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ABSTRACT

Numerous practical guidelines are presented informally to help the teacher of severely and moderately mentally retarded children and youth conduct successful parent teacher conferences. It is speculated that past public school experience with the use of parent teacher conferences has been unsuccessful for reasons such as lack of teacher knowledge on handling parents, and parental misunderstanding of teacher's comments. The basic purpose of the teacher parent report conference is explained to be reporting to parents the child's progress in the special education and training program. The conference is thought to be more individualizing and meaningful for the parents than is the report card. In order to conduct conferences well, the teacher is said to need to understand the effects of having a severely retarded child and the impact of this upon parents and families. The conference process is discussed and diagrammed, with emphasis on teacher control. Adequate teacher preparation is shown to be conducive to conducting the conference smoothly, warmly, and effectively. A suggested conference time schedule is provided. Appended is a bibliography of approximately 220 suggested readings for parents and staff in mental retardation.
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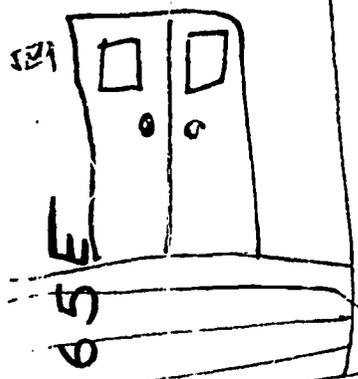
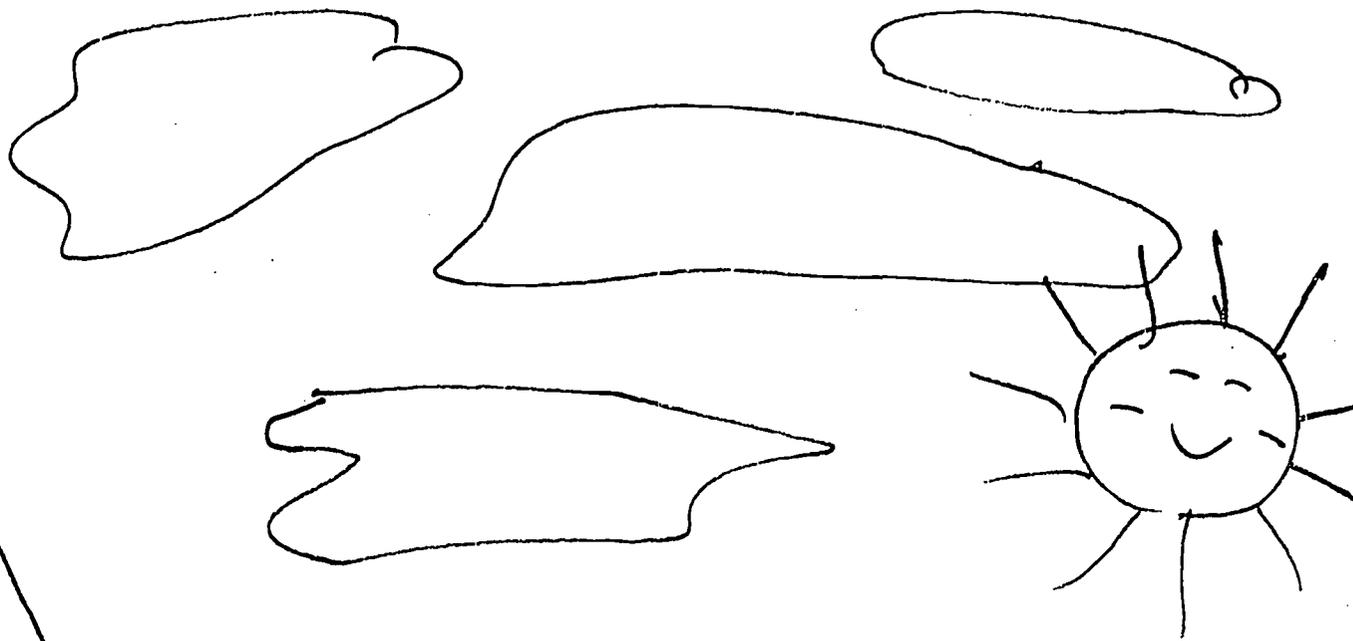
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TEACHER-PARENT REPORT CONFERENCES FOR MODERATELY AND SEVERELY
MENTALLY RETARDED CHILDREN AND YOUTH: A GUIDE FOR TEACHERS

By

CHARLES H. GESSLEIN

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YOUTH: A GUIDE FOR TEACHERS

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Assistant Superintendent and Director of Programs and Services
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Division of Retardation

1971

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CHG
July, 1971

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INTRODUCTION

I. Public School Experience with the Use of "Parent-Teacher Conferences."

Referring to the public schools in general, much has been said and written about the importance of the home and school working cooperatively together in areas of the mutually shared responsibilities of meeting the developmental needs of children and youth. Perhaps partially as a result of racial integration, and other factors in our rapidly changing society-- drug problems, paradoxical value systems, et cetera--there has been a renewed emphasis on the importance of home-and-school cooperation in meeting the complex needs of children and youth. This is no longer a trite educational platitude. It is also widely recognized that there are a host of variables which make it extremely difficult for the home and school to carry out the running, individualized dialogue necessary to accomplish continuous communication to the degree where it can be essentially effective.

During this century, various means have been utilized for communicating general and specific information, status and progress reports to the home. Most efforts have had (and have) as their basic objectives helping parents understand the nature of their children's developmental and learning needs in relation to the school curriculum with the broad goal of

individualizing instruction in attempting to meet the needs of all children and youth being served so that at the completion of their public school years they will be equipped to live in society as full, individual, contributing citizens, able to enjoy the "good life" in America, and now, in the World (and perhaps the Universe).

Generally speaking, in most public schools today the "homework", which most children and youth bring home from school almost daily, is perhaps the most tangible and frequently used method of direct communication with parents. Although in some settings homework may be used to evaluate the teacher, it serves to keep parents informed as to what their children and youth are currently "doing at school". "Homework", on the other hand, is primarily a one-way form of communication with little opportunity for parents to engage in a dialogue with teachers and other school personnel. The "report card" is similar to homework in that it is essentially a one-way communication to parents, and to children and youth as well.

Recognizing that the report card was (is) more or less an artifact of our culture and its correlation to objectively measured achievement and attainment is lower than the creditability often afforded it, a movement spread in public education during the early 50's to utilize "parent-teacher conferences" to improve communication between home and school. Many

school systems, in fact, scheduled time in the school calendar (two weeks in the fall and two weeks in the spring) for parent-teacher conferences in efforts to make these conferences a basic part of the curriculum. In some schools, the fall conferences were held in the form of home-visits by the teachers, on appointment, going to the homes of the children enrolled in their classes for the purpose of gaining a better understanding of the needs of each child in relation to home, family, neighborhood, occupational, economic, and social class factors, in order that they could better appreciate whole-child individual differences on a professional level as compared to "gossip" type family designations. The spring conference was ordinarily used for the purposes of reporting to parents the progress their child had made during the school year and for suggesting summer activities and the next school year's placement, together with giving the parents an opportunity to ask questions concerning their child's achievement and to make suggestions as to how parents could help their child during the summer months.

