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ABSTRACT

A special education workshop (Cleveland, Ohio, October 9-10, 1969) for integrating blind children with sighted children into ongoing physical education and recreation programs is described. Physical education and blind children from the viewpoint of ophthalmology, social and psychological aspects of blindness as they relate to participation in physical activities, mobility and orientation in relation to physical education, highlights of Dr. William Freeberg's banquet presentation, and a summation of the workshop's activities given by Robert Holland are included. The question and answer periods at the end of each presentation are also recorded, as well as an evaluation form used at the end of the conference. (CD)

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SPECIAL DEMONSTRATION WORKSHOP

FOR

INTEGRATING BLIND CHILDREN

WITH SIGHTED CHILDREN

INTO

ONGOING PHYSICAL EDUCATION

AND RECREATION PROGRAMS

Sponsored by:

**THE AMERICAN ASSOCIATION OF HEALTH,
PHYSICAL EDUCATION AND RECREATION**

THE AMERICAN FOUNDATION FOR THE BLIND

THE CLEVELAND SOCIETY FOR THE BLIND

P R O C E E D I N G S

'W H A T D O Y O U S A Y

T O A K I D

W H O C A N ' T S E E ?"

October 9, and 10, 1969
Hotel Carter - Cleveland, Ohio

published by:

THE CLEVELAND SOCIETY FOR THE BLIND,

Walter B. Boninger, Editor
Associate Executive Director.
Community Services

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C O O P E R A T I N G O R G A N I Z A T I O N S

OHIO DIVISION OF SPECIAL EDUCATION

OHIO ASSOCIATION OF SCHOOL ADMINISTRATORS

OHIO FEDERATION OF TEACHERS

COUNCIL FOR EXCEPTIONAL CHILDREN - OHIO FEDERATION

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Department of Physical Welfare
Department of Special Education

OHIO STATE SCHOOL FOR THE BLIND

BUREAU OF SERVICES FOR THE BLIND - CHILDREN'S
SERVICES

OHIO ASSOCIATION OF HEALTH, PHYSICAL EDUCATION
AND RECREATION

OHIO EDUCATION ASSOCIATION

PROGRAM

Thursday, October 9, 1969

8:30 - 9:30 Registration and Coffee Hour - North mezzanine

9:30 - 11:30 Welcome: Mr. Scott Mueller, President
Board of Trustees,
The Cleveland Society for the Blind

"PHYSICAL EDUCATION FOR BLIND CHILDREN"

Moderator: Mr. Robert Holland (see next page)

Panel Members -

Griffin M. Allen, M. D., Ophthalmologist,
Cleveland Board of Education

Mrs. Marguerite Klein, OTR, Supervisor,
Children's Services, Ohio State Bureau of
Services for the Blind

Mrs. Martha Ball Rosemeyer, Orientation and
Mobility Specialist

Dr. Walter F. Ersing, Assistant Professor,
Physical Education, Ohio State University

12 noon - 2:30 Luncheon and Tour of the Cleveland Society for the Blind

3:00 - 5:00 p.m. "IT CAN BE DONE"

First of three demonstrations on Integrating
Blind Children with Sighted Children into
Ongoing Physical Education and Recreation
Programs

Participants: Blind and sighted Junior and
Senior High School students from Greater
Cleveland schools

Leader: Dr. Laura Kratz, Associate Professor,
Physical Education Bowling Green State University

6:00 - 7:00 Social Hour

7:00 - 9:00 Dinner
Speaker: Dr. William Freeberg, Associate Professor,
Recreatio - Southern Illinois University

PROGRAM

Friday, October 10, 1969

- 9:00 - 11:00 Second Demonstration with blind and sighted students from kindergarten, first, second and third grades - Greater Cleveland schools
Leader: Dr. Laura Kratz
- 11:00 - 12:00 Informal Discussion and Demonstration of Teaching aids and materials; films on Physical Education for blind children
Dr. Laura Kratz
- 1:30 - 3:30 Third Demonstration with fourth, fifth and sixth grade students - Greater Cleveland Schools
Leader: Dr. Laura Kratz
- 3:30 - 4:15 "Is Workshop Worthwhile?"
Summation and Evaluation
Leader: Robert L. Holland, State Supervisor,
Physical Education, Recreation and Safety,
Ohio Department of Education

PHYSICAL EDUCATION AND BLIND CHILDREN
FROM THE VIEWPOINT OF OPHTHALMOLOGY

Griffin M. Allen, M.D.
Ophthalmologist
Cleveland Board of Education

Among the disciplines represented here today the Ophthalmologist is probably the least knowledgeable concerning day to day assistance to the visually handicapped in the area of physical education. However, I feel that it would be helpful if all of us who work in this field have some understanding of the medical considerations involved.

A little over twenty years ago about ten percent of the legally blind children were educated in the public schools. Today over sixty percent of the visually handicapped children are educated in their community rather than in special institutions for the blind. So the trend is such that physical education instructors will more and more frequently be confronted by visually handicapped children in the public schools.

Role of the Ophthalmologist

The Ophthalmologist is called into the picture to make a judgment as to whether or not the child can take physical education; and if he can whether this should be modified or regular. Here in Cleveland we have a form that we fill out and in it we describe the ocular condition of the child. Near the bottom there is a line that says "recommendations for gym." We are to check one of the following: regular-modified-or none. I imagine that the physical education instructor see this and asks himself what are the hazards, why can't this child take gym or why must his physical activity be limited? Is the eye particularly susceptible to injury? Just how fragile is the eye?

I would like to give some of my thoughts in that direction and try to explain what factors influence the thinking of the Ophthalmologist. When limitations are imposed on physical activity, it is for one of two reasons. Either there is danger of enhancing an ocular disease which will cause further deterioration of vision or because the visual impairment is so profound that there is danger of severe general bodily injury if an unmodified program is imposed. I very seldom completely restrict a child from taking gym because physical education is so important to the total development of the child and the ingenuity of your profession is such that many games have been devised for the visually handicapped which not only develop the body but elevate the spirit as well.

High Myopia Calls For Caution

By far the most common ocular condition that calls for a modified physical education program is high myopia. Myopia as you know means near sightedness. Now for ordinary degrees of myopia the child simply wears corrective lenses and he gets 20/20 vision. High myopia is not the same thing as ordinary myopia only more of it. In high myopia there are pathological changes in the eye. The changes that we are concerned with occur in the retina and the vitreous of the eye. The

retina is that part of the eye that receives pictures or images. It is really an extension of the brain into a forward position of the head. All other parts of the eye simply serve the retina either by regulating the amount of light that falls on the retina, focusing the light on the retina, bringing blood to the retina or simply forming a protective coating around the retina or moving the retina into different directions of gaze. The vitreous is a gel that fills the cavity of the eyeball. The changes that occur in high myopia are that the retina becomes extremely thin and the vitreous changes from a solid gel into a liquid. With these changes the eye is now much more susceptible to a retinal detachment.

