



An historical review of educational trends and patterns for the educable mentally retarded child from 1946 to 1973

by Robert Owen Cook

A thesis submitted to the Graduate Faculty in partial fulfillment of the requirements for the degree of
DOCTOR OF EDUCATION

Montana State University

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Abstract:

This study reports the trends and patterns in the education to educable mentally retarded children (EMR) since 1946 in the United States.

An extensive early historical review of the broad field of the mentally retarded is discussed in Chapter III. This early historical investigation details the treatment of the mentally retarded in four different epochs of time: The Ancient Pre-Christian Periods, The Early Christian Period, The Medieval Period, and the Scientific or Modern Period.

The comprehensive historical review in Chapter I and II is offered in order that contemporary trends and patterns of education for the EMR since 1946 can be understood in perspective of history.

The growth and educational influence of public institutions for the mentally retarded in the United States is examined relative to its early role in the education of EMR in this study. This era is discussed from the point of view of institutional successes and weaknesses. The eugenics movement and moral deviancy issues are also treated with respect to their effect on the education of the mentally retarded in the pre-World War II era of institutionalization.

Chapters IV, V, VI, and VII review trends and patterns in the education of EMR from 1946 to 1973 in some detail. Discussed as major topics of investigation in these chapters are teacher certification developments, teacher training patterns, and teacher competency studies all relating to the teacher and teacher candidate in the field of EMR.

The traditional special class patterns of instruction prevalent before and after 1946 for the EMR are also examined as well as the supportive role of federal and state governments.

Contemporary philosophies of instruction for the EMR that have developed since 1946 suggest many changes in instruction and those changes are discussed as a background for several models of EMR instruction including mainstreaming and other alternatives to the segregated special class.

A summary of the thesis is found in Chapter VIII.

AN HISTORICAL REVIEW OF EDUCATIONAL TRENDS
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by

ROBERT OWEN COOK

A thesis submitted to the Graduate Faculty in partial
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ABSTRACT

This study reports the trends and patterns in the education to educable mentally retarded children (EMR) since 1946 in the United States.

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A summary of the thesis is found in Chapter VIII.

INTRODUCTION

AN OVERVIEW

The education of educable mentally retarded children (EMR) in the United States has long been accepted as a legitimate and desirable educational goal by the nation at large. Indeed, educators and parents have supported a wide variety of educational programs related to mental retardation ranging from institutional training to sophisticated public and private school programs for mentally retarded children.

To gain a broad initial perspective of the extent of the total gamut of mental retardation in the United States, some general statistics are in order. Stevens and Heber (1964) reported that in 1962 an estimated 5,000,000 individuals ranging from Level I (profound retardation) to Level IV (mild retardation) were retarded and that at the present birthrate 126,000 infants born each year will be classified as being mentally retarded sometime in their lifetime. Their prediction for the 1970 retarded population was that it would be over 6,000,000, and that half of that large population would be children.

At least three factors account for the increase in known numbers of mentally retarded persons in the United States:

1. The total population itself is increasing in the United States, although its rate of growth appears to be slowing.
2. Mental retardation no longer carries the stigma of shame

for families and individuals that was prevalent three decades ago; thus, the mentally retarded child or adult is identified more easily.

3. Psychometric, educational, and medical skills are much more sophisticated than in the past in identifying mentally retarded individuals, and, consequently, greater numbers of retarded are identified (Dybwad, 1964).

As further evidence of the increase of mental retardation, Stevens and Heber (1965) reported that in 1962 over 200,000 retarded children and adults were cared for in 124 state-supported residential facilities at a cost in excess of 300 million dollars. Public schools alone in 1962 supported special education programs costing more than 250 million dollars.

Significant also in this broad perspective are related costs for the mentally retarded. The Ninetieth Annual Forum, National Conference on Social Welfare, held May 24, 1963, in Cleveland, Ohio, disclosed that almost one hundred million dollars in federal funds were paid to mentally retarded adults under the provisions of two programs, the Public Assistance Program of Aid to the Permanently Disabled and the Social Security Program of Old Age, Survivors, and Disability Insurance (Dybwad, 1964).

With the evergrowing increase in the mentally retarded population and the staggering local, state, and federal costs for the support and education of this population, educators have recently

begun to reevaluate critically the programs of education for the EMR.

A current evaluation of the present status of special education programs for the educable mentally retarded by Christoplos and Renz (Winter, 1969:371) appears to support the need for a review of contemporary trends and patterns:

Special educators have often taken satisfaction and pride in the rapid expansion of special education programs. Recently, however, this pride has been shaken by criticisms emanating from several sources, the most noted among them being Lloyd Dunn (1968) who prefaced an article questioning the justification of special education programs with a plea that educators "stop being pressured into continuing and expanding a special education program that we know now to be undesirable for many of the children we are dedicated to serve."

Dunn's article was concerned only with special classes for educable and mildly retarded children, and his conclusions were based predominantly on empirical evidence. With the validity of such classes being widely discussed, it seems appropriate to reevaluate the purposes of all types of segregated classes for exceptional children on a philosophical as well as an empirical basis.

Statement of the Problem

The primary problem of this study was to examine the educational trends and patterns for the educable mentally retarded children from 1946 to 1973 in order to determine what past and current educational practices appeared to offer in terms of strengths and weaknesses. As a secondary emphasis an extensive survey of significant early historical influences that have a relationship to the study have been examined in order to offer a comprehensive understanding of the contemporary scene.

Need or Purpose of the Study

This study is important because recent surveys of literature in the education of EMR seem to indicate that traditional programs and curricula have not always produced a consistently effective quality of education. Harshman (Winter, 1969:385) supports this need:

The article by Christoplos and Renz is another indication of the growing concern of special educators that all is not well relative to the effectiveness of programs designed to educate exceptional children. In support of this point, Cruickshank, Paul and Junkala (1969) have noted that special education encompasses one-fifth of the school population, and that this sizable group suffers dramatically from inadequate leadership and ineffective methods of meeting the needs of exceptional children. Does segregation help the exceptional child? We can reply that specialists in the field now generally agree that the special class model, which has been in existence well over thirty years, has not provided mentally retarded children with a differential education. In many cases, they have been segregated from the regular instructional program by special class placement only to be fed a "watered down" curriculum.

If preceding criticisms of programs for the educable mentally retarded by Christoplos, Renz, and Harshman constitute valid inquiry, then it appears to the present writer that new instructional models and philosophies for the educable mentally retarded may deserve examination.

Justification for an historical approach to this study seems rational as one reviews the literature in a critical but inquiring manner. History pointedly reveals man's ever-changing attitudes and philosophies toward the social and educational treatment of all categories of the retarded. A complex combination of sociological, medical, psychological, political, and educational forces have

subjected the retarded population of the entire world to vacillating eras of passiveness and neglect contrasted with periods of compassion and scientific progress.

It is the hope of the present writer that this thesis has, in a sense, presented a study within a study: the contemporary state of affairs in the education of EMR children reflected in the light of historical influences.

General Questions to be Answered

Answers to three main questions have been sought in this study. The first question discusses man's early understanding of mental retardation. The second question is: What traditional instructional patterns and trends prevailed in segregated special classes throughout the nation since 1946? Finally, what does a review of the literature and research data disclose about more recent innovative philosophies of instruction for the mentally retarded?

General Procedure

A historical development of European and American philosophies, practices, and personalities that have affected mental retardation education have been presented as a point of departure for this study. As indicated in the Need or Purpose of the Study, the early history of the education of the retarded will serve as a framework or base line of reference from which to interpret the equally important developments

which mark the period from 1946 to 1973 as a significant era.

The present writer has examined and described the trends and patterns of the traditional segregated special classes for educable mentally retarded pupils so strongly supported in public schools since 1946. This examination has been supported by data and information as revealed in the literature.

As a logical sequence to the preceding statement, the present writer has discussed trends and patterns of an innovative nature for the educable mentally retarded that appear to challenge the traditional special class. These more contemporary trends have been examined in relationship to their effectiveness as reported by research and a review of the literature.

Limitations

This study has concerned itself with the trends and patterns of instruction for the educable mentally retarded child with a chronological age span of from five years to twelve years. The study relates only to the mentally retarded in the United States from 1946 to 1973. However, it is important that a comprehensive early historical review of the general development of education in the broad field of mental retardation be included in this study in order to establish a proper perspective for the general content of this thesis. The study also of a necessity includes information related to other classifications of mentally retarded.

In the opinion of the present writer, such data is relevant.

Definition of Terms

For the purposes of this study, the following terms have been used in the context as noted:

EMR is used in reference to Educable Mentally Retarded. Love (1968b) designates the educable mentally retarded as those having an I.Q. range of 50-75. Stevens and Erdman (1960:435) describe the EMR, "Their retardation is such that they are able to learn some of the academic skills such as reading, writing and arithmetic. This is why they are called 'educable.'"

Mentally Retarded shall include the following terms used synonymously: intellectually crippled; feeble-minded; mentally deficient; borderline dull; moderately retarded; highest grade (included borderline normals, clinically feeble-minded): mentally handicapped (includes feeble-mindedness, mental deficiency, idiot, imbecile, moron); non-academic pupil; mental subnormality; culturally relative; intellectual subnormality (Davits, Davitz, and Lorge, 1964).

Exceptional Children are those pupils who differ from the average to such a degree in physical or psychological characteristics that school programs designed for the majority of children do not afford them opportunity for all-round adjustment and optimum progress and who, therefore, need either special instruction or, in some cases, special ancillary services, or both, to achieve at a level commensurate

with their respective abilities (Dunn, 1963).

Special Education Teacher refers to a teacher possessing special training which qualifies that person for certification to teach one or more of the categories of exceptional children. Following are some accepted categories:

1. Educable mentally retarded children.
2. Trainable mentally retarded children.
3. Gifted children.
4. Emotionally disturbed and socially maladjusted children.
5. Speech impaired children.
6. Deaf and hard of hearing children.
7. Blind and partially sighted children.
8. Crippled and neurologically impaired children.

Summary

A review of the literature concerning the general field of mental retardation indicates a variety of significant instructional patterns and trends occurring in the more specific area of the EMR child. This comes partially as a result of the total effect of World War II upon the social and educational changes of philosophy of this nation since 1946.

More contemporary research in the area of instruction for the EMR child appears to seriously question the efficacy of the segregated special class instructional pattern for the EMR child.

Portions of this study examined early historical treatment of mental retardation because of its definite relationship to current philosophies.

The writer then examined the trends and patterns of instruction for the EMR child since 1946 and, in view of what appears to be conflicting philosophies, described contemporary instructional philosophies and models that have recently been proposed or implemented.

CHAPTER I

REVIEW OF RELATED LITERATURE

Introduction

It seems evident that the period from 1946 to 1973 is not the only significant era of instruction for EMR children. Indeed, education for the mentally retarded in the United States has progressed through several significant periods, and all relate importantly to the present writer's study of the period since World War II.

A review of the literature suggests that several major areas are worthy of consideration in this chapter.

1. The early concern for the mentally retarded children in the United States.
2. Teacher training programs for the mentally retarded from their inception to present day patterns and trends with emphasis on the period since 1946.
3. Representative educational patterns for the retarded and their development as an emerging factor, again with an examination of the changes as they relate to the period since 1946.
4. A review of the role of state and federal agencies for the mentally retarded.
5. Related research on programs for the EMR child since 1946 with an emphasis on contemporary trends and patterns.

The Early Concern for the Mentally Retarded Child

In an all-encompassing framework of man's concern for the mentally retarded in the context of recorded history, Wallin (1955) terms the total involvement of the United States as the Modern or Scientific period. This, of course, he contrasts to the very earliest of man's concern, the Ancient Period, or that era preceding Christianity.

The Modern or Scientific period, Wallin feels, began approximately in 1850 when Edward Seguin, a French physician and psychologist, emigrated to the United States and immediately began to influence American thinking as it related to education for the mentally retarded.

As a result of Seguin's impact upon America, institutions for the care of the mentally retarded soon were organized in Massachusetts, New York, Pennsylvania, Ohio, and Connecticut.

In 1850 Samuel Gridley Howe, encouraged by Seguin, established the first state school for mentally retarded children, the Massachusetts School for Idiots and Feeble Minded Youth (Love, 1968).

By 1898 nineteen states were maintaining twenty-four public institutions for the mentally retarded, and by 1917 only four states lacked public institutions for the mentally retarded. It is important to note that all of the state institutions were largely residential in nature, although some education was offered to those who appeared to be educable.

Two studies, "The Jukes" and "The Kallikak Family, A Study of

the Heredity of Feeble-Mindedness," published in 1874 and 1912 by Dugdale and Goddard respectively, tended to confuse the public's limited understanding of mental retardation in that both studies linked the retarded to criminals, psychotics, psychopaths, and social degenerates. As a result, by 1926 twenty-three states had passed sterilization laws which applied to the mentally retarded (Wallin, 1955).

In the period between 1897 and 1906, several cities in the east and middle west began to offer special class instructional facilities for retarded children on a day school basis (Wallin, 1955).

Significant also was the growth of special classes in public schools between 1918 and 1927. The significance appears to be the result of teacher training programs initiated by a few colleges and universities.

Table 1, page 13, shows the number of states and cities reporting classes for the mentally retarded from 1922 to 1948, based on data distributed by the United States Office of Education.

Teacher Training Programs

As training the mentally retarded became more widespread in state institutions and those few city public school systems existing in the late 1800's and early 1900's, teacher training was recognized as desirable.

TABLE 1

SPECIAL CLASS ENROLLMENTS FOR THE MENTALLY HANDICAPPED
IN THE UNITED STATES FROM 1922 TO 1948

Year	Number of States	Number of Cities	Pupils Enrolled
1922	23	133	23,252
1927	32	218	51,814
1932*	39	483	75,099
1936	43	643	99,621
1940	42	565	98,416
1948	47	730	87,179

*Includes Hawaii and the District of Columbia, at least since 1930.

(Wallin, 1955:20)

At the outset of those early programs for the retarded, many of the first teachers were probably regular class teachers having an ability to handle difficult children. Hungerford, DeProspero, and Rosenzweig (1949) reported that in many cases these selected teachers later became the first supervisor or director of the city's school program for the broad range of handicapped children.

A sequential program of teacher training for the mentally retarded leading to a degree was offered for the first time in 1916 at Michigan State Normal College, Ypsilanti, Michigan, in 1914 (Michigan Home and Training School, 1916).

The absence of extensive college or university teacher training programs for the mentally retarded was evidenced in a survey by Anderson in 1918 of 108 cities having special classes. The survey showed that special training was required in only fifty-three cities. The special training included course work in the psychology of mental deficiency and a close, prolonged association with retarded children was deemed extremely important. Teachers in the other thirty-three cities were selected from regular staffs as a result of their interest in the retarded, adaptability to change, and their general efficiency (Anderson, 1921).

The period between 1931 and 1936 appears to show substantial growth in the number of colleges and universities offering courses for teaching mentally retarded children. Marten's study of this period recorded a 66 per cent increase of available courses. This same study reported a few institutions had begun to create a department or division of special education designed to coordinate a total, sequentially guided training program for special class teachers, a small but significant step (Martens, 1937).

The growth in teacher training programs cited in the preceding paragraph was promising, but a combination of somewhat unrelated factors caused a drop of pupils enrolled in special classes in the period of 1940-1948. Cruickshank (1958) suggests some of the following reasons as accountable for not only a reduction in the number of special

classes but also as reasons for a curtailment of teacher education programs during this period.

1. An absence of a reliable body of knowledge related to teaching the mentally retarded due to the lack of research and experimentation.

2. The depression of the early 1930's forced most colleges and universities to reduce their budgets, thereby denying most educational developments in general.

3. The rapidity with which special classes grew prior to the depression years accompanied by an absence of trained teaching personnel combined to produce a disenchantment with special education, not only by the public but school administrators as well.

4. Finally, the movement of progressive education, somewhat influential among both lay people and educators during this period, held that any good teacher could teach any child or group of children. While this premise is not without merit, it was subject to many interpretations, all of which contributed to the temporary demise of special class teacher education.

By 1949 only seventy-seven institutions of higher learning had developed even modest programs of education for special class teachers, a rather static position in view of the general increase in college and university attendance resulting from the benefits of the G. I. Bill of Rights (Robinson and Robinson, 1965).

Cruikshank (1958), in examining a comprehensive study made in 1953-1954 of the entire range of teacher education for all categories of handicapped children, noted significant gains in complete sequential course offerings, with a gain of eighteen institutions specifically adding programs for education of mentally retarded.

What, then, is a true picture of the contemporary trends and patterns of teacher education for the EMR child? Even a casual perusal of current journals and publications relating to the study of educable mentally retarded children indicates somewhat of a revolution in terms of the entire scope of education within this field.

To a degree this change of a philosophy of education is due to research that has been done, but just as important, perhaps, is the realization by parents, lay people, educators, and prominent authorities in the study of the EMR child that the segregation of EMR children in special classes has some weaknesses that have long been ignored or overlooked.

George Brabner, Jr. (1966:267) very clearly points to the current concern for the role of the traditionally trained special class teacher.

Special educators agree that the role of the special class teacher of the retarded should not be one of mere baby sitting, but beyond this point there is considerable divergence of opinion. Should she work closely with each child and as much as possible on an individual basis, or should she group for instruction as best she can and take care of the needs of individual children when she can? Should she, like the Montessori teacher, be non-directive and less verbal, rather

than directive and verbal, making herself available but not obtrusive? Should she minimize pressure for learning and achievement, but maximize pressure for promoting sound emotional development?

Perhaps the most challenging contemporary point of view as a summary to this review of teacher education for the EMR child is expressed by Sparks and Blackman (1968:170).

A review of literature to determine the bases of sequences of courses leading to certification as a teacher of educable mentally retarded children reveals no validation studies nor any claims for teaching the mentally retarded. On the basis of existing evidence, it is only possible to conclude that the special education teacher has superior qualifications to teach exceptional children to the degree that the consensus of intelligent and experienced special educators is accepted. Empirical proof of the validity of special preparation does not exist.

Representative Educational Patterns for EMR Children

In the very early period of education of the mentally retarded in the United States, a curriculum for pupils in the present day school connotation did not exist. Education and training for retarded was restricted almost exclusively to state institutions until 1897, when a small number of eastern and middle west cities began to offer special class instruction.

In a closer examination, today's educator might describe this period of instruction as conditioning rather than education by curriculum. Seguin, who was largely responsible for the initiation of the first educational attempts with retarded in the United States, advocated a variety of learning experiences: (1) the training of the

peripheral nervous system through muscle and sense training, including training designed to strengthen the child's sense of the tactual, taste, smell, auditory, and temperature, was stressed; (2) auditory training was used to introduce both simple music recognition and very basic and simple writing and reading; (3) visual discrimination skills were developed to enhance a hand-eye coordination (Kirk and Johnson, 1951).

Another influential educator of this early era was Dr. Maria Montessori, whose work with mental defectives in Rome, Italy, spread to the United States, where she came to lecture on her philosophy and methodology. Perhaps Montessori's techniques as they relate to early curricula can best be described as auto-education or self-teaching. Great emphasis was placed on the child as an initiator of the manner in which he used the prescribed didactic materials (Kirk and Johnson, 1951).

The curriculum of the early city special classes must be interpreted cautiously so as not to imply that each city offered well planned programs of instruction uniformly or that carefully-planned curricula existed. The absence of effective curricula methods in the special classes of city schools in the period from 1897 to 1906 appears to be attributable at least in part to the lack of sound research information relative to effective instruction of the retarded and its counterpart, the absence of well trained teachers knowledgeable in the

area of retardation.

Anderson's (1921) 1918 survey of 108 cities having special class teachers shows the types of training offered during this period. Table 2 gives one a cursory idea of the nature of learning experiences at that time.

TABLE 2
EDUCATIONAL PROGRAMS OFFERED TO CHILDREN IN SPECIAL
CLASSES IN 108 CITIES IN 1918

Types of Training	Cities
Manual and industrial training only	8
Regular grade work only	5
Combination of regular grade work, manual, and industrial training	75
No regular scheduled methods of training, leaving question to each individual member	17
No reply to this question	3
Total	108

(Anderson, 1921:117)

Two other highly respected figures in mental retardation are credited with effective curriculum influence in the first decades of the 1900's. The total contributions of both Dr. Walter Fernald and Henry Goddard relative to understanding the retarded child go far beyond curriculum contributions. Both brought a quality of humanism and utility to the special class curriculum during this period (Erdman

and Olson, 1966).

During the period from 1930 to 1945, special class curricula was partially due to two factors: (1) an increase in the number of special classes as a result of legislation and (2) the effects on public education of the depression, which reduced job opportunities and forced pupils to remain in school longer, thus forcing curriculum expansion in all fields of education.

Also important to this period of special class curriculum expansion was the public school differentiation of types of classifications for special classes as opposed to the heterogeneous special class composition of the past. This very significant transition of special class categorization came about as the result of the development of such instruments as the Stanford-Binet Intelligence Test and other related assessment techniques which enabled educators to recognize the diverse range of abilities existing within the total retarded population.

With more specific knowledge of the limitations and potential of special class children, curricula began to emerge in the form of published handbooks and guides. An example of a widely respected curriculum textbook of this period was that of Inskeep (1930). Her educational objective was in the realm of training for self-control and self-support, emphasizing a trained hand, a thinking mind, and controlled and disciplined emotions.

In 1935 the unit approach to curriculum for special classes

began to become popular. This innovation enabled teachers to construct a number of activities around central themes that appeared promising for the retarded.

Occupational education also took its place as a curriculum variation during this period, stressing preparation of many vocational and social placement experiences for the EMR (Hungerford, DeProspero, and Rosenzweig, 1949).

In the main, the period of 1930 to 1945 was one in which learning activities were directed more to the child's surrounding environment and preparation for the integration of the child within the mainstream of his community.

The present writer wishes to point out how the dire need for trained manpower in all World War II commercial and industrial work inevitably opened up certain occupational services and jobs that many mentally retarded of various ages were able to fill. This is significant to this study to the degree that it helped the public to recognize the potential of the mentally retarded, a realization that was to provide great impetus for the following two and a half decades.

Concurrent with the preceding contribution of the mentally retarded to the nation's war efforts was the discovery by the military that from the beginning of the war until its end 716,000 individuals between the ages of 18 and 37 were rejected because of mental deficiency (Ginsberg and Bray, 1953:41). While this statistic is subject to some

qualifications, its effect was beneficial to the degree that the military was forced to implement specific educational programs to cope with a variety of problems faced by inductees whose educational or intellectual level was a deterrent to their becoming effective military personnel.

World War II played a subtle but substantial role in advancing the base of knowledge and acceptance of the mentally retarded in society because the nation responded to the broad gamut of the handicapped individual whether the handicap existed before the war or was directly attributable to a military experience (Cruickshank and Johnson, 1958: 14-15).

In the decade from 1950 to 1960, the trends and patterns of instruction for the EMR child continued to be centered around instruction in the segregated class or some variation of it. Kirk and Johnson (1951) describe four general instructional patterns typical of this decade. However, one must be aware that uniformity of instruction and placement of the EMR pupil were subject to a number of variables including local-state philosophy, support at the administrative and citizen level, and the availability of trained teachers to work with the EMR child.

A careful examination of the literature and studies comparing the efficacy of the segregated special class to the education of the EMR child in regular classes suggests doubt. Kirk's view of the studies

in the area of special class versus regular class placement is significant if carefully analyzed.

The increases in special schools and classes have been accomplished on the basis of logic and the belief that placing retarded children in special classes is more beneficial to them than retaining them in regular grades. As will be noted later, there is little empirical evidence to demonstrate clear-cut benefits of special class placement. The empirical evidence is as yet inconclusive and, in a sense, contradictory (Kirk, 1964:57).

Lazar (December 1969), in analyzing traditional special class instructional programs, cites several contemporary research studies that not only support Kirk's statement but in addition proposes a new model which will be discussed later by the writer.

In summary, the instructional patterns and trends for EMR children from 1946 to the present were influenced by three factors: (1) occupational and/or environmental training which dominated the period from 1930 to 1945; (2) the effect of World War II on all handicapped persons with emphasis on the mentally retarded; and (3) the contemporary influence on the trends and patterns which challenge the traditional special class.

The Role of State and Federal Governments in the Education of EMR Children

Historically speaking, support for the development of special education facilities for retarded children came first from state governments in the form of the enactment of permissive or mandatory statutes relating to special education and partial or complete

financial support of special classes. Between 1911 and 1921, eleven states had varying degrees of legislation and financial support. By 1952 all states except Nevada and Montana had enacted some form of school legislation for special education (Wallin, 1955).

To be sure, each state's participation from a legislative and financial point of view was widely varied. Some of the states required frequent reporting of statistics, medical or psychological evaluations of pupils being reimbursed, standards for curricula, equipment, qualifications for teachers and administrative staff, and other requirements.

In October of 1961, President John F. Kennedy created the strongest nationwide impact on mental retardation in the nation's history when he appointed a twenty-eight-member panel of distinguished professional and lay persons who were charged with preparing a "National Plan to Combat Mental Retardation." The President requested the report on or before December 31, 1962. It was submitted October 16, 1962, and its implications for future state and federal action for the retarded were dramatic and far reaching.

The panel appointed six task forces to prepare six major divisions of the master report. The task forces represented highly respected professionals and citizenry.

In the letter of transmittal of the report to President Kennedy, the following sections are designated and give the scope of

the panel's report:

Section I	Introduction
Section II	Research and Scientific Manpower
Section III	Prevention
Section IV	Clinical and Social Services
Section V	Education, Vocational Rehabilitation, and Training
Section VI	Residential Care
Section VII	The Law and the Mentally Retarded
Section VIII	Public Awareness
Section IX	Organization of Services--Planning and Coordination

Important at this point was that portion of Section IX, titled "Organization of State Services to the Mentally Retarded," in which the panel charged each state with the following:

1. The Governor of each State and his staff should review the array of major services outlined in this report; identify the branch of State government which is, or should be, discharging each responsibility noted; and assess the extent to which each function should be strengthened.
2. Each State should make arrangements through such means as an interdepartmental committee, council or board, for the joint planning and coordination of State services for the mentally retarded.
3. Within each State department with a major concern for mental retardation, there should be a division or bureau to administer services to the mentally retarded or a special consultant with departmentwide responsibility for the development and coordination of these services (The President's Panel on Mental Retardation, October 1962:1965-7).

Having received the panel's report, President Kennedy on July 24, 1963 sent to the governor of each state an invitation to participate in a State-Federal Conference on Mental Retardation. This conference came to be known as "The White House Conference on Mental Retardation" and was held September 18, 19, and 20 at Airlie House, Warrenton, Virginia. The President's invitation was well received with close to four hundred persons representing all fifty states meeting to discuss and plan strategies for the benefit of mentally retarded throughout the nation.

A major address given at the conference by Governor Terry Sanford of North Carolina was titled "A State Program in Mental Retardation." In his challenge to the state participants, Governor Sanford outlined the highly progressive program to combat mental retardation in North Carolina and pointed to future developments which he hoped the legislature would support (U. S. Department of Health, Education, and Welfare, 1963:29-39).

Significant also in the White House Conference was the presentation of "The National Program to Combat Mental Retardation," by Wilbur J. Cohen, Assistant Secretary of Health, Education, and Welfare.

It is apparent that President John F. Kennedy had mandated monumental and unprecedented educational progress in his 1961 composition of the President's Panel on Mental Retardation. The early success of the President's efforts on behalf of mental retardation is

evidenced by a report by the Secretary of Health, Education, and Welfare, Anthony J. Celebrezze, to the President on June 30, 1964, in which he detailed the implementation of two major pieces of legislation relating to mental retardation: Public Law 88-156 and Public Law 88-164. Each of these laws provided for major developments (U. S. Department of Health, Education, and Welfare, June 30, 1964).

The passage of this legislation provided for extensive state benefits in a wide variety of mental retardation activities ranging from clinics to support for teacher education.

The initial impetus given to mental retardation action has not been diminished by the administrations of President Lyndon B. Johnson or President Richard M. Nixon. As evidence of this, Mental Retardation Activities of the Department of Health, Education, and Welfare (January 1971) reports the following budget expenditures and estimated budgets for mental retardation activities in the nation.

1970 total expenditures	\$557,711,000
1971 revised budget estimate.	624,203,000
1972 budget estimate.	650,505,000

In a summary of this section on the role of state and federal governments, one is reminded of the fairly consistent growth of state support for the mentally retarded beginning in 1911 and, more importantly, the influence of President John F. Kennedy, beginning in 1961 the ambitious national program that continues to reach into the support level of each state today.

A Review of Trends and Patterns of Research, Instruction,
and Philosophy for the EMR To 1946

It is apparent throughout the literature that the educational philosophy for the EMR pupil has been the subject of controversy as early as 1932. Kirk (1964) reports the findings of a number of studies conducted in both pre- and post-World War II years. The controversy appears then, as now, to be centered around the relative merits of placing EMR children in either a segregated class or a regular class with normal children.

In seven studies analyzed by Kirk between 1932 and 1961 that compared the results of EMR placement in special and regular classes, all appear to be negated by selection factors related to the control and experimental groups.

The implication at this point might lead one to abandon the hope that EMR children can benefit from regular class placement, but Kirk's summary of studies is stubbornly clear on this issue:

Special classes for educable mentally retarded children in the United States increased in enrollment nearly tenfold between 1922 and 1958. This increase would indicate an acceptance of the advantages of special classes over the retention of the mentally retarded in the regular grades. To date, however, research has not justified the faith on which this acceptance is based. Such research is surrounded by many pitfalls (Kirk, 1964:62-3).

What forces have kept the special class-regular class efficacy issues alive and current? Perhaps the answer is twofold: (1) the initial and subsequent support given to the entire field of mental

retardation by the Congress of the United States as a result of the National Plan to Combat Mental Retardation, initiated in 1961, and (2) strong financial support by the nation has stimulated more research and inquiry.

It appears that no move exists today to demean the segregated special class and its past accomplishments on the basis of "change for change's sake." Rather, the contemporary trends are stated in terms of the potential for increasing the effectiveness of EMR instruction based on current research information and contemporary philosophies of education.

Edwin Martin, Associate Commissioner of Education for the Handicapped, Office of Education, U. S. Department of Health, Education, and Welfare, in a recent article titled "Individualism and Behaviorism as Future Trends in Educating Handicapped Children" seems to represent the philosophy of a majority of educators in the field of mental retardation today.

In his comments, Martin discusses what he calls a new approach to education which he terms the "child advocacy system," in which each child's wholeness as an individual is recognized by the society and systems that shape and influence him (Martin, March 1972:521).

Martin speaks about the need for new models of teacher education and instructional programs for the retarded. He believes that integrating EMR pupils into regular education programs will not succeed

without modifications.

A more direct point of view regarding the role of special education for contemporary times is taken by Evelyn Deno (November 1970:233).

Might not special education be in a healthier state if it assumed that its ultimate objective is to work itself out of business as a social institution, to turn over to the regular education mainstream whatever helpful technology it develops so that the handicapped children can be a part of that mainstream?

In summary, a review of contemporary literature relative to the education of the EMR child indicates the presence of studies supporting the need for new models of instruction based primarily on individualizing instruction for the EMR and mainstreaming him into flexible modifications of regular class instruction. A number of models now exist whose components fit the preceding need.

Chapter II will discuss early historical treatment of the mentally retarded.

CHAPTER II

THE EARLY CONCERN FOR MENTALLY RETARDED

While this study addresses itself primarily to the patterns and trends of the EMR in the United States from 1946 to 1973, it would lack perception and depth if it did not provide a historical background transcending the implications of the study's title by citing early European influences.

Four Historical Epochs in the Education of EMR

J. E. Wallin (1955) has categorized the concern for mental retardation into four historical epochs.

1. The Ancient Pre-Christian Period. Wallin notes in this period a contemptuous, persecution-ridden attitude prevailed on the part of most peoples of the civilized world toward the retarded.

The term idiot, coined from the Greek work "idios," meaning peculiar, became the common name for not only the retarded but the insane as well. This period was characterized by indifference, aversion, and cruelty toward retarded people. Frequently they perished or merely existed and were often regarded as demons cursed by the gods.

Somewhat later in this period a more tolerant attitude prevailed wherein some retarded and particularly those in the sphere of Roman influence functioned in the homes of affluent Romans as buffoons, clowns, natural fools, and frequently as objects of amusement at

social gatherings.

While there was not a compassionate understanding of the retarded, the latter part of this period witnessed a departure from the harsh and indifferent attitude of the earlier era.

2. The Early Christian Period. Although Wallin (1955) concedes that the teachings of Christ constituted a second period for the retarded, he also notes the influence of other world figures of this period whose influence marked an improvement. Confucius, Zoroaster, and Mohammed, through their enlightened philosophies, also contributed generally to the well-being of the retarded. Though there appears to have been no planned or concerted efforts, the mental defectives became objects of a certain degree of solicitude and concern.

Care and protection of the retarded in a limited manner with shelter, food, and clothing provided was fairly common in this period. No attempt to train or educate the retarded seems to have been a concern of the world in general.

3. The Medieval Ages. This epoch reveals a continued trend toward tolerance of the mentally retarded in the role of court jesters and household buffoons, providing entertainment or being maintained as objects of curiosity much as one might keep an unusual pet.

In some parts of the world a certain aura of mystique was attached to the retarded, and they were occasionally accorded an exalted role. Apparently this unique treatment resulted from the many

cults of superstition that prevailed in the medieval period.

In other areas of the world, this same veneration allowed mental defectives to solicit food and money without abuse. Interestingly, Wallin (1955) reports that some American Indian tribes of this era looked upon the retarded as "Children of the Great Spirit" and allowed them a wide latitude of freedom and indulgence.

Clearly, the people of the early years of the Medieval Period lacked scientific knowledge concerning mental retardation and frequently were influenced by either regional attitudes or superstitions.

For a relatively short period in the Medieval Epoch and particularly during the Renaissance and the Reformation in Europe, cruel and inhumane attitudes against mental defectives were openly advocated by Luther and Calvin, who denounced these unfortunates as demons, possessed by Satan.