Those familiar with the "parent-teacher conference" movement can attest to the fact that it was short-lived. The reasons for this were many and varied: the tremendous increase in school population; shortage in public school support dollars; professional manpower shortages; Sputnik, and the resultant demand for a return to the "hard" subjects in the curriculum instead of the then

"mental health" and "life adjustment" content focus; an increase in the number of families where both parents were working and not available during the school day for conferences; failure of many parents to keep their conference appointments; and perception by some parents of the "conference" as a violation of their privacy rights. It is this writer's observation and opinion that perhaps the more basic reasons for the parent-teacher conference movement's relatively rapid wane are because in many cases the conferences generated more misunderstandings and conflicts between the home and school than existed prior to the initiation of parent-teacher conferences. Few teachers were equipped or trained in the skills necessary to conduct effective parent-teacher conferences, and in many cases the conferences developed into a debate between the parent(s) and the teacher. Moreover, as a result of many of the conferences, the principals' and the superintendents' offices very often would receive numerous telephone calls and visits from irate parents who confronted them with half-truths or misunderstandings that ranged all the way from matters concerning their children, to major school board policies related to the location of new schools. Consequently, it did not take long before many school systems phased-out the parent-teacher conference which was once considered to be the "ideal" way of communicating to parents and of overcoming all the negatives of the report card.

This brief, generalized review of the parent-teacher

conference movement, as experienced in regular public education, has been presented because it may have an effect upon the utilization of the "teacher-parent report conference" in special education and training programs for the moderately and severely mentally retarded.

Some public school programs for the moderately and severely retarded are hampered because the administration attempts to impose the same general regulations on special school programs as are held for regular education. This may be necessary in terms of accounting, purchasing, record keeping of average daily attendance, et cetera; however, special school programs for the moderately and severely retarded cannot be special school programs if they are bound to all regular public school policies in terms of curriculum and related clinical special educational, personalized procedures. Beginning with the special certification of the teachers and provision of associate instructors or teacher aides, the program of the special school must be different and free of the mass regulations of regular school policies if it is to be effective and based on the needs of the moderately and severely retarded children and youth. From the regular public school past to the special school present, it should be patently clear to the reader that if "teacher-parent report conferences" are considered to be an essential part of the special school curriculum for the moderately and severely retarded, previous regular school unsuccessful efforts in this regard should not be used by the

administration or staff (including the special education and training personnel) to discourage or demean the use of the "teacher-parent report conference" as a basic aspect of the total special school curriculum. The latter cannot be compared to the unfeasible experiences of the general public school with regard to this particular medium of communication with parents.

It should be clear by now, however, that the purposes of the "teacher-parent report conference" for the moderately and severely retarded have very much in common with the original parent-teacher conference previously utilized by regular public school programs. The differences in the former lie in the fact that the teachers of the moderately and severely retarded should be trained to conduct such conferences and should be able to view the process in the context of the special curriculum of which it is a basic part. Therefore, the purpose of this manual is to provide the basic text material for use in training teachers of the moderately and severely retarded in the skills and competencies required to conduct "teacher-parent report conferences".

There remains, however, another aspect which should be brought out here, and is repeated several times throughout this guide: although parental attitudes toward children in general vary widely, and are related to a host of psycho-social-cultural factors, there exist some basic differences between parents of

obviously retarded children and parents of "normal" children. Some students of family behavior are concluding that the presence of a seriously handicapped child in the family changes the parents to the point where they are actually "different" from other parents; in other words, their "difference" is the result of rather than the cause of their children's "differences".

As Mednick (1971)* points out, having a "sick" child or a child with a condition that will produce a permanent handicap produces drastic effects upon family patterns. Although Mednick is referring to schizophrenic children (many of whom de facto will be treated as moderately or severely retarded, in terms of actual special education and training provisions by the public schools-- at least as is the case at present--) the analogy holds in the case of the moderately and severely retarded: their presence makes a marked difference in the family. Parents of retarded children are stricken with deep, emotionally charged factors that may date back to preconception, conception, prenatal, and early childhood circumstances, usually of a very personal and intimate nature. The realization that the handicap of mental

*Mednick, Sarnoff A. "Birth Defects and Schizophrenia", Psychology Today, April, 1971.

retardation will remain with their child for "the rest of his life" is a cloudy spectre that is ever present for most parents of the mentally retarded.

It has been recognized that parents of obviously retarded children may pass through several stages of acceptance and adjustment before arriving at an optimal, healthy acceptance of their child as he or she is and as he or she will be. Some parents never make it past the first stage of denial; others manage to realize that a life-time handicap will be obvious when the child becomes an adult, and attempt to make appropriate adjustments, not the least of which is realistic acceptance and to seek professional advice and direction for life-time plans. The point being made here (and admittedly merely touching the surface) is that working with parents of retarded children and youth is a very serious and delicate process, and the teachers of the moderately and severely retarded must possess some fundamental "case work" skills in order to be of real help to these parents. Such skills as being able to avoid over-emotional involvement, while at the same time being able to maintain professional objectivity with empathy, are extremely important.

The teacher-parent report conference process thusly emerges in its clinical context, and the ramifications for its being included as a basic aspect of the special school curriculum becomes legend.

One additional justification for the importance in terms of the contextual responsibility and role of the special school program/curriculum in helping parents of mentally retarded children with their problems may be found in the results of a recent study (Justice, O'Connor and Warren, 1971)* reported in the American Journal of Mental Deficiency. An analysis was made of the major problems parents of (mildly) retarded children faced in relation to the community and state resources available together with their knowledge of and utilization of these resources. Although 94.2 percent of the sample in this study (156 families) were originally identified by an agency as having a mentally retarded person in the family, these parents reported receiving little assistance from public or private resources for most of their problems. Problems which were reported were also found to be of the nature which are quite familiar to the professions dealing with the mentally retarded and their families, and yet parents reported that they received little assistance from the agencies in which these professionals were working. The schools as a resource, however, represented the largest single agency reported as having been utilized by parents.

*Justice, R. S., O'Connor, G., and Warren, N. "Problems Reported by Parents of Mentally Retarded Children--Who Helps?" American Journal of Mental Deficiency, Volume 75, Number 6, May, 1971.

The above study, together with many others in the professional literature, reaffirms the importance of the public schools as being a major agency in service to the mentally retarded, the mixture of paradoxical goals and mission responsibilities notwithstanding; i.e., historically, the public schools have viewed their function as providing "education for all"; on the other hand, they have been reluctant to accept their responsibility in relation to the special education and training of the mentally retarded. They have only moved, with some remarkable exceptions, in the face of mandatory legislation.

Succinctly speaking, it is becoming increasingly evident that the public schools not only have a responsibility for providing special education and training for all mentally retarded children and youth,* but that this responsibility transcends the obstacles of past parent education efforts. The special school curriculum must include direct services to parents. The teacher-parent report conference, therefore, becomes increasingly significant in terms of one major method of accomplishing these

*As an example of the progress in terms of responsibility fixing that is being made for the case of those who are mentally retarded the National Association for Retarded Children has recently issued a Position-Policy Statement which directly challenges "Education" with assuming its task of serving the mentally retarded of all ages and all degrees of retardation. This will perhaps be the most significant challenge ever presented to the public schools. This challenge for serving all mentally retarded persons was also strongly recommended by the President's Panel on Mental Retardation which was issued in October, 1962, "A Proposed Program for National Action to Combat Mental Retardation", Superintendent of Documents, U. S. Government Printing Office, Washington, 1962.

purposes. To neglect this aspect of the curriculum would only serve to negate the influences of the day-to-day efforts of the basic special education and training programs of the public schools.

