may be more able to profit from the programmed approach than older teachers. Objective measures of the information gained by the teachers and their own self-concepts in relation to it are reported in this paper.

### INSERVICE ON UNGRADED SCHOOLS

Mr. Kenneth Tye, special assistant to Dr. Goodlad of the University of California, presented a workshop on the non-graded school. The subject was chosen because (1) it is innovative and valuable, and (2) the workshop provided services to the entire school district and was not limited to the exceptionalities routinely considered by the Center.

All principals in the Cheyenne schools, except one, attended the meeting along with fifteen teachers. The workshop lasted all day Friday and a half day Saturday, April 26 and 27, 1968. Attendance remained high despite Saturday's being a non-working day.

Reaction to the workshop was extremely favorable. One letter indicating the response is included in this appendix.

### INSERVICE ON LEARNING DISABILITIES

One October 1 and 2, 1968, Mrs. Carole Rapp Stone, Learning Disorders Specialist and Consultant to the Center, conducted a two-day workshop on learning disabilities. The General Outline of the course was as follows:

- I. Language Experience and Integrities
  - A. Inner, Receptive, and Expressive Language
  - B. Functional Integrities for Normal Language Development
  - C. Channels for Learning
  
- II. Introduction to Learning Disabilities: Defining the Problem and the Population
  - A. Definition of Problem
  - B. Overview of Population
    1. Behavior integrities
    2. Spoken Language
    3. Reading
    4. Writing
    5. Spelling
    6. Arithmetic
  
- III. Remediation Principles, Methods and Materials
  - A. Task Analysis
  - B. Clinical Teaching
  - C. Remedial Approaches
    1. Behavior Integration
    2. Spoken Language
    3. Reading
    4. Writing
    5. Spelling
    6. Arithmetic

A technical report on the evaluation of this workshop has already been submitted as: A REPORT ON AN INSERVICE TRAINING WORKSHOP ON LEARNING DISORDERS.

UNSOLICITED LETTERS IN RESPONSE TO THE WORKSHOPS

*Saint Mary Elementary School*  
*Cheyenne, Wyoming 82001*

May 1, 1968

Mr. George Storey,  
Educational, Diagnostic and Planning Center,  
Cheyenne, Wyoming

Dear Mr. Storey,

We wish to thank you and your staff for the kind invitation to attend the workshop last week-end.

We feel it was a very profitable two days. The interchange among principals and teachers was especially valuable.

We are appreciative of the work which was expended in making everything run so smoothly.

Thank you!

Sincerely,

*Sister M. Patrice*  
Sister M. Patrice  
Principal

## Evaluation

The workshop on learning disorders was extremely beneficial to me. The presentation of the function of the diagnostic center in a case study gave me an idea of what the procedure is after a referral has been made.

The availability of teacher oriented tests, materials for a program, and a bibliography on learning disorders gives a classroom teacher tangible items to refer to when she has observed a child who needs help.

If possible, I feel that the workshop should be held at the center so that the materials and equipment could be demonstrated at the same time.

November 23, 1968

Diagnostic Center,

In regard to the workshop held last week:

I feel that I profited not only from the practical ideas presented, but more from the feeling of harmonious association with others whose interests are relevant to mine in working with children's problems.

You gave us the feeling that we are important — who wouldn't like that? This was evidenced by your actions as much as words.

Coming away with a sense of achievement myself, I wish every teacher could have the same experience.

Thank you for this opportunity,  
Isabelle Tomlin  
St. Marijs 6<sup>th</sup> grade

## NEWSPAPER ARTICLES CONCERNING A WORKSHOP

### Two-Day Workshop

Cheyenne teachers will wind up a two-day workshop on learning disorders sponsored by the Educational Diagnostic and Planning Center at the Hitching Post today.

Over 40 classroom teachers were in attendance at the workshops headed by Mrs. Carole Rapp Stone, learning disorder specialist, Denver, Colo.

Mrs. Stone, a regular consultant to the Cheyenne schools through the diagnostic center, has an extensive background in elementary education and speech pathology, and received her M.A. from Northwestern University.

Her work has included evaluation and remediation of learning problems associated with spoken language, reading, writing and arithmetic.

The two-day workshop centered on a definition of the problems and identification of the population of children who have such deficiencies as well as work on remediation principles and approaches, methods and materials, task analysis and clinical teaching.

The workshop was sponsored by the diagnostic center as part of its in-service training program.

## Wheatland Holds School Workshop

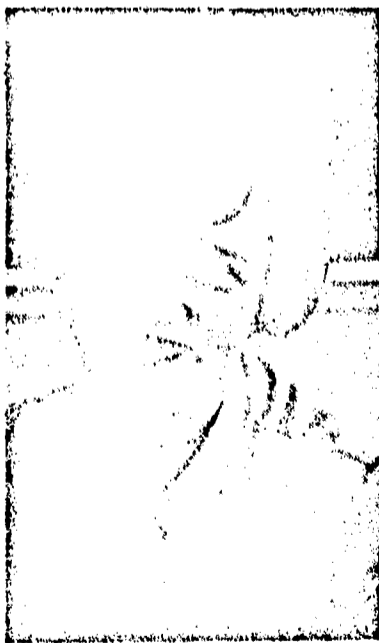
WHEATLAND — A workshop conducted by Mrs. Carole Stone will be featured Jan. 22 in Wheatland for teachers of grades 1 through 6 of the public school. Kindergarten, Rural and Head Start teachers have been invited to attend the "Workshop on Learning Disorders" by the Educational Diagnostic and Planning Center from School District No. 1 in Cheyenne.

Mrs. Stone is the Learning Disabilities Specialist of the EDP Center in Cheyenne and has an extensive background in elementary education and speech pathology and received her Master of Arts Degree from Northwestern University in Language Pathology. She has

been a consultant to the Center since its inception in the summer of 1966.

Assisting Mrs. Stone will be Charles J. Wing, director of the Center; Mrs. Pat Fleming, psychometrist; Mrs. Gloria Werne, School Social Worker (formerly of Wheatland), Mrs. Marilyn Borthwick, Elementary Teacher; Mrs. Florence M Moudy, School counselor; Dr. B. J. Fitzgerald, psychologist.

This is the first presentation in another district outside of Cheyenne. The workshop will be specifically directed towards the educational needs of the Wheatland School District.



CAROLE STONE



## Dr. Frierson to Speak Before Educators Here

The Cheyenne Education Diagnostic and Planning Center will sponsor a one-day conference for principals, school administrators and special personnel Jan. 24 at the Hitching Post Inn.

According to Center director Charles Wing, the principal conference speaker will be Dr. F. C. Frierson, of George Peabody College for Teachers in Nashville, Tenn.

He is well known in the area as a director of workshops and summer institutes on the education of children with learning disabilities, and as co-editor, with Walter B. Barbe, of "Educating Children With Learning Disabilities: Selected Readings," published in 1967.

Conference discussion will center on what can be done in the classroom to help children with learning problems, Dr. Frierson's emphasis being the special importance of the prin-

icipal's role in educating these children, Wing said.

All Laramie County area administrators have been included in the invitation to attend.

Tuesday, Jan. 28, 1969

Cheyenne

THE WYOMING EAGLE—30

## Learning Disabilities Course Set

A course in learning disabilities for the classroom teacher has been added to the University extension classes for this semester. Registration is continuing today at Cheyenne Central high school for all courses.

Mrs. Carole R. Stone will be the instructor for Education E-674 M, offered to help the classroom teacher with the observation, testing and remediation for the child who is not retarded but who has special learning problems and is achieving considerably below his potential.

The class will meet on Tuesdays. Prerequisite is six semester hours of education.

## Aiding 'Slow' Children . . .

# Teachers Get Advice From an Expert

By DIANE WATSON

If a child has trouble learning, his disabilities might be attributed to causes other than poor teaching, Dr. Edward C. Frierson told principals, school administrators and special personnel at a conference Friday sponsored by the Educational Diagnostic and Planning Center.

Dr. Frierson, who works with

the John F. Kennedy Center for Research on Education and Human Development in Nashville, Tenn., conducted the one-day workshop at Little America to examine the cause and effect of learning disability, as well as corrective teaching methods.

Morning sessions were devoted to an explanation of why a child with good learning poten-

tial still may have difficulty performing simple tasks.

"We get stereotyped in our image of what constitutes good learning," Dr. Frierson said, "and in the process we forget some basic problems which may be physical."

A child's genetic makeup, his physical development (clumsiness, for example), his perception of things (he may mistake an A for an H), or possible brain damage ("anybody who has ever had a fever") are all contributing factors, Frierson added.

A teacher may be unaware of these interferences, he said, and blame lack of progress on a child's inability to learn when "that isn't the reason at all."

Afternoon discussion centered on the teacher's role in spotting and correcting learning disability, with emphasis on how to teach such a child.

Dr. Frierson suggested using physical movement in teaching.

In social studies, for example, a child might more easily remember that he has to cross mountains to get somewhere if he has to crawl over chairs during the lesson, Frierson said.

Dr. Frierson stressed practical application of theory — in teaching as in medicine or other areas. Often, he said, "the appendix isn't where the books say it is."

The overall purpose of the conference, according to Planning Center Director Charles Wing, was to benefit local school systems.

"The key person in the problem of learning disability is the classroom teacher," he said.

"To help these children, their teachers must be supported. The center tries to lend the needed support. We don't just identify problems. We want to know how to treat them."

Cheyenne's Diagnostic and Planning Center was established in 1965 under Title III of the ESEA act, one of its major purposes being to diagnose and aid children with learning disabilities, through support of individualized instruction in the public schools.

# School District Number Nine

Phone 322-2434

1809 13th Street

Wheatland, Wyoming 82201

LEWIS MOULTON  
SUPERINTENDENT

J. H. SCHMIEDT  
ACTIVITY DIRECTOR

PRINCIPALS  
M. LEE DUNHAM  
LUCIEN TROUCHON

JEWELL VAUDREY  
GUIDANCE



December 4, 1968

Dr. George Storey, Director  
Educational Diagnostic and Planning Center  
Cheyenne Street and McCann Avenue  
Cheyenne, Wyoming 82001

Dear Dr. Storey:

Last month two of your staff members presented a program for our W. T. K. Club in Wheatland. At that time, we made tentative plans for the Center to present an in-service training workshop for our teachers, grades 1 through 6.

Your staff members felt that Wednesday would be the most satisfactory day as your learning disorder specialist from Denver would probably be able to attend. Our teachers are very enthusiastic about this workshop and we would like to suggest one of the following dates, Wednesday, January 15th or January 22nd.

Our School Board has agreed to dismiss students in grades 1 through 6 for the day. We will have one building and all types of audio-visual equipment available. We would like to start at 9:00 A. M. and continue through the day until 3:00 P. M. The hot lunch program will be able to serve the workshop.

We do not have a special education program, a school nurse, or outside professional services. Our teachers are specifically interested in methods, programs, materials, that can be used in the classroom for students with learning disabilities.

Mr. Troughon, our Grade and Junior High Principal, has asked me to make arrangements for the workshop. I hope that it will be possible to arrange the workshop on one of these dates and I will look forward to hearing from you.

Very truly yours,

*Mary I. White*

Mary I. White  
Remedial Reading  
School District #9

MIW:ad

APPENDIX E

Partial list of materials available. . . . . page 1  
List of books in the professional library. . . . . page  
Report: Counseling Programs at the Center . . . . . page  
Report: The Water Program . . . . . page

## MATERIALS LIST

Note: This list is abbreviated, containing only a representative sampling of the materials available at the Center. Complete lists are available upon request.