Fortunately, in the thirteenth century in Belgium, the first resemblance of care for retarded was established in the form of a modest colony setting.

The slow but steady enlightened understanding toward mental defectives continued, especially in Europe, and often, under the benevolence and Christian temperance of such early religious figures as Saint Vincent de Paul (1576-1660). Paris, France, in the seventeenth century became an early citadel of institutional care for the retarded, and the Sisters of Charity with influence by Saint Vincent de Paul

became known as champions for the custodial care of mental defectives.

Virtually no attempt was made during the medieval epoch to study the mentally retarded in a manner consistent with scientific methods. In the absence of scientific knowledge of mental retardation, very little was accomplished relative to training or education.

4. The Modern or Scientific Period. The reader should note that the Modern or Scientific Period as referred to by Wallin actually had its origin in a scientific approach to educating the deaf and blind. As early as 1555, Pedro Ponce de Leon taught reading, writing, arithmetic, and astronomy and some languages to a privileged few deaf whose families represented wealth or nobility.

Bonet, in 1620, is credited with devising and publishing a system of teaching the deaf by finger movements which established an early technique of spelling for the deaf.

A Spanish Jew of the eighteenth century, Jacob Roderiques Pereira, influenced by Bonet, created a major breakthrough in educating the deaf with the development of lip reading in its earliest form. Pereira also conceived the tactual-visual learning concept whereby the deaf were taught the learning power of speech by concentrating on the relationship of voice produced vibrations and the visual perception of face and lip muscular changes.

The blind also preceded the retarded in a scientific approach to their education. A school was established in Paris, France, in 1784

by Valentine Haüy in which a tactual exploration of raised, embossed letters enabled the blind to learn to read.

The now universally used Braille system of reading for the blind, again a tactual approach, was first conceived in 1825 by Charles Barbier but later was improved and modified by Louis Braille.

The preceding discussion of early educational progress with the deaf and the blind is important because it indicates that many handicapped could be taught when scientific behavioral methods were used.

Significant Contributors Early in the Scientific Period

The earliest scientific approach in education for mental defectives was Jean Marc Itard's now famous training experiment in 1799 with a young boy captured in the French forest of Aveyron. Itard became involved in the rather bizarre experience because he was a physician and philosopher working in an institution for the deaf.

The story of Itard's intensive efforts to train the unusual young boy who had lived in the forest possessing sensual and living habits resembling animals was documented by Itard and published under the title of The Wild Boy of Aveyron. It is considered to be an early classic example of a scientific study of mental deficiency.

Itard's philosophical training strongly supported an empirical, sensual approach to training the wild boy. In essence, Itard believed that knowledge and intelligence were synonymous and could only be

achieved through the training of one's senses by education.

The story of Itard and his famous experiment in attempting to educate an apparently severely retarded boy with insurmountable learning problems is lengthy and detailed and needs no further elaboration. It is of great importance, however, to note that Itard's heroic efforts to establish scientific approaches to the education of a severely retarded subject still stands today as an influential study.

After Itard determined that training the senses was a successful educational method, he was followed by a number of others whose philosophy paralleled his. Jean Esquirol, a French physician, appears to be the first to investigate and note certain characteristics among the retarded that enabled educators and scientists to recognize distinctive differences between mental retardation and psychosis. Esquirol's studies also recognized different degrees of retardation.

Both Itard and Esquirol were fortunate to influence a student of theirs, Edward Seguin (1812-1880). Seguin, a teacher, physician, and psychologist, was destined to distinguish himself both in Europe and the United States as a scholar and leader among educators in the field of mental retardation.

Seguin was an inspired and determined pioneer in his work with mental defectives. He was convinced that physiological principles were the key to educating the retarded. A belief that any individual, retarded or normal, would learn best when all learning experiences

involved sensorimotor training was the basis for Seguin's physiological method. The development of one's imperfect sense organs to a high level of discrimination and sensitivity seemed essential to Seguin. He advocated sequential levels of sensorimotor development for the retarded child from muscular development to abstract thinking.

From 1837 and until his arrival in the United States in 1850, Seguin established and directed several schools for mental defectives in France. In addition to his teaching contributions, Seguin authored a text titled Idiocy and Its Treatment by the Physiological Method and first published in 1846.

The influence of Seguin upon the development of training programs for retarded in the United States was significant and will be discussed in another part of this study.

Other educators, contemporary colleagues of Itard and Seguin, contributed in their own ways, especially in Europe, to an empirical approach toward the learning problems of the retarded.

Perhaps one of the best known personalities following Seguin in European educational circles was Maria Montessori, born in the province of Ancona in 1870.

Montessori was reared in a home of nobility, culture, and financial security. The Montessori family life style inspired dignity irrespective of station in life and perhaps that is partially explainable for her great compassionate work with children.

E. M. Standing's Maria Montessori: Her Life and Work (1957)

describes this quality of sensitivity and understanding in an incident when Maria was but a young girl.

On one occasion it happened that there was a sharp difference of opinion between parents. Little Maria took a chair, dragged it to a position between them, climbed up on it, and then joined their hands together as tightly as she could. Just as we shall find her all her life interested in the "underdog," so she has always tended to be a peacemaker (1957:4).

All through Montessori's independent, self-motivated passion for learning her mother always quietly supported her daughter's decisions. In contrast, Montessori's father frequently opposed her ideas and ambitions which he considered to be out of character for Italian women.

In 1896 Montessori realized her ambitions in the medical profession by graduating from medical school as a physician. This same year she was chosen to represent the women of Italy at a Congress of European Women held at Berlin. E. M. Standing (1957) reports that Dr. Montessori accepted this challenge like all others. Choosing the cause of the working woman at the congress, she worked so aggressively that she drew considerable international attention. In 1900 at a similar conference, Dr. Montessori vigorously attacked the common practice of exploiting children for labor.

Apparently Montessori was a woman highly sensitive to the oppressed, be they children or adults. This singular trait was to lead Montessori into post-graduate work in psychiatry, an experience

that, perhaps more than anything else, was responsible for her lasting influence on education.

Dr. Montessori's psychiatric experiences inevitably led her into close clinical observations and studies of a wide range of patients, from insane to mental defectives or idiot children, as they were called. An absence of scientific knowledge about mental defectives placed them in the same category as the insane, but Montessori's always inquiring mind noted the subtle but convincing differences between the insane and mentally defective.

Influenced by the works of Itard and Seguin, whose pioneering efforts in education of mental defectives were discussed earlier, Montessori became deeply convinced that such children could be educated. In 1899 Dr. Montessori, at an educational congress in Turin, Italy, delivered an address in which she stated that mental defective children could no longer be considered uneducable, totally without recourse to certain educational benefits. She not only delivered this rather bold verdict, but emphasized its impact by stating the defective children were entitled to educational benefits above and beyond those offered normal children.

While Maria Montessori's contributions to science and education were both varied and extensive, it is important in this study to relate her contributions more specifically to mentally defective children.

A study of the literature reveals several basic principles that

appear to encompass Montessori's teaching philosophy and techniques for mentally retarded children and other educational categories of children as well.

The first principle was to educate the retarded children to become as independent of others as possible in their day-to-day ordinary tasks and performance. Montessori felt that all learning experiences for the retarded child should be initiated at a lower level than the approach made to educating normal children and that those initial experiences should incorporate a high degree of sensory experiences.

Secondly, children having physical disabilities were trained to use functioning sensory mechanisms to vicariously assist non-functioning sensory organs in a supplemental fashion. As an example, a deaf child was taught to use his sense of touch with the larynx of a speaking person so that a learning process could be developed by the sense of touch. Harold Love (1968) describes Montessori's use of tactile learning as "fundamental and primordial."

A third principle underlying Montessori's philosophy was a psychological approach to the mental development of the child and his interests as they related to developmental stages. It was felt that the child should not be wholly or totally subordinated to a set curriculum or an inflexible teaching plan superimposed by the adult teacher. Certainly today this Montessori concept is still highly acceptable to many educators.

There is a much broader and more complex base of educational processes that Dr. Maria Montessori advocated throughout her life. Perhaps Harold Love's (1968b) evaluation of the Montessori method is an appropriate summary of her role in this study, "The psychological moment in the educative process is when the child experiences a conscious need (1968b:114)."

It is important to introduce a final figure in this review of early contributors to what Wallin termed the Scientific Period of education for the retarded.

The name of Alfred Binet, a French psychologist, is well known to educators throughout the world and his specific contribution to the education of mentally retarded is highly relevant to this study.

Binet established the first psychological laboratory in Paris, France, and in 1904 was appointed by the French Ministry of Public Education to lead an inquiry commission charged with the task of defining the best methods to educate the retarded children of France.

Binet recognized that one of the first steps to be taken was to devise a way that children could be selected for special instruction. Heretofore, this determination had no criteria established throughout the world, and Levinson quotes Binet's awareness of the absence of such criteria:

The judges make judgments haphazardly, on the strength of impressions that are subjective and consequently uncontrollable, that are sometimes good and sometimes bad, and that are made up too largely of high-handedness, caprice, and carelessness (Levinson, 1965:49).

In 1905 Binet published an article in a psychological journal titled "On the Necessity of Establishing A Scientific Diagnosis of Inferior States of Intelligence."

Binet at this point was joined in his concern for the need for objective criteria by a young associate, Theodore Simon, who had displayed interest in the development of intelligence among children. Binet and Simon collaborated in the examination of a large number of children whose ages varied relative to their respective abilities in responding to tasks of various complexity. Responses were tabulated and evaluated statistically, giving Binet and Simon task limitations that a majority of children at a given age could accomplish. Following this research Binet and Simon were able to establish a scale of normal performance for children from which to measure the degree or extent that any child might conform or deviate. This instrument designed to measure intelligence was a major milestone in the education of mentally retarded children and in its early form was known as the Binet-Simon intelligence test (Levinson, 1965:49-50).

Love attaches great importance to Binet's research, "Binet's work is of utmost importance for several reasons. It created a concrete and reliable method of helping teachers evaluate a child's intellectual ability, so that instruction might be adapted to his own mental age (Love, 1968b:72)."

In reviewing this chapter we see that mental retardation has an

identifiable historical categorization into epochs that J. E. Wallin (1965) divides into four major periods. The first three historical periods, The Ancient Period, The EARly Christian Era, and The Medieval Ages, all treated the mental retardation of human beings in ways that reflected the mood or degree of humanness that prevailed at a given time. It appears that there was a fluctuation between some form of tolerance at times and at other times cruelty, oppression, and ridicule was the lot of a retarded person.

The Scientific or Modern Era was characterized by a determined and enlightened minority of scientists. These pioneer educators sought to help the retarded by studying their physiological and intellectual makeup in an effort to bring scientific education and understanding to the retarded individual and the civilized world.

The influence of public institutions for the mentally retarded has played an important part in shaping the educational role, it will be reviewed in the next chapter.

CHAPTER III

THE EARLY ROLE OF PUBLIC INSTITUTIONS FOR THE CARE AND EDUCATION OF THE MENTALLY RETARDED

The Combined Work of Howe and Seguin

One cannot interpret trends and patterns relating to the contemporary period of the educable mentally retarded without probing America's recognition of the problem in its early states.

Chapter II of this study outlined the acceleration of empirical research in the Scientific Period and cited several outstanding Europeans who provided leadership and direction for the mentally retarded. Europe's progress spurred American educators to establish their initial efforts.

Institutional care for the retarded in the United States is generally associated with Edward Seguin's emigration to the United States from France in 1850. It is important to record earlier modest attempts in America in order to recognize the broad category of the handicapped:

Surprisingly, the Colony of Maryland as early as 1650 enacted certain laws providing for special guardians for feebleminded children. Other colonies followed Maryland's initiative, and just prior to the American Revolution several colonies had allocated funds for the care of retarded as well as other deviants, including paupers.

Kentucky, as early as 1793, became the first state to enact a

pauper idiot law, as it was called, which provided families with idiots a financial subsidy to care for them. The use of "idiot" as a descriptive category for what we now term "mentally retarded" included a variety of deviants and is indicative of the ignorance of the era with respect to scientific knowledge of all handicapped persons.

Alfred Baumeister (1967) substantiates evidence presented in Chapter II which indicated that the absence of scientific knowledge about the retarded was a major factor in America's lack of progress. He points out, in fact, that the blind, deaf, and insane in the United States had some semblance of public support for their plight long before the retarded.

The literature appears to credit Dr. Samuel Howe of Massachusetts with a major role for the initiation of institutional care of mental defectives around 1850.

Robert H. Haskell's article "Mental Deficiency Over a Hundred Years" published in the American Journal of Psychiatry (April, 1944) reveals Samuel Howe to have been a humanitarian with a wide range of interests.

After receiving his degree in medicine, Howe spent six years as a surgeon in the war of the Greek Revolution. Upon his return to the United States he collected a large sum of money which he personally used to establish a colony for exiles on the Isthmus of Corinth.

Turning his interest and talents to the problems of the blind,

Howe in 1832 accepted six blind children to live in his father's home in the hope that he could learn techniques of teaching them.

Among Howe's later accomplishments in the education of the blind were the establishment of the Perkins Institution for the Blind, the first attempt to educate a blind, deaf mute, and the first subsidized printing office for the blind. In a later achievement, Howe joined forces with Horace Mann in a reformation of the Massachusetts educational system.

It was inevitable that Dr. Samule Howe would focus his attention on the retarded, and in 1848 he wrote a comprehensive report on the problems of idiocy in Massachusetts. Haskell (April, 1944) pointedly describes Howe's 1848 report to the State of Massachusetts as an early major force in shaping the course of events for the retarded.

The Massachusetts Legislature immediately empowered Howe to begin an experimental school to train ten idiots in scientific education. Again, the present writer wishes to indicate the acceptance of the word "idiot" during this era as normal terminology for all categories of retarded.

Howe's experimental school apparently convinced the State of Massachusetts that his progress in educating mental defectives was encouraging. At the end of the three-year experiment, for which Howe received no financial compensation, the Massachusetts School for Idiotic and Feeble-minded Youth was founded. The school moved to South

Boston in 1855 and later to Waverly, Massachusetts, where it became known as the Walter E. Fernald State School in honor of a later national figure in the education of the retarded.

Dr. Howe in 1848 invited Edward Seguin to visit America to help spread the Seguin physiological method of education for the retarded. Seguin's reputation was well known in the United States, and Howe quickly involved him in an active consultant role in several eastern states.

Baumeister (1967) credits Seguin as being influential and active in organizing schools in Connecticut, Pennsylvania, Ohio, and New York. Seguin remained in the United States until his death in 1880. Seguin's contributions are numerous and distinguished. In 1866 he published his widely-read book Idiocy and Its Treatment by the Physiological Method. In 1876 he served as the first President of the Association of Medical Officers of American Institutions for Idiotic and Feeble-minded Persons.

The present writer has briefly introduced Edward Seguin's work in the United States for its own importance but partially as a tribute to Dr. Samuel G. Howe in a summary of his contributions to institutional work for the retarded in the nineteenth century.

The impetus given by Howe and Seguin toward the establishment of state institutions for the retarded continued in the latter part of the nineteenth century. The table on page 48, Table 3, shows the

TABLE 3

GROWTH OF INSTITUTIONS FOR THE FEEBLEMINDED FROM 1848 TO 1888

	State	Name	Founded	Pupils
1.	Massachusetts	School for the Feebleminded	1848	230
2.	New York	State Asylum for Idiots	1851	492
3.	Pennsylvania	Training-School for Feeble-minded Children	1853	654
4.	Ohio	Institution for Feebleminded Youth	1857	824
5.	Connecticut	School for Imbeciles	1858	127
6.	Kentucky	Institute for the Education and Training of Feebleminded Children	1860	166
7.	Illinois	Asylum for Feebleminded Children	1865	409
8.	Iowa	Institution for Feebleminded Children	1877	370
9.	New York	State Custodial Asylum for Feebleminded Women	1878	194
10.	Indiana	School for Feebleminded Youth	1879	240
11.	Minnesota	School for Feebleminded	1879	191
12.	Kansas	State Asylum for Idiotic and Imbecile Youth	1881	116
13.	California	Home for the Care and Training of Feebleminded Children	1885	92
14.	Nebraska	Institution for Feebleminded Youth	1887	81
15.	New Jersey	Home for the Education and Care of Feebleminded Children	1888	30

(Haskell, 1944:111)

growth of institutions during this period.

A Change of Institutional Philosophy

Although the above statistics show a rapid growth in institutional provisions for the retarded, an increasing concern for the institution's ability to educate and rehabilitate all its categories of retarded became evident. H. B. Wilbur's Annual Report, found in the American Journal of Insanity, clarified this concern.

There is necessary a separation of the two classes of idiots; viz., those who can be benefited by instruction and those who are unteachable . . . the success of the institution has met all reasonable expectations . . . the degree and extent for the idiot may not have been as great as was first predicted (Haskell, 1944:111).

It is clear that in the late 1800's an awareness existed among educators working with institutions that mental retardates committed to state or private institutions were a complex group and that the several categories could not all be rehabilitated educationally.

Baumeister (1967) confirms that educational problems in institutions were apparent. He notes that the early institutional founders envisioned the eventual return of all mental defectives to society, trained for a role or occupation so that other mental defectives could replace them in a cyclic pattern.

A certain faith or optimism pervaded the early institutional attempts to educate all. This optimism contended that all mental deficiency was basically a lag in the development of intelligence.

Hervey Wilbur, Superintendent at the Syracuse, New York institution, reflected this optimism.

At the basis of all of our efforts lies the principle that the human attributes of intelligence, sensitivity, and will are not absolutely wanting in an idiot, but dormant and undeveloped (Baumeister, 1967:7).

Howe, also, in his sincere conviction that institutional education was desirable, pleaded that the term "institution" or "asylum" implied only custodial care. He urged the public to rename institutions and asylums as schools, on the basis that they had the same responsibility and function as other schools in the community.

Baumeister (1967) suggests that a general and pervading sense of altruism existed among the public toward all handicapped in this period which encouraged a variety of poorly supported claims by institutional educators, all contributing to false optimism.

This period of altruism and wide acceptance of the educational role of the institution was to undergo a dramatic reversal due to a combination of circumstances. As early as 1857, the governor of Massachusetts vetoed a bill to increase funds for the institution begun by Samuel Howe by stating, "When the state shall have sufficiently educated every bright child within its borders, it will be time enough to undertake the education of idiots and feeble-minded children (Baumeister, 1967:8)."

An official poll of public opinion in Connecticut in 1856 revealed that most people considered all feeble-minded to be beyond

help and that the large expenditures on their behalf should be used for more constructive purposes.

This period was marked by great indecision and grave doubt both by the public and by educators as to the efficacy of institutionalization as a means of educating all of the mentally retarded.

By 1880, Baumeister (1967) reports, evidence was clear that the early optimism and ill-founded success claimed by institutions in the educational rehabilitation of the retarded was fading.

As it became apparent that Seguin's physiological method could not succeed with the broad gamut of retarded, the institutions began to differentiate between trainables and untrainables. In so doing, the institutions gradually accepted a new role, a role of comprehensive long-term care for the individual.

The Era of Doubt and Fear

The early optimism that pervaded institutional education for all categories of the retarded had obviously reached its peak; and as the earlier dream of rehabilitation became an impossibility, the character and role of institutions for mentally retarded changed considerably.

A statement by Dr. G. H. Knight in 1895 and reported by Haskell is indicative of this change.

Practical proof of all that we have hoped and claimed could be done for the feeble-minded is to be had by anyone who will take the trouble to visit our institutions

It does not alter the obligation that our results are meagre from an intellectual standpoint We know the hopelessness of trying to imitate intelligence or common sense (Haskell, 1944:112).

At the end of the 1800's and early in the 1900's, a new development became an influencing factor in institutional circles: a major concern for the retarded to be understood and dealt with as a deviant, a person to be sheltered from society for society.

Placing the stigma of moral deviancy on the retarded was an unfortunate backward step, and its effect still remains today. The origins of this regressive response to the retarded were rather subtle and obscure.

Perhaps one of the earliest attempts to link the retarded to varied moral and social deviancies was a report given to the American Prison Association in 1875 by an inspector of jails in New York, R. L. Dugdale. Dugdale's study traced crime, pauperism, and disease through five generations of the same family and pointed out the close relationship of these societal problems in the family to their proneness to be intemperate, immoral, feebleminded, and insane.

Haskell (1944) comments that Dugdale's report implied the etological importance of the family's environment was the all-important theme of the report, not heredity.

Dugdale two years later published his study for general circulation, and the general public drew the unfounded conclusion that all mental retardation was an inherited trait even though only 1 of

Dugdale's 709 subjects had a certified record of mental deficiency (Love, 1968a:69).

The public's attitude toward mental deficiency as an inherited characteristic plunged institutions for the retarded into an extended period of fear and ignorance.

A quotation from this area is indicative of the emotional attitude of at least one educator, "They must be kept quietly, safely, away from the world, living like the angels in Heaven, neither marrying nor given in marriage (Baumeister, 1970:10)."

The early concept and hope for the institution's role as educator and rehabilitator gave way to one of protecting society from the retarded, a sad departure from the philosophy of its pioneers, Howe and Seguin.

The Eugenics Movement and Its Effect on Institutions

Institutionally speaking, the study of mental deficiency was to be dealt perhaps its cruelest and most prolonged blow with the growing research and public awareness of eugenics in the early 1900's which ran its course of destruction for over twenty-five years.

Eugenics obviously deals with inherited traits, and the times and the mood of the nation were such that mental deficiency was a proper and convenient whipping boy for an unbelievable attack.

Eugenics as a science is absolute and not subject to liberal interpretations as were imposed by countless self-styled authorities

at the turn of the century.

Eugenics now began to capture the imagination of parlor societies, literary study groups, patriotic organizations; in short, it had arrived as a national sociological interest. Dugdale's earlier study of the Juke family was revived, embellished, and grossly misinterpreted. Overlooked was Dugdale's basic theory suggesting that feeble-mindedness could be related to long-term environmental conditions persisting through five generations.

Following in the wake of the public's renewed interest in heredity as an acceptable cause for feeble-mindedness came Henry Goddard's work The Kallikak Family, A Study in the Heredity of Feeble-Mindedness. Goddard, a reputable scholar in the field of mental retardation, had earlier gained academic respect for his translation of the Binet-Simon Scale of Intelligence.

The Kallikak study, as reported by Harold Love (1968a), was published in 1912 at the height of public interest in eugenics. The study related the marriage of a Martin Kallikak to a feeble-minded barmaid. The marriage subsequently produced 143 feeble-minded out of 480 descendants. Kallikak later married a woman of normal intelligence from a respectable family. From 496 traced descendants of this marriage, Goddard discovered no evidence of feeble-mindedness and reported all were respectable citizens. From his statistics, Goddard drew the conclusion that 90 per cent of all mental retardation is

inherited.

Haskell, a severe critic of Goddard's Kallikak study, felt Goddard was researching a field in which he was not qualified.

How easy it was for a scientist, trained in one field but strained now [sic] cultivating in another, to the exact methods of which he could not be expected to have too sensitive response, to conclude that feeble-mindedness is largely responsible for all these social sores; that is hereditary and transmitted as surely as any other character (Haskell, 1944:114).

Goddard was but one of many in the first three decades of the 1900's who portrayed all feeble-minded as degenerates and menaces to society. Joining Goddard in an equally damning vein was another highly respected scholar in the field of mental retardation, Walter E. Fernald, who declared:

Every feeble-minded person, especially the high grade, is a potential criminal needing only the proper environment and opportunity for the development and expression of his criminal tendencies (Haskell, 1944:115).

The pendulum of public interest in the plight of the retarded quickly swung from kindness and compassion to hostility and repression as the result of the barrage of fear-oriented information disseminated by a variety of sources, some reputable, many not.

A bulletin titled Some Aspects of Feeble-Mindedness in Wisconsin, written by Dr. John L. Gillin and published by the University of Wisconsin Extension Division in June 1918, capsulizes all of the ignorance, misinformation, fear, and injustice brought down upon the mentally retarded population of this era.

Gillin, who at the time of his publication was Secretary, Department of General Information and Welfare for the University of Wisconsin Extension Division, appears to have reflected the nation's belief that all feeble-minded persons were potential criminals. A perusal of his brief study reveals statements and assumptions of an inflammatory nature. Gillin held that the Binet test for intelligence clearly enabled authorities to link the feeble-minded to the social problems of crime, pauperism, and prostitution, "Many crimes which otherwise had puzzled the criminologist now became plain on the theory that the criminal in those particular cases was a mental defective (Gillin, 1918:5)."

Gillin played cleverly upon the patriotic fervor of the time, World War I, by condemning the reproductive potential of the mental defective while sound, healthy young men were sacrificing their lives for the nation, a point of view that obviously supported no ethical relationship between retarded and normal individuals.

Playing footloose and fancy-free with highly questionable national statistics relating the percentage of feeble-minded to the numbers of estimated criminals in the United States in 1916, Gillin reveals his ignorance of accurate research. In this development, simple guesswork on his part fixed the national criminal population at 400,000, and Gillin held that 12 per cent of that total population, or 48,000, were feeble-minded.

The study also showed great concern for the dollars and cents cost of feeble-mindedness and, in Wisconsin's case, Gillin somehow estimated that 25 per cent of the cost of supporting the poor in almshouses was due to feeble-mindedness. Prostitution, economic loss to industry, epilepsy, infant mortality, and divorce were all assigned a direct relationship to feeble-mindedness by Gillin; and, in the manner of a social accountant, the following table illustrates all too well the fever of the times.

TABLE 4

GILLIN'S ESTIMATE OF THE DOLLAR COST TO TAXPAYERS DUE
TO FEEBLEMINDEDNESS IN WISCONSIN IN 1918

Feeble-mindedness' share of the cost of crime.	\$ 281,090.28
Feeble-mindedness' share of the cost of pauperism.	136,226.44
Feeble-mindedness' share of the cost of common schools . .	253,887.22
Feeble-mindedness' share of the cost of preventable deaths.	844,200.00
Total in these four fields.	\$1,515,403.94

(Gillin, 1918:21)

Educational rehabilitation of the mentally retarded in institutions suffered irreparable damage at the hands of many scholars like Gillin and Goddard. The public also displayed a naive readiness to accept and enlarge upon eugenics as an absolute justification for

abandoning its earlier compassionate willingness to use education as a tool for mental retardation.

The final and most crushing blow of the eugenics movement in the early twentieth century was a growing interest in the sterilization of mental defectives as a deterrent to their supposed threat to society.

In Residential Facilities for the Mentally Retarded (Baumeister and Butterfield, 1970), Alfred Baumeister reveals in some detail the extent to which sterilization became a by-product of the eugenics scare.

The State of Indiana was first to pass a sterilization law, and by 1926 twenty-two other states had followed suit. Sterilization quickly became identified with the concept of custodial care for the mentally retarded, as a great majority of the operations were performed in the various state institutions. Baumeister (1970) cynically notes that authorities often justified sterilization on the grounds that many individuals became more manageable after surgery. One institutional superintendent noted that sterilization had the bonus effect of producing some fine soprano voices in the institution's choir (Baumeister, 1970:12). On such flimsy grounds did sterilization flourish.

The courts of the United States have generally ruled that sterilization is unconstitutional if used as a punitive tactic. However, a United States Supreme Court decision supported a State of Virginia sterilization law designed to arrest the familial trend of

mental defectiveness. In the words of Justice Holmes concerning the court decision, "Three generations of imbeciles are enough (Baumeister, 1970:12)."

Table 5, page 60, relates the statistics of twenty-seven states having either compulsory or voluntary sterilization laws. These statistics are from a 1935 study by the American Neurological Association. Heck (1953) confirms that the laws studied and reported by the Association "were generally leveled at the feeble-minded, insane and epileptic for whom procreation was considered inadvisable. Many states included habitual criminals, moral degenerates, and sex perverts (Heck, 1953:368-9)."

It is interesting to note that as late as 1953 Heck himself subtly endorsed the use of sterilization for mental defectives.

It may be that uncertainties as to the benefits (of sterilization) warrant the present hesitancy at enforcement, but the fact remains that we still have mental defectives multiplying by the thousands. Many of them are due, as the evidence clearly points, to being born of unfit parents (Heck, 1953:368).

As a final note to the tragic era of eugenics, Baumeister (1970) notes the action of the Research Committee of the Eugenics Section of the American Breeders Association of 1911. The committee, recognizing that sterilization was neither morally or scientifically defensible, offered the following nine alternatives:

1. Segregation
2. Restricted marriage laws

TABLE 5

STATES HAVING STERILIZATION LAWS, DATES OF ENACTMENT,
COMPULSORY OR VOLUNTARY, AND NUMBER OF CASES

State	Date	Compulsory or Voluntary	Cases		
			Male	Female	Total
California	1909	C	5,147	4,784	9,931
Connecticut	1909	C	19	372	391
Kansas	1913	C	839	523	1,362
North Dakota	1913	C	60	90	150
Wisconsin	1913	C	69	576	645
Nebraska	1915	C	112	164	276
New Hampshire	1917	C	29	170	199
South Dakota	1917	C	74	141	215
Alabama	1919	C	124	86	210
Washington	1921	V	6	24	30
Michigan	1923	C	307	932	1,239
Montana	1923	C & V	---	---	84*
Oregon	1923	C	309	648	957
Virginia	1924	C	755	1,159	1,914
Idaho	1925	V	4	10	14
Maine	1925	V	7	78	85
Minnesota	1925	V	113	858	971
Indiana	1927	C	218	135	353
Mississippi	1928	C	27	136	163
Arizona	1929	C	10	10	20
Iowa	1929	---	57	38	95
North Carolina	1929	C	29	85	114
Utah	1929	C	41	44	85
West Virginia	1929	C	---	10	10
Oklahoma	1931	C	1	7	8
Vermont	1931	V	65	32	97
Delaware	1932	C	184	218	402
Total			8,690	11,330	20,020

*Sex not specified.

(Heck, 1953:369)

3. Eugenics education of the public
4. Systems of matings purporting to remove defective traits
5. General environment improvements
6. Polygamy
7. Euthanasia
8. Neo-Malthusianism
9. Laissez-faire

On careful consideration of the general sociological thinking of today's contemporary society, many of the above solutions would be totally unacceptable; but in contrast several of the proposals also hold considerable popularity today, particularly as they relate to ecological concerns.

What generalizations can be made about the characteristics of institutional care in the first half of the twentieth century?

Baumeister's (1970) recent study offers perhaps the best evaluation.

1. The number of institutions increased.
2. Institutions grew larger.
3. Institutions became custodial rather than educational.
4. The medical model was widely adopted, with most institutions organized in terms of a "hospital" hierarchy. In fact, the trend was to label most institutions hospitals. At the same time, the notion that mental deficiency was incurable became the prevalent view. What was never there, could not be restored.
5. Institutions became self-sustaining and managed as economically as possible.

6. New institutions were constructed in rural areas to provide farming opportunities and to remove the defective as far as possible from the populace. (Apparently, the rule-of-thumb was one acre of land per inmate.)

7. Inmates were completely segregated by sex, age, and ability level (and, in some states, by color).

8. Institutional architecture became very distinctive, with the emphasis on highly specialized and sturdy buildings. Large dormitories were the rule, constructed with the intention of economically housing as many residents as possible.

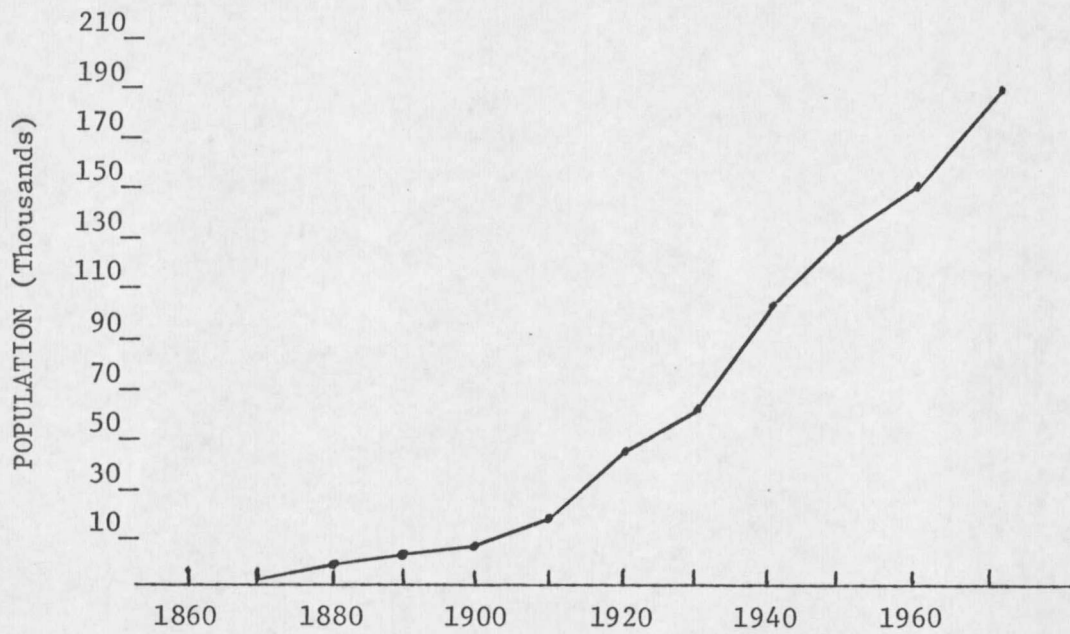
9. The number of professionals employed became generally inadequate to carry on meaningful treatment and rehabilitation programs. Moreover, quality of professional services was typically very poor relative to other types of exceptionality. As Cleland and Peck [1967] have observed, the employees also became "institutionalized."

10. Increasing emphasis was placed on the legal aspects of commitment and release.

11. The residents were dehumanized, deprived of many legal rights, frequently subjected to physical and psychological abuse and personal indignity, and their welfare generally neglected (Baumeister, 1970:14-15).