II. Purposes of the Teacher-Parent Report Conference.

The basic purpose of the "teacher-parent report conference" is to report to parents the progress their child has made or is making in the special education and training program. A private, face-to-face conference with the teacher can individualize the "report" for both the child and his parents. A reporting conference is considered to be much more meaningful, for a variety of reasons, than a "report card" that is sent home to parents--even though "culture" may dictate the inclusion of the latter as well.

The conference will enable the teacher and parents to become better acquainted and to define particular needs of the child which both school and home may mutually attempt to meet. Moreover, the conference provides an opportunity to explain and to interpret the training program to parents. Through the conference, the teacher will be better equipped to understand the child in relationship with his family, and the parents will have a better understanding of the school program and of their child. Over a period of time, conferences will help parents gain a better understanding of the child's current and future needs. In addition to being of help with immediate problems, the conference can also be an aid toward long-range planning.

Although the child is the subject of the conference, the parents are the immediate beneficiaries, and the conference is

conducted expressly for them for the obvious ultimate objective of helping the child.

III. The Effect of Mental Retardation on Parents and Families.

In order to conduct a conference properly, the teacher needs to have a thorough understanding of the effects of having a severely retarded child and the impact this has upon parents and families. Recent studies in this regard (Farber, 1960; Kramm, 1963) present evidence to indicate the deleterious effects a retarded child has upon parents, as well as on family integration. Deep psychological scars have been produced and in some cases "old wounds" have been reopened.

The specific effects upon the individual parents will, of course, vary depending upon many factors, such as: degree of retardation, the degree and number of associated or accompanying handicaps, the physical appearance of the child, the sex of the child, social class of the family, status of family harmony (present status, as well as prior to the child's birth), parents' reaction to conception, religion, prenatal psychology and physiology, and many other personal factors. The teacher, therefore, needs to bear in mind that he is dealing with deep emotional material, and that the normal, culturally determined, maternal and paternal drives have been seriously disturbed--the most important of which is the ability to value the child intrinsically. This may produce a host of complicating behavioral

disorders for both the child and the parents, as well as other family members.

At the risk of over-generalization, one can usually expect the manifestation of one or more (or combinations) of the following reactions toward the child and/or toward others: rejection, overprotection, denial of the handicap, hostility, over- and under-expectancy in relation to "academic" achievement, fixation on "reading" instruction, fixation on speech "therapy", "false" hopes that child will out-grow the retardation, blame, defensiveness, "over-demandingness", neglect, acute subjectivity, over-reaction, and many other reactions to the deeply personal predicament of having a severely retarded child. It can probably be said that each parent's reactions are exaggerations of various aspects of his basic personality. Moreover, in defense, parents often "blame" the physician who attended the delivery of the retarded child; later, this "blame" or hostility may be shifted toward the very institution which has been established to help the child: the school, the teacher, the principal, the superintendent, or someone else who may have become an associated symbol of mental retardation in the eyes of the parents. This is, of course, a common phenomenon, similar to "biting the hand that feeds you".

The point of this brief analysis is to help the teacher appreciate and understand that he is dealing with deep, delicate emotional behavior components which must be taken into consideration when talking with parents of severely retarded children.

The age of the child and the type of program and length of time he has been in training will have some effect on parents' adjustment and emotional attitudes. Within individual variations, the teacher can anticipate that parents of young or newly enrolled children will be somewhat overly optimistic regarding potential for academic achievement, and they will not as yet have gained a clear understanding of the nature of mental retardation and their child's needs. Parents of older children who have been enrolled in a training program six or more years may be expected to have gained some insight into their child's level of functioning, to still have hopes for "academic" achievement, to have some desire for vocational training, but to be a bit more sophisticated regarding the problem. Parents of still older children will be beginning to show definite concern for the post school years; and their expectancies will probably be closer to the child's actual level of functioning and potential, though not in every case.

It is well to keep in mind that parents will not necessarily see the same reflection of their child in the "mirror of understanding" as the teacher sees. The teacher will see the child through "many different pairs of glasses"; and let's face it, the teacher's perceptions of the child may not always be accurate, as he is emotionally involved with the child as are the parents, but in a different way. The teacher can "reject" a child whose

behavior disrupts the class, but without suffering the guilt feelings of a parent. The teacher may be disappointed in a child's slow progress, yet not deny the retardation. The teacher should be aware of his emotional involvement in order to discuss the child as objectively as possible, and in order that he not lose sight of the child's total needs. This can also serve to prevent the conference from developing into a debate.

The teacher can also anticipate inconsistencies in the parents' expectancies of and for the child. For example, parents may know that their child is unable to tell a story of what is in a picture, and yet expect the school to be teaching the child to "read". On the other hand, there may be actual inconsistencies in the child's profile of functioning; he may be able to work rather complex puzzles and yet be unable to button his shirt. If the teacher is prepared to expect inconsistencies in the parent's expectancies, he will find it easier to maintain matter-of-fact calmness when faced with some of the aforementioned defensive reactions during the conference.

Although with the passage of time, training, and education, one can expect some improvement in parents' adjustment to having a moderately or severely retarded child, the problem remains for life.

Because of the deeply involved emotional nature of the problem, the teacher should guard against making potentially misleading comments or casual remarks during the reporting conference. The teacher should avoid giving opinions regarding institutionalization,

other placement for the child, about other children in the class, other teachers, or other staff members. From time to time during the conference, the teacher will have to bring the conversation back to the immediate subject of the conference. However, the teacher should avoid interrupting parents when they are expressing significant needs of the child, or feelings which might provide insight into understanding why a particular child behaves as he does. The teacher should remember, however, that he is conducting a reporting conference, and should avoid allowing parents to bring out a host of problems which would need to be handled in a counseling-type conference, or even require handling by another professional discipline. Setting a time limit on the conference will, hopefully, help prevent this from occurring.

IV. The Conference Process

The dynamics of the conference affect all participants. The conference medium is the spoken word in combination with gesture, facial expression, and voice tone. However, calmness, tension, hostility, superficiality, honesty, and other feelings may be communicated non-verbally as well. In the beginning of the conference, one will usually find some apprehension or defensiveness that will have to be overcome by the teacher.

The teacher conducts the conference and controls the process of verbal interaction in order to accomplish the conference's purpose. The teacher serves as both "reporter" and

"chairman" of the meeting; he also serves as "listener" and "recorder". The teacher structures the conference by planning very carefully for it, using a specially designed report form instrument and other materials. The conference is also structured by time, in that 30-45 minutes should be the limits. The child, of course, should not be present during the conference which should be held in private.

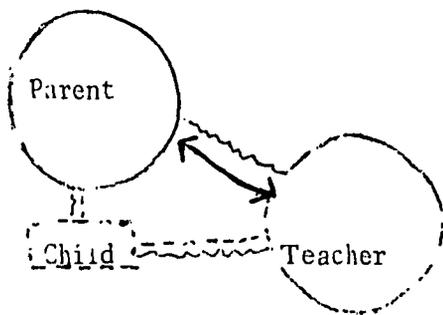
It is well for the teacher to keep in mind that he is reporting to both parents, whether or not both are actually present during the conference. However, when both parents are present, the dynamics of the interaction are much greater than when only one parent is present, as illustrated in the accompanying diagram. (Please see p. 19 for above mentioned diagram.)

