the Forward Look

the Severely Retarded Child Goes to School

by ARTHUR S. HILL, *Chief, Exceptional Children and Youth, Instruction, Organization, and Services Branch*

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Foreword

THE PROVISION of school services for severely mentally retarded children presents a problem of considerable importance in many States and local communities. In general the problem involves children whose extreme retardation prevents them from benefiting from the existing special classes for retarded pupils and who range downward in competence for learning to an undetermined level of ability.

Whether the provision of school services for this type of child is a function of the public schools or of public welfare agencies has been debated in several States. It seems probable, however, that in many instances the public schools will extend their special education programs to meet the needs of many severely retarded children who demonstrate competence for personal adjustment and a limited degree of participation in useful and purposeful activity. There is no intention in this bulletin to place the responsibility for the operation of this program; that problem must be resolved by the various States and their local communities. However, for the guidance of school personnel who will be given the opportunity to develop training programs for severely retarded children, the bulletin will attempt to offer some basic understandings and suggestions for the establishment and maintenance of classes.

There are many important questions to be answered in venturing into this relatively new field of service. How to identify the children who should be served, how to fit the extended provisions into existing special education programs and the total educational services of the schools, how to integrate the program with the medical and social welfare services of the community, how to select and plan classroom activities that meet the needs of the children, how to provide for parent participation and counseling, how to select teachers, and how to deal with administrative details relative to housing, pupil transportation, and financial support will need to be considered. It must be recognized that a thorough treatment of all of these and many other important factors is not possible at this time. There has been too little development in the field to point up programs that have been successful in various types of communities; neither has there been produced a body of research which would point the way to good public-school practices in this new field of special education.

Much of the material contained in the bulletin has been drawn from reports and observations of presently maintained classes and from the contributions of professional conferees who met at the Office of Education in June 1951. These materials are intended to serve as a general guide for the stimulation of thinking and experimentation in this field of educational service. Only continued research can lead to the formulation of positive guide lines for the establishment of permanent programs.

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Acknowledgments

THE PUBLICATION of this bulletin is an outcome of an Office of Education conference, in which members of a committee of the National Association of State Directors of Special Education participated. This committee was appointed by Gwen Retherford, President of the Association and Director, Education of Exceptional Children, Kentucky State Department of Education. Besides Miss Retherford the committee included: Eli Bower, Consultant in Mental Hygiene and Education of the Mentally Retarded, California State Department of Education; Dr. Mildred B. Stanton, Consultant, Special Education, Connecticut State Department of Education; Grace Cox, Chief Psychologist, Northeastern Area, Division of Education of Exceptional Children, Illinois State Department of Public Instruction; and Dr. Lester N. Myer, Chief, Special Education, Pennsylvania State Department of Public Instruction.

In addition to the members of the committee of State directors of special education the conference had the privilege of the assistance of Dr. Harold E. Mann, Psychiatric Services Consultant, Children's Bureau, Federal Security Agency; Dr. Harold M. Skeels, Community Services Branch, National Institute of Mental Health, Federal Security Agency; Harley Z. Wooden, Executive Secretary, International Council for Exceptional Children; Richard Hungerford, President, American Association on Mental Deficiency; and several members of the staff of the Office of Education.

To the participants in this conference must go much of the credit for the assembling and reviewing of the material presented in the bulletin.

A number of other persons have also contributed valuable assistance to the production of the bulletin. Some of these graciously invited the author to observe local school programs for severely retarded children which were operating under their direction. In several instances photographs and valuable printed materials were made available for publication. These contributors included: L. K. Preston, Superintendent, District No. 100, Berwyn, Ill., Public Schools; Anna Engel, Divisional Director, and Laura

Wingertzhan, Supervisor, Department of Special Education, Detroit Publ Schools; Dr. Sadie Aaron, Director, Department of Testing and Speci Classes, Houston Public Schools; Anna Mae Fisher, teacher, Margar Allis Community Center class for retarded children, Milwaukee, Wis. Dr. Mary Hartnett, Assistant Director, Bureau for Children with Retarde Mental Development, New York City Public Schools; William Earle, Super visor of Special Classes and Special Services, Salem, Mass., Public Schools and Godfrey Stevens, Administrative Supervisor, Cincinnati, Ohio, Publi Schools.

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The Mentally Retarded Child Needs School Services

THE PROVISION of school services for severely retarded pupils is one aspect of a program for the education and training of all mentally retarded children.

About three-quarters of a million school-age children in the United States are mentally retarded with respect to their learning abilities. Most of them are capable of making considerable progress in the basic educational skills; a much smaller number have competence only for personal and social improvement; only a very small percentage require permanent custodial care.

Some of these children—perhaps not more than 15 percent—are receiving instruction in public and private institutional schools or the special schools and classes of more than 730 local school districts. [1] The vast majority of mentally retarded children are enrolled in the elementary and secondary schools of many districts where they are receiving little or no special assistance. No one knows how many are not in any school at all.

Most mentally retarded boys and girls, with the proper help, may become valuable assets in their own homes and local communities. The less severely retarded have proved their competence for citizenship and productive employment; [2] many of the more severely retarded may be helped to contribute to family life and to participate in useful activity under sheltered conditions. However, neither the less severely retarded nor the more seriously afflicted children can realize their full potentials unless there are provided the necessary opportunities for growth and development during their early years. The mentally retarded who are not benefited by appropriate school services represent too frequently unrealized resources for which society pays in terms of support and the maintenance of institutions for permanent care.

In the United States the maintenance of school services has been recognized historically as a function of the local community, and for many years educators have talked about serving the educational needs of all the children

[1] Office of Education, Federal Security Agency. Statistics of Special Schools and Classes for Exceptional Children, 1947–48. Washington, U.S. Government Printing Office, 1950. (Biennial Survey of Education in the United States, 1946–48, Chapter 5.) p. 7

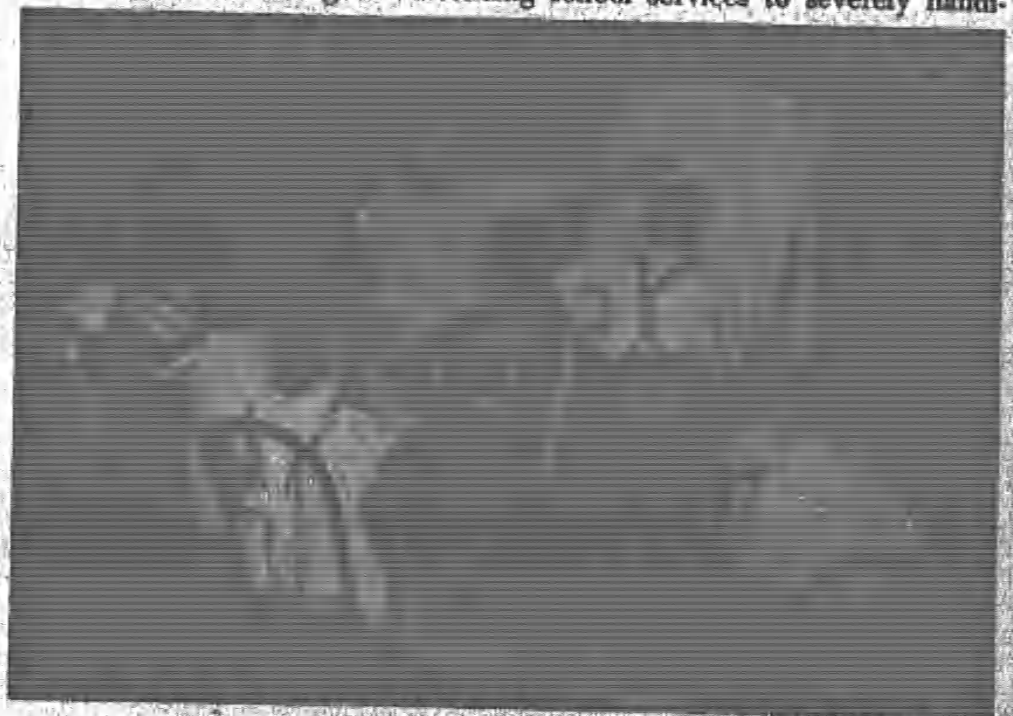
[2] Baller, Warren R. A Study of the Behavior Records of Adults Who, When They Were in School, Were Judged To Be Dull in Mental Ability. *Journal of Genetic Psychology*, December 1939, p. 365–379; McIntosh, W. J. Follow-Up Study of One Thousand Non-Academic Boys. *Journal of Exceptional Children*, March 1949, p. 166–170, 191; Tizard, J., and O'Connor, N. The Employability of High-Grade Mental Defectives. *American Journal of Mental Deficiency*, July 1950, p. 141–157.

of their communities. Unfortunately, and in too many instances, mentally retarded children have not been provided opportunities for education and training in their local communities, or this responsibility has been given to State institutional schools.

In the past few years considerable emphasis has been placed upon the role of the family and the local community in dealing with the problems of those who deviate from accepted norms of behavior. While it must be recognized that, in some instances, the severely mentally retarded child presents problems that can be dealt with only through long-time supervision, the care and training of the vast majority of mentally retarded children must be the privilege and responsibility of the home and local community.

It is probable that much of the responsibility for the education and training of retarded children has been given to State institutions on the assumption that merely being somewhat different constitutes a hazard for the afflicted individual, his family, and other citizens. However, we have learned that persons with severe physical handicaps may make valuable social and occupational contributions and that most moderately mentally retarded persons can be trained for effective citizenship. But, as yet, we are only vaguely aware that some of the children whom we have assigned to institutional schools because of more obvious degrees of mental retardation may also be trained to live an acceptable life in their families and local communities.

From time to time questions have been raised relative to how far the public schools should go in extending school services to severely handi-



Courtesy, Berwyn, Ill., Public Schools

Severely retarded children can work in groups.

capped children, for special educational programs are both costly and difficult to maintain. Nevertheless, it has been pointed out that neglected human resources are also costly to society in terms of the resulting dependencies and losses of valuable contributions in services and personal worth. In view of this, many educators of handicapped children subscribe to the thesis that school services should be made available to every child who possesses potentials for contributions to family and social living.

Mental Retardation Includes Varying Degrees of Personal Efficiency

While only a relatively small percentage of all mentally retarded boys and girls have access to school programs geared to their specific needs and interests, the responsibility of the local school district for maintaining special classes for the mentally handicapped has been recognized in many States by legislative action. These services frequently are encouraged by the allocation of State funds to local school districts to meet the added costs of special education services. [3] During the 1947–48 school year when statistics on special education programs were last compiled by the Office of Education, nearly 90,000 mentally retarded children were enrolled in the special schools and classes of 730 local school systems. These data were not broken down to identify the degrees of retardation represented in the total enrollment, although it is probable that all except a small percentage of the pupils fell within the limitations of borderline or moderately severe mental retardation. Those children for whom special classes are most frequently provided are capable of achieving a limited to a moderate degree of proficiency in the basic learning skills; they are frequently referred to as "educable mentally retarded pupils." This description has been written into the school legislation of a number of States. [4]

Considerable attention recently has been focused upon those children who fall somewhat below the limitations of the so-called "educable" group. In general, these are children who will never achieve a useful knowledge of academic skills, but who may be expected to develop personal efficiencies and social adjustments that will enable them to become economically or occupationally useful in their own homes or under sheltered circumstances. These children are often referred to as being "trainable."

During the past half century much attention has been given in psychological and educational literature to the education of retarded children. A variety of terms have been employed to describe the mentally retarded pupils for whom special services have been developed; none of them seems

[3] On the basis of data received by the Office of Education, at least 31 States provide for the distribution of funds to local school districts for educational services to mentally retarded children. Reimbursement may be on the basis of excess costs, per unit subsidy, or other formulas.

[4] The school laws of the State of Illinois, for example, authorize the local public schools to provide special education for physically handicapped, socially maladjusted, and educable mentally handicapped children.

to differentiate adequately between the children who have competence for social and economic independence—the educable mentally retarded—and those who may function in a border zone between independent living and permanent care. Terms such as "mentally deficient," "feeble-minded," "retarded," "backward," and "slow-learning" are often used more or less indiscriminately and sometimes interchangeably. A number of authorities have advocated the use of more objective and realistic descriptive terms, [5] and the adoption of scientifically sound and commonly accepted terminology is greatly needed in this field of specialization. It is not within the province of this bulletin to attempt a standardization of the descriptive terms applying to mental deficiency. However, it *is* important that there should be an understanding of the terminology used in the bulletin.

The *Encyclopedia of Educational Research* associates retardation with the less severe degrees of mental deficiency.

> From an educational standpoint, those children who appear to be permanently incapable of profiting to any considerable extent from the regular curriculum of the schools and who are regarded as trainable rather than educable and hence permanently socially inadequate and vocationally incompetent have most frequently been classified as mentally defective, mentally deficient or feeble-minded in contrast to those who are rated as merely backward, *retarded* (italics added), or dull normal and who are potentially capable of achieving social and economic independence. [6]

The definition differentiates between two classifications of mentally handicapped persons on a basis of performance potential—the capacity or lack of capacity for social and economic independence. Nevertheless, both classifications represent *degrees* of mental retardation. As is the case in any scheme for classifying human behavior, it is unlikely that a sharp line of demarcation exists between the two groups. It is rather to be expected that between those children who are completely socially inadequate and those who possess potentials for social and economic independence there exists a certain proportion of children who may be expected to achieve some degree of social adjustment and economic usefulness under modified conditions. Since many public schools have already accepted responsibility for those retarded children who may become socially and economically independent, it is the in-between or borderland group about which considerable concern is now being expressed.

In this bulletin those retarded children who are capable of developing competence for social and economic independence will be referred to as being moderately retarded; those who can achieve a limited degree of personal-social adjustment and competence for economic usefulness under sheltered conditions will be called "severely retarded children." It must

[5] For instance, see Doll, Edgar A. Feeblemindedness vs Intellectual Retardation. *American Journal of Mental Deficiency*, January 1947, p. 456–459; and Sarason, Seymour B. *Psychological Problems in Mental Deficiency*. New York, Harper and Bros., 1949.