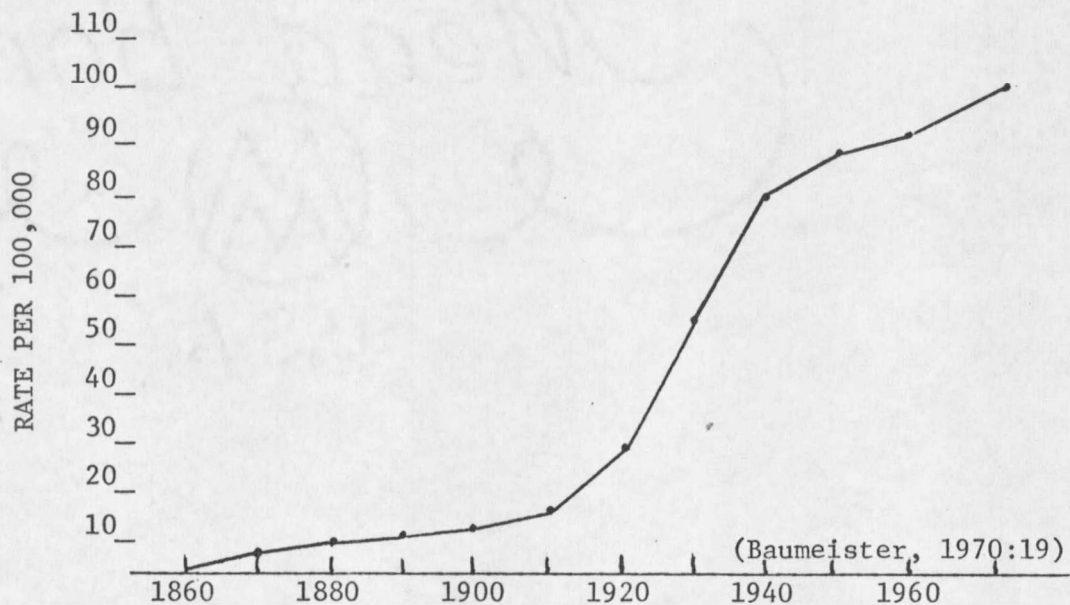
An additional perspective of the institutional role is seen in Figure 1, page 63, portraying institutional growth characteristics over a hundred year period. Figure 2, page 63, reflects somewhat the influence of the eugenics movement in the relatively high rate of institutionalization between 1915 and 1935.

In summarizing this chapter, the present writer has taken the position that public institutions for mentally retarded have played an extremely influential part in shaping contemporary trends and patterns in the educational process of the retarded. In that context, it



(Baumeister, 1970:19)

Fig. 1--Increase in institutional residential populations in the United States



(Baumeister, 1970:19)

Fig. 2--Rate of institutionalization in the United States per 100,000 population

appears that relatively little was accomplished from an educational point of view in the United States until about 1850.

The humanitarian spirit and zeal of Dr. Samuel Howe seems to represent perhaps the first significant milestone of positive and enlightened action in the United States as indicative of a scientific approach to education. His study and research indicate a forceful leadership that has earned him respect even today.

Perhaps Table 3, page 48, showing the growth rate of Institutions for the Feeble-Minded, are a statistical representation of the concerted efforts and effectiveness of Howe and Seguin.

This summary, too, must reflect the atmosphere of optimism that early institutional growth held as a panacea for educational rehabilitation of all mental defectives.

This era of public approval and support of institutions proved short lived due to a variety of circumstances, but chiefly because even the most sophisticated educators had assumed a philosophy that all institutional residents could achieve substantial rehabilitation. The growing awareness of measurable and objective differences in the intelligence of human beings as a science revealed even to laymen that perhaps educating all mental defectives was not possible and certainly was an expensive venture. The somewhat later introduction of the Binet-Simon Intelligence tests only solidified both public and professional attitudes against education as the major role of institutions.

By 1880 the institutions throughout the United States for the most part had changed their character and purpose to one of long term residency and custodial care with education as a secondary or passive responsibility.

The present writer chose to elaborate on the following period, The Era of Doubt and Fear, in some detail, feeling that out of this disastrous period grew most of the ignorance and suspicion that has plagued the general progress of educating mentally retarded in public schools, as well as in public institutions.

Certainly even today many segments of the public are sympathetic to the eugenics movement and sterilization that obscured mental retardation progress from 1900 to approximately 1930.

Finally, we must reckon with Baumeister's indictment of the static nature and effect of institutionalization and its reliance on segregation, a social problem as contemporary today as it was at the beginning of the twentieth century.

The rather extensive historical background of mental deficiency found in Chapter I and Chapter II is offered as a foundation or channel of perspective in order for the reader to relate to the following chapters which will study more contemporary trends and patterns.

Education of the mentally retarded has been enhanced by gains in teacher certification and training. Teacher competencies have also

been developed to strengthen teacher effectiveness. The present writer will discuss these developments in Chapter IV.

CHAPTER IV

TRENDS AND PATTERNS IN TEACHER CERTIFICATION, TRAINING, AND COMPETENCIES

In presenting this chapter, the writer must now bridge the relationship of the first two chapters, which presented early influences, with more contemporary issues in the field of the EMR, specifically teacher training developments.

Teacher Training-Early Background

A survey of the literature concerning teacher preparation for mentally retarded children reveals very little specialized training of teachers took place until the early 1900's. Montessori was an influence in much of the early teacher training, both in Europe and the United States.

Hensley (1971) notes also the importance of Alice Descoedres' contributions to early teacher training. Descoedres, a French woman whose studies in the early twentieth century provided teacher training in games for the teaching of reading, writing, and arithmetic. Her techniques for teachers also provided for other curriculum experiences including handwork, art, project work, physical education, and training of the senses.

Descoedres incorporated all phases of her training philosophy in her publication The Education of Mentally Defective Children which was translated into English in 1928 and continues to be a valuable

source book.

In 1904 The Training School at Vineland, New Jersey began offering courses for teachers of the mentally retarded. These courses were continued until 1932.

The School of Pedagogy at New York University began its teacher training program in 1906 followed soon by instruction at Stroudsburg State Normal School in Pennsylvania.

This initial organized effort by institutions and schools of higher education appears to have spurred other colleges and universities to offer at least limited courses for teachers of the retarded. Following in succession were Cornell University in 1908, Columbia University in 1909, the University of Kansas and the University of Minnesota in 1910. Between 1911 and 1913 the University of Pittsburgh, Yale University, University of Indiana, University of Iowa, University of Montana, and the University of California all had course offerings for the instruction of mentally retarded (Wallin, 1955).

By 1920 most colleges and universities having fairly strong departments of education were teaching either single courses or groups of courses in the education of mentally retarded. Robinson and Robinson (1965) report that prior to 1920 there were few teachers of the mentally retarded who had special training; however, they note that from the 1920's and 1930's onward educators had increasingly recognized the special needs of EMR and has strengthened the training

for such teachers. By 1949, though, only seventy-seven institutions of higher learning had developed even modest programs for teachers of the retarded.

As teacher training for the retarded became somewhat more sophisticated, periodic surveys were conducted to determine what qualifications existed for teaching the mentally retarded. In the earliest survey in 1913, of 102 cities reporting, 75 per cent required some special preparation ranging from several courses to a six-week summer session. New York City was the only city in the 1913 survey that required special eligibility examinations for persons wishing to teach classes for the retarded (Wallin, 1955).

A 1929 study of ten states that had initiated planned statewide special education programs indicated that only two of the states, California and Ohio, had failed to establish minimum certification requirements. Connecticut, Massachusetts, Minnesota, Missouri, New Jersey, New York, Pennsylvania, and Wisconsin had all set certain minimal requirements although there was no pattern of uniformity for certification among these states (Wallin, 1955).

Wallin's remarks suggest that an absence of national uniform certification standards existed in the past, a situation that still characterizes present teacher preparation for the retarded.

Progressive educators of this era contributed also to the disinterest in special class certification by including EMR pupils in

some regular classrooms on the assumption that any basically good teacher could teach any group of children, EMR pupils included. Thus, Cruickshank and Johnson (1958) characterize the decade from 1930 to 1940 as a relatively passive period of teacher training for EMR, a situation noted earlier in the review of literature.

Between 1940 and 1948 there was a marked decrease in the total number of pupils enrolled in special classes for the mentally retarded in the United States. A review of Table 1, page 13 of Chapter I, indicates the statistics of this trend. The enrollment decline of 11 per cent in 1948 was due partly to a total decrease of 7 per cent in the nation's school enrollment, the postwar shortage of qualified teachers, and the conviction by some administrators that retarded pupils could be assimilated into regular classes.

This brief review of teacher training for the retarded in the pre- and post-years of World War II reveals that progress, slow as it was, signified a departure from the trends and patterns of the late nineteenth and twentieth centuries which supported the institution as the major educational facility for the retarded.

Recognition had finally been reached by educators and public alike that the conceptualization of the behavior and educational needs of the mentally retarded clearly pointed to scientific rationales rather than moral and emotional judgments (Baumeister, 1970).

Teacher Education After World War II (1946)

The present writer has previously noted in the review of literature that World War II was one of the strongest factors in the history of progress for all categories of handicapped. It would be wise to reexamine the implications of this statement as they relate to teacher education after the war.

William Cruickshank (1958:25) emphasized the war's influence in the following manner.

It is at this point that the breakthrough took place to which reference has earlier been made. Teacher education was unprepared for the demands to be made upon it. World War II was over. Communities were accepting disability with less concern. Parents were organizing in behalf of their children. Research, in minimal form, had been going on, and the experimentation was beginning to be reported at professional meetings. The cry soon was for more teachers, more administrators, and more college professors who were prepared to meet the demands of public and private programs of education for exceptional children.

Cruickshank points out several other generalizations of interest to this chapter. He notes that the teacher training problem in 1946 for the retarded was both satisfying and disturbing.

The satisfaction resulted from an obvious demand by the public for solutions to the problem. This, Cruickshank considered to be not only satisfying but critically necessary for any change.

The disturbing elements were more specific:

1. There was a shortage of public school teachers balanced by an equal shortage of college and university personnel who were

prepared to train the needed teachers.

2. Administrators of colleges and universities had a limited concept of education for the mentally retarded, often assuming that such teacher training could be managed by minimal staff members having other teaching assignments.

3. The vast majority of college, state, and local administrators and educators assigned after the war to special education instruction represented a wide variety of disciplines, training, and interests.

Certification for Teachers of EMR

Certification standards for teachers throughout the nation have always resulted in a pattern of inconsistency by all of the states. Moreover as certification for each teaching discipline became more influenced by colleges, universities, and other accrediting bodies, patterns for certification became more complex and less standard from state to state.

A 1948 study of certification requirements for teachers of mentally retarded in 133 cities having populations of 25,000 and over revealed the following information:

1. Eighty-four per cent of the cities stated that teachers of the mentally retarded had to be certified; 16 per cent stated they did not.

2. Twenty-eight per cent reported that certification was state issued; 14 per cent reported that certification for teachers

of retarded was the same as those for regular teachers having additional credits in education. The remainder of the cities had wide variances, with certification requirements indefinite and vague.

3. Seventy-five per cent of the teachers considered in the study met the various requirements for certification as they related to their city.

4. Thirty-four per cent of the cities reporting had a salary differential for teachers of special classes; 66 per cent did not (Wallin, 1955).

Wallin reported that by 1952 twenty-two states and the District of Columbia required special training for teaching classes for the mentally retarded. It was also confirmed that credit requirements in terms of semester hours of training varied greatly within these twenty-two states.

To illustrate the certification variances from state to state, the following standards in 1950 in California, Missouri, and Pennsylvania are outlined.

California (1950)

1. A valid teaching document of the kindergarten-primary, general-elementary, junior high school, or general secondary type.
2. Eighteen semester hours of credit in five required areas and seven electives.

Three years of successful experience may be substituted for

the course requirements for a maximum of twelve semester hours.

Liberal time is allowed for the fulfillment of the requirements.

Missouri (1949)

1. One year of successful teaching experience in a regular school or observation for at least one semester.
2. A baccalaureate degree and valid certificate.
3. Twenty-four semester credits earned in fifteen different professional courses, some required, some elective.
4. Unspecified credits in elementary and secondary courses.

Pennsylvania (1950)

For elementary classes for the mentally retarded:

1. An elementary school certificate.
2. Twenty-four semester hours, including six in certain basic courses, nine in courses specifically applicable to teachers of the mentally retarded, and nine in electives.

Successful experience in teaching, in social service, or in the psychoeducational or psychiatric clinic, counts as six credits (Wallin, p. 236).

Teacher certification for the mentally retarded became more positive and somewhat more uniform as special classes increased in the 1950-1960 decade and the enrollment of mentally retarded reached approximately 250,000 (Mackie, 1969).

Charney and LaCrosse, in a publication prepared for the

National Association for Retarded Children, Inc., in 1963 documented the need for teachers in this period of expansion. Their study estimated that about six thousand new teachers would be needed yearly to meet the increasing demands for classes for the retarded. This figure was twelve times the number of new teachers that were graduated and qualified to teach in this field in the year 1962.

As a follow-up to the obvious need for more teachers the study also contains a section listing 194 institutions of higher learning offering a sequence of courses in mental retardation. A sequence of courses is defined as three courses, or at least nine to twelve hours of study in:

- a. The characteristics of the mentally retarded;
- b. Curriculum and methods of teaching the retarded;
- c. Observation and student teaching practicum.

Of further interest in the Charney, LaCrosse study of institutions offering teacher training for the retarded are the areas of information reported by each college or university:

1. Name and address of institution.
2. Extent to which sequence of courses meet certification requirements in home state of institution.
3. Level at which the courses are taught, undergraduate or graduate.
4. When courses are offered, regular school year or summer.

5. Summer offerings for teachers of mentally retarded.

Of the 194 colleges and universities reporting in this 1963 study, 156 of them offered sequential course selections that fully met their own state's certification requirements for teaching mentally retarded children (Charney and LaCrosse, 1963).

In 1965 state certification requirements for teachers of the mentally retarded came under close scrutiny once again by Charney and LaCrosse in a text titled The Teacher of the Mentally Retarded.

The authors have devoted a chapter to certification requirements in each of the states as of 1963. It is perfectly clear upon examination of each state's certification requirements that in the opinion of Charney and LaCrosse:

The American education system is unique in that there is essentially no federal education system. Each school district is autonomous and each state has its own laws regarding public school attendance, teacher certification, school finances, ect. (Charney and LaCrosse, 1965:70).

A Contemporary Proposal for Professional Standards
of Teachers of the Mentally Retarded

The national dilemma concerning certification standards for teachers of the retarded has not been lacking in national proposals to upgrade the profession and, ultimately, the retarded pupil.

As an example, the Council for Exceptional Children (CEC), a division of the National Education Association, published a comprehensive study in 1966, Professional Standards for Personnel in the

Education of Exceptional Children. This study undertook to establish professional standards for certification and accreditation throughout the entire field of exceptional education:

1. Behavioral disorders
2. The deaf and hard of hearing
3. The gifted
4. The mentally retarded
5. The physically handicapped
6. Speech and hearing
7. Visually handicapped

The in-depth study develops standards for each of the teaching areas above carefully and with specific criteria stated. The prescription for each of the seven teaching fields discusses the following considerations:

A. A description is given of the nature of the teacher education program including background knowledge and general information about the current status of education in the particular field of exceptionality.

B. The level of preparation that is needed is discussed, bachelor's degree, completion of a fifth year of work, or a master's degree.

C. Desirable criteria for the selection of candidates to each field with emphasis on personal, intellectual, and academic qualities

that are desirable are outlined.

D. A description is given of evaluation processes of the students' attitudes, personal characteristics, and teaching skills acquired with follow-up evaluations designed to measure the first-year teacher relative to his training pattern.

E. Each teaching area is described in terms of professional competencies needed in the student's general and professional education. Obviously these competencies vary within the seven areas of exceptionality.

F. Specialized professional preparation is discussed where needed, such as psychometric experience for students enrolled in the curriculum for mentally retarded.

G. Practicum experiences are prescribed for each teaching area including observation, demonstration, participation, and student teaching.

H. The role of the cooperating system for the student teaching system is given, including the function of the cooperating teacher (Council for Exceptional Children, 1966).

The study further delineates professional standards for preparation at the administrative and supervisory level in the broad field of exceptional children as well as continuing education sequences and doctoral programs.

The CEC did not intend to dictate to each state what certification

requirements should be for teachers of the mentally retarded or the other six teaching areas, but their study surely provided well stated professional standards for teacher candidates, local and state boards of education, and institutions of higher learning.

A postscript at the end of this study indicates the everchanging dimension of certification, accreditation, and professional standards.

As the professional standards in this publication have roots extending many years into the past and across a large number of individuals representing many disciplines and special ties, so will the growth and development of these professional standards continue into the future with the criticism as well as concurrence of many educators of exceptional children and other interested persons. There can be no final document embodying the immutable standards of any profession. Hence, this document should be looked upon as but the statement appropriate at this particular stage of the development of special education (CEC, 1966:86).

A Criticism of Contemporary Certification and Teacher Preparation for Teachers of the Retarded

Are teacher certification requirements becoming too diversified in the field of special education? Are colleges, universities, and other accrediting bodies creating an ever-growing group of categories of handicapped children, each accompanied by its own complex certification needs?

Reger, Schroeder, and Uschold (1968) believe that all of the above is true and that special education is losing its teacher flexibility. In a humorous tongue-in-cheek example used to illustrate their point about the complexity of certification, the authors pose

the hypothetical problem of an EMR teacher discovering that one of her pupils is also emotionally disturbed, a category for which she is not certified nor qualified to teach.

Through proper administrative channels the mentally retarded pupil who is emotionally disturbed is transferred to a class for emotionally disturbed children taught by a teacher properly certified and qualified to teach the emotionally disturbed but not certified to teach a mentally retarded child.

The inevitable clash of certification problems starts its cycle over again. The chief school administrator is notified that his teacher for emotionally disturbed cannot teach children who are mentally retarded. In desperation, the superintendent of schools visits the closest university to hire a teacher qualified and certified to teach an MRED class, children who are mentally retarded-emotionally disturbed.

The authors humorously carry their point to the ultimate in certification problems, again hypothetically, when a mentally retarded, emotionally disturbed, deaf child enrolls in the school.

Absurd? Yes, but indicative of what the authors choose to call the medical-personal, disability certification syndrome, somewhat prevalent in the highly specialized field of exceptional education today.

What remedies for the preceding parody of certification do

Reger, Schroeder, and Uschold suggest? The special education teacher should be so trained that he could provide an individualized educational program for any child, normal or handicapped. The authors add that teacher training institutions must refine their training with respect to teaching methods, techniques, and curricula that lend themselves to each child's individual needs and learning mode.

Further, they advocate a reversal of present special class teaching philosophy in which teachers of the mentally retarded build a stereotyped concept of the limited learning potential of their pupils and proceed to use equally limited approaches to teaching. Reger, Schroeder, and Uschold (1968) have written a provocative point of view about the certification and training of teachers of the retarded, a point of view that undoubtedly is shared by many special class teachers and administrators.

Competency Criteria and Teaching Techniques For EMR Teachers

As one reviews developments in the literature pertaining to teacher training for the retarded, there appears to be a considerable amount of criteria relating to the qualities a teacher of the mentally retarded should possess.

Some of the criteria are highly idealistic, some are fairly specific and realistic, but all are difficult to assess in terms of behavioral objectives. The present writer feels that all teachers

should possess certain competencies and certainly the teacher of the mentally retarded child needs both personal qualities and teaching competencies that may be unique.

It is important to study what teacher competencies appeared important to the field as the momentum of special education increased after 1946. The literature pertaining to teacher competencies in the decade between 1949 and 1959 often seems to point to a need for a combination of teaching techniques and personality qualities.

Kirk and Johnson's Educating the Retarded Child (1951) is perhaps one of the earliest and most comprehensive teacher texts to appear after World War II, and their approach to desirable teaching competencies stresses teaching techniques as well as a personal approach to teaching.

The authors very carefully delineate the teaching role for retarded in five areas.

1. A preschool program
2. A primary program
3. An intermediate program
4. A secondary school program
5. A postschool program

Kirk and Johnson describe teacher competencies for each of these five chronological age groups of retarded as well as curricula content.

As a means of interpreting teacher competencies as viewed by Kirk and Johnson (1951), let us review their comments for teachers in the intermediate program.

Teachers are advised to prepare each teaching unit by:

1. Studying the interests of the children using developmental records, classroom and playground behavior, home visitations, and pupil-teacher conferences.
2. Studying the strengths and weaknesses of each child, their educational achievement level, and their personal interests.
3. Studying the community as a total resource pool for teaching the unit.
4. Studying the total educational resources of the community such as libraries, social agencies, audiovisual resources, and related services.
5. Determining what the current centers of interest are in the community, such as park and recreational facilities, seasonal activities, and major community problems needing solutions.
6. Knowing each pupil's individual home in order to capitalize on or compensate for its resources in order to enhance the teaching process.

One might agree that all of the above teacher competencies are most desirable but also impose a heavy demand on the teacher of the retarded.

Kirk and Johnson also offer teacher traits or competencies necessary for successful classroom social adjustment of mentally retarded pupils. These competencies are more specific and are more technique-oriented. The present writer offers several examples that can be applied profitably to any teaching situation.

1. Well-planned activities decrease unacceptable behavior.
2. Self direction should be encouraged.
3. Instruction should relate to the pupils' interest and experience.
4. Instruction should be individualized.
5. Teachers should recognize that all behavior, adequate or inadequate, is caused.

Several of the following teaching techniques listed by Kirk and Johnson (1951) have a more direct relationship to the unique learning needs of the mentally retarded pupil.

1. Instruction should be with simple material.
2. Gradual introduction of new situations avoids misbehavior.
3. The routines of the class should be kept simple.
4. Use manual guidance to aid verbal suggestion.

Wallin reflects much of the Kirk and Johnson philosophy on teacher competencies, techniques, and teacher traits.

Special classes are instituted, not primarily to give the child more attention, more intensive instruction, or more drill in the regular program of studies, but to individualize the content and processes of instruction to meet specific needs as

determined by a thorough inventory, made by the psychoeducational examiner and the teacher, of the child's personality make-up, his level in each area of instruction, his specific intellectual and educational abilities, and idiosyncracies, his social maturity, and the like (Wallin, 1955:184-5).

Wallin also strongly advocates teacher strength in diagnostic and remedial procedures and suggests that the teacher of the mentally retarded must consider herself akin to the family physician in this respect.

H. E. Robinson's study in "Special Education for the Exceptional" (1960) relates the results of a questionnaire sent in 1955 to 267 teachers, 78 superintendents, and 17 college professors. The questionnaire elicited responses of these professional educators regarding their opinion of basic needs for the training of teachers and personnel for special education. The questionnaire was not highly structured, and the responses can be examined in Robinson's compilation of responses, Table 11, pages 224-226, in the Appendix.

Certainly this study indicates some desirable competencies for special class teachers, but its validity as a qualitative instrument is questionable and it might have been more effective if it were presented in terms of behavioral objectives that could be measured or observed in a tangible manner.

Contemporary Research on Teacher Competencies

The present writer wishes at this point to introduce a more exhaustive and comprehensive study related to teachers of mentally

retarded. The study, done in 1957, at the request of the Office of Education, U. S. Department of Health, Education, and Welfare is titled Teachers of Children Who Are Mentally Retarded.

The Office of Education empaneled a distinguished group of scholars whose contributions in the field of mental retardation and general education have been significant. Among the staff and consultants were Lloyd Dunn, Assistant Director of Study, and Coordinator of Special Education, George Peabody College for Teachers; William Cruickshank, Director, Education for Exceptional Children, Syracuse University; and Samuel A. Kirk, Director, Institute of Research for Exceptional Children, University of Illinois.

The study is lengthy and broad in its inquiry and the statistical approach.

The design of the study called for at least one hundred superior classroom teachers of mentally retarded children to supply facts and opinions through an extensive inquiry form. A criteria for the selection of superior teachers was prepared by the National Advisory Committee appointed by U. S. Office of Education. So as to insure statistical accuracy in the sampling of superior teachers selected, state quotas were established with the aid of the Research and Statistical Services Branch of the U. S. Office of Education, using a multiple of choice factors to equate a number of variables.

Each of the teachers selected was asked to respond to one

hundred items which were drawn up by the Competency Committee. The spirit in which the committee designed the one hundred competencies is apparent in a statement of their purpose.

It is understood that we are producing a professional statement of goals to be achieved rather than something which can be immediately translated into State certification standards or teacher education programs. What we as committees agree upon as desirable competencies will be continuously modified by the results of research and the growing body of funded knowledge.

The distinctive competencies should be qualitatively and/or quantitatively defined, i.e., distinguished from or additional to, those needed by personnel concerned with the so-called normal child (Mackie, Williams, and Dunn, 1957:3).

One hundred fifty teachers responded to the committee's competencies. Upon return of the questionnaires, statistical methods were used to classify thirty-six items as "Very Important" to the respondents. Fifty-eight items were rated as "Important," and a third group of six were rated as "Less Important." Table 11, pages 224-226, of the Appendix shows the teacher's responses to the one hundred competencies in terms of:

1. What rank order of importance each item was assigned by the teachers and
2. What rank order of proficiency each teacher felt he had achieved with respect to each competency.

A general summary of Table 11 of the Appendix reveals that the teachers considered the following competencies as most important:

1. Recognizing the child as an individual and individualizing

his curriculum.

2. Understanding the child's social and emotional nature, developing acceptable behavior patterns and skill in counseling with the child and his parents.

3. Maintaining an attitude combining objectivity with a sensitive understanding of the pupil's problems and limitations.

4. Developing practical, self-sufficiency in the child.

5. Teaching an understanding of health education.

6. Teaching the fundamentals of literacy, especially reading and arithmetic.

7. Preparing children for participation in community life.

8. Maintaining a curriculum around meaningful and socially useful experiences.

9. Promoting concepts that are practical and immediate rather than theoretical and remote.

Included in the U. S. Office of Education study Teachers of Children Who Are Mentally Retarded were several smaller investigations related to proficiency and appraisal of teachers of mentally retarded. They are worthy of consideration. The first was a supplemental study titled "Directors' and Supervisors' Appraisal of Recently Prepared Teachers" in which both state and local directors and supervisors of special education gave their opinions on the proficiency of teachers of the mentally retarded in fourteen aspects of teaching.

Both state and local personnel appear to have close agreement on the fourteen-point evaluation of recently prepared teachers; however, they differed significantly on their respective opinions of the need for classroom teaching with normal children as a prerequisite. State personnel appeared satisfied that the amount of such experience was adequate; local personnel did not. Figure 3, pages 90 and 91, gives the reader a clear picture of how supervisory personnel and state directors working with teachers of mentally retarded perceive and evaluate teacher proficiency.

The second investigation gave the one hundred fifty teachers an opportunity to state their opinions of professional training needs and experiences by responding to twenty-two specific areas of teacher training for retarded children. All teachers placed their responses in a rank order of importance with five items rated as "Very Important" and seventeen rated as "Important."

Two dominant generalizations seem to appear in this study of teacher-perceived training experiences for the retarded:

1. A highly structured series of supervised experiences are important to a beginning teacher.
2. Teachers need guided observation and active participation in child study on a broad multiprofessional basis.

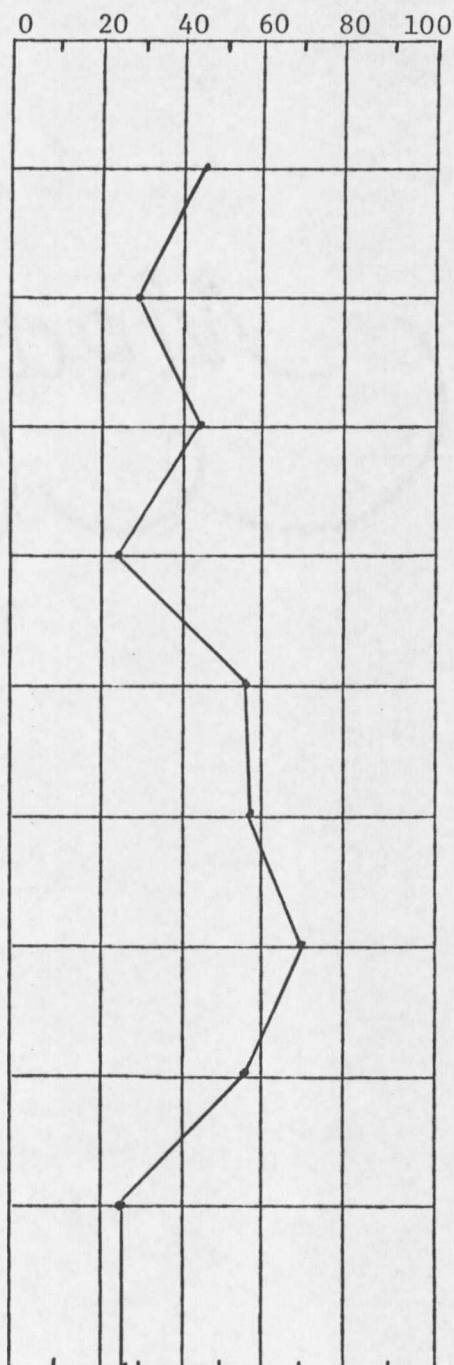
Table 14, pages , of the Appendix affords the reader an opportunity to study the nature and results of this investigation in

Professional Preparation

Do these teachers have adequate preparation or experience in, and/or adequate understanding of:

1. Classroom teaching with so-called normal children?
2. Supervised student-teaching and observation in their specialized area?
3. Developing and interpreting educational records?
4. Identifying causes of social and emotional maladjustment?
5. Group intelligence and achievement testing?
6. Basic principles of child growth and development?
7. Planning with groups of pupils so each child participates according to his ability?
8. Planning a curriculum suited to the individual needs and group needs of the pupil?
9. Agencies concerned with mentally retarded children and how to secure their services?
10. Services provided for mentally retarded children by speech, psychological, medical and other clinics?

Percent of Satisfaction



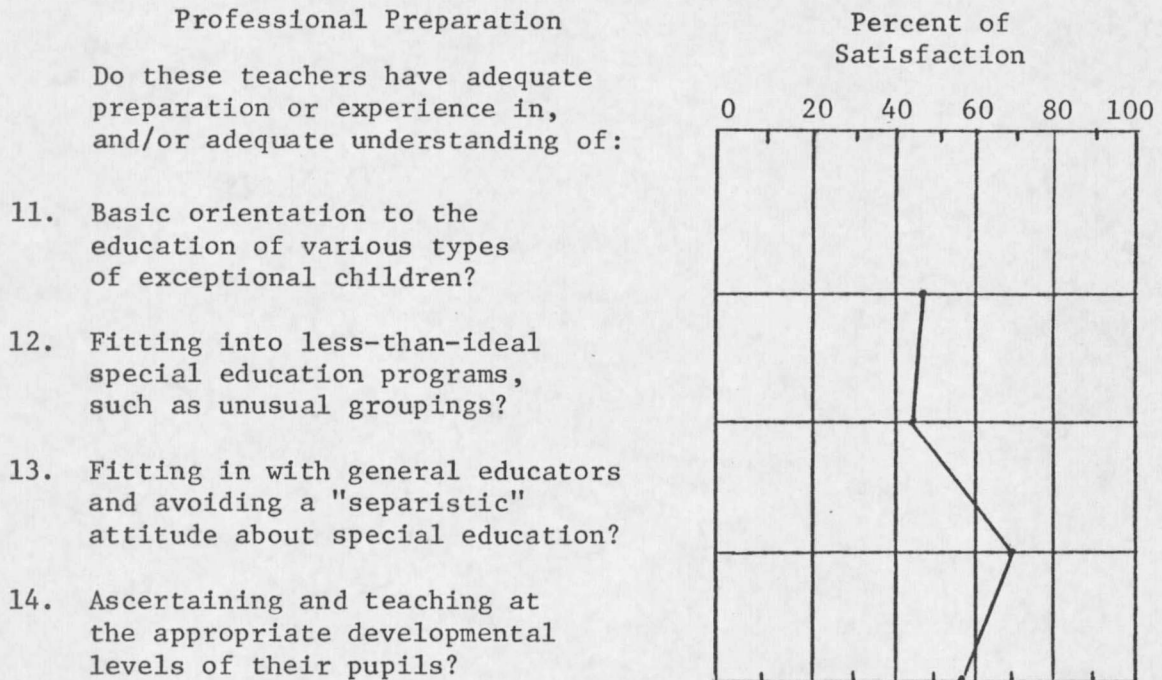


Fig. 3--Percent of supervisory personnel satisfied with the preparation of recently graduated teachers of mentally retarded children.

(Mackie, Williams, and Dunn, 1957:50)

greater detail.

Another study is the University of Iowa's Special Education Curriculum Development Center (SECDC) project titled "Teacher-Perceived Instructional Problems: Indicators of Training Needs of Teachers of the Educable Mentally Retarded (Meyen and Carr, 1970).

This study was done in 1969 in cooperation with the Iowa State Department of Public Instruction. The basic goal of SECDC was to create a state-wide system of in-service training sessions based on the relevant needs as reported by special class teachers for the retarded in Iowa.

The SECDC design for in-service training could well serve as a model for any local, state, or national need for training teachers irrespective of their academic field for several reasons.

1. The design recognized most importantly the need to focus on what teachers perceive as their training needs.
2. Interaction of special class teachers in groups of about twenty-five at in-service sessions facilitated the pinpointing of major teacher-instructional problems throughout the whole state.
3. Decision making relative to resolving teacher-perceived instructional problems was largely in the hands of the teacher themselves rather than being superimposed by either university or local administrators.
4. The SECDC study involved teachers throughout the entire

state, thus giving a quality of uniformity to the problems and solutions rather than a fragmented effort.

As the SECDC in-service sessions began to develop direction and purpose, three major questions seemed to require answers:

1. What are the major instructional problems?
2. Within these problem areas, what are the specific problems encountered by special class teachers of the educable retarded?
3. To what extent are teacher-perceived instructional problems influenced by selected variables such as
 - a. age level of class?
 - b. teaching experience?
 - c. amount of specialized training?
 - d. qualitative conditions of teaching situations?
 - e. years in current position?