Nature of Retinal Detachment

To describe what a retinal detachment is, I'd like to use the analogy of a basketball -- an old fashioned basketball. This consisted of a leather casing which was filled with a rubber bladder. You inflated the bladder, tucked the stem inside the casing and then laced up the casing. If this rubber bladder developed a hole, it would be possible for air to seep between the bladder and the leather casing and separate or detach the bladder, which is comparable to the retina, from the leather casing which is comparable to the outer coats of the eye. When a hole develops in the retina of the eye you need not get a detachment if the vitreous is a solid gel holding the retina against the outer coats of the eye. You recall, however, that in high myopia the vitreous is a liquid thus it can seep between the retina and the outer coats, thereby causing a retinal detachment. That is the great danger that we are concerned with. A detached retina, of course, is not capable of functioning and the result, if untreated, is a blind eye. When the eye is subjected to a direct blow there is a reduction in the anterior-posterior diameter. In order to accommodate the volume, the contents of the eye, there must be an expansion along the equator. In this circumstance a previously diseased retina is likely to rupture. The chain of events that we spoke of will occur and result in a retinal detachment.

Causes of Retinal Detachment

Now as to what kind of an injury or blow will produce this effect, a lot depends upon the extent of the disease of the retina. Usually the higher the degree of myopia, the more vulnerable the retina is. For practical purposes we can say that a direct forceful blow is required to produce a detachment. The medical literature informs us that retinal detachments can result from quite trivial trauma, but such an occurrence is so unusual that it would be unwarranted to use this as a basis for formulating a physical education program for the visually handicapped. There are other degenerative diseases as well as inflammatory diseases which make the eye more vulnerable to a traumatic retinal detachment and must be considered by the Ophthalmologist.

Modification of Physical Education Programs

When I spoke of modifying the physical education program for the

visually handicapped to prevent general bodily injury I had reference, of course, to such things as games in which high velocity missiles or balls are used and jarring contact sports. These are of course contraindicated.

However, it is well to bear in mind that visually handicapped children recover from bumps, bruises, sprains and scratches just like other children and they have a right to acquire them. It is also well to remember that the physical education instructor can control only a part of the child's environment. Therefore exaggerated caution that denies the child the benefits of a vigorous physical education program would not seem warranted when you consider that most ocular injuries occur away from the school anyway.

Symptoms of Retinal Detachments

If my remarks have suggested that we should be somewhat less restrictive with the children than we have been in the past, the better part of wisdom would dictate that I acquaint you with some of the symptoms of retinal detachment. Physical education instructors who teach low vision children should know this. In the first place retinal detachments do not as a rule occur immediately after the injury. The sequence of events is that a hole develops in the retina and after a period of time -- maybe days, weeks or even months -- the fluid will seep between the retina and the outer layers of the eye and the detachment will develop. There are two symptoms to keep in mind: (1) vitreous floaters. These are little spots that appear before the eyes. Many of us see little floating spots before our eyes, but I have reference to a sudden shower of spots that were not previously there. (2) Flashes of light. This too is something that many people have, but a sudden appearance or an increase in intensity and persistence of them would be suggestive of a retinal detachment, particularly with a history of ocular injury.

The essence of what I've tried to convey is this: Don't be excessively cautious and protective with these children and thereby deny them the benefit of a good physical education program. However, bear in mind that they are especially vulnerable to certain injuries and that these injuries are generally amenable to therapy.

QUESTION AND ANSWER PERIOD

Question:

I am interested in gymnastics for the blind and, of course, this sport involves a great deal of bouncing and bumps. If we had students who were totally blind, I assume that this would be no problem; but for those students who are partially blind, might there be a problem in that this could increase their blindness?

Dr. Allen:

I would depend upon the cause of the partial blindness. If it is due to a condition such as opacities of the cornea or lens this would not constitute a problem. However, if the visual impairment is due to a condition predisposing to retinal detachment such as high myopia, then the bumps might be a problem. Even then the preponderance of evidence suggests that it would require a direct

blow to the eye such as with a missile or being hit with a fist or elbow directly in the eye to produce a detachment. Jarring alone is usually not sufficient to cause eye injury.

Question:

Lots of times in gymnastics they hit the mat quite hard.

Dr. Allen:

To hit the mat would not produce any appreciable injury to the eye. The eye is well protected by the brow, the bridge of the nose and the cheeks, so that hitting a flat object will not produce an appreciable injury. The eye sits in the orbit which is padded with fat behind the eye and the eye can be retro displaced very easily. Hitting the mat would not be a real hazard.

Question:

This summer I was working with a group of teenagers and several of them had a history of close to having a detached retina. We instituted a physical education program as we wanted the kids to get out and get some exercise. One part of this was swimming. With several of the people I was afraid to let them go diving into the pool because they might get a detached retina. Would diving still be all right?

Dr. Allen:

It depends upon the condition of the eye. Without any further information I would say that I would think it would be all right. If this happens to be a kid in which the ophthalmologist has seen a hole in the retina but no detachment has occurred yet, then you would circumscribe his activities a little more. There is very little hazard in sliding into the water. If you do a belly slam, the other parts of the anatomy absorb the brunt of the blow more than the eye.

Question:

I would gather from the comments you made that the teacher must be continually cautious with activities involving flying objects. Is this correct?

Dr. Allen:

Yes, that's right -- also sports like boxing. Old fighters have a reputation for blindness and that's due to retinal detachment incurred by repeated blows to the eye.

Question:

I am referring specifically to an activity involving a ball -- smaller than a basketball -- where there could be a more direct blow to the eye.

Dr. Allen:

Yes, one needs to be careful. Such activity should be avoided.

Question:

What about pushups for a child with a severe case of myopia?

Dr. Allen:

There would be no contra indication.

Question:

I was under the opinion that we were taught that they shouldn't take pushups nor should their head go below their knees if they had high myopia. Again there is a force of blood going to the head and to the eyes. So we always tell the children and the physical education instructors not to do that.

Dr. Allen:

I'm aware of a number of injunctions that have been imposed that probably are not warranted in the light of statistical experience and the pathogenesis of retinal detachment. That, I think would be one of them.

Question:

You don't see any harm then in having their heads a little bit lower than their knees?

Dr. Allen:

No, I would find nothing wrong with that. The only time that sort of thing would come into play is in an eye that has recently been operated on where the integrity of the globe is compromised to some degree. If you increase the blood supply to the eye, such as coughing or lowering the head, this expands the choroid of the eye, thereby increasing the pressure in the eye and might cause a rupture of the wound of the eye. But in myopia there is nothing that would enhance the danger of a retinal detachment by having the head lower than the knee.

Question:

Has there been statistical reference that there has been an increase in higher myopia coming about in the next 10 years or so?

Dr. Allen:

No. There is no increase in the incidence of high myopia that I'm aware of.

Question:

I would like to comment on the question about pushups. If done properly, the back should be kept straight and the head should be kept up. Don't go down to touch the chin but bring the chest down to the floor and you should never have any problem. The head should never come down below the knees anyway. If it were done properly, you wouldn't have any problem.

Dr. Allen:

Doing push ups increases the intra thoracic and intra venous pressure. In wrestling many times there is great strain and a great increase in intra venous pressure but that doesn't produce a retinal detachment. As a matter of fact, visually handicapped children have enjoyed great success in wrestling. There have been several high school and collegiate champions among them.

YESTERDAY WAS WEDNESDAY, TODAY IS THURSDAY

Marguerite Klein, OTR
Supervisor, Children's Service
Ohio State Bureau of Services for the Blind

Introduction

Now that I have proven my personal orientation in time, I can proceed with my assigned topic of the social and psychological aspects of blindness as they relate to participation in physical activities.