[6] Encyclopedia of Educational Research. (Rev. Ed.) New York, The MacMillan Co., 1950, p. 728.

be recognized that below these two groups of retardates are found children whose social incompetence and lack of understanding will necessitate long-time or permanent care within their own homes or in suitable institutions. These children have little or no competence for training directed toward social acceptance or occupational usefulness and would therefore not fit into the school programs described in this bulletin.

The moderately mentally retarded pupils for whom many school districts maintain special education services frequently have been designated in terms of intelligence quotients. The range between 50 and 75 is probably most often used, although variations in admission standards are often found. In view of present tendencies to accept qualitative rather than quantitative interpretations of mental examination results, admissions to special classes cannot be based upon rigid IQ classifications. At the upper limits of eligibility there will be found children with comparable test scores, some of whom need the advantages of special class placements and others who seem to function well in regular class groups. Likewise, at the lower limitations some children may make satisfactory progress in a special class for educable children while others prove to have little competence for either social or scholastic achievement. The prognosis of educability depends upon a number of interrelated factors, the mental test score representing at best a measurement of general intellectual performance at the time of the examination. Factors of cultural background, social development, speech deficiencies, physical abnormalties, and emotional conflict must be considered in the total clinical evalution—an evaluation that is valid only when it is based upon adequate data and interpretation by qualified psychologists.

The determination of who would profit by placement in classes for more severely retarded children similarly must be based upon many factors in addition to test scores. It is probable that the majority of the children assigned to these groups will measure in the IQ brackets below 50 to 55, but how far down the IQ scale the severely retarded child can measure and still profit from the program is relatively unimportant. The important considerations are whether or not the child has indicated potentialities for social adjustment, speech development, following directions, and caring for his own needs to the extent that, with further training, he may be able to live in a family group and contribute some useful activity in his home or the community.

Distinguishing between those children who are potentially trainable and those who need long-time care presents even more involved considerations. There seems to be little evidence that any certain IQ is basic to successful achievement in training programs. At least one school system has found it necessary to change its standards of admission to classes for the severely retarded because of the unreliability of intelligence quotients as predictors of successful achievement. Some schools have preferred to set up only

general criteria for admission, including the abilities to exercise personal control, to communicate, and to respond to directions. The Houston, Tex., classes accept on a trial basis all children who possess these abilities, and they are allowed to remain as long as sufficient progress is observed. For many children near the borderline of acceptability, classes for the severely retarded may need to offer a period of trial placement and diagnostic instruction. In some instances only adequate observation under optimum conditions will enable the educator and psychologist to determine the pupils' actual potentials for training and eventual adjustment.

The tendency to accept a functional differentiation between the candidate for ordinary special class services and the child who is acceptable only in groups for the more severely retarded is illustrated in the terminology used in a modification of the California school law. The Code of 1949 established special classes for children who "are incapable of being educated profitably and efficiently through ordinary classroom instruction" but "who may be expected to benefit from special education facilities designed to make them economically useful and socially adjusted." These are the children who are often considered to be educable. A recent amendment authorized an extension of these facilities for the training of more severely retarded pupils "who may be expected to benefit from special education facilities designed to educate and train them to further their individual acceptance, social adjustment, and economic usefulness in their homes and within a sheltered environment." The terminology used in the California Code parallels, to a great extent, the description found in the *Encyclopedia of Educational Research*. Similar differentiations are stated in a recent modification of the Minnesota school laws relating to mentally retarded children. The interpretations are obviously left to the school psychologists who will examine and diagnose the candidates for special class placements.

How Many Severely Retarded Children Are There?

Authorities in the field of special education [7] have estimated that from.2 to 3 percent of the school population is mentally retarded to the extent that special education services are necessary for the pupils' educational welfare. The *Encyclopedia of Educational Research* indicates that this proportion may be as high as 4 or 5 percent. [8]

Since this bulletin assumes that special education services for moderately retarded pupils are accepted in principle as an obligation of the public schools, [9] the important question at the moment concerns the number of severely mentally retarded children for whom additional training classes may be established.

Unfortunately the only existing data from which any conclusions may be drawn are the distributions of intelligence test scores compiled upon large samplings of the population. Merrill, [10] in standardizing the Revised Stanford-Binet scale, reported than .23 percent of her more than 2,900 subjects fell in the IQ intervals between 30 and 49. For various reasons this percentage cannot be regarded as representative of the true incidence of severe retardation as it is interpreted in this bulletin. It has already been pointed out that the use of the IQ alone to determine the degree of retardation or potential for learning is unrealistic. It is quite probable that some children with measurable IQ's above 50 will need to be considered for placement in classes for severely retarded children rather than in the regular special classes now in existence. Also, it has been observed that there seems to be no information that would indicate how far down the IQ scale a retarded child can measure and still possess competence for trainability. Furthermore, it is doubtful if the methods of selection employed in obtaining the subjects for the current studies of IQ's for large population groups insured an adequate sampling at the extreme lower levels of mental ability. Since it is also known that both brain injuries and other physiological factors frequently seem to contribute to the incidence of the more

[7] For instance, see White House Conference on Child Health and Protection. Special Education: The Handicapped and Gifted. New York, Century Co., 1931; Berry, Charles Scott. Public School Education of Mentally Retarded Children. Columbus, Ohio, Ohio State University Press, 1933; Martens, Elise H. Curriculum Adjustments for the Mentally Retarded. Washington, U. S. Government Printing Office, 1950. Federal Security Agency, (Office of Education, Bulletin 1950, No. 2.)

[8] Encyclopedia of Educational Research. (Rev. Ed.) New York, The MacMillan Co., 1950. p. 729.

[9] 34 States have provided for this type of education through legal enactments with and without financial assistance.

[10] Merrill, Maude A. The Significance of IQ's on the Revised Stanford-Binet Scales. *Journal of Educational Psychology*, 29: 641–51, December 1938.

severe degrees of mental deficiency, it is probable that the curve of distribution of intelligence may be rather heavily weighted at the lower intervals, as compared with normal-curve expectations.

It seems obvious that the percentage of children who might profit from training programs may be somewhat higher than the 0.23 of 1 percent found by Merrill in the IQ intervals between 30 and 49, but it appears equally doubtful that the percentage will ordinarily rise above one-half of 1 percent, except under unusual circumstances in local communities or restricted areas. In view of the inadequacy of available data, this percentage must be considered as no better than a rough estimate. Adequate community surveys, based upon more complete samplings of the population and improved diagnostic procedures, would be necessary if statistically valid estimates were to be obtained. Until such data are available, it may be necessary to accept this percentage as a basis for planning services for severely retarded, but trainable, children.

In 1950, children between 5 and 18 years of age constituted approximately one-fifth of the total population. Therefore, the incidence of severely retarded children of school age who might be served by training facilities should not be more than one per thousand persons in the general population. In terms of population statistics, cities of 10,000 might expect to include a maximum of 10 severely retarded children, some of whom will necessarily be enrolled in private and institutional schools; similarly, a maximum of 100 severely retarded children might be found in a general population of 100,000. It would seem unlikely, therefore, that school districts serving less than 10,000 total population would find enough severely retarded children to justify the provision of special training facilities unless services were maintained on a multiple district basis.

What Type of Program Is Needed For The Severely Retarded Child?

PURPOSES AND OBJECTIVES

One purpose for maintaining special classes for *moderately* retarded children is to afford those pupils who cannot profit from the general educational program opportunities to develop self-independence and vocational competence. However, the purposes for establishing classes for the more severely retarded trainable child may be somewhat more involved, excluding considerations of economy and unavailability of institutional school space. Nevertheless, they may be summarized in the following manner:

1. While a very small percentage of the more severely retarded group, even under optimum training conditions, may be able to achieve a limited degree of self-direction (and a few may be able to participate in sheltered workshop activities when these are available), a larger number will achieve a moderate degree of personal and social development and become economically useful in their own homes. For these children the class will provide training experiences that will enable them to develop to the fullest extent possible the limited abilities which they possess.

2. Lack of responsiveness because of severe conflicts, social immaturity, physical involvements, or speech retardation may result in inadequate measurements of intellectual ability and influence the examiner to reserve his judgment relative to the potentials of a number of mentally retarded children. These children may respond more adequately to repeated testing procedures after effective socializing experiences have been provided. A few may eventually become candidates for the regular special class groups for educable children. For such children the training class may afford opportunities for observation and further study. This is one of the services rendered by the pre-special classes maintained by the Detroit Public Schools (see p. 36).

3. Another purpose of the class for the severely mentally retarded will necessarily involve its screening functions, for not all of the children assigned on the basis of initial tests and preliminary observations will prove capable of training and personal adjustment in a public-school situation. Only observation over an extended period during which stimulating experiences are provided will allow the teacher and psychologist to render an adequate evaluation of certain pupils' potentials for training. Undoubtedly, a substantial number of the children referred for training-class placement will require eventual institutional care. A corollary of this purpose is that the training class must provide opportunities for the counseling of parents in regard to institutional placements in those instances in which pupils do not indicate the necessary capacity for growth and development. This will be discussed at greater length in a subsequent section, but it is important to recognize that the purposes of the training class go beyond what it can offer the pupil and extend to the needs of parents for understanding and guidance.

Courtesy, Houston, Tex., Public Schools

Care of clothing is an important part of the training program.

If the class is to serve the needs of all these children, it must necessarily offer a rather wide variety of classroom experiences. For those pupils who are accepted on a trial basis, it will be important to include activities that will provide for maximum stimulation and growth in the development of adequate speech, acceptable personal habits, self-control, group adjustments, sensory discriminations, and coordination. The final evaluation of the pupil in regard to his training potentials may depend upon his improvement in these areas of achievement.

For the pupil who, as an adult, may be expected to adjust to modified or sheltered conditions, the training program will need to be channeled into more specific learnings. Experiences in group and family living, knowledge of the community, recognition of necessary symbols and signs, the practical application of muscular coordinations, the development of recreational interests, and the acquisition of satisfactory work habits and attitudes will be of great importance.

The possibility that some children may demonstrate unusual improvement makes it necessary to stimulate readiness and provide for beginning instruction in reading and number work in a limited number of instances. Therefore, while the classroom program for severely retarded children will be built around habit formation and social training, it must be broad enough to meet the needs of the unusual pupil who is capable of improvement and eventual transfer to a class for educable children.

The goals to which training programs must be directed include:

1. *Adequate habits of personal behavior.*—The pupil should be able to control his behavior according to acceptable standards. Habits of cleanliness, health, and eating should not be offensive when he is observed by others. He should be able to remove and put on his clothing.

2. *Efficient communicative skills.*—The pupil must be responsive to ordinary conversation and able to communicate his needs and interests to others.

3. *Useful coordinations.*—The development of coordinations will include a normal walking gait, the maintenance of a healthful posture, and the ability to perform common tasks with his hands.

4. *Acceptable habits of work.*—The pupil must learn to enjoy useful and satisfying occupations. Being helpful to others and willing to perform common tasks will be essential if he is to achieve any degree of independence and economic usefulness. In addition, he must develop ability to see a very simple project through to completion. Pride in the achievement of simple tasks is as essential to the adequate adjustment of the severely retarded child as is the satisfaction growing out of greater achievement enjoyed by more capable children.

5. *Adjustment to social situations.*—The severely retarded child cannot perform as an isolate if he is to achieve any degree of competence for social living. He must learn to respect the rights and property of others, become able to tolerate the behavior of other pupils, and be willing to participate in simple group activities. Whether his participation is to be limited to the family group and the immediate neighborhood or to a larger world in which he will be employed in a useful occupation, his adjustment will be inadequate unless he can learn to enjoy social participation.

6. *Willingness to follow directions.*—The severely retarded child will be constantly under the supervision of others who are capable of guiding his activities. Unlike his more normal peers who can accept responsibilities for independent action, he will be subject to much direction. Responsiveness to direction necessarily must be one of his most valuable attributes. Therefore, the program must put particular emphasis upon this type of training.

There may be other goals to be reached in the training program for severely retarded children, but the foregoing are basic to the development of characteristics needed by these children if they are to adjust to family and community life. Unless progress toward achievement in each of these areas can be observed, it is probable that the pupil should be recommended for permanent care and placement in a suitable institutional school.

APPROACHING THE CLASSROOM SITUATION

Considerable stress upon "training" as distinct from "education" appears in both professional and parent-association literature pertaining to more severely retarded children. What is meant is that the personal and social behavior, speech, and muscular efficiency of the very retarded child may be conditioned by experiences that do not involve insight nor the knowledge gained from mastery of basic academic skills. The training program primarily is one involving habit formation.

In reading some of the current literature, it is easy to obtain the implication that being "trainable" is synonymous with being "uneducable."

It may be quite unreal to interpret education without recognizing its training aspects. It is doubtful if a true dichotomy exists, for much of the education of normally intelligent children includes training in personal habits, social behavior, and even in specific skills. Whether training the normal child in certain manipulative skills differs greatly from training the severely retarded child in the use of acceptable eating habits might be subject to some question. It has also been suggested that the achievements of severely retarded children might be described best in terms of "conditioning." From a practical point of view the choice of terminology seems relatively unimportant.

It is essential to recognize that much of the personal and social progress made by severely retarded boys and girls must be on a habit-formation basis. Furthermore, good habits of work and social participation will be formed most effectively under conditions in which the pupils feel a bond of friendship and trust between themselves and their teacher and in which they are inspired to imitate the teacher. In this respect they will differ to no great extent from children of average intelligence.

ORGANIZING CLASSROOM EXPERIENCES

The first problem that will be faced most frequently by the teacher of severely mentally retarded children will concern the pupil's attitude toward himself. Because of overprotection, rejection, or lack of experience in group situations, the child will often come to school as an unhappy or asocial individual. He may be lacking in self-esteem and confidence, completely egocentric in his attitudes, or extremely fearful. The primary objective of all classroom experiences during the initial period of schooling may necessarily be to build up the pupil's sense of security by developing feelings of acceptance, first toward himself and then toward others. Unless there can be developed self-esteem and personal confidence, the pupil's progress may be both limited and warped.

