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CHAPTER XI
EDUCATION
OF EXCEPTIONAL CHILDREN

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EDUCATION

CHAPTER XI

EDUCATION OF EXCEPTIONAL CHILDREN*

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I. THE PROBLEM

1. INCIDENCE OF EXCEPTIONAL CHILDREN

When committees of the White House Conference on Child Health and Protection reported their findings as to the number of children who are physically or mentally handicapped to such a degree that they are in serious need of special educational provision, educators were startled at the magnitude of the problem. When we are told that a half million of the children in our elementary schools are mentally so retarded that they require special individualized instruction, that another half million have defective hearing to the extent that they should be taught lip reading, that a hundred thousand of our crippled children need special educational treatment, that there are fifty thousand whose vision is so impaired that sight conservation or Braille methods should be employed, and that three-quarters of a million are adjudged behavior problems, our minds stagger under the load of comprehending such figures. Yet even that is not all. In order to complete the picture, add to these figures the estimate of six to eight million children of school age who are suffering from malnutrition, tuberculous infection, or cardiac difficulties. Add to them also the epileptics, fortunately few in number. Add to them the speech defectives, who are said to reach the million mark. Finally,

* Since this is the first chapter to be included in the biennial survey dealing specifically with the education of exceptional children, the report is designed to give a comprehensive view of recent developments in the field without being limited to the progress of the last two years.

add a half million or more¹ who, no less than handicapped children, need special consideration because of their exceptionally high mental ability.

Individual investigators, working independently, tend to confirm in general the findings of the White House Conference, although there is wide variation in the interpretation of what constitutes mental or physical deviation which is serious enough to demand special provision in segregated groups. Hilleboe, after making an intensive study of 45 investigations as reported by 24 writers and of 146 estimates made by 89 authorities, concludes that "more than 11 per cent of the school population deviate so much from the normal as to require special class facilities, and that over 46 per cent, in addition, deviate enough from the normal to make remedial attention in the regular classroom necessary."² He reaches this conclusion by taking, for each type of deviate, the median of all available estimates in order that undue weight may not be given to extreme cases. He recognizes, however, the statistical weakness involved in such a procedure and offers his findings as an approximation at best.

The difficulties inherent in the task of making any accurate estimate of the number of physically or mentally atypical children can easily be accounted for. Lack of careful scientific enumerating facilities, absence of comparable definitions, variability in standards, and inadequacy of samplings are among the problems which we face in the attempt to find out what the true extent of our program of special education should be. In *A Health Survey of 86 Cities*,³ the American Child Health Association points out that "one of the most obvious weaknesses disclosed in the survey is the lack of standardization in the definition of a defect and a correction," and that therefore it is most difficult to secure comparative figures on the prevalence of physical defects. Actual variations in regional conditions likewise contribute to variations in the figures which have been given out. In the field of mental deviation the problem is less marked, for standardized instruments of measurements have been developed in the intelligence tests which give at least a comparative basis of estimate, whatever their limitations may be from the sociological point of view. Yet even here authorities differ as to how large or how small a percentage of children should be assigned to special classes for the mentally defective on the one hand and for the mentally gifted on the other.

¹The committee of the White House Conference places this figure at a million and a half, embracing all children who have an intelligence quotient of 120 or above.

²Hilleboe, Guy L. *Finding and Teaching Atypical Children*. Bureau of Publications, Teachers College, Columbia University, 1930, p. 33. (Contributions to Education No. 423.)

³American Child Health Association. *A Health Survey of 86 Cities*. New York, 1926, p. 179.

In the midst of these difficulties and discrepancies, the White House Conference offers the latest authoritative figures resulting from years of painstaking research on the part of committee members.⁴ They constitute a startling index of the supreme seriousness of the problem of the exceptional child, as well as an unquestioning challenge to continue our research, to refine our methods of enumeration, to establish our findings, and to adjust our educational program in accordance with them. The very fact that there has been a White House Conference on Child Health and Protection and that the needs of the handicapped child occupied a foremost place in its deliberations is one of the most significant developments that have contributed to the cause of special education in recent years. The light of public consideration more than ever before has been focused upon the child who is different and upon the importance of providing educational opportunities which shall be based upon *his needs* rather than upon *our convenience*.

Yet, however significant and far-reaching the sessions of the conference have been, the records of its activities will be little more than another book upon our shelves unless educators throughout the country—in State, city, and county—carry on a persistent campaign to realize the ideals embodied in that last master expression of its principles, The Children's Charter. Most gratifying is the news that a State conference on child health and protection has just been called by the Governor of the State of Indiana. This is the first of its kind which has followed up for local purposes the deliberations of the national conference. It is expected that other States will follow the example of Indiana, and that each one of them will marshal all available forces for an aggressive program.⁵

2. SOCIOLOGICAL ASPECTS

This army of children who are to-day serious deviates in mental, physical, or temperamental traits will one day become an army of adults and a very real part of the great citizenry of our democracy. Shall they be a *contributing* part of our social life, or shall they become *liabilities* that will drain the resources of society? Shall we spend our money to-day to educate them aright to social efficiency, or shall we spend it for almshouses, hospitals, reformatories, and

⁴ The percentages of children in need of special educational provision which committees of the White House Conference offered are as follows: Mentally deficient, 2 per cent; mentally gifted, 6 per cent; blind and partially seeing, 0.2 per cent; deaf and hard of hearing, 2 per cent; speech defectives, 4 per cent; crippled, 0.4 per cent; behavior problems, 3 per cent; malnourished, cardiac, tuberculous, etc., approximately 20 per cent.

⁵ Since this manuscript has gone to press, several other States have already followed the lead of Indiana in calling White House conferences.

prisons to house them when they are grown? Our answers to these questions will be expressed in the provisions which we are willing to make for them while they are still children; in the sincerity with which we shall undertake to capitalize their powers and minimize their handicaps; in the effectiveness with which we plan to educate them in those things which they can do and to prevent the helplessness that results from lack of training; finally in the skill with which we diagnose their difficulties and avert the unsocial attitudes that are the outcome of maladjustment.

The exceptional child is most certainly an economic factor. An intelligent consideration of the issues involved from that point of view alone would force us to double and redouble our efforts to bring to him those facilities which will help him to realize his maximum capacity despite his handicap. The superintendent of the Wrentham State School, Massachusetts, states the issue most effectively when he says: "If society does not keep mentally deficient children busy in a constructive way during the whole of their school lives, they, in a destructive way, will keep society busy during their adult lives."⁵ And what is true of the mentally defective child in this respect is likewise true of the blind and the deaf and the crippled and the personality deviate.

Yet surely our national conception of educational opportunity is not limited to the economic aspects alone. If the educational philosophies of Dewey, of Kilpatrick, of Bode, and of other national leaders agree in any one phase more than in another, it is in the emphasis that is placed upon the *child* and upon his welfare *as a child*. Happiness, contentment, adjustment, achievement—these are some of the key words which apply to the education of every child, no less to the handicapped than to the normal. If the medium which will secure such results for one group fails with another, then it is the medium that should be changed, not the result. But the result always is to be expressed in terms of the *child* rather than *children*—in terms of *individual child life, child attitudes, child success* in keeping with *his* ability to succeed rather than in terms of certain *group* standards of achievement.

A twofold service, then, is the cornerstone upon which any program of education is built that considers the special needs of the exceptional pupil: Service to the child and service to society. These two are inextricably interwoven. Neither one can suffer without harm to the other. The needs of one are reflected in the needs of the other. Both are paramount considerations in the welfare of the Nation.

⁵ Wallace, George L. Some Observations on the Requirements in a State Program for the Care of the Mentally Deficient. *Mental Hygiene*, 14: 607-618, October, 1920.

II. STATE PROVISIONS FOR THE EDUCATION OF EXCEPTIONAL CHILDREN

Organized public efforts that have been made to reach the needs of exceptional children are centered in the three major units of our educational and governmental system: The State, the county, the city. Of these three the State has been the pioneer, since the initial steps in providing for extreme deviates were taken by State legislatures throughout the country. Much progress has been realized since those first enactments were made. Particularly in the last decade has the State begun to assume responsibility which augurs well for future achievements in the education of exceptional children.

1. STATE RESIDENTIAL SCHOOLS

Until comparatively recent years the only public provision that was made for exceptional children was that initiated by the State through the medium of its residential schools. The feeble-minded, the blind, the deaf, the delinquent, who could not be taken care of at home, were congregated in institutions where some attempt was made to give suitable training. With the passing of the years these institutions are becoming schools, their objectives are becoming educational, their methods of teaching are beginning to follow the accepted principles of educational psychology. Progress in some sections of the country and in some individual schools has been vastly greater than in others. Yet we seem to be slowly but surely approaching the time when these State residential schools for the education of exceptional children shall be a part of the great State educational system, in many cases under the direct control of the same State board of education which governs other educational activities of the State. Particularly is this true with reference to schools for the deaf and the blind. In California, Idaho, Iowa, Louisiana, Montana, Ohio, Oklahoma, and Wyoming such an arrangement already holds for one or more of the types of the special schools of the State.⁶ The auditor's annual report of the State of Ohio (1928) stated with reference to the State school for the deaf that "the school at present is a division in the department of education, having been 100 years in finding its proper place."⁷

It is unquestionably true that the problem of the handicapped child has its physical, its medical, its sociological, its psychological

⁶ Wyoming has no State schools for the blind and the deaf, caring for them in out-of-State institutions, but recent legislation (1929) has transferred the general supervision of such children from the State board of charities and reform to the State department of education.

⁷ Auditor's Annual Report, Ohio, 1928, p. 100. The Legislature of Ohio took this action in 1927. (Italics are ours.)

phases as well as its educational aspects. But so also has the problem of the normal child, and those who advocate the inclusion of special residential schools under general State educational supervision point out that adequate educational provision for *all* children involves consideration of health and remedial physical or medical measures wherever such are needed; that the primary need of the handicapped child is just such a comprehensive educational program adjusted to his special needs; that only in so far as his handicap requires should he be separated from the normal experiences of normal children; and that all efforts made in his behalf—whether in State residential schools or in city day schools—should be centralized under one unified form of control. It is for this reason that in California not only has the government of the State schools for the deaf and for the blind been placed (in 1921) under the State department of education, but, in order to insure further coordination of all activities pertaining to the education of deaf children, the principal of the residential school was also (in 1928) charged with the responsibility of supervising day-school classes for the deaf in the cities of the State. This is the first State in which unified supervision has been realized to such extent, furnishing, however, a clear indication of the trend of the development which is taking place.

