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ABSTRACT

The eighth volume in an eight-part series on a task-based management system for special education programs presents definitions of terms used in the system, lists participants and consultants involved in the testing of project materials, and discusses the process of labeling exceptional children. (For related information, see also EC 050 205 through EC 050 211.) (GW)

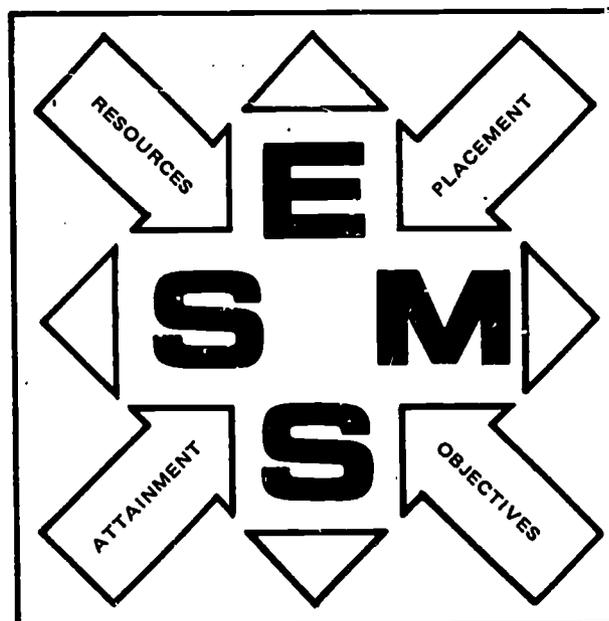
A GUIDE FOR THE  
MANAGEMENT OF  
SPECIAL EDUCATION  
PROGRAMS

MENTALLY AND  
BEHAVIORALLY  
EXCEPTIONAL  
CHILDREN

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SPECIAL EDUCATION MANAGEMENT SYSTEM

8.0 APPENDICES

Prepared Under  
Contract By:  
VORT CORPORATION  
2100 Hanover St.  
Palo Alto, Calif. 94306

RICHARD D. STRUCK  
Project Director and Director  
of Programs for Exceptional  
Children and Adults and  
Pupil Personnel Services

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701 OCEAN ST. ROOM 200  
Santa Cruz, California 95060  
Dr. RICHARD R. FICKEL, SUPERINTENDENT OF SCHOOLS

COMPONENT 8.0

APPENDICES

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APPENDIX 8.1

DEFINITIONS OF TERMS

## APPENDIX 8.1

### DEFINITIONS OF TERMS

Accounting - the system of recording and summarizing financial transactions and analyzing, verifying and reporting the results.

Accountability tool - an instrument used to determine if a person has accomplished what he is responsible or answerable for.

\* Assessment - the act of determining the degree or amount of. On the BCP chart, an assessment indicates which behavioral characteristics a pupil does and does not display.

Assessment tool - an instrument used to determine degree or amount of.

Baseline - observations gained over a period of time under circumstances not intentionally altered by the observer.

BCP - abbreviation for Behavioral Characteristics Progression.

BCP booklet - the booklet form of the Behavioral Characteristics Progression (BCP) which aids in the observation and recording phase of BCP use.

BCP procedures - the guidelines developed to assist the teacher and/or support personnel in using the Behavioral Characteristics Progression (BCP).

BCP chart - the two-dimensional array of 1,800 developmentally progressing behavioral characteristics from which learner objectives are determined for each pupil.

Behavioral characteristic - an observable and measurable trait, quality or property distinguishing an individual. 1,800 of these characteristics arrayed in developmental sequence form the Behavioral Characteristics Progression (BCP).

Behavioral strand - one of the 45 separate, though not independent, horizontally progressing categories of behavior on the Behavioral Characteristics Progression (BCP).

Communication tool - an instrument used to facilitate the exchange of thoughts, information, knowledge, understanding.

Continuous task - task which occurs throughout the entire school year.

Control group - in an experimental design contrasting two groups, that group not given the treatment whose effect is under study.

Criterion-referenced tool - an assessment instrument based upon defined or agreed-on performance.

\* = definitions from Calif. State Board of Education Guidelines for School Districts to Use in Developing Procedures for Evaluating Certificated Personnel.

Delivery process - the collection of sequenced tasks necessary to produce the end product.

DCHM - Development Center for Handicapped Minors.

Duration - the amount of time a behavior continues.

EMR - educable mentally retarded.

Educational system - a group of interdependent processes which unite to define the relationship of parts within an educational program.

Evaluation tool - an instrument used to evaluate an employee based upon accomplished tasks and pupil progress.

Field personnel - those individuals outside of the project staff working in the areas of special and general education.

Frequency - the number of times a behavior is repeated in a given time period.

Function - one of the twenty categories or groupings of tasks on the Task Base Composite (TBC) identified as being necessary in the education of the exceptional pupil.

\* Goal - a statement of broad direction or intent which is general and timeless and not concerned with a particular achievement within a specified time period.

Identifying behaviors - handicapping qualities or traits in each behavioral strand on the BCP which help to describe an exceptional pupil.

Incidence level - the rate of occurrence of a given behavioral characteristic.

Increment - one in the series of consecutive behavioral characteristics which progress from 1.0 to 50.0 on the Behavioral Characteristics Progression (BCP).

In-service training - instruction, teaching, or education which takes place during working hours or as part of the position requirements.

Instructional tool - an instrument used to facilitate the education of a pupil.

Job description - a list of tasks and responsibilities to be completed by a person in a given position (job title) in order to attain learner objectives.

Learner objective - a behavioral characteristic which is specified as the pupil's objective. Synonymous terms include instructional objective, behavioral objective, performance objective.