### Counseling

Art and Craft Supplies	The Jobs You Get
Dramatic Play Kit	The Movies You See
Finger Puppets	The Newspapers You Read
Hand Puppets	The Person You Are
Doll House and Families	Tool Set
How To Learn to Study	What I like to Do (Grades 4-7)
How to Study	

### Language Development

Action Pictures	Objects that Rhyme
Tell-A-Story Series	Peabody Language Development Kits
Finger Puppets	Picture Game Cards
Follet Basic Learning Program	Roberts English Series
Hand Puppets	Scott Foresman Linguistic Block Series
Language Lotto (series)	See Quess (series)
Language Master and Pre-recorded Cards	Specific Skill Series
Learning Your Language (series)	Spelling and Writing Patterns (series)
Let's See (series)	SPICE
Listen and Do Records	The Syllable Game
Listen, Look, and Say (series)	Word Analysis Practice (series)
MacMillan Reading Spectrum	

### Mathematics

Abacus	Flash Cards (various)
Beads and Laces	Math Made Meaningful (series)
Clock Boards	Modern Math Through Discovery (series)
Concept Clock	Peg Boards
Cusenaire Rods	Self-Teaching Arithmetic (series)
Enlarged Place Value Sticks	Sets and Numbers (series)
Tractional Circles	Today's Mathematics Review Set - SRA
Geometric Shapes in Color	Geometric Wood Forms
Geometric Shapes for Flannel Board	

### Motor Development

Clay	Physiology of Readiness Program
Coordination Board	Records - Listening and Moving
Eye Hand Coordination Exerciser	Sequential Perceptual Motor Exercises
Jumping Rope	Puzzles (various)
Various balls, hoops, etc. for use in water program	

### Perception

Animal Puzzles and Stencils	Puzzles (various)
Color Inch Cubes	Parquetry
Configuration Cards	Peg Boards
Design Cards for Cubes	Pattern Boards
Designs in Perspective	Percepta-Phonic Teacher's Manual
Erie Program	See and Say Puzzles
Fairbanks-Robinson Perceptual Motor Teaching Materials	See Quees (series)
Frostig Materials & Program	Tactile Materials
Kinder Peg Village	Visual Motor Skills (various levels)
Listening and Moving Records	Visual Perceptual Exercises - Program #1

### Speech and Hearing

Easy Way to Difficult Sounds	Listening Center
Fun With Speech (record)	Listen-Look-Say (series)
Hammond's Consonant Blends	Picture Game Cards
Hammond's Vowel Values	Singing Sounds (series)
Language Lotto (series)	Speech Improvement Cards (series)
Let's See (series)	Think, Listen, and Say Kit
Vowel Chart	

### Spelling

Goals in Spelling (filmstrip)	Spelling and Writing Patterns (set)
-------------------------------	-------------------------------------

### Social Studies

They Helped Make America	Various maps
--------------------------	--------------

### Reading

Alphabet Cards	Language Master
Association Cards	Pre-recorded Cards for LM (various sets)
Basic Sight Vocabulary Cards	Learning and Thinking (series)
Be a Better Reader (series)	Learning Your Language (series)
Beginning Sounds - SRA	Let's See (series)
Building Reading Skills (series)	Linguistic Block Series
Consonants Blends, Cards, Lotto, Etc.	Listen and Do Records
Hammond's ABC Sound Phonics Chart	MacMillan Reading Spectrum
Hammond's Vowel Values (chart)	McCall-Crabbs Standard Test Lessons (series)
Magic Cards (series)	Reading Skills Training Program for Students (series)
Magnetic Materials	Reading with Phonics
New Basic Readers (series)	See Quees (series)
Phonic Keys to Reading (series)	Sight Phrase Cards
Phonic Picture Cards	Sound Symbol Cards for Programmed Reading
Phonic Word Drill Cards	

Reading (continued)

Phonic Skill Text (series)	Specific Skills Series
Programmed Pre-reading	SRA Reading Laboratories
Programmed Primer	Starter Concept Cards
Programmed Reading (series)	Teen Age Tales (series)
Reader's Digest Advanced Reading	Turner-Livingston Reading Series
Skill Builder (series)	Vowel cards, chart, lotto, etc.
Reading Exercises (series)	Word Analysis Practice
Word Blend	Word Picture Program
Various reading books	

Visual Aids

Abacus	Projecto-Aids Transparencies
Dolls, games and toys	Projectors
Flannel Board	Film strip, movie, overhead
Language Master & Cards	Puppets
Listening Center	Tape Recorders
Peg Board	Tachistoscope
Phonograph	Viewlex Desk Viewer

Writing

Cursive Alpha Wall Cards	Programmed Approach to Writing Books I & II
Pre-Writing Designs	Pupils Alphabet Cards
Magnetic Letters (various)	Manuscript Wall Cards

EDUCATIONAL DIAGNOSTIC AND PLANNING CENTER

PROFESSIONAL LIBRARY

By Title:

ACHIEVING PERCEPTUAL-MOTOR EFFICIENCY Vol. 1. Ray H. Barsch, Ph.D.

THE AGGRESSIVE CHILD. Fritz Redl and David Wineman

ANNOTATED BIBLIOGRAPHY ON CHILDHOOD SCHIZOPHRENIA. James R. Tilton, Marian K. Demyer and Lois Hendrickson Loew

THE APPROPRIATE PLACEMENT SCHOOL - A SOPHISTICATED NONGRADED CURRICULUM.  
Frank B. Brown

AUDITORY DISORDERS IN CHILDREN. A Manual for Differential Diagnosis.  
Helmer R. Myklebust

THE BATTERED CHILD. Helfer and Kempe, Editors.

BEHAVIORAL RESEARCH ON EXCEPTIONAL CHILDREN. Samuel A. Kirk and Bluma B. Weiner, Editors

BETWEEN PARENT AND CHILD. Dr. Haim G. Ginott

THE "BRAIN INJURED" ADOLESCENT. Sol Gordon

THE BRAIN INJURED CHILD. New York Association for Brain Injured Children

THE BRAIN INJURED CHILD (CEREBRAL DAMAGE). Ruth Morris Bakwin

THE BRAIN INJURED CHILD. Strauss and Lehtinen.

BRAIN INJURED CHILD VOL. II. Strauss and Kephart

THE CASEWORK RELATIONSHIP. Biestek

THE CHILD IN THE EDUCATIVE PROCESS. Prescott

CHILD MANAGEMENT - A Program for Parents. Judith M. Smith and Donald E.P. Smith

THE CHILD SPEAKS. Margaret C. Byrne, Ph.D.

CHILDREN OF CRISIS. A Study of Courage and Fear. Robert Coles.



**CHILDREN'S DRAMATICS SERIES - 10 Volumes. L. E. Taylor.**

Vol. I - An Introduction to Dramatics for Children

Vol. II - Informal Dramatics for Young Children

Vol. III - Storytelling & Dramatization

Vol. IV - Stunts & Skits

Vol. V - Puppetry, Marionettes & Shadow Plays

Vol. VI - Choral Drama

Vol. VII - Pageants & Festivals .

Vol. VIII - Formal Drama & Children's Theatre

Vol. IX - Pantomime & Pantomime Games

Vol. X - Radio Drama

**CHILDREN LEARN TO READ. David H. Russell**

**THE CHILD'S BOOK ABOUT BRAIN INJURY. Richard A. Gardner**

**CHORAL DRAMA. Loren E. Taylor**

**CLINICAL PSYCHOLOGICAL CONSULTATION. Norman Tallent**

**COMPLEX HUMAN BEHAVIOR. Arthur W. Staats and Carolyn K. Staats**

**CONFLICT IN THE CLASSROOM. Long, Morse and Newman**

**CONJOINT FAMILY THERAPY - A Guide to Theory & Technique. Virginia Satir**

**CREATIVE TECHNIQUES FOR TEACHING THE SLOW LEARNER. Lillian C. Howitt**

**DELAYED SPEECH AND LANGUAGE DEVELOPMENT. Nancy E. Wood**

**DESIGNS FOR READING PROGRAMS. Shelley Umans**

**DEVELOPMENTAL COUNSELING. Donald H. Blocher**

**DEVELOPMENTAL POTENTIAL OF PRESCHOOL CHILDREN. Haeussermann**

**DIAGNOSIS AND REMEDIATION OF PSYCHOLINGUISTIC DISABILITIES. Samuel A. Kirk**

**DIAGNOSIS AND TREATMENT OF LEARNING DIFFICULTIES. Leo J. Brueckner and Guy  
L. Bond**

**DIAGNOSTIC TEACHING. Marshall B. Rosenberg**

**DIAGNOSTIC TEACHING OF READING. Ruth Strang**

**DIRECTORY OF COMMUNITY SERVICES - Denver Metropolitan Area**

Professional Library  
Page 3

- THE DISABLED READER - Education of the Dyslexic Child. John Money
- DORLAND'S ILLUSTRATED MEDICAL DICTIONARY 1965 - 24th Edition
- DYNAMIC PSYCHIATRY. Franz Alexander and Helen Ross
- EDUCATION AS THERAPY - Suggestions for Work with Neurologically Impaired Children. Ruth Mallison
- EDUCATING CHILDREN WITH LEARNING DISABILITIES. Edward C. Frierson and Walter B. Barbe
- EDUCATING EMOTIONALLY DISTURBED CHILDREN. Norris G. Haring and Lakin E. Phillips
- EDUCATION OF EXCEPTIONAL CHILDREN AND YOUTH. William M. Cruickshank and G. Orville Johnson
- EDUCATIONAL THERAPY - Volume I. Special Child Publication
- EDUCATIONAL MANAGEMENT OF CHILDREN WITH LEARNING DISABILITIES (Minimal Brain Dysfunction). Ruth Edgington and Sam D. Clements
- EGO-ORIENTED CASEWORK. Miller Parad
- EMOTIONAL PROBLEMS OF LIVING. Avoiding the Neurotic Pattern. Spurgeon O. English and Gerald H. Pearson
- ENRICHMENT OF ARITHMETIC. Herbert F. Spitzer
- EVERYDAY PROBLEMS AND THE CHILD WITH LEARNING DIFFICULTIES. Bebe Bernstein
- THE EXCEPTIONAL CHILD - A Book of Readings. James F. Magary and John R. Eichorn
- EXCEPTIONAL CHILDREN - Introduction to. Harry J. Baker
- THE EXCEPTIONAL INFANT, Vol. I. Special Child Publication
- FORMAL DRAMA & CHILDREN'S THEATRE. Loren E. Taylor
- FUNCTIONAL TEACHING OF THE MENTALLY RETARDED. Fankel, Happ and Smith
- GROUP PSYCHOTHERAPY WITH CHILDREN. Haim G. Ginott
- THE HAPPY CHILD. Irene M. Josselyn, M. D.
- THE HEALTHY CHILD. Stuart, Prugh
- HEARING LOSS. Joseph Sataloff
- HELPING CHILDREN READ. Peggy Brogan and Lorene K. Fox
- HELPING HANDS. Janowitz

HELPING THE BRAIN INJURED CHILD. Ernest Siegel

HOPE THROUGH DOING. J. Norman Heard

HOW TO HOLD YOUR JOB. Stanley E. Fudell and John R. Peck

THE IMPROVEMENT OF READING. Ruth Strang, Constance M. McCullough and Arthur E. Traxler

IMPROVING THE TEACHING OF READING. Emerald V. Dechant

INDEXED BIBLIOGRAPHY ON THE EDUCATIONAL MANGEMENT OF CHILDREN WITH LEARNING DISABILITIES. Ruth Edgington and Sam D. Clements

INDIVIDUAL INTELLIGENCE TESTING. Carol Lutey

INDIVIDUALIZING READING PRACTICES. Alice Miel - Editor

INFORMAL DRAMATICS FOR YOUNG CHILDREN. Loren E. Taylor

AN INTRODUCTION TO DRAMATICS FOR CHILDREN. Loren E. Taylor

LEARNING DISABILITIES. Doris J. Johnson and Helmer R. Myklebust

LEARNING DISORDERS - Vol. 1. Jerome Hellmuth, Editor. Special Child Publication

LEARNING DISORDERS - Vol. 2. Jerome Hellmuth, Editor. Special Child Publication

LEARNING DISORDERS - Volume 3. Special Child Publication

LEARNING TO READ THROUGH EXPERIENCE. Dorris M. Lee and R. V. Allen.

LIVING WITH EPILEPTIC SEIZURES. Livingston

MANAGEMENT OF EMOTIONAL PROBLEMS OF CHILDREN AND ADOLESCENTS. A. H. Chapman, M.D.

MEASUREMENT OF SOCIAL COMPETENCE. Edgar A. Doll. (A Manual for the Vineland Social Maturity Scale.)

MENTAL MEASUREMENTS YEARBOOK.- Fifth and Sixth Editions. Oscar Krisen Buros, Editor

NEW FRONTIERS IN EDUCATION. Fred and Dorinne L. Guggenheim.