The function of State residential schools is coming to be increasingly recognized as a service for those extreme disabilities which can not be adequately taken care of in local communities. The superintendent of the Wrentham State School (for the mentally deficient) in Massachusetts states in his annual report of 1929, that—

The work thus indicated for the institutional school is education and training of the children on low mental levels; training and education of mentally retarded children on the higher levels who are deficient in social adjustment and who are likely to acquire habits which will prevent them from becoming socially adjusted in the community; the training and education of mentally retarded children on the higher levels whose homes can not provide them with the proper care and supervision or whose homes are so situated that these children can not avail themselves of the advantages of a special class.²

From Indiana comes a similar conviction:

The feeble-minded are too numerous and their problems are too complicated to be solved by institutional care and training. Certain types are properly institutional cases. The public-school system must prepare to assume its share of the burden preparing some of these children for life's battles. It is due each child that he have an opportunity to make the most of his possibilities. And when the child has finished his school career, the courts and the social agencies should aid in his community adjustment, if that adjustment be possible. When the nature of his case is such that the schools can not function and adjustment is impossible, then and then only should

² Commonwealth of Massachusetts, Department of Mental Diseases. Annual Report of the Trustees of the Wrentham State School for the Year Ending Nov. 30, 1929, p. 4.

he be committed to a State institution. Of such type there will always be a sufficient number to fill all institutions the State may build.⁹

The superintendent of the Walter Fernald State School, also in Massachusetts, makes the statement that "we no longer see the necessity for institutional care for more than 10 per cent of the feeble-minded. Ninety per cent * * * should be recognized and provided for by the community in its school program."¹⁰ Whether these percentages be considered final or not, it is a fact that community care of its mentally retarded children in public-school classes increased more than 125 per cent during the interval from 1922 to 1927, while the number of inmates reported in State schools for the feeble-minded increased during the same period about 25 per cent. Both types of schools are unquestioningly needed. The State which is the most progressive in providing for one will also make the most adequate provision for the other. Thus it accomplishes two outstanding results: (1) The fostering of the social development of the mental retardate in the ordinary group environment wherever such is possible; (2) the reservation of State custodial care for the most urgent cases needing segregation. Incidentally such a plan also serves to relieve the congestion in the State schools and to reduce the long waiting lists which now obtain almost everywhere.

The same general sentiment has been expressed with regard to those having defects of hearing. A committee appointed in 1927 to make a survey of the New York State schools for the deaf deplored the fact that "the deafened pupil, the so-called semimute, the adventitious and congenital cases do their work side by side and live in close association day after day. Generally speaking, while they (the partially deaf) may depend upon speech for communication and sight for understanding, their ears are required to do little service beyond short periods of practice with instruments of amplification."¹¹ Moreover, in such close association the hard-of-hearing child habitually hears the distorted speech of the deaf children, which in itself is instrumental in crippling his own articulation. On the basis of these and other facts, Dr. Emily A. Pratt, eye and ear specialist, New York State Department of Education, recommends that the responsibility for the *deafened* child be placed "where it belongs in the regular school system of the locality where the child resides, thus leaving the schools for the deaf to take care of the

⁹ Fifty-first Annual Report of the Indiana School for Feeble-Minded Youth, Fort Wayne, Ind., 1929.

¹⁰ Greene, Ransom A. Progress in Understanding and Control of the Feeble-Minded. The Annals of the American Academy of Political and Social Science, 151: 186, September, 1930.

¹¹ New York State, Report of Committee: Survey of Schools for the Deaf, p. 22.

deaf."¹³ As a matter of fact, totally deaf children have become the problem of the public day school as well as of the residential school. In every community will be found those parents who are unwilling to send their children away from home. Moreover, in some States schools are inadequate or unprovided. Consequently numerous city school systems have faced the necessity of making some provision for such deaf children as they have in their midst. Yet, as Doctor Pratt indicates, an even greater responsibility is with the child who possesses some residual hearing in order that he may have the opportunity of using it and of developing it to the utmost in a normal environment.

This principle, which holds for the mentally retarded and for the hard-of-hearing child, is applicable also to the child with defective eyesight, yet not so blind that he needs institutional care; to the child who is anaemic, malnourished, with a tendency to tubercular infection, yet not sick enough to find admission to a hospital; to the child who is crippled, yet who can learn to help himself in many ways in the ordinary school environment; to the child who presents a behavior problem, yet not so serious that he needs to be segregated. Segregation in State residential institutions is thus primarily reserved for those disabilities which force themselves upon the attention of society through utter incapacity to cope with the demands of the social group. This is the conviction which seems to be growing more and more in the minds of educators and which is fundamental in the development of our program of special education in local school communities.

2. STATE AUTHORIZATION OF SPECIAL CLASSES

The inevitable outgrowth of the limitations set upon the enrollment of State residential schools must be the organization of educational facilities within local school systems which will comply with the varying needs of handicapped children. In the promotion of such a program State legislatures have played a significant part through the encouragement that comes from official State authorization. Of 100 legislative enactments reported by Kunzig, in his *Public School Education of Atypical Children*,¹⁴ authorizing the establishment of special classes in local school systems for respective types of exceptional children, the first one dates back to 1896, but almost 50 per cent of them have taken place since 1920. To date (January, 1931) such legislation has been enacted in 26 States of

¹³ Report of Emily A. Pratt, M. D., eye and ear specialist, New York State Department of Education, to John E. Hagen, chief Special Schools Bureau, p. 8.

¹⁴ Kunzig, Robert. *Public School Education of Atypical Children*. U. S. Office of Education. Bulletin, 1931, No. 19. (In press.)



**A CONSTRUCTION UNIT IN A CLASS FOR MENTALLY RETARDED CHILDREN
(LINCOLN SCHOOL, TEACHERS COLLEGE, COLUMBIA UNIVERSITY, NEW
YORK CITY)**

Mentally retarded children frequently find in manual activity an opportunity for self-expression and contribution to the world's work. Academic school subjects are only one phase of education. These boys are enjoying another phase which is better suited to their individual needs and more important for their own maximum development.

the Union, applying to various groups of pupils, and under varying conditions. In 7 of these 26 States, the very first law of its kind has been passed since 1920. The number of States now giving legislative approval to the organization of special classes for the respective groups is given in Table 1, columns 1 and 2.

TABLE 1.—Number of States giving legislative authorization and special financial aid to special education in local school systems¹

Type of pupil	Number of States	
	Legislative authorization	Special financial aid
Blind or partially seeing.....	19	12
Deaf or hard of hearing.....	19	14
Crippled.....	16	12
Mentally defective.....	16	6
Anæmic, tuberculous, cardiac.....	12	4
Speech defective.....	11	3
Behavior problems.....	10	3
Mentally gifted.....	4	2
Total number of States providing for one or more types.....	26	16

¹ Data from Kunzig, Op. Cit.

Such legislative enactments are of two general types—permissive and mandatory. The former recognizes the need for special classes but leaves to the local community the decision as to whether they shall be established or not. The latter *requires* that they be established under specified conditions. For purposes of illustration, two typical laws are cited:

Indiana.—The board of school trustees * * * is hereby authorized to establish and organize special classes, as a part of the public-school system * * * for children who * * * on account of physical disability can not be taught advantageously in the regular classes of such school corporation, whenever 10 or more children of any special type are found * * * who will profit by a type of instruction different from that given in or afforded by the regular classes.—*Indiana, Acts of General Assembly, 1927, chapter 211.*

Pennsylvania.—The county or district superintendent of schools shall submit to the board or boards of school directors plans for establishing and maintaining special classes in the public schools or special public schools for the proper education and training of all such children reported to him as fit subjects for special education and training, and it shall be the duty of the board of directors of any district having such children to provide and maintain, or to jointly provide and maintain with neighboring districts, such special classes or schools.—*Laws of Pennsylvania, 1925, No. 46, section 1413.*

Aside from the mandatory or permissive nature of the act, these two laws differ also in that the first provides only for physically handicapped children, while the second provides for "all * * * children reported * * * as fit subjects for special education and training," or, as it is elsewhere expressed in the Pennsylvania law,

for all children "of exceptional physical or mental condition." This is the most comprehensive type of law hitherto enacted with reference to the education of exceptional children, since it could well include the exceptionally gifted child and the behavior problem as well as the mentally and physically handicapped. California and Oregon have laws which have been similarly interpreted; while Wisconsin's law includes various physical defectives, the mentally subnormal, and the gifted.¹⁴ It is significant that these are the only four States which have as yet sponsored legislation for the gifted child. In actual practice even these four would be the first to confess that they are lagging far behind the demands of the situation.

Students of State school administration tell us that it is the function of the State to encourage, to stimulate, and to guide the development of educational practice in the counties and cities within its borders; to give assistance and general supervision in the new ventures that express thoughtful and intelligent progress in local communities. The growing number of State enactments relative to the establishment of special classes is an indication of the interest which the States are taking in this aspect of their educational functions, and in making provisions for those who can not profit by the ordinary school curriculum and methods of teaching.

3. STATE SUPPORT OF SPECIAL CLASSES

Helpful as is the expression of State authorization through legal enactment, it fails to give that tangible assistance which is needed in so many communities and which must necessarily take the form of a financial appropriation designed to help in covering the excess cost of special classes. The legislatures in some States have appreciated this fact, substantiating their approval of the establishment of special classes by special financial assistance for their maintenance. The total number now granting such State aid for one or more types of classes is 16, and the group is growing at each legislative session. Table 1, column 3, shows how many are at present making special financial provision for each type of pupil.