Much of the learning of the severely retarded pupil will grow out of play experiences, and while these activities are usually considered of most importance for their social implications, they will contribute also to the pupil's individual adjustment. Learning the rules of the game is especially important to the severely retarded child, and since he will live in a world in which he will be subject to considerable authority, learning to follow or obey directions in the initial stages of school experience may be more essential for him than democratic participation. Nevertheless, willingness to respect authority should not be brought into conflict with independence of action, and in those activities in which he is competent to perform independently, the severely retarded child must learn to enjoy the exercise of his own judgment and initiative. Wingertszahn, in an address before the American Association on Mental Deficiency in 1951, explained that the severely retarded pupil develops gradually increasing interests in tasks

that he can complete successfully, first in attending to his own personal needs and later in serving others. She mentioned such specific activities as going to the lavatory, washing for lunch, eating, serving, acting as host or hostess, assembling lunchroom trays, etc. In these and similar simple tasks the severely retarded child can be taught to exercise conditioned judgment and to accept personal responsibility. Through successful achievement he may gain considerable self-respect and confidence in his own ability to perform.

The resourceful teacher may also be successful in developing in her pupils at a very simple level a certain degree of ability to plan their daily schedules and to exercise choices of learning experiences. Such activities may be restricted in comparison with the planning of less severely retarded pupils, but it is probable that this aspect of the daily program should not be entirely neglected.

The second general type of learning that will be essential to the life adjustment of severely mentally retarded boys and girls concerns their participation with other individuals and in group situations. Many children who become members of classes for the severely retarded will have had few prior contacts with other children or adults outside of the family constellation. Because of their unusual developmental immaturity, some of those who have had social experiences will be functioning at an extremely inadequate level of interpersonal and group behavior. And yet, in spite of these handicapping conditions, much of the severely retarded child's prognosis for successful life adjustment will depend upon his ability to acquire skills in satisfactory social relationships and to conform to approved social behavior. Much of the emphasis of his school training program must, therefore, revolve about socializing activities. Among the objectives in the social training of the severely retarded pupil will be:

Development of respect for the rights and property of other members of the group
Ability to work and play with other children in simple group activities
Willingness and ability to share privileges and responsibilities
Willingness and ability to accept the role of a "follower"

These characteristics will develop as the result of experiences in well-planned group projects, play and recreational activities, and the sharing of classroom materials and responsibilities. Most children will need to participate, first, in small group situations and later, if possible, in activities involving larger groups of children.

If the severely mentally retarded child is to achieve any satisfactory degree of social competence, he must necessarily develop the ability to communicate in an understandable manner. A large number of the pupils who will be assigned to training classes will be defective in speech, as well as intellectual development. Making speech more understandable and increasing the vocabulary of the pupil will constitute important aspects of teaching severely retarded children.

Courtesy, Berwyn, Ill., Public Schools.

Vocabulary may be improved through the use of pictures.

The services of a speech correctionist should be made available to children who have involved problems of inadequate speech and who require clinical services. Gens [13] considers that speech specialists can contribute in a two-fold manner to the welfare of mentally deficient children, first, by contributing remedial measures that can improve the speech efficiency of pupils, and, second, in improving the developmental status of children who have been incorrectly diagnosed. It is important to recognize, however, that speech-correction services for the severely mentally retarded pupil must be provided by a specialist who is adequately trained in the understanding of mentally retarded pupils.

The classroom teacher will set the stage for many opportunities for speech improvement, although the advice and counsel of the specialist in speech frequently should determine her procedures with individual pupils. The use of conversation in group situations, of dramatization, and the assignment of duties such as greeting and introducing visitors, answering the telephone, and delivering oral messages may be employed along with many other activities.

Many severely mentally retarded children are handicapped in the efficient use of the extremities as well as in posture. Defects in physical development are not uncommon. Their gait may be shuffling or awkward, posture may be slouching; movements may be arhythmic; finger dexterity and eye-hand coordinations may be inferior. Nevertheless, insofar as muscular

[13] Gens, George W. The Speech Pathologist Looks at the Mentally Deficient Child. *Training School Bulletin*, 48: 19–27, April 1951.

development is concerned, many severely retarded children seem to be capable of improvement with suitable training, and the activities of the class should be planned to provide the necessary training. Exercise to improve large-muscle coordinations should precede those designed to train eye and hand coordinations. In the beginning, activities such as walking up and down steps, bouncing a ball, stepping between spaced blocks, skipping, and other exercises employing large-muscle coordinations are important. Rhythmic activities, including the use of rhythmic instruments, involve coordinated body movements and should play an important role in the classroom program. The ability to walk without attracting undue attention or impeding the progress of others may be a very important achievement for many severely mentally retarded children.

For the development of the more involved and exacting hand-eye coordinations and the improvement of finger dexterity, using peg boards, stringing beads, assembling picture puzzles, tracing, lacing and buttoning, modeling with clay, and coloring pictures will prove valuable. Older children may be able to work with a simple loom and to engage in other constructive activities which a resourceful teacher may provide.

In developing the school program for the severely retarded child, considerable emphasis also will need to be placed upon sense-training experiences. Learning to identify colors, objects, and shapes, matching pictures and symbols, and listening to sounds should be important aspects of the program, especially in the early months and years of the training period.

The school program for the trainable retarded child is not only concerned with the development of attitudes, speech habits, and muscular efficiency; it is also concerned with the development of skills fundamental to health, safety, and community participation. Some of these learnings may necessarily be very simple and learned at a habit-forming level. The schedule of the Salem, Mass., sub-special classes which is given in detail on page 44 includes a health education period in which pupils learn the care of teeth, clothing, and habits of cleanliness, while in the Detroit pre-special A program, outlined on page 46, opportunities are provided for health inspection, care of clothing, and preparation for the serving of the mid-day milk. During their music period the Salem classes present records on both health and safety. Knowledge of the community often is obtained through field trips, and in the Detroit pre-special A groups interpretation of community happenings takes place during the "conference" period. In all well-planned programs for retarded children many opportunities are given for the development of good housekeeping habits. These may be through the maintenance of a play house or through delegating responsibility for the care of the room. Neatness, cleanliness, and orderliness may develop concomitantly from almost any type of classroom activity.

The place of so-called "academic learnings" in the class for severely retarded children has been a subject of considerable controversy. The

answer may depend upon the interpretation of what constitutes academic learning. The severely retarded child may be able to understand and use considerable quantitative language. Certain number symbols and common expressions of size and proportion may be well within the range of his learning; the use of money in smaller denominations may often be understood. Whether or not knowing that a nickel will buy a candy bar and a dime a bottle of chocolate milk represents an academic learning is in itself an academic question. Likewise, while useful reading may be beyond the achievement of severely mentally retarded children, the recognition of some words and signs may be possible—and very important. Recognizing the sign that says STOP, for instance, may be successfully achieved, but whether or not this constitutes "reading" is an unimportant consideration.

Many of the experiences of children in training classes will not be too different from the reading and number readiness experiences of children in kindergartens and first grades for normal children. Nevertheless, participation in these experiences cannot imply that a child will develop ability to read, for it is quite unrealistic to assume that useful reading abilities can be developed by the severely retarded pupil. However, the teacher of the training class may necessarily venture into beginning reading work in order to explore the learning possibilities of her more advanced pupils. Children who progress sufficiently to be successful in reading should probably be moved to a group of educable mentally retarded pupils as soon as their social adjustment warrants the transfer.

For the guidance of those who wish to establish services for severely retarded children, the daily programs of two types of classes are outlined in the Appendix on pages 44–49. The first of these has been furnished by courtesy of the Salem, Mass., School Department and represents a program schedule for a group composed entirely of severely retarded children, known as the Seguin Therapy Class. The second schedule is one that is followed by two teachers of the Detroit, Mich., pre-special A classes. Since the Detroit pre-special classes include some "educable" pupils, it will be observed that the pre-special A program includes more emphasis upon the so-called academic subjects. This would be a necessary departure in a mixed group.

EVALUATING PROGRESS

One objective of all education is to provide pupils with maximum opportunities for growth and development. Therefore, the measurement and evaluation of pupil progress is as important a function of school personnel as is the provision of learning opportunities. When the school accepts the responsibility for providing training facilities for severely retarded children, it must also assume the responsibility of frequent appraisals of their progress and development. This responsibility may be greater as it applies to handicapped children than it is in the case of normal pupils.

The evaluation of pupil growth has especially important implications for severely retarded pupils who are accepted on a trial basis and for those who are improvable to the extent that they may become candidates for transfers into educable groups. Because a few children with undetermined diagnosis may be expected to be found in most classes for trainable pupils, it is essential that evaluations should be frequent as well as professionally sound. For the greater number of children who will continue indefinitely in the classes for trainable children, frequent assessments of pupil progress are important inasmuch as these evaluations will become guides for the adaptation of the daily program to meet the pupils' individual needs.

While most teachers of severely retarded children will probably keep informal anecdotal records on a continuing basis in addition to objective data for each of their pupils, a more formal evaluation of developmental progress should be made at least four times each school year. This report should include a summarization of the informal day-to-day observations and should be interpreted in terms of growth in individual and social adjustment, speech fluency, and muscular efficiency. The evaluation should be discussed with the parents, preferably in individual conferences, for parents are entitled to know about their children's progress in school—and the teacher, in turn, cannot evaluate the pupil's progress adequately unless she is acquainted with the extent to which his school achievements carry over into the home and community environment.

Some school systems may wish to devise a form for the teacher's evaluation of pupil progress. The Detroit pre-special A teachers use a form upon which progress in physical coordination, writing, number, and reading readiness is recorded. In addition, a rating scale is provided for the evaluation of sociability, participation in class activities, consideration for others, tenacity of purpose, trustworthiness, and reaction to authority. [13]

The evaluation of pupil growth must be supplemented by objective measurements at certain intervals. For those whose diagnosis is uncertain or who are making unusually poor or rapid progress, the services of a psychologist should be available at any time. Certainly pupils admitted on a trial basis should be reexamined by the end of their first year of attendance. For the pupil whose evaluation of school progress bears out the original diagnosis of trainability, objective measurements may occur less frequently. It is the policy in some school systems to retest educable mentally retarded special-class pupils at 2- or 3-year intervals. There seems to be little reason to set up a different policy for severely retarded children who are adjusting well to the training class.

Insofar as objective measurements are concerned, there are a number of available instruments for determining intellectual capacity and social maturity. It is important only to recognize that both types of tests must be

[13] The progress form and rating scale used by the Detroit schools are reproduced on pages 49–51 of the Appendix.

well-standardized instruments that are individually administered by a competent examiner. The observations of the examiner in relation to the performance of the pupil should have as many important implications in the total evaluation of progress as the comparison of test achievements. Decisions as to the continued enrollment of pupils in the training class or in regard to readiness for the educable group must necessarily be made upon the composite judgment of the teacher and psychologist. But it must be reemphasized that no decision can be valid unless all aspects of the pupil's performance—in the classroom, at home, in the community, and on test items—are taken into account.

THEIR PARENTS NEED HELP TOO

In much of the literature on the education of the retarded considerable emphasis is placed upon the need for parental education. The Fact Finding Report of the Midcentury White House Conference on Children and Youth, [14] in discussing children with physical and psychological limitations, states:

> It becomes clear that the attitude of the child's family and of the community to his disability are of extreme importance in his adjustment. Both the child and his family react in large measure according to community expectations. The child, his family, and the community need reorientation and education simultaneously. Thus, services directed toward establishing healthy parental and community attitudes and toward the social and emotional adjustment of the disabled individual deserve serious consideration. . . .

A noted authority on special education remarked in a recent address that what is desirable in special education is parent participation as well as parent education. Frequently, parents have much to contribute to the understanding of the mentally retarded pupil's problems. The task of educating and training the severely retarded child must be shared by the teacher and the parent. Laycock and Stevenson [15] have pointed out that one step in parent-teacher cooperation is for the teacher to recognize that he does not know all the answers but that he is "searching, together with the parent" for the right answer. In dealing with the severely mentally retarded child, the teacher will need to approach parents with great humility, for many of them can give valuable information relative to the fears, the humiliations, and frustrations that have contributed to the pupil's lack of developmental progress.

Nevertheless, it would be inadvisable to assume that the teacher or other professional personnel has no responsibility for counseling parents of severely retarded children. Many parents, beset by feelings of guilt, shame, or even hostility toward their children, need counseling in regard

[14] *Children and Youth at the Midcentury—Official Conference Proceedings*, prepared by the Midcentury White House Conference on Children and Youth; published by Health Publications Institute, Inc., Raleigh, N. C. Copyright 1951 by Health Publications Institute, Inc.

[15] Laycock, Samuel R., *and* Stevenson, George S. Parents' Problems with Exceptional Children 49th Yearbook of the National Society for the Study of Education, Part II. Chicago, University of Chicago Press, 1950. p. 123.

to their own feelings about their retarded children. In some instances parents may refuse to recognize the existence of the problem. Statements found in the Fact Finding Report of the Midcentury White House Conference support this position. [16]

> An incapacitated or chronically sick child has a deep effect on any parent, often imposing a strain on the parent-child relationship. Acceptance of the disability on a realistic basis by both the parents and the child can be, and often is, achieved. Then the relationship between the parents and the disabled child can be entirely healthy.
>
> Unfortunately parents do not always respond rationally to the painful fact of having a chronically sick or markedly limited child. Frequently they feel personally injured and attacked by fate, or as though having a defective child revealed a shameful weakness in themselves; in either case they are inclined to reject the child. Other parents seek to avoid the facts; they go from one physician to another, and from there to quacks, in search of support in their evasion, succeeding only in postponing proper treatment.
>
> There is hardly a mother who does not respond with deep feelings of guilt to a child's congenital defect. . . . Some can hardly disguise their resentment, and act it out in punishing attitudes. . . . Others, in their attempt to cope with these tendencies, lean over backwards, sacrificing their lives completely . . . to the detriment of both the patient and other members of the family.
>
> Studies show that parents with such attitudes toward their physically or mentally limited children are either poorly informed about disease and the needs of children, or that they are emotionally unstable and immature, and stand sorely in need of help.