Both of the child's parents should be encouraged to attend the conference, although this is not possible in many cases. When both parents are present, the teacher should direct his report to both parents, carefully avoiding the situation where one directs all remarks to one parent.

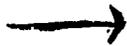
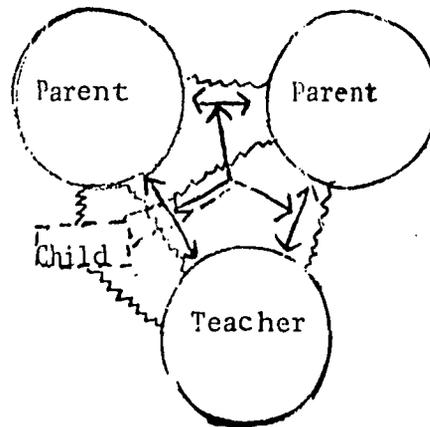
Some of the dynamics of the conference spring from the subtle fact that the parents are "evaluating" the teacher and the school program, and the teacher is "evaluating" the parents. The answer here seems to lie in being well prepared for each conference on an individual basis, as well as the teacher's having confidence in the program.

CONFERENCE DYNAMICS AFFECT ALL PARTICIPANTS

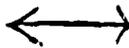
One Parent Present



Both Parents Present



Reaction



Interaction



Attitudes

Arrows indicate reaction as well as interaction.

Broken lines show child as focal point though not present.

Uneven lines indicate emotional responses.

V. Preparing for the Conference

Ordinarily, report conferences should be part of the special education program for moderately and severely retarded children, and the teacher can prepare for the conference well in advance, saving appropriate samples of the children's work as the school year progresses. In reality, conferences with parents, formal and informal, should be viewed as integral aspects of the total program because of the life-time dependency needs of these children.

Using some type of report form instrument*, the teacher will select the items to be reported for each child; the items should be those in which the child has shown progress or improvement. Where possible, samples of the child's work will be selected to show to the parents during the conference. The teacher may also wish to show or demonstrate some of the instructional materials that are used in the program to help parents to gain a better understanding of the training activities. A copy of the daily schedule is helpful in viewing the overall program, and may serve as an aid in avoiding fixations on certain unrealistic aspects that parents may be wishing for

*The "T.M.R. Performance Profile for Severely and Moderately Retarded" is a good example of instruments which are available commercially. Also, see sample Teacher-Parent Report Conference format in Appendix I.

their child--such as "academic" instruction. A copy of the program schedule should be available for the parents to view while the teacher is describing and explaining the program. The supervisor or principal should approve the information that has been prepared to present to the parents. The supervisor should also be consulted when the teacher is uncertain as to whether or not something should be reported, or how it should be reported.

In preparing for the conference, it will be well to keep the following points in mind:

1. The basic purpose of the reporting conference is to inform the parents of the progress their child is making in the special education and training program. Parents will have questions and will want to express their feelings and opinions.
2. The report should be individualized for each child, youth, and family.
3. The teacher should have the goals of the program clearly defined so these may be explained to parents in clear understandable language. (In general, these goals are: to train the child physically, socially, emotionally, mentally, and occupationally in order that he may obtain his highest level of adaptive behavior at "maturity", requiring a minimum amount of immediate supervision within a sheltered environment.)
4. The teacher will relate the day-to-day activities to the long-range goals, individualized for each child or youth.
5. Progress is gradual and subtle, and it may be necessary to look back to where the child was functioning some time ago in order for parents to perceive and appreciate progress. It is well to remember that progress is relative and directly related to the degree of retardation and associated or accompanying handicaps. Small gains for some children may represent greater "progress" than

larger gains by higher functioning children or youth.

6. The teacher should be aware of the tendency to value some children higher than others. All children in the group deserve equal respect from the teacher as individual human personalities, regardless of their level of functioning or handicaps. One should not expect all children in the group to be functioning at the same level in all activities.
7. The teacher should be honest and realistic in reporting, realizing that in an effort to be polite and congenial the teacher may give the impression that the child is doing "school work" which is normal for his calendar age. The report should be positive, but not misleading.
8. The teacher should avoid emphasizing the things that the child cannot do (unless in an attempt to illustrate the child's level of functioning).
9. If the child seemingly has made little progress, it is best to describe the experiences the child is receiving in the training program. If the child has been in the program for some time and has not progressed, or is showing symptoms of regression, the teacher should explore with the parents to determine whether or not they have observed similar changes or arrestment in the child's behavior at home. However, cases such as this would have been handled in a different conference, and appropriate action would have been taken. In this situation, the reporting conference would center around the effect of the action that had previously been taken.
10. The teacher should avoid fixating on situations that the parents, the child, or the school cannot change.
11. If the teacher has specific recommendations for the parents, these should be presented at the most appropriate time, probably during the middle of the conference--preferably not at the beginning or at the end.

VI. Conducting the Conference

The teacher should greet the parents in a friendly, professional manner--seating them in chairs which have been previously

arranged facing the teacher's desk in an oblique angle to the left or to the right of the teacher, depending upon the latter's preference. A brief explanation of the purpose of the conference is given. Since the time of the conference is limited to 30-45 minutes (in individual situations, the time may be slightly longer or slightly less), it is important to follow a time schedule such as the following:

Suggested Conference Time Schedule

Explanation of Special School Program	5 minutes
Report On Child's Progress	10-15 minutes
Teacher Recommendations	5 minutes
Parents' Questions and Reactions	5-10 minutes
Summary and Conclusion	5 minutes

The teacher sets the tone of the conference by emanating a comfortable atmosphere, and getting right to the business at hand. It is important for the teacher to assume charge of the conference at the outset, to avoid a situation where the parents might bring up one aspect that would consume the entire conference time period, leaving no time for the teacher's reporting. Moreover, this is not the type of conference where the parents should dominate the discussion; not all parents will do so, of course, but there are a few who could if given the chance.

When parents bring up matters that are not within the responsibilities of the teacher, the teacher should arrange for the appropriate referral through the regular school channels used for this purpose. The teacher should avoid making recommendations which do not pertain directly to the special class (such as institutionalization, specific medication, other placement, etc.). Moreover, the teacher should not be afraid to say he does not know the answer when he doesn't know.

If some parents become critical of the school program during the conference, the teacher can usually handle the situation better if he does not become defensive. A calm explanation of why certain practices are in effect is often helpful in curbing the criticism.

For parents of young or recently enrolled children, the teacher will spend more of the conference time in explaining the training program, discussing self-care, and answering parents' questions. With parents of children who have been in the program for a longer period of time, the teacher may devote more time to those aspects of the training program that apply specifically to the needs of their child--such as participating in family life, sheltered work readiness training, leisure, and pastime activities.