Legislation providing financial assistance is drawn up on three different bases of apportionment: (1) Per pupil; (2) per class; (3) total excess cost. The following quotations, all taken from recent State enactments, will illustrate each of these three types:

Wisconsin.—In excess of \$70 per child * * * the amount apportioned to any board shall not be in excess of the following * * *: (a) for each pupil residing in the district and attending * * * such day school * * * or * * * class for exceptional children \$100, for the deaf or blind \$250, for children physically disabled \$300; (b) for each pupil residing outside the

¹⁴ Kunsig discusses the interpretation of these laws, based upon correspondence with State officials.

district, but within the State, who attends * * * such day school or class * * * \$400, for children physically disabled \$450. (Transportation for the physically disabled is also furnished.)—*Laws of Wisconsin, 1927, chapter 488.*

Maryland.—Wherever the city of Baltimore or any of the counties of the State shall provide special schools or classes for such physically handicapped children * * *, the city or counties so providing the same shall be entitled to receive from the State of Maryland * * * the sum of \$2,000 for each such class, provided that each such class shall be composed of not less than 10 physically handicapped children.—*Maryland General Laws, chapter 152, section 235 B (1929).*

Indiana.—Any school corporation which establishes * * * special classes as provided for in this act shall be entitled to be reimbursed by the State in an amount equal to three-fourths of the cost of instruction in such special classes in excess of the cost of instruction of the same number of children in the regular classes.—*Acts of Indiana General Assembly, chapter 211 (1927).*

This is not the place to discuss in detail the merits and the weaknesses of the laws which are in operation in the several States. Uniformity or standardization is as yet utterly lacking. Not only the amount of State reimbursement but also the number of special types sharing in it varies from State to State. Note in Table 1, column 3, for example, that only half as many States assist in the education of the mentally defective as in that of the physically handicapped, while the mentally gifted are at the very bottom of the list. The amount specified, even for the same group, varies from one hundred to several hundred dollars per pupil in those States which have adopted this basis of apportionment. Some States give the same amount of assistance to all types, regardless of handicap or of comparative costs.

These are pioneer days, in which we are working out a problem that calls for scientific experimentation and research. The basic principles, which are being emphasized by students in the field as necessary factors to be considered in such research, may be stated thus:

1. The State *should* assume a share of the financial responsibility of educating exceptional children in public-school day classes as well as in the residential schools of the State.
2. *All* types of exceptional children are entitled to a share of consideration in the reimbursement which the State makes.
3. The comparative costs of educating the respective groups should be an essential consideration in apportioning funds.
4. Rural areas should be given special encouragement in providing for the handicapped children of the community.

The greatest development of education for the exceptional child can be expected only if the State shares in the extra expense. Numerous communities, particularly those in small or isolated sections, could never assume the responsibility of the additional cost without special aid. What the extent of reimbursement should be is still to

be determined. The important point to note here is that State legislatures have begun to recognize the need and that we are on the way to greater understanding and greater support for this important field of work.

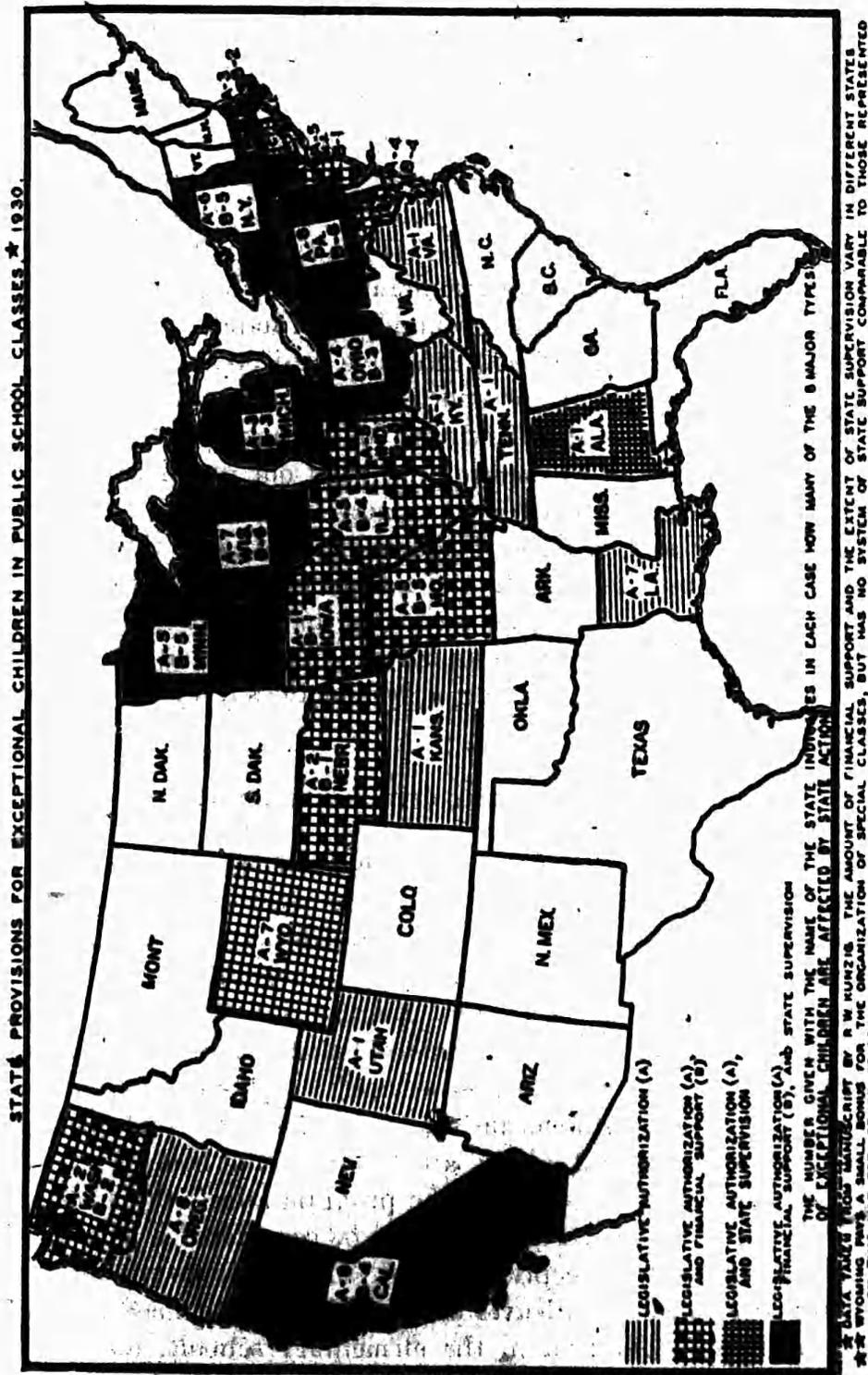
4. GENERAL STATE SUPERVISION OF SPECIAL CLASSES

A complete State program of special education will include not only legislative authorization and special financial appropriation; it will also provide general State supervision of the work done, at least on the same basis as is now provided for all classes, with the possible necessity of more intensive oversight during the initial stages of adjustment. Standardization of teacher qualifications, regulations regarding organization and maintenance of classes, provision of suggestive curricular material and of facilities for the preparation of teachers are State responsibilities. These functions are properly centered in a bureau of special education within the State department of public instruction. Eleven States have taken steps in this direction and actually have such bureaus at work. They are Alabama,¹⁵ California, Connecticut, Massachusetts, Michigan, Minnesota, New York, Ohio, Pennsylvania, Wisconsin, and Wyoming. Several other States are assigning part-time responsibility in these matters to other members of the State staff.

A capable, enthusiastic supervisory staff, representing the State department, is an asset of untold value in the promotion of any special field of work. Its privilege will be to stimulate communities toward a better organization of facilities for the education of exceptional children in special groups, better understanding of their nature and their needs, and better adaptation of the curriculum to meet those needs. Its responsibilities also involve assistance in the formulation of regulations governing the organization of special classes, for the work requires special organization, special standards, and special teacher preparation. How many pupils should there be in a sight-saving class or in a class of children of low mentality? When may a class be organized? What are the conditions of receiving State aid? What special preparation should a teacher have? Should she be specially certificated? Should she receive additional compensation? These are some of the questions that need to be answered in any state-wide program of special education before it can function to maximum efficiency. A well-organized State supervisory plan will not curtail the prerogatives nor interfere with the initiative of an independent city school system in its program for exceptional children; yet it is the surest means of securing

¹⁵ In Alabama the director of exceptional education is more directly concerned with the education of illiterates and with adult education.

adequate study of the problems involved and of putting into effect accepted principles of procedure.



5. STATE ENUMERATION OF EXCEPTIONAL CHILDREN

Closely linked with the State's responsibility of support and supervision is the problem of enumeration. Before an adequate program

can take shape involving certain special types of children, there must be some means of ascertaining how many children are to be provided for. This again involves the question of incidence, which was discussed at the beginning of this chapter and which involves so many difficulties. Yet each State faces the problem of devising some means of getting an accurate census of the various groups of exceptional children. Thirty States have reported that they periodically attempt to take a census of one or more types of handicapped children through the medium of the general school census. Only six report that they attempt to enumerate all types. No one of them would claim that an accurate enumeration has been made by the ordinary means. Obviously large numbers of handicapped children fail thus to be recorded. Recent intensive projects, whereby a more exact census has been taken, are reported by Connecticut, Iowa, Kansas, New Jersey, New York, Maryland, and Massachusetts. We are being aroused to the necessity of determining what our own local problem of incidence is, regardless of what it may be elsewhere or of what nation-wide estimates may be. Unquestionably that is the only way in which it can be intelligently and adequately met. Especially in the face of the many discrepant estimates that have been given out, no State can have any accurate understanding of what its problem is or is not without first making a systematic survey of its whole school population.

6. ACCEPTANCE OF THE FEDERAL CIVILIAN REHABILITATION ACT

Any survey of State progress in the field of special education of children would be incomplete without some reference at least to the increasing number of States in which rehabilitation of physically disabled persons is in progress under the provisions of the Federal Civilian Rehabilitation Act. On August 1, 1930, the Federal Board for Vocational Education reported that "there are at present 42 States engaged in rehabilitation service."¹⁶ This number has now been increased to 44. This means that large numbers of handicapped persons, both minors and adults, are receiving the benefits of vocational education; and, in so far as the program affects the adolescent groups of school age, it certainly should be considered a part of our educational service for exceptional children. Due to its specific vocational purpose, however, it leaves untouched the great mass of physically handicapped children in the elementary schools, nor does it attempt to provide even for later adolescent groups the broad educational contacts with cultural experiences which are of great profit to

¹⁶ Vocational Rehabilitation. Federal Board for Vocational Education, Division of Vocational Rehabilitation, Washington, D. C. Miscellaneous 1120, Aug. 1, 1930.

numerous physically handicapped young people. A State may well use this act for all it is worth, considering it one of the means available in caring for exceptional children. Yet obviously it can not and it is not intended to take the place of a comprehensive program of special education for all children who need it.