The importance of dealing with the problems of parents of mentally retarded children is also well stated by Dr. S. L. Sheimo of the University of California Medical School who recently wrote. [17]

> It seems important . . . not to underestimate the intense repressed forces which become mobilized in parents who have mentally defective and/or handicapped children. At such times, to center one's attention on the defective child rather than toward the parental conflict might be attempting to deal with the least relevant factor in the total situation.

The teacher of severely mentally retarded children probably can achieve the best results in working with parents who are harrowed by doubts of their children's abilities and of their own competence by demonstrating to them that their children are capable of progress and adjustment. Perhaps the most effective results will be achieved by allowing parents to participate in planning activities for the class and to observe the group in action at frequent intervals. Naturally the child's progress in school should be reflected in improved behavior and participation in the home. However, parents who have lived close to the problem and who have become emotionally involved in it sometimes may not be aware of the slow changes that take place unless the teacher can help them recognize the evidences of growth and

[16] A Healthy Personality for Every Child. Op. cit., p. 133.

[17] Sheimo, S. L. Problems in Helping Parents of Mentally Defective and Handicapped Children. *American Journal of Mental Deficiency*, July 1951, p. 47.

development. It is important, therefore, that parent participation should be supplemented with interpretive conferences—and the teacher will need to bring into the discussion the evaluative materials that have been accumulated on the pupil's growth and development.

But what about the child who is not making satisfactory progress? The teacher of the severely mentally retarded child is in a situation unlike that of teachers of normal children in interpreting to parents lack of progress and its implications. The child of normal intelligence who fails to make progress in mathematics is still an individual who can make a satisfactory life adjustment by capitalizing on other abilities, but a severely retarded child who indicates lack of training potential may necessarily be directed toward institutional placement.

One of the complaints voiced by many parents of retarded children is that they have found it difficult to obtain honest interpretations from "experts" in the field of mental deficiency. The teacher, first of all then, must be both frank and kind in her evaluation and interpretation. She must have the assistance of specialists and professional people who can aid in the total evaluation of the child. These may be school psychologists, visiting teachers or school social workers, physicians, or members of the professional staffs of community clinics. Whether the teacher, if she is sufficiently oriented, a physician, or a psychologist is given the responsibility for making the interpretation of insufficient progress to the parents is immaterial. The interpretation must be made, but it must be made in absolute honesty and frankness, with due regard and respect for the intelligence and feelings of the parents. Furthermore, an interpretation of insufficient potential for trainability should always have a positive aspect. The parents should understand what they can do about the problem, what resources there are for continued care of the child, and where they can turn for further assistance.

In some programs already existing for severely mentally retarded children, parents play a prominent role. At the Margaret Allis Community Center project in Milwaukee, Wis., one room is set aside for mothers of the pupils who meet for daily conferences with professional consultants and to make articles for furnishing the classroom. Daily attendance of parents is scarcely to be expected, however, in many school programs. Some parent-operated groups have employed mothers of pupils as classroom assistants, but the desirability of this plan may be questioned, for it is doubtful if a parent can observe the necessary objectivity in dealing with his own and similarly handicapped children in a classroom situation.

Most public-school programs for the severely mentally retarded stress the need and provide for parent participation and guidance. In some instances parents have been invited to participate in professional meetings. At a recent meeting of the Massachusetts Special Class Teachers Association a delegation of mothers took an active part in the proceedings and activities

of the professional workers. Many programs for trainable children provide for monthly meetings of parents, with more frequent individual conferences. In these meetings and conferences the teachers and other school personnel act as leaders and consultants. In describing the Houston, Tex., classes, the director of special education stresses the need for active parent participation. Through frequent conferences with the teacher and class visitation, the functions of the class are constantly being interpreted to the parent, so that he is led to see why training to secure personal and social adjustment is more important than learning by rote a few words from a book. The parents of pre-special class pupils in Detroit participate in a "parents' guidance program." Parents are assisted in making plans that are directed toward the welfare of their mentally retarded children as well as to the well-being of the entire family. They are also given opportunities to meet and exchange ideas with the fathers and mothers of other children in the same room with their child. It has been found that when parents recognize that other children have similar problems they learn to accept their own child's limitations as less unusual and peculiar. During both the group and individual conferences the teacher may share her knowledge of the pupils' activities and experiences so that parents may enjoy similar participation with their children in the home.

It is important then for teachers and school administrators to recognize that parents of severely retarded children need guidance and counseling. It is equally important for the teacher to be aware that parent education may usually be most satisfactory if she and parent can share their mutual experiences with retarded children. It seems obvious that the teacher cannot and must not approach her responsibilities to the parent as an expert who is in the position of pronouncing what is best for mentally retarded boys and girls, but rather she should follow the advice of Laycock and Stevenson who suggested that the teacher should search together with parents for the right answers. Through her friendly attitude, a display of frankness and honesty, her ability to interpret to parents the capabilities or lack of capabilities of their own children, and her willingness to accept their participation and planning, the teacher may become a valuable counselor to the parents of her mentally retarded pupils.

Many Problems Will Need To Be Considered

THE DIAGNOSIS AND ASSIGNMENT OF PUPILS

One of the basic requirements for the operation of a good special education program is the availability and effective use of adequate diagnostic services. Unless such services are provided, the maintenance of acceptable standards for special class membership is impossible. Too frequently well-conceived special education services have broken down and been discarded because the special classes have become the recipients of children who were personally undesirable to their teachers rather than pupils with specific needs and for whom the special services were designed. Wake,[18] in discussing the education of slow-learning children describes several criteria for the maintenance of acceptable special classes. He points out that: ". . . special classes are for children of low mentality, and therefore children with other difficulties should not be enrolled in them," and ". . . the selection of children . . . should be made by the school personnel with the help and guidance of qualified psychologists, psychiatrists, and psychometrists." He also cautions that "there seems to be little chance that the extremely mentally retarded pupil would have any greater opportunity for learning in a special class than in a regular classroom unless the selection of these pupils is restricted to this one basis. Through the neglect of this principle special classes have been formed in some schools that have been composed of children with all types of difficulties. In such a situation the morale deteriorates, and it is virtually impossible to maintain a good learning situation for the pupils." If these observations are tenable in relation to classes for educable retarded children, they will be much more important when applied to classes for more severely retarded pupils.

The evaluation of the severely retarded child's potentials will differ only slightly from the similar procedure for determining assignments to classes for educable retarded pupils. The difference may be chiefly in the increased necessity for accuracy in collecting information and in the types of tests employed in the psychometric examination. The types of data which should be considered include:

[18] Wake, Orville W. The Education of Slow-Learning Children. *Training School Bulletin*, May 1948. p. 49.

1. *Psychometric measurements and evaluations.*—In determining either eligibility for placement in groups for the severely retarded or differentiating between the trainable and educable child, extreme care must be exercised to obtain a true evaluation of the pupil's potential. The standard test of mental maturity should be supplemented by measurements of non-verbal performance and social competence. The psychologist must have considerable experience in the examination of immature subjects.

2. *Physiological findings.*—A report of a recent examination by a physician indicating organic deficiencies, if any, and a history of physical disabilities and other pertinent factors are essential. In some instances the observations of specialists relative to auditory or visual acuity, brain damage, or psychiatric factors may be extremely important.

3. *Developmental history.*—In this aspect of collecting the necessary information, the parent must play an important role. [19] Information must include: the ages at which developmental deficiencies were first observed, the progress of the child in the acquisition of certain skills and habits, and the development of social behavior.

4. *Family factors.*—Parents and social workers who are cognizant of the family situation will be most helpful in determining whether or not home care and public-school placement will be beneficial to the progress of the child—and practical from the standpoint of family relationships. In many instances this type of information will represent the most important criterion for the determination of placement. Whether the parents are educable in terms of competent care for the severely retarded child and whether the presence of the child will constitute hazards to family living can be determined only when adequate information is obtained relative to the personalities of the parents and the relationships within the home.

5. *Observation of social behavior.*—The observations of the examining psychologist are important in the evaluation of social development. However, many candidates for placement may have been enrolled in nursery school groups, public-school kindergartens, or primary grades, church school, or recreational activities. As public-school services are developed, many children also may come from parent-operated classes. It will be important to obtain the observations of leaders and teachers of these programs who have had opportunities to observe the social behavior of the child under consideration.

It will become necessary for a school official to assume the responsibility for collecting and organizing the required information, arranging for evaluating conferences, and submitting recommendations for placement or exclusion to the superintendent or board of education. In smaller communities this may necessarily be the teacher of the special class who has part-time administrative duties; in larger school districts it will probably be the director of special education or psychological services.

While assignments to the proper type of class for retarded pupils are obviously essential to the maintenance of a good special education program, the necessity of being professionally ethical regarding the diagnosis and placement of pupils who are at the extreme lower range of trainability is equally important. Educators and psychologists have no more right to

[19] A discussion of the parents' role in the psychological interview may be found in the *American Journal of Mental Deficiency*, July 1951, "Parental Reactions to Psychologic Measurement," by Marion M. Fost.

mislead parents with false hopes for their children's eventual life adjustment than has the physician to temporize regarding hazardous health conditions. Parents have a right to know to what extent their children are trainable, to be told in a kind manner why John cannot be accepted in a trainable group, or why Mary is to be enrolled for a limited period for observation of her growth and development. They also have the right to consult with a responsible and competent person relative to the desirability of enrolling their trainable children in day school programs, for not all trainable children should go to a day school and remain in their own homes. Problems of physical stigmata that cannot be resolved in the local community, of social inadequacy, and of total family adjustment must be weighed against the benefits of the training program before it is decided that even the trainable child should be enrolled as a day school pupil.

It seems obvious that decisions affecting the lives of children and their families must necessarily be made by qualified personnel as well as on the basis of adequate information. Wake's comments [20] imply a team approach to decisions relating to special class assignments. The actual acceptance or rejection of special class candidates must be a function of the school administrator, although in some States the board of education alone has the authority to exclude pupils. Nevertheless, the recommendation for assignment to a special class of any type or of dismissal due to ineligibility for special class placement should be made on the basis of data supplied by a number of persons who have had opportunities to observe the performance and behavior of the pupil.

The composition of the evaluating team will vary according to the problems presented by the individual child and the resources of the community. If the child has been placed in school prior to his referral for special class placement, his teacher must play an important role in the evaluating conference. The examining psychologist, the school and family physicians, and social workers who have knowledge of the child and his family, including the visiting teacher or school social worker—all of these professional workers may be contributing members of the evaluating team. But it is important that each member of the evaluating group should possess professional competencies and be oriented to the educational facilities in existence or which may be developed. Since it is extremely hazardous to attempt any special education program without adequate professional specialists, it is essential to provide competent diagnostic personnel for a program of special services for the more severely retarded pupils.

The members of the conference on severely mentally retarded children which met at the Office of Education in June 1951 recognized several criteria for the non-acceptance of pupils in classes for severely retarded children. They agreed that the following children should not be accepted:

[20] Wake. Op. cit.

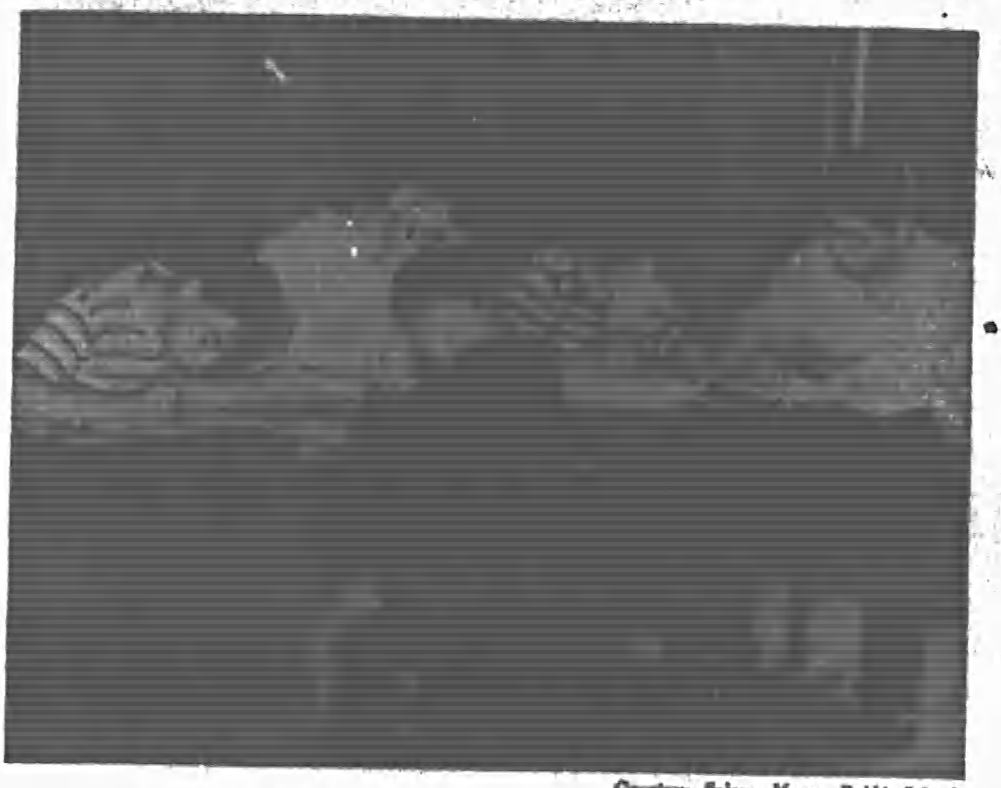
1. A child whose problems will be accentuated by group stimulation, or whose behavior is detrimental to the group.
2. A child whose lack of mental, physical, or emotional maturation, or whose physical condition would not warrant placement in a public-school class.
3. A child who, after a reasonable trial in a class for severely handicapped pupils, has manifested that he cannot adjust to nor profit from the activities of the group of which he is a member.
4. A child who, upon adequate psychiatric diagnosis, has been found to be mentally ill (psychotic or pre-psychotic). Considerable caution may need to be exercised in applying this criterion. It must be recognized that intellectual behavior may be adversely affected by emotional conflict. The exclusion of mentally ill children needs to be preceded by a careful evaluation by educational, psychological, and psychiatric personnel.
5. A child who cannot comply with the chronological age standards required for school entrance established by the State. (While early training programs may seem desirable for many mentally retarded children, some State laws make no modification in legal ages for school acceptance of handicapped children.)