NEW TRENDS IN READING INSTRUCTION. Shelley Umans

- FOR ORAL LANGUAGE DEVELOPMENT. Rocky Mountain School Study Council
- THE OTHER CHILD. Lewis, Strauss and Lehtinen
- PAGEANTS & FESTIVALS. Loren E. Taylor
- PANTOMIME & PANTONIME GAMES. Loren E. Taylor
- PARENTS ASK. Frances L. Illg and Louise Bates Ames
- PHYSICAL DISABILITY - A PSYCHOLOGICAL APPROACH. Beatrice A. Wright
- THE PHYSIOLOGY OF READINESS. An action program for the development of perception for children. Getman and Kane
- POWER IN READING SKILLS. Walter Hill and William Eller
- PREDICTING READING FAILURE. deHirsch, Jansky and Langford
- PRESCRIPTIVE TEACHING. Laurence J. Peter
- PROBLEMS OF CEREBRAL DYSFUNCTIONS. Maurice W. Laufer
- PROBLEMS OF THE BRAIN-INJURED CHILD. Jack Leahy
- PROGRESS IN LEARNING DISABILITIES. Myklebust, Editor
- PSYCHOLOGICAL APPRAISAL OF CHILDREN WITH CEREBRAL DEFECTS. Edith Meyer Taylor
- PSYCHOLOGY IN TEACHING READING. Henry P. Smith and Emerald V. Dechant
- PSYCHOTHERAPY WITH CHILDREN - The Living Relationship. Clark E. Moustakas
- PUBLIC SCHOOL CLASSES FOR THE EMOTIONALLY HANDICAPPED: A Research Analysis. Morse, Cutler and Fink
- PUPPETRY, MARIONETTES AND SHADOW PLAYS. Loren E. Taylor
- THE PURDUE PERCEPTUAL-MOTOR SURVEY. Roach, Kephart
- RADIO DRAMA. Loren E. Taylor
- READING DIFFICULTIES - THEIR DIAGNOSIS AND CORRECTION. Bond and Tinker
- READING INSTRUCTION FOR TODAY'S CHILDREN. Nila Banton Smith
- READING IN THE ELEMENTARY SCHOOL. George D. Spache

- THE REMEDIATION OF LEARNING DISABILITIES. A Handbook of Psychoeducational Resource Programs. Robert E. Valett
- SIX MINUTES A DAY TO PERFECT SPELLING. Harry Shefter
- THE SLOW LEARNER IN THE CLASSROOM. Newell C. Kephart
- SOCIAL CASEWORK. Helen Harris Perlman
- SOCIAL GROUP WORK: A Helping Process. Gisela Konopka
- SPEECH DISORDERS - Principles and Practices of Therapy. Berry and Eisenson
- THE SPECIAL CHILD - Diagnosis - Treatment - Habilitation. Smith and Kastein
- THE SPECIAL CHILD IN CENTURY 21. Special Child Publication
- STORYTELLING AND DRAMATIZATION. Loren E. Taylor
- STUNTS AND SKITS. Loren E. Taylor
- SUCCESS THROUGH PLAY. Radler and Kephart.
- THE T.A.T. AND C.A.T. Bellak
- THE TEACHER OF BRAIN-INJURED CHILDREN - A Discussion of the Bases for Competency. William M. Cruickshank
- TEACHING CHILDREN WITH SPECIAL LEARNING NEEDS. A PROBLEM SOLVING APPROACH. Milton A. Young
- TEACHING CULTURALLY DISADVANTAGED PUPILS - Unit III. SRA
- TEACHING EDUCATIONALLY HANDICAPPED CHILDREN. Academic Therapy Publication
- TEACHING ELEMENTARY READING. Tinker and McCullough
- A TEACHING METHOD FOR BRAIN-INJURED AND HYPERACTIVE CHILDREN. Cruickshank, Bentzen, Ratzeburg and Tannhauser
- THE TEACHING OF READING. Deboer and Dallmann
- TEACHING READING. Gertrude Hildreth
- TEACHING SLOW LEARNERS - SRA - Unit III. Lee Tarver
- TEACHING THE DISADVANTAGED. Loretan and Umans

Professional Library  
Page 7

TEST SCORES AND WHAT THEY MEAN. Howard B. Lyman

THEORY & RESEARCH IN PROJECTIVE TECHNIQUES (EMPHASIZING THE T.A.T.). Bernard I. Murstein

30 DAYS TO A MORE POWERFUL VOCABULARY. Funk and Lewis

TODAY'S MATHEMATICS - A guide to Concepts and Methods in Elementary School Mathematics. SRA. James W. Heddens

TOWARD BETTER READING. George D. Spache

THE VOICE AND ITS DISORDERS. Margaret C. L. Greene

VOICE-SPEECH-LANGUAGE. CLINICAL COMMUNICOLOGY: Its Physiology and Pathology. Luchsinger and Arnold

### COUNSELING PROGRAMS AT THE CENTER

Several types of counseling programs have been organized as a part of the Educational Diagnostic and Planning Center. These have included play therapy, individual and group counseling with children, and individual and group counseling with parents.

Individual counseling with children has taken various forms on the continuum between play therapy and the structured interview. It is the Center's contention that methods of counseling needs to be geared to the individual child rather than expect the client to automatically profit from whatever techniques the counselor develops as "his way." The age, intellectual ability, personality, and problem area all contribute in determining which program will be most beneficial.

An interesting and innovative approach is that of incorporating the counseling interview in an activity setting. This work somewhat bridges the gap between play therapy and the traditional interview and is particularly effective with children referred to the Center since they so often display a broader range of behavior development and maturation than do children not manifesting such problems. The activity selected depends on the interests of the child and the counselor may or may not participate actively.

It needs to be pointed out that this situation does differ from the "big brother" or "buddy" relationship which characterizes much of camp counseling. Certainly similarities do exist but it is imperative, in this approach, that the counselor remains an adult and that both client and counselor are aware that theirs is a helping relationship. The child, especially the older child, must not be misled into believing that this is fun-time while the counselor attempts to manipulate him sub rosa. The counselor also must not select this approach with the tremulous hope that "something is just going to happen" because he attends to the child. The decision to employ an activity must be part of a purposefully planned and organized approach toward the achievement of counseling goals.

John's stepfather had, in effect, rejected him and John and his two sisters received what nurturance they enjoyed from the mother. He was assigned a male counselor but was very resistive to the interview. The periods of silence did not seem to be those which were being productive, within John, in relation to their length. During one session John and the counselor made a trip to a nearby variety store. John selected a model car to build. The next several weeks were spent in construction of the auto. John worked slowly and steadily and the counselor watched, occasionally holding a newly-glued part or interpreting a direction. Much more was now being accomplished in the silence. A male adult was attending to and therefore

ascribing value to the boy's interests. By the time the toy was completed, John was smiling regularly at the counselor and even dared to involve him in a joke.

The activity has not been evaluated for whatever influences might be inherent in the task itself, as has been done in other programs. Activities are used mainly for rapport building prior to, and during counseling, and occasionally to provide a focus for attention for the child as a relief from the stress of interview.

In their work the Center counselors have used chess, model building, shooting baskets, exercises, crafts -- leather and copper, weightlifting, ball, puppets, games and other activities. The Center also operates a water program for children with need of motor development. Since part of the sessions include structured play, children with difficulty in peer relationships are sometimes assigned to the program. In some cases, the water setting has provided excellent opportunity for counseling.

Tommy was a tense, nervous seventh-grader who twisted and entwined himself in his chair in the counseling office. He grimaced at nothing and restricted his speech to the answering of counselor's questions. He was placed in the water program. The counselor worked with Tommy individually and began to teach him to swim, a task at which the boy had never before succeeded. One morning as Tommy was being taught to float on his back he looked up at the counselor and began, "I wish that school wasn't so bad...." and the counseling had begun.

Parents are often in need of either supportive or directive counseling. The Center social worker is instrumental in conducting these sessions with couples or with husband and wife individually. This work is done either in the home or at the Center. The social worker and the senior counselor have conducted several parent counseling groups.

These latter have been held on one evening per week for a period of four weeks. From three to five couples are included in each group which meets in the living-room type room at the Center. Ostensibly the sessions are a course designed to give assistance in child rearing. A programmed text, "Child Management, A Program for Parents," by Smith and Smith, is used as a text for the course. "Between Parent and Child," by Haim Ginott is a supplementary text. The course outline is as follows:

#### First Week

General orientation  
Pre-quiz (provided by one of the authors)  
Discussion of topic of interest to group

#### Homework Assignment:

Read Sections I and IIA in text, pages 1-31  
Complete answer sheets for these two sections



## Second Week

Review text material and correct answer sheets  
Discuss one of the topics of interest selected last week

### Homework Assignment:

Read Sections IIB and III in text, pages 32-96  
Complete answer sheets for these sections

## Third Week

Review text material and correct answer sheets

Discussion of topic

Blast Off! - Selection of one problem area in the home concerning  
which one rule will be established.

### Homework Assignment:

Maintain graph of irrelevant task behaviors as described in the  
text and apply principles of text in maintaining the rule.

## Fourth Week

Discussion and evaluation of the past week's work at home.

Post-Quiz

Wrap-up

### Homework Assignment:

Maintain graph for another week or until more change can be  
observed.

The social worker will continue contact with the family on an  
individual basis as a follow-up to the course.

Although, as it was stated, that this is supposedly a course on child  
management, much counseling is done. A supportive atmosphere is main-  
tained and much interaction is encouraged. The leaders frequently avoid  
answering questions so that other members of the group can perform this  
task.

No formal evaluation is conducted. Subjective evaluation by the leaders,  
obviously not totally objective, is that these groups have been very  
successful. Attendance has been maintained. In each group there have  
been those parents who have commented, on the last evening of the course,  
on what the work had meant to them. If some of these comments would be  
quoted in a report they might be seen as "obviously phoney" in the manner  
of the testimonial. The leaders have also seen desirable changes in  
management practices. Further groups are planned.

## THE WATER PROGRAM

A growing body of literature exists which is concerned with the interaction and interdependence of psychological, academic and motor functioning of children. Finding many boys referred to the Center to be deficient in motor functioning, Mr. George Storey, acting director of the Center, 1967 - 1968, initiated the Saturday morning water program. Mr. Bob Harrington, physical education specialist, joined the Center in the fall of 1968 and continued the development of motor programs in addition to the water program.

The water program was designed, not to teach children to swim, but as a method of achieving the following goals:

1. Improvement in motor performance, especially in coordination and gross functioning, and stressing such areas as laterality, position in space, sequencing, and balance.
2. Improvement in self-concept and self-awareness through the development of body-image.
3. Provision of an activity setting to present opportunities for respondent behaviors which promote the development of social skills and peer relationships and which provide for interactions with significant other individuals.

It was hypothesized that the resistance, support, and tactile aspects of the water would increase the benefits derived from exercises in widespread use in various motor programs. In addition, the enjoyable play-type setting would provide motivation. Although some achievement can be made in swimming, and often the children do learn to swim, the approach designed by the Center is more broad than this, as evidenced by the above goals.

The class meets once a week, on Saturday mornings at 7:30 a.m., in Cheyenne's Central High School pool. Parents are responsible for transportation to and from the class which lasts one hour. Currently attempts are being made to expand this program to additional times.

The program has been for boys only. These children are assigned to the program at the staffing conference either because they have demonstrated specific or generalized motor deficiencies, or, more infrequently, to improve peer relationships in structured play, or to provide masculine influence where there is no father in the home.

The men of the Center staff, along with four members of the high school swimming teams, meet with the boys. Each of the high school students has a Red Cross lifesaving certificate. At the present there is a ratio of one instructor to two or three boys. Occasionally a child is worked with individually when he is first assigned to the class, but effort is made to include him in a small group as soon as possible. For some exercises and activities the entire group works together. Each instructor determines

the activities of his own group, guided by the program director, Mr. Harrington. Each group follows essentially the same routines but often stress is placed on one aspect of development, such as laterality, and boys manifesting these deficits are grouped together.

The final fifteen minutes of each hour is designated for play. Usually the entire group participates in one game, although it is not unusual for activities to be carried on at the same time.

A variety of materials has been collected -- balls for various uses in exercise and play, barrels with painted faces and cut-out mouths to act as targets for "basketball," washcloths to help youngsters become accustomed to putting their faces in the water, hoola hoops for jumping through, hockey pucks for diving for, and soft rope to be patterned on the floor of the pool for games of follow the leader to exercise in balance.

A partial list of exercises and activities is as follows:

1. Walking across the pool -- heel-to-toe.
2. Bouncing (hopping) across pool, feet together.
3. Running across pool.
4. Floating and relaxing.
5. Rotating in water with arms outstretched and keeping the feet in stable position on bottom.
6. Walking across pool sideways.
7. Walking across pool sideways and crossing one leg over the other.
8. Slow motion exercises.
9. Walking across pool completely rotating the body 180 degrees by pivoting on one foot and then the other.
10. A tug of war with towels.
11. Instructor throws ball to boy and shouts "Left" or "Right" to indicate which hand should be used in returning the ball.
12. Passing ball around circle or up and down rows.
13. Simon Says.
14. Tag or ball tag.

15. Water basketballs using large barrels on which clown faces have been painted. Ball goes in top and rolls out opening cut for mouth.
16. Jump in the water through hoola hoop. Variations of this include jumping in as hoop is pulled slowly in front of boy.
17. Controlling ball without touching with hands.
18. Feeling rope on bottom of pool with bare feet and balancing while following along it.
19. Learning to kick with kickboard.
20. Various games and other activities.

No evaluation was made of the progress of the first year's group other than that provided subjectively by the instructors. The present group has been pretested and will be tested again following the completion of the program. Details of such evaluation will be published at a later time.

**APPENDIX F**

**A report of one teacher influenced by the Center to individual initiative.**

A REPORT OF ONE TEACHER INFLUENCED BY THE CENTER  
TO INDIVIDUAL INITIATIVE

Mrs. Allison is a fifth grade teacher at Jessup Elementary School in Cheyenne. In the fall of 1968, she attended a two-day workshop on learning disorders offered by the Center. At this meeting she learned of the materials written by Robert E. Valett, *The Remediation of Learning Disorders*, and *A Psychoeducational Inventory of Basic Learning Abilities*.