Management - the identification, assignment, implementation, and evaluation of program tasks in order to attain goals and objectives.

Management system - a process for managing task completion associated with the attainment of program and learner objectives, and organized so that all functions of the total program contribute to this completion.

Manpower requirements - the numbers and types of program personnel required to complete a given task.

MDM - mentally disordered minors.

Need - a deficiency or lack in an area necessary for the survival and/or growth of an individual or group of individuals.

Non-continuous task - task which occurs only at intervals during the school year (not daily or weekly) due to seasonal factors, beginning of the year, etc.

Non-primary chart - the second chart in order of importance or value to a given pupil. The chart (either BCP #1-22 or BCP #23-45) which least clearly matches a given pupil's behavioral characteristics level.

Non-prime line - the line of educational tasks on the TBC which do not directly involve the pupil but which are supportive of the Prime-line tasks.

Non-prime task - educational task which does not directly involve the pupil but supports Prime tasks.

\* Objective - a devised accomplishment that can be verified within a given time and under specifiable conditions which, if attained, advances the system toward a corresponding goal.

\* Personnel evaluation - the process of making considered judgments concerning the professional competencies of a certificated employee based upon accomplished tasks and pupil progress.

PERT - Program Evaluation Review Technique.

Post test - a test or assessment administered after experimental treatment is given

Pre test - a test or assessment administered before any experimental treatment is given.

Primary chart - the first chart in order of importance or value to a given pupil. The chart (either BCP #1-22 or BCP #23-45) which most clearly matches a given pupil's behavioral characteristics level.

Prime line - the line of educational tasks on the Task Base Composite (TBC) which directly involve the pupil in their completion.

Prime task - educational task which directly involves the pupil with the educator, teacher, parent, etc.

Process - a series of tasks or operations leading to an end. In education, the end is the educated pupil.

Process sequenced functions - those sequenced functions on the Task Base Composite which support the pupil.

Pupil - a child or young person who attends school or is in the charge of an instructor or tutor.

Pupil performance - behavioral characteristics which a pupil displays; e.g., on the BCP chart.

Pupil progress - the measurable advancement of a pupil to a higher or more developed stage. Pupil progress is manifested in left to right movement on the BCP chart.

Resource - a reserve or potential source of supply or support.

Resource allocation - the distribution of resources for a specific purpose or to particular persons or things.

Skill - a developed aptitude or ability to do a unit of work (task) competently.

Solution - an answer to a problem or fulfillment of a need.

Staff loading - assignment of specific numbers of personnel to positions or tasks.

\* Standard - a basis for the measure of quantity, value, or quality which is set up and established by authority or mutual acceptance. The Behavioral Characteristics Progression can be a standard for measuring pupil progress in terms of attainment of learner objectives.

Standardized tool - an assessment instrument based on performance correlated to scores which are applicable to a specific population

Stull Bill - E.C. 1385-89; as it deals with evaluation: "School board's written guidelines must contain certain provisions. The written evaluation guidelines for certificated employees adopted by each school board must at least provide for the following:

1. Establishment of standards of expected student progress in each area of study and of techniques for assessment of that progress.
2. Assessment of certificated personnel competence as it relates to the standards which are established for individual certificated personnel.
3. Assessment of other duties normally required to be performed by certificated employees as adjunct to their regular assignments.
4. Establishment of procedures and techniques for ascertaining that the certificated employee is maintaining proper control and is preserving a suitable learning environment."

Target or experimental group - in an experimental design contrasting two groups, that group of subjects given the treatment whose effect is under investigation.

Task - a unit of work or activity necessary to attain an objective and to be completed within a given time period.

TBC - abbreviation for Task Base Composite.

TDF - abbreviation for Task Description Form developed by VORT Corporation to record information on tasks performed by personnel positions.

TMR - trainable mentally retarded.

Umbrella functions - those functions on the Task Base Composite which do not directly involve the pupil but are supportive of the program.

Umbrella tasks - those non-sequenced tasks within the umbrella functions.

APPENDIX 8.2

QUESTIONNAIRE RESPONDENTS

APPENDIX 8.2

QUESTIONNAIRE RESPONDENTS

ALAMEDA COUNTY

- \* F. L. Brislawn, Coordinator  
Special Education Services  
Piedmont City Unified School District
- \* David Carlisle, Director  
Research, Development and Planning  
Pleasanton Joint Elementary School District
- \* David Ramirez, Psychologist  
New Haven Unified School District
- \* Al Tudyman, Director, Special Education  
Oakland City Unified School District
- \* June Whiteford, Director, Special Education Services  
Newark Unified School District
- \* Ruth Williams, Supervisor, Remedial Reading  
San Leandro Unified School District
- \* David Yamamoto, Coordinator, Special Education  
Livermore Valley Joint Unified School District

AMADOR COUNTY

- \* Carl D. Johnson, Psychologist  
Director of Special Education  
Office of the Amador County Superintendent of Schools

BUTTE COUNTY

- \* Anne Cosart, Coordinator of Services,  
Physically Handicapped  
Office of the Butte County Superintendent of Schools
- \* Gale Glenn, Director, Special Services  
Office of the Butte County Superintendent of Schools
- \* David Sonnenshine, School Psychologist  
Chico Unified School District

CALAVERAS COUNTY

Milton K. Goodridge  
Calaveras County Superintendent of Schools

COLUSA COUNTY

- \* Don Leber, Psychologist  
Colusa County Schools

CONTRA COSTA COUNTY

- \* Jerry Cochran, Coordinator, Mentally Retarded  
Contra Costa County Schools
- Joe Hendrickson, Director of Special Services  
Lafayette Elementary School District
- R. F. Keefe, Assistant Superintendent  
Contra Costa County Schools