It is well for the teacher to keep in mind that he is not making a "clinical" evaluation of the child, but is giving the parents a positive report of how and what the child is

doing in the training program. He is also giving parents a chance to ask questions and express their feelings and reactions. The teacher should use language that the parents can understand, but should avoid giving the impression that the special education and training program is just like a regular school program for normal children. As previously mentioned, part of the total program for severely and moderately retarded children is helping parents understand the nature of their child's condition, and to realize that the child will require supervision and protection throughout his lifetime. The earlier parents' expectancies can be brought into focus with the child's actual level of functioning and potential, the more enjoyable life will be for all concerned. This insight or understanding will not come about in the first conference, but will come about gradually as parents have more opportunity to grow in their knowledge of the child's condition and as their anxieties are allayed.

The conference should be brought to a close on a warm friendly note, with the teacher summarizing briefly what was covered and any follow-up measures to be taken. After the parents have left the school, the teacher records the results of the conference, including parent's reactions, and any further action that may need to be referred to appropriate sources. If parents have left the conference with a misunderstanding or perhaps angry, this should be reported to the teacher's

supervisor for proper follow-up.

The teacher and the parents share an extremely important role in the child's development in relation to the total family; the conference should reflect and enhance this role in all possible ways.

One last reminder, the teacher should keep in mind the purpose of the conference and not be led away from the overall purpose when parents may fixate on details that may be out of the broad context of the report. The teacher should have the "last word" if it should come to this, but please keep in mind that there will be other conferences, especially if this is the first.

Although this would need perhaps a separate but related exploration and study, in recent efforts to "sell" the merits of special education and training programs to the legislature, school boards, and the general public, we have, in our zeal, lost the proper contextual perspectives of some of the basic aspects of mental retardation. The condition is improvable but not curable; improvement of functioning and living are our goals based on individual realistic expectancies, with provision of all opportunities for normalization and humanization on the basis of respect for the worth and dignity of all human beings. This requires the recognition and realization of certain handicaps.

APPENDIX I

VII. Record Keeping for the Individual Teacher-Parent Report Conference.

The specific format for record keeping of individual teacher-parent report conferences will be best developed by the administrative and teaching staff. However, a suggested flexible format is included on the following pages for purposes of "pump-priming". The importance of keeping adequate conference records, nevertheless, cannot be overemphasized as matters which are highly positive or highly negative in their emotional consequences are often forgotten and/or psychologically repressed.

The suggested format has spaces for recording data to be presented to the parents during the conference, space for recording parents' responses during the conference, and space for summarizing the conference itself. The suggested conference record format also has space for recording follow-up action that has become necessary as a result of the conference, or that the parents have requested.

The head teacher or supervisor will also want to know in advance the content of each individual report prior to the time of the actual teacher-parent report conference. This will help to avoid including matters in this type of report conference that require other action or referral. This may also help to avoid having to wait for the conference before

appropriate action is taken by special ancillary school personnel.

An additional value in keeping conference records is in relating the conference to the "report card" which, as previously mentioned, is primarily for the benefit of the child or youth in keeping with modern procedures in relation to normalization and humanization.

As the teacher-parent report conference becomes functional and a true part of the total special school curriculum, it is envisioned that a more detailed format for record keeping will be developed.

JACKSON COUNTY PUBLIC SCHOOLS
Marianna, Florida

TEACHER-PARENT REPORT CONFERENCE

Date _____
Pupil _____ Group _____
Birthdate _____ C.A. _____ Level _____
Related Disabilities or Impairment _____

Parents: Father _____ Occupation _____
Mother _____ Occupation _____
Length of time Pupil has been in Special School Program _____
Years
Teacher _____ Aide _____

* * * * *

I. DATA TO BE REPORTED TO PARENTS:

Explanation of Special School Program: (5 min.)

Progress Report: (10 - 15 min.)

(Pupil _____)

Teacher Recommendations/Suggestions: (5 min.)

II. PARENTS' RESPONSES DURING CONFERENCE:

Parents' Questions/Reactions: (5 - 10 min.)

Summary and Conclusion: (5 min.)

III. FOLLOW-UP RECOMMENDATIONS OR ACTION TO BE TAKEN:

APPENDIX II

VIII. Expected Attainment at Maturity for Moderately, Severely, and Markedly Multiply Handicapped Mentally Retarded Persons.

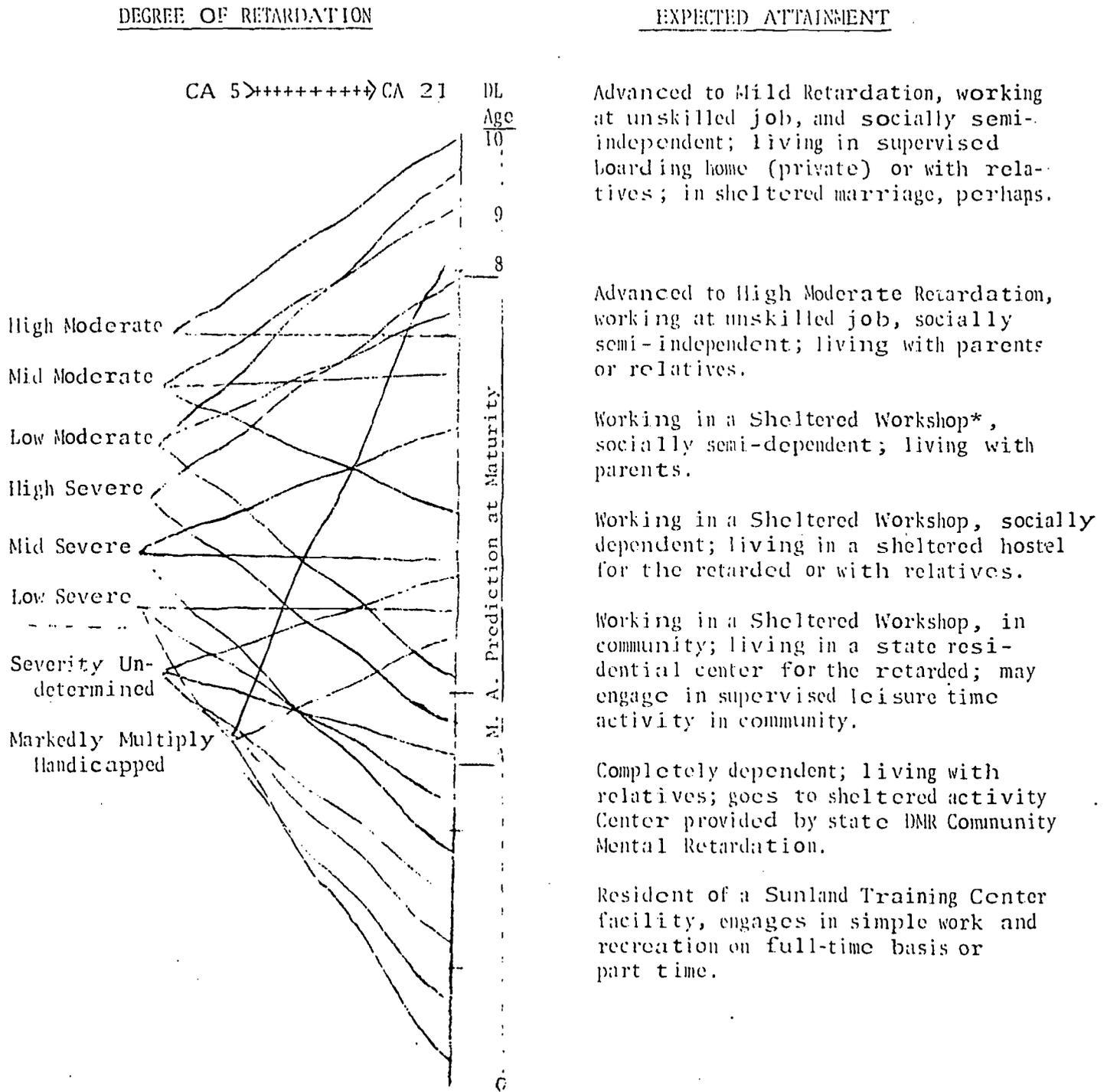
The chart on the following page has been included for use by teachers who may want to use it with parents in graphically orienting realistic expectancies for their children and youth. It is intended to illustrate the variations that can be reasonably anticipated during the entire school experience with final focus on where retarded persons are likely to be upon completion of the special school program in order to prepare for the post-school or adult years. Teachers may choose not to use this chart with all parents, however, it has been developed to be used as an aid for helping parents achieve and maintain realistic expectancies for their children and to avoid false hopes as well as to help parents gain the types of understandings that will be most helpful to their children.