Historical Basis for Attitudes Regarding the Blind in Society

Society has treated its blind citizens in three distinct ways -- as liabilities, as wards, and as members. When mankind was young and the struggle for survival brought men together to form tribes, any member not able to contribute to the fighting force was a liability to the group and was eliminated. The growth of monotheistic religions brought about change and the blind were given the right to live and to be protected often being the wards of churches and kept in asylums. Slightly over a century ago, with the establishment of educational facilities the blind were increasingly acceptable as members of the community although as a minority group they are still not always card carrying members.

Deprivation of sight is considered by most people as the greatest misfortune next to loss of life. No one makes jokes about blindness and negative attitudes are evoked by the use of such terms as blind ally - blind rage - blind as a bat, etc.

Description of our Present Group

First I would like to place some limits on my remarks concerning the group I am discussing. In our work in the Children's Services Unit of the Bureau of Services for the Blind, in the Ohio Department of Public Welfare, we are involved with visually impaired children from birth to age sixteen. Therefore, my focus will be on children, since it covers pre-school, elementary school, junior high school and on into high school. This should suffice for the discussion. Also, we are concerned with the child who is blind by a legal definition and who may represent rather broad degrees of visual ability. The vast majority of the children we see are congenitally blind or ones whose vision is decreasing, so I will not dwell on the adventitiously blinded. Over one third of the children have additional handicaps, some of which prevents required school attendance, so let us also think in terms of the child with some school potential.

Parental Involvement

In no work with children can you think only of the child, but you must also consider his parents, other family members and later his broadening horizon of playmates, school and outside community.

We have observed a particular pattern of psychological reactions evidenced in sets of parents when confronted with the knowledge that their child is blind. This begins with grief and may or may not progress to some degree of depression.

Grief is usually followed by feelings of guilt but since the psyche cannot tolerate guilt for long periods it is atoned for, or projected unto others by displacement. Follow this up with rejection which may be manifested by overt rejection or its reverse coin - overprotection. Finally, or at least hopefully, the parent is psychologically ready to accept his child as a person and with the healthy sequence of the mechanisms the parent is freed to progress into the actuality of day to day child rearing. (Some writers list the parental reactions as - acceptance, denial, overprotection, disguised rejection and overt rejection. These are considered as separate entities and do not appear on a continuum as I see them. My own feeling being that acceptance is achieved and that it is seldom a starting point.)

While these reactions are attributed to parents, it is important to note that to a lesser degree these identical reactions are elicited in everyone that the child encounters - siblings, grandparents, other relatives, parental friends, teachers, etc., into ever widening circles of social confrontation and that this pattern will be repeated with each new person he meets.

The Child's Early Psychological Reactions

If these parental feelings occur early enough in the infant's development they need not be devastating to the child. The basis for his personality adjustment to the attitude of others is routed in the self-confidence gained from his feelings of security and his sense of belonging.

The Child's Early Psychological Reactions

On the other hand, his personality and development is colored by the fears, frustrations and deprivations which result in the negative attitudes of his parents and others.

His adjustive behavior may include wholesome compensatory behavior and hypercompensatory behavior, denial reactions, defensive behavior, (rationalization and projection) withdrawal tendencies and non-adjustive reactions.

School

We now have a mass of attitudes and reactions - both good ones and bad ones in a small being whose horizons have broadened to include school. He has now progressed from a parallel player to being able to share with one or two other children and to enter into some larger group activities under careful and skilled guidance. Unnecessary limitations are too often placed upon the blind child because of unrealistically low expectations for his development.

Elementary schools seem to abound with regimentation and conformity, but conforming with group behavior is a much more difficult task for the blind because it cannot be learned by watching others visually. Also, since the child cannot tell when he is being observed he must constantly be on guard and alert. Therefore, he is under greater nervous strain and may harbor feelings of insecurity and frustration thus producing anxiety.

Without careful attention and allowing the child to participate in the activities of his peers, he may succumb to excessive fatigue or to various acting out behaviors. So-called blindisms may originate in this way, as they usually indicate a lack of normal activity and misdirection of abundant energy.

It is at this time that it is imperative for the schools to permit the blind child to participate in the ongoing programs of physical activity prescribed for all children. The school personnel may reject this idea by hiding behind false concern for the safety of the blind child. Too many blind children are socially isolated from the group activities at school thus causing them to withdraw from social contact in order to protect their ego structures from further insult by this casting in an inferior role.

As children approach their pre-teens they continue to be influenced by the desire to conform to their peer groups and while small beginnings of individual thought and behavior are evidencing themselves they still feel secure in conforming to group behavior. It is at this time when it is necessary to dress alike and behave in similar fashion to all other kids. Think what it would do to a child at this stage in his development to tell him you are not a part of the group and you are different. In considering the blind child in all fairness to him isn't he really more like other children than he is different from other children? The child with security and strength in his personality structure may now react to group rejection by overcompensating through excelling in some other area in order to attempt to buy his way into the group or he may attempt to attract the group's attention by acting out behaviors or he may withdraw even further in order to have the upper hand in this game of rejection.

All adolescents are bombarded with new emotions as they struggle toward maturation in their mental, physical, sexual and social spheres. Now it is tolerable to be different from the group in an effort to reach independence, but the criticisms of and by the group may be more poignant. This is a time when the teacher can help build the bridge toward adulthood or by lack of understanding develop the gap between generations.

I began by saying that yesterday was Wednesday and according to the nursery rhyme, "Wednesday's child is filled with woe", however, today is Thursday and "Thursday's child has far to go." With all of our help this can be the happy fate of all blind children.

Question:

I expect that from the considerable time you spent on the parents that we should expect to have some repercussions from the parents in regard to physical education programs. You might even have to argue with the parent and say "your child needs it" and the parent might say "no, he doesn't" . . . and so on.

Mrs. Klein:

I would put it reversely. I think that parents would probably be more demanding that you offer even more to their children. It has been our experience that parents are very actively engaged in seeking additional educational benefits for their children. I don't like to say this but for some time I have felt that parents of handicapped children tend to be very hostile parents and I really don't blame them because hostility can really be a motivating force.

Question:

What do you exactly mean by hostile? Hostile toward what?

Mrs. Klein:

Sometimes they are hostile toward the child; toward society, toward the medical profession and all areas from which they are seeking help and aren't getting it. The parents of blind children are having to do what the parents of retarded children did 20 to 25 years ago, demanding to be heard and forging paths for their children. This creates hostile feeling and I don't feel this is particularly bad if it motivates toward positive action.

Question:

Sometimes we hear reference to a sixth sense that visually handicapped children are said to have. It is felt that they have a particular sensitivity to the attitudes, both negative and positive, of adults. Is there any validity to this?

Mrs. Klein:

I don't think this applies only to a blind child for I think that any child has this kind of feeling and reaction toward parents. I can tell my children verbally "I love you" in such a way that they know I am really saying "Get off of mommy's back!" All children are sensitive to these verbal cues and the blind child may be a little less sensitive because he misses many non verbal cues toward which children react.

Question:

But do you feel blindness brings any special enhancement of this?

Mrs. Klein:

No. The idea that other senses are increased is probably the one thing that psychologists have disproved about blind children. Their other senses are not automatically made keener because of blindness nor do I believe that their other psychological concepts are made keener either. Children are naturally perceptive and make natural adjustments but this does not mean that they do not make errors in interpreting what they perceive.