\* = Completed Questionnaire No. 1 only

Mary Maton, Coordinator, Special Education  
John Swett Unified School District

Gerald Peterson, Coordinator  
Curriculum for Mentally Retarded  
Contra Costa County Schools

Wilma Winter, Supervisor, Special Education  
Richmond Unified School District

#### DEL NORTE COUNTY

E. Verne Babcock, Assistant Superintendent  
Del Norte County Schools

#### FRESNO COUNTY

George E. Kaspian, Director, Special Services  
Fresno County Schools

Richard G. Kisling, Director, Special Education  
Fresno City Unified School District

#### GLENN COUNTY

John Meyer, Assistant Superintendent and  
Director, Special Services  
Glenn County Schools

#### HUMBOLDT COUNTY

Dewell H. Byrd, Director, Orthopedically Handicapped  
and Educable Mentally Retarded  
Humboldt County Schools

#### IMPERIAL COUNTY

\* Rose del Rio, Director  
Psychological Services and Special Education  
Imperial County Schools

#### INYO COUNTY

\* M. H. Needham, Director of Special Education  
Inyo County Schools

#### KERN COUNTY

\* Mrs. Charlotte Chichester, Director, Special Services  
Delano Union Elementary School District

Mrs. Hazel Hobba, Director, Physically Exceptional  
Children and Health Services  
Kern County Schools

\* Jack L. Schuetz, Director, Special Education  
Kern Joint Union High School District

#### KINGS COUNTY

\* Kunogondus Maliepaard, Special Education Director  
Kings County Schools

#### LAKE COUNTY

\* Ralph E. Leeder, Director, Special Education  
Lake County Schools

LASSEN COUNTY

Earl L. Sage, Director, Special Services  
Lassen County Schools

LOS ANGELES COUNTY

\* H. Edward Ahrens, Supervisor, Special Education  
Long Beach Unified School District

\* George N. Allebrand, Director, Whittier Area  
Cooperative Special Education Program

Mrs. Eris Black, Psychologist  
Burbank Unified School District

James Copeland, Director of Special Programs  
Downey Unified School District

\* Roy J. Cousins, Director, Special Education  
and Special Projects  
Covina-Valley Unified School District

Walter Dombrowski, Coordinator  
Pupil Personnel Services  
Palos Verdes Peninsula Unified

Irwin Fields, Director, Special Projects  
Centinela Valley Union High School District

Mrs. Ethel Forcinelli, Coordinator of Special Programs  
Claremont Unified School District

\* Mrs. Rubylee Gracy, Coordinator, Special Education  
Pomona Unified School District

V. R. Hansen, Psychologist  
Lynwood Unified School District

\* Mrs. Ruthe Harris, Coordinator  
Guidance and Special Education  
Bellflower Unified School District

\* William D. Hatcher, Assistant Director  
Special Education  
Rowland Unified School District

Virginia Huschke, Special Education Consultant  
Torrance Unified School District

\* Bruce Newlin, Assistant Superintendent  
Lancaster Elementary School District

\* Robert Pennington, Director, Special Services  
Manhattan Beach City Elementary School District

Paul Phelps, Special Education Consultant  
Montebello Unified School District

\* Jack Rouman, Director  
Guidance and Special Education  
Montebello Unified School District

\* John Rostykus, Coordinator, Special Services  
Newhall Elementary School District

William Sandison, Director of Special Education  
Hacienda-La Puente Unified School District

William E. Starr, Supervisor, Mentally Retarded  
and Multi-Handicapped  
Los Angeles City Unified School District

Marian Stewart, Specialist/Special Education  
El Rancho Unified School District

Leonard M. Ungar, Consultant, Special Education  
Pasadena Unified School District

Daniel J. Watkins, Special Education Specialist  
Baldwin Park Unified School District

Patricia Wickwire, Ph.D.  
Coordinator of Psychological Services  
South Bay Union High School District

Jean (Terry) Wood, Director, Special Education  
Los Angeles County Schools

#### MADERA COUNTY

Adrian Clark, Coordinator, Special Education  
Madera County Schools

#### MARIN COUNTY

Edward Brennan, Director, Special Services  
Marin County Schools

Rudolph S. Kupfer, Coordinator, Programs for the  
Physically Exceptional  
Marin County Schools

Dirk West, Coordinator, Mentally Exceptional  
Marin County Schools

#### MARIPOSA COUNTY

\* Erik Bruun, Elementary Supervisor  
Mariposa County Schools

Claude H. May, Coordinator of Special Education  
Mariposa County Unified School District

#### MENDOCINO COUNTY

\* Bert Elliott, Assistant Superintendent  
Mendocino County Schools

#### MERCED COUNTY

\* Don Keeney, Coordinator, Special Education  
Merced County Schools

Herman Olson, Director, Special Services  
Merced City Elementary School District

#### MODOC COUNTY

\* Mrs. Clara C. Eddie, County Superintendent of Schools

#### MONO COUNTY

\* David R. Simons, Coordinator of Special Services  
Mono County Office of Education

MONTEREY COUNTY

- \* J. H. Lang, Director, Service Programs Department  
Monterey Peninsula Unified School District

NAPA COUNTY

- \* Wesley St. John, Administrator of Special Education  
Napa County Schools

NEVADA COUNTY

- \* E. La Monte Ohlson, Special Education;  
Director, Research and Guidance  
Nevada County Schools

ORANGE COUNTY

- \* Cecil Berry, Director of Special Programs  
Santa Ana Unified School District
- \* Mrs. Betty Darke, Coordinator of Special Services  
Westminster Elementary School District
- \* Donald Greene, Administrator, Special Programs  
La Habra City Elementary School District
- \* Rose Ludwig, Special Education  
Ocean View Elementary School District
- \* Don Reed, Coordinator, Special Education  
Orange Unified School District
- \* William A. Thompson, Director, Special Services  
Anaheim Elementary School District