In order to avoid any misunderstanding of the use of "M.A." the following statement by Dr. Gunnar Dybwad of Brandeis University is believed to be most appropriate: "Most people are misled by hearing that a person has a mental age of six. They do not keep in mind that this is the result of a mathematical averaging of a large number of tests. From this, they move on to an insidious misconception that this man of 20 is like a child of 6 and therefore should be treated like a child. This

is utter nonsense. There are no 6-year-old children who are six feet tall and weigh 180 pounds, have had 20 years of life experience, and have the strength to stand for several hours lifting logs onto a truck. Mentally retarded persons are not 'eternal children'. To refer to them as such is an insult to their dignity as human beings....."*

*"Information Exchange", May 1971, National Association for Retarded Children. (Perhaps the words "and Adults" should be added to the name of this association.)

Variations of Behavioral Expectancies at Maturity for
50 Mentally Retarded Youth: Each Line Represents
Youth After Sixteen Years in Program



* Sheltered Workshop here could be any of a variety of special work situations especially provided for the mentally retarded to enable persons to engage in economically productive activity providing partial self-support.

- Points at vertical line of diagonals represent degree of attainment at each level at "maturity".

- Some children and youth will leave program prior to age 21 for a variety of reasons, i.e., death, behavior, severe regression, exceptional improvement, etc.; some may enter program later.

- DL Age--Developmental Level Age: Combined Behavior Functioning Level

APPENDIX III

IX. Suggested Readings for Staff and Parents

Any suggested list of readings for parents and staff in mental retardation is incomplete before the typing is completed due to the relatively tremendous volume of publications becoming available. It is with this preface that the following "suggested readings" list is provided. Some of them have become "classics", similar to songs that will remain "forever", such as "Stardust" and "When You're Hot, You're Hot, When You're Not, You're Not!", to mention only a few of the many.

The following suggested readings are intended to represent a continuation of the currently being developed library for professionals and parents. It is presumed that the Hope School staff and the administrative staff will provide continuous in-put in efforts to keep the library current. Attempts have been made here to include publications that are relevant to both staff and parents in terms of their common efforts. The Hope School and administrative staff will be expected to add to this listing from time to time.

The majority of the following titles were obtained from the following publications: Selected Reading Suggestions for Parents of Mentally Retarded Children, U. S. Government Printing Office, 1970; and Mental Retardation Publications of the Department of Health, Education, and Welfare, U. S. Government Printing Office, 1971.

The volume, *Counseling Parents of the Mentally Retarded*, edited by Robert Noland and published by Charles C. Thomas, 1970, contains an excellent compilation of readings which should be most valuable to staff. This book is a collection of previously published articles covering some basic and persistent problems with which parents of the mentally retarded are frequently confronted. In addition to the editor, there are thirty-nine (39) contributors to this sourcebook, and many of the articles are considered to be extremely sophisticated in terms of serving the mentally retarded and their families.

It is further recommended that the special school also subscribe to the The Exceptional Parent, a relatively new publication for parents of handicapped and disabled children. The editorial advisory board of this publication is composed of competent professional persons and represents a variety of disciplines. Annual subscription rate is \$12.00, and the address of the editorial office is P. O. Box 101, Back Bay Annex, Boston, Mass. 02117.

A Chance to Help: The Story of SWEAT. Division of Mental Retardation, Social and Rehabilitation Service, U. S. Department of Health, Education, and Welfare, 1967, 14 p. Available from the Division of Developmental Disabilities, Social and Rehabilitation Service, U. S. Department of Health, Education, and Welfare, Washington, D. C. 20201.

A Different Kind of Sister. Pamela Reynolds. Lothrop, Lee & Shepard Company, Inc. 1968. 192 pp. \$3.50

A Guide to Establishing an Activity Program. Arnold Cortazzo. National Association for Retarded Children Publication No. H106. 1963. 65 pp. \$1.00.

A Helpful Guide in Training of a Mentally Retarded Child. Elsie Blanton. National Association for Retarded Children Publication No. H28. 1968. 23 pp. 35 cents.

Allen, John E. and Lelchuck, Louis. A Comprehensive Care Program for Children with Handicaps. American Journal of Diseases of Children, III: 229-235, March 1966. Available in reprint form from the Maternal and Child Health Service, U. S. Department of Health, Education, and Welfare, Rockville, Maryland 20852.

Allen, Richard C. Legal Rights of the Disabled and Disadvantaged. Published for the National Citizens Conference on Rehabilitation of the Disabled and Disadvantaged by Social and Rehabilitation Service, U. S. Department of Health, Education, and Welfare, 1969, 102 p. Available from the Superintendent of Documents, Washington, D. C. 20402 - Price 50 cents.

....And A Time to Dance. Norma Canner. Photography by Harriet Klebanoff. Beacon Press. 1968. 142 pp. \$5.95.

Anderson, Alice V. "Orientating Parents to a Clinic for the Retarded," Children, September-October 1962. Available in reprint form from the Maternal and Child Health Service, U. S. Department of Health, Education, and Welfare, Rockville, Maryland 20852.

Angle, Carol R. and Bering, Edgar A. Physical Trauma as an Etiological Agent in Mental Retardation. National Institute of Neurological Diseases and Stroke, National Institutes of Health, Public Health Service, U. S. Department of Health, Education, and Welfare, 1970, 322 p. Available from the Superintendent of Documents, Washington, D. C. 20402 - Price \$3.75.

A Practical Guide for Teaching the Mentally Retarded to Swim. Project on Recreation and Fitness for the Mentally Retarded, American Association for Health, Physical Education, and Recreation. 1969. 160 pp. \$2.00.

A Program of Art Activities for the Young Retarded Child at Home. Dorothy G. Tucker and Barbara Jeanne Seabury. Massachusetts Department of Mental Health, Division of Mental Retardation Publication No. 589. 1966. 69 pp. (Mimeographed) Single copy free.

A Racecourse for Andy. Patricia Wrightson. Harcourt, Brace & World, Inc. 1968. 156 pp. \$3.50.