7. THE STATE'S RESPONSIBILITY TO RURAL COMMUNITIES

The most recent estimates¹⁷ indicate that, of the 25,000,000 or more of children between the ages of 6 and 18 attending school approximately 12,000,000 are in rural areas and that 3,000,000 more of the same ages are living in rural areas but not attending school. If we assume that the percentages of exceptional children are about the same in city and country, then it is a simple matter to determine the rural problem in this field. While such an assumption can not be considered infallible, yet it seems safe to say that approximately one half of the millions of handicapped children estimated for the Nation at large live in rural districts where conditions are most unfavorable for any special consideration of their needs. Schools are small, often of the one or two teacher type; children who need help are widely scattered; transportation facilities are inadequate or lacking altogether; rural teachers have as a rule not the requisite training to give special attention to exceptional needs; local financial provisions for additional equipment, instruction, and supervision are not available. In sharp contrast stands the city school system with its possibilities for organized facilities, able to take care of its mental and physical deviates through special classes or centralized schools, special instruction, and special supervision. The city usually circumscribes its activities with its own boundaries; the rural community is dependent upon the larger unit—the county—and, beyond the county, the State.

Rural areas, then, are the State's peculiar responsibility. State authorization, State support, and State supervision are indispensable to the progress of special education in small and isolated communities which are in no way able to assume the additional financial burden alone nor prepared to plan the educational procedure that should be followed. A rural district may not even see its needs or its opportunities until attention is called to them and possibilities are outlined. It is for the State to take the responsibility of pointing the way toward capitalizing its resources and realizing its maximum progress, giving such assistance as will make possible a constructive program.

¹⁷ Estimates made in the U. S. Office of Education.

8. SOME REPRESENTATIVE STATE PROGRAMS

For purposes of illustration of plans of operation, several programs are briefly presented to indicate what recent developments have been in the more progressive States. If standardization of general procedure be the objective in special education, then the greatest value will come from setting up certain typical plans which each State may adapt to its own local needs.

New York.—In the State department of education there has been organized a crippled children's bureau within the division of vocational and extension education. This bureau is responsible for the organization and supervision of the work with physically handicapped children under the provision of the amended education law. The major activities of the bureau are described as follows:¹⁸

1. To cooperate with other State departments in developing a comprehensive state-wide program for the education, physical care, and general welfare of physically handicapped children.
2. To maintain a complete register of all physically handicapped children.
3. To advise with the judges of the children's courts, county officials, and others relative to the educational needs and general welfare of physically handicapped children.
4. To advise with local school authorities concerning the educational need of physically handicapped children, including special equipment, courses of study, transportation, qualifications of teachers, home teaching, scholarships, etc.
5. To cooperate with private and public agencies in all efforts to provide help for this group of children.
6. To advise with parents and others relative to the education and care of physically handicapped children.

The judge of a children's court in any county of the State is authorized to issue an order for the care of a physically handicapped child and to charge the cost of the same to the county or subdivision thereof. Such care may include surgical, medical, or therapeutic treatment, education, transportation, maintenance, and other listed provisions. Upon approval of such order by the State commissioner of health, if it involves physical treatment, and by the State commissioner of education, if it involves educational services, the county or city¹⁹ in which the child resides is entitled to receive a reimbursement amounting to one-half of the expenditures made for the child.

Such a plan as this makes it possible to extend help to the children in isolated rural areas as well as to those in the cities. The child is considered as an individual, and his individual needs are met through the various channels that are open either in his own community or elsewhere. Home teaching, transportation to a special center, main-

¹⁸ State Aid to Counties for Physically Handicapped Children. University of the State of New York Bulletin No. 856 (August, 1926), p. 6.

¹⁹ Cities were included in the act by an amendment passed in 1927.

tenance in another district where a special center has been organized, hospital care, and medical attention are all provided for in the act. Educationally he is carried to the special class which he needs, instead of waiting until the special class is brought to him. If such a program could be extended to include mental defectives, we should have the basis for a state-wide comprehensive service to handicapped children.

New York, however, has not left its mentally retarded children without consideration. Through State legislation the organization of special classes for both mental and physical deviates is mandatory in local districts if numbers warrant their establishment; special financial provision is granted under given conditions; and State supervision is available. Rural communities, however, can seldom take advantage of these provisions because of the smallness of their schools and the lack of numbers needed to form a class.

The State department has been further attentive to the education of mentally defective children through a study of their curricular requirements. A committee was appointed in 1927 to plan for the construction of a course of study for special classes. The fruit of its labor appeared in 1930 in the form of a bulletin issued by the University of the State of New York. A special class curriculum study is offered, not as an ideal course of study, but as a pioneer attempt in producing suggestive material for the use of teachers of retarded children. Other similar efforts have been made elsewhere in the country to meet the insistent demand for better adaptation or change of the curriculum to give the best type of education to these children.

Wisconsin.—Wisconsin has in its State department of education a supervisor of "physically disabled" children (primarily crippled), a supervisor of deaf, blind, and speech defectives, a physiotherapist, a clinical psychologist, and an assistant clinical psychologist. The two last-named officials are chiefly concerned with the education of mental deviates among the school children of the State. This supervisory staff works directly with superintendents, principals, teachers, and children, in the effort to promote the efficiency of a state-wide special education program. The clinical psychologists reported for the biennium 1926-1928 a total of 2,230 individual psychological tests, 240 supervisory visits, and 218 official conferences.

The legislature of 1927 placed on the statutes a revised law for State aid to school districts, providing educational privileges in special classes for exceptional children. The provisions are made on the per pupil basis, varying, however, with the type of handicap and the accompanying necessary expense. Transportation of crippled children to a regular school or special center, as well as partial maintenance outside the district in which they reside (when such maintenance is deemed essential), is included in the State regulation.

Through such State aid and State supervision it has been found possible to organize special classes in at least some of the small communities. Approximately 12 or 15 classes, most of them for mental defectives, are now functioning in towns having a population under 5,000.²⁰ A printed course of study for mentally handicapped pupils has also recently (in 1927) been issued by the State department, so that teachers throughout the State have the advantage of constructive suggestions for their classroom work.

Other States may be cited which have done outstanding pioneer work in the field of special education. Ohio has extended its program for physically handicapped children to reach into almost every corner of the State. Michigan, likewise, has a progressive State program for physical deviates. Its latest report (1931) shows that special classes have been organized in 68 school districts out of a total of 180 districts having 500 or more on the school census.²¹ Massachusetts has been a leader in its provisions for mental retardates; it has also a developing program for other groups of exceptional children; and it has just (in 1930) enacted a new law providing for an annual census of crippled children and for their home instruction under certain conditions. Minnesota has a carefully formulated State plan of supervision, with a statement of standards that was issued in 1927, part of which, however, was superseded by legislation enacted since that time. Connecticut, California, New Jersey, Illinois, and Wyoming have all done much constructive work, reports of which are available. Yet, while there is every reason to be glad for these initial steps that have been taken, there is a long road ahead before any one of these States will have reached the realization of an equal educational opportunity for *all* exceptional children. If this is true even of the best of them, what shall we say of others which have as yet seen no way clear for even the beginnings of a state-wide program? There are vast fields ahead to conquer, that call for a united warfare in which State, local, and national workers shall all serve in one great cooperative enterprise.

III. CITY PROVISIONS FOR THE EDUCATION OF EXCEPTIONAL CHILDREN

Numerous studies have been made from time to time of the extent to which cities have made provision for exceptional children through the organization of public-school classes. In spite of this fact, data

²⁰ The biennial report of the State superintendent for 1928 reported 11 such classes, of which 7 were for mentally retarded children.

²¹ Lee, J. J. Survey of Special Classes for Exceptional Children in 180 Michigan Cities and Towns. State of Michigan, Department of Public Instruction, February, 1931. (Mimeographed report.)

which give actual number of cities, number of classes, or number of pupils must be offered without any claim to absolute accuracy, since no investigation made by the questionnaire method can be certain of including every case that properly belongs in the group. There has been so much duplication of such studies that it is not surprising that school officials sometimes grow weary of answering. The result is that a city included in one report may not appear in another, and consequently the numbers of classes and of pupils enrolled will not always seem consistent in various reports that are made. Further difficulty comes from the difference in phraseology used in questionnaires sent out by various investigators with consequent dangers of difference in interpretation. However, the trend is clear, showing a progressive increase in the provisions made by school systems throughout the country.

Investigations which have been used as the basis for the data given in this report are the statistical studies of the United States Office of Education; various surveys made under the auspices of the National Committee for Mental Hygiene, the National Society for the Prevention of Blindness, the National Research Council, the Conference of Executives of American Schools for the Deaf, and the International Society for Crippled Children; reports of committees of the White House Conference; and studies made by individuals, principally those by Heck, Rogers, and Kunzig. These are all listed in the bibliography at the close of this chapter.

The very fact that so many studies have been made in this field indicates a healthy interest in the subject. We need only to coordinate our research in such a way that needless duplication will be avoided and that maximum results will be secured from the effort expended. We need not *fewer* but *more* people working on specific phases of the problem, working in such a way that the findings of one will supplement those of another, thus building up a great fund of information which may furnish guiding principles for the next steps.

As we look back over the development of the past 5 or 10 years, we find that the progress of special education in city school systems consists on the one hand of a very definite increase—for some types more than for others—in the number of special classes and schools organized for exceptional children, and, on the other hand, of the growing consciousness that such special classes demand a special treatment, special organization, special curriculum, special methodology, and special expenditures. In the realization of these demands we are struggling toward a goal that is but vaguely defined—even floundering at times in our uncertainty. It is in the myriad aspects of these problems that research work is sorely needed.