It became apparent to those participants of the SECDC study that there needed to be a comprehensive teacher inventory developed in order to answer the three major questions posed and such an inventory was developed.

The inventory included 315 possible responses to 16 inventory sections and was designed to solicit data in three related areas:

1. Descriptive information about the teachers and their classes.
2. Perceived difficulties by teachers in subject matter areas.
3. Perceived instructional difficulties in areas related to

instruction.

In the present writer's opinion, the inventory is a versatile instrument because all sections report data on the primary, intermediate, junior high, and senior high level.

Several tables relating to the SECDC study are found in the Appendix, as they constitute a most meaningful contribution to teacher-perceived needs regarding competencies and training.

Research in Identifying Successful Teachers
of Mentally Retarded Children

Having surveyed contemporary studies related to competencies for the teachers of mentally retarded, it would be wise to investigate research that indicates some identifiable characteristics found in successful teachers of the retarded. Data of this nature is somewhat different than competency measures and in essence attempts to formulate a prototype of a successful teacher of the retarded.

"The Identification of Successful Teachers of Mentally or Physically Handicapped Children" (Meisgeier, 1968) is a study identifying quantitative characteristics that might lead to a successful student teaching experience. The study also establishes criteria that would be helpful in recruiting prospective teachers for the handicapped. Five areas of human behavior were investigated to determine their relationship to successful student teaching:

1. Scholastic aptitude

2. Scholastic achievement
3. Educational and vocational interest
4. Personality
5. Attitudes about children and teaching

The study utilized academic transcripts, admission records, and a carefully chosen battery of eight instruments administered to forty-one student teachers who were teaching in special classes for mentally or physically handicapped children.

Meisgeier's study reported statistical acceptance of five hypotheses that relate to the five human behaviors studied. More explicitly, the hypotheses disclose the following information:

1. There is a significant relationship between scholastic aptitude and successful student teaching of mentally and physically handicapped children.
2. Scholastic achievement and success in student teaching were found to correlate at a satisfactory level of significance.
3. Eight subscales of student teacher personality revealed a positive relationship of this human behavior with successful teaching.
4. A measurement of three educational-vocational interest subscales indicated a significant correlation to the success factor.
5. The student teacher attitudes toward children and teaching related statistically to teaching success.

The study also revealed three patterns common to all subjects of the study:

Pattern I: All subjects exhibited positive strength in achievement, ability, and attitude.

Pattern II: All subjects were judged to have good personal adjustment, general emotional stability, and were desirous of innovation.

Pattern III: All subjects had a sense of responsibility and were realistic about their views of education.

The Meisgeier study also discloses that the subjects in the study entered the field of special education for such personal reasons as the influence of high school counseling programs, a feeling of service to humanity, close personal contacts with handicapped children through visits or associations, and the obvious shortage of teachers in the field.

One is tempted to comment that Meisgeier's purpose to identify successful student teaching characteristics would inevitably lead him to the correct answers no matter what he encountered. However, this assumption is a superficial view of the study, and a more thorough perusal of the statistical method reveals a well-ordered design that is a contribution to the field.

Reginald Jones (1968) has compiled some findings from several studies that add insight into other dimensions of identifiable charac-

characteristics of special education teachers.

The pre-college experiences of special education teachers seem to have a relationship to their entering the field. Meisgeier's study also noted this pattern. Jones cites three studies that report and confirm that the influence of friends and relatives and contacts with exceptional children was related to the decision to become a special education teacher. Jones is careful to point out that such influence is not infallible and that many people having close contact with exceptional children have chosen other fields of teaching or other occupations. He states that research does recognize that one's psychological-motivational makeup often sensitizes a person when in the presence of exceptional children and often leads him into a desire to teach in that field.

Another area of Jones's report analyzes how individual preferences relate to choosing a specific teaching area. Obviously certain teaching specialities have greater appeal to students than others, and in a survey of three studies on teacher preference Jones reports that teaching the emotionally disturbed, the gifted child, and the mentally handicapped child are rated as highly attractive preferences. The preference studies interestingly discovered that teaching preferences expressed in exceptional education tended to develop into interest clusters; that is, the respondents in the study showed interest in more than one area of exceptionality. One preference cluster showed a

desire to teach either mentally retarded or mentally gifted. A second cluster of preference was shown for teaching the hard of hearing and the partially sighted and the severely mentally retarded. A third cluster revealed interest in the deaf, blind, delinquent, and emotionally disturbed.

Jones comments that several variables present in the preference cluster results tend to lessen its predictive value. He points to data being derived from combined sexes in unequal numbers and also that a lack of familiarity with exceptional children existed among the sampling.

Personality characteristics also are discussed, but the author feels that while personality characteristics have been identified among prospective and presently employed teachers of exceptional children, such studies fail to contrast findings with similar groups in other teaching areas in order to draw valid conclusions.

One conclusion that appears significant in personality studies is the variance, degree, and quality of teacher interaction with pupils of the several categories of exceptionality. Jones suggests that special class teachers do in fact reveal personality traits that demonstrate great empathy for exceptional children and lesser compassion for normal children.

Prestige of the special class teacher came under study also. Jones's review of data concluded that special education teaching

carried higher prestige than regular class teaching. He further notes that within the several special class categories there appears to be levels of prestige acknowledged. Table 14, pages 241-242, in the Appendix rates the prestige factor found in a broad teaching and occupational classification.

A final note to Jones's prestige data appears to show that such variables as salary and psychological characteristics of the children are significantly important to teachers of regular classes, but they are not critical variables to teachers of exceptional children.

In summarizing this chapter relating to trends and patterns in teacher certification, training, and competencies, several generalizations seem apparent.

Teacher training for the broad area of handicapped children was sketchy, fragmented, and relatively unimportant from 1900 to 1920, and few teachers were qualified to teach retarded children.

This situation began to improve after 1920, and for the next decade colleges and universities began to acknowledge the need for training teachers of EMR although full sequential course offerings leading to a special degree did not exist until after 1949.

As the momentum of teacher training increased and more extensive course work for the retarded developed, minimum teacher certification requirements were established in several states.

Certification standards for the states developed gradually but differed in many ways from state to state, and not until recently did all fifty states require certification standards in order to teach mentally retarded children. The absence of adequate certification standards appears to have been a contributing factor to the shortage of teachers of EMR which has always existed.

The social impact of returning handicapped World War II soldiers led to a growing recognition of all handicapped persons. This brought about a climate advantageous to more research and teacher training to aid and educate the handicapped.

Parents of the mentally retarded and other exceptional children mobilized their efforts also to press for better education for their children.

Colleges and universities began to develop more adequate teacher training programs, and with more course work came better certification requirements and standards for accreditation and professional work among the retarded.

The chapter has developed several points of view and several philosophies that relate to contemporary thinking regarding certification, accreditation, and professional standards; however, an absence of uniformity is still apparent.

Teacher competencies have been developed in recent years helping to establish some of the teaching proficiencies that are known

to insure success in teaching the mentally retarded. While these competencies tend to overlap or be repetitive, they are useful guidelines for institutions of higher learning, student teachers, and the public schools. Several competency studies have been reviewed in the chapter.

Finally, in an effort to present trends and patterns, the present writer has reviewed several studies that relate to identifying and predicting teacher success in special education.

What have been the trends and patterns of instruction for the educable mentally retarded child since 1946 in the traditional sense? Chapter V will review and discuss these trends and patterns for the reader.

CHAPTER V

TRADITIONAL TRENDS AND PATTERNS OF INSTRUCTION FOR THE EDUCABLE MENTALLY RETARDED CHILD SINCE 1946

What Is An Educable Mentally Retarded Child?

It would seem to be a wise thing to find out what some of the characteristics are about the educable mentally retarded child as a means of understanding the traditional instructional trends and patterns of education developed since 1946.

The classification, definition, and diagnosis of all mentally retarded children has and still remains a complex and controversial subject (Kirk, 1951; Robinson and Robinson, 1965; Brison, 1967; Love, 1968), and the writer does not wish to enter into the etiological wilderness of the problem. However, Goldstein and Seigle (1961) have developed what appears to be an understandable and functional description of the educable mentally retarded (EMR) by identifying their characteristics in two categories.

1. The primary characteristics which are responsible for and influence certain behavior in the child. Stated in another fashion, primary characteristics are those physical and intellectual qualities genetically present in the child at conception.

2. Secondary characteristics represent the degree and kinds of interreaction observed within the EMR child as he functions within his own particular and social environment.

Goldstein and Seigle describe two aspects of the primary characteristics, physical and intellectual. Physically, they report, EMR children do not differ significantly from their normal peers and generally follow the same growth and maturation sequence. One must qualify this comparison by admitting the possible existence of certain environmental conditions affecting such physical conditions as nutrition and disease susceptibility. However, even environment is a questionable variable in relationship to general physical growth if one remembers that the EMR child is found in all environments (Dunn, 1967).

Intellectually speaking, the EMR child is similar to the normal child insofar as his developmental sequence. Here, however, these differences that do exist are marked by contrasts in the rate and degree of development.

The learning experience patterns for the EMR child are much the same as for normal children; however, their rate of learning is slower and they seldom learn as much in the academic area (Jarvis, 1969).

Like all normal children, EMR children use learning processes such as imitation, reasoning, and generalizing to acquire concepts and social awareness (Goldstein and Seigle, 1961).

Psychologically, the EMR child seeks love, security, personal recognition, and a need to identify with a peer group. Frequently, the latter is an area of difficulty for the child, his parents, and his teacher (Gozali, 1969; Brabner, 1966; McDaniel, 1971).

In their comments on secondary characteristics, Goldstein and Seigle (1961) again clarify the issue. These characteristics are not an integral part of the physical or intellectual makeup of the EMR child but rather are the behavioral and attitudinal expressions resulting from any imbalance of primary characteristics. Some of the negative behaviors of the EMR child are likely to include overaggressiveness, poor self-image, short attention span, poor memory, delayed language development, frustration proneness, and extreme shyness.

Kirk (1962) also confirms the frequent presence of personal behavioral characteristics similar to those noted above and further reports a slightly higher rate of delinquency among EMR children.

The EMR child is not readily identified as easily as we are led to believe by the variety of characteristics presented by scholars in the field although their observations are valid. A simple statement by Cruickshank and Johnson contains an appealing summation of the EMR child, "The exceptional child is a child. He is a child with, among other things, two eyes, two arms, one head, a body. But he is, notwithstanding, a child with differences (Cruickshank and Johnson, 1958:20)."

Some Statistics Related to the EMR Child

This brief section will not cover a broad area of statistics but rather will merely indicate general population figures nationally and within some states. It will also include some school related figures that will help describe the education of EMR children in terms

of numbers and facilities.

In a publication by Romaine Mackie (1969) titled Special Education in the United States, Statistics 1948-1966, it is reported that in the twenty years preceding 1969, enrollments for all categories of the mentally retarded increased by about 400 per cent, and that 90 per cent of the mentally retarded were enrolled in public schools.

Specific national enrollments figures for the EMR child were not recorded accurately until 1958, when Mackie showed 205,243 children enrolled in public schools in the nation. By 1963 the EMR population had increased to 393,237, and by 1966 to 495,100.

Large as the 1966 EMR population was, it was less than half of the estimated total of 1,005,000 who were in need of special class education; and, in essence, only 47.3 per cent were enrolled in special classes in 1966. Why were less than half of the 1966 estimated population of EMR children not enrolled in special education classes?

Wallin (1955) suggests the following reasons:

1. EMR teacher shortage.
2. Lack of uniform state standards for EMR classes, or a total absence of standards.
3. Many EMR children were enrolled in classes for normal children, being taught as a normal child.

A brief survey of several selected states reporting EMR statistics in several different years will reveal some patterns.

Maryland, in 1956, reported a total of 14,526 EMR children enrolled in the public schools of the state (Maryland State Board of Education, 1956).

The State of Rhode Island reports are in terms of the number of EMR classes with no specific pupil populations given. Rhode Island reported twenty-two classes for the EMR in the 1955-1956 school year, seventy-three in 1959-1960, and 104 EMR classes in the 1961-1962 school year (Rhode Island Legislative Committee To Study the Education of Handicapped Youth, 1963).

California cites an ever-changing growth pattern of EMR children enrolled in special classes. In the 1950-1951 school year, there were 10,173 EMR children; 1958-1959 had 23,445 EMR pupils; and by the 1963-1964 school year, the enrollment had reached 37,234 pupils (California State Department of Education, 1965). The EMR enrollments in California more than doubled in the decade from 1953 to 1963.

Since 1946 the increase of enrollments and classes for the EMR child have grown tremendously. The social influences of World War II have been the most dramatic moving force for this growth (Jarvis, 1969).

For an in-depth view of the total number of classes for EMR children and the enrollments of each state for the 1962-1963 school year, the reader is referred to Table 6, page 107.

TABLE 6

PUBLIC SCHOOL ENROLLMENTS OF MENTALLY RETARDED
FOR THE 1962-1963 SCHOOL YEAR BY STATES

	Educable			Educable	
	No. of Classes	Number Enrolled		No. of Classes	Number Enrolled
Alabama	213	3,000	Montana	37	444
Alaska	14	210	Nebraska	80	1,127
Arizona	199	2,729	Nevada	72	916
Arkansas	84	1,269	New Hampshire	40	650
California	2,500	35,008	New Jersey	928	12,096
Colorado	249	4,288	New Mexico	166	1,557
Connecticut	304	3,650	New York	1,930	28,972
District of Columbia	--	--	North Carolina	495	8,834
Delaware	78	1,170	North Dakota	53	575
Florida	670	10,050	Ohio	1,203	18,148
Georgia	341	5,084	Oklahoma	198	3,278
Hawaii	69	1,104	Oregon	184	3,000
Idaho	90	1,000	Pennsylvania	2,369	30,040
Illinois	706	10,617	Rhode Island	104	1,342
Indiana	375	5,692	South Carolina	231	3,000
Iowa	365	4,692	South Dakota	39	438
Kansas	138	1,794	Tennessee	504	7,900
Kentucky	150	2,631	Texas	1,364	17,444
Louisiana	296	2,300	Utah	105	1,418
Maine	60	900	Vermont	33	485
Maryland	743	15,798	Virginia	270	4,300
Massachusetts	722	10,517	Washington	357	5,551
Michigan	279	20,248	West Virginia	86	1,114
Minnesota	530	6,341	Wisconsin	553	8,295
Mississippi	65	1,014	Wyoming	31	356
Missouri	1,000	16,000			
			TOTAL		
			FIGURES		
			21,672 . . . 323,886		

(Charney and LaCrosse, 1965:64-5)

Some Purposes and Objectives of the Traditional
Special Class for Educable Mentally Retarded

At the outset of this section it is important for the reader to understand that the term special class can be used to describe a unique learning facility for all of the fields of the exceptional child. This includes the gifted, the deaf and hard-of-hearing child, the visually handicapped, the blind, the child with orthopedic and special health problems, the severely mentally retarded, the trainable mentally retarded, the educable mentally retarded, and other categories of the handicapped.

In this section mention of the special class will most often refer to a learning facility for children with chronological ages of from five to twelve years of age possessing an intelligence quotient of from fifty to seventy-five. This is quite generally acceptable in the literature as descriptive of EMR children; however, there are many whose interpretation is different.

Kirk (1962) sees the main objective of the Educational Policies Commission for all children as applicable to the EMR child. These objectives are:

1. Self-realization
2. Human relationships
3. Economic efficiency
4. Civic responsibility

Kirk and Johnson (1951) were more specific in enumerating eight purposes for the special class EMR pupil.

1. The EMR child should be educated to get along with their fellow men through the development of social competencies and social experiences.

2. They should learn to participate in work for the purpose of earning their own living by developing occupational competencies and participation in vocational guidance experiences.

3. They should develop a good mental hygiene background to insure emotional security and independence.

4. Knowledge of good health and sanitation should be a part of their learning program.

5. A minimum knowledge of basic academic subjects should be mastered, especially reading and mathematics.

6. EMR pupils should learn wholesome leisure time activities for both their school lives and adult lives.

7. Home membership and effective family life relationships should be a part of their learning.

8. Adequate community responsibilities and a reasonable participation in them should be a part of the EMR special class program.

Love (1968:15-16) supports Kirk and Johnson by commenting:

In determining the objectives and goals of programs of instruction for mentally retarded children, it is of the utmost importance for educators to consider that the goals for educating the mentally retarded do not differ greatly from the goals

of educating normal children.

Goals, objectives, and purposes for the EMR special class appear to be repetitive for the era from 1946 to about 1965. Godfrey Stevens (1961), Associate Professor of Special Education, University of Pittsburgh, has analyzed objectives and goals in view of semantic problems and the sometimes nebulous nature of such statements.

A review of Steven's criteria of goals for the educable retarded appears to be helpful as one attempts to put them in perspective.

1. Are there inconsistencies in statements of objectives as set forth by competent workers concerned with the education of the retarded?
2. Are statements of goals consistent with recognized needs of the mentally retarded as presently delineated in the professional literature?
3. Are goals stated in terminology free of ambiguity; and do they permit ease of interpretation by other workers interested in the problems of educating the retarded?
4. Are the general goals sufficiently universal in that they will fit a wide variety of social conditions?
5. Are the goals consistent with existing social philosophies of American democracy?
6. Are the goals stated in terms of "specifics" rather than in broad generalities?
7. Are goals stated in terms of a curricular theory in singular frame of reference or do they appear as different aspects of the problem (Stevens, 1961:189)?

The whole thrust of Stevens's criticisms of goals and objectives is clear. "Statements tend to be ambiguous or tended to use rather 'high flown' language that produced problems of interpretation of

meaning (Stevens, 1961:203)."

There is no doubt that the educational concept of stating goals and objectives in behavioral terms would have created more practical criteria in the post-World War II era.

Goals and objectives for EMR education have changed considerably in philosophy and intent in more recent years, and these changes will be obvious to the reader in a later chapter.

The Organizational Patterns of Special Schools and Classes for the Educable Mentally Retarded Child

Basically, the intellectual characteristics of educable mentally handicapped children are similar to those of their normal peers in that they follow the same development sequence. The differences that exist are not so much in the kind of characteristics as they are in the rate and degree with which they develop. Educable mentally handicapped children learn in the same way as do normal children, through experience. In contrast their rate of learning is slower and they rarely learn as much, particularly in academic areas (Goldstein and Seigle, 1961:207).

The statement above is certainly a valid description of an EMR pupil, but what organizational patterns for schools and classes have been in vogue since 1946? Recognizing that the EMR child by description cannot theoretically adjust to instruction in the regular classroom, a number of various plans have evolved. Kirk (1962) describes the most common plans.

1. The Segregated Departmentalized Special School

This organizational plan houses several categories of mentally retarded in one school. The pupils are grouped according to

chronological and mental ages and achievement levels. Usually in this organizational plan the teaching staff is departmentalized for such instructional areas as arithmetic, reading, social studies, physical education, and craftwork. Kirk notes that the segregated special school is fast disappearing due largely to the stigma attached to each pupil in the minds of parents and the public.

2. The Ungraded Special Class

This organizational pattern is generally found in a school system having a small number of educable mentally retarded pupils, perhaps not more than eighteen or twenty, and therefore not enough for several EMR classes. In most cases the chronological ages may range from eight to sixteen years with an equally wide range of mental abilities. While these classes are often smaller than homogeneous EMR classes, they obviously pose many instructional grouping problems.

3. The Modified Special Class

In school systems that are very small, there are not enough EMR pupils for a homogeneous or ungraded class. Usually in this situation the EMR pupils work with a special class teacher for a part of the day and then are assigned to regular classes for the rest of the day. This arrangement, Kirk notes, allows the special class teacher to devote some of her teaching time to educationally retarded or remedial needs. Kirk characterizes this plan as a dumping ground for many types of children having a wide variety of problems, all of which tend to

minimize the effectiveness of the EMR instruction.

4. The Itinerant Teacher Program

In some school systems EMR pupils remain in regular classes, but they and the regular classroom teacher receive special help, materials, and techniques from a special class teacher employed to go from class to class with this service. This plan is frequently found in rural areas having widely dispersed units. The weakness, in Kirk's opinion, is the absence of a total sequential program for the EMR child.

5. The Homogeneous Special Class

This type of class has been most preferred by most special class educators and has gained the most support since 1946. The plan generally is found where larger numbers of EMR pupils are found. It enables formation of relatively small classes of children comprising a small chronological age range, perhaps two to four years, accompanied by a mental age span of one or two years. The advantages are quite clearly related to homogeneous groupings fairly small in numbers offering instructional opportunities that allow for maximum efficiency of teacher time.

There is one category of organization for the EMR child that has frequently in the past been difficult to accommodate, the rural mentally retarded child. "The truly forgotten mentally retarded child is one who lives in a rural area. Large numbers of these children

have never attended school in spite of compulsory laws (Rothstein, 1961:481)."

Frampton and Gall (1955) have noted the many problems of educating the exceptional child in the rural area. They comment on the general inability of the rural communities to finance their own program for all exceptional children in view of pupil numbers, teacher availability, and lack of special facilities as contributing factors. The consolidated school appears to have been the answer to rural needs for normal children. However, the educational program for exceptional children, EMR included, in a consolidated school still tends to resemble the program for the non-handicapped rural child. The authors admit the basic problem in rural areas in sparse populations hence sparse groups of special class candidates. Frampton and Gall offer only limited solutions.

1. Provide a traveling teacher in situations where distances permit.
2. Transport the EMR child and other exceptional children to a school with regular classroom instruction modified by the presence of a trained special class teacher.
3. Transport the child to a consolidated school for admission to a regular class or, more hopefully, to a consolidated school having a special class.
4. Provide some alternative plan.

While the authors' solutions leave something to be desired, they do reveal the essence of the problem of educating the rural special class pupil.

North Dakota, a state having sparse and scattered EMR pupils, provides the following options for classes:

Classes for Educable Mentally Handicapped Children Organization

1. One school district
2. Two or more districts cooperating
3. County wide program under county board of special education

As in other special education classes, the sponsoring school districts may include children from other districts and receive tuition payment from the child's home district, if the special class is not available in that district. When a county board of special education sponsors a program, tuition is not charged districts in the county (Guides to Special Education in North Dakota, Department of Public Instruction, 1966-1967:10).

North Dakota also recognized that some special class pupils may require unusual transportation services and lodging for those who must attend a school outside of their own district, and a reimbursement formula is available to the local school district.

An organizational plan for the rural mentally retarded pupil was developed in the 1950's through the close cooperation of the Wisconsin State Department of Public Instruction, Division for Handicapped Children, and the county superintendents of schools. The project involved a carefully planned county survey of special class needs followed by a general orientation of the findings for a wide group of responsible parents, county officials, and county educators.

As interest, awareness, and need developed for classes for mentally retarded in a given county, a more complex schedule of physical and financial planning for facilities and staffing of needed classes was drawn up. The assistance of the Wisconsin State Department of Public Instruction was available although the ultimate administration, supervision, certification, location of classes, and other related details was the responsibility of the county superintendent and his staff.

Upon the submittal of the county organizational plan for classes for the mentally retarded to the State Department of Public Instruction and final approval by the state, a reimbursement schedule was developed.

By 1957, fifty-two special classes for mentally retarded children had been organized under the Wisconsin plan, and its success was evident with one county developing a \$100,000 special school facility for its retarded pupils (Melcher and Blessing, 1957).

The writer would also like to acknowledge a publication titled Cooperative Programs in Special Education (Lord and Isenberg, 1964) as a source book for a variety of organizational plans for educating rural children in the broad field of exceptional education. This text offers both active and theoretical plans that are related to the needs of rural exceptional children.

Some Guidelines for Special Class Organization

Although the characteristics of the EMR child described earlier in this chapter tend to make him appear somewhat similar to normal children, there are some unique guidelines that some authorities believe should be followed in establishing a class for EMR pupils that differ from beginning a class for normal children.

1. The younger the age of the pupil, the smaller the class should be, ranging from eight in a primary class to sixteen or eighteen in an intermediate class.

2. Heterogeneous groups demand smaller class sizes; homogeneous groups can accommodate larger classes.

3. Whenever possible, classes for the EMR should be housed in regular elementary schools so as to provide a neighborhood school security for the pupil and also to reduce the stigma attached to the school for only retarded children.

4. Adequate training, certification, and an interest in the well being of the retarded child should be primary characteristics of the teacher of the EMR.

5. A well-planned and executed physical and psychometric diagnosis of all EMR candidates should be made before placement.

6. The cooperation and proper orientation of the parents relative to the class placement should be made before enrollment.

7. Any newly organized class should be increased gradually to

give the pupils and the teacher time to become oriented to each other's needs.

8. The curriculum of a new class should be a flexible prerogative of the teacher as she sees and meets the needs of each child (Kirk, 1962).

Similar guidelines are to be found elsewhere stressing essentially what Kirk recommends; however, several authors treat the guidelines in greater depth. Gearhart (1967), for example, suggests greater details in the placement of the EMR pupil and proposes a trial basis for enrollment in the special class, followed by careful anecdotal observations by the teacher, supervision, and/or a psychologist, and the building principal.

The role of the principal interacting with parents using specific guidelines defined in detail are found in Administering Classes for the Retarded (Baumgartner and Lynch, 1967). Again, this text treats general EMR classroom guidelines in some detail.

Samuel Kirk (1962) has added five additional components of instruction that are vital to EMR class guidelines.

1. Periodic medical, social, psychological, and educational assessment must be maintained to develop a progress profile and to provide instruction modification needs for each child.

2. The instructional materials for the EMR child must be chosen carefully for their utility and relevancy to the needs of the

child. High interest, low vocabulary reading materials for each grouping is an example.

3. The retarded child learns relatively little in an incidental fashion; therefore, carefully planned systematic, developmental instruction must be maintained.

4. Individualized instruction to meet unique learning styles, interests, and achievement must be a part of the instructional plan.

5. EMR pupils must experience success on both a short term day-to-day basis as well as over longer periods of time. The child's self concept must be reinforced with success in many ways; socially as well as academically.

Administrative Groupings and Program Content

Dunn's table is an oversimplified grouping design for the EMR, but nevertheless one can see that administrative groupings are somewhat identical to administrative groupings for normal children. (See Table 7, page 120).

Dunn relates the program content for each administrative EMR grouping in a general way.

1. Preschool EMR Class Programs

Preschool programs are somewhat unique, but studies recognize their value just as preschool nurseries and Head Start Programs have helped the normal child adjust to kindergarten. Dunn reports that much of the regular preschool nursery and kindergarten curriculum is

applicable to the EMR preschooler with an emphasis on social living, oral communication, and self-help skills. Emphasis on sensory-motor training, gross motor movements, and training in simple perception and discrimination skills should be incorporated.

TABLE 7

SCHOLASTIC CHARACTERISTICS AND NEEDS OF
EDUCABLE MENTALLY RETARDED PUPILS

Administrative Groupings	CA's (Years)	MA's (Years)	Grade Capacity	Curriculum Emphasis
Preschool	4-6	2-3	Nursery	Perceptual, conceptual, language and social development
Primary	6-10	3-6½	Kinder-garten	(as above)
Intermediate	10-13	6-9	1-4	Basic skill subjects and work habits
Secondary	13-18	8-12	2-7	Life Adjustment and study-work programs
Postschool	16 and on	8-12	3-7	Social and vocational adjustment

(Dunn, 1963:94)

2. Primary EMR Class Programs

There will be some degree of carry-over of preschool activities for some primary pupils, especially in self-care, social skills, and sensory-motor readiness experiences.

The oral language facility of the primary EMR pupil still needs emphasis on vocabulary growth, articulation, structuring ideas verbally, and listening so as to be able to follow instructions.

Personal health, habit training, caring for personal property, and cooperative play and work habits all constitute desirable social learning.

Of major importance in the primary program is developing various readiness activities that will lead to a transition into formal reading, manuscript printing, and simple arithmetic. Fine arts also is of importance, art and music lending strength to rhythm exercises.

3. Intermediate EMR Class Programs

Dunn suggests that if an adequate learning experience took place at the primary level, then basic subjects can be more heavily emphasized but not to the neglect of social development. Basic skills in reading, writing, spelling, and mathematics will require a degree of individualization as well as group instruction.

4. Secondary EMR Class Programs

While this study does not concern itself with secondary programs, it would be important that the pupil is slowly entering the adolescent period and his curriculum is carefully broadened to include more practical applications of his basic skills. Pre-vocational training to whatever degree it can be mastered by the

pupil is introduced, and again individualization is the key to each pupil's search for what hopefully will bring eventual self support (Dunn, 1963).

Table 7 also generalizes much of Dunn's work related to administrative groupings and program content.

A Review of Some Curriculum Models for the Traditional
Educable Mentally Retarded Class

When reviewing the literature relating to EMR curricula for the special class, one finds many local, county, and state curriculum designs. It would be misleading to suggest that the writer will have reported all of them. However, an attempt will be made to review several, but first several commentaries on the traditional EMR curriculum patterns seem to be in order.

Harold Love (1968) reports that three curricula approaches have dominated the EMR special class.

1. Arts and crafts
2. Academic matter
3. The Unit method

Love does not elaborate on the arts and crafts approach, but he suggests that the academic curricula tends to dominate present instruction, perhaps because many EMR special class teachers began as regular classroom teachers and continue to place a high value on academic instruction. He also notes that the academic curriculum often

Approx. Level	Young Elementary		Intermediate		Junior High		Senior High	
Approx. Age	Age 3	Age 10	Age 11	Age 13	Age 14	Age 14	Age 16	Age 18
Instructional Day	<u>BASIC SCHOOL SUBJECTS</u>				Consumer Buying Policies Practical Law			
	Pre-school Training		Quantitative		News Media		Driver Educ	
	Readings		Qualitative Concepts		Job Descriptions			
Instructional Day	Communication Computational				Budgeting		Insurance	
	Oral Language Development		Practical Science				Community Services	
							Leisure Time P.E.	
Instructional Day	<u>SOCIAL COMPETENCIES</u>				Community Orientation		Adult Social Roles	
	Group Membership		Family Membership		Social Roles		Work Study	
	Dress Manners Self Care Health Play		Physical Dev.				Intro. to Practical World of Work	
Instructional Day	<u>PRE-VOCATIONAL- VOCATIONAL-WORK-STUDY</u>				Vocational Information		Job Training	
	Following Directions						Labor Laws	
	Completing Tasks Manipulation				Field Trips to Industry		Employment Placement	

(Pres. Comm. on Mr., 1969)

Fig. 4---General curriculum emphasis for educable mentally retarded.

neglects practical application of academic skills and also neglects badly needed personal and social skills.

The unit curriculum approach builds a sequence of academic, aesthetic, social, and life adjustment learning experiences, usually around a central theme. Figure 5, page 125, illustrates a program of time distribution around which the unit curricula can be planned.

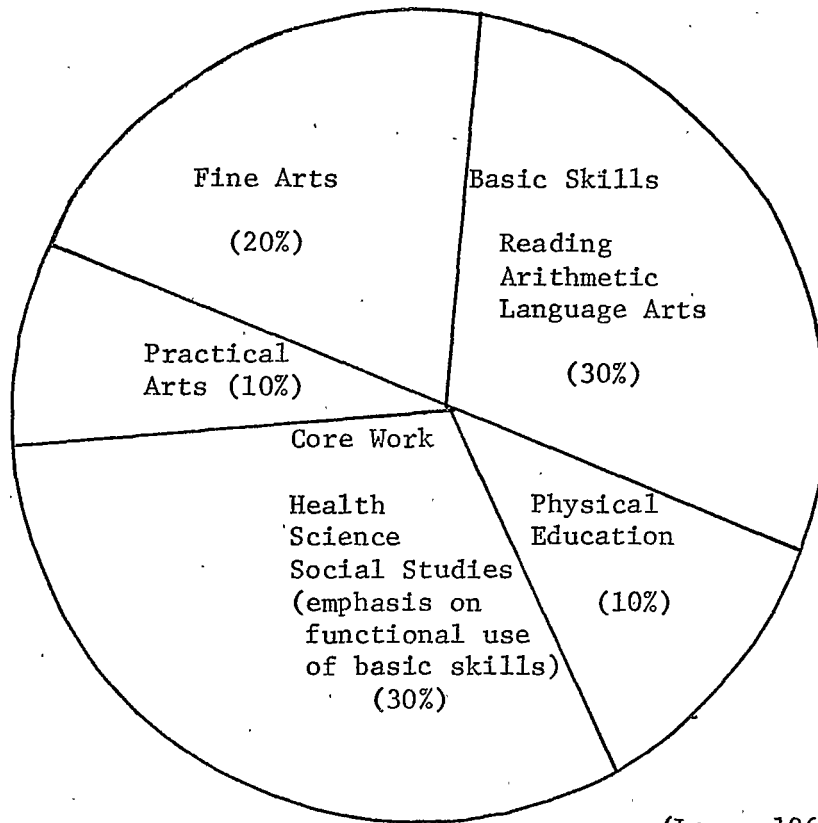
In a more critical vein, Fuchigami reports a survey of post-1946 curriculum guides for EMR children reveals:

1. There is a haphazard selection of unit topics, most of which have been borrowed from regular elementary education.
2. There are worn out or outdated unit topics which have been borrowed from published guides and work sheets for the mentally retarded.
3. There are short experience activities which are isolated and sandwiched between formal subject presentation (Fuchigami, 1969:37-40).

Notwithstanding Fuchigami's criticism of EMR curricula, it is necessary to examine some of the designs that have been used since 1946. The unit of experience has been discussed briefly, but it should be studied in greater detail. Elise Martens (1961:232) comments on this EMR curriculum design:

The unit of experience may be defined as an actual experience in living related to the child's immediate interests and environment, which in turn related to his total experience makes for richer and more vital living.

Martens relates that a unit of experience should have three basic facets:



(Love, 1968:131)

Fig. 5--Distribution of time in an intermediate special class program for the educable mentally retarded

1. The unit should be developed around activities relevant to the child and not make-believe or unrealistic activities.

2. Any unit must provide experiences that are closely related to the child's needs for understanding cooperative living; working together is, for the EMR child, an essential part of maturation.