- \* Margaret Joy Valpey, District Psychologist  
Placentia Unified School District

PLACER COUNTY

- \* Bruce Becker, Program Administrator,  
Special Education  
Placer County Schools
- \* Charles Murphy, Director, Special Services  
and Assistant Superintendent  
Roseville City Elementary School District

RIVERSIDE COUNTY

- \* Lois J. Carritte, Director, Special Education  
Banning Unified School District
- \* Donald Wanda, Consultant, Educationally Handicapped  
Riverside Unified School District

SACRAMENTO COUNTY

- Ellis Bowman, Director of Special Services  
Rio Linda Union Elementary School District
- \* Paul Jongeward, Director, Special Services  
and Pupil Personnel  
Folsom-Cordova Unified School District
- \* Harold Parker, Director, Special Education  
Special Programs Office  
Sacramento City Unified School District

Ralph Richardson, Director, Special Education  
San Juan Unified School District

SAN BENITO COUNTY

John Paizis, Director of Psychological Services and  
Special Education  
San Benito County Schools

SAN BERNARDINO COUNTY

Robert Cochran, Director, Special Services  
Ontario-Montclair Elementary School District

Herbert M. Cole, Jr., Director of Special Services  
San Bernardino City Unified School District

Charles W. Kondrit, Coordinator,  
Special Programs and Services  
Rialto Unified School District

Dennis W. Ruble, Coordinator, Special Services  
Fontana Unified School District

Lucy Siegrist, Director, Special Services  
San Bernardino County Schools

SAN DIEGO COUNTY

Elmer C. Cameron, Director, Special Services  
Escondido City Elementary School District

Milton Grossman, Director, Special Services and  
District Psychologist  
San Diego City Unified School District

\* Clifford L. Hatch, Director of Guidance  
South Bay Union Elementary School District

\* R. A. Lanoue, Principal  
California Avenue School  
Vista City Unified School District

\* John W. Lloyd, Director, Special Programs and  
Pupil Personnel Services  
Escondido Union High School District

Glen Pierson, Director, Pupil Personnel Services  
San Diego County Schools

\* Juan J. Solis, Director, Pupil Personnel Services  
Carlsbad Union Elementary School District

\* William D. Stainback, Director, Special Education  
Cajon Valley Union Elementary School District

\* David C. Wright, Exceptional Child Services Director  
San Diego City Unified School District

SAN FRANCISCO CITY AND COUNTY

\* Richard C. Robbins, Director, Special Education  
and Pupil Services  
San Francisco City Unified School District

SAN JOAQUIN COUNTY

\* Don Evans, Coordinator, Special Education  
Stockton City Unified School District

Carolyn M. Fowle, Ed. D., Director of Pupil Personnel  
Lodi Unified School District

Charles B. Jones, Director, Special Services  
San Joaquin County Schools

SAN LUIS OBISPO COUNTY

Charles V. Watson, Psychologist  
San Luis Obispo County Schools

SAN MATEO COUNTY

Ray Graber, Director of Pupil Personnel Services  
San Mateo City School District

Deane Brown, Consultant, Special Education  
Ravenswood City Elementary School District

David W. Ridley, Coordinator, Special Services  
Belmont Elementary School District

Dr. Robert L. Rottman, Associate Superintendent  
San Bruno Park Elementary School District

SANTA BARBARA COUNTY

Raymond Bauer, Coordinator of Special Education  
Goleta Union Elementary School District

Sidney R. Ottman, Director, Special Education  
and Pupil Personnel  
Santa Barbara County Schools

Thomas J. Murphy, Director, Special Education  
Santa Barbara City Elementary and High School District

Dr. Irwin Wapner, Director, Pupil Personnel Services  
Lompoc Unified School District

SANTA CLARA COUNTY

Arta Jo Chambers, Supervisor, Special Services  
Campbell Union High School District

\* Lyle D. Chambers, Director, Special Services  
Union Elementary School District

\* James Doyle, Supervisor, Special Programs  
East Side Union High School District

\* Donald W. Howlett, Director, Special Services  
Franklin-McKinley Elementary School District

\* Jack Kingsbury, Assistant Superintendent and  
Director, Special Services  
Alum Rock Union Elementary School District

Edward Kueffer, Director, Pupil Personnel Services  
Cupertino Union Elementary School District

A. John Mattila, Director, Special Services  
Sunnyvale Elementary School District

\* Al Mendizabal, Director, Special Services  
Morgan Hill Unified School District

\* Anthony Perreira, Coordinator, Special Education  
and Guidance  
Campbell Union Elementary School District

SANTA CRUZ COUNTY

\* Ronald C. Blanchette, Coordinator of Special Services  
Soquel Union Elementary School District

\* Kenneth Lamb, Director, Pupil Personnel Services  
Santa Cruz City Elementary and High School District

\* Grant Sickles, Director of Special Services  
Scotts Valley Union Elementary School District

\* Staff of the Pajaro Valley Unified School District:

Carlos O. Lopez, Coordinator, Special Services

Robert S. Annett, Teacher  
Learning Disability Group

William M. Boone, Psychologist

Phyllis J. Christian, Nurse

Mary A. Correia, Teacher, Educationally  
Handicapped and Learning Disability

Kathleen De Bernardi, Teacher  
Learning Disability

Jean J. Doerr, Psychologist

Joyce E. Fiechtner, Nurse

Pamela A. Gonsalves, Speech Corrections

Anne L. Harrison, Teacher  
Educationally Handicapped

Barbara L. Heppel, Speech Corrections

Steve Johnson, Teacher, Learning Disability

Suzanne Kesterson, Speech Corrections

Kenneth L. McElroy, Teacher  
Educationally Handicapped

Donna S. McGlaughlin, Speech Corrections

Jane Michaelson, Nurse

Dorothy E. Mills, Speech Corrections

Ardean Nordgren, Teacher, Learning Disability

Ruth M. Perry, Nurse

Martin L. Rappaport, Psychologist

Pauline M. Smith, Nurse

Francis E. Thome, Teacher, Learning Disability

Bonnie R. Wendt, Psychologist

Margery M. Wylie, Speech Corrections

\*\* Staff of the Santa Cruz County Office of Education  
Programs for Exceptional Children and Adults

Richard D. Struck, Director  
Programs for Exceptional Children  
and Adults and Pupil Personnel Services

Jack P. Wendt, Assistant Director  
Programs for Exceptional Children  
and Adults and Pupil Personnel Services

Robert H. Mathew, Assistant Director,  
Programs for Exceptional Children and Adults

\*\* = Completed Questionnaire No. 2 only

\*\* Staff of the Santa Cruz County Office of Education (continued):

Elaine Alster, Teacher's Aide, Elementary TMR

Ejlert Andersen, Teacher,

Betty Baldwin, Teacher's Aide, Elementary TMR

Ruth Barrow, Teacher, Elementary TMR

Kay Bartlett, Senior Public Health Nurse

Mary Bevernich, Teacher's Aide, Elementary TMR

Mary Cikith, Teacher's Aide, Elementary TMR

Gary Clark, Head Teacher, Elementary TMR

Teri Corn, Teacher's Aide, Development Center

Victor Coronado, Teacher, Secondary TMR

Edith Crooks, Secretary

Loreen Cunningham, Teacher's Aide, Secondary TMR

Paul Dragavon, Speech Therapist

Linda Egner, Audiometrist

Linda Ellis, Secretary

Shirley Foster, Teacher, Mentally Disordered Minors

Robert Hartman, Head Teacher, Juvenile Hall

Ted Hollingsworth, Teacher, Elementary TMR

Marsha Holt, CI

Joanne Howard,

Jerry Hynes, Te

Carol Johnson,

Harry Kelly, He

Sandra Koblich,

George Kodros,

D. William Lawr  
Workshop for

Jay Lang, Teach

Burnis Lyons, H

Mary McCabe, Te

Barry Marks, Te

Lynne Midkiff,

Thelma Mims, Se

Walter Nicol, T

William Norris,

Suzanne Paizis,

Eve Pecchenino,  
and Coordina  
Center

Santa Cruz County Office of Education (continued):

ater, Teacher's Aide, Elementary TMR	Marsha Holt, Clinical Transcriber
ersen, Teacher,	Joanne Howard, Teacher, Mentally Disordered Minors
win, Teacher's Aide, Elementary TMR	Jerry Hynes, Teacher's Aide, Development Center
w, Teacher, Elementary TMR	Carol Johnson, Teacher, Development Center
tt, Senior Public Health Nurse	Harry Kelly, Head Teacher, Development Center
nich, Teacher's Aide, Elementary TMR	Sandra Koblich, Teacher, Development Center
h, Teacher's Aide, Elementary TMR	George Kodros, Teacher's Aide, Secondary TMR
, Head Teacher, Elementary TMR	D. William Lawrence, Foreman, Sheltered Workshop for Handicapped Adults
Teacher's Aide, Development Center	Jay Lang, Teacher, Drug Dependent Minors
onado, Teacher, Secondary TMR	Burnis Lyons, Head Teacher, Drug Dependent Minors
ks, Secretary	Mary McCabe, Teacher, Development Center
ningham, Teacher's Aide, Secondary TMR	Barry Marks, Teacher, Elementary TMR
von, Speech Therapist	Lynne Midkiff, Staff Nurse
r, Audiometrist	Thelma Mims, Secretary
s, Secretary	Walter Nicol, Teacher, Secondary TMR
ster, Teacher, Mentally Disordered Minors	William Norris, Psychologist
tman, Head Teacher, Juvenile Hall	Suzanne Paizis, Consultant, Gifted Minors
gsworth, Teacher, Elementary TMR	Eve Pecchenino, Head Teacher, Secondary TMR, and Coordinator, Diagnostic and Counseling Center

\* Staff of the Santa Cruz County Office of Education (continued):

Helen Phippen, Teacher, Hard of Hearing	Ruth Tindall, Teacher's Aide, Elementary TMR
Eleanor Pugh, Staff Secretary	Jean Tofflemire, Teacher, Visually Handicapped
Shirley Rawls, Teacher's Aide, Development Center	Carmelita Traulsen, Teacher's Aide, Physically Handicapped
Asenath Rheuby, Teacher's Aide, Secondary TMR	John Tuck, Social Worker
Robert Ridgeway, Mobility Instructor and Teacher, Visually Handicapped	Collette von Duering, Teacher, Handicapped Adults
Herb Roesch, Teacher, Hard of Hearing	Florence Warren, Audiometrist
Dr. Gene Russell, Vocational Skills Counselor for the Blind	LaVonne West, Head Teacher, Physically Handicapped
Carol Sedar, Teacher, Elementary TMR	Lillian Wickstrom, Teacher, Physically Handicapped
Evelyn Silva, Teacher's Aide, Development Center	Eloise Wilson, Teacher, Development Center
Margaret Smith, Teacher, Secondary TMR	Barbara Wood, Speech Therapist
Shirley Smith, Teacher, Secondary TMR	
Julie Sullivan, Head Teacher, Elementary TMR	
Kenneth Tashiro, Teacher, Secondary TMR	
Joan Thigpin, Teacher, Drug Dependent Minors	
Leonard Thigpin, Psychologist	
Pat Thornton, Teacher, Juvenile Hall	
Alice Tindall, Teacher's Aide, Elementary TMR	