1. EXTENT OF FACILITIES

Statistical publications of the Office of Education furnish an index of the growth of public-school facilities open to the mentally deficient, the deaf, and the blind. Other investigations have been used to supplement these reports, in order to give a tabular summary of the growth of special education through three successive periods. Table 2 presents these comparative data wherever such are available. It must be noted that the figures given refer only to the enrollment in special day (or parental) schools or classes in public-school systems. State residential institutions and private schools are thus excluded. The purpose of the table is to show what the growth of the special-education movement has been in public schools as expressed by the number of pupils enrolled in special classes and by the number of cities and of States in which such classes exist. It must also be remembered throughout that the figures can be considered only approximate, owing to the difficulties encountered in securing accurate data.

TABLE 2.—Enrollment in special day schools and classes as reported in 1922, 1927, 1930¹

A. CLASSES FOR MENTALLY DEFICIENT CHILDREN

Year	Number of pupils enrolled	Number of cities	Number of States	} Estimated incidence—500,000
1922.....	23,262	133	23	
1927.....	51,814	218	37	
1930.....	55,154	315	40	

B. CLASSES FOR DEAF OR HARD-OF-HEARING CHILDREN

Year	Number of pupils enrolled	Number of cities	Number of States	} Estimated incidence—500,000 ²
1922.....	2,911	74	16	
1927.....	3,515	83	22	
1930.....	3,901	105	26	

C. CLASSES FOR BLIND OR PARTIALLY SIGHTING CHILDREN

Year	Number of pupils enrolled	Number of cities	Number of States	} Estimated incidence—50,000
1922.....	(³)	44	12	
1927.....	4,455	80	18	
1930.....	4,000	108	23	

¹ In some cases, data are as of 1929, if no later information is available. Data are taken from bulletins of the U. S. Office of Education and other surveys. See bibliography at close of chapter.

² Limited to cities of 10,000 population or more.

³ The American Association to Promote the Teaching of Speech to the Deaf gives this estimate as about 3,000,000, including every degree of deafened condition.

⁴ Data not available.



Courtesy of the National Society for the Prevention of Blindness

CORNER OF A TYPICAL SIGHT-SAVING ROOM

Note especially the adjustable desks raised to an oblique position, which eliminates the eyestrain caused by reading from a book lying flat on a horizontally placed desk top. The light coming over the left shoulder of the child adds to the conditions of minimal strain. If these conditions are good for children with defective eyesight, why not for normally seeing children?

TABLE 2.—Enrollment in special day schools and classes as reported in 1922, 1927, 1930—Continued

D. OTHER GROUPS. (1922 OR 1930 STATISTICS. ACCURATE DATA FOR 1922 AND 1927 NOT AVAILABLE)

Group	Estimated incidence	Number of pupils enrolled in classes	Number of cities reporting classes	Number of States
Speech defective.....	1,000,000	52,112	65	22
Anaemic, tuberculous.....	6,000,000	31,186	126	31
Crippled.....	100,000	10,110	93	19
Delinquent, unstable.....	750,000	2,040	55	25
Gifted.....	1,000,000	2,883	30	18

* Limited to cities of 10,000 population or more.

† This is a much more conservative estimate than that of the committee of the White House Conference.

The largest enrollment reported is in classes or schools for mentally deficient children. Three hundred and fifteen cities (of cities of 10,000 population or more), distributed among 40 States, have made some provision for over 55,000 children. If towns of less than 10,000 population had been included, the numbers would have been somewhat increased, though the provision in these small communities is still very limited. The important point to note is the growth in the number of pupils enrolled from 23,252 in 1922 to 55,154 in 1930—an increase of 137 per cent. The percentage of increase in the number of cities that have organized special classes to provide for these children is just as great. The growth is without doubt a positive one in a forward direction; yet again we can hardly assume an attitude of self-satisfaction when we consider that, out of an army of 500,000 children who need special education because of a mental handicap, only about one-tenth are being reached through organized facilities. One can not help but be almost overwhelmed when one compares not only these figures but also the figures for other groups included in Table 2, giving the estimated incidence on the one hand and on the other hand the number of children provided for. The contrast is appalling, yet to the educator who has the vision of the ultimate goal before him it constitutes a tremendous challenge; and he may well take courage from the fact that the growth has been a real one during the past decade—so real that it promises continued development in the years to come.

The effect of adequate State support and supervision is well demonstrated by a survey of the cities in which special education has been organized. Of the 315 cities which provide for mentally retarded children, 39 are in Massachusetts and 38 in New York. Six States—Massachusetts, New York, New Jersey, Pennsylvania, Ohio, and Wisconsin—contain more than 50 per cent of all the cities which have made such provision. Again, Ohio alone lays claim to one-fourth of the cities which have established special classes for

crippled children as well as of those which have provided for visual defectives. Of a total number of 15 cities of less than 30,000 population which have sight-saving or Braille classes, 11 are in Ohio. Almost one-fifth of the cities maintaining classes for the deaf or hard-of-hearing are in Wisconsin. In general, it is rather clear that the greatest progress has been made in cities and towns of those States where a definite recognition of the importance of the work has found expression through legislative support. No doubt there is a reciprocal relationship here of cause and effect. Educational leadership in the State can do much to mold public opinion and to secure legislative enactment. Legislative enactment, in turn, will promote the cause for which it stands and extend opportunities into areas that would otherwise remain untouched.

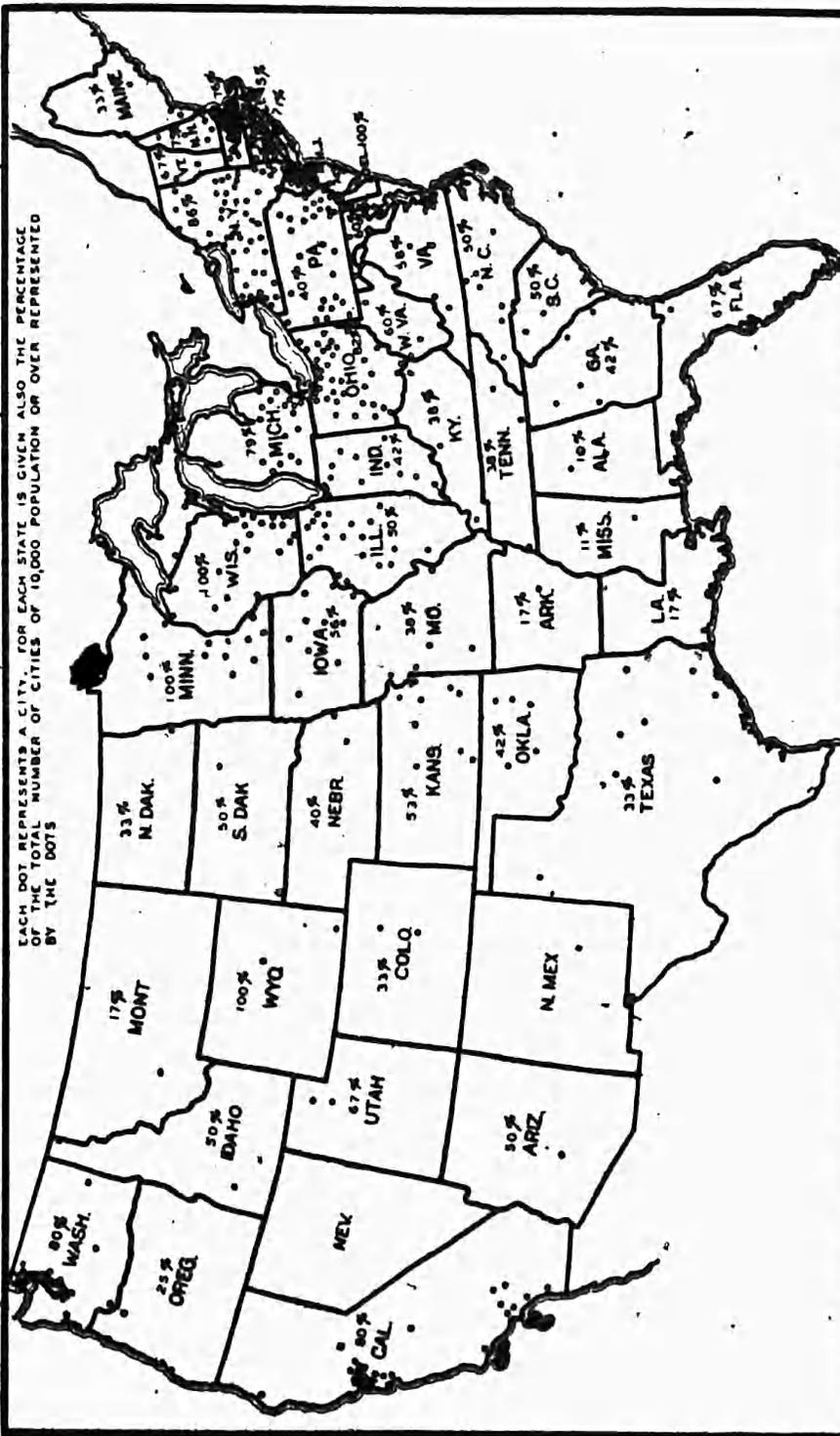
In the field of behavior problems, there are two distinct methods of procedure which have been followed. In approximately 50 cities special schools or classes for disciplinary cases have been organized. Pupils are placed in these classes *after* they have repeatedly or seriously offended. The other avenue of approach is through the child guidance clinic, which attempts to avoid the offense through early preventive treatment, or to avoid its repetition through remedial work. No doubt both of these procedures will continue to be necessary. Such schools as have been established in Cleveland, in Chicago, and in other cities for those pupils who are serious disciplinary problems are contributing much toward the possibility of better citizenship. Yet certainly the clinical work with the young child who early exhibits signs of social maladjustment should be expected to minimize the need for such special schools. The general question of mental hygiene and mental hygiene clinics will be considered at greater length in another section of this report. Mention of it is made here only because it inevitably belongs with the consideration of the child who presents a behavior problem and of the provisions made by the community in his behalf. Let the special school or class do what it can with the child who has reached the point of maladjustment where it seems necessary to segregate him; but let the principles of mental hygiene be used for all they are worth in keeping him from reaching that point, as well as in the administration of the special class if he must be so assigned.