3. Each unit must provide levels of self satisfaction in terms of the child's emotional and physical development.

It is also noted by Martens that units of experience cannot be standardized for each class or geographical area. What the New York City EMR child needs as unit experiences differ greatly from those needed by a rural Montana child.

As an example of a unit of experience, let us study some specific curriculum activities from a rather universal source, the home, and, more specifically, a unit on food.

1. Preparing menus
2. Preparing personal shopping lists
3. Preparing telephone shopping lists
4. Preparing and cooking vegetables
5. Preparing meat
6. Making desserts
7. Making baked food and jellies
8. Setting tables
9. Eating correctly; table manners

10. Clearing tables
11. Stacking dishes
12. Disposing of garbage
13. Washing dishes
14. Replacing dishes in cupboard
15. Preserving left-over foods
16. Cleaning the kitchen
17. Washing and ironing lunch cloths
18. Collecting lunch funds
19. Computing lunchroom bills
20. Paying bills

All of the above are rarely taught to normal elementary age children through the curriculum; however, one can readily understand the rationale for such instruction with EMR children.

Other rather common EMR units of experience are health, safety, child care, community workers, money, and many others that relate to learning experiences, especially pertinent to the present and future maintenance of the EMR child as a somewhat independent person. It must be kept in mind that the experience unit integrated reading, language arts, spelling, mathematics, art, music, and other activities as ongoing learning processes as the unit progressed.

The unit as a curriculum vehicle for the EMR child has other possibilities and can be tailored to fit specific needs of a class. A

classification of curriculum units designed for specific purposes is discussed by Garton (1961).

1. A resource unit contains well developed ideas of a general theme and is designed to initiate, develop, and present material relative to a topic.

2. A drill or topic unit is used to teach a specific item, skill, or subject matter.

3. A project unit has the special purpose of accompanying a learning experience with a physical project, such as a school store, a school garden, or craftwork.

4. An activity unit is developed on one or more expressed interests or needs of the children. A goal must be set.

5. A block of time or core unit develops a center of interest for experience and activities within a larger topic and is designed for a specific time length.

Garton's text is helpful for curriculum planning by the teacher of the EMR class and is characteristic of the EMR curriculum planning philosophy that the present writer terms traditional and typical of the post-1946 period.

The present writer has read many post-World War II curriculum guides developed by individual scholars, local school systems, and state curriculum groups in an attempt to discover research proven innovations for the EMR special class. It appears safe to say that

the literature reveals a great deal of conformity in the area of curriculum development until approximately 1965, when many educators in special education began research studies relating to the efficacy of the traditional post-1946 special class for the EMR children (Fuchigami, 1969).

In this chapter, the present writer has attempted to identify and characterize the significant trends and patterns of instruction for the EMR child since 1946, a date related to an era of growth and progress in the entire field of education for the handicapped.

An attempt has been made to imply that a rather common approach of education for EMR children prevailed throughout the nation from 1946 and continued for about two decades.

This era brought both agreement and discord as to acceptable terminology, definitions, and concepts about the EMR child, and many issues are still unresolved.

Although there are disagreements about the etiological nature of the EMR child, the literature does reveal agreement on the general intellectual, physiological, and physical traits of the EMR child in comparison to the normal child.

Some brief statistics to indicate several trends in population and school enrollments in the last twenty-five years have been presented to acknowledge the rapid growth of EMR enrollments and class facilities.

Objectives, purposes, and goals for the traditional EMR special

class have also been discussed in this chapter with a broad agreement by educators obvious, but most goals and objectives seem to be nebulous and lacking in measurable and tangible language.

The present writer has surveyed the organizational patterns and guidelines for EMR special classes since 1946 with several designs apparent, some dictated by financial circumstances, others by geographical restrictions, and still others built on sound logic and pupil needs.

Finally, the chapter has discussed administrative groupings, program content, and the general curriculum trends and patterns for the EMR child since 1964. Again, the present writer finds a general conformity of what the EMR curriculum has been in the traditional special class.

Perhaps a significant statement relative to the future of special education is an appropriate end to this summary.

It is quite evident that special education and regular education are not mutually exclusive programs and cannot function independently of each other. The new curricula for special education will probably include basic elements of the trend in new curricula for regular education, which means that some consideration will be given to including the learning of large generalizations and utilizing elements of the discovery or inquiry training approach (Fuchigami, 1969:38).

Federal and state governments have become increasingly more important as supportive agencies for the education of mentally retarded children. The present writer has defined these roles in the following chapter.

CHAPTER VI

THE ROLE OF FEDERAL AND STATE GOVERNMENTS IN EDUCATING EDUCABLE MENTALLY RETARDED CHILDREN SINCE 1946

Federal Agencies, A Case for Coordination

A search was made to locate a comprehensive report of federal activities relating to the mentally retarded. No single document of reasonable size could be located. The myriad of federal agencies devoting funds and providing consulting services, plus the frequent reorganization of federal agencies, would make a comprehensive report of encyclopedic length and probably be outdated very soon (Rothstein, 1971:519).

The quotation above is taken from a section of Rothstein's text dealing with the organization and administration of state and local programs for mentally retarded, and this writer can only agree.

Rothstein's point is well taken as one notes the list of major federal agencies who are involved in various services or relationships with the field of mental retardation:

1. The U. S. Department of Health, Education, and Welfare, which also includes the Bureau of Education for the Handicapped.
2. The Public Health Service, which also includes the National Institute of Mental Health and several sister institutes.
3. The Rehabilitation Services Administration, which includes the Social and Rehabilitation Service, the Children's Bureau, and the Social Security Administration.
4. The Departments of Labor, Interior, and Defense all have some type of program for the retarded.

Of prime importance, however, are the Health, Education, and Welfare Committee on Mental Retardation and the President's Committee on Mental Retardation (Rothstein, 1971).

Complicating a unified and less fragmented federal effort is a tendency for national legislation to favor individual areas of the exceptional and handicapped child rather than creating legislation and agencies that can coordinate and intelligently serve the needs of all handicapped.

Frampton and Gall have recognized this trend.

The underlying function of the Federal Government in relation to work with the exceptional is both investigative and supportive when viewed from the legislative angle. There has been a trend toward presenting the educational problems and needs of the exceptional to the Federal authorities as applied to limited areas rather than to all the exceptional areas as a unit. Much legislation has been introduced into the Congress in recent years to develop special programs for certain areas. Each session brings in new bills, or amendments to existing acts. Legislative provision on a Federal level for the exceptional is necessary. But much caution must be used or we will have confusion and overlapping of services far greater and more costly than we can afford to carry (1955:59).

The observation of Frampton and Gall in 1955 appears to support Rothstein's 1971 appraisal of a complex federal network of services to the mentally retarded in a very prophetic sense.

More discouragingly, the reporting of the various agencies involved with the handicapped child is largely of a statistical nature. Seldom does one find literature from government agencies which give a comprehensive perspective of the state of the nation in regards to

exceptional children.

Stephen Lilly notes the sometimes questionable role of federal agencies:

BEH (Bureau of Education for the Handicapped) is in a rather awkward position in that it was created by an act of Congress after much congressional lobbying concerning the distinctly differing needs of handicapped children. Likewise the Division of Training Programs in particular has leaned heavily on traditional special education categories for its funding base (1970:46).

The morass of government overlapping in the affairs of the exceptional child is by no means a new development. President Theodore Roosevelt, having had an interest in child welfare, organized the Children's Bureau. Originally, the bureau was placed under the Department of Labor; later it became a part of the Federal Security Agency. In 1969 the Children's Bureau became one of two bureaus of the Office of Child Development, Department of Health, Education, and Welfare.

The point of this genealogy of the Children's Bureau is to suggest that the total effectiveness of the United States government in promoting education for the exceptional child frequently is complex, fragmented, and uncomprehensible even though a massive financial effort is being made.

Rothstein clearly synthesizes this problem:

One of the paramount issues to be resolved in providing services for the mentally retarded is the responsibility of various governmental administrative and operational units. Since the mentally retarded have long been neglected by community agencies, there are no clear-cut precedents for dealing

with them. With the rapid growth of services in recent years, many agencies are operating without coordination, duplicating their efforts, competing for program-development funds, and wrangling among themselves. In the long run, this can only hinder rather than strengthen the cause. Fortunately, efforts are now being made to coordinate the work of governmental agencies and parent and professional groups (1971:519).

Coordinating the governmental effort in the field of mental retardation, notwithstanding the current criticism, has recently been implemented. In action taken January 25, 1972, by the Secretary of Health, Education, and Welfare, there was established the Office of Mental Retardation Coordination (OMRC) replacing the Secretary's Committee on Mental Retardation.

Recognition of this need for coordination is clearly expressed by the Department of Health, Education, and Welfare.

Coordination is probably the most crucial factor in successful administration of mental retardation programs. This is so because mental retardation cannot be confined to any one health, education, rehabilitation or welfare program or any single disciplinary group. A total program must include a wide range of activities designed to confront the problem of mental retardation simultaneously from many vantage points.

During the Fiscal Year 1972, an estimated \$735 million will be obligated by the Department of Health, Education, and Welfare for mental retardation programs. These programs cover most aspects of the retarded person's life. They range in diversity from maternal and infant care to income maintenance for the aged retarded. Many agencies of the Department administer programs which affect the mentally retarded; it is extremely important that these efforts be focused and targeted so as to prevent duplication and gaps in the program services (U. S. Department of Health, Education, and Welfare, March, 1972:1).

While it is yet too early to evaluate the activities of the OMRC, it is clearly a much needed development at the Federal level and

their initial efforts will be mentioned later in this chapter.

A Brief Review of Federal Legislation

The involvement of the federal government in promoting legislation for the broad field of handicapped persons seems to be committed to four purposes.

1. The federal government should provide support for the education and training of the handicapped by providing federal leadership and financial assistance to state education agencies.
2. Programs of early identification and enumeration related to the handicapped should be supported by the federal government.
3. Programs designed to train professional personnel to aid the handicapped are given strong assistance.
4. Contributing to programs that meet the special educational needs of handicapped youth is a priority for government support (U. S. Department of Health, Education, and Welfare, 1964).

As the present writer undertakes to discuss significant legislation, two comments need to be reemphasized.

1. Federal legislation relating to the broad field of services for the handicapped has not been well documented in a comprehensive form by either the government or by scholars in the field.
2. Much legislation is characterized by funding of services for numerous areas of exceptionality, some obscure in nature, others of a major scope. The legislation, consequently, is difficult to

annotate and classify; however, there are exceptions.

Horn and Bowers (1968) have contributed to the general fund of knowledge as it relates to federal legislation for handicapped children from 1949, and the writer will list and briefly describe those legislative acts that are germane to the mentally retarded.

1. Public Law (P. L.) 83-531, 1953-1954: Authorization of Cooperative Research in Education. Six hundred seventy-five thousand dollars of this act was spent on research activities for the mentally retarded.

2. P. L. 85-864: National Defense Education Act of 1958. Title programs II and IV of this act provided multiple benefits to students in institutions of higher learning including loans, graduate fellowships. Title V provided grants to state educational agencies for purposes of establishing programs of psychometrics, guidance and counseling, and also provided funds to identify and encourage capable students to enter higher education.

3. P. L. 85-926, 1957-1958, was considered a legislative landmark in that the act provided grants to institutions of higher learning and state educational agencies to train teachers to educate the mentally retarded.

4. P. L. 86-158, 1959-1960: Appropriations to the Department of Health, Education, and Welfare made funds available to assist institutions to meet the cost of training teachers of the mentally

retarded.

5. P. L. 88-156, 1963-1964, provided grants to individual states to be used to determine and plan courses of state and local action needed to combat mental retardation, a major accomplishment!

6. P. L. 88-164, 1963-1964, under its several Title programs, provided the most significant and massive federal financial aid to mental retardation.

- A. Research grants to public or non-profit institutions for facilities and research related to expanding the general knowledge of mental retardation.
- B. Grants to institutions of higher learning for construction of facilities to strengthen educational training for the mentally retarded.
- C. Grants to states for construction of facilities for mentally retarded.
- D. Funds for construction of community mental health centers.
- E. Increased grants for training teachers and specialists in colleges and universities for mentally retarded.
- F. Provided grants to a broad group of state and local educational agencies and schools for demonstration projects related to mental retardation.

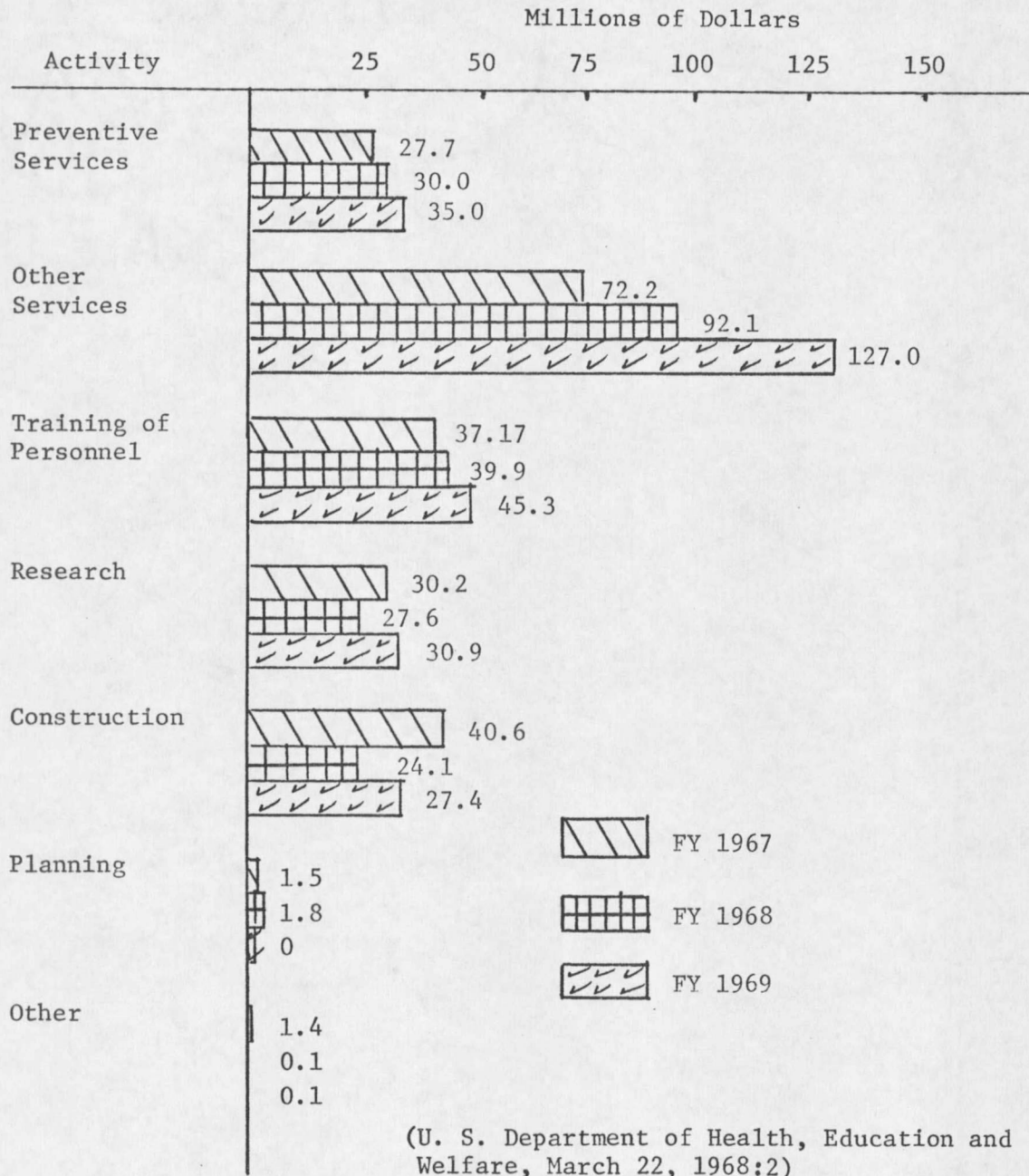
7. P. L. 89-10, 1965-1966: Title II of this act provided grants to public, private, elementary, and secondary schools for

purchase of library resources, textbooks, and instructional materials.

8. P. L. 89-329, 1965-1966: Title V and VI of this act provided financial incentives for improvement of both graduate and undergraduate programs for prospective teachers of the mentally retarded.

9. P. L. 89-750, 1965-1966, again was a highly significant piece of legislation. Title VI of this act established a National Advisory Committee on Handicapped Children and a Bureau for Education and Training of the Handicapped within the U. S. Office of Education. The act also increased the funding for initiation, expansion, and improvement of educational projects for mentally retarded at pre-school, elementary, and secondary levels (Horn and Bowers, 1968).

It is interesting in reviewing the study of Horn and Bowers to note that sixty-two pieces of legislation and twelve extensions or amendments were enacted between 1948 and 1968 containing educational provisions for the entire gamut of handicapped children and adults. Research, training, demonstration, and physical construction seem to have been the character of most of the legislation, and the majority of the funds were assigned not to the individual handicapped but to state agencies, institutions, and institutions of higher learning. Figure 6, page 139, presents a more visual concept of actual and estimated financial commitments to mental retardation programs in 1967, 1968, and 1969 as administered by the U. S. Department of Health,



By Activity Designation

Fiscal Year 1967 (Actual)
Fiscal Years 1968-69 (Estimated)

Fig. 6--Federal Financial obligations for programs in mental retardation

Education, and Welfare.

It is important for the reader to relate the legislation contained in P. L. 88-156 and P. L. 88-164 to the historic action of President John F. Kennedy in October, 1961, wherein he created a panel of scholars and lay persons to prepare a National Plan to Combat Mental Retardation.

The writer has discussed in some detail the nature and subsequent impact of President Kennedy's interest in mental retardation on pages 24 through 27, Chapter II, Review of Related Literature.

Two Current National Reports on Mental Retardation

In a report by the President's Committee on Mental Retardation, MR 69: Toward Progress: The Story of a Decade, President Nixon received an abbreviated, concise developmental report of the 1960-1970 decade of progress in mental retardation.

The committee reported the following major accomplishments in the 1960-1970 decade:

1. The implementation of national centers for the diagnosis and evaluation of mental retardation and the initiation of a national network of research, teaching, and professional centers including the development of facilities and staff improvements.

2. The development in every state of a plan for services for the mentally retarded, including a wide range of physiological and medical services.

3. A greater acceptance of the mentally retarded adolescent in vocational rehabilitation programs, resulting in wider utilization of the retarded as wage earners.

4. The improvement of working relationships between biomedical personnel and educators relative to helping the mentally retarded. This spirit of cooperation has been enhanced by the establishment of a nationwide system of educational resource and instructional media centers.

5. Significant and positive changes in the public's understanding and awareness of mental retardation as the result of an Advertising Council public service orientation program carried on for three and one half years.

6. A satisfying increase in volunteer workers serving the mentally retarded, including the founding of a national youth organization dedicated to serving the retarded.

In MR 69: The President's Committee on Mental Retardation has presented an excellent and well prepared survey of a decade's work. Not only does it provide the reader with an understanding of the accomplishments of ten years, but it also outlines in detail current major projects in the following categories:

1. The economics of mental retardation.
2. The continued research trends in education.
3. The rehabilitation and vocational needs of the retarded.

4. The relationships between poverty and mental retardation.
5. A study of United States manpower needs in relationship to employable retarded.
6. A report on a series of work conferences dealing with specific problem areas of mental retardation.

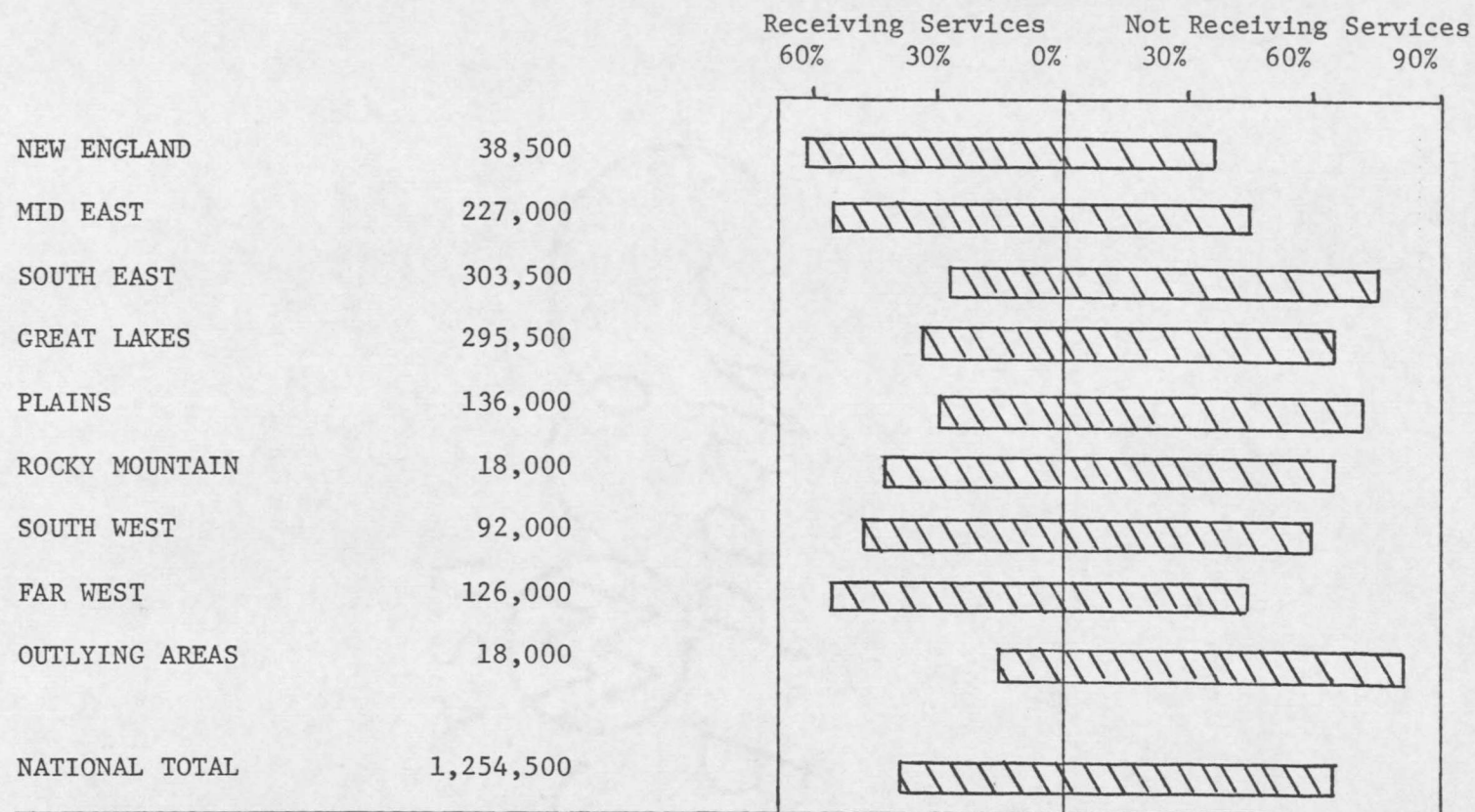
Perhaps the magnitude of the continued need for progress as expressed by the President's Committee on Mental Retardation is best shown by Figure 7, page 143.

The most current report of mental retardation activities at the national level is a March 1972 publication of the U. S. Department of Health, Education, and Welfare, Office of Mental Retardation Coordination. The report is significant because for the first time in a single publication one can be apprised of the role of several governmental agencies who, in some manner, contribute to the well being of the mentally retarded.

This coordination effort and the need for it was discussed earlier in this chapter, arising from criticisms of overlapping of services for the retarded among government agencies.

One can develop a comprehensive understanding of the broad scope of effort by governmental agencies in reviewing this committee report. The activities of the following agencies are found in the publication:

1. The Office of Mental Retardation Coordination



Source: Adapted from Report by Bureau of Education for the Handicapped, U. S. Office of Education, 1968

(MR 69:, 1970:18)

Fig. 7--Education Services for mentally retarded children by region

2. Office of Child Development
3. Office of Education
4. Health Services and Mental Health Administration
5. National Institutes of Health
6. Social and Rehabilitation Service
7. Social Security Administration
8. Food and Drug Administration
9. Surplus Property Program

Each of the listed agencies has developed a brief resume of its basic function and its ongoing contributions for mental retardation (U. S. Department of Health, Education, and Welfare, 1972).

As a final footnote to this section dealing with current reporting activities in mental retardation by the federal government, the present writer has included a most current table, Table 8, pages 145 and 146, revealing the financial disbursement of obligated federal funds for the fiscal years 1971-1973.

As a parting comment on the role of the federal government in the education of handicapped children, including the mentally retarded, one can be tolerant and appreciative regardless of criticisms and shortcomings. The pace and scope of activities for the mentally retarded have increased tremendously since World War II and primarily because of federal concerns and action.

The present writer finds acceptance of the federal government's

TABLE 8

FINANCIAL OBLIGATIONS FOR MENTAL RETARDATION PROGRAMS
BY THE FEDERAL GOVERNMENT

Fiscal Years 1971-1973
(Thousands of Dollars)

Activity	1971	1972 (Est.)	1973 (Est.)
OFFICE OF EDUCATION			
Services	\$ 67,820	\$ 74,610	\$ 77,354
Training	11,900	11,900	12,320
Research	1,420	1,600	1,664
Other	69	69	69
Total	\$ 81,209	\$ 88,179	\$ 91,407
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION			
Services	\$ 13,148	\$ 19,739	\$ 21,479
Training	17,312	19,683	19,923
Research	2,299	2,299	2,299
Other	2,395	1,300	1,300
Total	\$ 35,154	\$ 43,021	\$ 45,001
NATIONAL INSTITUTES OF HEALTH			
Training	\$ 7,474	\$ 7,515	\$ 7,515
Research	18,397	21,524	22,835
Total	\$ 25,871	\$ 29,039	\$ 30,350

Table 8 (Continued)

Activity	1971	1972 (Est.)	1973 (Est.)
SOCIAL AND REHABILITATION SERVICE			
Services	\$206,918	\$240,346	\$347,950
Research	897	1,000	1,050
Training	5,424	5,188	5,007
Construction	16,383	6,109	4,886
Income Maintenance	97,000	114,000	132,000
Other	817	7,978	7,247
Total	\$327,439	\$374,621	\$498,140
SOCIAL SECURITY ADMINISTRATION			
Income Maintenance	\$175,355	\$194,597	\$208,838
OFFICE OF THE SECRETARY			
Office of Child Development Head Start	\$ 4,270	\$ 4,462	\$ 4,462
Office of Mental Retardation Coordination	(110)	115	118
President's Committee on Mental Retardation	550	634	635
Total	\$ 4,820	\$ 5,212	\$ 5,215
Total, Grants and Services	\$377,493	\$426,072	\$538,113
Total, Income Maintenance	\$272,355	\$308,597	\$340,838
GRAND TOTAL	\$649,848	\$734,669	\$878,951

(U.S. Department of Health, Education, and Welfare, March 1972:48-9)

educational role in a brief statement, "Federal aid is easily defensible if we believe that all children in America should have equal opportunities to develop themselves to the full extent of their ability (Gearhart, 1967:40)."

The Role of the State in the Education of
Educable Mentally Retarded Children

When the Constitution of the United States was designed, the statesman of that early period of our nation wisely placed the rights and powers of education in the hands of the states.

There have always been a minority of citizens and educators who would prefer that the Federal government assume more control, more uniformity of educational policies throughout the nation and ultimately force a minor role in policy making by state and local educational agencies. Fortunately, the necessary relationship of the local, state, and federal government is not in serious jeopardy.

The President's Panel on Mental Retardation in 1962 also reaffirmed the need for a distribution of powers and a delegating of responsibilities among the federal, state, and local governing bodies:

Since its inception our National Government has had a mandate under the Constitution 'to promote the general welfare.' Out of respect for the principles of devolution and delegation cited earlier, as well as for the long tradition of voluntary effort, local initiative, and State primacy in domestic affairs, the Federal Government has seldom moved to do more than survey and report upon the health, education, and welfare problems of the Nation unless and until clearly called upon by the people to do more. It has become increasingly clear, however, that in certain matters the general welfare is most effectively served by

vigorous initiative, followed by firmly sustained activity, on the part of the Federal Government in partnership with the States and local governments and the voluntary organizations and institutions which the people themselves have created outside the structure of governments (President's Panel on Mental Retardation, 1962:177-8).

The Function of the State Department of Education
As It Relates to Exceptional Education

A search of state laws applying to the education of exceptional or handicapped children discloses no great uniformity of definition as to the role of each state department of education, although some general patterns do exist (Trudeau, 1971).

One can probably accept most of the following functions as characteristic of state departments of education administering programs for the exceptional child.

Three very broad functions appear to be acknowledged:

1. A cooperative effort must be maintained by state departments of education with the federal and voluntary national agencies so as to promote national effectiveness in educational matters concerning the exceptional child.
2. State departments must plan, coordinate, and implement financial funding for state and local agencies and education units responsible for the welfare and education of the exceptional child.
3. It is the responsibility of state departments to provide broad leadership in the solution of general and specific problems of the exceptional child.

At a more specific level, state departments must concern themselves with meeting these needs:

1. Bringing local communities and educational leaders to recognize and act on local needs.
2. Offer some direction and direct support for a set of standards affecting special class organization, instructional methods, physical facilities, teacher certification, preparation, and inservice.
3. Provide clinical, psychological, and medical and diagnostic services that relate to the several areas of exceptional children.
4. Organize supporting educational services for the exceptional child where needs exist and provide supervision of existing programs.
5. Search and implement surveys, studies, and research that appear to be needed to improve state and local educational needs.
6. Maintain a coordination effort with other state agencies who may have a supportive role with exceptional children.
7. Encourage and support state legislation deemed necessary or desirable for the best interests of all exceptional children (Frampton and Gall, 1955; Kott, 1961).

Some Current Challenges for the Mentally
Retarded Child at the State Level

In suggesting challenges for the respective states, one must not ignore the significant accomplishments that have taken place at the state level. Moreover, each state has its own unique problems,

financial, legislative, public support, and many other related concerns; therefore, this section does not imply neglect.

Several areas for concern by the states in the area of education for the retarded were suggested by the 1963 White House Conference on Mental Retardation.

The first area of concern noted at the conference was a need for each state to make thoroughly known its current status and needs in an interpretative way that will bring massive support from many segments of the population.

Educational research for the mentally retarded was a second concern that the conference felt the states must promote.

A third challenge posed for the states was the establishment of community facilities for the mentally retarded acting in a supplemental partnership with schools.

Coordination of state efforts, a familiar cry, was another responsibility the White House Conference felt was necessary (U. S. Department of Health, Education, and Welfare, 1963).

Blessing (1967) charges each state with the preparation of leadership roles for state personnel who have a relationship to the mentally retarded. He defines fifteen major areas of knowledge deemed necessary for educators who operate at an administrative, supervisory, or research level and relates them to graduate programs in administration and supervision of mentally retarded.

Melcher (1971) strongly attacks the tendency of the states to resist innovation and flexibility of programming.

I strongly suggest we must not oversell thinly developed special educational schemes that only attack a single aspect or sub-aspect of the highly interprofessional and interagency relationships that involve general and special teachers, elementary, secondary, and special administrators, college faculties, parents of handicapped children, legislatures, school boards, state school agencies, and the federal government. The day of over-simplification is gone! What is left to do is to create models of programming that stem from the current and long-term needs of the children to be served (Melcher, 1971:2-3).

Melcher's challenge to the state role in special education is followed by issuing a series of questions, all phrased to amplify the inadequacies of the total state effort in special education.

Perhaps as prophetic as challenging for the state is Melcher's general philosophy for the future of special education.

First-rate special education programs will seek not to simplify administration, but will feature the child and build the service programs around his needs. Emphasis must always be placed on the maintenance of educational 'normality' with as little removal from the general flow or mainstream as possible (Melcher, 1971:11).

The present writer has by no means presented a complete review of all points of view relative to the current challenges and issues faced by the state governments in the area of exceptional education, but hopefully a representative sampling has helped to clarify the trends and patterns of state governments and their task for the future.

A State Plans For Its Mentally Retarded

Public Law 88-156, signed by President Kennedy on October 30, 1963, included extensive provisions that were designed to stimulate comprehensive state plans for mental retardation. This legislation was noted in an earlier passage of this chapter and created much incentive for each state to upgrade its program for mentally retarded.

Each state reacted in a different way to Public Law 88-156. Leopold Lippman (1971) has noted how the State of California implemented the legislation. The present writer will review the highlights of Lippman's study.

California was unique in its planning because the state legislature in 1963 had initiated a mental retardation study commission and charged it with a recommendation of proposed programs by January, 1965. This state action was precipitated by a report of the President's Panel on Mental Retardation issued October 1962; consequently, the State of California had something of a head start.

One of the first actions taken by the California commission was to draw up a ten-point statement of principles which expressed the basic goals to be sought.

A second major goal of the commission was to determine the following:

1. How many retarded persons are there in California?
2. What are their needs?

3. What are the existing services for the retarded?
4. What do the present state statutes provide in the way of services?

This aspect of the commission's work was vital and also complex and time consuming.

A third task was to determine to what extent, if any, sociological factors such as cultural deprivation, environmental surroundings, and socio-economic conditions needed to be considered. Compensatory programs for such conditions that were already initiated relieved the commission of further study in this area.

The fourth area for study was to determine what overall administrative pattern for services and programming was best suited to California's needs. This, of course, entailed much delicate human relations work to coordinate the efforts of existing state personnel and agencies and to create new positions and services. Lippman reports that even though a painstaking effort was made to create understanding in overhauling administrative machinery, some dissatisfaction resulted from the commission's work.

The state's responsibility was the fifth task to be formulated and was a more sophisticated in-depth statement of the ten principles referred to earlier.