Mrs. Allison was concerned with the progress of five pupils in her room. She secured copies of the above materials and administered appropriate parts of the test to them. Then she referred to the text for remediation procedures and initiated a program with these pupils.

She was not sure that the recommended procedures were sufficient and so, after a while, requested the aid of an education specialist from the Center. She was then provided with additional materials from the Center including phonics workbooks and a spelling program. Mrs. Allison continued to meet with her pupils twice a week. Since the five did not wish the others in the room to know of their need for the additional help, work was done on the lunch hour and the individual attention was not carried over into the regular school day.

In addition to the materials provided, Mrs. Allison made some of her own. Upon investigation it was found that these teacher-made aids were surprisingly similar to the commercially-produced materials which the Center specialist would have recommended.

Although she feels some progress has been made, Mrs. Allison plans to request the Center to make an appointment for her with the available learning disorders specialist. She hopes to have her work evaluated and to receive additional professional advice and further direction.

APPENDIX G

Characteristics Rating Form . . . . . page 1

## CHARACTERISTIC FORM

To be filled out at the beginning and end of each year by Educational Specialist and the teacher. Circle appropriate rating.

Ratings:           1 - Good  
                       2 - Above Average  
                       3 - Average  
                       4 - Below Average  
                       5 - Poor

### I. Personal Characteristics:

#### A. Social Behavior

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Gets along well with peers  | 1 | 2 | 3 | 4 | 5 |
| 2. Follow directions   | 1 | 2 | 3 | 4 | 5 |
| 3. Uses acceptable manners   | 1 | 2 | 3 | 4 | 5 |
| 4. Has self control (Is able to control his own actions without outside help.) |   |   |   |   |   |
| Playground   | 1 | 2 | 3 | 4 | 5 |
| Classroom  | 1 | 2 | 3 | 4 | 5 |
| How much control is exercised?   | 1 | 2 | 3 | 4 | 5 |
| <b>Remarks:</b>  |   |   |   |   |   |
| 5. Cleans up after work period   | 1 | 2 | 3 | 4 | 5 |
| 6. General temperament   | 1 | 2 | 3 | 4 | 5 |
| 7. Doesn't interfere with others' activities                                   | 1 | 2 | 3 | 4 | 5 |
| 8. Trustworthy when not under direct supervision                               | 1 | 2 | 3 | 4 | 5 |
| 9. Attention span  | 1 | 2 | 3 | 4 | 5 |
| 10. Accepting criticism  | 1 | 2 | 3 | 4 | 5 |
| 11. Classroom attitude   | 1 | 2 | 3 | 4 | 5 |
| 12. Accepting responsibility   | 1 | 2 | 3 | 4 | 5 |
| 13. Does he respect property   | 1 | 2 | 3 | 4 | 5 |
| 14. Is he kind to animals  | 1 | 2 | 3 | 4 | 5 |



**B. Health**

1. Posture	1	2	3	4	5
2. Can care for personal needs					
Puts on and ties shoes	1	2	3	4	5
Buttons and zips clothing	1	2	3	4	5
Recognizes and avoids simple hazards	1	2	3	4	5
Discriminates edible substances, e.g. paste, crayons, etc.	1	2	3	4	5
Personal appearance	1	2	3	4	5
3. Has good table manners	1	2	3	4	5
4. Cares for self in bathroom	1	2	3	4	5
5. Unusual tiredness	1	2	3	4	5
6. Does he seem physically fit	1	2	3	4	5
7. Are his health habits good	1	2	3	4	5

**C. Emotional Development**

1. Does he adjust to the present school environment	1	2	3	4	5
2. Does he have self confidence? In what areas?	1	2	3	4	5
3. Is he interested, active, cheerful and happy?	1	2	3	4	5
4. Attitude toward adults?	1	2	3	4	5
5. Attitude toward teacher?	1	2	3	4	5

D. Mental Development

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Is his memory span average for his age?     | 1 | 2 | 3 | 4 | 5 |
| 2. Does he work out his own problems?          | 1 | 2 | 3 | 4 | 5 |
| 3. What is his special ability/abilities?      | 1 | 2 | 3 | 4 | 5 |
| 4. Is he an under-achiever?                    | 1 | 2 | 3 | 4 | 5 |
| Over-achiever?                                 | 1 | 2 | 3 | 4 | 5 |
| 5. Can he select and pursue indepent activity? | 1 | 2 | 3 | 4 | 5 |

E. Experience Background

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Has his home background been rich in experience?   | 1 | 2 | 3 | 4 | 5 |
| a. Has he traveled with the family?   | 1 | 2 | 3 | 4 | 5 |
| b. Does he have toys, books, pets, collections?   | 1 | 2 | 3 | 4 | 5 |
| c. Do parents read to the child?  | 1 | 2 | 3 | 4 | 5 |
| d. Is English spoken in the home?   | 1 | 2 | 3 | 4 | 5 |
| 2. Does he have a reasonable background concerning pets, animals, birds, transportation, food, shelter, etc.? | 1 | 2 | 3 | 4 | 5 |

## II. Behavioral Characteristics

Points for examiner to watch for in examining child

1. Refusal to cooperate	1	2	3	4	5
2. Greater activity than average	1	2	3	4	5
3. Tics	1	2	3	4	5
4. Drooling	1	2	3	4	5
5. Short attention span	1	2	3	4	5
6. Distractibility	1	2	3	4	5
7. Unusual hand or finger play (playing with hair, masturbation, tongue, nose picking, nail biting, thumbsucking.)	1	2	3	4	5
8. Perseveration	1	2	3	4	5
9. Echolalia (imitating speech of others)	1	2	3	4	5
10. Inappropriate comments	1	2	3	4	5
11. Gesture language	1	2	3	4	5
12. Attention seeker -- how?	1	2	3	4	5
13. Unusual voice quality	1	2	3	4	5
14. Clumsiness	1	2	3	4	5
15. Poor eye contact	1	2	3	4	5
16. Self concept	1	2	3	4	5
17. Rocking in straight chair	1	2	3	4	5
18. Excessive day dreaming	1	2	3	4	5

End of year report. What methods were successful in working with this child?  
Describe:

APPENDIX H

Case Study No. 1: Referral to another agency. . . . . page 1

Case Study No. 2: Interagency cooperation . . . . . page 2

List of Members of Lay Advisory Committee. . . . . page 4

List of Members to School Advisory Board . . . . . page 5

List of agencies and individuals with whom Center has  
cooperated or from whom information has been solicited. . . . page 6

Newspaper report on new audiometer . . . . . page 8

## Case Study No. 1: Referral to Another Agency

Ed B. was referred to the Educational Diagnostic and Planning Center from Central High School in the spring of 1967 at the insistence of his parents. He had been attending the high school for three years taking general shop and crafts courses and not amassing sufficient academic hours for graduation.

At the time of referral Ed was nineteen. He had attended the special school for the educable mentally retarded. He had been tested several times with individual intelligence instruments and all scores indicated borderline classification. Because of the boy's age and school situation, other academic and diagnostic testing was not done.

A Center counselor worked with Ed and arranged meetings at Laramie County Vocational Rehabilitation Center. Arrangements were made for the parents to visit this facility also. The Wyoming State Employment Service administered the GATBY and several areas of promise were indicated.

Arrangements were made to send Ed to Denver, Colorado, to live in a sheltered environment and receive additional evaluation and then training at Goodwill Industries. The greater part of the summer of 1967 was taken by this procedure. Following this Ed was offered a job but instead, he enlisted in the United States Army.

After his enlistment, Ed spent some time in training and then was sent to Vietnam. He was wounded in action, awarded a purple heart and after a time in the hospital returned to action. In July, 1968, he died of additional wounds received in the field.

## Case Study No. 2: Interagency Conference - April 20, 1967

Ronnie L. was referred to the Educational Diagnostic and Planning Center for school learning problems. He had spent two years in a school for the educable mentally retarded and then was returned to junior high school, ninth grade.

The boy lived with his mother only, the father having left the community following divorce. A younger sibling was living in a residential treatment center. There was much difficulty in convincing the mother to refer the child since both she and the boy were afraid of placement again in the special school. Following the workup, the testers reported mild mental retardation, severe motor difficulties (having resulted from polio earlier in life), and marginal school adjustment. The boy manifested a "cough-snort" which appeared to be an anxiety reaction and which increased in incidence as demands were made.

Involved in the interagency conference following the workup were: Dr. Don Joder, family physician; Mr. David Stugart, of Vocational Rehabilitation; Mrs. Eleanor Alley, caseworker for the mother from Welfare Department, Dr. Sara James, of Southeast Wyoming Mental Health; Dr. Don Herrold, psychiatrist in private practice; Mr. Dale Tangeman, dean from the school in which the boy was enrolled; and Mr. Roy Troyer, dean from the school from which the boy was referred. The Center was represented by Mr. George Storey, Miss Sally Jo Sessoms, Mrs. Gloria Werner and Mr. Ted Gloeckler.

Each participant contributed knowledge of the family and problems. Dr. Joder presented a medical history and Dr. Herrold reported some success in stopping the cough through structured extinction. Dr. James presented psychological findings from the school records and the school representatives described the boy's behavior in the school situation. Mrs. Alley presented a report concerning the home life and the functioning of the mother. Mr. Stugart described his role in securing work for the mother.

A group of recommendations resulted from the conference:

1. Dr. Herrold would continue to see the boy.
2. Miss Sessoms would visit the home to gain additional information.
3. The Diagnostic Center would provide additional academic and aptitude testing.
4. If warranted on the basis of the additional findings, Vocational Rehabilitation would prepare a program of work-learning experiences.

The first three of these recommendations were completed and Vocational Rehabilitation did outline plans for help. The mother decided to wait to see how the boy would do in high school.

The Center cooperated with school personnel in determining placement and class schedule and the boy entered high school in the fall of 1967. The mother reported that the boy was now "happier than he ever has been" in the new school. The boy passed all subjects for the first quarter. It was decided to wait another quarter but the boy passed all subjects, although with just passing grades. The school counselor, after visiting with the boy's teachers, learned that they had felt sorry for him and that since he had given them no trouble and was trying, they were giving him passing quality. Although they were asked to grade the boy realistically, he continued to pass in school and the mother therefore refused the aid set up by Vocational Rehabilitation.

The case was eventually closed and the boy remains in the high school.

The following people have accepted positions on the Community Advisory Board for the Educational Diagnostic and Planning Center for the 1968-1969 school year.

ALLEN, Gaylord R.  
3524 Birch Place  
Cheyenne, Wyoming 82001

AUBUCHON, Ruth  
"KFBC-TV"  
2923 East Lincolnway  
Cheyenne, Wyoming 82001

BAILEY, Dr. George W.  
Superintendent of Schools  
School Administration Building  
Cheyenne, Wyoming 82001

BORTHWICK, Dean  
534 Harvard Lane  
Cheyenne, Wyoming 82001

BREEDEN, Leo  
Assistant Superintendent  
of Instruction  
School Administration Building  
Cheyenne, Wyoming 82001

CAMPBELL, Dr. Walter D  
1923 A. Seneca  
Francis E. Warren AFB  
Cheyenne, Wyoming 82001

FISK, James M.D.  
3100 Henderson Drive  
Cheyenne, Wyoming 82001

HICKEY, Mrs. J. J.  
3418 Central Avenue  
Cheyenne, Wyoming 82001

HIRST, Wilma E.  
School Administration Building  
Cheyenne, Wyoming 82001

JAMES, Dr. Sara Lyon  
Director of Exceptional Children  
State Department of Education  
Capitol Building  
Cheyenne, Wyoming 82001

JODER, Donald K., M.D.  
1801 Logan Avenue  
Cheyenne, Wyoming 82001

JOHNSTON, T. L., M.D.  
P.O. Box 407  
Cheyenne, Wyoming

KERR, Mrs. Ewing T  
2951 Spruce Drive  
Cheyenne, Wyoming 82001

MORGAN, Clellen L., PH.D.  
305 East 24th  
Cheyenne, Wyoming

REED, Wallace K.  
2763 Deming Boulevard  
Cheyenne, Wyoming

O'NEIL, James O., Pastor  
Church of St. Mary  
2105 Capitol Avenue  
Cheyenne, Wyoming

WALKLEY, Rev. Robert E.  
3621 Pioneer Avenue  
Cheyenne, Wyoming 82001



SCHOOL ADVISORY BOARD

1968-69

BARNHART, Dixie Lee  
Rossman School

BROYLES, Marshall  
Principal  
Carey Jr. High

CURFMAN, Howard  
Pioneer Park School

DAVIS, Ken  
School Administration  
Building

DOBBS, Margaret  
Davis School

MORRISON, Mary J.  
Henderson School

Invitations always sent to the following people:

Dr. George W. Bailey  
Superintendent

Leo Breeden  
Assistant Superintendent  
of Instruction

## LIST OF COOPERATING AGENCIES

Wyoming State Department of Education, Cheyenne, Wyoming  
Laramie County Medical Society, Cheyenne, Wyoming  
Laramie County Department of Public Welfare, Cheyenne, Wyoming  
Southeast Wyoming Mental Health Center, Cheyenne, Wyoming  
Wyoming Department of Public Health, Cheyenne, Wyoming  
Child Development Center  
Rocky Mountain Behavioral Scientific Institute, Inc.  
Rocky Mountain Educational Laboratory, Inc.  
Wallace Village for Children, Denver, Colorado  
University of Wyoming, Laramie, Wyoming  
Colorado State University, Fort Collins, Colorado  
Colorado State College, Greeley, Colorado  
University of Colorado, Boulder, Colorado  
Family physicians  
Ophthalmologists  
Warren Air Force Base physicians, Cheyenne, Wyoming  
Warren Air Force Base Education Facilities (counselors; psychiatrists)  
School District Speech Therapists, Cheyenne, Wyoming  
School District Nurses, Cheyenne, Wyoming  
Title I, Cheyenne, Wyoming  
Wyoming Vocational Rehabilitation, Cheyenne, Wyoming  
Laramie County Public Health, Cheyenne, Wyoming  
Crippled Childrens' Division of Wyoming State Department of  
Public Health, Cheyenne, Wyoming  
Laramie County Superintendent of Schools, Cheyenne, Wyoming  
Speech and Hearing Center, Colorado State University, Fort Collins,  
Colorado  
Institute of Logopedics, Wichita, Kansas  
Lackland Air Force Base Hospital, San Antonio, Texas  
Fitzsimons Air Force Base Hospital, Denver, Colorado  
John Kennedy Foundation, Denver, Colorado  
Big Horn Basin Childrens' Center, Goettsche Rehabilitation  
Center, Thermopolis, Wyoming  
Fran Osborn, Occupational Therapist, Cheyenne, Wyoming  
Boettscher Clinic Children's Hospital, Denver, Colorado  
Childrens' Hospital, Denver, Colorado  
University of Colorado Medical Center, Denver, Colorado  
Colorado General Hospital, Colorado Psychopathic Hospital,  
Denver, Colorado  
Head Start Program, Cheyenne, Wyoming  
Central Wyoming Counseling Center, Casper, Wyoming  
Rillito Special School, Amarillo, Texas  
Speech Clinic, Newark State College, Union City, New Jersey  
Philip Huber, neurosurgeon, Detroit, Michigan  
Bonfils Stanton Clinic, University of Colorado, Boulder, Colorado

USAF Hospital, Chanute Air Force Base, Rantoul, Illinois  
Wyoming State Training School, Lander, Wyoming  
Dr. Patterson, osteopath, Ault, Colorado  
San Marino School District, California  
Carole Stone, Learning Disability Specialist, Denver, Colorado  
Community Action of Laramie County, Inc., Cheyenne, Wyoming  
Havern School, Loretta Heights School, Denver, Colorado  
Laridan Hall, Denver, Colorado  
Navajo School, Phoenix, Arizona  
Laramie County Special Education Instructional Materials Center,  
Cheyenne, Wyoming  
Fletcher-Miller Special Education School, Denver, Colorado  
Natrona County Elementary District, Casper, Wyoming  
School District #1, Kemmerer, Wyoming  
Wheatridge Training Home, Denver, Colorado  
Lapham School, Madison, Wisconsin  
Woodinville Special Service Center  
Joseph Mann, ACSW Director, Southeast County Services, Rock  
Springs, Wyoming  
Dr. Hoffman, Dayton, Ohio  
Nebraska Orthopedic Hospital, Lincoln, Nebraska  
National Jewish Hospital, Denver, Colorado



**AN AUDIOMETER**, a highly complex machine designed to detect hearing and speech problems, was donated to the Educational Diagnostic Planning Center yesterday by Dr.

Russell I. Williams. Shown with the machine are (l to r): Orville L. Kelly, coordinator of speech and hearing services; Dr. Williams; Loyd Crane, superintendent of schools; and Ted Gloeckler, guidance specialist at the diagnostic center.

## Audiometer Given Diagnostic Center

Dr. Russell I. Williams, eye, ear and throat specialist, donated an audiometer to the Educational Diagnostic Planning Center yesterday.

The machine will replace small portable and inadequate machines, will be used to screen the hearing of between 5,000 and 8,000 students annually in the third through fifth grades.

Orville L. Kelly, coordinator of speech and hearing services, said it is a "marvelous windfall that we couldn't afford to purchase."

The machine, valued at over \$650, is designed to detect speech defects as well as hearing defects.

"The complex machine can test subjects in all phases of auditory problems," Kelly said.

Receiving the audiometer from Dr. Williams was Lloyd Crane, superintendent of schools, Ted Gloeckler, guidance specialist at the diagnostic center, and Orville Kelly.

DR. RICHARD B. Hood, director of the Hearing Clinic at Colorado State University, discusses the clinical audiometric testing facilities which have been installed at the

Educational Diagnostic and Planning Center, with Mrs. Nina Smith, speech and hearing correctionist at the center.

## Audiometric Testing Facilities Installed

Clinical audiometric testing facilities have been fully installed at the Educational Diagnostic and Planning Center of the Cheyenne public schools.

This facility consists of an acoustically-treated audiologic testing room purchased by the EDP Center, and a clinical audiometer donated by Dr. Russell I. Williams, local ear, nose, throat physician.

This facility and equipment will be used specifically by trained personnel of the EDP Center, and the Speech and Hearing Services Department of the Cheyenne public schools for the purpose of improving

the authenticity of audiometric test results of children who manifest hearing impairment. Audiologic assessment of hearing acuity is one of the first steps in the procedure of identifying children with significant learning disabilities.

To enhance the validity of all test results, Dr. Richard B. Hood, director of Hearing Clinics, Colorado State University, Fort Collins, held a training class Aug. 30 at the EDP Center for speech and hearing therapists and nurses of the center and the Cheyenne public schools.

Dr. Hood instructed these people in the technical approaches of pure tone and speech audiometry techniques.

According to Charles Wing, director, EDP Center, and Orville L. Kelley, Coordinator, Speech and Hearing Services, Cheyenne public schools, the establishment of this type of audiometric facility in the public school setting is the only one known of its kind in the state of Wyoming, and possibly in any of the bordering states.

The addition of this audiologic facility and equipment definitely will meliorate the effectiveness of the already established hearing conservation program of the Cheyenne public schools, as well as of the diagnostic services of the Educational Diagnostic and Planning Center, the director said.

APPENDIX I

List of Talks Given by Center Staff Members. . . . . page 1

Newspaper Reports of Center Activities . . . . . page 7

Letters received concerning:

    Requests for information . . . . . page 18

    Support of Center activities . . . . . page 21

**IN-SERVICE ORIENTATION TALKS GIVEN BY CENTER PERSONNEL TO TEACHERS AND PATRONS  
EDUCATIONAL DIAGNOSTIC AND PLANNING CENTER**

GROUP	DATE	NO. IN ATTENDANCE	CENTER PERSONNEL PRESENTING
S. Wyoming Life Underwriters Eastridge, Clark, Fincher and Alta Vista Schools	Sept. 12, '66	35	Dean Talagan
Dist. #1 Special Personnel	Sept. 13, '66	13, 14, 12, 18	Talagan, Storey, Gloeckler, Fuller, Fleming, Smith Clark, Werner
Henderson, Fairview and Lebhart Schools	Sept. 12, '66	30	Talagan, Storey, Gloeckler, Fuller, Fleming, Smith Clark
Civitan International Baggs, Bain, Dildine and Buffalo Ridge	Sept. 14, '66	12, 12, 13	Talagan, Storey, Gloeckler, Fuller, Fleming, Smith Clark, Werner and Stone
Churchill, Corlett, Pioneer Park and Deming	Sept. 15, '66	20	Dean Talagan
Miller Special School and Chaplin Special School	Sept. 15, '66	25, 14, 11, 14	Talagan, Storey, Gloeckler, Fuller, Fleming, Smith Clark
Goins, Rossman, Arp Cosmopolitan International Davis, Jessup, Hobbs, and St. Mary's	Sept. 19, '66	13, 18, 14, 14	Talagan, Storey, Gloeckler, Fuller, Fleming, Smith Clark and Stone
Cole, Hebard Social Welfare Conference on Disadvantage - Cody	Sept. 20, '66	12	Talagan, Storey, Fleming, Fuller, Smith, Gloeckler
Chaplin PTO	Sept. 21, '66	12, 18, 12	Talagan, Storey, Fleming, Fuller, Smith
Dildine PTA	Sept. 21, '66	28	Dean Talagan
East High School	Sept. 26, '66	14, 14, 14, 10	Gloeckler, Fuller, Fleming, Talagan, Storey
Johnson Junior High	Sept. 22, '66	22, 22	Storey, Gloeckler, Smith, Fuller, Fleming, Clark
Carey Junior High	Sept. 22, '66	40	Dean Talagan
Alpha Delta Kappa	Sept. 27, '66	75	Ted Gloeckler
McCormick Junior High	Sept. 27, '66	50	Dean Talagan
WEA Convention	Sept. 27, '66	70	Staff
DeMolays on Education and Its Value	Sept. 29, '66	45	Staff
Churchill PTA	Sept. 29, '66	66	Staff
American Legion Auxiliary	Oct. 3, '66	21	Dean Talagan
Central High School	Oct. 4, '66	56	Talagan, Storey, Fleming, Fuller, Smith, Werner, Clark
Laramie Co. Mental Health	Oct. 6, '66	20	Talagan, Werner
St. Mary's PTO	Oct. 11, '66	20	Dean Talagan
	Oct. 13, '66	85	Dean Talagan
	Oct. 12, '66	45	George Storey
	Oct. 18, '66	50	Staff
	Oct. 17, '66	20	Dean Talagan
	Oct. 19, '66	300	Talagan, Storey, Gloeckler, Fuller

CENTER PERSONNEL PRESENTING

NO. IN ATTENDANCE

GROUP

DATE

GROUP	DATE	NO. IN ATTENDANCE	CENTER PERSONNEL PRESENTING
Kiwanis International	Oct. 20, '66	100	Dean Talagan
Clark PTA	Oct. 20, '66	101	George Storey
Henderson PTA	Oct. 20, '66	50	Ted Gloeckler
Albany County Rural Tchrs.	Nov. 1, '66	25	Dean Talagan, Sara James
Lions	Nov. 15, '66	100	Dean Talagan
Baggs PTA	Nov. 15, '66	150	Gloeckler, Smith, Clark
Buffalo Ridge PTA	Nov. 15, '66	50	Talagan, James, Sessoms
Univ. Extension Class	Nov. 15, '66	23	George Storey
Rotary	Nov. 16, '66	100	Dean Talagan
Center Open House - Welfare and Health Organizations	Nov. 18, '66	65	Staff
Laramie County Community Serv.	Nov. 21, '66	55	Ted Gloeckler, George Storey
KFBC-TV	Nov. 29, '66	Two County-Wide Show	Staff
KRAE Radio	Nov. 21, '66	County-Wide	Staff
School Dist. #1, Guidance Per.	Feb. 8, '67	20	Ted Gloeckler
Laramie Co. Rural Tchrs. Meeting (Dists. #2,4,6 at Gilcrest Sch.)	Feb. 16, '67	20	Storey, Gloeckler, Werner
Graduate Seminar at the U. of W.	Jan. 5, '67	100	George, Ted, Virginia, Gloria, Sally, Joye, Pat, Nina
Carpenter, Wyo. PTA	Jan. 18, '67	15	George Storey
Deming Elem. School PTA	Feb. 8, '67	25	George Storey
St. Mark's Episcopal Guild	Jan. 10, '67	15	George Storey
Laramie Co. Medical Wives Advisory Committee for the St. Dept. of Mental Retardation	Feb. 20, '67	15	George Storey
Casper, Wyoming	Feb. 25, '67	8	George Storey
1-1 Club	Jan. 7, '67	25	George Storey
Davis PTA	March 16, '67	50	George Storey
Paul Miller, Dir. A.V. Instructional Materials	March 30, '67		George Storey
Center at Casper	April 6, '67	65	George Storey
Greater Goshen Hole Educational Association	April 11, '67	38	Sessoms, Storey, Borthwick, Werner
675M Field Study Course (Laramie)	April 11, '67	3	Storey
Laramie School Nurses (at Center)	April 12, '67	3	Storey
Loveland Teachers	April 12, '67	4	Storey
Greeley Teachers	April 21, '67	20	Gloria Werner
District PTA Council			