\* SHASTA COUNTY

Richard Phillips, Handicapped Children Program  
Developer  
Shasta County Schools

SISKIYOU COUNTY

- \* Frank Tallerico, Head of Special Education  
Siskiyou County Schools

SOLANO COUNTY

- \* D. Danielson, Coordinator, Special Education Programs  
Solano County Schools
- \* Percy Haugen, Coordinator, Special Education  
Fairfield-Suisun Joint Unified School District

SONOMA COUNTY

- \* Robert Reiland, Director, Special Education  
Sonoma County Office of Education

STANISLAUS COUNTY

- \* Leander W. Binna, School Psychologist  
Turlock Joint Elementary School District and Turlock  
Joint Union High School District
- Harold A. Clark, Coordinator, Educationally Handicapped  
Stanislaus County Schools
- \* Leonard J. Clark, Director, Special Education  
Modesto City Elementary and High School District

- \* Robert M. Colville, Coordinator,  
Physically Handicapped, Stanislaus County School
- Richard L. Simonton, Coordinator,  
Visually impaired, Stanislaus County Schools

SUTTER COUNTY

- A. Karperos, Director, Special Services  
Yuba City Unified School District
- \* Walter Swanson, Coordinator, Special Education  
Sutter-Yuba Counties  
Sutter County Schools

TEHAMA COUNTY

- \* William R. Davis, Administrator  
Special Schools and Services  
Tehama County Schools

TRINITY COUNTY

- \* Don S. Stewart, Principal, Special Education  
Trinity County Schools

TULARE COUNTY

- \* Guy Chapman, Director, Special Education  
Tulare County Schools

TUOLUMNE COUNTY

- \* Leo D. Sandoval, Director of Auxiliary Services  
Tuolumne County Schools

VENTURA COUNTY

David L. Baarstad, Coordinator, Special Education  
Ventura Unified School District

V. Glenn Johnson, Assistant Superintendent  
Special Services  
Ventura County Schools

George Linn, Director, Special Education  
Ventura County Schools

- \* Robert M. Miller, Director, Special Education Services  
Oxnard Union High School District
- \* Rodney R. Mortenson, Director, Pupil Personnel Services  
Oxnard Elementary School District

YOLO COUNTY

- \* Mrs. Johanna Bauer, Special Education Coordinator  
Davis Joint Unified School District
  - \* Richard N. Page, Director, Special Programs and Projects  
Yolo County Schools
- Lee T. Sheldon, Director of Special Education and  
Pupil Personnel Services  
Woodland Joint Unified School District

APPENDIX 8.3

TASK ANALYSIS PARTICIPANTS

APPENDIX 8.3

TASK ANALYSIS PARTICIPANTS

SANTA CRUZ COUNTY OFFICE OF EDUCATION  
PROGRAMS FOR EXCEPTIONAL CHILDREN AND ADULTS

Richard D. Struck, Director  
Programs for Exceptional Children  
and Adults and Pupil Personnel Services

Jack P. Wendt, Assistant Director  
Programs for Exceptional Children  
and Adults and Pupil Personnel Services

Robert H. Mathew, Assistant Director  
Programs for Exceptional Children and Adults

Calabasas Special Training Classes:  
(Elementary Trainable Mentally Retarded)

Elaine Alster, Teacher's Aide

Betty Baldwin, Teacher's Aide

Ruth Barrow, Teacher

Mary Bevernich, Teacher's Aide

Mary Cikith, Teacher's Aide

Gary Clark, Head Teacher

Barry Marks, Teacher

Carol Sedar, Teacher

Development Center for Handicapped Minors:  
(Profoundly Retarded and Multi-Handicapped)

Teri Corn, Teacher's Aide

Linda Ellis, Secretary

Jerry Hynes, Teacher's Aide

Carol Johnson, Permit Teacher

Harry Kelly, Head Teacher

Sandra Koblich, Permit Teacher

Mary McCabe, Teacher

Shirley Rawls, Teacher's Aide

Evelyn Silva, Teacher's Aide

Eloise Wilson, Permit Teacher

Duncan Holbert School:  
(Elementary and Secondary Physically Handicapped)

Carmelita Traulsen, Teacher's Aide

LaVonne West, Head Teacher

Lillian Wickstrom, Teacher

Gifted Children:

Suzanne Paizis, Consultant

Goodwill Class for Handicapped Adults:

Collette von Duering, Teacher

Itinerant Staff:

Linda Egner, Audiometrist

Thelma Mims, Secretary

Helen Phippen, Teacher, Hard of Hearing

Robert Ridgeway, Mobility Instructor and Teacher,  
Visually Handicapped

Herb Roesch, Teacher, Hard of Hearing

Dr. Gene Russell, Vocational Skills Counselor for the  
Blind

Jean Tofflemire, Teacher, Visually Handicapped

Florence Warren, Audiometrist

Barbara Wood, Speech Therapist

Juvenile Hall School:

Robert Hartman, Head Teacher

Pat Thornton, Teacher

Manresa Diagnostic and Counseling Center:

Kay Bartlett, Senior Public Health Nurse

Paul Dragavon, Speech Therapist

Marsha Holt, Clinical Transcriber

Lynne Midkiff, Staff Nurse

William Norris, Psychologist

Eve Pecchenino, Program Coordinator

Eleanor Pugh, Staff Secretary

Leonard Thigpin, Psychologist

John Tuck, Social Worker

Manresa Family Counseling Service:

Reynold Bean, Associate Project Coordinator

Harris Clemes, Project Coordinator

Lynn Gellenbeck, Staff Secretary

Julie Holmes, Secretary

Ilona Krop, Family Therapist

Audelia E. MacGregor, Community Worker

Ladislao Pineda, Community Worker

Mentally Disordered Minors, Pediatric Treatment Center:

Shirley Foster, Teacher

Joanne Howard, Permit Teacher

Natural Bridges Special Training Classes:  
(Elementary Trainable Mentally Retarded)

Ted Hollingsworth, Teacher

Julie Sullivan, Head Teacher

Alice Tindall, Teacher's Aide

Ruth Tindall, Teacher's Aide

Joanne Wilson, Teacher  
Learning Disability  
E. A. Hall Elementary School

Margery M. Wylie, Speech Corrections

LOS ANGELES CITY UNIFIED SCHOOL DISTRICT  
SPECIAL EDUCATION BRANCH

Dr. Ernest P. Willenberg, Director  
Special Education Branch

William E. Starr, Supervisor  
Mentally Retarded and Multi-Handicapped

Eugene Greenfield, Specialist for  
Educationally Handicapped

Avis Buzolich, Consultant

Judith Hassoldt, Consultant

Louis Pascone, Consultant

Caesar Smith, Consultant

Gloria Smith, Consultant

Dr. Louis Bernoff, Program Coordinator

John Aldrain, Teacher  
Ninth Street School (Mentally Retarded)

Della Blakeway, Principal  
McDonnell Avenue School (Trainable Mentally Retarded)

Charles Borgwardt, Teacher  
Educationally Handicapped  
Welby Way Elementary School

Judy Cecchini, Teacher  
105th Street Development Center

Ann Christian, Teacher  
West Valley School (Trainable Mentally Retarded)

Kay Curnow, Principal  
East Valley School (Trainable Mentally Retarded)

Ann Dunsworth, Teacher  
East Valley School (Trainable Mentally Retarded)

Helene Dyer, Teacher  
Educationally Handicapped  
Grandview Elementary School

L. G. Hamersley  
Special Education Branch Office

Harriette Haugness, Teacher  
East Valley School (Trainable Mentally Retarded)

Victoria Helms, Teacher  
Educationally Handicapped  
Overland Avenue Elementary School

Barbara Lane, Teacher  
Benjamin Banneker Elementary School  
(Trainable Mentally Retarded)

Hyman Lipshutz, Teacher  
Educationally Handicapped  
Mark Twain Junior High School

Fred Lull, Principal  
C. Morley Sellery Elementary School  
(Trainable Mentally Retarded)

Gerry Mackie, Teacher  
Educationally Handicapped  
Haskell Elementary School

Steven Mark, Principal  
West Valley School

Fay Mitchnick, Teacher  
Educationally Handicapped  
Carthay Center Elementary School

Suzanne Ogg, Teacher,  
Educationally Handicapped  
Nora Sterry Elementary School

Edith Perez, Teacher  
Ninth Street School (Mentally Retarded)

Bernard Schurchard, Teacher  
Ninth Street School (Mentally Retarded)

Joseph Schulleeta, Teacher  
Ninth Street School (Mentally Retarded)

Marion Snyder, Teacher  
Educationally Handicapped  
Stagg Street Elementary School

Jane Toland, Principal  
Benjamin Banneker Elementary School  
(Trainable Mentally Retarded)

Francine Tovstein, Teacher  
Educationally Handicapped  
Cahuenga Elementary School

Sue Vogel, Teacher  
Benjamin Banneker Elementary School  
(Trainable Mentally Retarded)

Mona von Hoetendorff, Teacher  
West Valley School (Trainable Mentally Retarded)

Arnold Wall, Teacher  
Educationally Handicapped  
Porter Junior High School

Doreen Walleet, Teacher  
Benjamin Banneker Elementary School  
(Trainable Mentally Retarded)

Mrs. White, Teacher  
Educationally Handicapped  
Berendo Junior High School

Walter Wilson, Teacher  
Educationally Handicapped  
Sun Valley Junior High School

APPENDIX 8.4

BEHAVIORAL CHARACTERISTICS PROGRESSION CONSULTANTS

## APPENDIX 8.4

### BEHAVIORAL CHARACTERISTICS PROGRESSION CONSULTANTS

Thomas Ball, Research Specialist  
Pacific State Hospital, Pomona

Gary K. Clark, Head Teacher  
TMR Special Training Class  
Calabasas School, Santa Cruz County

Ruth O. Barrow, Teacher  
TMR Special Training Class  
Calabasas School, Santa Cruz County

Harris Cledes, Project Coordinator  
Manresa Family Counseling Service  
Santa Cruz County Office of Education

Bernice Baumgartner, Director of Education  
Office of Mental Retardation  
Commonwealth of Pennsylvania

Aaron Cohen  
Curriculum Research and Development Center staff  
Yeshiva University, New York

Reynold Bean, Director  
Watsonville Family Service

Camilla Collins, Teacher's Aide  
Children's Center of Sacramento  
Sacramento County Office of Education

Jerry Berstein  
Curriculum Research and Development Center staff  
Yeshiva University, New York

Craig Conway, Speech and Hearing Specialist  
Soquel Union Elementary School District

William M. Boone, Psychologist  
Pajaro Valley Unified School District

Mary Correia, Teacher  
Learning Disability Group  
Aromas School, Pajaro Valley Unified District

Leslie Brinegar, Chief  
Division of Special Education  
California State Department of Education

William M. Cruickshank, Ph.D.  
Professor of Education, University of Michigan

Pat Buxton, Development Project Specialist  
Curriculum Research and Development Center  
Yeshiva University, New York

Loreen Cunningham, Teacher's Aide  
TMR Special Training Farm  
Santa Cruz County Office of Education