MOBILITY, ORIENTATION AND PHYSICAL EDUCATION

Martha Ball Rosemeyer
Orientation and Mobility Specialist

In dealing with the subject of physical education for students who are blind, and in asking the question, "What do you say to a kid who can't see," we are confronting the dilemma of many in the field of physical education of the blind today. The dilemma exists because more children are being integrated -- more or less -- into the public school systems; parents are more aware and vocal as to what their children should and could be getting in the public school programs; and administrators of these programs are more willing to open up wider learning experiences to the blind students.

I call it a dilemma because there seems to be a great deal of confusion and uncertainty as to what a physical education program for the blind should consist of, how it should be conducted, and, even more basically, if the blind student should be in physical education classes at all.

Some physical education instructors who are currently faced with this problem genuinely do not know what they should do with the blind student because they have never dealt with blindness before and do not know what its effects are. They are stymied by what seems to them to be an insurmountable obstacle to the child's participation in class, and they remain indifferent to the child's needs.

Others immediately take the more aggressively negative approach and say to the blind child, "You will not be able to participate in the gym class because you are blind;" or they separate the blind child from the group and give him "busywork", such as endless exercises.

Others, who are more positive, flexible, and secure in their knowledge of the benefits of physical education for the growing child, say to the blind student, "Okay, Johnny, you are expected to participate in all phases of the physical education course. We will make modifications where they are necessary, but aside from that, you will be doing what everyone else does."

Benefits of Integration

This is the approach that we hope all physical education instructors will be able to take as they gain experience with more and more blind students and lose their fear of the overwhelming effects of blindness on the person's ability to be normal. It is not always an easy thing to do -- integrate the blind child into the sighted physical education class. It takes ingenuity, creativity, flexibility, and a concern which goes beyond the routine conduct of the class. But to include him in the gym class is to contribute to the physical, emotional and social development and growth of the blind child and adolescent. For the results of active, positive training and acceptance into a physical education program are many and far-reaching. They find roots in the blind person's daily life and influence his self-image and his acceptance into the sighted community as a participating, competitive, contributing member.

But to understand the importance I attach to the physical education of the blind child, we must explore the effects of blindness on the individual's capacity to physically adjust to the environment, and thus, to move about, to react to the environment and to control it.

Blindness is a severe physical handicap which has tremendous effects on every area of a person's life -- on the physical, the psychological, the intellectual, and the social -- on the educational and the vocational. It has such over-riding effects because vision is the most important of the physical senses in terms of the type and amount of information given.

From birth vision conveys information about the child's environment -- both internal and external -- which cannot be offered by any one of the other senses. It is concrete, and yet is not restricted to time and place. It conveys limits, patterns, sizes, shapes, and helps the sighted child put his world in perspective. Vision brings the environment in to the child and extends the child out into the environment. It stimulates the child toward physical movement, entices him to reach forward, to try to grasp what is just beyond his reach, thus encouraging him to move spontaneously toward the objects and people he perceives.

In addition, vision coordinates all the other sensory information available so that the sighted child has the opportunity to integrate sights, sounds, textures, odors, and kinesthetic sensations, into a meaningful totality which both satisfies and incites his curiosity.

The blind child, on the other hand, lacking this coordinating, self-stimulating visual sense, must integrate his sensory impressions around an auditory-tactual framework and is more limited to time and place. He should be given every opportunity to develop each one of his remaining sensory capacities to their fullest, and his learning experiences should be stimulating, meaningful, and challenging.

As we all should know, there is no automatic sensory compensation for blindness -- no sixth sense. It takes professional know-how, intensive training, and hard work to develop the blind person's existing sensory capacities into a well-integrated, efficiently operating sensorium. If the blind child has always been restricted in his opportunities to explore his environment and test out his sensory impressions, he will grow up with an incomplete and insecure knowledge of the environment and his control over it.

He will lack the *oomph!* to move spontaneously toward objects and people in his environment and, as a result, will not develop adequate concepts of the world around him.

It is in the pre-school years -- from birth through five or six -- that he should be allowed to freely explore his world and develop strong and spontaneous muscular reactions as he moves out with natural curiosity and eagerness to capture the environment. In this way, he will not become restricted in his body movements and will build a solid base of confidence and security for the years ahead.

But from the time he enters school, the blind child needs organized and intensive sensory training, so that he will be able to take command of his environment and begin his drive toward independence as an adult. Intensive though it is, this training can be

great fun, and the two most effective ways for him to engage in sensory training are in physical education and orientation and mobility.

Components of Mobility

Mobility, defined here as the capacity of the blind person to move from place to place with safety, skill, awareness, and ease, is fundamental to the blind person's independence as a human being. It is a pre-requisite for successful interaction in and acceptance by the sighted community in educational, vocational, and social endeavors. Many factors are involved in the mastery of mobility for the blind person:

1. Knowledge of the external environment: the design of streets, sidewalks, intersections, traffic movement and traffic control devices, residential areas, business sections, and common modes of transportation.
2. Knowledge of the internal environment -- and here I refer only to the kinesthetic sense and the sense of equilibrium: does he have good posture in walking, standing, sitting, stooping? Does he walk with a normal gait? Is he developing good eye contact and natural gestures, such as shaking hands, pointing to the location of an object, waving "hi!"
3. Maximum use of the remaining senses so that the blind person may be in complete contact with his surroundings and be able to choose meaningful cues for orientation. Thus, he should be able to localize traffic sounds, identify odors and sounds characteristic of a certain locale, interpret echoes, sensations underfoot, and the tactual cues transmitted by the long aluminum cane; and he should do so with confidence that his judgments are reliable.
4. And finally, the development of skill in the use of a mobility device, such as the long cane, so that he can both protect himself and gather important vibratory-tactual information about the terrain as he moves.

Benefits of Physical Education

It is evident, then, from this description of orientation and mobility training, that a physical education program has a vitally important role to play in the growth and development of mobility skill and, ultimately, in the total educational process of the blind child. It gives him an excellent opportunity to develop muscular tone and coordination and good balance. In running, jumping, tumbling, marching, performing calisthenics, or playing ball, the blind child is allowed the freedom to experiment with all the possible ways of moving every part of his body. He receives feedback and correction from the instructor, accept him as a fellow team-mate or participant as any other student in the class.

After mastering gross movements, he begins to refine his muscular reactions so that he can react quickly and skillfully and with confidence, in dribbling a ball, for instance. These gym activities have an almost direct transfer to the tactual sensitivity required in the use of a long cane. And again, after learning to weave in and out of a group of rapidly-moving team-mates, the blind student is more adept at traveling in large crowds, as in a downtown area.

In a creative physical education class, the blind child, like his sighted counterparts, engages in meaningful activities by which they can release their overflowing youthful energy or harness it into constructive channels. In these cases, the blind child displays no so-called blindisms -- no rocking, tilting, hand-slapping, eye-poking mannerisms.

But the key word here is meaningful. How many times have we seen blind students emerge from twelve solid years of "physical education", where they played ball, skipped rope, wrestled, and tumbled -- how many times have we seen these children emerge as adolescents with grotesque walking patterns, groping arms, hunched backs, and empty faces set with fixed smiles. . . enough said about meaningless, repetitive activity which bears no resemblance to reality.