Continuity and coordination of specific state and community services became a sixth and final objective for the commission. This

was resolved by proposing a Mental Retardation Program Board. The proposed board was to be responsible for coordination of existing services, stimulating new ones, and setting a broad pattern of standards, enforcement, and interpretation of certification.

Having mapped a comprehensive proposal, the commission then set priorities for their recommendations in terms of a sequential order and a projected time schedule.

The commission, having no official jurisdiction to actually order into law what they had recommended, obviously needed and sought broad public support for their work.

After many smaller orientation meetings and discussions related to their work, the commission took a major step toward gaining support by holding six informative citizen workshops over a six-week period in different parts of the state. The large scale citizen workshop project appeared to be a highly successful communications vehicle, and the commission felt rewarded with a feeling that their work was being understood.

The commission achieved its total goal of designing a comprehensive state plan for coordination but, more importantly, they were highly effective in convincing the state legislature of its importance. Lippman reports that in the end the California State Legislature enacted every piece of legislation brought before it as initiated by the commission (Lippman, 1971).

Undoubtedly, other states pursued a plan to implement P. L. 88-156 just as vigorously and effectively, but it is to California's credit that their action served as a model for many other states.

State legislation for handicapped children throughout the nation is well documented by the Council for Exceptional Children. This organization has rendered a service to the understanding of both state and federal legislation in their 1971 Digest of State and Federal Laws: Education of Handicapped Children.

This publication presents in digest form the laws of the fifty states and the District of Columbia through September, 1971. The digest has conveniently organized the legislation in eleven categories as they relate to each state.

1. Right to an education
2. Population definitions
3. Identification and placement
4. Administrative responsibility
5. Planning
6. Finance
7. Administrative structure and organization
8. Services
9. Private schools
10. Personnel
11. Facilities

It is difficult to review each state's legislation for handicapped, much less to select those portions dealing with the mentally retarded; however, the study is a comprehensive legislative digest and valuable as a reference resource.

A Cost Study for the Education of Educable
Mentally Retarded Children

Financing educational programs for the exceptional child is highly complex and varied from state to state and even more difficult to document for a specific category such as the educable mentally retarded.

It is fortunate that studies are available that can offer reliable representative cost figures for the broad field of exceptional children. Such a study is Educational Programs for Exceptional Children: Resource Configurations and Costs, a National Finance Project.

The study is a compendium of data and information that treats an extensive range of finance and cost information for the entire group of exceptional children.

In addition, the study contains need projections for a number of services for exceptional children for the year 1980.

The design of the study merits a brief description.

The selection of the sample involved two steps:

1. Identification of a representative sample of states which

were considered by special education authorities as being noted for their leadership in providing for quality programs of exceptional education.

2. Within the states identified as exemplary, a sampling of school districts or educational agencies known to support well balanced, comprehensive programs was needed.

The sampling of states identified as prominent in their programs of exceptional education were California, Florida, New York, Texas, Wisconsin, Illinois, Iowa, Michigan, Ohio, Colorado, Connecticut, Louisiana, and Minnesota.

From these thirteen states a panel of knowledgeable persons in exceptional education selected five for the study. The five states selected as exemplary were California, Florida, New York, Texas, and Wisconsin, all having sizeable populations and correspondingly large school enrollments.

At this point the director of special education in each of the five selected states identified six to ten school districts or educational agencies having commendable programs. This sampling again was done on a very selective basis with many criteria considered.

A final sampling at the local level reduced each state to five or six districts. An attempt was made in the local district sample selection to equate a number of factors for statistical purposes.

At this stage of the study, the data collection and data

instruments were designed, and the collecting and analyzing of data began for the 1968-1969 school year.

The writer has selected Table 9, page 159, from the study that reveals pertinent cost data from the twenty-two exemplary school districts in the study. Table 9 compares per pupil costs of operating an EMR program with per pupil costs for a regular education program in each district.

Several observations relating to Table 9 are worth noting.

1. The per pupil costs for the exceptional programs in the twenty-two districts range from a high of \$2,358 for district V to a low of \$708 for district B, with the median per pupil cost for the districts falling at \$1,316.

2. Correspondingly, the high for the regular program per pupil cost is for district U, \$1,193, and the low is for district I at \$468 per pupil.

3. Column C, Differential (A-B), represents the cost differences per pupil in operating an EMR program in contrast to a regular program. On the average, the EMR programs in this sample cost 92 per cent more per pupil than the per pupil costs for regular programs. Even though these samplings are from twenty-two exemplary programs throughout regions of the nation, it is apparent that costs for EMR programs in the special class setting are a factor for consideration.

4. Column D, Cost Index (A/B), is a useful comparison factor

TABLE 9

PER PUPIL COST INDICES OF THE PROGRAMS FOR THE EDUCABLE
MENTALLY RETARDED IN TWENTY-TWO SELECTED SCHOOL DISTRICTS

District	A Exceptional Program Cost Per Pupil	B Regular Program Cost Per Pupil	C Differential (A - B)	D Cost Index (A - B)
A	\$1,289	\$ 482	\$ 807	2.67
B	708	509	199	1.39
C	1,634	1,114	520	1.47
D	875	477	398	1.83
E	1,012	889	123	1.14
F	1,414	600	814	2.36
G	1,689	795	894	2.12
H	826	484	342	1.71
I	987	468	519	2.11
J	1,412	860	552	1.64
K	933	653	280	1.43
L	1,523	783	740	1.94
M	1,543	690	853	2.24
N	1,034	734	300	1.41
P	1,645	828	817	1.99
Q	910	480	430	1.90
R	1,342	656	686	2.05
T	911	615	296	1.48
U	1,844	1,193	651	1.55
V	2,358	734	1,624	3.21
W	1,863	647	1,216	2.88
X	1,197	654	543	1.83
N = 22	X=28,949	X=15,345	X=13,604	X=42.22
MEAN	\$1,316	\$ 698	\$ 618	1.92
MEDIAN	\$1,316	\$ 655	\$ 548	1.87

(Rossmiller, Hale, and Frohreich,
1970:65)

in the assessment of the ratios existing between per pupil costs for the regular program of education and the EMR program. This ratio is determined by dividing the per pupil cost of the exceptional program (A) by the per pupil cost of the regular program (B). As an example of the utility of the Column D, Cost Index (A/B), District A spends 2.67 times as much per pupil for their EMR program as they do for their regular program.

The reader must keep in mind that Table 9 represents twenty-two exemplary school districts and the cost figures for these twenty-two districts may reflect higher costs than many other districts. With this in mind one might make at least two inferences about the study.

1. An analysis of the study demonstrates what a quality EMR program costs and what every school district should strive to match.

2. A close evaluation of the study suggests that twenty-two school districts in the United States are spending more for the education of their EMR pupils than can be justified.

Perhaps neither of the two inferences represents a rational approach to funding a program for EMR children. Both represent extremes and surely there is a position somewhere in between that is more realistic.

A Review of the Predominating State Financing Formulae for Exceptional Children

In discussing this section, it must be kept in mind that

financing plans for exceptional education in each state is based on different criteria as they relate to such factors as the state's population, philosophy toward education, and the growing influence of legislation for education of exceptional children. Moreover, state formulae for funding are subject to frequent change due to the fiscal planning occurring in each state (Trudeau, 1971).

The Council for Exceptional Children began a study in 1966 to analyze the basic state formulae for funding exceptional education programs. Their frustrations in gathering data typify the complexity of state funding practices.

When we had these statutes, we read them all closely and attempted some 'intellectual analysis' of them. We tried to discover classifications of states as to whether they had mandatory or permissive legislation, whether they funded on an excess costs basis or a per unit basis, and other traditional analyses dearly loved by dissertation-bound doctoral students. In this analysis we failed, partly because we couldn't neatly classify this legislation into those types, and partly because even if we did classify such legislation, any state's legislation has so many ramifications and interlocking networks of legislative support and mandates that the states were not comparable (California State Department of Education, 1967:35-6).

There are, however, some general formula descriptions that many states follow with modifications, of course.

In the 1968-1969 school year, twenty-three states provided categorical aids for special education programs. There were ten states who provided aid on a general basis; thirteen states reported a combination of categorical and general aid. Four states at this time had no specific provisions for financial support of special education

programs.

State aid reimbursements to districts regardless of their legislative origins tend to be structured in two categories, unit formulae and per pupil formulae. Unit formula disbursements generally define a special class attendance unit as containing one teacher and a given number of pupils and grant a standard disbursement for such a unit. This is generally called a minimum foundation support. The attendance units may be granted unit disbursements for several services such as transportation, food costs, and instructional materials.

This plan places most of the fiscal responsibility for special class funding in the hands of the state boards of education who, in turn, depend heavily on the generosity of their respective legislatures to fund the units consistently and adequately.

Another version of a unit formula for disbursement purposes is the percentage support plan wherein the legislature or state board of education obligate themselves to support special education program costs on a percentage basis. As an example, the state may pay 60 per cent of a certified EMR teacher's salary, the local district paying the other 40 per cent. This percentage basis formula is also applied to other aspects of the program other than teacher salaries.

Per pupil reimbursement formulae, the second category, can take several directions.

1. In some states the individual special class student of a

particular category, EMR, for example, is funded through the district for a standard reimbursement amount. Usually the amount is higher for a category demanding more services, such as the blind.

2. In a second variation, each district determines the difference in the per pupil cost for operating a regular program as contrasted with a special education per pupil cost and the respective state pays either the entire differential or a percentage of it.

3. A third per pupil disbursement is dependent on a regular-special class per pupil cost differential which is then weighted or compared with several variables such as the respective tax base of each district or the quality of special class certification and many other such factors (Rossmiller, Hale, and Frohreich, 1970).

In a final comment on funding, exceptional education at the state level, Gearhart goes directly to the most effective and traditional solution.

In any discussion of state (or Federal) financing of educational programs, the question of how to get where we think we want to go should not be overlooked. On the state level it is well to find out which state legislators are most interested in education, then work on these individuals. Of particular importance are members of the education committee and members of the budget committee. Obviously, the state superintendent of schools (or state commissioner) must be influenced; he should be involved in special education planning, if at all possible. Because of the tremendous importance of legislation, all educators must play a role in shaping the future of laws relating to education (1967:47-8).

The federal government and the respective state governments have always played a vital part in education matters of our nation and

will continue to do so.

A summary of this chapter must take into account the effectiveness of this role since 1946, an era of awakening and sensitivity to the needs of exceptional children and, more specifically, the mentally retarded.

The maze of federal agencies contributing services to the broad field of handicapped children has been examined. The literature quite consistently acknowledges a sincere intent to serve but also evidences an overlapping of services by government agencies. Coordination of agency programs and services has been a high priority need expressed in this chapter by several authorities as an answer to the duplication of federal services for exceptional children.

Federal legislation affecting the handicapped child has been characterized first in its broad intent and then it has been presented in some detail with an emphasis on major legislation affecting the mentally retarded. The powerful chief executive influence of President John F. Kennedy has been noted as an initiating force in the significant legislation of the 1960's and carries over to successive presidents.

The present writer has reviewed two current federally initiated summary reports relative to national accomplishments in the field of mental retardation. Both reports give evidence that the federal government clearly understands its moral and financial support of broad programs for the mentally retarded. Of particular importance is the

recent creation of The Office of Mental Retardation Coordination, a promising development towards strengthening the total effort of all federal agencies.

Table 8, pages 145 and 146, gives visible evidence of the scope of federal services for mental retardation and the financial commitment for those services, proof of our national interest.

State departments of education and their function as a supporting agency for local districts have been briefly reviewed, followed by a series of challenges issued to the respective state governments and boards of education by the 1963 White House Conference on Mental Retardation and authorities in the field.

As a means of detailing state involvement in a program for mental retardation, Chapter VI has reviewed the planning of the State of California responding to Public Law 88-156-1963-1964, which provided funds to stimulate states to begin comprehensive planning for their mentally retarded. California's extensive work by a special commission was matched by citizen interest and strong legislative support.

Financial aspects of educating exceptional children complete Chapter VI. Some details of a cost study of twenty-two regional school districts offering exemplary programs for EMR pupils have been discussed with the conclusion that exceptional education is far more expensive than the program of education received by normal children. The cost study information has been supplemented by a discussion of

several common state reimbursement formulae for exceptional children.

It would appear proper to introduce the following comment from MR 69 (President's Committee on Mental Retardation:7) as a deterrent to any feeling of complacency by our nation regarding mental retardation.

These are tough problems that are deeply rooted in traditional attitudes and patterns of thinking, in unexamined traditional ways that we Americans take our enthusiams and our lets-do-something-about-it resolves. They are problems that will not be overcome easily or soon. The Nation's initial thrust against mental retardation during this decade, despite important accomplishments, has scarcely touched them.

The present writer now wishes to introduce in Chapter VII the contemporary trends and patterns in the education of mentally retarded that have evolved in recent years.

CHAPTER VII

CONTEMPORARY PHILOSOPHIES, TRENDS, AND PATTERNS OF INSTRUCTION FOR THE EDUCABLE MENTALLY RETARDED SINCE 1946

A Changing Philosophy, The First Signs

This chapter has a special purpose: to investigate and report what the present writer feels is historically a significant point of departure from traditionally accepted post-1946 trends and patterns of education for the EMR.

The departure has not been sudden nor does it necessarily abandon all the valuable work accomplished by the special class in its several operational designs.

In what way and for what reasons have changes in philosophy, instruction, and curriculum for the EMR child taken place?

Samuel Kirk, a most respected scholar and a prolific researcher in the field of special education, offers at least two comments that suggest changes are inevitable.

In very recent years there has been a movement toward accepting the handicapped and integrating them into society to the fullest extent possible. In education, integration denotes a trend toward educating the exceptional child with his normal peers to whatever extent is compatible with his fullest potential development (Kirk, 1962:6).

Certainly one can infer from Kirk's remarks that exceptional children, the EMR pupil included, might benefit from a greater degree of educational integration with normal children.

Is such integration possible and practical from an educational point of view? Again, Kirk's comments would indicate an affirmative answer.

The exceptional child has what is known as discrepancies in growth. This has led many to say that the exceptional child is a normal child who has exceptionalities or deviations only in some characteristics. In other words, they feel that the similarities in characteristics between the exceptional child and the average child far exceed the differences (Kirk, 1962:8).

One might also find a basis for reevaluation in Godfrey Stevens's analysis of objectives for educating EMR children.

There are several reasons why it is necessary and desirable to examine the goals of education for the retarded . . . the rapid growth of programs of education for the mentally retarded has been one source of pressure to restate the purposes of education and training. The increase in the quality and quantity of research in the various aspects of mental retardation has thrown new light on the problems and given them new dimension (Stevens, 1961:187).

The 1954 United States Supreme Court decision on segregation in public schools lends support to new philosophies advocating integration of exceptional children into broader educational relationships with normal children.

Segregation of regular and exceptional children in public schools has a detrimental effect on the exceptional children. The impact is greater when it has the sanction of the law; for the policy of separating the students is usually interpreted as denoting the inferiority of the exceptional group. A sense of inferiority affects the motivation of a child to learn. Segregation with the sanction of the law, therefore, has a tendency to retard the educational and mental development of exceptional children and to deprive them of some of the benefits they would receive in a totally integrated system We conclude that in the field of public education the doctrine of

'separate but equal' has no place. Separate educational facilities are inherently unequal (Christoplos and Renz, 1969: 377).

All of the foregoing comments presented have merely set the stage for a more intensive look at why changes in trends and patterns of instruction for the EMR child are taking place.

Some Criticisms of the Special Class for EMR Pupils

Christoplos and Renz (1969) suggest that special education programs were originally initiated not in response to the needs of exceptional children but as an alternative to meet the threat to educational goals sought for normal children. They further imply that parental pressure forced schools to implement special education programs in order to preserve the traditional approach to educating normal children.

Christoplos and Renz level a criticism of a different nature on special education programs with the following comment:

Amorphous good intentions have often substituted for lack of more objective accomplishments. Throughout the substantial number of years special education programs have been in operation, research findings have consistently indicated no differences in performance between those placed in special classes and those placed in regular classes. We cannot ignore, therefore, the disquieting possibility that self-perpetuation may be a factor in the continuation and expansion of special education programs (1969:371-2).

An observation by Johnson lends some support to Christoplos and Renz.

It is indeed paradoxical that mentally handicapped children having teachers specially trained, having more money (per capita) spent on their education, and being designed to provide for their unique needs, should be accomplishing the objectives of their education at the same or at a lower level than similar mentally handicapped children who have not had these advantages and have been forced to remain in the regular grades (1969:368).

Much of the current criticism about the special class for the EMR pupil seems to infer that special class teachers and administrators are reluctant to change what they consider an adequate program. Another related charge is that the special class teacher accepts the clinical intelligence quotient at face value and automatically assigns lesser potential values to the EMR child on the basis of psychometrics.

This common practice is stated in an example by Goldstein and Seigle.

The educable mentally handicapped child, in a majority of cases, operates under preestablished standards for behavior and performance. There are both antecedent and current performances against which the educable mentally handicapped child's activities can be evaluated by anyone interested in so doing. For example, older siblings may serve as historical models as seen in such statements directed at the educable mentally handicapped as, 'When Henry was your age he could travel to any part of town alone. You can't even find your way to the corner store and back.' (Goldstein and Seigle, 1971:191).

Identifying, placing, and enrolling children in special classes for the EMR on the basis of an intelligence test score also came under fire from the President's Committee on Mental Retardation in 1970.

We now have what may be called a 6 hour retarded child--retarded 9 to 3, five days a week, solely on the basis of an IQ score without regard to his adaptive behavior, which may be exceptionally adaptive to the situation and the community in which he lives (Deno, 1970:233).

One final attack centers on the highly structured diagnostic hierarchy of labeling special education pupils.

We are saying that grouping children on the basis of medically derived disability labels has no practical utility in the schools. Children should be grouped on the basis of their educational needs, and these needs may be defined in any number of ways. The notion that simply labels, applied by high-status authorities from outside the school, should serve as a basis for grouping children is basically nothing more than a refusal to accept responsibility for making educational decisions. It is educational laziness (Reger, Schroeder, and Uschold, 1968:19).

A Review of Research on the Efficacy of the Special
Class for Educable Mentally Retarded Children

The preceding criticisms cannot be dismissed as mere statements of opinion. The literature of the last decade discloses a definite dissatisfaction with progress for the EMR child as it relates to traditional special class segregation, curricula, and programming.

If the special class does, in fact, have its weakness, then in what direction does much of the research for more effective instruction point?

A basic tenet of special education has always been to focus on the individual. The strategies for achieving this goal continue to evolve. The predominant strategy today in its most oversimplified sense, is to reduce the complexity of educating handicapped children by reducing the task to dealing with small, relatively homogeneous groups called special classes. We have discovered, however, that using etiological labels to establish homogeneity is less efficient than we expected. And so we are exploring other categorization systems, the relevant behaviors of the child, the type process to be learned, etc. The ultimate reduction of this process is to move beyond small groupings to individualized instruction (Martin, 1972:517).

Homogeneous and Heterogeneous Instructional
Groupings: Some Research Findings

In view of the consistent reliance of the special class upon homogeneous grouping as an instructional factor it would be well to examine the basic research findings of homogeneous versus heterogeneous groupings for instruction.

Franseth and Koury (1969), in a survey, discovered no positive support for either homogeneous or heterogeneous grouping in terms of academic achievement or social and emotional adjustment. They did, however, find that personality variables such as achievement motivation or personal anxiety as factors for grouping tended to affect academic achievement.

Four studies on grouping reported by Christoplos and Renz (1969) note that differential effects are found when groups are structured on criteria other than ability, but in spite of these findings special classes for EMR pupils are organized largely on ability groupings.

Jarvis (1969) has offered findings from several studies related to nongraded elementary classes wherein several grouping differentials existed such as age, intelligent quotient, and academic achievement. The research from these studies revealed that an absence of homogeneity in the nongraded classes resulted in greater gains in reading, spelling, and arithmetic.

It appears that the case for ability grouping as it exists today is fostered by some teachers and parents. "Social and personal values appear to be more critical factors than academic realities in explaining the preference for ability grouped classes (Franseth and Koury, 1969:373)."

Academic Performance of the EMR in the
Special and Regular Classroom

It must be understood that, by virtue of learning similarities that exist between the EMR child and the normal child, many EMR children are found in regular classrooms for a variety of reasons.

This being the case, there have been ample opportunities to study and compare academic achievement of the EMR child in both classroom arrangements. Ellis (1968) describes the Mullen-Itkin study as designed to evaluate academic achievement of EMR children in special class as compared to achievement in a regular class. The EMR children were carefully matched for such variables as age, intelligence quotient, socioeconomic ratings, reading achievement, school attendance information, teacher appraisal, and others.

Pre-tests were administered to matched pairs and post-tests given at one and two year intervals. In the first year, the only significant gain in achievement between special and regular class pupils occurred in arithmetic, with the EMR children in the regular program showing superior achievement. At the two-year evaluation level,

the regular class approach enabled the EMR pupils enrolled to show a higher gain in overall classroom work. In reading the gain was slightly under a significance level.

Kirk (1964) reports three studies somewhat similar in nature which all document a higher rate of achievement for regular class placement. These studies were made by Bennett in 1932, Elenbogen in 1957, and Cassidy and Stanton in 1959. All three studies were developed differently.

Blackman (1967) summarizes efficacy studies on special class, regular class instruction:

Goldstein, Moss, and Jordan (1965) controlled for methodological inadequacies which had characterized previous investigations and conducted what was perhaps the most definitive study to date of the efficacy of special class training for the educable mentally retarded with respect to intellectual development, academic achievement, and social and personal development What emerges is the sobering generality that this methodologically sophisticated study of the efficacy of special classes for mentally retarded children blends into the long line of negative findings that have characterized this area of research for the past thirty years (Blackman, 1967:8).

The Social Acceptance of EMR Pupils

Most of the efficacy studies about the EMR pupil comment on the social acceptance of EMR pupils in regular classrooms. In some cases, the EMR pupil has been identified as such in the eyes of his normal peers; in other situations no awareness or identification was made to normal classmates.

The present writer will briefly review two studies that reveal

some aspects of social acceptance.

The first study, Perception of the EMR Special Class by Former Students by Gozali (1972), analyzed the responses of 218 male EMR students who had participated in special class instruction in 1964, 1965, and 1966 and had gone on into a variety of occupations. A personal interview format was designed to elicit answers from the sampling relative to their perceptions about the value of their special class experiences.

Responses to questions pertaining to the experiences of the study population in special classes tended to be negative. The majority, (85%) of the individuals, perceived their special-class experiences as degrading and useless. For example, answers to the question, 'What did you learn in school?' were: (a) 'Nothing. The teacher just gave us workbooks all the time;' (b) 'The teacher never taught me how to read;' (c) 'The teacher was nice, but I couldn't do anything I wanted, like work in the auto-body shop.' Only 15% of the population responded positively: 'I learned a lot. I had a wonderful teacher who really taught me lots of things, like reading, making change, and going places in the city.'

To the question, 'Would you like to send your child to a special class?' 91% of the population answered, 'No.' When questioned as to why not, sample responses tended to be, 'I would like my children to really learn how to read and write;' 'I would like my child to have friends and fun in school.'

When asked about friendships and socialization with students from their special classes, 87% of the population responded negatively to such questions as: 'Do you ever meet with the students from your class?' 'Who?' 'How frequently?' 'Would you like to get together with them?' 'Why not?' 'Who are your friends today?' It seems that in the eyes of EMR students, special classes have failed to educate them and provide them with a socialization support system.

The purpose of this investigation was to identify the perceived educational and social 'value' of special classes in the opinion of former EMR special-class students. The evidence suggests that the majority of the population of former EMR students in this survey consider their special-class experiences to be rather negative (Gozali, 1972:35).

Gozali concedes that the study should not totally demean the special class and its social effect on pupils; however, in view of the general negative response attitude, she feels alternative instructional designs should be studied.

Clyde McDaniel (1971) has shown concern for the social acceptance of EMR students, recognizing its relationship to general school adjustment and success. His study revealed statistical data that supports a higher degree of social acceptance of EMR pupils by normal peers when specific school extracurricular activities become a part of the EMR pupil's school life. The study developed two hypotheses:

1. Participation in extracurricular activities over a period of time increases social acceptance.
2. Failure to participate in extracurricular activities over a period of time causes social acceptance either to remain relatively constant or to decrease.

Two extracurricular activities chosen were basketball and square dancing. They were chosen for their general popularity, ease of teaching, and opportunity for physical contact. Sixteen boys and sixteen girls were chosen and divided into a control and experimental group, each having eight boys and eight girls. The groups were matched for such variables as race, socioeconomic status, chronological age, and intelligence quotient range.

The experiment lasted six weeks, the control group abstaining

from the activities and the experimental group participating. Sociometric tests of a special nature were administered to each EMR student at the end of each week of the experiment. Figure 8, page 178, summarizes the sociometric results of the study for both groups.

McDaniel's conclusions as a result of the study are:

1. Participation in school extracurricular activities over a period of time enhances the social acceptance of EMR students.
2. Participation in extracurricular activities for an extended time period increases and stabilizes the social acceptance of EMR pupils.

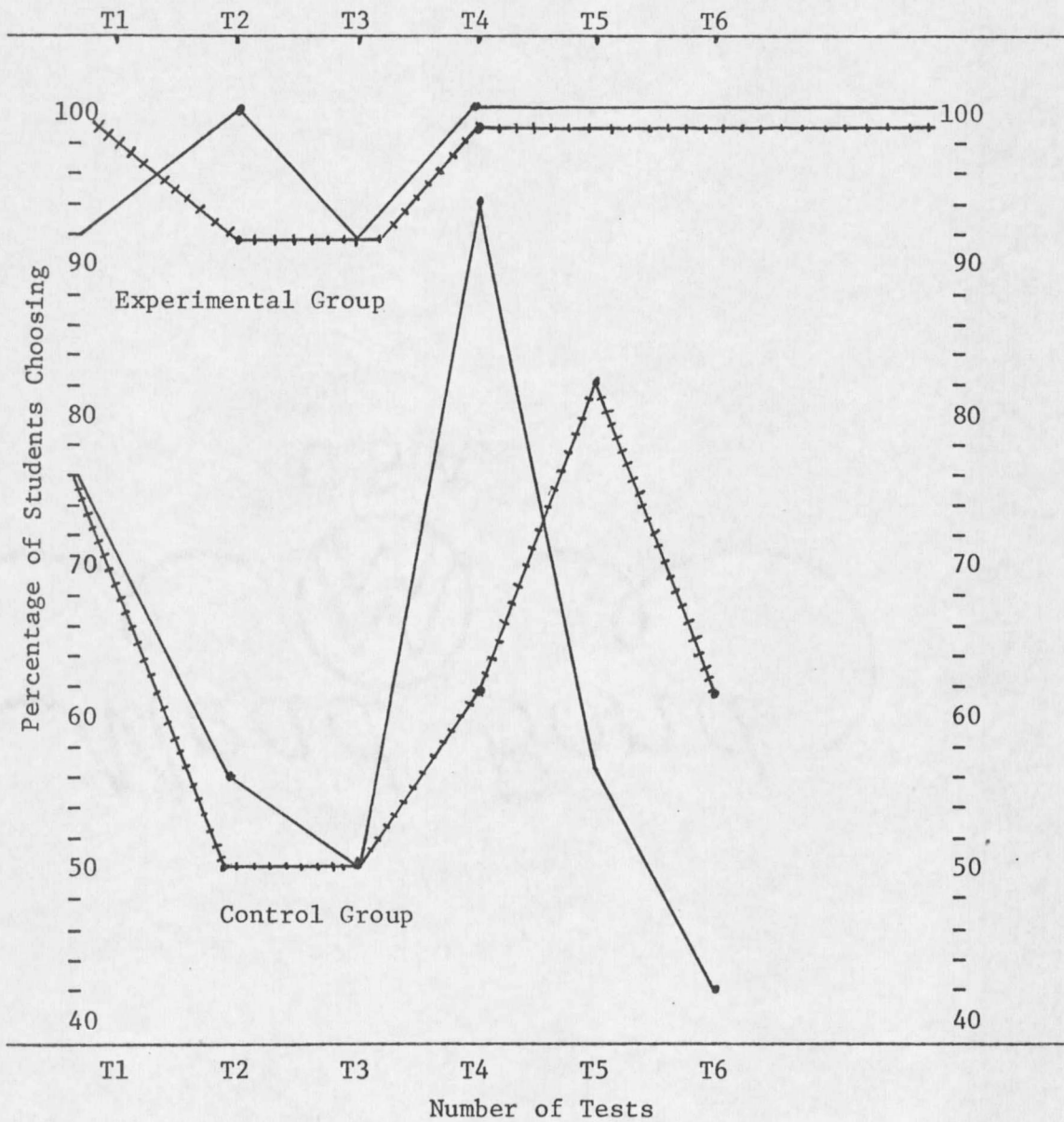
Boekel summarizes the factor of social acceptance for the EMR pupil.

The self concept is the single most important factor that determines how the child will learn. It is a complex element, crucial to the child's behavior, a determinant of his educational growth. Theorists among the ranks of special educators accept the premise that a positive self concept increases the child's chances for success (1969:8).

Contemporary Philosophies and Viewpoints on Educating Educable Mentally Retarded Children

There is no question about the existence of a large body of educators in the field of special education who are dissatisfied with traditional solutions to educating all exceptional children.

One army of special educators is committed to the point of view that education's mode of address must change drastically from its present forms if the precious uniqueness of each child's humanity is to be cherished. They believe that not only must regular education practices change but that the program authorizing



———— = Choosing Seating Companions

(McDaniel, April 1971:
27)

+ + + = Choosing Playing Companions

Fig. 8--Summary of the effects of participation of EMR pupils in extracurricular activities on social acceptance

legislation, training program focus, service delivery systems forms, and even the structures of special education's major professional organizations must change (Deno, 1970:229).

The changes advocated by educators and researchers have been reviewed by the writer and they appear to fall into three broad categories:

1. Mainstreaming the EMR pupil into an integrated teaching-learning environment with his normal peers.
2. Greater sophistication of teacher skill and understanding relative to their role with the EMR pupil.
3. Individualizing the entire approach to the needs of the EMR child, a heavy emphasis on the individual as a human being as well as a learner.

A brief examination of these three areas should serve to point out some possible directions for the future of exceptional education.

Mainstreaming

'Mainstreaming' generally designates the process by which handicapped children are educated primarily within the regular education mainstream rather than solely in self-contained special schools and special classes. Mainstreaming or integration designs may exist in numerous forms, combinations or degrees. Mainstreaming as a concept recognizes the right of handicapped children to exposure to the normalization process. Further, it delimits the emphasis upon the disability and assumes that modern education has the professional and technological know-how, desire and flexibility to provide the necessary individualized instruction for exceptional children and youth utilizing the skills of both special and general educators (Wisconsin Department of Public Instruction, 1972:1).

The definition above of mainstreaming is indicative of the philosophy of the State of Wisconsin, Division for Handicapped Children. In their Spring, 1972, Bureau Memorandum, sent to all school districts, the bureau, in a series of statements, encouraged and advocated that each district begin to develop local models of mainstreaming special education as an alternate to more traditional programs.

John W. Melcher, who heads the bureau, feels that mainstreaming in special education has faced much complacency by educators.

Heavy state and federal financial support of special education has caused general school administrators to seek an answer for the difficult child in special education rather than adapting the 'mainstream' to the unique learning needs of those children and youth (Melcher, 1971:2).

Deno also feels that the complacency of special education is a regressive factor in its progress. She suggests that long established traditions and beliefs must be replaced.

Too much special education practice seems to assume that we already know what to do and have only to march firmly ahead until enrollment figures match incidence estimates. We know we don't. We also know the incidence estimates are questionable.

Special education can make this kind of advance as part of its responsibility to (a) sort out which children the mainstream ought to be able to handle from those who need services the regular program cannot reasonably be expected to supply and (b) sort out which of the most disabled children are able to benefit from instruction at all (1970:232).

Stephen Lily (1971) takes a firm stand on the need for schools and teachers to adapt to the mainstream concept. Lily proposes a "zero reject" model for mainstreaming which in effect means that once a special education pupil is enrolled in the regular school program, or

is mainstreamed, it must become administratively impossible to remove him from the program for any reason. In essence, Lily is proposing that regular education must soon be ready not only to accept the EMR pupil but to succeed irrespective of the educational problems that might arise.

Mainstreaming has its supporters, and it will be studied in greater detail later in this chapter.

Utilizing Teacher Expertise

It would certainly be expected that greater teacher competency be a second direction for those dissatisfied with traditional special class results. The teacher's being a most crucial factor in any educational enterprise is sufficient reason to consider him as an important change agent.

The effect of teacher expectancy on pupil performance has been a widely studied and reported phenomenon in education. Simply stated, the teacher expectancy phenomenon demonstrates that in an experimental situation the teacher tends to influence, bias, or modify her attitudes and behavior toward the achievement of stated goals of the experiment.

Rosenthal and Jacobson (1967) have reported a teacher expectancy study in an effort to determine the prophecy effect of teachers when purposely given false information about students.

In this study, the teachers were misled by experimenters to believe that a sampling of above average, average, and below average

pupils assigned to her had been tested and showed high intellectual potential. The teacher was also told that on the basis of the test, the children should show achievement growth within several months. A control group of the same sampling was assigned to another teacher; however, there were no false predictions as to their expected performance. In essence, then, the only difference between the control and experimental group was in the minds of the two respective teachers and how they perceived their pupils. In a brief summary, the experimental group of children scored higher than the control group in several post-tests in which both had been pre-tested. Another important finding was the positive attitude of the experimental group teacher as she described the classroom in generalizations. Finally, as one would expect, the social attitude of the pupils in the experimental group reflected the optimism of the teacher.

The present writer's purpose in reviewing the Rosenthal study was to suggest that teacher training objectives, methods, and attitudes derived from such studies might help to modify and sensitize teachers to incorporate positive behaviors toward children.

The implication by Rosenthal that teacher behavior modification can be an effective tool for a more sensitive understanding of the EMR child is an important consideration.