Arnold, Irene L. and Goodman, Lawrence. Homemaker Services to Families with Young Retarded Children. Children, 13(4): 149-152, July-August 1966. Available in reprint form from the Community Services Administration, U. S. Department of Health, Education, and Welfare, Washington, D. C. 20201.

Art Is for All: Arts and Crafts for Less Able Children. Zailee Lindsay. Tappinger Publishing Company, Inc. 1968. 111 pp. \$5.50

A Second Look: A Progress Report on Federal Employment of the Mentally Retarded. U. S. Civil Service Commission. 1967. 16 pp. Single copy free.

Assistive Devices for the Handicapped. Charlot Rosenberg. American Rehabilitation Foundation. 1968. 187 pp. \$3.50

Avenues of Action for Long-Term Care of the Multiply Handicapped. Elsie D. Helsel, Ph.D. National Easter Seal Society for Crippled Children and Adults. 1965. 9 pp. 25 cents.

A Summary of Selected Legislation Relating to the Handicapped 1963-1967. Assistant Secretary for Community and Field Services, U. S. Department of Health, Education, and Welfare, 1968, 41, p. Single free copies available from the Secretary's Committee on Mental Retardation, Washington, D. C. 20201.

A Summary of Selected Legislation Relating to the Handicapped 1968. Assistant Secretary for Community and Field Services, U. S. Department of Health, Education, and Welfare, 1968, 13 p. Available from the Secretary's Committee on Mental Retardation, U. S. Department of Health, Education, and Welfare, Washington, D. C. 20201.

Baldwin, Victor L.; Fredericks, H. D. "Bud"; Harter, James; Hofmann, Ronald; and McDonnell, John Jay. "Parents Educate Their Trainable Children". Mental Retardation, Vol. 9 No. 3, June 1971. American Association on Mental Deficiency.

Basic Lessons for Retarded Children. Lucy Hamilton. Workbooks I and II. John Day Company. 1965. 64 pp. \$1.25.

Beck, Helen L. Casework with Parents of Mentally Retarded Children. American Journal of Orthopsychiatry, 32(5): 870-877, October 1962. Available in reprint form from the Community Services Administration, U. S. Department of Health, Education, and Welfare, Washington, D. C. 20201.

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Beck, Helen L. The Advantages of a Multi-Purpose Clinic for the Mentally Retarded, American Journal of Mental Deficiency, 66(5): 789-794, March 1962. Available in reprint form from the Maternal and Child Health Service, U. S. Department of Health, Education, and Welfare, Rockville, Maryland 20852.

Beck, Helen L. The Closed, Short-Term Group: A Treatment Adjunct for Parents of Mentally Retarded Children. Maternal and Child Health Service, U. S. Department of Health, Education, and Welfare, 1965, 11 p. Available from the Maternal and Child Health Service, U. S. Department of Health, Education, and Welfare, Rockville, Maryland 20852.

Begab, Michael J. The Mentally Retarded Child: A Guide to Services of Social Agencies. Children's Bureau, Office of Child Development, U. S. Department of Health, Education, and Welfare, 1963, 134 pp. Available from the Superintendent of Documents, Washington, D. C. 20402 - Price 45 cents.

Begab, Michael J. The Role of Child Welfare in Mental Retardation. Children's Bureau, U. S. Department of Health, Education, and Welfare, 1961, 13 p. Available from the Community Services Administration, U. S. Department of Health, Education, and Welfare, Washington, D.C. 20201

Benefits for Handicapped Dependents of Members of the Uniformed Services, U. S. Department of Defense, Assistant Secretary for Community and Field Services, U. S. Department of Health, Education, and Welfare, 1968, 6 p. Single copies available from Secretary's Committee on Mental Retardation, U. S. Department of Health, Education, and Welfare, Washington, D. C. 20201.

Birth Defects: The Tragedy and the Hope. The National Foundation -- March of Dimes. 1968. 13 pp. Single copy free.

Blackhurst, Robert T. and Radke, Edmund, Testing Retarded Children for Defects in Vision. Children, 13(3): 109-112, May-June 1966. Available in reprint form from the Maternal and Child Health Service, U. S. Department of Health, Education and Welfare, Rockville, Maryland 20852.

Braik, Adeline. Public Welfare Serves the Mentally Retarded Child. Reprinted by the Community Services Administration, U. S. Department of Health, Education, and Welfare with permission from Public Welfare, Vol. XXV, No. 2, April 1967 (110-115), 6 p. Available from the Community Services Administration, U. S. Department of Health, Education, and Welfare, Washington, D. C. 20201

Brown, Frederick W. Orthopaedic Surgery in the Mentally Retarded. Journal of Bone and Joint Surgery, 45-A(4): 841-855, June 1963. Available in reprint form from the Maternal and Child Health Service, U. S. Department of Health, Education, and Welfare, Rockville, Maryland 20852

Brown, Bertram S. and Courtless, Thomas F. The Mentally Retarded Offender. Originally reproduced by the President's Commission on Enforcement and Administration of Justice. National Institute of Mental Health, U. S. Department of Health, Education, and Welfare is reprinting. Should be available June, 1971 from the Superintendent of Documents, Washington, D. C. 20402 - Price not yet determined.

Building an Estate for a Crippled Child. George M. Rideout and John D. Riordan. National Easter Seal Society for Crippled Children and Adults, Parent Pamphlet No. 5. 1959. 23 pp. 25 cents.

Cain, Leo F. and Levine, Samuel. Effects of Community and Institutional School Programs on Trainable Mentally Retarded Children. CEC Research Monograph Series B, No. B-1. 1963

Camerons at the Castle. Jane Duncan. MacMillan & Company, Ltd.
1965. 151 pp. \$3.50.

Career Opportunities in Mental Retardation. Secretary's Committee on
Mental Retardation, U. S. Department of Health, Education, and Welfare,
1968. Single copies available from Secretary's Committee on Mental
Retardation, Washington, D. C. 20201

Career Opportunities in the Field of Mental Retardation. U. S. Depart-
ment of Health, Education, and Welfare, Secretary's Committee
on Mental Retardation. U. S. Government Printing Office. 1969.
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Caring for your Disabled Child. Benjamin Spock, M.D., and Marion O.
Lerrigo, Ph.D. The MacMillan Company. 1965. 373 pp. \$4.95.
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Cerebral Palsy, Hope Through Research. National Institute of Neurological
Diseases and Stroke, U. S. Department of Health, Education, and Welfare,
revised 1971, PHSP No. 715, 6 p. Available from the Superintendent of
Documents, Washington, D. C. 20402 - Price 10 cents.

Challenge in Mental Retardation. Gunnar Dybwad, Ph.D. Columbia
University Press. 1964. 287 pp. \$6.00

Changing Patterns in Residential Services for the Mentally Retarded.
President's Committee on Mental Retardation, 1969, 435 p. Available
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Children of Deprivation: Changing the Course of Familial Retardation.
Robert B. Kugel, M.D., and Mabel H. Parsons. Children's Bureau
Publication No. 440. U. S. Government Printing Office. 1967.
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Christmas in Purgatory: A Photographic Essay on Mental Retardation.
Burton Blatt and Fred Kaplan. Allyn and Bacon, Inc. 1966.
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Clifford, Stewart H. High-Risk Pregnancy: I. Prevention of Prematurity the Sine Qua Non for Reducation in Mental Retardation and Other Neurologic Disorders. The New England Journal of Medicine, 271(5): 243-249, July 30, 1964. Available in reprint form (with Part II by Jacobson and Reid) from the Maternal and Child Health Service, U. S. Department of Health, Education, and Welfare, Rockville, Maryland 20852.