Presently, in most public school programs, the mobility instructor, in teaching the blind student how to travel effectively, must work with him to develop balance, hand-foot coordination, full extension of the muscles of the arms and legs, and erect head positions, for the blind person who has abnormal gait, poor posture, and no body awareness cannot travel effectively with the long cane, or the dog guide for that matter. But it is difficult and sometimes almost impossible in the time and with the facilities available, to correct postural defects which have taken all his growing years to develop.

Just imagine how much more natural it would be for the blind child to be given the opportunity to develop physical skills gradually and continuously, commensurate with his age and readiness. This could happen if the physical education teacher and the orientation and mobility teacher worked, each in his own sphere, toward the same goal: the growth of the blind child into a well-coordinated, physically fit, and independently mobile adult.

It is an exciting prospect for the both of us to think about!

QUESTION AND ANSWER PERIOD

Question:

Does a blind child experience fatigue sooner than a non-physically handicapped child?

Mrs. Rosemeyer:

A blind child many times does experience fatigue sooner than a non-physically-handicapped child, usually when he first begins a certain type of physical activity, such as participation in a physical education class or in mobility training. Various factors can contribute to the level and timing of the fatigue the child experiences: (1) He may be so physically out-of-shape from lack of any but minimal physical exertion that the activities that he is now expected to participate in may be too strenuous for him and he will tire quickly. (2) The activities demanded of him may be too complex for him to master without excessive concentration and frustration. In administering any type of physical activity for

any type of child, there should always be a progressive build-up of skill and physical tolerance -- from simple to complex tasks and from light to heavy exertion.

Question:

Do you expect him to act like the other children? Would he get frustrated because he is too tired to concentrate?

Mrs. Rosemeyer:

The fact that we actually do integrate blind children into physical education classes as well as into the total educational setting, indicates, of course, our conviction that he can perform as well as other children in most areas. However, if we merely placed him in a situation demanding a special skill, without giving him the orientation or the training basically necessary for the successful performance of the skill, e.g., basketball, tumbling, marching, we would be denying reality -- the reality that a blind child is one who cannot see and, therefore, requires compensatory cues or physical adjustments, usually minor, in procedure or equipment.

Regarding your question about frustration: the blind child usually becomes frustrated because the exercises required are too complex for him to perform successfully. He is usually not ready, either psychologically or physically and many times both, to accomplish the task demanded of him.

If he is too tired to concentrate, then the teacher should investigate the cause of his fatigue before engaging in any training which would lead to excessive frustration and inevitably to failure. As any teacher knows, concentration is necessary in order for the student to follow directions and perform adequately. Fatigue resulting from creative concentration and successful participation is healthy and biologically expected. When anxiety, excessive muscular tension, and frustration contribute to fatigue, the student's training should be re-evaluated toward more realistic goals.

Question:

Could you explain a little bit about object perception and how that works?

Mrs. Rosemeyer:

Object perception, for many years called "facial vision," is the perception of the presence of an object nearby without the aid of vision. It is a function of high-frequency, ambient sounds being reflected by objects in the environment. It is not experienced as sound, of course, functioning in the higher-frequency range; most blind persons experience a "sensation of something nearby," and reaching out, can accurately contact an object which has given no perceptibly audible indication of its presence.

Both sighted and blind persons, if they have normal hearing in the higher-frequency range, can experience this phenomenon, but sighted persons do not need to use it for safety or orientation in the environment because sight provides them with information about the location of objects long before they get close enough to either endanger themselves or "feel the sensation" of the high-frequency sounds.

Because blind persons have always been observed applying object perception for effective navigation in the environment, but without any sensory cue apparent to sighted persons standing by, this ability was attributed to a "sixth sense" on the part of the blind. And for many years we called this ability "facial vision" because blind persons experienced it as a "feeling on the face." A group of scientists in the early '40's conclusively proved that it is strictly a function of hearing, although the blind person may also experience a tingling skin sensation in his face following the initial sound perception. This is due to the blind person's past learning that his face, being uncovered and forward, is vulnerable to a blow from an undetected object, and thus muscular tension develops in the face.

Question:

How early would you give a blind child knowledge about his environment, orientation, etc? Would it be better when he first starts school or earlier than that? If earlier, what is the basic knowledge that can be provided?

Mrs. Rosemeyer:

A child's orientation to the environment begins at the time he is born, whether he is sighted or blind. What is important in the pre-school years is that the parents of a child who is blind understand what blindness is, what its effects are on their child, and how to work with him to develop his capacities. If the parents understand what the child needs at this very elementary level, they can open up all kinds of meaningful experiences for him which can form the backbone of his formal training in Orientation and Mobility when he enters school.

The blind child in his pre-school years needs stimulation to develop his remaining senses so he can gather information about his world. He needs exposure to the environment and should be encouraged to explore all the interesting phenomena in his surroundings which, although they may seem commonplace to adults, are very important to a child in shaping his basic knowledge of and success in handling his environment.

This does not mean that the parents should be constantly prodding the blind child to perform or act like a circus barker pointing out everything they pass, but in everyday activities there are many opportunities for the parents to communicate bits of information -- about the child's body, its parts and positions; about sensations underfoot as they take a walk; about the layout of lights, the position of the sun -- which eventually all add up to a secure and creative understanding of what he himself is like and what kind of world he lives in.

Question:

Is an orientation and mobility specialist such as yourself available to children in the public school setting here in Ohio?

Mrs. Rosemeyer:

That depends on what city you're in, what kind of programs are available, and who happens to come to Ohio.

Question:

We know how important orientation and mobility training is for the blind. We know also that we have a great shortage of orientation and mobility people in this country and this tremendous need. Do the people in your field see any way of resolving these problems?

Mrs. Rosemeyer:

Another graduate program for Orientation and Mobility Teacher Training was begun at the University of Pittsburgh this past September. This means that we now have five universities producing graduate orientation and mobility specialists: Boston College, Western Michigan University, California State College at Los Angeles, San Francisco State College, and the University of Pittsburgh. There is also an undergraduate training program at Florida State University.

With the tremendous demand for orientation and mobility teachers in every state and in every type of program for the visually-handicapped -- from the young blind to the geriatric -- there is a great deal of discussion presently going on about ways to meet the need and still provide quality service. Mobility aides and assistants are used by some agencies to provide basic or supplemental mobility training to clients, thus giving the mobility specialist more time to teach the intensive, hard-core mobility skills.

Certain agencies are establishing mobility teacher training programs of their own in an attempt to beat the high cost and extreme shortage of graduate mobility specialists. Most of these programs cannot meet the standards necessary to produce highly qualified mobility teachers because of lack of adequate training staff, facilities, and overall philosophy.

Meanwhile, one of the best ways to provide mobility training to visually handicapped students who live in areas where there is no mobility specialist is to send them to special summer mobility programs offered by various agencies and schools for the blind across the country.

PHYSICAL EDUCATION AND THE VISUALLY HANDICAPPED

Dr. Walter F. Ersing
Assistant Professor
Supervisor of Adapted Physical Education
The Ohio State University

There is a need for greater understanding among physical educators as to the role of their profession in the education of the visually handicapped child. Since over sixty percent of the visually impaired children are receiving their education in the schools of the community, it becomes even more imperative that the physical educator understand the blind child and his needs if physical education is to have any impact on the life of the blind individual.