2. CURRICULAR PROVISION

Having located the exceptional child and placed him in a school environment which is most conducive to his greatest development, the educational specialist next faces the task of offering him the type of activity which takes into account his particular difficulty or need. With the physically handicapped child the problem is simpli-

fied by the tangible demands made by defective sight or hearing or by a crippled body. Techniques have been devised by which the deaf can be taught to "hear" and the blind to "see" their school assign-

CITIES OF 10,000 POPULATION OR OVER REPORTING SPECIAL SCHOOLS OR CLASSES FOR ANY OF THE 8 MAJOR TYPES OF EXCEPTIONAL CHILDREN, 1929-1930



DATA TAKEN FROM U.S. OFFICE OF EDUCATION BULLETIN, 1930, NO. 7. THE 8 TYPES OF EXCEPTIONAL CHILDREN CONSIDERED ARE: MENTALLY DEFECTIVE, MENTALLY GIFTED, BLIND OR SIGHT DEFECTIVE, DEAF OR HARD OF HEARING, CRIPPLED, SPEECH DEFECTIVE, ANAEMIC OR TUBERCULOUS, AND DISCIPLINARY PROBLEMS

ments. The speech defective are taught to articulate, the crippled receive their therapeutic treatments, and the anaemic are given the advantages of fresh air, sunshine and rest. With these groups

equipment and methodology are the essential factors; the content of the curriculum may in most cases follow that of the regular classes, with the addition of special vocational opportunities.

With the behavior problem, the situation is similar, for the treatment accorded him must be centered about his temperamental difficulties rather than about the curriculum. Individual interests, individual abilities and disabilities are of course to be considered, but so should they with all children. Radical modification of the curriculum is not frequently necessary with the behavior problem unless his difficulty is tied up with an exceptional mental ability or disability.

With the mentally exceptional child the case is very different. The problem of curriculum construction for the mentally slow or for the bright has taxed the thought and the skill of many who are engaged in guiding their educational course. Here again we note progress, but only the progress of pioneer efforts. From the days of "The Boston Way," in which Boston public-school teachers blazed the trail for adequate curricular modifications to meet the needs of the retarded group, numerous attempts have been made to think out the objectives of special class instruction and the means of realizing them. No one to-day would claim to know in more than a very general way what those objectives are, for they are tied up with the whole problem of educational sociology and philosophy. We are working on the basis of "social efficiency" for the mental defective to the extent of his limited ability. Outstanding work has been done in some of our State schools in making the feeble-minded child a contributing member of society. The plan worked out in the Walter Fernald State School in Massachusetts and adopted in other State schools is too well known to need description here. Our public schools are feebly striving in the same direction, yet handicapped by lack of equipment, as well as by the shortness of the school day during which the child's activities are supervised by the teacher.

We quote again from an address by the superintendent of the Wrentham State School, in Massachusetts, an exceptionally good representation of what the education of the mentally defective should involve:

In educating mental defectives, *academic* training, *hand* training, and *social* training should be well correlated and emphasized in accordance with the needs presented by the individual child. It will be noticed that hand training is bolstered on one side by academic training and on the other side by social training. Hand training is of great importance because a child who is retarded mentally to the extent of being classified in the mentally defective group will never be able to earn a livelihood by any other means than by the use of his hands. However, while giving this hand training, the importance of academic

work should not be minimized. *The child should have academic work to the extent indicated by his mental level, because he has a right to it. His academic education up to his mental level enables him to enjoy life more and to conduct himself on a higher plane.* Academic training should not be attempted above his mental ability—in the first place, because he can not absorb it; in the second place, because it is likely to confuse and embarrass him and make him unhappy. This is likely to induce in him antisocial traits. In the third place, it is a waste of effort and money to attempt to train the mentally deficient academically above their mental levels. *The social training is more important than either or both of the others* because the individual who has acquired both academic training and hand training and has not gained social adaptation is sure to fail. If on the contrary he is properly adjusted socially, he will probably, without academic training or hand training, be able, after his school life, to acquire sufficient skill in hand work to support himself. Therefore, it is extremely important that the social training of mentally defective children be emphasized in every possible way. These children should be encouraged to take part in competitive games and play with normal children, for there are many mentally defective children who can compete in games on fairly equal terms with the normal. This will go a long way toward compensating for the sense of inferiority engendered by their not being able to compete with normal children in scholastic work.²²

The principles laid down here have been the foundation upon which curriculum construction has taken place in States and cities. Reference has already been made to the work done in New York and Wisconsin. Connecticut, Massachusetts, and other States have engaged in similar projects. Among the cities in which intensive curricular activity has been recently carried on for special class children are Denver, Colo.; Detroit, Mich.; Newark, N. J.; Rochester, N. Y.; Oakland, Calif.; and San Francisco, Calif. Needless to say, much research needs to be carried on before we can approximate the needs of the mentally retarded in an adequate course of study even in the elementary school. Provision on the secondary level is an even more complicated matter. Yet certainly if the compulsory attendance law keeps the mentally defective child in school until he is 14 or 16 or 18 years old, then the educational scheme must plan for him that instruction which will be in keeping with his physical maturity as well as his mental immaturity.

The problem of the very bright child is still more conspicuously unsolved. As is indicated in Table 2, not more than about 30 or 40 school systems (50 at the most, if we make allowance for inadequate data) are giving any special recognition to the gifted child beyond permitting an accelerated progress through the medium of special promotion or "skipping." Special curricular provision which will enrich his experience is rare indeed. The so-called progressive schools are probably meeting the needs of the bright child more adequately

²² Some Observations on the Requirements in a State Program for the Care of the Mentally Deficient. George L. Wallace. *Mental Hygiene*, 14:914-915, October, 1930. (All italics are ours.)

through the encouragement of initiative and creative work. A few cities are doing promising work in the regular public schools, notably Cleveland and Los Angeles. On the high-school level a recent report from Baltimore is worthy of note. A 4-year course has been established in girls' secondary schools in which it is proposed to include one year of college work. Teachers are carefully selected for their peculiar fitness and interest. "Students who have satisfactorily completed the accelerated course * * * will be admitted to advanced standing in Goucher College upon the same terms as students from recognized junior colleges." There is to be close cooperation between the college and the high school in planning the advanced courses.²³

Variations of this plan are in effect elsewhere, through which college credit may be given for work of college grade already completed in the high school. We need the means whereby the bright pupil may economize time; but we need also (even more) the means whereby he may reach out into fields untouched by the average child—explore, analyze, create as his capacity prompts him to do, and at all times secure a rich variety of contacts and experiences.

8. COST OF SPECIAL EDUCATION

Little as we know of the curriculum that should be given to the mentally exceptional child, we probably know even less of what it should cost to educate either him or his physically handicapped fellow. We know what it *does* cost in numerous places, but we also know how wide the variation is from one city to another. Little can be done in this direction save to point to these wide variations and again to the need of research looking toward the better standardization of expenditures. When we find that the cost of educating the blind or partially seeing varies from a little over \$100 in one city to almost \$450 in another; that for the deaf the range is from \$135 to almost \$500; that classes for the subnormal cost from \$70 to over \$300, we are faced with the necessity, first of all, of formulating a uniform standard for computing costs, in order that the data obtained from various localities may be truly comparable; second, of studying equipment, transportation, and housing expenses in order that we may arrive at some adequate basis for estimating a fair expenditure for each type of deviate. Even then variations will arise in different parts of the country, and in urban and rural situations; yet we shall have at least an approximation which can be used as a guide.

²³ Robertson, David A. Cooperation Between Goucher College and the High Schools of Baltimore. *School and Society*, 33: 875. December, 1930.

IV. COUNTY PROVISIONS FOR THE EDUCATION OF EXCEPTIONAL CHILDREN ²⁴

The title given to this section is a hope rather than a reality. Organized provisions made for exceptional children on a county basis are conspicuously absent. A communication sent by the United States Office of Education to every county superintendent in the United States elicited some 40 or 50 responses, and most of these indicated that little or nothing was being done in giving the handicapped child the educational opportunity which he needs. This fact amply justifies the statement that was made in the preceding pages that rural areas are the State's peculiar responsibility. The county needs the encouragement, the stimulation, the support, the supervision, the aid which the State can give either directly or through county representatives. A county supervisor of elementary schools has a great opportunity if she is prepared to take it. But too often she is hampered by manifold responsibilities and lack of special training. The State program of New York, as has been described, takes care of the physically handicapped children in the rural areas on an individual basis. Yet even here a county organization is needed as an intermediary between district and State, in order that children needing help may be located more quickly, aid be administered more effectively, and follow-up work be carried on locally. A few other States have succeeded in bringing the special class to the small community or have made it a county-wide undertaking. On the whole, such classes are as yet restricted to the physically handicapped, and even here the field is wide open for development.

Some small beginnings have been made which, because they are pioneer efforts, are worthy of mention. In the future, when county facilities have expanded to the same extent which has now been realized in the cities, we shall look back at these early projects with the interest of the historian who traces the beginnings of things.

From "The Monthly Letter" of the International Society for Crippled Children (October, 1930) we quote as follows:

A special class for crippled children was inaugurated in the Sebring, Ohio, public schools with the beginning of the present school year. To our knowledge, this is the smallest community in the world ²⁵ to have made available through its public schools, special instruction to its crippled children. The superintendent of schools of Sebring had the hearty cooperation of the local Rotary Club through its crippled-children committee; in fact, the entire community was interested in the venture.

The State department of education, through its director of special classes, Mrs. Hazel C. McIntire; and the assistant director, Mrs. Margaret Shively, gave invaluable aid in assisting in the organization of this class.

²⁴ This section includes also a consideration of the work being done in towns and districts of those States which have no county organization.