Controversy Over "Patterning" as a Treatment for Brain Damaged Children.
Roger D. Freeman, M.D. National Association for Retarded Children Publication No. H55. 1967. 4 pp. 10 cents.

Copeland, William C. Financing Rehabilitation Services. Published for the National Citizen's Conference on Rehabilitation of the Disabled and Disadvantaged by Social and Rehabilitation Service, U. S. Department of Health, Education, and Welfare, 1969, 36 p. Available from the Superintendent of Documents, Washington, D. C. - Price 25 cents.

Counseling Parents of the Mentally Retarded Child. Thomas C. Campanello.
Bruce Publishing Company. 1965. 58 pp. 75 cents.

Crafts for the Retarded: Through Their Hands They Shall Learn. William C. McNeice and Kenneth R. Benson. McKnight and McKnight Publishing Company. 1964. 134 pp. \$6.45.

Craft Projects for Sign Learners. Alfred Schmidt. John Day Company.
1968. 84 pp. \$4.50.

Creative Dramatics for Handicapped Children. Regina Schattner. John Day Company. 1967. 160 pp. \$4.50.

Curfman, Hope G. and Arnold, Carol B. A Homebound Therapy Program for Severely Retarded Children. Children 14 (1), pp. 63-68, March-April 1967. Available in reprint form from Maternal and Child Health Service, U. S. Department of Health, Education, and Welfare, Rockville, Maryland 20852

Currie, Catherine. Evaluating Function of Mentally Retarded Children Through the Use of Toys and Play Activities. The American Journal of Occupational Therapy, Vol. XXIII, No. 1 (January-February) 1969 pp. 35-42. Available in reprint form from Maternal and Child Health Service, U. S. Department of Health, Education, and Welfare, Rockville, Maryland 20852.

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16(6), pp. 211-217, November-December 1969. Available in reprint form
from Maternal and Child Health Service, U. S. Department of Health,
Education, and Welfare, Rockville, Maryland 20852.

Deciding What's Best for Your Retarded Child. Katharine G. Ecob.
Mental Health Materials Center, Inc. 1956. 16 pp. 25 cents.

Diagnostic Teaching. Marshall B. Rosenberg. Special Child Publications,
Inc. 1968. 125 pp. \$4.40.

Directory of State and Local Resources for the Mentally Retarded.
Secretary's Committee on Mental Retardation, U. S. Department of Health,
Education, and Welfare, 1970, 121 p. Single free copies available from
The Secretary's Committee on Mental Retardation, U. S. Department of
Health, Education, and Welfare, Washington, D. C. 20201

Disabled? Find Out if You Are Eligible for -- Social Security
Disability Insurance Benefits. 1968. 9 pp.

Social Security Benefits for People Disabled Since Childhood.
1970. 9 pp.

Social Security: What It Means for the Parents of a Mentally
Retarded Child. 1968. 6 pp. (Also Available in Spanish)

Dittman, Laura. The Mentally Retarded Child at Home. A Manual for
Parents. Children's Bureau, Office of Child Development, U. S.
Department of Health, Education, and Welfare, 1959, 99 p. Available
from the Superintendent of Documents, Washington, D. C. 20402 - Price
35 cents.

Dittman, Laura L. The Family of the Child in an Institution.
American Journal of Mental Deficiency, 66(5): 759-765, March 1962.
Available in reprint from the Community Services Administration,
U. S. Department of Health, Education, and Welfare, Washington, D.C.
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Drugs and Poisons in Relation to the Developing Nervous System.
National Institute of Neurological Diseases and Stroke, National
Institutes of Health, Public Health Service, U. S. Department of
Health, Education, and Welfare, PHSP No. 1791, 1967, 276 p.
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Educating the Child Who Is Different. Maria Egg, M.D. John Day Company. 1968. 192 pp. \$4.50.

Education of the Moderately and Severely Retarded. International League of Societies for the Mentally Handicapped. 1968. 25 pp. \$3.00.

Education Rhythms for Mentally Handicapped Children. Ferris and Jennet Robins. Associated Press. 1968. 239 pp. \$7.95.

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Everyday Problems and the Child with Learning Difficulties. Rebe Bernstein. John Day Company. 1967. 163 pp. \$4.95.

Facts About Sex: For Exceptional Youth. Sol Gordon. Printing House of Charles Brown, Inc. 1969. 39 pp. \$2.95.

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Feeding the Child With a Handicap. Children's Bureau Publications No. 430. U. S. Government Printing Office. 1967. 20 pp. 20 cents.

Feeding the Child With a Handicap. Maternal and Child Health Service, U. S. Department of Health, Education, and Welfare, 1957, 56 p. Available from the Superintendent of Documents, Washington, D.C. 20402 Price 30 cents

Financial Assistance Programs for the Handicapped of the Department of Health, Education, and Welfare. Secretary's Committee on Mental Retardation, U. S. Department of Health, Education, and Welfare, 1971, 64 pp. Single copies free and available from the Secretary's Committee on Mental Retardation, U. S. Department of Health, Education, and Welfare, Washington, D. C. 20201.

Forgotten Children: A Program for the Multiply Handicapped. Merle E Frampton, Ellen Kerney, and Regina Schattner. Porter Sargent Publisher. 1969. 287 pp. \$6.95.

Fraenkel, William A. Guide to Job Placement of the Mentally Retarded. President's Committee on Employment of the Handicapped, 1963, 16 p. Available from the Rehabilitation Services Administration, U. S. Department of Health, Education and Welfare, Washington, D.C. 20201

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Guidelines for the Future, Cerebral Palsy. Godfrey D. Stevens and Jack W. Birch. United Cerebral Palsy Associations, Inc. 1959. 28 pp. Single copy free.

Guiding the Retarded Child: An Approach to a Total Educational Program. Bernice B. Baumgartner. John Day Company. 1965. 241 pp. \$6.95.

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Hammar, S. L., M.D. and Barnard, K. E. The Mentally Retarded Adolescent. Pediatrics, Vol. 38, No. 5, November 1966 (845-857). Available in reprint form from the Community Services Administration, U. S. Department of Health, Education, and Welfare, Washington, D.C. 20201

Handicapped Girls and Girl Scouting: A Guide for Leaders. Marion Weller Barnett. Girl Scouts of the United States of America, National Equipment Service Catalogue No. 19-171. 1968. 94 p. \$2.00.

Handling the Young Cerebral Palsied Child at Home. Nancie R. Finnie. E. P. Dutton and Company, Inc. 1970. 223 p. \$3.50.

Hardy, Janet B. Rubella and Its Aftermath. Children, 16:90-96, May-June, 1969. Available in reprint form from the Maternal and Child Health Service, U. S. Department of Health, Education, and Welfare, Rockville, Maryland 20852.

Harrington, Don A. Services for the Child Who Is Hard of Hearing. Maternal and Child Health Services, U. S. Department of Health, Education, and Welfare, 1963, 38 p. Available from the Superintendent of Documents, Washington, D.C. 20402 - Price 20 cents.

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