This workshop hopefully will provide each of you an opportunity to focus on the needs and problems of one type of exceptional child and at the same time help each of us develop broader perspectives of the visually handicapped in terms of the educational process in general and of adapted physical education specifically.

In focusing on the broad perspectives, I wish to comment briefly on some general concepts that hopefully you will gain sensitivity to as a result of your involvement in this workshop. Although I present my points as basic beliefs, they are in reality the general concepts upon which our university program for and our relationships with the visually handicapped are established. These are offered to you today merely as guides in your everyday relationships with the blind and in structuring physical education programs for the visually handicapped.

The Pursuit of Physical Activity and Recreation: An Inherent Right.

It is recognized that all individuals have basic social psychological and physical needs regardless of age, ability, or disability, nationality, race, or religion. Each of us has had the opportunity to travel through the process of growth and development and have experienced in this process activities of self-exploration, self-expression, self-identification, self-administration, and self-discipline.

These activities are needed by each of us in order that we might identify ourselves both as an individual within society and apart from society. The opportunity to attempt many things, some with success and others with no success, is a process which each of us has had the privilege to experience and through it develop a concept of self -- an essential ingredient to success, health, and happiness of any individual.

Experiences in physical activity, play, recreation and leisure time activities, can be instrumental in meeting the basic needs and in providing the individual the opportunity to experience the many activities involved in the process of developing a concept of self. These basic individual needs and the potential for adapted physical education to contribute to them are so fundamental that most of us

take them pretty much for granted.

Yet, in looking around us, we see these fundamental needs, in part or whole, being denied the majority of the handicapped by society in general and more specifically in physical education. By denying the visually handicapped the opportunity to participate in physical education we have denied him experiences in growth and development which are so essential to his total development.

The concern for meeting these basic needs must be a concern to everyone including the physical educator. If we believe this to be true, then we must recognize the fundamental principle that everyone in our society including the visually handicapped should have the inherent right to experience normal activities of growth and development which includes the pursuit of physical activity and recreational interest. It is obvious that the opportunity to fulfill this inherent right becomes a responsibility of the physical educator.

Physical Education -- One Means of Fulfilling Basic Needs.

In addition to recognizing our professional responsibility to provide the opportunity for the visually handicapped to pursue physical activity, we also must be sensitive to developing the "total person." If we genuinely believe in the "wholeness of the individual," as trite as that statement might sound, then we should be concerned with all aspects of development of the individual.

Certainly, if physical activity is important to the normal person, it is proportionately more important to the individual with a visual impairment. Physical activities in the form of games, stunts, sports, developmental exercises, rhythm, and recreational activities can be the means of fulfilling or resolving basic needs. However, physical education is not the only source within an educational program that contributes to wholeness of the individual.

Physical education can make a significant contribution to the growth and development of the visually impaired but we must be careful that in our handling of the blind, we do not fragment and divide the individual and unknowingly forget those elements in life that constitute the whole person. Certainly we are aware of the physical attributes and motor skills the blind can develop through a broad and varied physical education program but we must also be sensitive to and plan for the personal satisfactions the individual achieves from participation in physical activity.

One cannot avoid mentioning another benefit that occurs when a disabled person engages in a physical education program with other students. The "other students" benefit directly from such associations with the disabled in a physical activity setting for the environment provides a means of developing understanding, acceptance, and service; motivating the non-disabled as well as the disabled and developing a common ground or commonality between the disabled and non-disabled.

Focus on Abilities.

We must realize that a disability is specific and must not necess-

arily be a handicap. The tendency of most people is to recognize the student's disability as a handicap and thus immediately limit or eliminate his involvement to have normal privileges and opportunities in physical activity. We see this so often among the many blind students who enter the Ohio State University with little or no previous learning experiences in physical education.

In reality what we have done is to focus on the blind child's disability and not on his abilities. In essence, we -- meaning those of us in physical education -- are the source of many of the blind student's problems that he is confronted with in the process of growing and developing as a total person. We deny them the opportunity to engage in physical education because we tend to focus on his disabilities which has led to many hours in the study hall and of inactivity within the world of sports and games.

It is obvious we must not allow ourselves to become overly concerned with what is visibly wrong with the child for this tends to restrict the normal processes of the environment. Generally, this results in imposed isolation and with the sensory reduction produced by isolationism, we see how this can lead to degeneration of the individual -- physically, mentally, emotionally and socially.

Another aspect of this problem of society setting the disabled person's limits to participate in physical activity because we prevent him from engaging is that in denying him the opportunity engage in physical activity, the disabled may develop some doubts of his ability to perform and participate. In such a case, a little encouragement or assistance may be necessary. In counseling with visually handicapped students on the nature of their physical education program at the university I often ask them how do they will not like spinach if they haven't tasted it yet.

A Challenging Task

In terms of what we know of the visually impaired, it is obvious that our task is a most challenging one. Findings from research support the need of physical activity programs for the blind due to various environmental factors. For example, it has been estimated that one third of the blind girls and one fourth of the boys have been seriously hampered in their physical development because of overprotective parents. Studies dealing with youths with visual defects indicate that postural defects exist in the majority of the cases involving blind youths. The postural defects noted most frequently are defective deportments and spinal deformity. More recently a study revealed a need for select motor tasks by the blind in order to facilitate the development and understanding of body image, laterality, and directionality.

If we will take that first step and provide a meaningful physical education experience for the blind child, we will have accomplished much. From planned experiences in physical education, we shall see the blind child projecting more from within themselves as well as project themselves into more and more normal activity settings. This cannot but lead to greater physical development, more social interaction, and better understanding of all concerned.

The importance of having the opportunity to engage in physical

activities like any other person cannot be stressed enough for the visually impaired child. The true meaning of any such experience can only be realized when the child becomes directly involved. A classic expression of the true meaning of what it means to engage in activity when totally deaf and blind is the following eloquent passage by Helen Keller in her novel, The Story of My Life:

Next to a leisurely walk I enjoy a "spin" on my tandem bicycle. It is splendid to feel the wind blowing in my face and the springy motion of my iron steed. The rapid rush through the air gives me a delicious sense of strength and buoyancy, and the exercise makes my pulses dance and my heart sing.

If we truly believe the visually impaired have an inherent right to pursue physical activity and physical education can significantly contribute to the development of the total child, our commitment to provide physical education programs for the blind must follow.

QUESTION AND ANSWER PERIOD

Question:

Is there any added legal responsibility to the teacher of the blind in physical education?

Dr. Ersing:

The legal responsibility basically starts with: (1) medical clearance for the type and degree of participation and (2) if this is granted then the physical educator becomes responsible for providing a safe environment. For example, if there is a need to protect the eyes directly in projectile situations or ball throwing situations, then you should take that precaution. We do use eye guards in certain activities for safety reasons. I think the physical educator has to be sensitive to any other external activities that might be going on within the play area, as well as in the class itself. I had a very questionable situation develop in one activity setting in which we were engaging in a physical fitness course. At the time, a tennis class was hitting balls against the wall and I had cleared with the tennis instructor that as soon as we started running around the track, all tennis players should stop hitting. We had a boy who had a detached retina in the fitness class which started to run around the track. At this moment the instructor of the tennis class warned all his students to stop hitting. Unfortunately, one tennis student took an extra stroke sending the ball to and then off the wall. It hit the side of the blind student's face but fortunately not the eye itself. The point I'm making is that you must carefully examine all the situations, and enforce them every time. I illustrate the point to show how one can very carefully screen out any situations that might expose a child but yet someone may fail to follow the established procedure. We find our relations with the medical person to be most cooperative in providing full release for physical activity, and that is why I was so happy to hear Dr. Allen basically expound that philosophy here this morning. There are other physicians who are very sensitive and seem to want to protect the child because the parents have expressed their desire to protect the child. When we receive a permanent release from physical education from the physician, then

we have a problem of trying to educate the physician as to the broad perspective that a physical education curriculum could offer a blind child.