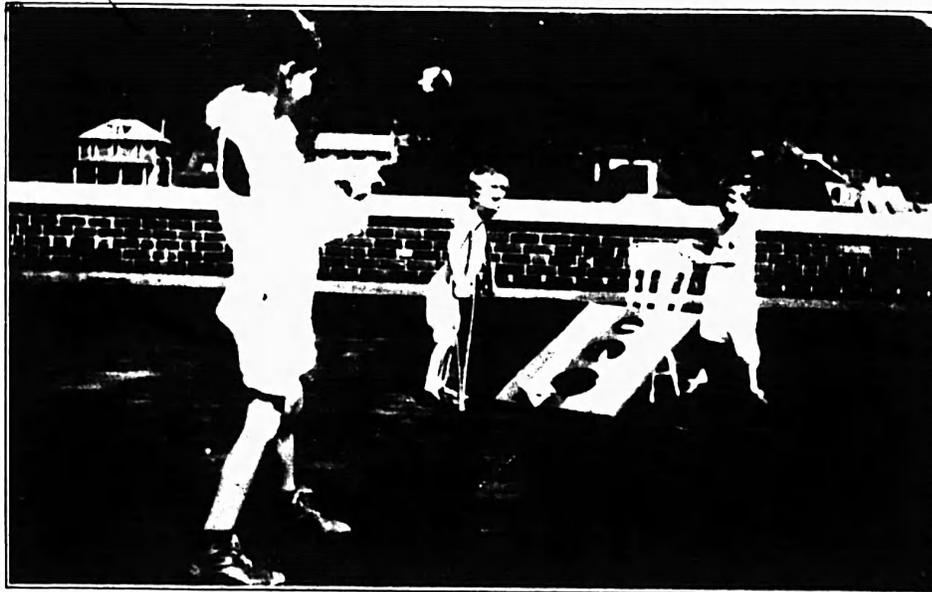
²⁵ Sebring has a population of 2,949, according to the 1930 census.

In the past it has been relatively easy to interest larger communities in special schools for its physically handicapped, but with more recent developments in special classes for crippled children in very small communities such as Barnesville, Ohio, and Marion, Ill., the value of the work in small communities can be seen. Why can not all rural communities be benefited by these educational facilities for their handicapped youth?

The school referred to in the foregoing quotation as located in Barnesville, is a project of Belmont County, Ohio. Here, through the cooperation of the county health commissioner, the county juvenile judge, the county auditor, the county superintendent of schools, and the Rotary Club with the State department, all the cripples of the county are being gradually contacted. For four years a county-wide school has been maintained at Barnesville and has cared for as many as 26 children who are under the care of two teachers. These children are brought to town from 13 communities well scattered over the county and are placed in boarding homes from Monday until Friday night. The special class provided for them affords regular academic work through the eighth grade. The school at Barnesville has been particularly successful in carrying on the work of the individual child by means of a modification of the so-called Dalton or laboratory method of progress. Children are permitted to advance in the several subjects at their own rate, the work being divided into units. There are numerous group conferences, so that some grade distinction is still maintained and some inter-pupil competition possible. It has been found that this method works particularly well with handicapped children who come from different communities and who have reached various degrees of scholastic advancement.²⁸

A few States report isolated instances of county supervision. Monmouth County, N. J., for example, has a "supervisor of child study," appointed by the State department of education, as the field worker of the county. Her work consists of individual study of pupils who are mentally deficient or who are behavior problems in the schools, and through her efforts a number of special classes for retarded children have been established, the supervision of which is part of her duty. Her activities are concerned with all types of schools within the county, but the organization of special classes is restricted to the boroughs and the cities. Hence the work in the rural schools of the county thus far consists largely of an individual contact of advisory nature with the teachers of exceptional children. Even this, however, is invaluable to the rural teacher who has had no special training for this type of work, and it constitutes a stepping stone to the organization of better facilities.

²⁸ Data taken from a report submitted to the White House Conference.



Courtesy of John R. Killius

A GAME OF BEAN BAG ON THE SUN ROOF COURT

In Johnstown, Pa., a hospital for crippled children provides facilities for both physical and educational development. Medical care, recreation, and school work are all a part of the day's program.

Massachusetts reports a number of small towns each of which has a single special class. Iowa reports an ungraded class maintained in one of its consolidated schools. From Michigan comes the word that "for the most part special education programs are limited to communities of five or ten thousand people or larger." Minnesota confesses that "the (rural) problem still remains unanswered as far as this State is concerned."

These States are among those which have displayed the greatest interest and have made the most progress in the field of special education throughout the entire country. If facilities in the rural areas are so limited there, what can we expect of those States in which little or no State provision has been made even for city organization of special classes? Surely there must be developed some means whereby adequate *State* support and supervision shall encourage, stimulate, and promote adequate *county* supervision, which in turn shall organize the county facilities for special education and bring to the *individual teacher* the assistance which she needs in helping the individual child.

V. PREPARATION OF TEACHERS

Practically every State in which there is a bureau of special education actively at work has taken cognizance of the fact that the successful teaching of exceptional children demands special qualifications, including a specific type of training for respective groups. The teacher of the deaf or deafened child needs preparation for teaching lip reading and for teaching speech to the deaf. The teacher of the mentally deficient needs a background that stresses the nature and needs of subnormality. Each group has its own peculiar characteristics which must be the subject of careful psychological study and which require a special methodology. It is not surprising, therefore, that recent developments show a definite progress in setting up qualifications for the teaching of special groups of children, and that such steps have been taken primarily in those States in which special education itself has progressed the farthest and where the need, therefore, has most distinctly been felt. Pennsylvania, for example, requires professional preparation which shall be the equivalent of 20 semester hours, recognizing both technical training and experience in the chosen field as contributory to the satisfaction of the requirement." Massachusetts, Michigan, Minnesota, Missouri, New York, and Wisconsin have set up qualifications which are similarly specific, varying only in the amount of work stipulated. In all these States the tendency is to demand a preparation of teachers which shall be to some degree commensurate with

the task to be undertaken. In numerous other States requirements are still vague and unformulated. All too frequently teachers are assigned to teach mentally deficient children who have had little or no preparation for the work. The preliminary report of the Committee on Special Classes of the White House Conference calls attention to the fact that—

Of the teachers preparing to teach mentally deficient children, five-eighths have *six weeks or less* of training, and three-eighths have had 18 weeks or more; the majority of the teachers of the orally defective are being given one year of special training, and by far the larger proportion of these are being trained in private schools or in State residential schools for the deaf. Most of the training of teachers of children with defective vision is being done in various colleges and universities, under the auspices of the National Society for the Prevention of Blindness, in intensive six weeks' courses during summer session.

These statements bring us to another aspect of the problem, namely, the provision of teacher preparation facilities. If the teachers of special classes are expected to have special qualifications and training, then there must be institutions provided to give that training. Until very recently the opportunities for specialized study in the field were extremely few, and even yet we need to search for those higher institutions which offer a comprehensive course designed to prepare the student for special class work. The report referred to above states further: "Including all institutions granting certificates to special class teachers during the past 5 years, there have been trained an average yearly total of 189 teachers for the mentally deficient, 81 for the auditorially defective, 44 for the visually defective, 16 for speech defectives, and 16 for orthopedic classes." When one compares these figures with the estimates of incidence given at the beginning of this chapter, or even with the figures of actual enrollment in special classes, one must inevitably cry out: What are these among so many! Yet again we sound the note of progress, for the need is being recognized and met by a gradually increasing number of colleges and universities.

A questionnaire was recently sent out by the Office of Education to every teacher-preparing institution in the country, asking for information as to specialized courses offered in any one of the fields of special education. Of the total number of 737 to which the questionnaire was sent, 549 responded. Of these, 61 stated that they included among their objectives the special preparation of teachers of one or more types of exceptional children. In a large number of these 61 institutions, however, the "special preparation" listed consists of a few courses given in psychology and measurement which are applicable equally to normal and atypical children. Most of the others limit their special field of preparation to one or another type

of abnormality—a practice which wisely encourages adequate training for one group rather than superficial training for all. The number in which there is even an approach to a comprehensive program that shall involve all types is exceedingly small.

Teachers' colleges are making strides in the field which outstrip most of the universities. This is perhaps to be expected since the teaching of exceptional children has hitherto been confined almost exclusively to the elementary grades. Of recent occurrence is the naming (by the State board of education) of Milwaukee State Teachers College in Wisconsin, and of San Francisco State Teachers College, in California, as the official training centers in the respective States. The programs now being put into operation in these two schools will add materially to the limited facilities now available in either college or university, in the offering of which Massachusetts, Michigan, Minnesota, Pennsylvania, New York, and Ohio have taken the lead.

An additional source of preparation of teachers of exceptional children comes from such specialized schools as the Training School at Vineland, N. J.; the Columbia Institution for the Deaf, in Washington, D. C.; the Perkins Institution for the Blind, in Watertown, Mass. These and other State, local, or private schools of similar specialized character offer fertile ground for the best type of practical work which, linked with the broader educational preparation of the college or university, constitutes an invaluable part of the total training of the prospective teacher.

VI. MENTAL HYGIENE FACILITIES

Stevenson estimates that in 1921 there were available in mental hygiene clinics in this country about two hundred hours per week of psychiatric time for the study and the treatment of children's problems, increasing to about sixteen hundred hours in 1928, and reaching perhaps two thousand hours this year. Prior to 1921, there were very few mental hygiene clinics restricting work to children—the outstanding ones being the Institute for Juvenile Research in Chicago (1909) and the Judge Baker Foundation in Boston (1917). Certain hospitals—notably the Michigan State Psychopathic Hospital (1906), the Boston Psychopathic Hospital (1912), and the Henry Phipps Psychiatric Clinic at the Johns Hopkins Hospital (1913)—maintained active out-patient clinics, where, as well as in the wards, children were examined and treated. Massachusetts and New York had adopted a system of clinics, especially for adult after-care, operated by the various State hospitals. An occasional court, such as the Children's Court of New York City (1917), had a clinic.

In 1921-22, the great wave of development seems to have begun. In that year, Thom started his habit clinics in Boston; the Commonwealth fund embarked on its 5-year program for the prevention of delinquency; many new clinics were opened; mobile clinics were developed; and the phrase "child guidance clinic" was coined to cover the activities of a special type of clinic. Subsequent developments have been tremendous, and by 1928 there were 451

clinics giving psychiatric service to children (estimated to be six hundred this year). One hundred and six of these clinics were child guidance clinics, one-half of them being small, one fourth medium, and one fourth full-time."