GROUP	DATE	NO. IN ATTENDANCE	CENTER PERSONNEL PRESENTING
Pine Bluffs Public School Administrators & Staff	Apr. 27, '67	35	George Storey
State Health Meeting	Apr. 28, '67	35	George Storey
State Health Meeting	Apr. 29, '67	40	Dr. Sara James
NCTEPS 100 City Conference Wyoming Assembly - Casper	Apr. 29, '67	60	Ted Gloeckler
Laramie County Welfare Foster Parent Program	Apr. 2, '67	15	Gloria Werner
University of Wyoming Graduate Classes	Summer, 1967	200	George Storey
St. Mark's Guild	Sept. 12, '67	25	Virginia Clark, Ted Gloeckler, Pat Fleming
Officers' Wives Club	Sept. 27, '67	21	Virginia Clark, Ted Gloeckler, Pat Fleming
Laramie County Health Unit	Sept. 14, '67	14	Virginia Clark
Arp School	Oct. 17, '67	10	Virginia Clark, Doris Boettcher, Barry Cowing, George Storey.
Alta Vista School	Oct. 19, '67	50	Barry Cowing, Carolyn Conkey, Nina Smith, George Storey
State PTA Convention, Casper, Wyoming	Oct. 12, '67	150	George Storey
In-Service Training Student Teachers Arp School	Nov. 11, '67	2	Staff
Hobbs PTA	Nov. 9, '67	20	Barry Cowing, George Storey
Base Educational Specialists CHAP Officer WAFB Indoctri-nation	Nov. 9, '67	5	Ted Gloecker

## Talks Given By Center Personnel

GROUP	DATE	NO. IN ATTENDANCE	CENTER PERSONNEL PRESENTING
Trinity Lutheran PTL	Nov. 13, '67	40	Sally Jo Sessoms, Barry Cowing
Laramie County Democratic Women's Club	Nov. 16, '67	20	George Storey
Buffalo Ridge PTA	Nov. 21, '67	20	George Storey, Pat Fleming
Presbyterian Church	Dec. 3, '67	20	George Storey
Baggs School	Dec. 7, '67	120	Carole Stone
Kansas City Year of Non-Conference	Jan. 19, 20, '68	100	George Storey, Ted Gloeckler
Chamber of Commerce	Feb. 14, '68	8	Staff
Clark PTA	Feb. 15, '68	40	Barry Cowing, George Storey
Pioneer Park (Faculty)	Feb. 20, '68	14	Ted Gloeckler, Barry Cowing
B.P.W.	Feb. 28, '68	22	George Storey
Cheyenne Classroom Teachers Association	March 5, '68	93	George Storey
Miller PTO	March 26, '68	40	George Storey, Virginia Clark
Bain PTA	March 26, '68	20	Ted Gloeckler, Marilyn Borthwick, Barry Cowing, Gloria Werner
League of Women Voters	April 16, '68	40	Ted Gloeckler, George Storey
Non-Graded Workshop	April 26, 27, '68	60	Kenneth Tye

Page 5  
Talks Given By Center Personnel

GROUP	DATE	NO. IN ATTENDANCE	CENTER PERSONNEL PRESENTING
Albany County Public Health	May 14, '68	6	Sally Jo Sessoms
Base Women's Group	June 18, '68	25	Bob Leighton
H. R. Salyer, Montana	June 20, '68	1	George F. Storey
State Department of Education	August 15, '68	4	Charles Wing, George Storey
General Sessions	August 26, '68	60	Charles Wing
Laramie Public Schools	Sept. 11, '68	5	Charles Wing
Laramie Public Schools	Sept. 18, '68	20	Charles Wing, Ted Gloeckler, Shirley Harvey
Laramie Public Schools (Slade)	Sept. 25, '68	20	Charles Wing, George Storey
Highlands Presbyterian Church	Oct. 6, '68	25	Ted Gloeckler
Cheyenne PTA Council	Oct. 7, '68	20	Charles Wing
Workshop (Carole Stone)	Oct. 1 & 2, '68	35	Staff
State Department Workshop	Oct. 11, '68	200	Staff
Laramie Faculty	Oct. 2, '68	25	Charles Wing, George Storey
Wheatland Group	Nov. 1, '68		Barry Cowing, Ted Gloeckler
Designing Education For the Future Group	Nov. 22, '68	35	Charles Wing
Open House	Nov. 20, '68	35	Gloeckler, Ted, Barry Cowing
Workshop - Dr. Smitherman	Nov. 20 & 21, '68	35	Staff
Inservice Workshop in conjunction with State Dept.	Nov. 25, '68	40	Carole Stone and Pat Fleming
Laramie, University of Wyoming Graduate Students	Nov. 26, '68	6	Charles Wing

Page 6  
 Talks Given By Center Personnel

GROUP	DATE	NO. IN ATTENDANCE	CENTER PERSONNEL PRESENTING
Dildine PTA	Nov. 26, '68	40	Pat Fleming, Ted Gloeckler
Rapid City, So. Dakota Group	Dec. 6, '68	8	Ted Gloeckler
Auxillary Association of University Women	Dec. 19, '68	45	Charles Wing
PTA Presidents	January 9, '69	13	Staff
School Board	January 13, '69	16	Charles Wing
Wheatland Workshop - Carole Stone	January 22, '69	35	Carole Stone and staff
Workshop	January 24, '69	43	Dr. Edward C. Frierson
Workshop	February 22, '69	35	Carole Stone and staff

SEPTEMBER 3, 1967

# DOES YOUR CHILD'S SCHOOL RATE AMONG THE BEST?

**WHY CAN'T** Johnny read? In Las Vegas, Nev., they found the answer by stopping the school clock.

Why can't Janie add? In Provo, Utah, she learned how when the school itself stopped playing the numbers game.

Why can't teachers teach? In Pine Bluff, Ark., they can—ever since they gave the school marm an extra pair of hands.

In 210 schools around the country, they are finding new and exciting answers to the jackpot question: how can we give our children the best education in the world?

These 210 gold-star schools have been named—out of some 40,000 in the U.S.—by the National Education Association for their creative, pace-setting approaches to education. If your child's school was named, it probably has been announced with a proud fanfare. And rightly so. If your child's school wasn't named, you've every right to ask—*why not?*

All year long, the gold-star schools will be operating as Demonstration Centers, and there's one of them within driving distance of almost everyone. Parents and teachers who want to come and find their own answers can arrange to visit.

Like all cities, Cheyenne, Wyo., wanted to do something about its dropouts. They also wanted to help children who were having problems with learning and were not achieving what they should. The result: an Educational Diagnostic and Planning Center. Teachers from 30 schools in the district refer children to the Center. Here, individual problems can be diagnosed early and then special curricular, remedial, and counseling programs can be tailor-made for the child.

Cheyenne's center did not break the city's education budget. Most of the 210 model schools used more imagination than money. But where it was needed, money was always where a smart principal could find it.

# City Schools Named Among 'Best in Nation' by NEA

By MARY LOU JENNINGS

Cheyenne schools have been named among the best in the nation for creative approaches to education. School District No. 1 was selected for a gold star designation by the National Education Association.

The designation went to 240 schools selected from about 40,000 throughout the country. The award has not been officially announced by the NEA, but was mentioned in a story in a newspaper supplement prepared for national distribution Sept. 3.

The story in Family Weekly which is distributed each Saturday by the Wyoming State Tribune said Cheyenne won the honor with its Educational Diagnostic and Planning Center.

"Naturally we are very proud to have this kind of rating," said Schools Superintendent Loyd Crane. He said he had not been informed of the award by the NEA.

The center opened last year to combat learning problems of Cheyenne students from kindergarten through high school. The approach combines the skills of staff members trained in a variety of fields.

The Family Weekly story said:

"Like all cities, Cheyenne wanted to do something about its dropouts. They also wanted to help children who were having problems with learning and were not achieving what they should.

"The result: an Educational Diagnostic and Planning Center. Teachers from 30 schools in the district refer children to the center. Here individual problems can be diagnosed early and then special curricular, remedial and counseling programs can be tailor-made for the child."

The centers' staff, directed by George Storey, includes per-

sons trained in education, speech and hearing therapy, social work, counseling, testing, psychology, health and learning disorders.

Storey said the staff works to identify the problems of the students, then writes "prescriptive programs to get the child back into regular classes as soon as possible."

The students are referred to the center through school principals. Parents are consulted and counseled during the process. In some cases, students go to regular classes part of the day and spend the rest in special programs at the center.

Storey said the center worked with 144 children during the last school year and had a waiting list of about 30 at the end of the term.

He said it was too early to determine how effective the center had been, but an objective evaluation probably could be made at the end of the 1967-68 session.

Crane said the center's services were limited to the Cheyenne district last year, but would be expanded to include all schools in the county this year.

He said plans call for the center to become a regional facility serving Laramie, Goshen, Platte and Albany counties by 1968-69.

The center is financed through Title 3 of the Elementary and Secondary Education Act which was designed to foster new approaches to education. It is the only facility of its kind in the Rocky Mountain region.

The center received a \$220,000 grant for operations through February, 1968. Crane said tentative plans were for three years of federal financing before the center was supported locally or regionally.

## Editorial Comment

### Educational Center

A PROPOSED educational diagnostic and planning center to help youngsters with behavior and academic problems was discussed at a meeting here the other day.

School Superintendent Loyd Crane, Leo P. Breeden, assistant superintendent for instruction, and Dr. Wilma Hirst, director of research, called the meeting, which was attended by representatives of various groups and agencies interested in education and educational problems of youngsters.

It was explained the U.S. Office of Education had approved a preliminary grant of \$84,000 to give local public school authorities six months in which to prepare plans to establishment of the center.

Crane explained the proposed center would work with children and teachers in an effort to bring children with problems "back into the mainstream as soon as possible."

He said "the dream is not only for a good program here but to set a pattern for other areas."

Breeden said the purpose of the program is to educate every youngster to the best of his potential.

Dr. Hirst, local director of the planning project, emphasized the importance of coordinating the proposed program with existing local programs.

Dr. Hirst explained that if an acceptable operational plan can be ready by September, any money left from the \$84,000 grant could be used to actually operate the proposed center from September to January, established to the extent that additional federal funds would be available and there would be no break in the continuity of the program.

It was explained the program would be open to all children, kindergarten through 12th grade, in School District No. 1 and "perhaps beyond."

If the proposed center can help local youngsters who have academic and behavior problems, it will merit the support of all of us.

## RED HOUSE ELATES CHILD THERAPIST

### Color Aids Withdrawn Boy at Cheyenne Center

CHEYENNE, Wyo. (UPI) —

To most people, there does not seem to be much difference between a blob of black paint and a crudely drawn red house.

But to the staff members of the new Educational and Diagnostic and Planning Center in Cheyenne, the difference is a human drama in which they have a part. What the staff is

learning will help others in similar jobs to reach a special group of children.

The principal actor is, say, a boy in the first grade at a Cheyenne school.

"He just wouldn't talk to anybody — even to his own parents," says Ted Gloeckler, a 34-year-old counselor at the center. "He would sit there in the middle of a school room — just sit."

#### Child Is Withdrawn

When the child first was brought into the center, says its acting director, George Storey, 39, it was obvious he was withdrawn.

"It was impossible for him to do his regular classroom work, so he went the other direction and completely with-

drew," he said.

The center was planned and set up with more than \$300,000 in Federal funds to serve the Cheyenne schools, went to work with what it calls its "multi-discipline approach."

It has 15 staff members and three part-time workers, counselors, psychologists, speech and hearing therapists, education specialists, a nurse and medical consultants.

Mr. Gloeckler said he had tried to talk with the child at first and had given him some paints and asked him to draw a picture.

"He just took a glob of black paint, black, and made a smear and that was it," he said.

For several months the cen-

ter worked with the child regularly.

"The child began to respond," Mr. Gloeckler said. "First he would talk to one person. If two people were present, no."

Gradually the youngster began to express himself.

#### Boy Selects Red

One day, the boy asked to draw another picture. The paints were set before him.

"He selected red, a particularly significant color for children," Mr. Gloeckler said. "and he drew a house, something realistic. We were elated."

Dozens of similar stories are going on all the time at the diagnostic center, Mr. Storey said.



# Center Scene of Human Problems

By MAX JENNINGS

United Press International

To most people, there doesn't seem to be much difference between a glob of black paint and a crudely painted red house.

But to the staff members of the new educational and diagnostic and planning center in Cheyenne, the difference is a human drama in which they have a part.

The principal actor was a boy in the first grade at a Cheyenne school.

"He just wouldn't talk to anybody—not even to his own parents," said Ted Gloeckler, 34, a counselor at the center. "He would sit there in the middle of a school room... just sit."

When the child first was brought into the center, acting director George Storey, 39, said it was obvious he was withdrawn.

"It was impossible for him to do his regular classroom work, so he went the other direction and completely withdrew," he said.

The center, which was planned and set up with more than \$300,000 in federal funds to serve the Cheyenne schools, went to work with what it calls its "multi-discipline approach."

It has 15 staff members and three part-time workers—counselors, psychologists, speech and hearing therapists, education specialists, a nurse, and medical consultants.

Gloeckler said he tried to talk with the child at first and gave him some paints and asked him to draw a picture.

"He just took a glob of black paint, black, and made a smear and that was it," he said.

For several months, the center worked with the child regularly every week.

"The child began to respond," Gloeckler said. "First he would talk to one person. If two people were present, no."