Those trainable children who are not accepted for placement and the children who, after diagnosis, are considered to be ineligible for training services will continue to present problems for interpretation to parents. In some States legal provisions make mandatory the formal exclusion of pupils ineligible for public-school educational services. In all such instances the schools must accept a difficult yet necessary parent-counseling role.

RELATING SERVICES FOR THE SEVERELY RETARDED TO THE SPECIAL EDUCATION AND GENERAL SCHOOL PROGRAMS

Public-school classes for severely retarded children probably may be developed best as an extension of existing facilities for the education of educable retarded pupils rather than as a new and independent program. The possibility of certain pupils moving from one group to the other—both up and down—makes a dual but integrated program almost essential. Then, too, unless both types of special educational services are in existence, the class for trainable children may be required to accept educable pupils who present extreme problems of adjustment in the regular grades. Widening the range of ability within the group makes it difficult for a teacher to provide for individual needs.

There are other important reasons for the development of the program for the severely retarded as an extension of existing services. It is rarely advisable to venture precipitously into a program designed to deal with extreme deviates unless experience in dealing with less severe differences has been acquired. Much of the program for the severely retarded pupil will resemble the program for educable children. Activities that encourage the formation of good speech habits, social living, rhythms, and muscular coordinations will necessarily be borrowed from similar programs for younger educable retarded children. In larger school systems where special educa-



Courtesy, Salem, Mass., Public Schools

Even severely retarded children can enjoy well-planned seat work.

tion consultants are already employed, their assistance in the development of the daily program for the severely retarded child should prove invaluable to the success of the services. Then, too, it is important that the school facilities for any type of handicapped child should be a part of the total educational facilities rather than an isolated unit of school services. *In many school systems special education has gradually evolved as an integrated part of the total school program. It is equally important that a new venture in the education of handicapped pupils should become accepted as one aspect of special education services, which in turn are related to the total educational structure.*

ADMINISTRATIVE PROBLEMS

In establishing a class for severely retarded children, it is necessary to consider many details of organization and administration. The experiences of parent associations and school systems which have maintained classes may furnish invaluable leads to what constitutes a satisfactory program, but examples of ideally operated programs, either on a parent or public-school sponsored basis, are relatively few. In this relatively unexplored field, initial ventures will have to be planned on the basis of carefully calculated anticipated needs.

Type and organization of classes.—At present two types of classes are serving severely retarded children in the public schools. The first, illus-

trated by the New York City, Houston, Tex., Berwyn, Ill., and Cincinnati, Ohio, projects, enrolls only severely retarded children according to standards set up locally. The second type of program, an example of which is the Detroit pre-special class, enrolls children on a mental age basis and includes pupils whose degrees of retardation, as expressed in terms of mental examination results, are both above and below an IQ of 50. Both types of organization have been successful. However, as it has already been observed, the second type undoubtedly increases the problem of the teacher in developing suitable learning experiences, for some of the more capable pupils will eventually become ready for reading and number instruction. In Detroit's plan some centers have provided for differences in development by having the more capable pupils attend in the morning and the more immature and beginning pupils in the afternoon.

It is possible that the second procedure may offer advantages for an initial modification of existing facilities for mentally retarded children. Nevertheless, legislative action in at least four States (California, Minnesota, Pennsylvania, and Wisconsin) seems to require an all-out program involving a complete division of pupils on the basis of trainability and educability.

Size of classes.—The number of children enrolled in presently maintained classes for severely retarded children varies from approximately 6 to 18. No statistical study has been made of present facilities, nor has there been experimentation that would lead to conclusions relative to optimum class sizes. Since standards for classes for educable retarded children seem to indicate that maximum enrollments of from 15 to 20 pupils are desirable, it might be conjectured that the per teacher load of more severely retarded children should be somewhat lighter. However, the severely retarded group should be large enough to provide for suitable social experiences and avoidance of the pupils' dependence upon the teacher. It is probable that the maximum number of pupils which should be assigned to a class is from 10 to 15, depending upon the range of chronological and mental ages of the pupils to be served and their social adaptability and contributory problems.

Housing.—Many of the parent-sponsored classes are now housed in temporary quarters rented from churches or other organizations, or in rooms acquired from community houses. Most of the rooms occupied were not originally planned for school activities, and adequacy of space and facilities is usually incidental to the fact that the program is ongoing and serving a need. Public-school classes may be found in both adequate and inadequate classrooms, in schools that have been abandoned for other purposes, or in rented quarters similar to those used by parent association classes. In cities in which programs for the severely retarded have existed for any length of time, the housing facilities seem to be comparable to those used for general school purposes.

Adequate housing for severely retarded children presents several obvious needs. The first of these concerns safety factors. Classes for the severely retarded will enroll not only extremely mentally and socially immature pupils, but also many who are characterized by slowness of gait and a few who are afflicted with orthopedic handicaps. In view of these factors classes should be housed in buildings of fireproof constructions and in rooms readily accessible to building exits, perhaps on the first floor. The necessity of traveling long or involved distances to the nearest exit or of negotiating stairways should be avoided.

The second important consideration should probably be access to toilet facilities, perhaps with the toilet adjoining the room. In any case, the classroom should be close to and on the same floor level as the general toilets for the school. A lavatory basin should be installed within the classroom. The formation of habits of cleanliness is of extreme importance in the training program for the severely retarded child.

The classroom will also need to be well ventilated according to modern standards. Many severely retarded children, especially those with Mongoloid characteristics, seem to be particularly susceptible to respiratory infections [21] and should be guarded against conditions that would be hazardous to their health.

While the size of the classes will be smaller in comparison with even the traditional classes for educable retarded pupils, the space required for an effective and adequate program is comparable to or even larger than that required for a normal classroom. Emphasis upon large muscle activities, such as games, play experiences, and social living experiences, and the desirability of setting aside certain areas within the room for craft work, finger painting, and the like, will demand spaciousness of accommodations. Restricted space can only result in a restricted program.

Where the class should be housed may also need to be considered. Existing programs have been successful in regular elementary schools in New York, Houston, and Detroit, although, as explained, the Detroit classes are not essentially or entirely for severely retarded children. Other public school-maintained groups are housed in quarters outside of the schools (Berwyn, Ill.) or in school buildings restricted to special use (Cincinnati, Ohio). Usually the most desirable and usable space is found in buildings built for public-school programs. On the other hand, there seems to be some tendency among educators to question the desirability of locating classes for severely retarded children in regular elementary schools, especially if the physical stigmata of the pupils would stamp them as being deviates. This question must be solved locally.

The attitude of the parents in the neighborhood school, the willingness of the school administration—and staff—to guard against odious comparisons

[21] Nelson, Waldo E., ed. Mitchell-Nelson Textbook of Pediatrics, 5th Ed. Philadelphia, W. B. Saunders Co., 1950. p. 1279.

Courtesy, Detroit, Mich., Public Schools

The classroom needs plenty of space for the development of coordinations

and situations that might cause tensions, and the availability of adequate space will necessarily enter into decisions relative to housing policies. The fact that existing programs have been successfully operated in rented quarters outside of school buildings might indicate that classes for severely retarded children need not wait full acceptance by local elementary school patrons or staffs or the availability of classrooms within the regular school buildings.

One suggestion has been made that classes for the severely retarded might be housed in community houses or recreation centers. This suggestion combines the maintenance of the training class by public-school personnel during the morning hours and the participation of the community center in a recreational program during the afternoon period. Such a plan has the added advantage of providing for a combined school and community agency attack upon the problem.

The Detroit Public Schools have located one day-care nursery center in a school attended by older educable retarded girls. These girls participate in the nursery school program under the guidance of the teacher in charge. It has also been suggested that some such plan might be considered in establishing classes for severely retarded children. Since there is so little experience to draw upon, any arrangements made must necessarily be exploratory. However, considerations such as readiness of the community, attitudes of teachers, availability of space, and the type of program that is desirable must all enter into decisions regarding housing of classes for severely retarded children.

Hours of instruction.—Many of the existing classes for severely retarded children operate on half-day schedules, although a number of cities provide

modified all-day programs, somewhat shorter than those for normal children. Where the classes involve both morning and afternoon sessions, the lunch hour is often considered a part of the school day. Both New York City and Cincinnati have modified all-day schedules, and the pupils eat their noon lunches in a group as one important aspect of training for social living. In Cincinnati a rest period of 1 hour follows the noon lunch, and the pupils come to school at 9:30 and are dismissed at 2:30. While training in acceptable eating habits is an important aspect of the curriculum, opportunities for this type of experience are not entirely limited to the noon lunch. Other classes that meet on half-day schedules serve milk, orange juice, or a light lunch during the morning or afternoon session.

The final decision as to the length of the school day will probably depend upon the individual problems of the children making up the group. The least mature, socially and chronologically, may be best served by a half-day program. Older severely mentally retarded children may be scheduled to a full day of activity, particularly if a considerable portion of the program is devoted to group games, handwork, or non-tension-producing experiences.

Transportation of pupils.—In the larger cities the establishment of classes for severely retarded children will produce problems of pupil transportation. Educable retarded children often use public transportation services, and it has been found in some school districts that the more mature severely retarded pupil can be trained to use street railway and bus routes. Many of these children, however, need more supervision than that provided on public transportation facilities.

In many States pupil transportation is subject to legal provisions and control, and any child accepted for school enrollment is entitled to free transportation according to the distances prescribed by the school laws of those States. In such instances schools accepting severely mentally retarded children would be obligated to provide transportation for those who live beyond the distances specified by law. Since these pupils are not found in great concentration and classes will necessarily be centrally located, transportation may become a major consideration. In some parent-operated schools responsibilities for the transportation of severely retarded children have been given to parents, some of whom operate on a car-pool basis.

While many parents of severely retarded children may volunteer to contribute transportation in order to obtain public-school privileges, it is quite possible that strict interpretations of many school transportation laws would require parents operating car pools to comply with regulations pertaining to special equipment, insurance, and other school bus provisions. Then, too, there seems to be no reason why severely retarded children should not fit into the usual pattern of pupil transportation. The services extended to them should at least be comparable to those provided for all pupils and

should allow them to benefit from the modifications extended to other handicapped children.

WHO WILL TEACH SEVERELY RETARDED CHILDREN?

One of the most baffling problems met in establishing new programs for severely mentally retarded children concerns the employment of qualified teachers. Presently, maintained groups are taught by teachers who have been recruited from diverse backgrounds of training and experience. Some who are doing an excellent or acceptable job have succeeded chiefly because of a zeal for service. Others have had specialized training in the fields of mental retardation or nursery school work. However, if the provision of school facilities for severely retarded children is to become a generally accepted responsibility of public education, approved standards of training will need to be determined. While some relatively untrained teachers have succeeded in the classes now being maintained, it is probable that many pioneer units have been unsuccessful and of doubtful value because of lack of competent leadership.

Three types of training in addition to that usually considered basic to all types of teacher preparation seem to be essential to the qualified teacher of severely mentally retarded children.

1. *Knowledge of the nature of mental deficiency, an understanding of mentally retarded children, and the methods of teaching the retarded.*—This is the type of information usually required of all teachers of the educable mentally retarded, although particular emphasis would necessarily need to be placed upon the problems of more severely retarded children.
2. *Techniques of nursery school and kindergarten education.*—Since practically all children who constitute the trainable group will function at a "pre-academic" level, most of the classroom activities will be comparable to nursery school and kindergarten activities. The adaptation of these to more physically mature children will present additional problems, but the teacher of the severely retarded who is not acquainted with training techniques for children of limited mental and social maturity will be at a severe disadvantage.
3. *Knowledge of and experience in parent education programs.*—This need is pointed up in a previous section (see p. 19). It constitutes one of the most essential qualifications for teachers of severely retarded children.

If programs for the education of teachers of the severely retarded are to be provided by teacher education institutions, a period of internship or practice teaching in a laboratory school for such children would necessarily be superimposed on the special training briefly described in the above paragraphs. It is possible that internships in institutional schools might be one answer to this problem at the outset, for very few classes for the severely retarded would qualify at present as laboratory units.

It is probable that some classes will be formed before well-qualified teachers are available. As a matter of fact, it is even more probable that a program for severely mentally retarded children will have to be under way and the need for trained teachers demonstrated before teacher education

institutions will be justified in preparing teachers for these children. Meanwhile, teachers employed for this special type of work should be chosen with great care, and only those who have had training in the understanding of retarded children and experience with young children should be considered as temporarily qualified. Much of the training of pioneer teachers in this field may necessarily be on an in-service basis.

THE SCHOOLS WILL NEED THE ASSISTANCE OF OTHER AGENCIES

The training of severely mentally retarded children involves much more than providing an educational program. The development of recreational interests, opportunities for psycho-therapeutic services and medical treatment, and the needs of many parents for guidance and counseling that goes far beyond the training of most teachers should enter into the planning of a comprehensive community program for the severely retarded child. Those services ordinarily must be sought outside the school, and the necessary assistance will usually be contributed by other community agencies. Since the public-school class will be the focal point of service and constitute a center for the participation of both the children and their parents, it will be important for the school and the teacher to establish cooperative relationships with the appropriate agencies.