Burton Blatt (1970) has also shown concern for the training and in-service experiences of teachers, supervisors, and administrators

working with handicapped children. Blatt, in addressing himself to the efficacy of the special class professional personnel who direct such programs, takes the position that greater experimentation must take place in order to create more effective teaching for the handicapped child in an integrated setting.

Blatt specifically notes several objectives that must be considered in creating a more effective teacher for the handicapped child.

1. The most dominant objective in preparing the regular classroom teacher to work with handicapped children is the strong reinforcement and indoctrination of humanistic concerns for all children. Teachers must be humanists, Blatt insists, and especially so as they perceive the handicapped child.

2. Teachers must develop their own styles of teaching and interacting by being given more flexibility of expression and more opportunities to experiment with their own particular talents. Too much teacher training is presented as a kind of pedagogical blanket with much course work and other experimental training far removed from the individual teacher's needs. Blatt suggests that teacher training seldom gives the individual opportunities for self introspection as a learner and as a personally unique delivery system for creative teaching.

3. Finally, Blatt advocates a stronger clinical experience

is needed for teachers. He feels that teachers must be trained to observe and interact with children to a greater degree so that each individual can gain better insight into his prejudices, emotions, and potential for teaching.

What I have tried to communicate is that, in the best of all possible worlds, every classroom should be a special classroom, teaching should be more inductive and diagnostic and teachers should be most concerned with human beings, the qualities they have, and the skills they need (Blatt, 1970:9).

Individualizing Instruction

"Attention is focused on the individual learner as a person with unique characteristics, concerns, and motivations (Klausmeier, et al, 1970:4)." The preceding definition of individually guided education is very often misinterpreted by unknowing educators and the public. The connotation sometimes given to individualized instruction is a mistaken concept that each pupil is taught on a one-to-one basis throughout the whole school day. Certainly individualization can and does take on singular teaching aspects from time to time, but in a wider context it is a simple recognition that each child has unique learning characteristics that must be recognized and met by the total teaching resources of a school. Groupings and sub-groupings are constructed and dissolved for specific academic and social experiences throughout the course of a day, a week, a month, a year!

What does individualizing instruction have to offer the EMR pupil?

Real individualization of education must begin with the acceptance of the child, or the learner, as the central focus of concern. While we have paid lip service to this concept for years, the major focus of our concerns has been on the process of education, not on the process by which learning occurs in each child. We have been concerned with fitting the child into the system, with curriculum, with class size and structure, with characteristics of the education of teachers, and with any number of other aspects of a complex process. If we examine closely the process which occurs in classrooms, we do not see unique teacher-student interactions which represent the individualization, including variations in approach to the task, rate of presentation or response to the feelings of the learner as he attempts to master the tasks presented (Martin, 1972:918).

One can recognize elements of the humanistic philosophies of Gozali and Blatt in Martin's plea for individualization.

Brabner (1966) describes the ultimate in the art of individualizing instruction taking place at Valley Winds School in suburban St. Louis. The staff at Valley Winds has set the goal of individualization of instruction extremely high by designing the program so that each child learns how to develop himself into an independent learner able to teach himself to a large degree by utilizing the staff, instructional materials, self-assessment, and programmed materials as his resources.

In contrast, Brabner points out that most school children spend 90 per cent of their time being taught by a teacher.

A somewhat different facet of individualized instruction is noted by Gearhart (1972), who feels it must be recognized that the concept of a learning style or learning mode is present in every child. Each child has one or more sensory or intellectual avenues that make learning somewhat easier and meaningful as opposed to receiving

instruction superimposed on him with little or no choice in the delivery style, Gearhart contends. He suggests that while one child learns extremely well in group situations, another derives more learning on an independent basis. As another example of learning style, frequent use of auditory instruction has benefits for some children but for others the same learning concept may be better understood by use of a visual technique.

The learning style concept is an integral component of individualized instruction, and it holds much promise for the exceptional child for whom learning is frequently a fleeting and elusive process.

Contemporary Models of Instruction for Educable Mentally Retarded

Hopefully the writer in Chapter VII has documented a new era of education for not only the EMR pupil but for all exceptional children. What remains is to present several instructional models that reflect the contemporary trends and patterns of today. The models represent a variety of concepts, theoretical and operational.

The Theoretical Model

Alfred Lazar (1969) has noted several weaknesses in special education programs. The essence of his analysis follows:

1. There is a need for a systematic method of assessing pupil academic growth and the effectiveness of the curriculum in relationship to pupil growth.

2. Teachers have not been overly concerned nor proficient in evaluation processes applying to teaching techniques, instructional materials, or class organization.

3. Special education stagnancy is being perpetuated because the teacher and administration do not understand or appreciate evaluation techniques.

Lazar contends that these weaknesses can be eliminated or reduced by special class teachers if they employ a systems approach of identifying learning tasks that are to be achieved in terms of behavioral objectives. Lazar's model is designated SOME:

S = SURVEY of variables

O = OBJECTIVES

M = MULTI variables

E = EVALUATION

Figure 9 outlines the SOME concept.

Survey of S Variables	Objectives	Multi M Program Variables	Evaluation
Societal	Implicit	Modality	Performance
School	Explicit	Motivation	Self
Student	Immediate	Methods	Cooperative
	Intermediate	Multi-types	Significant
	Long Range	in/of learning	others

(Lazar, 1969:3)

Fig. 9--The SOME system teaching model

Lazar's model above obligates the special education teacher to follow a sequential evaluation progress.

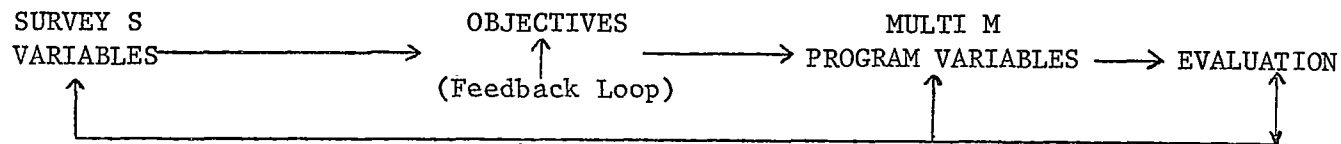
1. The teacher must first survey those variables in each student that index and describe him in terms of societal goals for education, school laws and regulations, and specific student needs. She must also survey her own role in terms of her teaching strengths and needs. A survey of administrative and logistical support for the program must also be considered.

2. When a survey of student and teacher variables has been adequately defined, the teacher then can state her educational objectives for the student's progress implicitly, explicitly, immediate in terms of time, intermediate in terms of time, and long range.

3. Objectives for the pupil now assume tangible variables of modes of learning, motivation processes, instructional methods, and multiple types of learning.

4. Evaluation completes the SOME system of teaching with self-evaluation of teacher and pupil, cooperative evaluation of teacher and pupil by each other, and evaluation of pupil and teacher by others such as psychologist, fellow staff members, and administrative staff.

Figure 10, pages 189 and 190, details Lazar's SOME model by adding components to the four major sequences. The feedback loop as indicated enables the teacher to develop or seek new alternatives and options should evaluation disclose some weakness or deficiency at any



Societal Goals for Education

School Laws and Regulations

Special Training Requirements for Special Class Teacher

Survey of Specific Student Needs, Strong Points and Weaknesses:

Formal Testing and Evaluation by Others

Informal Testing, Assessment, Information Gathering by Teacher

Develop Individual Profile of Demonstrated Skills, Knowledges

Write Explicit Instructional Objectives in Terms of

Cognitive Development
Affective Development
Motoric Development

(See Bloom's Taxonomy)

Make Instructional Objectives in Terms of Time Factor:

Immediate (daily)
Immediate (chaining-weekly)
Long Range (several weeks)

Scope and Sequence Objectives in Developmental Fashion

(See Piaget's Theory)

Modality Input:

Auditory
Visual
Tactial

(See Bateman, Wepman, Frostig)

Motivation
Intrinsic
Extrinsic

Methods

Individualized
Small Group
Total Group
Modality Used
Rate of Learning Required

Materials

Books
Film Strips
Films
Listening Center
Teaching Machines

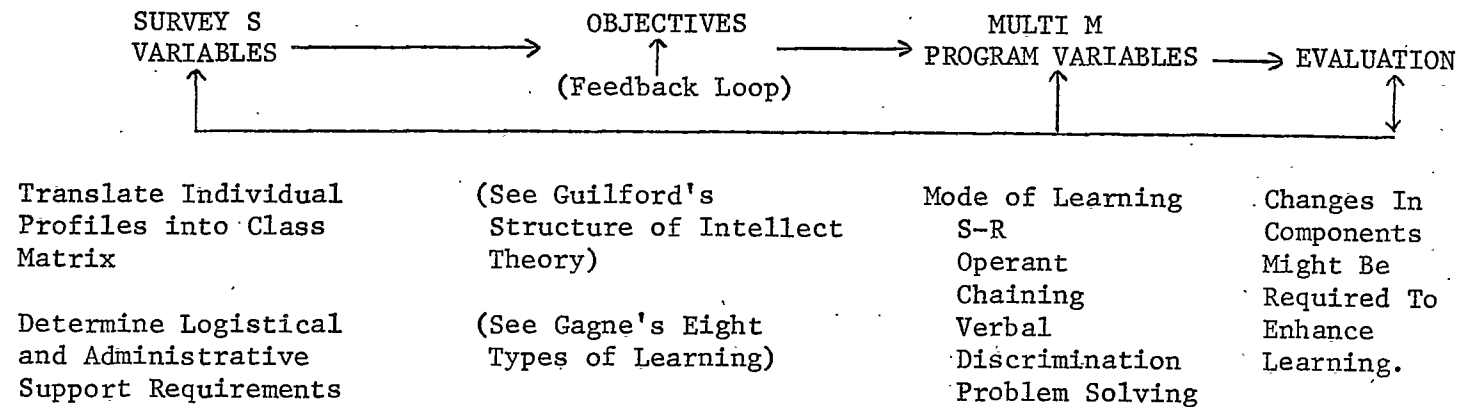
Based on Objectives

Self-Evaluation

Pupil
Teacher
Cooperative

By Significant Others, i.e. Principal or Psychologist, Fellow Teacher

If Criterion Is Met; Plan Next Move in the Scheme of Scope and Sequence of Learning Activities.
If Not, Use Feedback To See What



(Lazar, 1969:6)

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Fig. 10--Flow chart of select "Some" system components requiring task analysis action upon part of the special class teacher

stage of the program.

Lazar's design is heavily dependent on a highly sophisticated and sensitive teacher element to insure success of the model. Figure 11, page 192, illustrates the network of support that must exist in order for the teacher and pupil in a SOME model to effect an optimum teaching-learning situation.

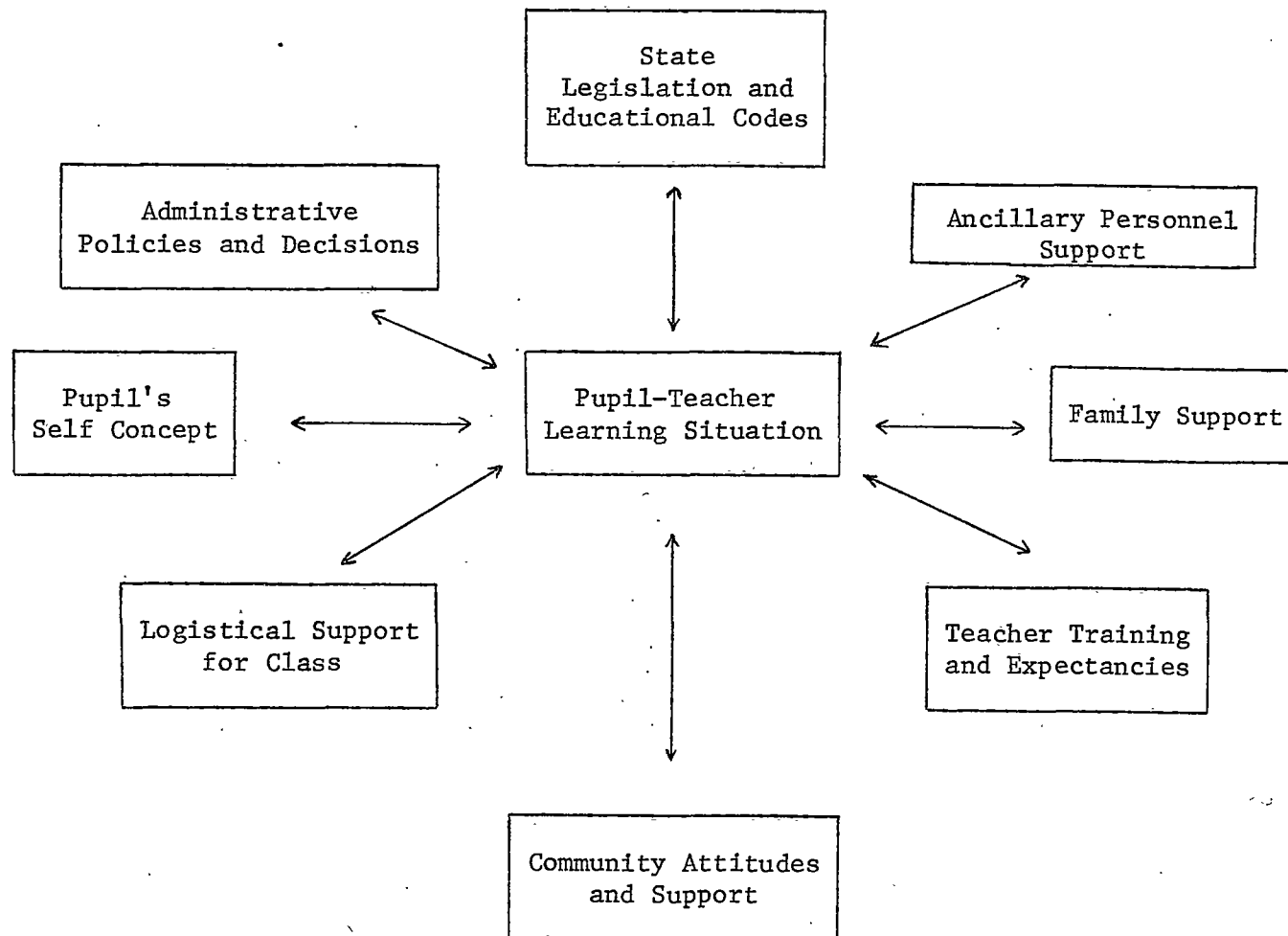
Evelyn Deno (1970) has proposed a theoretical special education model that is similar in many respects to Lazar's, and the writer has included a schematic diagram of her proposal for the sake of noting those similarities. Figure 12, page 193, reveals that Deno's model has five major sequences of operation quite similar to Lazar's, including a performance, assessment, feedback procedure.

Again, the Deno model relies heavily on a well trained teacher.

We might see that every teacher in the special education system is trained to function according to the teaching model illustrated This behavior typifies the experimental scientist in action. It represents a continuous, ongoing, hypothesis-setting, hypothesis testing, theory building approach (1970:235-6).

An Operational State Model

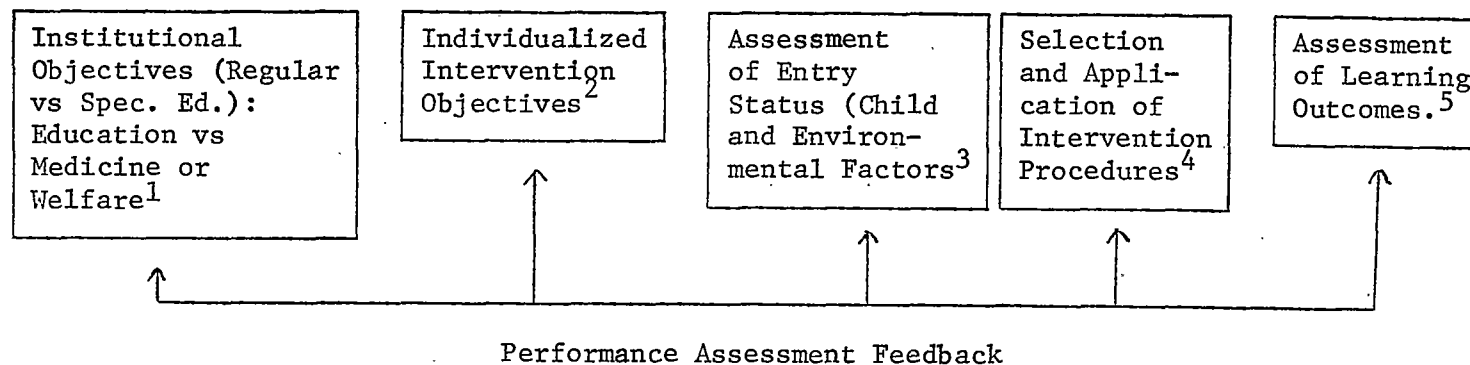
Most state departments of education have developed instructional models for the EMR pupil. Their most important contribution is that they deliver a program model to the smaller school district in their respective state which, for lack of staff and research facilities, might flounder in educating the EMR pupil.



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(Lazar, 1969:5)

Fig. 11--Some critical factors that influence the nature and the degree of instructional effectiveness and pupil-teacher interaction during the learning situation



- ¹ In terms of the socially defined mission of the special education service delivery system relative to the responsibilities assigned to other helping service systems.
- ² In terms of what socially relevant coping skills the child needs to and is able to acquire.
- ³ In terms of the skills and learning history with which the child enters the task and the learning facilitation potential of available resources.
- ⁴ In terms of the individual treatment goals prescribed and the predicted effect of manipulating selected environmental variables.
- ⁵ In terms of improvement in the child's coping skills.

(Deno, 1970:236)

Fig. 12--Proposed special education teaching model

In some cases the model offers not only an organizational outline but a full complement of curriculum plans and step-by-step teaching sequences. The Kansas Plan: Conceptual Models for Development and Implementation of Curricular Content Structures (Thorsell, 1969) is an example of a state model that can provide an immediate and complete program for any school district who either cannot or chooses not to develop a local plan.

A state model that is somewhat similar to the Kansas Plan is Wisconsin's A Persisting Life Needs Approach to a Curriculum for the Educable Mentally Retarded (Blessing, 1970). A more detailed inspection of the Wisconsin model will help to focus on contemporary trends and patterns for EMR pupils at the state level.

Many current philosophies of special education are incorporated into the Wisconsin design, and the reader will perhaps recognize this in a preface to the model.

Academic and social learning is demonstrated objectively by a characteristic change in goal-oriented behavior as a result of experience providing a sufficiently motivating degree of positive sequences. Special programming and differentiated curricular provisions for the mentally retarded are an accepted component of the total school program in Wisconsin public schools in recognition of this range of human variabilities and needs (Blessing, 1970:8).

The model takes its direction and title from the following statement:

Persistent life needs are those recurring functions required of individuals living in a democracy, requirements which persist throughout the retarded individual's life. When adequately met

and resolved in concerted fashion, these represent the objectives and desirable outcomes of our special education programs (Blessing, 1970:9).

What does the design consider as persisting life functions?

What are they specifically?

1. Learning to communicate ideas. This function alludes to the incorporation in the model of the very important skills such as verbal interaction, listening, reading, spelling, writing, and arithmetic skills.
2. Learning to understand one's self and to get along with others. Social adjustment to living is the theme of this function.
3. Learning to travel and move about. Mobility for the EMR is important. Some Wisconsin schools educate some EMR pupils in driver education.
4. Learning to handle and adjust to one's social, technological and physical environment.
5. Learning to keep healthy.
6. Learning to earn a living.
7. Learning to live safely.
8. Learning homemaking. This function has adaptations for boys as well as girls.
9. Learning to manage one's money.
10. Learning wise use of leisure time.
11. Learning to appreciate, create, and enjoy beauty.

12. Learning to be a responsible citizen.

These functions are similar to goals one might set for the normal child and indeed past chapters have revealed very few differences exist in the basic approach to educating the EMR child and the normal child.

The persisting life functions approach has a traditional scope and sequence and an organizational format. It is three dimensional in concept.

The scope of the design is a reference to integration of the twelve persisting life functions to the individual pupil, his family, and the community.

The sequence is structured around those concepts and learning experiences within the persisting life functions as they should be introduced with respect to the pupil's chronological and mental age.

The format for organization in the model furnishes the teacher with teaching tools such as basic skills suggestions and needs. Planning units of interest and building experience projects having a direct relationship to the persistent life functions are organizational components as well.

An examination of Figure 13, page 197, reveals the persisting life functions model in its three dimensional role of scope, sequence, and organization.

Just as the theoretical model has its overall objective scheme,

SCOPE--Refers to the selection of areas of knowledge, facts, skills, and generalizations which should be encompassed by school experience in terms of the:

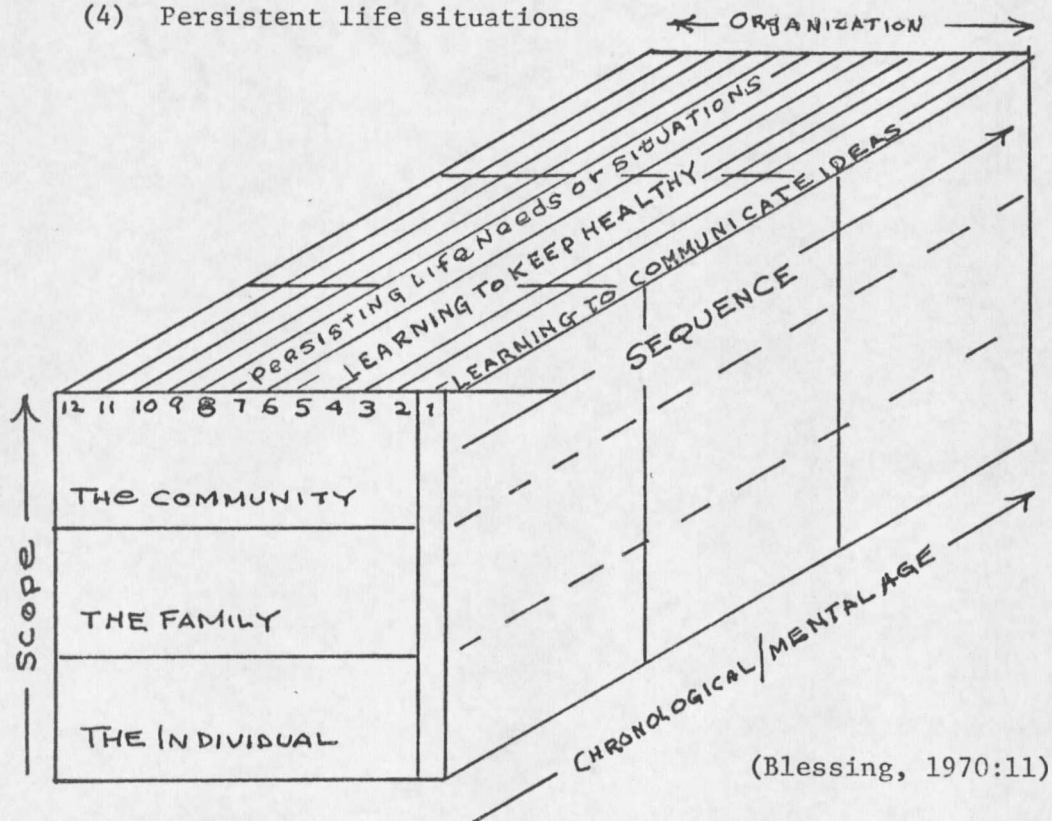
- (1) Individual
- (2) His role in the family
- (3) And in the community

SEQUENCE--Refers to the order in which the proposed concepts, learnings, and experiences are to be developed. Based on C.A., M.A., maturity, interest level, needs, and societal demands.

ORGANIZATION--Refers to the format of the organization of knowledge, skills, and generalizations for instructional purposes.

Includes:

- (1) Areas of knowledge
- (2) Tool subjects
- (3) Centers of interest units
- (4) Persistent life situations



(Blessing, 1970:11)

Fig. 13--The persisting life situations curriculum design

so does the Wisconsin persisting life functions model have an accountability pattern as shown in Figure 14, page 199.

One notes a semantic similarity of the pattern of Figure 14 with those of Lazar (1969) and Deno (1970). This, again, is an indication that contemporary models of instruction for EMR pupils appear to recognize such important elements as behavior modification, behavioral objectives assessment, evaluation, and instructional modification.

A Local Experimental Model Mainstreaming Educable Mentally
Retarded Pupils in Elementary Schools

Mainstreaming EMR pupils into classes with normal children has been discussed earlier in this chapter as a promising technique.

Instructional Integration Through Mainstreaming (Janesville, Wisconsin Public Schools, 1971) documents an experimental mainstream model that operated in three different types of elementary schools in Janesville, Wisconsin, during the 1970-1971 school year.

The experimental model grew out of an earlier pilot project in which EMR pupils were mainstreamed in a multi-unit elementary school utilizing the individually guided education concept of education.

The multi-unit teaching design is a sophisticated team teaching strategy cutting across the traditional age-grade self-contained classroom philosophy, developing instead large heterogeneous groups or units having a two-year age span.

Rosenkrantz (1972:14-16) reports the early development of the

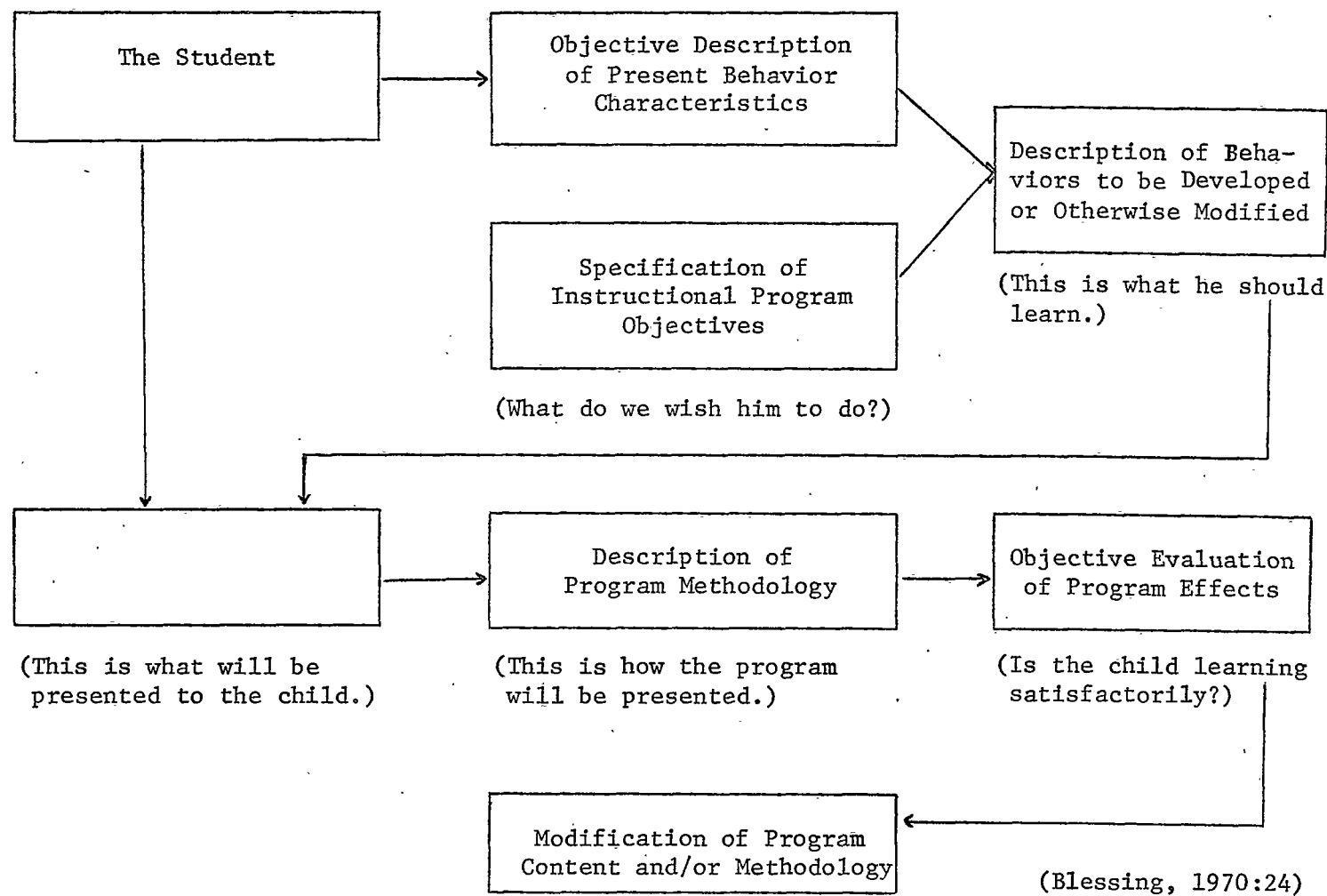


Fig. 14--A systematic approach to development of a classroom program for the retarded

mainstreaming project in Janesville, Wisconsin.

An experimental mainstreaming program carried out at one school during the 1969-1970 school year was so successful that Title VI funds were requested, and awarded, to expand the program during the 1970-1971 school year. Three different neighborhood school settings were selected to investigate the feasibility and desirability of mainstreaming: Lincoln School, which had traditional self-contained classrooms; Van Buren, which was a new facility of open design with children divided into three learning pods; and Wilson, the multi-unit school that had initiated mainstreaming the previous year. The children at Van Buren and Wilson ranged from 7 to 9 years of age and the students at Lincoln from 7 to 11 years. All students identified as EMR who lived in the attendance areas were assigned to the mainstreamed programs and the I. Q. range was from 61 to 80 (1972:14-16).

A randomly selected group of children, seven to nine years of age, were selected from Jackson School's traditional segregated EMR classrooms as a control group for the three experimental groups.

The experimental mainstreaming model was designed primarily to determine if the concept merited expansion into the entire school system. Answers to six basic questions were hoped to be gained from the experimental model.

1. What learning advantages, if any, will mainstreaming have on the EMR pupil?
2. Will EMR pupils mainstreamed be accepted socially by their peers?
3. Will the teachers involved in the experiment accept the EMR pupils as a group as well as they accept regular students?
4. Will the parents of the mainstreamed EMR pupils have a favorable attitude toward the mainstreamed programs?

5. What effect will mainstreaming have on the self-concept and school attitudes of the EMR pupils?

6. Will there be cost differentials in the four programs used in the model?

The instructional methodology in each of the three experimental schools and the control school were different and deserve a brief description for a better insight into mainstreaming designs.

At Lincoln School, fifteen EMR pupils were integrated into seven traditional self-contained classrooms for regular children. In addition to the regular teacher, they received additional instruction from a special problems teacher certified to teach special education and a non-certified instructional aide. The EMR pupils received small group instruction with regular pupils from the class who were experiencing learning problems similar to those of the EMR pupil. In addition the EMR pupils received individual help from the special problems teacher and her instructional aide.

At the Van Buren School, which is an open design facility accommodating multi-aged instructional groups under a team teaching structure, the EMR pupils were assigned to Units I and II, which comprised a chronological age span of six to nine years. Mainstreaming took place as the EMR children moved flexibly from one instructional group to another in all academic areas. A certified special education teacher not identified as such functioned as a resource person to the

team of regular teachers and also taught small groups of EMR pupils in basic skill areas to supplement or remediate their instruction.

Wilson School was an older building that had been remodeled to accommodate the multiunit team teaching concept. Thirteen EMR pupils were mainstreamed into one instructional unit of ninety regular students, and twelve other EMR pupils were integrated into another unit of one hundred pupils. In one of the units, a certified special education teacher served as the unit leader for the team; in the other unit the special education teacher's role was that of a team member. Each unit was supported by an instructional aide.

Jackson School, the control school, continued to use the traditional self-contained, segregated classroom approach for its EMR pupils. This arrangement consisted of one certified special education teacher and from thirteen to fifteen EMR pupils.

What information with respect to the six previously mentioned criteria evaluation questions was derived from the year-long experimental-control group mainstream model?

Rosenkrantz (1972) reports the following:

1. Academic achievement evaluation comparisons for the four schools was based upon the results of the Wide Range Achievement Test (WRAT). Table 10, page 203, summarizes the pre- and post-test scores and their grade equivalents.

It will be noted that all three experimental school programs

TABLE 10

PRE AND POST TEST MEAN RAW, AND GRADE EQUIVALENT SCORES
 BY SCHOOLS--JANESVILLE, WISCONSIN MAINSTREAMING
 EXPERIMENTAL MODEL

School	Pre	(Gr. Eq.)	Post	(Gr. Eq.)
<u>READING</u>				
Jackson (Segregated)	27.9	(1.3)	28.8	(1.4)
Lincoln (Mainstream)	31.7	(1.6)	39.0	(2.1)
Van Buren (Mainstream)	24.2	(1.2)	29.5	(1.5)
Wilson (Mainstream)	29.6	(1.5)	36.6	(1.9)
<u>SPELLING</u>				
Jackson (Segregated)	19.8	(1.1)	21.0	(1.3)
Lincoln (Mainstream)	24.3	(1.6)	27.4	(2.1)
Van Buren (Mainstream)	20.0	(1.1)	23.0	(1.5)
Wilson (Mainstream)	22.1	(1.4)	24.7	(1.7)
<u>ARITHMETIC</u>				
Jackson (Segregated)	14.6	(K-9)	14.9	(K-9)
Lincoln (Mainstream)	19.6	(1.8)	26.5	(2.8)
Van Buren (Mainstream)	13.7	(K-7)	20.7	(1.9)
Wilson (Mainstream)	17.6	(1.4)	19.7	(1.8)

(Rosenkrantz, 1972:14)

scored significantly higher than the traditional segregated control school program in reading. In spelling also, all three experimental mainstream programs showed significantly higher gains than the traditional program at Jackson School.

Arithmetic scores also proved that the experimental programs achieved significantly higher gains than the traditional program. The significance was determined by statistical techniques using the .05 level of criterion for significance.