Gradually the youngster began to express himself, was less hesitant to say what he felt. A few months before, Gloeckler said, the child was so withdrawn he wouldn't even tell anyone when he was seriously ill.

One day, the boy was asked to draw another picture.

The paints were set before him.

"He selected red, a particularly significant color for children," Gloeckler said, "and he drew a house, something realistic."

It was cause for a minor celebration at the center.

"We were elated," Gloeckler said.

There are dozens of similar stories going on daily at the diagnostic center, Storey said.

Gloeckler agrees. "There is a case in which the diagnosis could have been mental retardation, or even psychosis," Gloeckler said, "but instead, by working with him as an individual, the child is now ready to go back into the regular individual child."

Gloeckler said he tried to talk with the child at first and gave him some paints and asked him to draw a picture.

"He just took a glob of black paint, black, and made a smear and that was it," he said.

For several months, the center worked with the child regularly every week.

"The child began to respond," Gloeckler said. "First he would talk to one person. If two people were present, no."

Gradually the youngster began to express himself, was less hesitant to say what he felt. A few months before, Gloeckler said, the child was so withdrawn he wouldn't even tell anyone when he was seriously ill.

One day, the boy was asked to draw another picture.

The paints were set before him.

"He selected red, a particularly significant color for children," Gloeckler said, "and he drew a house, something realistic."

It was cause for a minor celebration at the center.

"We were elated," Gloeckler said.

There are dozens of similar stories going on daily at the diagnostic center, Storey said.

Gloeckler agrees. "There is a case in which the diagnosis could have been mental retardation, or even psychosis," Gloeckler said, "but instead, by working with him as an individual, the child is now ready to go back into the regular individual child."

Gloeckler said he tried to talk with the child at first and gave him some paints and asked him to draw a picture.

"He just took a glob of black paint, black, and made a smear and that was it," he said.

For several months, the center worked with the child regularly every week.

"The child began to respond," Gloeckler said. "First he would talk to one person. If two people were present, no."

Gradually the youngster began to express himself, was less hesitant to say what he felt. A few months before, Gloeckler said, the child was so withdrawn he wouldn't even tell anyone when he was seriously ill.

One day, the boy was asked to draw another picture.

The paints were set before him.

"He selected red, a particularly significant color for children," Gloeckler said, "and he drew a house, something realistic."

It was cause for a minor celebration at the center.

"We were elated," Gloeckler said.

There are dozens of similar stories going on daily at the diagnostic center, Storey said.

Gloeckler agrees. "There is a case in which the diagnosis could have been mental retardation, or even psychosis," Gloeckler said, "but instead, by working with him as an individual, the child is now ready to go back into the regular individual child."

Gloeckler said he tried to talk with the child at first and gave him some paints and asked him to draw a picture.

"He just took a glob of black paint, black, and made a smear and that was it," he said.

For several months, the center worked with the child regularly every week.

"The child began to respond," Gloeckler said. "First he would talk to one person. If two people were present, no."

Gradually the youngster began to express himself, was less hesitant to say what he felt. A few months before, Gloeckler said, the child was so withdrawn he wouldn't even tell anyone when he was seriously ill.

One day, the boy was asked to draw another picture.

The paints were set before him.

"He selected red, a particularly significant color for children," Gloeckler said, "and he drew a house, something realistic."

It was cause for a minor celebration at the center.

"We were elated," Gloeckler said.

There are dozens of similar stories going on daily at the diagnostic center, Storey said.

Gloeckler agrees. "There is a case in which the diagnosis could have been mental retardation, or even psychosis," Gloeckler said, "but instead, by working with him as an individual, the child is now ready to go back into the regular individual child."

Gloeckler said he tried to talk with the child at first and gave him some paints and asked him to draw a picture.

"He just took a glob of black paint, black, and made a smear and that was it," he said.

For several months, the center worked with the child regularly every week.

"The child began to respond," Gloeckler said. "First he would talk to one person. If two people were present, no."

Gradually the youngster began to express himself, was less hesitant to say what he felt. A few months before, Gloeckler said, the child was so withdrawn he wouldn't even tell anyone when he was seriously ill.

One day, the boy was asked to draw another picture.

The paints were set before him.

"He selected red, a particularly significant color for children," Gloeckler said, "and he drew a house, something realistic."

It was cause for a minor celebration at the center.

"We were elated," Gloeckler said.

There are dozens of similar stories going on daily at the diagnostic center, Storey said.

Gloeckler agrees. "There is a case in which the diagnosis could have been mental retardation, or even psychosis," Gloeckler said, "but instead, by working with him as an individual, the child is now ready to go back into the regular individual child."

Gloeckler said he tried to talk with the child at first and gave him some paints and asked him to draw a picture.

"He just took a glob of black paint, black, and made a smear and that was it," he said.

For several months, the center worked with the child regularly every week.

"The child began to respond," Gloeckler said. "First he would talk to one person. If two people were present, no."

Gradually the youngster began to express himself, was less hesitant to say what he felt. A few months before, Gloeckler said, the child was so withdrawn he wouldn't even tell anyone when he was seriously ill.

One day, the boy was asked to draw another picture.

The paints were set before him.

"He selected red, a particularly significant color for children," Gloeckler said, "and he drew a house, something realistic."

It was cause for a minor celebration at the center.

"We were elated," Gloeckler said.

There are dozens of similar stories going on daily at the diagnostic center, Storey said.

Gloeckler agrees. "There is a case in which the diagnosis could have been mental retardation, or even psychosis," Gloeckler said, "but instead, by working with him as an individual, the child is now ready to go back into the regular individual child."

Gloeckler said he tried to talk with the child at first and gave him some paints and asked him to draw a picture.

"He just took a glob of black paint, black, and made a smear and that was it," he said.

For several months, the center worked with the child regularly every week.

"The child began to respond," Gloeckler said. "First he would talk to one person. If two people were present, no."

Gradually the youngster began to express himself, was less hesitant to say what he felt. A few months before, Gloeckler said, the child was so withdrawn he wouldn't even tell anyone when he was seriously ill.

One day, the boy was asked to draw another picture.

The paints were set before him.

"He selected red, a particularly significant color for children," Gloeckler said, "and he drew a house, something realistic."

It was cause for a minor celebration at the center.

"We were elated," Gloeckler said.

There are dozens of similar stories going on daily at the diagnostic center, Storey said.

Gloeckler agrees. "There is a case in which the diagnosis could have been mental retardation, or even psychosis," Gloeckler said, "but instead, by working with him as an individual, the child is now ready to go back into the regular individual child."

Gloeckler said he tried to talk with the child at first and gave him some paints and asked him to draw a picture.

"He just took a glob of black paint, black, and made a smear and that was it," he said.

For several months, the center worked with the child regularly every week.

"The child began to respond," Gloeckler said. "First he would talk to one person. If two people were present, no."

Gradually the youngster began to express himself, was less hesitant to say what he felt. A few months before, Gloeckler said, the child was so withdrawn he wouldn't even tell anyone when he was seriously ill.

One day, the boy was asked to draw another picture.

The paints were set before him.

"He selected red, a particularly significant color for children," Gloeckler said, "and he drew a house, something realistic."

It was cause for a minor celebration at the center.

"We were elated," Gloeckler said.

There are dozens of similar stories going on daily at the diagnostic center, Storey said.

Gloeckler agrees. "There is a case in which the diagnosis could have been mental retardation, or even psychosis," Gloeckler said, "but instead, by working with him as an individual, the child is now ready to go back into the regular individual child."

Gloeckler said he tried to talk with the child at first and gave him some paints and asked him to draw a picture.

"He just took a glob of black paint, black, and made a smear and that was it," he said.

For several months, the center worked with the child regularly every week.

"The child began to respond," Gloeckler said. "First he would talk to one person. If two people were present, no."

Gradually the youngster began to express himself, was less hesitant to say what he felt. A few months before, Gloeckler said, the child was so withdrawn he wouldn't even tell anyone when he was seriously ill.

One day, the boy was asked to draw another picture.

The paints were set before him.

"He selected red, a particularly significant color for children," Gloeckler said, "and he drew a house, something realistic."

It was cause for a minor celebration at the center.

"We were elated," Gloeckler said.

There are dozens of similar stories going on daily at the diagnostic center, Storey said.

Gloeckler agrees. "There is a case in which the diagnosis could have been mental retardation, or even psychosis," Gloeckler said, "but instead, by working with him as an individual, the child is now ready to go back into the regular individual child."

## New Center Aids Troubled Tots

CHEYENNE, Wyo. (UPI)—To most people, there doesn't seem to be much difference between a blob of black paint and a crudely drawn red house.

But to the staff members of the new Educational and Diagnostic and Planning Center in Cheyenne, the difference is a human drama in which they have a part. What the staff is learning will help others in similar jobs to reach a special group of children.

The principal actor, is, say a boy in the first grade at a Cheyenne School.

"He just wouldn't talk to anybody — even to his own parents," says Ted Gloeckler, 34, a counselor at the center. "He would sit there in the middle of a school room — just sit."

When the child first was brought into the center, says its acting director, George Storey, 39, it was obvious he was withdrawn.

"It was impossible for him to do his regular classroom work, so he went to the other direction and completely withdrew," he said.

The center, which was planned and set up with more than \$300,000 in federal funds to serve the Cheyenne schools, went to work with what it calls its "multi-discipline approach."

It has 15 staff members and three part-time workers — counselors, psychologists, speech and hearing therapists, education specialists, a nurse, and medical consultants.

Gloeckler said he tried to talk with the child at first and gave him some paints and asked him to draw a picture.

"HE JUST took a glob of

black paint, black, and made a smear and that was it," he said.

For several months, the center worked with the child regularly.

"The child began to respond," Gloeckler said. "First he would talk to one person. If two people were present, no."

GRADUALLY, the youngster began to express himself.

One day, the boy asked to draw another picture. The paints were set before him.

"He selected red, a particularly significant color for children," Gloeckler said, "and he drew a house, something realistic."

"We were elated," Gloeckler said.

There are dozens of similar stories going on all the time at the diagnostic center, Storey said.

"HERE IS a case in which the diagnosis could have been mental retardation, or even psychosis," Gloeckler said, "but instead, by working with him as an individual, the child is now ready to go back into the regular classroom and work with others."

Storey said the center actually is doing something with the children — not just finding out what's wrong with them.

## California Educator Visits Center

Thomas Quinn, coordinator of Human Potentials Laboratory of San Mateo, Calif., spent four days last week in the Educational Diagnostic and Planning center of School District No. 1 to observe the work of the center.

Members of the five high school districts in San Mateo have been exploring ways of helping pupils with learning problems. They read of the Cheyenne center in a magazine supplement to a San Francisco newspaper and requested the opportunity to visit.

Quinn met with the center staff members for consultations and visited several schools. He observed a number of center programs, participated in screenings and staffings and examined materials. The information gained from his visit will be used when he returns to California as the director of the planning project for San Mateo.

## Reading Authority Here on Thursday

Mrs. Carole Rapp Stone of Denver will be the featured speaker at a free community-interest presentation at Baggs Elementary School at 7:30 p.m. Thursday.

Mrs. Stone has an extensive background in elementary education and speech pathology and received her master of arts degree from Northwestern University in Evanston, Ill. Her training included evaluation and

remediation of learning disabilities associate with problems in spoken language, reading, writing and arithmetic.

Mrs. Stone's training has made her well qualified to speak on problems encountered by children in learning to read and in developing improved reading ability. Whereas it was once believed that the inability to learn to read well was an indication of low mental ability, educators now are becoming increasingly aware of the many other problems which might cause difficulties in this area. These new concepts and discoveries along with descriptions of how children may be helped in their reading will be a major aspect of Mrs. Stone's talk.

The presentation is being sponsored by the Educational Diagnostic and Planning Center of School District No. 1. Mrs. Stone has been a consultant to the center since its inception in the summer of 1966 and has provided much help to the staff members as well as to individual children referred to the center.

In cooperation with the center will be the Laramie County Chapter of the International Reading Association.

This organization is composed of both parents and teachers and is dedicated to work to improve the quality of reading instruction at all levels; to develop an awareness of the impact of reading upon the citizenry; to promote the development of a level of reading proficiency that is commensurated with each individual's unique capacity; and to sponsor conferences and meetings to impliment its goals.

Although some of the approaches to reading and problems of reading discussed by Mrs. Stone are relatively new, her talk will be directed to parents of all school children regardless of the children's reading ability as well as to local educators.

All interested persons are urged to attend this public service presentation.

## Special Reading Program Stated

The Director of Reading Services at Colorado State University will present a lecture at East High School next Monday evening, it was announced today.

Dr. Don E. Carline will speak at the public service program at 7:30 p.m. under auspices of the Educational Diagnostic and Planning Center of School District No. 1, George Storey, acting director, said today.

He will speak on "Parents and Reading" and will direct this talk to parents of all children. The talk will be arranged for parents of children who are doing well in reading as well as those with difficulty.