Existing classes have made considerable use of the assistance of other community services. The Salem, Mass., special education department has cooperated with the recreation department of that city in establishing a recreational program and a summer day camp for sub-special class children. A number of parent-sponsored groups have obtained the assistance of scout leaders and other group-work agencies in providing recreational activities. In Chicago, several classes for the severely retarded are actually housed in a community center. The public schools will need to seek the assistance of similar community service groups if an adequate over-all program for severely retarded children is to be maintained.

In communities in which such services are available, it may be important also to establish cooperative relationships between the school and family guidance agencies. There will be many problems among the parents, hinging upon the presence or acceptance of their mentally retarded children, which will require the services of case workers or psychiatrists who are specialists in family guidance techniques. It will be important for teachers to recognize these situations and to guide parents to the services that can assist them most effectively.

Inasmuch as some trainable pupils are handicapped by conditions of brain injury and handicaps that may respond to medical treatment or psychotherapy, the school will need to establish an effective working relationship with family physicians, medical specialists, and local clinics that provide neurological and psychiatric assistance. In many school districts such

problems will be channeled through the school health services. However, the teacher will necessarily need to be aware of the needs of her pupils and the resources that are available to them.

Guidance and placement services have long been an important aspect of the total program of public education. For the physically handicapped and the educable mentally retarded, these functions are provided by State vocational rehabilitation services. If provisions for more severely retarded children are to be established, a continuing program for the guidance of out-of-school youth would seem to be an essential need.

It must be recognized that only a very limited number of the children accepted in training classes will be able to participate in useful industrial or community services. Because of factors within the home or inadequate social development some of them may eventually require placement in institutional schools, while many others will be occupied with home duties. It is apparent, however, that parent associations have been able to maintain successfully a few severely retarded children in sheltered workshops and to place a smaller number in private employment. The bulletins of the New York Association for the Help of Retarded Children describe that organization's cooperation with the local Goodwill Industries and the Division of Vocational Rehabilitation of the State of New York, as well as its job placement activities through an Association committee.[22] These are important projects in the total program for severely retarded children even though the proportion of those who may be served will be rather small. The schools will need to cooperate with agencies maintaining sheltered workshops and placement services if their programs are to be thoroughly effective and ultimately worth while.

[22] *See* Our Children's Voice, Aug.-Sept. 1950 and Jan.-Feb. 1951; *also*, Richmond, Naomi S. Vocational Training in Sheltered Workshops. *American Journal of Mental Deficiency*, October 1951. pp. 344-348.

Many Schools Have Provided For Severely Retarded Children

It would be a mistake to assume that the more severely retarded child has been entirely rejected or ignored in public-school special education programs. In many school systems providing for educable retarded pupils, considerable leeway is made for those falling somewhat below the usually accepted level for special class placement. In one State in which about 6,000 are enrolled in special classes for educable mentally retarded pupils, it is estimated that about 5 percent fall below the level of 50 IQ. This percentage is rather high in view of the relatively small number of children who measure below an IQ of 50. It is probable that in other States and local communities similar relaxations in entrance standards have been made and that a small but significant percentage of the nearly 90,000 mentally retarded pupils enrolled in special education programs in 1948 fell below the usual IQ standards descriptive of the "educable" group. However, it is equally probable that a large proportion of these children are admitted to presently maintained special classes "on trial" and that many of them are eventually excused from public-school attendance and recommended for institutional school placement. Nevertheless, it should be recognized that most school psychologists and special education administrators are extremely reluctant to make arbitrary judgments on the basis of measurements that indicate moderate deficiencies in observable intelligence. Hence, when standards for special class placement are expressed in terms of IQ's from 50 to 75, it is not uncommon to find in the special classes children who may range from IQ's of 40 to 79.

Separate "sub-special" classes for lower grade mentally retarded children have been maintained in some school districts for many years. Examples of these school-initiated facilities are found in New York City and Detroit. The classes now operating in Houston, Tex., and many other school districts are also entirely school-sponsored, but are of more recent origin than those maintained in New York and Detroit.

New York City.—In New York City classes for children in the 40 to 50 IQ range have been a part of the special education program for a long time. At present there are more than 30 such groups. These classes are units of regular elementary schools and operate on a full-day schedule. However, since the noon lunch is considered a part of the training program, the afternoon dismissal hour is set for-

ward accordingly. The program is planned with the assistance of the supervisory staff of the Bureau for Children with Retarded Mental Development and consists of experiences in social living, personal adjustment, and habit training. Only minor consideration is given to the so-called academic learnings. However, opportunities for the recognition of simple words, phrases, and directions, and the use of numbers are offered to the more capable pupils. Classes are restricted to an enrollment of 18 pupils.

Detroit, Mich.—The Detroit "pre-special" classes have also been maintained over a period of many years. However, the criterion for assignment to these classes is on a mental age rather than an IQ basis. Only children whose mental ages are under 5 years may be admitted to pre-special classes. Of the 89 children enrolled in the 6 classes now maintained, 35 (about 40 percent) are in the IQ ranges below 50 or have received "deferred" diagnosis. A deferred diagnosis is usually indicative of an intellectual measurement below the accepted standard for special class placement, but nonintellectual factors have caused the psychologist to reserve judgment relative to the pupil's actual potential. During the period of pre-special class placement, it is possible to observe the pupil's developmental progress and arrive at more adequate conclusions regarding his intellectual ability.

The Detroit classes provide for children between the ages of 5 and 13. At the age of 13 the progress of pupils is evaluated by the psychologist and the teacher. Those indicating sufficient growth are promoted to a regular special class for mentally retarded pupils while those indicating insufficient ability for progress in the regular special classes are excused from further attendance. For the severely retarded child these groups provide a "proving ground" for observation and trial placement up to the adolescent years.

In some classes the children are divided into beginning and advanced groups and attend only a half day. Such classes may enroll up to 20 pupils. The beginning group has the smaller enrollment. Classroom activities include those designed to further personal adjustment, habit training, social experiences, rhythmic

Courtesy, Houston, Tex., Public Schools

The classroom must be equipped for many kinds of simple craft work.

games, speech development, and beginning reading and number work for those capable of doing academic work. Pre-special classes are located in regular elementary school buildings.

Houston, Tex.—The Houston classes for severely mentally retarded pupils are provided for children who are between the ages of 6 and 12, whose IQ's are under 50, and whose mental ages are between 2 and 5. The applicant must be continent and able to respond to simple directions group. All pupils are admitted on a trial basis. In cases of doubt as to the trainability of the applicant, a trial in the class is given. The teacher in charge has had training in the teaching of the mentally retarded and in the teaching of children of nursery school ages.

The chief objectives of these two classes are to provide opportunity, through selected activities, for these youngsters to grow to their maximum potentials in ability to help themselves in the routine activities of daily living to live happily with other children and adults and to communicate with others. Emphasis is also given to the development of the motor skills and to the stimulation of intellectual activity through such media as simple stories and dramatizations, limited excursions, and conversation about the significant happenings in the child's immediate environment.

Classes for severely retarded children, maintained by public schools in cooperation with parent associations, are found in a number of communities. Cincinnati, Ohio, and Berwyn, Ill., have included such groups as units of their general school program.

Cincinnati, Ohio.—The Cincinnati Public Schools have a rather extensive program for educable mentally retarded children. In addition, an "experimental class" enrolls 15 children (ages 10 to 15) with IQ's ranging between 40 and 50. This class is not reimbursable under State regulations for slow-learning retarded children.

The class meets from 9:20 to 2:30 with a rest period of 1 hour and a noon lunch period which is regarded as a part of the training program. Classroom activities are quite similar to those provided in New York City, Detroit, and Houston, with major emphasis being placed upon social living and personal adjustment. Some small amount of experience is provided in simple reading and number work.

The operation of the Cincinnati class is supported by public-school funds, supplemented by a substantial amount provided by the Hamilton County Council for Retarded Children. In addition, a contribution for diagnostic and counseling services is received from the local Jewish Vocational Service. The parents of the children enrolled in the class meet once each month as a group, and the teacher schedules individual conferences with parents twice each school year.

Berwyn, Ill.—During the summer of 1950 a parents' association of the Berwyn, Ill., area established a class for severely retarded children in rooms rented from a local church. At the beginning of the school year this project was taken over by the Berwyn school district, and at present two groups of children who are drawn from several contributing districts are provided for. The classes continue to meet in rented church quarters. IQ's of the class members range from 30 to 50, the only qualification for membership being the pupil's ability to communicate and to care for his own physical needs. Interested service clubs assist in the provision of equipment; the parents' organization pays for the rental of the quarters; but the local schools contribute teaching, psychological, and supervisory services and teaching aids.

Public schools have also contributed toward the organization and maintenance of parent-initiated and controlled classes. In these instances the

schools provide some assistance to the parent groups which assume the major obligations for the operation of classes. In Milwaukee, Wis., a parents' organization class occupies two rooms of a community house owned by the board of education. One room is devoted to classroom activities for nine severely retarded children. The other is reserved for the use of parents who meet regularly each morning while the class is in session. All operational expenses other than the rental of space is obtained from the fees charged to parents of the enrollees.

Variations of the plans described might be multiplied many times. It is obvious that many public schools have made successful attempts to deal with the education and training of severely mentally retarded children.

Nevertheless, not all public-school provisions for severely retarded children have been successful. Both Cleveland and Toledo, Ohio, report that classes for severely mentally retarded children were discontinued for various reasons. In Cleveland one contributing factor was poor attendance of the pupils, while in Toledo problems of securing a qualified teacher, suitable space, and the extremely high costs involved entered into the decision to discontinue the program. However, the Cleveland experiment was partially successful insofar as it indicated the desirability of relaxing admission standards for placement in the regular special classes for slow-learning pupils.

It would be unrealistic to accept the point of view that the training of severely retarded children can be undertaken only by the public schools. In the State of Ohio recent legislation has placed the responsibility for this program upon the Department of Public Welfare; in New Jersey a program of home instruction and parent education is successfully maintained by the State Department of Institutions and Agencies. Nevertheless, it is possible that even when plans similar to those described above have been developed the public schools also may participate in the training program.

In discussing the New Jersey program, Cianci [28] states:

> . . . home training cannot be the complete answer to the problem of mental deficiency. The communities must be aroused to an awareness of the needs and rights of these children and must provide classes or day centers for children of school age. . . .

A recent interpretation of the Ohio legislation by the Attorney-General of that State indicates that public-school units may be reimbursed by Department of Welfare funds, while in New Jersey the parents' organizations are seeking a review of the various laws pertaining to handicapped persons in order that the schools and other agencies may work together for the welfare of all handicapped children. Several New Jersey school districts are already maintaining classes for severely handicapped children.

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[28] Cianci, Vincenta. Home Training for Retarded Children. *Training School Bulletin*, November 1951. p. 139.

Schools Need To Know About Parent Associations and Their Activities

Much of the impetus for extending special education services to severely retarded children has come from the activities of associations of parents of retarded children. These organizations are composed largely of the fathers and mothers of children who have been excluded from existing public-school services, but their membership may also include parents of less severely retarded pupils who are now enrolled in special classes, as well as interested professional and lay citizens. Some of the parent groups are associated with institutional schools and are primarily interested in the improvement of institutional programs.

In August 1950 organized parent associations enrolled more than 19,300 dues-paying members in 88 local associations located in 19 States. Many of them are affiliated with the National Association for Retarded Children. A report prepared by Woodhull Hay,[24] Secretary of the Association, states that the first parent association for retarded children was organized in 1931, but until 1942 only a few such groups had been formed. Most of the organizational activity has occurred since 1945, nearly 20 new associations appearing during the first 6 months of 1950. Representatives of a large number of parent organizations met in Minneapolis during the summer of 1950, at which time the national association was formed. At the 1951 convention in Grand Rapids, Mich., steps were taken to maintain a national secretariat.

The purposes of the parent organizations go beyond the extension of special education services for the severely mentally retarded. Improvement in clinical, recreational, employment, research, and institutional facilities are also concerns of the association. While improvement of the welfare of the more severely mentally retarded is one of the chief objectives of the parents' organizations, most of the associations have stated their interest in the education of all mentally retarded children,[25] and a few extend their scope to include the physically handicapped.

The parents' "movement" has had its origin in a complex of related and unrelated factors. One of these has to do with overcrowding conditions

[24] Hay, Woodhull. Associations of Parents of the Mentally Retarded: Summary of a Survey. New York, Association for the Help of Retarded Children, Inc., 1950. Mimeo. p. 8.

[25] The Texas associations were recently instrumental in obtaining passage of a bill providing special education for educable mentally retarded children.

in institutional schools. Nearly all State-maintained institutional schools for the mentally retarded are greatly overpopulated and have long waiting lists of applicants. As a result, parents and local communities have been urged to assume the responsibility of caring for their own mentally retarded children. An additional argument for home and community care is the factor of relative costs. Custodial care may involve per pupil costs exceeding $1,000 annually, while local special education services may be maintained for considerably less. Private school placements are even more costly and can be made only by parents in the upper income brackets.

Into the more practical considerations of space and costs there have also been injected a number of more subjective arguments in favor of home care and public-school facilities for severely retarded children. Perhaps some of these stem from favorable reports relative to the improvement of mentally retarded children through medical, psychological, and educational services. Despite the doubts expressed relative to the implications of some of the current research, considerable interest is still evident in the thesis that, under optimum conditions, intellectual abilities can be substantially improved.

However, it is probable that much of the current preference for home and community care is undoubtedly a reflection of the age-old reluctance of many parents to relinquish their children. This reluctance is usually legally approved if the child presents no social problems in the community, and it is sanctioned by some critics of institutional placement who are concerned about the effect of voluntary placements upon the personal adjustment of the parents and families of institutionalized children.