2. Acceptance of the EMR pupils was measured by using a sociogram of friendship preferences by asking the mainstreamed EMR pupils to name their three best friends and an equal. A randomly selected number of regular pupils in the three experimental programs were asked to name their three best friends. Jackson School was not a part of this evaluation because their pupils were not mainstreamed and had less daily exposure to regular class pupils.

Social acceptance of mainstreamed EMR pupils by regular pupils at Lincoln and Van Buren appears to have been poor with few EMR pupils chosen by the regular students. Wilson School, having had two years of EMR mainstreaming, showed 43 per cent of the first, second, and third choices by regular students to be EMR pupils. This percentage factor must be qualified by the fact that one highly popular EMR pupil accounted for half of the choices.

It appears that the acceptance of the EMR students in

mainstreaming was effective only at Wilson School, and even there the acceptance was somewhat influenced by the popularity of one EMR pupil. However, it would be reasonable to assume that the longer an EMR mainstreaming program is continued in a given school, the more the acceptance factor will increase.

3. A semantic differential technique was used to estimate the degree of acceptance by the teachers in the three experimental programs. The technique involved teachers checking a randomly selected group of EMR and regular pupils on a thirty-item list of negative and positive value words about children. Three degrees of teacher response to the value words were weighted to give an evaluation of teacher acceptance. The evaluation revealed no significant difference in the attitudes of the teachers in the three experimental programs toward either the EMR students or regular pupils.

4. In evaluating the attitude of the EMR parents toward the four programs, a semantic differential design was again used. Using scored parent perceptions of the effectiveness of the Janesville Public Schools in relation to their particular child in one of the four programs constituted the parent evaluation plan. Each item as perceived by parents carried rating values of from plus two to a minus two. The following is the mean of the parental ratings of each of the four programs:

Van Buren, Mainstream	1.8
Wilson, Mainstream	1.6
Lincoln, Mainstream	1.2
Jackson, Segregated	.6

These results do not represent valid statistical data because too many variables affect the ratings. Van Buren's high rating, for example, quite likely may have been a reflection of the EMR parents' pleasure with an extremely beautiful new physical plant. At any rate, this portion of the total program evaluation should not be interpreted as statistically accurate.

5. The students' self concept and attitude toward school was evaluated by presenting the EMR pupils in the four programs with twenty statements designed to reveal the students' reactions to themselves and the school. The statements were read to the students orally and they responded to each item by marking one of a series of five simple faces expressing a range of emotions from very sad to very happy. As an example, item five asked the question, "Which face shows how my teacher feels about me?" Each item has a rating possibility of from plus two to a minus two. The self concept and school attitude of EMR pupils is reflected in the following mean scores:

Lincoln, Mainstream	15.5
Jackson, Segregated	21.9
Wilson, Mainstream	23.8

Van Buren, Mainstream

26.0

Lincoln's low rating may be partially due to the fact that Lincoln's EMR pupils were older and had been in a segregated EMR class before entering Lincoln's mainstream program.

6. No answers are available on the comparative costs of the four programs at this time.

What tentative conclusions have been drawn from the Janesville mainstreaming project?

Essential to the success of a program of this type are three vital elements: (1) a building principal to establish a positive set for building staff and students, (2) teachers who want the system to work, and (3) adequate supportive staff. The success of our program can be attributed directly to the fact that these three ingredients are present throughout our school system.

In the Janesville Public Schools we have seen that mainstreaming has provided positive gains in the areas of social-cultural advantages, personality and emotional adjustment, and intellectual advantages. Children have developed a better self-image. Teachers and students have established a 'duality' of rapport and understanding. An aura of acceptance has prevailed and attitudes have matured. Mainstreaming, as we see it, is not a panacea to cure the ills of educating the mentally retarded child. It is not a bandwagon approach. It is a carefully formulated plan of action that may, in the future, lead us to further edification and redevelopment for providing the best, most meaningful, relevant education for our children (Janesville, Wisconsin Public Schools, 1971:32).

This chapter has presented contemporary philosophies, trends, and patterns of instruction for the educable mentally retarded since 1946. A summary of the chapter is a chronicle of change within the field of exceptional children and the EMR child in particular.

From a traditionally accepted self-contained, segregated

classroom concept so prevalent after World War II, there began to develop signs of discontent due to research and greater teacher sophistication at the local school district and university level.

Critics in the field of special education began to document both generalizations and research that tended to weaken the efficacy of the segregated special class.

Actual research relative to the effectiveness of traditional special class instruction included studies on grouping, academic performance, and social acceptance, and all appeared to challenge the special class efficacy.

A review of alternate options as an answer to the special class revealed three general trends: mainstreaming, greater teacher skill and understanding of the exceptional child, and, finally, adapting an approach to the individual needs of the exceptional child as a human being.

The persistence of the critics, the findings of research, and the apparent inflexibility of the special class mode all contributed to creation of contemporary models of instruction for the exceptional child.

These more recent developments offering challenging alternates to traditional instruction are both theoretical and operational in their application.

Lazar's SOME approach (1969) to special education, while

theoretical in character, has influenced much of the new look in special education.

Evelyn Deno (1970), in constructing a theoretical model, has offered objectives and guidelines that are also desirable and adaptable to special education needs today.

At the operational level, the persisting life functions approach found in the State of Wisconsin's design typifies the effective state role that is being played by many of the respective state departments of education.

Finally, an experimental mainstreaming model integrating EMR students into instruction with regular students has been studied in the Janesville, Wisconsin Public Schools design. Supported by data from the Janesville experimental model, mainstreaming appears to hold some promise for the exceptional child when carefully structured, staffed, and administratively well supported.

Because this chapter has challenged the past, perhaps Johnson's (1964) viewpoint of the future of special education is an appropriate finale.

If special education for the mentally handicapped is ever to achieve the goal of being clinical education for children who have learning problems, it is essential that special educators (a) carefully define their objectives; (b) select the learning activities (skills, content, and attitudes) that will aid the individual in accomplishing them; and (c) evaluate each child in terms of his unique characteristics and needs to determine both content and method (based upon an understanding of developmental psychology, learning theory, and dynamics of behavior)

to be used to enable him to be in the society in which he is living. Only in this way will special education for the mentally handicapped justify its existence (1964:70).

CHAPTER VIII

SUMMARY

This study has been an historical review of educational trends and patterns for the educable mentally retarded child prevalent from 1946 to 1973.

The narrative has, in reality, moved through much earlier epochs of civilization in order to gather together age old influences that have shaped the sometimes erratic progress of mental retardation efforts.

Beginning with the Ancient Pre-Christian Period, the mentally retarded were cruelly treated or frequently ignored as ignorant superstitions cast them in the role of demons. Later treatment afforded them more tolerance as objects of amusement by the more wealthy Romans.

The early Christian Period brought a small measure of compassion to the mentally retarded and the Medieval Period little more, as they continued to be merely tolerated as court jesters or manifestations of spirits and demons. In France, however, the Christian influence of Saint Vincent de Paul initiated a small island of understanding as the retarded found haven in one of the earliest forms of institutional care.

The first scientific approach to the understanding and education of handicapped persons came as early as 1555 in Europe with an approach

to teaching the deaf, followed by a scientific effort to understand ways of educating the blind.

The Frenchman Itard contributed to early studies about mental defectives, as he attempted to modify the behavior of an uncivilized mentally retarded boy.

As interest in the science of education for the retarded brought small measures of success, new and dominant personalities in Europe added impressive contributions in the nineteenth century. Esquirol, Seguin, Montessori, and Binet all added much knowledge and substance to the education and understanding of mentally retarded.

The scientific study and education of mentally retarded marked a turning point in an otherwise long and ignorant history of misunderstanding, fear, and superstition, a situation still prevalent to some degree.

As the young American nation grew, so did its concern for education grow, with Dr. Samuel Howe acting in the mid-nineteenth century as a major driving force for the education of the mentally retarded.

It was Howe, aided by Seguin, who introduced the public institution philosophy to the United States as a humanitarian effort to educate and care for the retarded. Institutional growth was swift and its philosophy was highly idealistic in terms of projected hopes and expectancies for the retarded.

Idealism gave way to the sober realization that mental retardation was a complex and insoluble educational problem. In the late 1800's, the early optimism of institutionalization faded, and the role and character of the institution changed with it.

As total educational rehabilitation became an obvious impossibility for institutions, it was replaced by an era of institutional regression and a gross misunderstanding of mental retardation by the general public.

Fear and ignorance once again seemed to overshadow common sense and scientific knowledge. The mentally retarded were subjected to severe segregation and even sterilization resulting from a misguided eugenics hysteria that swept through the nation early in 1900.

Clearly, the institution as an early influence in aiding the retarded was invaluable; clearly, too, its original faith in rehabilitating the broad gamut of mentally retarded was not realized.

The study has introduced the preceding historical developments as a means of relating the significant influence of earlier eras to the problems of mental retardation in our contemporary society.

Irrespective of some of the shortcomings of the public institution, they did represent America's first significant educational enterprise for the retarded.

The early growth of the institution provided the training ground for educational methodology and, more importantly, teacher

training. The changing character of the institution led to more efforts by local school districts to accept the education of the mentally retarded, especially in the larger cities of the nation.

The growing demand for trained teachers in the early 1900's soon outstripped the institutions' ability or effort to train personnel, and by 1908 several institutions of higher learning had begun to offer some limited course work for educating the mentally retarded.

Teacher training opportunities continued to expand in the broad field of special education, and with the expansion came more demands for teacher certification standards.

The decade of 1930 to 1940 was a somewhat passive period of training for teachers of the mentally retarded, complicated partly by certification requirements and a reluctance by some school administrators to acknowledge the need for special education.

World War II and the immediate post-war years had a most significant effect of creating a public awareness and acceptance of handicapped persons. This acceptance of responsibility grew out of compassion for thousands of physically and emotionally disabled war veterans.

Fortunately, the nation generally extended their compassion to the broader field of exceptional education, and by 1946 the demand for trained and certified special education teachers far exceeded the supply.

Colleges and universities tried desperately to provide special

education training on a greater scale than ever. The subsequent growth in teacher training brought a mutual realization to institutions of higher learning, state departments of education, and local school districts that they must upgrade certification standards and teacher training experiences.

The increased emphasis on certification standards and broader teaching experiences for special education personnel resulted in a need to define desirable teaching competencies and characteristics. Several competency studies have been reported in this thesis, and the results of these and other competency surveys have added valuable dimensions to the certification, training, and competency needs of the special class teacher.

This study has also investigated the more traditional trends and patterns of instruction for the EMR child prevalent since 1946. The survey has revealed that the learning patterns and processes of the EMR child are very similar to those of a normal child and that his emotional and social needs are similar also.

There appeared to be a growing fund of knowledge accumulating about the education of exceptional children and about the EMR pupil, especially in the post-war decade of 1950 to 1960, when pupil enrollments soared.

A more definitive position was taken toward the desirable goals and objectives for educating EMR pupils; and, while they helped to give

more direction to educational programs, they frequently tended to be somewhat vague and left much to be desired.

The generalization can be made that the educational trends and patterns for EMR from 1946 and for the following two decades was marked by a commonality. This commonality appears as one reviews curriculum guides, program content, and administrative patterns for school districts and classrooms.

The rationale for the traditional special class organization seems to have been dictated by financing formulae, geographical factors, and school-community interests.

The role of the federal government and state governments has been reviewed extensively in this study of the educable mentally retarded.

Much has been accomplished by our national government and states on behalf of mental retardation, but action has frequently been fragmented, duplicated, and uncoordinated.

At the federal level, there have been several agencies and bureaus all having a mandated function and concern for the welfare of exceptional children, but often their efforts have been duplicated or were in conflict.

Federal legislation pertinent to exceptional children has been reviewed in this study. The federal thrust in legislation has occurred in four major areas:

1. Providing financial support to state governments as an incentive to comprehensive planning by the states for exceptional children.
2. Supporting programs that help identify and serve the special needs of handicapped children.
3. Encouraging the training of personnel to work with handicapped children by offering financial aid.
4. Developing and supporting programs designed to meet the special and unique needs of the handicapped child.

The interest of President John F. Kennedy in the national problem of mental retardation has been noted and evidenced by his action in creating a National Plan to Combat Mental Retardation in 1961. President Kennedy's influence led to landmark legislation for the mentally retarded, and succeeding presidents have contributed a personal role in later legislation.

The state role has been an active and productive one since 1946. As state departments of education began to adjust to the post-war acceleration of special education, they too experienced coordination problems but, having had an existing framework of education for regular education, they soon began to refine their approaches to special education.

The federal legislation enacted in P. L. 88-156, 1963-1964, and P. L. 88-164, 1963-1964, provided significant financial support to

the states, enabling them to implement comprehensive programs of education for the mentally retarded.

This study has examined in detail how the State of California responded to the federal legislation mentioned in the preceding paragraph. The action taken by California was swift and effective, with the development of a state-wide program for the mentally retarded.

The costs and financing of programs related to the mentally retarded in the nation have been revealed by both description and tables, all of which document the relatively high cost of special education when compared to regular programs of education.

This study has indicated that, notwithstanding a pre-World War II lethargy at the federal and state level and a basic coordination weakness after the war, the role of both governing bodies has been admirable.

The final chapter of this study has treated contemporary trends and patterns of instruction for the educable mentally retarded.

It is not unusual that a strong movement for new philosophies in special education is currently under way. The traditional segregated patterns of instruction were conceived some forty years ago and, while they have served reasonably well, current investigation and opinion seem to advocate different approaches and philosophies.

Criticisms of the traditional role of special education have been presented and alternate plans offered. There appears to be a

growing number of critics of the segregated special class for EMR pupils. Some have offered hard research that seriously questions the efficacy of educating EMR children in a segregated setting. Other critics have voiced philosophical points of view that are in opposition to the traditional special education role.

The study has reviewed both the research findings and the philosophies that advocate change.

Some issues that appear to be the basis for efficacy studies are:

1. Homogeneous and heterogeneous groupings in education.
2. The academic performance of EMR pupils in special and regular classrooms.
3. The social acceptance of EMR children.
4. The acceptance of EMR pupils by special and regular class teachers.
5. Unusually high per pupil costs for the special class.

As the issues above were developed, this study in its final stages has presented contemporary models of education for the EMR pupil. A theoretical model has been examined, a current state department of education plan has been explored in detail, and finally an experimental mainstream model has been given much attention.

A theoretical model titled SOME has been introduced which specifies that EMR instructional designs should survey all pupil

variables, establish objectives based on pupil variables, provide multi-variable learning modes and methods and finally build in constant evaluation mechanics.

State departments of public instruction have been active on the contemporary scene also and the present writer has reviewed the State of Wisconsin's Persisting Life Needs Approach to a Curriculum for the Educable Mentally Retarded. This State model is a functional model and offers a comprehensive instructional design for smaller communities especially.

The mainstreaming concept of integrating EMR into the full social and academic atmosphere of normal children has been presented in the Janesville, Wisconsin Instructional Integration Through Mainstreaming.

Several common philosophies seem to be present in all models.

1. A humanistic attitude toward EMR children is evident in all.
2. Teacher-pupil relationships are extremely important in terms of mutual respect and understanding.
3. A heavy emphasis is placed on diagnosing individual learning needs.
4. Learning objectives for each child must be prescribed so as to modify or affect learning in a measurable manner.
5. Constant assessment and evaluation of pupil academic and

social progress must be maintained.

6. Reinforcement of learning deficiencies must be anticipated by reevaluating original objectives and substituting new ones.

7. The EMR child is entitled to the common experience of learning in a non-segregated environment.

This study has surveyed ancient and contemporary history as it has attempted to present the trends and patterns of education for the educable mentally retarded. The search has revealed longstanding attitudes of ignorance, fear, and lethargy as roadblocks to a better understanding of an ever-present human problem. The study has also found an enlightened, humanistic trend and pattern that promises much for mental retardation in the future.

The present writer is hopeful that this study will provide past and present influences in the history of mental retardation that can be recognized as negative and positive factors in determining future educational programs for EMR.

In essence, this study has introduced a somewhat cyclic series of events, philosophies, and practices that have transcended time as they have portrayed mental retardation. There now appears to be an encouraging movement among present-day educators, parents, and governmental agencies toward recognizing the EMR child as a whole individual, entitled to and in need of equal educational opportunities.

This thesis also has attempted to delineate important and

contributing personalities throughout history whose work has benefited the general cause of mental retardation.

As a final note, the present writer has surveyed the rapidly changing contemporary scene from 1946 to 1973. This search has revealed the growth of teacher education for the mentally retarded and the persistent research and studies that appear to be dominant forces in the changing philosophy of education for the EMR.

Senator James W. Fulbright, in a statement to the Foreign Relations Committee of the United States Senate in 1966, expressed the feelings of the writer in presenting this study.

It is our expectation that these proceedings may generate controversy. If they do, it will not be because we value controversy for its own sake but rather because we accept it as a condition of intelligent decision making, as, indeed, the crucible in which a national consensus as to objectives may be translated into a consensus of policy as well (Fulbright, 1967: 58).

3

APPENDIX

TABLE 11

BASIC NEEDS FOR TEACHER EDUCATION

RESPONSES OF 362 PROFESSIONAL PERSONNEL REGARDING BASIC
EDUCATION OF TEACHERS OF EXCEPTIONAL CHILDREN

A. The Teacher Should be and/or Have (Habits-Attitudes-Appreciations)	Response of 267 Tchrs.	Response of 78 Supts.	Response of 17 Profs.	Opinion of U.S. Office of Ed. Comp. Comm.
1. Sincere regard and appreciation for children	223	72	17	1
2. Patient	115	28	9	
3. Rated as an outstanding teacher with prior experience with normal children.	94	43	2	1
4. Mature and stable with M.P.E. health	87	39	3	1
5. Mannerly and tactful.	69	20	4	1
6. Kind, considerate, and cooperative	68	35	8	1
7. Faith in self and potential of children	48	11	4	
8. Original and resourceful with initiative	42	10	2	1
9. Poise with a calm pleasant voice	39	41	7	
10. Sympathetic yet realistic and objective	36	5	4	1
11. A sense of humor and common sense	27	11		

Table 11 (Continued)

A. The Teacher Should be and/or Have (Habits-Attitudes-Appreciations)	Response of 267 Teachers	Response of 78 Supts.	Response of 17 Profs.	Opinion of U.S. Office of Ed. Comp. Comm.
12. A happy-cheerful-optimistic attitude.	25	32	14	1
13. Ability to inspire children to improve.	21	10		
14. Intelligent observation with curiosity.	15	5	4	
15. Scholarships to keep up-to-date	11	9	3	1
16. Be a parent	4			
17. Hobbies	1			
B. The Teacher Should Know and/or Be Able to (Her Knowledge and Skills)				
1. Understand the nature, and how to nurture the needs of exceptional children and the wishes of parents	144	53	17	1
2. Master subject matter in the core areas, including remedial reading.	111	39	7	1
3. Master the use of all available materials, and a variety of teaching methods	84	33	11	1

Table 11 (Continued)

B. The Teacher Should Know and/or Be Able to (Her Knowledge and Skills)	Response	Response	Response	Opinion
	of 267 Teachers	of 78 Supts.	of 17 Profs.	of U. S. Office of Ed. Comp. Comm.
4. Use music, arts, and crafts, and educational games	64	5	4	1
5. Know State law and plan for special education	23	24	5	
6. Have experience in practice teaching under supervision. .	15	3		
7. Use mental hygiene in classroom.	5			

(Robinson, 1955:277)

TABLE 12

RELATIVE RATINGS OF IMPORTANCE (AND PROFICIENCY) WHICH
TEACHERS OF MENTALLY RETARDED CHILDREN PLACED
ON COMPETENCIES

Rank Order of Importance	Competencies	Rank Order of Proficiency
Items rated "VERY IMPORTANT" (1-36)		
1	The ability-- to recognize the individual differences of each mentally retarded pupil	2
2	to help mentally retarded pupils to develop acceptable patterns of behavior and personal hygiene	3
3	to select and use reading materials suited to both level and interest of mentally retarded pupils	6
4	to provide a flexible, individual curriculum	9
5	to interpret the behavior of mentally retarded in terms of physical, psy- chological, and environmental factors	22
6	to help mentally retarded pupils develop self-sufficiency in daily living and in planning for the future	20
7	to provide experiences for mentally retarded pupils in health education	11
8	to use a wide range of techniques, materials, and methods in teaching mentally retarded pupils to read	5
9	to remain objective, while retaining sensitivity and appreciation for the limited achievements of mentally retarded pupils	10

Table 12 (Continued)

Rank Order of Importance	Competencies	Rank Order of Proficiency
Items rated "VERY IMPORTANT"		
10	to recognize possible causes of social, educational, and emotional maladjustments of individual mentally retarded pupils, and to participate in planning courses of action aimed at alleviating them	26
11	to visit the homes, gain the support of, and work cooperatively with, parents of mentally retarded pupils	8
12	to differentiate between social and emotional maladjustment and mental retardation	42
13	to organize and develop a curriculum around socially useful and meaningful themes or units of experience	27
14	to counsel mentally retarded children on their emotional problems and personal attitudes	32
15	A knowledge or understanding of principles of learning applied to teaching the mentally retarded	12
16	The ability-- to teach fundamental arithmetic to mentally retarded pupils around concrete situations	7
17	to provide for a wide range of social experiences for mentally retarded pupils	35
18	to use a broad range of community resources (people, places, things) in teaching the mentally retarded	37

Table 12 (Continued)

Rank Order of Importance	Competencies	Rank Order of Proficiency
Items rated "VERY IMPORTANT"		
19	to counsel mentally retarded children in their social problems.	33
20	to provide a wide range of experiences in community living for mentally retarded pupils	52
21	A knowledge or understanding of the school in helping pupils reach maturity physically, socially and emotionally, as well as intellectually	39
22	The ability-- to provide frequent opportunity for group participation	4
23	to interpret special educational programs for the mentally retarded and the problems and potentialities of these children to regular school personnel	16
24	to analyze the factors which have contributed from infancy to the language development of each mentally retarded pupil, to evaluate continuously his level of development, and to provide appropriate learning experiences at this level	58
25	to recognize and use "out-of-school" situations and materials whenever possible in one's teaching	21
26	A knowledge or understanding of the intellectual characteristics of mentally retarded children	18

Table 12 (Continued)

Rank Order of Importance	Competencies	Rank Order of Proficiency
Items rated "VERY IMPORTANT"		
27	The ability-- to develop and use cumulative educational records on individual mentally retarded pupils	13
28	to make educational interpretations from case records and histories	15
29	to encourage and create situations in school in which the mentally retarded and so-called normal children work and/ or play together	38
30	to make educational interpretations from psychological reports	51
31	to interpret special educational programs for the mentally retarded and the problems and potentialities of these children to the general public	31
32	A knowledge or understanding of possible effect of the socio-economic and cultural milieu and emotional climate of the home on the mentally retarded child's social, emotional, and intellectual development	43
33	The ability-- to win the trust and approval of so- called normal children as well as mentally retarded pupils	1
34	to provide experiences for mentally retarded pupils in physical education	30

Table 12 (Continued)

Rank Order of Importance	Competencies	Rank Order of Proficiency
Items rated "VERY IMPORTANT"(cont.)		
35	to cooperate with special teachers and other school personnel in developing an integrated program for each mentally retarded pupil	25
36	to teach a group of mentally retarded having wide chronological and mental age ranges	23
Items rated "IMPORTANT" (37-94)		
37	A knowledge or understanding of the difference between the rate of physical and mental growth in mentally retarded children and its educational implications	29
38	The ability to fit the special program for the mentally retarded pupils into the total school program	53
39	A knowledge or understanding of sources of procurement and methods of using special educational materials, audio-visual aids, and other devices for increasing teaching efficiency and appeal	40
40	The ability to see the value of and to use toys and games (e.g., educational toys for learning experiences)	17
41	A knowledge or understanding of methods and/or techniques of teaching the socially and emotionally disturbed	56

Table 12 (Continued)

Rank Order of Importance	Competencies	Rank Order of Proficiency
Items rated "IMPORTANT" (cont)		
42	The ability-- to work with other members of a profes- sional team in helping parents solve problems related to their child's social and emotional problems	49
43	to help parents get information which will assist them in facing the problems arising from having a mentally retarded child in the family	54
44	to differentiate between speech defects attributable to mental retardation and those attributable to physical and emotional causes	82
45	to counsel mentally retarded children on their educational problems	19
46	to provide experiences for mentally retarded pupils in domestic arts	74
47	to make educational interpretations from medical (including psychiatric) reports	77
48	to operate amplifiers, record players, filmstrip projectors, and other audio- visual aids	57
49	to organize and carry out field trips for mentally retarded pupils	44
50	to work with other members of a profes- sional team in helping parents solve problems related to their child's limitations and potentialities	47

Table 12 (Continued)

Rank Order of Importance	Competencies	Rank Order of Proficiency
Items rated "IMPORTANT" (cont)		
51	A knowledge or understanding of the basic physical and psychological needs of man	50
52	The ability to work as a member of a team with other professional workers (such as psychological and social welfare personnel) in making a case study of a mentally retarded child aimed at planning a program suited to his needs and potentialities	28
53	to counsel mentally retarded children on their vocational problems and life goals	65
54	to promote occupational competency for mentally retarded pupils through efficient vocational guidance	84
55	A knowledge or understanding of reference materials and professional literature on the education and psychology of the mentally retarded	45
56	The ability-- to make educational interpretations from reports of social workers	41
57	to teach mentally retarded pupils to spell the words they need by using a variety of methods	14
58	to provide experiences for mentally retarded pupils in industrial arts	81
59	to provide experiences for mentally retarded pupils in arts and crafts	46
60	in music	64

Table 12 (Continued)

Rank order of Importance	Competencies	Rank Order of Proficiency
Items rated "IMPORTANT" (cont)		
61	A knowledge or understanding of-- evidence for and against effects of environment and training on the growth and development of mentally retarded children	34
62	the relationship of mental deficiency to delinquency, crime, and pauperism	59
63	provisions for mentally retarded children under existing Federal, State, and local laws and regulations pertaining to education	61
64	the education and psychology of all exceptional children	69
65	the present status of causes of mental retardation	63
66	The ability to provide experiences for mentally retarded pupils in fine arts	60
67	A knowledge or understanding of-- sources of, and services offered by, nonschool organizations, such as clinics, courts, clubs, churches, welfare agencies, and rehabilitation agencies for mentally retarded children and their parents	73
68	the physical and psychological abnormali- ties attributed to brain injury	85
69	A knowledge or understanding of teaching methods devised for the mentally retarded	76

Table 12 (Continued)

Rank Order of Importance	Competencies	Rank Order of Proficiency
Items rated "IMPORTANT" (cont)		
70	The ability to interpret special educational programs for the mentally retarded, and the problems and potentialities of these children, to related professional personnel, such as doctors and social workers	48
71	A knowledge or understanding of the distinctive curriculums of preschool, primary, intermediate, secondary, and post-school-education programs for the mentally retarded	62
72	The ability-- to interpret special educational programs for the mentally retarded, and the problems and potentialities of these children, to nonprofessional school workers such as bus attendants and school custodians	36
73	to work with other members of a professional team in helping parents with problems related to their child's occupational placement	80
74	to provide experiences for mentally retarded pupils in dramatic arts	70
75	A knowledge or understanding of provisions for mentally retarded children under existing Federal, State, and local laws and regulations pertaining to vocational training of mentally retarded youths and adults	94

Table 12 (Continued)

Rank Order of Importance	Competencies	Rank Order of Proficiency
Items rated "IMPORTANT" (cont)		
76	A knowledge or understanding of-- the purposes, services, and locations of national organizations concerned with the education and general welfare of the mentally retarded, such as the Interna- tional Council for Exceptional Children, American Association on Mental Defi- ciency, the National Association for Retarded Children	67
77	the clinical types of mentally deficient	68
78	the present status of medical treatment of mental deficiency	89
79	the findings of research studies which have bearing on the education, psychological, and social status of mentally retarded children	78
80	provisions for mentally retarded children under existing Federal, State, and local laws and regulations pertaining to employ- ment practices	90
81	The ability-- to administer to mentally retarded children individual diagnostic tests of arithmetic and reading disability	55
82	to give speech correction to mentally retarded with only occasional help of a correctionist	92
83	to work with architects and school admin- istrators in planning and securing class- room and other special equipment for mentally retarded pupils	86

Table 12 (Continued)

Rank Order of Importance	Competencies	Rank Order of Proficiency
Items rated "IMPORTANT" (cont)		
84	A knowledge or understanding of provisions for mentally retarded children under existing Federal, State, and local laws and regulations pertaining to juvenile delinquency and probation	87
85	The ability to give speech correction to mentally retarded under direction of a correctionist	79
86	A knowledge or understanding of-- methods and/or techniques of teaching speech handicapped	93
87	the evidence for and against inheritance of mental deficiency	66
88	the arguments and studies for and against segregation of mentally retarded pupils in special classes	72
89	The ability-- to teach mentally retarded having multiple handicaps, i.e., cerebral palsy, hearing or vision loss	95
90	to administer to mentally retarded children-- standardized group achievement tests	24
91	group interest and special aptitude tests and tests of social and emotional adjustment	88
92	to take responsibility for, or to assist with, one or more extracurricular activities for mentally retarded, such as Scouts and hobby clubs	83

Table 12 (Continued)

Rank Order of Importance	Competencies	Rank Order of Proficiency
Items rated "IMPORTANT" (cont)		
93	A knowledge or understanding of the history of education of the mentally retarded	75
94	The ability to apply the Strauss technique	99
Items rated "LESS IMPORTANT" (95-100)		
95	The ability to administer to mentally retarded children-- social maturity scales	96
96	individual verbal and performance tests of mental ability	91
97	to administer an educational program for mentally retarded pupils	98
98	to administer to mentally retarded children-- sociometric tests	97
99	group intelligence tests	71
100	projective tests	100
Items rated "NOT IMPORTANT" - NONE		

TABLE 13

RELATIVE IMPORTANCE WHICH TEACHERS OF MENTALLY RETARDED
CHILDREN PLACED ON SPECIFIC EXPERIENCES IN
SPECIALIZED PREPARATION

Rank Order of Importance	Experiences
Items rated "VERY IMPORTANT" (1-5)	
1	Planned observation in day schools or classes for mentally retarded children
2	Supervised student-teaching with mentally retarded children at the elementary level
3	Experiences in given individual instruction to mentally retarded children
4	Experience in drawing educational interpretations from-- psychological reports
5	cumulative education records on mentally retarded pupils
Items rated "IMPORTANT" (6-22)	
6	Planned observation of conferences of teachers of the mentally retarded on pupil placement, curriculum adjustment, child study, and so on
7	Instruction in how to administer an education program, for mentally retarded children
8	Experience in drawing educational interpretations from-- medical reports (including psychiatric)
9	reports of social workers
10	Supervised student-teaching with normal children
11	Planned observation of multi-professional case conferences of representatives from such fields as social

Table 13 (Continued)

Rank Order of Importance	Experiences
Items rated "IMPORTANT" (cont)	
	welfare, psychiatry, psychology, and medicine, to study and make recommendations on individual mentally retarded children
12	Supervised student-teaching with mentally retarded children-- at the secondary level
13	at the nursery school level
14	Planned observation of children with multiple handicaps including mental retardation
15	Planned observation of work done by-- rehabilitation centers for mentally retarded youths and adults
16	psychological clinics
17	Planned visits to homes of mentally retarded children in the company of supervising teachers
18	Planned observation of work done by speech clinics
19	Planned observation in residential schools for mentally retarded children
20	Planned visits to organizations interested in the welfare of the mentally retarded, such as State rehabilitation agencies
21	Planned visits to non-school community organizations offering services to the mentally retarded such as recreation groups, clubs, and community houses
22	Planned observation in schools or classes dealing with other types of handicapped children

TABLE 14

RATED PRESTIGE OF CERTAIN SPECIAL EDUCATION TEACHING
SPECIALTIES AND OTHER OCCUPATIONAL AREAS

Occupation	Combined Average Rating	Girls	Boys
College and University Teacher	8.06(1)	8.40(1)	7.78(1)
Mayor of Large City	7.44(2)	7.48(2)	7.40(2)
Architect	7.22(3)	7.28(3)	7.16(3)
Airline Pilot	6.54(4)	6.32(12)	6.76(4)
Junior College Teacher	6.48(5)	6.56(8)	6.40(5.5)
Teacher of Severely Mentally Retarded	6.48(6)	7.20(4.5)	5.76(11)
Newspaper Columnist	6.38(7)	6.36(10.5)	6.40(5.5)
Teacher of Secondary School Educable Mentally Retarded	6.32(8)	7.01(6)	5.64(12)
Teacher of Secondary School Gifted	6.28(9)	6.72(7)	5.84(9)
Teacher of Secondary School Science	6.24(10)	6.36(10.5)	6.12(8)
Teacher of Secondary School English	5.97(11)	6.40(9)	5.44(13)
Building Contractor	5.86(12)	5.56(14.5)	6.36(7)
Teacher of Elementary School Gifted	5.84(13)	6.28(13)	5.40(14)

Table 14 (Continued)

Occupation	Combined Average Rating	Girls	Boys
Teacher of Elementary School Educable Mentally Retarded	5.68(14)	7.20(4.5)	4.16(18.5)
Insurance Agent	5.45(15)	5.14(16)	5.80(10)
Teacher of Elementary Grades 4-6	5.04(16)	5.56(14.5)	4.56(16)
Teacher of Elementary Grades 1-3	4.88(17)	5.00(18)	4.76(15)
Teacher of Nursery School and Kindergarten	4.62(18)	5.12(17)	4.12(20)
Teacher of Secondary Home Economics (girls) Industrial Arts (boys)	4.23(19)	4.84(19)	4.40(17)
Plumber	3.96(20)	3.76(20)	4.16(18.5)
Taxi Driver	3.60(21)	3.08(21.5)	3.04(21)
Streetcar Motorman	2.76(22)	3.08(21.5)	2.-2(22)
Sharecropper	2.02(23)	3.04(23)	1.02(23)
Shoe Shiner	1.19(24)	1.06(24)	1.32(24)

NOTE: Rank order in parentheses.

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