Dr. Carline is a nationally recognized authority on reading and has been a consultant to many school districts, colleges and universities as well as centers such as the one in Cheyenne, Storey said.

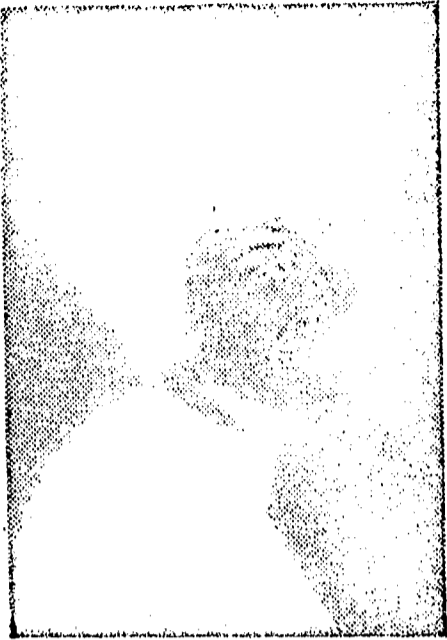
## Educational Diagnostic Center Opens

An Educational Diagnostic and Planning Center in Cheyenne today opened its doors for the first time.

The newly established center will help children with severe mental, visual, hearing, speech, emotional, cultural and other learning handicaps.

The center was built under a federal planning grant of \$84,000. The school has made application for the needed \$249,522 to carry the project through 1967 and expand its services to all schools in Laramie county.

Wednesday, De



MRS. CAROLE RAPP STONE

### **Educator to Speak Thurs. At Baggs School**

Mrs. Carole Rapp Stone of Denver will be featured speaker at a community-interest presentation at Baggs elementary school at 7:30 p.m. Thursday.

Mrs. Stone has an extensive background in elementary education and speech pathology and received her master of arts degree from Northwestern University in Evanston, Ill. Her training included evaluation and remediation of learning disabilities associated with problems in spoken language, reading, writing and arithmetic.

Mrs. Stone's training has made her well qualified to speak on problems encountered by children in learning to read and in developing improved reading ability. Whereas it was once believed that the inability to learn to read well was an indication of low mental ability, educators now are becoming increasingly aware of the many other problems which might cause difficulties in this area. These new concepts and discoveries along with description of how children may be helped in their reading will be a major aspect of Mrs. Stone's talk.

The presentation is being sponsored by the Educational Diagnostic and Planning Center of School District No. 1. Mrs. Stone has been a consultant to the Center since its inception in the summer of 1966 and has provided much help to the staff members as well as to individual children referred to the Center.

In cooperation with the Center will be the Laramie County chapter of the International Reading Association, an organization composed of parents and teachers, dedicated to work to improve the quality of reading instruction at all levels.

Although some of the approaches to reading and problems of reading discussed by Mrs. Stone are relatively new, her talk will be directed to parents of all school children regardless of the children's reading ability as well as to local educators.

All interested persons are urged to attend this public service presentation.

The Platte County  
Record Times

VOLUME 43, NUMBER 26

Wheatland, Platte County, Wyoming 82201

FRIDAY, OCTOBER 25, 1968

## Educational Center To Present Program Here

The Cheyenne Educational Diagnostic and Planning Center will present a very interesting program at the WTK Woman's club meeting Fri., Nov. 1 at 2 o'clock

The Center has operated less than two years, employs 17 educational personnel, but has no classrooms. Working closely with Laramie County schools, the Center has proved most helpful with children who evidence special academic or behavioral problems, and are referred to it by school authorities. The whole emphasis is on development of the student's potential.

All residents of our area are cordially invited to attend this outstanding program. Coffee and cake will be served.



*The Foreign Mission Board  
of the Southern Baptist Convention*



M'LANG, COTABATO  
PHILIPPINES

CABLE ADDRESSES: FORENBOARD, RICHMOND; M'LANG, COTABATO

PHILIPPINE MISSION

September 6, 1967

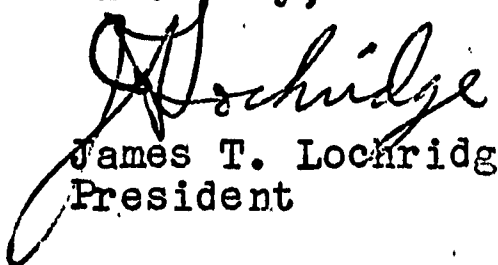
Dr. George Storey.  
Director  
Educational Diagnostic and Planning Center  
Cheyenne, Wyoming, U. S. A.

Dear Sir:

We were very interested in a recent article from a state-side newspaper about your work in the Center with play therapy for slow-learners. Since we face similar, if not identical, problems in educational efforts in the Philippines, we would like to know where and how we can get further details on the studies you have made or are making.

We would appreciate greatly any suggestions or recommendations you might make. Our College of Education is one of the leaders in teacher training in this area and could do much in disseminating this knowledge through a large part of this needy area.

Sincerely,

  
James T. Lockridge,  
President

L/ml



CHILDREN'S RESEARCH CENTER UNIVERSITY OF ILLINOIS

Champaign, Illinois 61820

Motor Performance Laboratory  
South First Street Road

June 15, 1967

Dr. George Storey, Acting Director  
Educational Diagnostic & Planning Center  
Cheyenne, Wyoming

Dear Doctor Storey:

We have noted a brief article written by Max Jennings entitled "Play Therapy Helping Some Improve Grades," published in the June 6, 1967, edition of the Champaign-Urbana News Gazette. Mention was made of diagnostic and therapeutic programs offered by your center to children with educational and social problems that possibly relate to physical inabilities or impairments.

As we are engaged in studying movement behavior as well as children's play and the effects of these on learning, we would appreciate receiving more detailed information about your program.

Reprints or copies of studies and reports as well as public information would be of special interest. Please do not hesitate to inform us of any cost involved in handling, postage, etc.

Thank you very much.

Cordially yours,

*Mrs. Sharyn T. Holmes, R.N., B.S.*  
Mrs. Sharyn T. Holmes, R.N., B.S.  
Nurse-Research Assistant

STH:bjc

# University of Missouri

COLUMBIA  
65201

MEDICAL CENTER  
Section Of Physical Medicine And  
Rehabilitation

January 25, 1968

West 338  
Area 314— 442-5111 Ext. 334

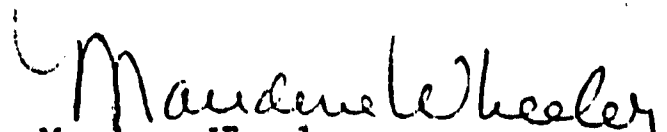
Mr. George Story  
Director, E.D.P. Center  
Cheyenne Public Schools  
Cheyenne, Wyoming 82001

Dear Mr. Story:

As I remember it you said at the K.C. T.E.P. Meeting that you could forward E.D.P. parent and developmental forms on request. I would also like to have a copy of your Title III project request if it is available and a more detailed list of the 6-9 tests used in the Diagnostic Laboratory-In short, I shall very much appreciate any additional information which you have.

I thought your presentation of the "Vignette" was excellent and I am deeply impressed with the thoughtness of your program.

Sincerely,

  
Maudene Wheeler  
Speech Pathology Instructor



# THE STATE OF WYOMING

DEPARTMENT OF EDUCATION  
CHEYENNE

HARRY ROBERTS  
STATE SUPERINTENDENT

October 23, 1968

Mr. Theodore Gloeckler  
Educational Diagnostic and Planning Center  
School Administration Building  
Cheyenne, Wyoming 82001

Dear Mr. Gloeckler:

The conference "Individualization-Personalization for Learning" appears to have been a meaningful experience for the persons attending from throughout the State of Wyoming. In tabulating responses by participants on the evaluation instrument, it was found that (1) 91% of those people completing the instrument rated the total conference as very good to excellent, (2) 99% rated the presentations by the two consultants as very good to excellent, and (3) 91% rated the value to them as very good to excellent.

There are many variables that come into focus as a conference of this type is planned with the ultimate objective to make it a meaningful experience for the persons in attendance. We feel your contribution in presenting the purpose and functions of the Educational Diagnostic and Planning Center added much to the overall scope of the conference.

We appreciate your cooperation.

Sincerely yours,

*Sara Lyon James*  
Sara Lyon James, Ph.D.  
Director, Exceptional Children

*Thomas L. Morris*  
Thomas L. Morris, Director  
Pupil Personnel Services

*Jim Tangeman*  
Jim Tangeman  
Elementary Guidance Consultant

JT:mm



# League of Women Voters of Wyoming

1401 Country Club  
Casper, Wyoming 82601  
April 20, 1968

Mr. Robert Storey  
Diagnostic Center  
Baggs School  
Cheyenne, Wyoming 82001

Dear Mr. Storey,

Thank you very much for allowing the delegates to the League of Women Voters state convention to tour the fine facilities at the diagnostic center.

We appreciate your taking time from your busy schedule to show us around and explain the truly fine work you are doing for troubled children.

If we can be of service to you, please do not hesitate to call on us.

Sincerely,  
LWV of Wyoming

*Mrs. R.L. Cotherman*

Mrs. R.L. Cotherman  
President

AC: jm

CHEYENNE CHAPTER

WYOMING ASSOCIATION  FOR RETARDED CHILDREN

Box 2002 Airport Sta. • Cheyenne, Wyoming

---

September 22, 1967

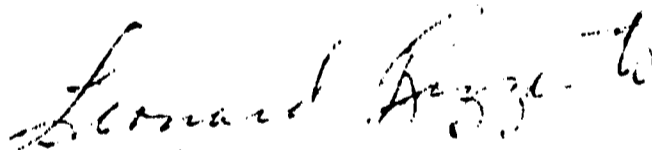
Mr. George Storey  
Educational Diagnostic and Planning Center  
School District I  
Cheyenne, Wyoming

Dear Mr. Storey:

Thank you so much for taking your time to assist the Cheyenne Chapter of the Wyoming Association for Retarded Children in providing a valuable summer program for the retarded children in the community. This program also provided excellent training for four college students to work with these children under the auspices of the SWEAT program of the U.S. Department of Health, Education and Welfare.

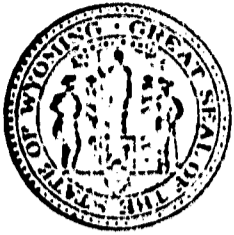
The visit to your facility was an important part of these young people's training and provided very effectively examples of health careers with the mentally retarded.

Yours truly,



Leonard Rizzutto, President

RETARDED CHILDREN CAN BE HELPED



## THE STATE OF WYOMING

DEPARTMENT OF EDUCATION

CHEYENNE

May 6, 1968

HARRY ROBERTS  
STATE SUPERINTENDENT

Mr. James Leeson  
ESEA Project Coordinator  
Southern Education Reporting Service  
Box 6156  
Nashville, Tennessee 37212

Dear Mr. Leeson:

Dr. Harold Howe II, U.S. Commissioner of Education, has suggested in a letter dated April 15 that we send to your office a list of outstanding projects in Wyoming which are funded under the Elementary-Secondary Education Act of 1965.

P. L. 89-10, Title III, ESEA -- May I suggest that you contact Mr. George Storey, Director of the Diagnostic Center, Cheyenne, Wyoming. This center was established to serve a four-county region under Title III, ESEA. The chief purpose of this project is to alleviate to the greatest extent possible the difficulties of learning, and to adopt a school program for such pupils in order to provide for their maximum educational development.

P. L. 89-313, Title I, ESEA -- Mr. Norman Anderson, Director of the Wyoming School for the Deaf, Casper, Wyoming, may be able to offer helpful information. He is experimenting with a multi-media approach to teaching deaf children.

P. L. 89-10, Title I, ESEA, for LEA's -- You may be interested in communicating with Dr. Brian Miracle, Director of School District #1, Title I project, Lander, Wyoming. Dr. Miracle, a clinical psychologist, together with a speech pathologist, three nurses and two teachers of the handicapped, are identifying the learning disability problems of pupils. The teacher is apprised of the comprehension difficulty of the child and methods of

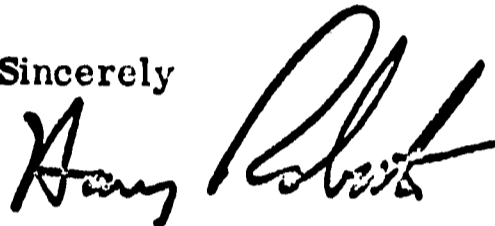
Mr. James Leeson  
May 6, 1968  
Page 2

individualized instruction are suggested.

One of the outstanding features of the Lander project is the cooperative spirit of a citizens' group. This group is a representative cross-section of all agencies within the community and splendid benefits are derived from their meetings.

If I can be of further help, please let me know.

Sincerely



Harry Roberts  
Superintendent of  
Public Instruction

HR:dj

cc: Dr. Howe  
George Storey  
Norman Anderson  
Dr. Brian Miracle  
Merle Chase