Perhaps the zeal of many members of parent associations for the establishment of public-school facilities for severely retarded children cannot be understood fully unless their feelings of rejection by teachers and school administrators are taken into account. In many instances parents complain that exclusions from schools have been accompanied by unsympathetic counseling or that children have been dismissed summarily from attendance. A large number of these complaints may be overdrawn, for many school systems have accepted considerable responsibility for parent counseling and guidance. Requests for withdrawal from school are frequently accompanied by the counseling of school psychologists and visiting teachers. Nevertheless, it may be quite true that in some instances such services have been unavailable or that conflicts have developed between the parents of excluded children and school officials. While these are not arguments for the establishment of public-school training classes, they have undoubtedly added zest to the campaign for school services for severely retarded children.

Most parent associations for the mentally retarded sponsor and maintain projects that are only remotely related to day-school programs. Chief among these are the opportunities for parents of retarded children to "talk

out" their problems—a form of parent self-counseling and education that apparently has proved very effective in resolving the problem and frustrations of many participants. Other projects include the promotion of medical research, recreational programs, and sheltered workshops. A number of local groups also produce regularly published papers and informational brochures. In several States local groups have combined forces to sponsor legislative action pertaining to institutional admissions policies, special education, and other aspects of the general welfare of retarded persons.

Despite their breadth of interests, parent organizations frequently have placed a major emphasis upon the promotion of day-school programs for more severely retarded children. In some communities parent associations have organized and operated classes independent of the local school system or other organized agencies. These classes are wholly supported by the parents of the children enrolled and the sponsoring parent associations.

In other instances the parent organizations have cooperated with the local public schools in order to obtain partial public support. Other parent associations have worked in conjunction with local welfare agencies. For example, in Chicago, 2 parent-sponsored classes meet in a community house, and partial support is received from the local Community Fund and a service club.

In several States parent associations have combined their efforts to introduce legislation at the State level that would encourage special education programs for mentally retarded pupils or which would add to the existing program facilities for severely retarded but trainable children. Recent legislation in Texas, adding educable mentally retarded children to the special education provisions of that State, was initiated and vigorously supported by parent organizations. In Wisconsin, parent groups, with the cooperation of professional and other interested lay persons, obtained the passage of a bill which adds the severely retarded to the special education program for mentally retarded children. This bill carried with it additional appropriations for the trainable group. Similar legislation extending special education to children incapable of profiting from the already established special classes was also successfully promoted in California, Pennsylvania, and Minnesota, while training facilities for the severely retarded were made a responsibility of the Department of Public Welfare in the State of Ohio.

What Is the Future of Special Education for the Severely Retarded in Public Schools?

Provisions for severely retarded children are already a part of public-school special education programs in several States and cities. The extension of services probably will be delayed by administrative, fiscal, and personnel problems rather than by a lack of interest on the part of educators. It is true that questions regarding the responsibility for maintaining such programs have been and may continue to be raised. Nevertheless, public-school services are growing in number, and educators are becoming increasingly interested in the welfare of severely retarded children.

Public-school programs of any type face three critical problems at present. These are (1) lack of space for rapidly expanding school populations; (2) financial pressures, because of a number of factors, including the increase in school enrollments; and (3) the unavailability of trained teachers, especially in certain fields of specialization. A new educational venture, involving high instructional costs and additional classroom space, can materialize only if the local community considers it important enough to finance and prepare for it.

Even more important in the delimitation of services will be the lack of available teaching personnel. Teachers for already established special education services are difficult to find; there are few, indeed, who are not already employed and who can meet the minimum requirements necessary for successful work with a group of severely retarded children.

There are several reasons why the situation as it concerns severely mentally retarded children is not as discouraging as it may appear. It is altogether probable that a slowly developing program may prove to be a stronger one in the long run. Gradual growth will allow more time for the planning of adequate facilities as well as for the training of teaching personnel. Then, too, the total program for severely retarded children is in an exploratory stage of development. What kind of learning experiences will be most satisfactory, how the school program can tie into other community services for retarded youth and their families, and the objectives to which school programs should be directed—all of these and many other questions that are now only poorly defined probably may be answered best by the outcomes of a limited number of pilot studies rather than through a rapidly expanding program.

It is probable that the degree of success of existing programs for severely retarded children is directly related to the adequacy of planning, preparation of teachers employed, and the type of facilities made available. The present classes in New York, Detroit, and several other cities have a background of many years of experience and experimentation, and the more recently formed groups in other school systems have been developed with the assistance of trained special education personnel under conditions that are favorable to successful services.

Some questions have been raised in regard to the effect of concentrated efforts in behalf of the severely retarded upon the total educational program for all retarded youth. A shift of emphasis to the more severely afflicted segment of the retarded child population might result in the neglect of the educable group, creating a situation which would be comparable to robbing Peter to pay Paul. It must be recognized that it is important to develop services for all mentally retarded children and that one aspect of the program cannot be established at the expense of the other. This again may argue for a total program that must be planned wisely, and certainly not in haste, in which educational services for the more severely retarded evolve as a part of overall provisions.

Appendix

PROGRAM SCHEDULE FOR SEGUIN THERAPY CLASS, SALEM SCHOOL DEPARTMENT, SALEM, MASS. [1]

Beginning Group

9:15–9:20. Opening exercises

9:20–9:30. Health program
1. Discussion of cleanliness and care of clothing when necessary
2. Playing of records on health
3. Demonstration of cleaning teeth
4. Care of clothing
   a. Lacing shoes
   b. Removing and putting on clothing
5. Washing hands, combing hair
6. Attendance to toilets by pupils

9:30–9:45. Story telling and news items
1. Children report a sentence of or dramatize news
2. Story telling by teacher

9:45–10:00. Arts and crafts period
1. Crayon work, coloring, tracing, and cutting objects
2. Sand table, clay modeling

10:00–10:30. Academic period
1. Reading readiness, word play games, tracing letters and numbers
2. Recognizing numbers and counting
   a. With use of beads and pegs
   b. With use of balls and blocks
3. Puzzles and performance boards

10:30–10:45. Music and recreation
1. Classroom recreation
   a. Rhythm band, using records for accompaniment
   b. Marching
   c. Group singing
   d. Ball tossing
   e. Bean bag games
   f. Sand table work
2. Playground work, with physical education teacher
   a. Marching and singing
   b. Kicking and tossing balls
   c. Ring toss games
   d. Nursery rhyme games, etc.

[1] Furnished by William Earle, Supervisor, Special Classes and Special Services, Salem School Department.

Older Group

10:45–10:50. Opening exercises
10:50–11:00. Health program
11:00–11:15. Story telling and news
11:15–11:30. Arts and crafts
11:30–12:00. Academic work
12:00–12:15. Music and recreation

Older children having at least 1 year of sub-special class may attend school for a longer period by increasing their industrial and recreation programs in the following manner:

12:15. A. Industrial program for older boys
1. Sandpapering of furniture and larger objects
2. Washing and cleaning furniture
3. Shoe shining
4. Sweeping and polishing
5. Washing of windows
6. Care of garden and lawn
7. Use of large looms using simple patterns
8. Many other types of craft and industrial work determined by the resourcefulness of the teacher

B. Industrial program for older girls
1. Home-making activities
a. Care of furniture
b. Washing dishes
c. Setting tables
d. Care of floors
e. Polishing silverware
f. Washing windows
g. Care of bathroom
h. Care of bedroom
i. Preparing laundry to go out
j. Washing towels and small articles

C. Recreational program for older boys and girls
1. Interclass games
a. Basketball
b. Indoor baseball
c. Volley ball
d. Tag ball
e. Races
f. Other supervised games

NOTE.—Speech correction for pupils needing it is given by a specialist once each week.

Every Friday both classes are taken to the Salem Recreation Center for instruction in group play, sponsored by the city of Salem. This includes:

1. Counting—with ball bouncing
2. Ball tossing to each other
3. Listening to records and singing
4. Marching to records
5. Using loud speaker to speak and sing
6. Simple sawing, recognition of tools, simple sandpapering, and painting

The Salem classes attend a summer day camp sponsored by the Recreation Department during the morning hours. Parents are responsible for transportation costs to the camp.

DAILY TRAINING AND READINESS PROGRAMS OF THE PRE-SPECIAL A CLASSES, DETROIT PUBLIC SCHOOLS [2]

Morning (Advanced) Group

8:45–9:00. Bell time (Many good personal habits are established at this time.) The teacher greets the parents and children. She encourages parents to let children come in from the car and join other children coming into school. This is one time some of the Pre-Special pupils mingle with the rest of the children in the building. Consideration for others and ability to adapt to a large group are learned in this situation. During this period children also learn to:

Recognize their lockers by name, number, or location
Remove their wraps
Hang up their wraps
Develop responsibility by performing specific tasks (dusting, raising shades, caring for fish, watering plants, etc.). The children learn to choose suitable short-time activities.

9:00–9:15. Conference. All the children in these buildings are having a conference period at this time. Pre-special A classes carry on the following activities:

1. Take attendance
2. Health inspection
3. Calendar activity (science)
   Discuss weather, name of month, year, and day
   Special days—holidays, children's birthdays
4. Interesting happenings at home, in school, on the way to and from school
5. Plan work for day

9:15–10:15. Reading and reading readiness (Group 4, Reading Readiness Group. Group 1-2-3 at different levels in Pre-Primer.)

A. Rotate the groups each 20 minutes. Each group has some seat work which will repeat or reinforce some previous experiences.
   1. Example—words and pictures to match:
      Dick and Jane
      Come and Go
      Up and Down
      Big and Little
   2. Matching games (pictures, colors, forms)
   3. To reinforce color words (string beads, make rainbow, color books, color pictures)

B. The teacher works with each group (reread story, games to reinforce vocabulary)
   Group 1—Pre-Primer "We Come and Go"
   Group 2—Pre-Primer "We Work and Play"
   Group 3—Pre-Primer "We Look and See"
   Word matching, word recognition based on 16 words in this book.
   Group 4—"Before We Read"
   Reading readiness

C. Each group has some time to select its own activities.
   Teacher encourages them to choose things which will be quiet enough so she can work with another group. This develops self-direction. Suggested activities:

[2] Furnished by Anna Engel, Divisional Director, Department of Special Education, Detroit Public Schools, Detroit, Mich.

1. Cut pictures for scrap book
2. Paint, draw, trace, model with clay, puzzles, string beads, look at picture book, matching games
3. Play house

There are only 4 children in each group. By having these small numbers, the teacher can still check each child's work individually, but the children get the feeling of group relationship, learn to follow directions, follow while others read. Group work is good for vocabulary game drills.

10:15–10:30. Rhythms

Marching, stepping between blocks, skipping, galloping, hopping
With victrola—skating music, waltz, march
Dramatize to music—"The Wild Horses", "The Tailor and the Bear"
Rhythm band
Keeping time—sticks, bells, triangle
Songs
"Tone Matching Tunes"
1. The Telephone
2. Pony Shoes
3. Pretty Tulips
4. Lullaby
5. Miss Polly
6. The Turkey
7. Oh! What a Beautiful Morning

"Safety Songs"
1. Always Be Careful
2. Play Ball
3. I'm a Policeman

Finger Play
1. Ten Little Fingers
2. Jack O'Lanterns
3. This Little Girl
4. Touch
5. The Excavator
6. The Elephant

10:30–10:45. Prepare for and serve morning milk

Attend lavatory, wash before serving milk
Helpers—
1. Count children, place napkins
2. Put on milk

Drink milk, after which each child takes bottle to sink
1. Wash bottles
2. Clean up tables

10:45–11:00. A, B, C Drill. Writing devices
1. The alphabet drill is for recognition of the symbols by name
2. Phonetic recognition and understanding of at least 100 words
3. Phonetic recognition of the letters
4. Use simple pictures and outlines for word recognition drill

11:00–11:15. Arithmetic concept—drill—games
1. Count (1–10)—children, chairs, tables, windows, doors, places at table, napkins
2. Song—"One Little, Two Little Indians"
3. Poem—"When I Was One I Just Begun"

4. Sense games—nose, body, eyes, lips, ears, fingers, toes
5. Finger play

Learning symbols
1. Room chart—match if do not know
2. Lotto game
3. Bingo game
4. Matching symbol game
5. String beads to symbols
6. Draw to symbols

Quantitative thinking
Small—large
Big—little
Top—middle—bottom
Tall—short

11:15–11:30. Language activities
1. Speech—express self, dramatize stories
2. Stories—retell or make story from series of pictures, family groups, and familiar situations
3. Other activities
   a. Telephone
   b. Plan a party
   c. Introduce a friend
   d. Discuss how to dress, wash, clean teeth
   e. Discuss relation of children to others outside home

Afternoon (Beginning) Group

12:15–12:45. Gym—play
1. Large muscle coordinations
2. Bounce ball
3. Throw in bucket or over line
4. Bowling game
5. Bean bag game
6. Skip, hop, jump, prance, run
7. Ring toss
8. Drop clothes pin in bottle

Physical activities
1. Balls, shovel, ladder, bars
2. Bean bag, broom, swing, sled
3. Wagon bike

Dramatization and imaginative play
1. Blocks, trucks, cars, train
2. Sand box, drolls, table-chairs
3. Toy animals, clay, crayons

12:45–1:00. A, B, C Drill
See morning group

1:00–1:15. Getting ready to write
See morning group

1:15–1:30. Music—song—tone matching
See morning group

1:30–1:50. Prepare and serve afternoon milk
Same procedure as for morning group

1:50–2:10. Rhythms—safety—music
See morning group

2:10–2:30. Language activities
1. Family—speech drill expression (same as morning group)
2. Reading readiness

2:45. Conference with parents

PROGRESS RECORD USED BY THE PRE-SPECIAL A CLASSES OF THE DETROIT PUBLIC SCHOOLS

Beg._____Adv._____File No._____
School_____Date_____
_____
(Last Name) (First)
Last Binet: Date____C.A.____M.A.____IQ___
Date____C.A.____M.A.____IQ___
Date____C.A.____M.A.____IQ___
Address_____
Entered Special Class: Date_____
Birth date_____
from_____School_____Grade_____
Half Days Present__Half Days Absent_____
Citizenship Rating: On accomplishment preparation for next level.
Attendance: 1st term____2nd term_____
1st term____2nd term_____
1st term____2nd term_____
19____ 19____ 19____
Physical Condition: Ht_____Wt_____ Cooperation_____
Ht_____Wt_____ Courtesy_____
Ht_____Wt_____ Self-control_____
Self-direction_____
Handedness: Rt_____Lt_____Ambi___
Physical stigmata
Code: G–Good F–Fair P–Poor