Question:

Would you say that it was a good idea for the child to have special classes in physical education in order to avoid frustration and too that the blind child can fit better into the integrated setting?

Dr. Ersing:

I do not like to call it a training. I call it orientation and this is necessary not only when you initially introduce him, but it will be necessary when you change activities and change the setting for the activities. Just last week we held registration for our adapted program and had two totally blind boys register, one of whom enrolled in elementary swimming consisting of regular students. On Tuesday I met this boy just as he came into the building and went through the process of orienting the boy to the building. It is important to be sensitive to their initial needs and then allow them to become fully independent. In addition, the classroom teacher met individually with the blind child at the start of the course and as needed during the course to assist the blind to operate independently in the integrated class.

Question:

But I was speaking in terms of teaching him the basic fundamentals of the activity first, and then having him go into an integrated class.

Dr. Ersing:

No, I rarely take a blind student on a private or individual approach unless I feel the complexity of the activity prevents him from getting the information either verbally, through my manipulations of him by myself, or another student helping him through the particular motor task that we want. Now if the activity does get complicated you may like to supplement the orientation before the instruction. Generally speaking we utilize all means to communicate with this child. I don't think he may need the specific sessions prior to these activities.

Question:

In your setting you have the natural motivating factor of the grade but in rehab setting or other social agency setting or recreation center where you do not have this standard motivating factor, could you give us some idea as to how to motivate the people with which we work. As for example, the overweight girl or the boy with a walking mannerism.

Dr. Ersing:

Let me first comment on the grade motivation. There is a grade involved, but for most of the adapted students this is not a primary consideration. Many of them continue with their adaptive physical education beyond the three quarter requirements. Primarily because they have found an outlet of expression in which they have gained an opportunity for self-exploration and self-independence.

In terms of creating a motivational factor, I think some of the avenues we've used at the university is one of directly bringing the

child to the activity area, even assist him through some of the activities so they can get immediate inside sensory input and muscular movement, etc. Establishing goals within an activity, providing awards and allowing them to serve in a leadership capacity are other motivational possibilities.

HIGHLIGHTS OF DR. WILLIAM FREEBERG'S BANQUET PRESENTATION

It is not possible to include the entire presentation made by Dr. Freeberg at the Workshop Banquet. There were several major points made by Dr. Freeberg that should be reviewed by those people that are interested in developing physical education and recreation programs for the blind.

The following points are presented as the "highlights" of Dr. Freeberg's presentation.

...In past years the major focus of most programs which were developed for handicapped children were in the field of mental retardation.

...Although the percentage of the total population having impaired vision is small, compared to some other handicapping conditions, the problems which confront the blind are large and of a critical nature.

...Most of the program emphasis in the past has been focused on the aspects of medical research and the paramedical professions as they relate to programs for the blind and/or handicapped.

...Only in recent years has society made any extensive or concentrated effort to provide physical education and recreation programs for the handicapped, including the mentally retarded and visually impaired.

...The major concern of this thrust to provide opportunities for physical education and recreation for the handicapped has been to help each individual make the social and emotional adjustments necessary to lead a wholesome and satisfying life as well as finding enjoyment in physical activity.

...The approach used at Southern Illinois University has been inter-disciplinary and cooperative in nature. Using an outdoor laboratory as the focal point in developing a program for all handicapped.

...In experimental work on whether it is best to integrate or segregate the handicapped student from the regular pupil it appears the key is the type and quality of leadership you have available.

...Effective integration should be done through a scientific process combined with the findings of the experienced teacher or leader.

...The majority of recreation and physical education people do not know what to teach or emphasize when working with the blind.

...Communication skills should be one item we emphasize throughout the program.

...In working with the handicapped physical education personnel have the following advantages:

- 1) They are generally by nature enthusiastic
- 2) They desire to win
- 3) They desire to gain perfection in skill and to excel in their work

- 4) They want to get organized and get going
- 5) They have a competitive spirit and desire to move ahead

To work effectively and successfully with the blind the physical education person must modify or at least slow down their push on some of these concepts.

...Physical education people must decide upon instruction and not therapy.

...We must seek out the best way to use teacher-aides and/or assistants in working with the blind to develop posture, balance, coordination, endurance, speed, strength, and skill.

...The blind have more leisure than the majority of people; therefore, we must stress activities which can be participated in and enjoyed throughout their entire life span.

...Physical education people, and schools in general, must use existing recreational facilities within the community in which they work and live to better advantage.

...After working with the blind most physical education and recreation people usually admit to being a better teacher of fundamentals as a result of their experience.

If each person will put into practice the things they have learned during this workshop, this meeting will be the beginning of better programs of physical education and recreation for the blind.

SUMMATION AND CHALLENGE

Robert L. Holland
Ohio Department of Education

To summarize all that has transpired in the past two days of this workshop in fifteen minutes would be very difficult. In fact, it is an impossibility; so permit me to list a few brief observations based primarily on the small group discussions of yesterday and the final general discussion this afternoon.

These observations are:

...The reason many physical education teachers do not willingly accept the blind into their regularly scheduled classes is due to a feeling of insecurity. They do not realize or recognize that the blind have the potential to learn and participate in a wide range of physical activity.

...Another "hang-up" as the saying goes, is fear of legal liability, in case of accidents occurring during the instructional program.

...Parents as well as teachers, for too long have been overly protective of the blind child.

...There is need for a statewide survey to determine the status and extent that blind children are included or excluded from the physical education programs of our schools.

...Participants of the workshop fully agree that an instructional program of physical education is a must to insure the total development of the blind.

...There is no need to "water down physical education" to provide opportunities for the blind in regular class setting. Modification or adaptation may be called for, but such adjustments would or should affect only a few students in the whole class.

...The real responsibility and burden of developing a program and involving the blind in the typical school setting of physical education falls on the shoulders of the teacher.

...Everyone agrees that instruction in physical education for the blind should start in the pre-school years and follow a developmental pattern of instruction throughout the child's entire school experience. (K-12)

...In the integrated class situation the "buddy system" is one of the easiest and most effective ways to help insure interest and participation of the blind in all class activities.

...In working with the visually handicapped you must make sure of the definition of terms in the very beginning. That is, you just do not say "squat". You show the child by body exploration and make sure he knows the difference between a squat and stoop, etc.

In conclusion, it is obvious from your participation in this workshop that you are aware of the contribution that a comprehensive and developmental program of physical education can play in providing the visually handicapped with many enjoyable learning experiences as a part of their total educational program.

The values of physical education for the handicapped, in this case the blind, are the same as for those individuals that do not have handicapping conditions. However, the basic value is to provide opportunities for the total development of the physical, mental, social, and emotional abilities of each individual so that each may live and enjoy as happy a life in this complex society.