The above excerpt, taken from an article by one of the leading psychiatric specialists in child guidance, summarizes admirably what the development has been in the service rendered by mental hygiene and child guidance clinics. So intimately are these related to the welfare and the education of the exceptional child that their contributions constitute one of the most outstanding features of the whole history of special education. The function of mental hygiene has been expressed as "the creation of the best possible conditions for permitting each person to adjust himself adequately to his surroundings, to the limit of his potentialities, in order to prevent as far as possible the gross maladjustments of personality that lead to insanity, dependency, and crime."²⁵ Obviously the child who bears the burden of a serious physical or mental handicap has a real problem to face in life adjustment, and he needs, therefore, understanding guidance in bringing about the necessary compensatory reactions. The organization of special classes, the administrative adjustments made to secure adequate provision for them, the revision of curricula to meet the conditions of the pupils enrolled, the careful selection of teachers—all these are parts of a great mental hygiene program designed to lessen the evils of unhappy, discontented, maladjusted childhood. But mental hygiene goes beyond provision made for *groups* to the intensive study of, and provision for, the *individual within the group*. Herein lies the value of and the necessity for the case study of the mental hygiene clinic, which ferrets out contributing factors and secures a picture of the whole child in his physical, his mental, and his social relationships; which also forms the basis for concrete constructive recommendations for treatment given by the expert psychologist and psychiatrist. Whether physically or mentally handicapped, whether possessed of an unfortunate behavior tendency, or whether belonging to the neurotic or psychotic type, the school child of to-day who needs special help in approximating normal social adjustment finds the open door through the rapidly growing number of school and community agencies which provide clinical facilities for the promotion of mental health.

By far the most effective type of clinical organization is that which provides for a close coordination of all available resources.

²⁵Lowry, Lawson G. Clinical Facilities for the Study of Personality and Behavior Problems in Children. *The Annals of the American Academy of Political and Social Science*, 151: 135, September, 1930.

²⁶Cornell, Ethel L. *Mental Hygiene: Its Place in the Classroom*. Albany, N. Y., the University of the State of New York Press, 1927, p. 4.

The mental hygiene clinic at its best can not exist apart from the school, nor apart from the community agencies dealing with health and protection. Even though it be privately endowed as a separate institution, the ramifications of its contacts must involve every possible influence that touches the child. The outstanding work done by Healy and Bronner under the Judge Baker Foundation, the clinics established under the Commonwealth fund, the visiting teacher movement, and other intensive clinical activities all amply demonstrate this fact. And if the clinic is established as an integral part of the school system, as in Minneapolis and Newark, there is of course every opportunity for a close relationship between teacher and clinical specialist.

This coordination of effort should reach out into every aspect of community life. Juvenile delinquency as it comes to the attention of the police department, social indigency as it is known to the welfare agencies, health and sanitation problems as they are considered by the health department, difficulties inherent in providing for an adequate recreational program, finally the educational requirements of the community—these can not be conceived as segregated entities in the civic organization, each working in its own little compartment. They represent closely interwoven aspects of what should be a well-coordinated, deeply cooperative program of social betterment. The mental hygiene or child guidance clinic must use every agency which the city or county affords and it in turn must be ready to be used by each one of them. Not until all have been welded into one great harmonious whole, each member of which is ready either to assume responsibility or to see it delegated to another, yet all working concretely toward the same end, can we expect an adequate attack to be made on the problems at hand, which will avoid duplication of effort and achieve the power of a united front.

The principles of such a cooperative plan, while long accepted in theory, have only begun to be put into practice. A concrete example is found in the recent organization which has been effected in Berkeley, Calif., where a "coordinating council" meets in weekly session and discusses the problems presented to it by one or another of its members. The membership of the council consists of representatives of various civic agencies, including the police department, the health department, the welfare society, the school department, and the recreation board. The cases of individual children are considered for adjustment, and the responsibility for carrying into effect the recommendations of the council is placed upon the proper agency or agencies. Closely affiliated with the activities of the council is the "behavior clinic," manned by a psychiatrist, psychologist, physician, and social workers, who stand ready to serve through an intensive

study and treatment of any problem child referred to it either by the coordinating council or through other channels. Closely affiliated also with both the coordinating council and the behavior clinic is the whole guidance program of the public schools, one of the functions of which is to discover incipient maladjustments in behavior, in order that preventive measures may be applied while habits are still plastic.

Such a set-up amalgamates school and community forces to a degree that is otherwise impossible. Other cities in the country are working toward the same end. The plan grows more complex in its operation as a city increases in size. Yet there seems to be no reason why it should not be adjusted to conditions even in the largest cities, provided a real desire to cooperate and a true spirit of service are present in the group responsible for its realization.

The development of the whole mental hygiene movement in the United States dates back only to 1908. Its phenomenal growth, in which schools, communities, and custodial institutions have shared, is attested not only by the tremendous increase of clinical facilities, but also by the occurrence in 1930 of the First International Congress on Mental Hygiene, which in itself is a landmark of achievement. The fact that representatives of over 40 countries participated in the deliberations of that Congress demonstrates the worldwide influence which the movement has had, and it is likewise an index of the stimulus which we may expect it to exert in our public schools in the years ahead of us. Its insistent emphasis is upon the child as a total dynamic individual, no one phase separable from the others for isolated study, but each reacting and interacting in such a way that an understanding of his problems and his needs is totally impossible without a consideration of the interplay of all forces underlying them. The time has passed when we can think of the pupil at school apart from the child at home, or when we can study his physical symptoms apart from his mental reactions. He is a living, growing, developing personality, and unless in our adjustment work we consider the *whole* of him we are in danger of helping *none* of him.

This method of dealing with the total personality in a total situation is the one which is being utilized by every type of clinic under whatever diverse auspices it may be working. So close has been its relationship to the school that teachers are beginning to be "mental health conscious," and are seeking help in the application of its principles with all children in the classroom. A few scattered colleges and universities are offering courses in the mental hygiene of the school child. In those communities where clinics are actively at work in the school system, teachers are frequently

called into conference to discuss with the specialists the problem of the particular child under consideration. The importance of familiarizing the classroom teacher with the principles of mental health, of teaching her to recognize the early symptoms of maladjustment, and of helping her to build positively for a well-integrated personality in the growing child is rapidly becoming a recognized factor in our teacher-preparation program. It involves active in-service training as well as a preliminary approach to the problem during the period of preparation. Significant in this connection is the step which has just been taken in Massachusetts. The Massachusetts Society for Mental Hygiene issued in January, 1931, the first number of *Understanding the Child*, a magazine on mental health designed primarily for teachers of the State. Through its columns it is proposed to bring into the classroom a clearer insight into the developing personality of the child and into the methods of helping it grow aright. Such a magazine should prove of tremendous value in promoting a sane mental health program in the schools that will emphasize its preventive aspects and its wholesome influence for all children.

VII. A FORWARD LOOK

Throughout the writing of these pages there have been mingled the feeling of gratification for small achievements that have been realized and the conviction that there is ahead of us an era of challenging research in attacking the problems that have as yet been almost untouched—an era of aggressive service, too, in pushing to the foreground of educational consciousness the insistent need of more adequate provision for the exceptional child. One of the essential marks of progress is the reaching out after *more* progress. The culmination of the program, even in its barest outlines, will come only when every State of the Union has squarely met its responsibility for adequate education of the handicapped child through some type of legislative aid. Upon such a foundation can be built a State structure that will be economically as well as sociologically a potential asset of greatest value.

Yet in the building of the structure there are—and there will always be—questions that must be answered and problems that must be solved. The research student has here a rich field from which to draw. If in the graduate schools of education throughout the country and among the organizations interested in exceptional children there could be developed a great, coordinated program of research, subject to all the demands of scientific procedure, what a wealth of information might accrue to the interests of special education. The United States Office of Education is taking steps at the present time to find out what research studies are actually under

way pertaining to the education of exceptional children, and it is hoped that this may be the beginning of an enterprise which shall draw into the field the keenest thinking of interested students in various parts of the country. One of the recommendations of the White House Conference is to the effect that there be made a nationwide survey of special education. The State superintendents and commissioners of education, meeting in Milwaukee in December, 1930, passed a resolution making the same request. If that recommendation is followed, all the scientific data that are available will be needed as a preliminary phase or as an integral part of the complete survey.

The problems before us are legion. We are listing below a few of those which are challenging our attention. The list could be doubled or tripled were all the issues to be included. Yet these will be suggestive of the program that is ahead of us. All of them are a direct outcome of present practice and experimentation in the field of special education. As yet personal opinion and philosophy have furnished the guiding principles used in meeting most of them. Can we—if so, how shall we—arrive at scientific conclusions which may supplement theory?

1. How can a census of the various types of exceptional children be most efficiently and economically handled?
2. Should special classes be scattered throughout the city, housed in the regular school buildings; or should they be centralized in a separate school building?
3. Should all types of handicapped children be housed together in the same centralized school?
4. What are the best means of gathering data for all types of exceptional children? What data should be gathered?
5. How can the nomenclature used for special classes be better standardized?
6. What factors should contribute to the class placement of mentally border-line cases?
7. How can the work of a special class for disciplinary cases be evaluated?
8. What types of State organization for the administration of special education are most effective?
9. What is the most effective county (or town) organization for the administration of special education?
10. What is the most desirable form of State aid for special classes?
11. How can rural communities be most effectively reached in providing facilities for exceptional children?

12. What should be the relationship between State institutions and city day schools for various types of exceptional children? In what way can the cooperation between them be most effectively realized?
13. What should it cost to educate each type of exceptional child?
14. What provisions should be made for exceptional children on the secondary school level?
15. What should be the curriculum content for mentally deficient children? For gifted children?
16. For which occupations should we educate the mentally deficient? The deaf? The partially sighted?
17. How does the guidance problem for exceptional children differ from that of normal children? What special techniques may be used?
18. What follow-up and placement responsibilities should the school assume for handicapped children?
19. What do the after-school histories of exceptional children show as to their development and the value of the training which they have received in special classes?
20. What is the place of the psychological clinic in the school system? How can its work be evaluated?
21. What means can be used to effect a close coordination of school and community agencies in handling the exceptional child?

VIII. BIBLIOGRAPHY

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