PHYSICAL COORDINATION

I. Large muscle patterns
a. walk____b. run____c. march____d. gallop____e. hop____f. skip____

II. Up and down stairs
a. assisted_____b. alone (one foot at a time)_____c. In a group (alternating feet)_____

III. Bouncing ball
a. single_____b. dribble_____c. to others_____d. skill_____

IV. Rhythmic muscular patterns
Hands_____a. clap_____b. finger play_____c. rhythm instruments_____
Feet_____a. walk_____b. run_____c. march_____d. gallop_____e. hop_____
f. skip_____

V. Hand-eye coordination

List of materials	Handle Material	Follow Design	Create Design
A. Peg and board			
B. Clay		H. Scissors	
C. Beads		I. Paste	
D. Blocks		J. Scissors and paste	
E. Paints		K. Puzzles	
F. Crayons		L. Buttoning	
G. Pencils		M. Lacing	
		N. Tracing	

VI. Writing: When the child is able to write.

_____

_____

_____

VII. Number readiness:

a. Rote counting_____ b. Concept of number_____ c. Symbol recognition_____

d. Arithmetic digits 1–10_____

VIII. Add — Concrete — Memory

Subtract

Color concept		Color recognition	Word recognition
Color	Matching		
a. Red			
b. Yellow			
c. Blue			
d. Green			
e. Orange			
f. Purple			
g. Brown			
h. Black			
i. White			

IX. Reading readiness

	Date Given	Raw Score	PROFILE							
			100							
			90							
			80							
			70							
			60							
			50							
			40							
			30							
			20							
			10							
			0							

RATING SCALE (USED BY THE DETROIT PUBLIC SCHOOLS)

Personality: Read the definitions for each trait, use the descriptive phrases below the line as a guide, and then place an "X" any place on the line which best pictures the pupil in that trait.

1. SOCIABILITY—How well does this pupil get along with the other children in the room? Is he well liked or generally disliked by the others? To what extent does he possess those qualities which attract others to him?

Not well liked Quarrelsome Hostile	Fairly well liked Neither over friendly nor hostile	Well liked Friendly Pleasant

2. PARTICIPATION IN CLASS ACTIVITIES—To what extent does this pupil join into the activities of the class? Does he participate whole-heartedly and actively or is he more inclined to withdraw from the activity?

Dislikes participating Prefers working by self	Fair degree of participation	Enters into activities whole-heartedly

3. CONSIDERATION FOR OTHERS—How much regard has the pupil for other children's feelings, belongings and rights? Does he tease children? Does he frequently attempt to hurt them? Does he take their belongings? Or is he generally kind toward the others, and does he show respect for their property?

Frequently teases and hurts others Destroys property	Fairly considerate Neither kind nor cruel	Considerate and kindly Does not destroy property

4. TENACITY OF PURPOSE (stick-to-it-iveness)—Does the pupil generally persist in his task until it is completed, or is he likely to give up after a short time? Is he likely to continue until finished regardless of the difficulties, or does he generally become discouraged easily and fail to complete the assignment?

Generally fails to finish job—Easily discouraged	Completes task if not too difficult nor too long	Generally completes task Overcomes difficulties

5. TRUSTWORTHINESS—Consider the extent to which this pupil is truthful, honest, and honorable. Can you generally rely on his work, or does he frequently tell falsehoods? Can you place confidence in him, or is he likely to steal or destroy property if not watched closely?

Not reliable Frequently lies Dishonest	Fairly trustworthy Generally tells the truth	Very reliable, truthful, and honest

6. REACTION TO AUTHORITY—How does the pupil react when told to do something by the teacher? Does he obey willingly and pleasantly, or is he likely to be resentful or even protest violently?

Generally reacts resentfully to authority	Obeys with fair degree of willingness	Complies readily and willingly to authority

Additional Information: (Make additional statements which will round out the above personality analysis and more completely describe the pupil.)

Selected References

GENERAL REFERENCES

BIRMINGHAM, MARY MAUDE. Organising a Special Class for Slow-Learning Children. *Understanding the Child*, 18: 114–117, October 1949.

BUCK, ELIZABETH W. Developing the Community's Responsibility for the Adjustment of the Mentally Retarded. *American Journal of Mental Deficiency*, 55: 407–413, January 1951.

JACOB, WALTER. Mental Retardation: The Educators' Quandary. *Training School Bulletin*, 48: 59–67, June 1951.

JOHNSTONE, E. L. What Shall We Do with the Mentally Deficient? *Mental Hygiene*, 30: 296–302, April 1946.

KIRK, SAMUEL A. *and* JOHNSON, G. ORVILLE. *Educating the Retarded Child.* Boston, Houghton-Mifflin Co., 1951. 434 p.

NATIONAL SOCIETY FOR THE STUDY OF EDUCATION. 49th Yearbook, Part II, The Education of Exceptional Children. Chicago, the Society, 1950. 350 p.

OFFICE OF EDUCATION, FEDERAL SECURITY AGENCY. *Statistics of Special Schools and Classes for Exceptional Children*, 1947–48 (Biennial Survey of Education in the United States, 1946–48). Washington, U. S. Government Printing Office, 1950. 82 p.

SLOAN, WILLIAM. Mental Deficiency, A Challenge to Education. *Peabody Journal of Education*, 25: 167–74, January 1948.

WAKE, ORVILLE W. The Education of Slow Learning Children. *Training School Bulletin*, 45: 41–51, May 1948.

YEPSON, LLOYD N. Subnormal Minds Are Abler Than You Think. *Journal of Rehabilitation*, 15: 8–12, April 1949.

DIAGNOSIS AND INTERPRETATION

DOLL, EDGAR A. Feeble-Mindedness vs Intellectual Retardation. *Journal of Educational Research*, 40: 569–73, April 1947.

FONT, MARION. Parental Reactions to Psychologic Measurement. *American Journal of Mental Deficiency*, 56: 48–51, July 1951.

HOLLINGSHEAD, MERRILL T. Patterns of Social Competence in Older Mental Retardates. *American Journal of Mental Deficiency*, 56: 603–608, January 1952.

JOLLES, ISAAC. The Importance of Psychological Diagnosis in the Illinois Program for the Educable Mentally Handicapped. *American Journal of Mental Deficiency*, 54: 512–515, April 1950.

RAIN, MARGARET E. Development of Social Maturity in Familial and Non-Familial Mentally Deficient Children. *Training School Bulletin*, 48: 177–185, January 1952.

SARASON, SEYMOUR B. Psychological Problems in Mental Deficiency. New York, Harper and Bros., 1949. 366 p.

CURRICULUM AND INSTRUCTION

FARRELL, MALCOLM J., BRAUER, MILDRED, *and* SHEA, JOHN T. A Day Class for Community Pupils in an Institution for the Mentally Retarded. *American Journal of Mental Deficiency*, 53: 187–192, October 1948.

HEGGE, THORLEIF. Some Problems and Methods in the Education of Mentally Retarded Children. *American Journal of Mental Deficiency*, 51: 660–665, April 1947.

HOFFMEISTER, NORMAN R. Development of a Curriculum for the Trainable Child. *American Journal of Mental Deficiency*, 55: 495–501, April 1951.

KAHN, LESSING A. An Approach to Character Development for the Mentally Deficient. *Training School Bulletin*, 46: 36–47, May-June 1949.

KRUSE, VERA G. One Day's Program in March: Core I (Low IQ Class). *Occupational Education*, 8: 136–137, March 1951.

MARTENS, ELISE H. *Curriculum Adjustments for the Mentally Retarded*. Washington, U. S. Government Printing Office, 1950. (Office of Education, Federal Security Agency, Bulletin 1950, No. 2.) 100 p.

MENNEL, MARIELLA. Methods and Techniques Used in Occupational Therapy Treatment for the Imbecile. *American Journal of Mental Deficiency*, 51: 286–295, October 1946.

NAMENY, GRACE WESTBERG. Inaugurating a Music Education Program for Mentally Retarded. *Journal of Exceptional Children*, 15: 134–138, 160, February 1949.

O'BRYAN, ALICE E. Plan for Core I—Low IQ Class. *Occupational Education*, 8: 77–81, January 1951.

ROEWER, WILLIAM E. A Program for the Trainable Mentally Deficient Child. *American Journal of Mental Deficiency*, 56: 551–559, January 1952.

SCHECK, ROSE E. The Use of Experience Units in Teaching Mentally Deficient Boys. *American Journal of Mental Deficiency*, 45: 97–103, July 1940.

SCHLOTTER, BERTHA. The Education of the Institutionalized Mental Defective by Means of a Social Program. *American Journal of Mental Deficiency*, 51: 264–270, October 1946.

SCHOMISCH, O. S. F., *Sister* M. JOSEPHA. Music Therapy for the Handicapped Child. *Education*, 70: 434–439, March 1950.

Sense Training for Low-Grade Children (Excerpts from the writings of Dr. Walter E. Fernald). *Training School Bulletin*, 41: 138–143, November 1944.

SMITH, REED M. The Training of Mentally Deficients in the Classroom. *Training School Bulletin*, 41: 157–160, December 1944.

WINDHAM, JOSEPHINE. One Year with a Special Education Class. *Education*, 70: 420–422, March 1950.

RECREATION AND SOCIAL DEVELOPMENT

BRADLEY, A. J. Recreation for the Patients in the Institutions for Mental Defectives. *American Journal of Mental Deficiency*, 51: 301–305, October 1946.

COHEN, JACOB. Survey of a Scouting Program in a School for Mental Defectives. *American Journal of Mental Deficiency*, 50: 529–532, April 1946.

PORTER, ROBERT M. Mentally Deficient Boys Go Camping. *American Journal of Mental Deficiency*, 51: 748–754, April 1947.

TOFTE, DONALD F. Initiating and Developing a Recreational Program for Institutional Mental Defectives. *American Journal of Mental Deficiency*, 55: 341–344, January 1951.

WESTWALL, ARTHUR E. Recreational Education and Social Integration in an Institution for the Mentally Deficient. *American Journal of Mental Deficiency*, 50: 524–528, April 1946.

USING COMMUNITY RESOURCES

CIANCI, VINCENTE. Home Training for Retarded Children. *Training School Bulletin*, 48: 131–139, November 1951.

DI MICHAEL, SALVATORE, *ed.* *Vocational Rehabilitation of the Mentally Retarded*. Washington, U. S. Government Printing Office, 1950. (Office of Vocational Rehabilitation Service Series 123). 184 p.

HENDERSON, LETTIANA. Recent Trends in Functioning Programs for the Mentally Deficient. *American Journal of Mental Deficiency*, 50: 478–484, January 1946.

MCINTOSH, W. J. Follow-Up Study of One Thousand Non-Academic Boys. *Journal of Exceptional Children*, 15: 166–170, 191, March 1949.

RICHMOND, NAOMI S. Vocational Training in Sheltered Workshops. *American Journal of Mental Deficiency*, 56: 344–348, October 1951.

SARASON, SEYMOUR B. Aspects of a Community Program for the Retarded Child. *Training School Bulletin*, 48: 201–207, February 1952.

STEVENS, G. D. Utilizing Community Resources in Education of Mentally Handicapped Children. *The National Elementary Principal*, 27: 25–28, April 1948.

TIZARD, J., *and* O'CONNOR, N. The Employability of High-Grade Mental Defectives. *American Journal of Mental Deficiency*, 54: 563–576, April 1950.

SPEECH IMPROVEMENT

GENS, GEORGE W. The Speech Pathologist Looks at the Mentally Deficient Child. *Training School Bulletin*, 48: 19–27, April 1951.

WEISS, DESO A. Speech in Retarded Children. *The Nervous Child*, 9: 21–30, January 1951.

PARENT PARTICIPATION AND GUIDANCE

FOURACRE, MAURICE H. Improving the Relationships between the Community and the Class for Mentally Retarded. *Journal of Exceptional Children*, 12: 109–112, 121, January 1946.

GRIBBER, ANNE MARIE. Parental Attitudes toward Mentally Retarded Children. *American Journal of Mental Deficiency*, 56: 475–483, January 1952.

LAYCOCK, S. R. Helping Parents To Accept Their Children. *Journal of Exceptional Children*, 18: 129–132, 160, February 1952.

MARINO, LEE J. Organizing Parents of Mentally Retarded Children for Participation in the Mental Health Program. *Mental Hygiene*, 35: 14–18, January 1951.

Mid-Century White House Conference on Children and Youth. A Healthy Personality for Every Child. A Digest of the Fact-Finding Report.

SAMPSON, ALAN H. Parents Are on the Move. The Development of the National Association of Parents and Friends of Mentally Retarded Children. *Training School Bulletin*, 48: 120–122, October 1951.

SCHUMACHER, HENRY C. A Program for Dealing with Mental Deficiency in Children up to Six Years of Age. *American Journal of Mental Deficiency*, 51: 52–56, July 1946.

SHEIMO, S. L. Problems in Helping Parents of Mentally Defective and Handicapped Children. *American Journal of Mental Deficiency*, 56: 42–47, July 1951.

STERN, EDITH M. *The Handicapped Child, a Guide for Parents*. New York, A. A. Wyn, Inc., 1950. 177 p.

STERN, EDITH M. Problems of Organizing Parents' Groups. *American Journal of Mental Deficiency*, 56: 11–17, July 1951.

TEACH ME. St. Paul, Minn., Mental Health Unit, Division of Public Institutions, Department of Social Security, 1945. 31 p.

TESKA, PERRY T. Some Problems in the Adjustment of the Mentally Handicapped. *Journal of Consulting Psychology*, 11: 276–280, October 1947.

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