What is our challenge as a result of attending this workshop? The challenge is to motivate action in the development of physical education and recreation programs for the blind. Each person here is considered a leader. You have had the opportunity to listen and exchange ideas in the last two days. Perhaps, this inter-action is the most important aspect of any workshop.

The challenge to you however, is to return to your respective community or school and develop an in-service education program for special education teachers and physical education teachers so they will be prepared to do a better job of teaching the blind in the area of physical activities. You may be the only person interested or skilled in working with the visually handicapped. Therefore, accept the challenge that you do have something to contribute in performing this leadership task of providing physical education programs for the blind.

The final challenge to you is to always remember; "There is not enough darkness in the whole world to extinguish the light of one small candle".and now, "Having the light, we pass it on to others", by developing physical education and recreation programs for the blind.

Appendix A

Letter sent to Key Personnel in State who were asked to participate in planning:

February 6, 1969

Mr. Walter Boninger,
Associate Executive Director,
Community Services,
The Cleveland Society for the Blind

In re: Planning Meeting for Possible
Workshop Relating Physical
Education for Blind Children

Dear Mr. Boninger:

In cooperation with the American Foundation for the Blind and the American Association of Health, Physical Education and Recreation, the Society wishes to explore the merit and possibility of sponsoring a two day Regional Workshop in Cleveland, some time in the Spring of 1969. The Workshop program would center around the subject of greater opportunity for visually handicapped children and youth to participate fully -- if at all -- with their peers in physical education classes in school settings and in recreational programs in the community.

Over a period of several months, staff representatives from the Foundation and the AAHPER, a division of the National Education Association, have met to explore ways of developing workshops and demonstrations on the practical level dealing with the above-mentioned subject. It has been suggested that the program be designed to focus attention on the problems of integrating the visually handicapped into community and school activities; developing methods of instruction; and guidelines for helping teachers and other workers involved to initiate such programs.

We understand that AAHPER has had previous experience in conducting workshops for the mentally retarded under a grant from the Kennedy Foundation. This project has now come to a close, and they are extending their work to the entire range of handicapped children. Also, as you know, for many years the American Foundation for the Blind has had a deep concern for the education of visually handicapped children and youth. They have provided much positive leadership in the field of education for the development of good academic and auxiliary programs in residential and community schools. Therefore, it seems logical that we should call upon these two national organizations to assist us in exploring in greater depth how the physical education and recreation programs can better meet the needs of visually handicapped children.

February 6, 1969

We are extending a request for your assistance, along with those indicated on the attached list, in planning this demonstration project. We would like you to meet with us at the SIGHT CENTER at 11:00 A.M. until 3:00 P.M. Tuesday, February 25th, to discuss the merits, content for possible program, participants and other related matters.

So that the Planning Committee members can give some preliminary thought to the type of program under consideration, we are enclosing a suggested program format, as a guide and a beginning for developing the Workshop.

Please return the enclosed card, relative to your availability to participate in such a Planning Committee meeting.

Sincerely,

Cleo B. Dolan,
Temporary Chairman,
Planning Committee
for the Workshop

CBD/lc
encls.

APPENDIX B - Initial mailing to promote attendance:

WHAT DO YOU SAY TO A KID WHO CANNOT SEE?

Attention: School Administrators, Physical Education Teachers, Recreation Directors, do you say.....

"Come on, Joe, you're on the number three team." or

"Sorry, Joe, you better sit this one out."

WHAT DO YOU SAY?

THE FIRST WORKSHOP ON INTEGRATING BLIND CHILDREN INTO ONGOING PHYSICAL EDUCATION AND RECREATION PROGRAMS WILL BE HELD ON WEDNESDAY AND THURSDAY, OCTOBER 9 AND 10.

The workshop is based on the assumption that visual handicapped children are more often than not left out of the on-going physical education and recreational programs in schools and communities.

There is a need for demonstrating to the personnel in these programs and to their administrators the value, purpose, methods and techniques for intergrating visually handicapped youngsters.

The conference, which will be held at the Hotel Carter in Cleveland, Ohio is being co-sponsored by:

- THE CLEVELAND SOCIETY FOR THE BLIND
- THE AMERICAN FOUNDATION FOR THE BLIND
- THE AMERICAN ASSOCIATION OF HEALTH, PHYSICAL EDUCATION AND RECREATION

COOPERATING ORGANIZATIONS:

- Ohio Division of Special Education
- Ohio Association of School Administrators
- Council for Exceptional Children - Ohio Federation
- Cuyahoga County School Superintendent's Association
- Cleveland Board of Education
 - Department of Physical Welfare
 - Department of Special Education
- Ohio State School for the Blind
- Bureau of Services for the Blind - Children's Services
- Ohio Association of Health, Physical Education and Recreation

A detailed program of the two-day Workshop will be mailed out early in September. We will appreciate it greatly if you will fill out the tear slip and return it to Mr. Boninger, Sight Center, 1909 East 101st Street, Cleveland, Ohio 44106

-----Tear Slip-----

I would like to receive the Brochure about the Workshop being mailed out in September.

NAME _____

ADDRESS _____ ZIP _____

OTHERS WHO MIGHT BE INTERESTED:

NAME _____

ADDRESS _____ ZIP _____

NAME _____

ADDRESS _____ ZIP _____

CLEO B DOLAN
WORKSHOP ON PHYSICAL EDUCATION FOR THE VISUALLY HANDICAPPED
HOTEL CARTER CLEVELAND

GREETINGS AND BEST WISHES FOR A VERY SUCCESSFUL WORKSHOP. I TRUST EACH OF YOU WILL HAVE A STIMULATING AND REWARDING EXPERIENCE. NO MATTER HOW INSPIRING THE LECTURES, INTERESTING THE DEMONSTRATION, ENLIGHTENING THE DISCUSSION, AND INFORMING THE MATERIALS, THE SUCCESS OF THE PROGRAM CAN ONLY BE DETERMINED TO THE EXTENT THAT EACH PARTICIPANT TRANSLATES THE INFORMATION PRESENTED INTO ACTION WHEN HE RETURNS HOME. I KNOW THAT EACH OF YOU WILL CHALLENGE AND PROVIDE NEW ENRICHED OPPORTUNITIES IN PHYSICAL EDUCATION AND RECREATION FOR THE VISUALLY HANDICAPPED IN YOUR COMMUNITY.

SINCERELY

JULIAN U. STEIN,
CONSULTANT PROGRAM FOR THE HANDICAPPED, AANPER

Telegram from Washington D. C.

A SPECIAL DEMONSTRATION WORKSHOP FOR INTEGRATING BLIND
CHILDREN WITH SIGHTED CHILDREN INTO ONGOING PHYSICAL
EDUCATION AND RECREATION PROGRAMS

October 9 - 10

Hotel Carter - Cleveland, Ohio

E V A L U A T I O N

The Planning Committee for this "Special Demonstration Workshop" has asked that every participant and guest observer complete this evaluation. Your cooperation in completing this form will be helpful in planning similar programs at the local as well as at the national level. Thank you.

Check one --Participant () Panelist () Guest ()

1. What do you think represents the greatest strengths of the Conference?

2. What do you think represents the greatest weaknesses of the Conference?

3. To what extent did you obtain information that you expected to get from the Conference program?

4. To what extent did you have an opportunity to contribute and express your personal ideas?

5. What do you feel were the greatest values of the Conference?

6. List suggestions for improving future conferences of this nature.