Douglas Clark, Consultant  
Bureau of Program Development and Evaluation  
California State Department of Education

Patricia Davison, Developmental Project Assistant  
Curriculum Research and Development Center  
Yeshiva University, New York

Curriculum Research and Development Center staff  
Yeshiva University, New York

Carol Dickson, Head Teacher  
Development Center for Handicapped Minors  
San Juan Unified School District

Paul A. Dragavon, Speech Therapist  
Santa Cruz County Office of Education

Clara Lee Edgar, Ph.D.  
Pacific State Hospital, Costa Mesa

David Franks  
Curriculum Research and Development Center staff  
Yeshiva University, New York

Jessie Furukawa, Project Assistant  
Sacramento County Office of Education

Phyllis Gaffnee, Teacher, Educationally Handicapped  
Santa Clara Unified School District

William Gardner, Ph. D., Chairman  
Department of Studies of Behavioral Disabilities  
University of Wisconsin, Madison, Wisconsin

Herbert Goldstein, Ph.D., Director, Curriculum  
Research and Development Center in Mental Retardation  
Yeshiva University, New York

Cyril J. Helton, Consultant  
Special Programs and Services  
Sacramento County Office of Education

Robert Hicks, Ph. D.  
Professor of Psychology  
San Jose State College

Fred Hollander, Program Chief  
Napa State Hospital

Ernest Jackson, Coordinator  
Special Education  
Mt. Diablo Unified School District

Arthur R. Johnson, Director  
Special Schools and Services  
Sacramento County Office of Education

Donna C. Johnson, Teacher  
Development Center for Handicapped Minors  
Santa Cruz County Office of Education

Charles Keaster, Consultant, Bureau of  
Educationally Handicapped & Mentally Exceptional  
California State Department of Education

Edward A. Keuffer, Ph. D.  
Director, Special Services  
Cupertino Union Elementary School District

Sandra Koblick, Teacher  
Development Center for Handicapped Minors  
Santa Cruz County Office of Education

Irene Kolker  
Curriculum Research and Development Center staff  
Yeshiva University, New York

Ilona Krop, Family Therapist  
Manresa Family Counseling Service  
Santa Cruz County Office of Education

Ron Lawson, School Principal  
Fairview State Hospital

Robert H. Mathew, Assistant Director  
Programs for Exceptional Children  
Santa Cruz County Office of Education

Kenneth L. McElroy, Teacher, Educationally  
Handicapped, Rio del Mar School  
Pajaro Valley Unified School District

Lynne Midkiff, Public Health Nurse  
Santa Cruz County Office of Education

Walter H. Nicol, Teacher  
TMR Special Training Farm  
Santa Cruz County Office of Education

Ardean H. Nordgren, Teacher  
Learning Disability Group, Valencia School  
Pajaro Valley Unified School District

William Norris, Psychometrist  
Santa Cruz County Office of Education

Sarah Oelberg, Development Program Specialist  
Curriculum Research and Development Center  
Yeshiva University, New York

Suzanne Ogg, Teacher  
Educationally Handicapped, Nora Sterry School  
Los Angeles Unified School District

Joseph Ovick, Acting Head Teacher  
Development Center for Handicapped Minors  
County of Santa Clara Office of Education

Eve Pecchenino, Coordinator  
Manresa Diagnostic and Counseling Center  
Santa Cruz County Office of Education

Marjery Rae, Teacher, Educationally Handicapped  
Sacramento Children's Home  
Sacramento County Office of Education

Martin Rappaport, Psychologist  
Pajaro Valley Unified School District

Phil Reiss  
Curriculum Research and Development Center staff  
Yeshiva University, New York

Asenath Rheuby, Teacher's Aide  
TMR Special Training Farm  
Santa Cruz County Office of Education

Ralph Richardson  
Director, Special Education  
San Juan Unified School District

Harlaine Roome, Teacher's Aide  
TMR Special Training Class, Calabasas School  
Santa Cruz County Office of Education

Robert T. Ross, M.D., Chief of Research  
Fairview State Hospital, Costa Mesa

Jerome Rothstein, Ph.D.  
Department of Special Education  
San Francisco State College

Diane Scardina, Teacher, Educationally Handicapped  
Vannoy School, Castro Valley School District

Margaret A. Scheffelin, Ph.D., Consultant, Bureau  
of Educationally Handicapped & Mentally Exceptional  
California State Department of Education

Willfred G. Schmidt  
Project Advisory Committee Member and parent  
San Juan Unified School District

Barbara Seminoff, Psychologist  
Santa Clara Unified School District

Pat Sheffer, Psychologist  
Morgan Hill Unified School District

Simi Valley Unified School District staff

Joan M. Smith, Ph.D., Director  
Learning Center, Sacramento

Margaret L. Smith, Teacher  
TMR Special Training Farm  
Santa Cruz County Office of Education

Kenneth A. Tashiro, Teacher  
TMR Special Training Farm  
Santa Cruz County Office of Education

Helene S. Thorpe, M.D.  
University of California at Davis Medical School

Judy Walden, Development Project Specialist  
Curriculum Research and Development Center  
Yeshiva University, New York

Henry Warnken, Director  
Treat Learning Center  
Mt. Diablo Unified School District

Barry Wendel, Teacher  
Children's Center School  
Napa State Hospital

Bonnie R. Wendt, Psychologist  
Pajaro Valley Unified School District

Suzanne Ogg  
Teacher, Educationally Handicapped  
Nora Sterry Elementary School  
Los Angeles Unified School District

Barbara Olson  
Resource Teacher  
Stevens Creek School  
Cupertino Union Elementary School District

Janice Robbins  
Learning Center Teacher  
Stevens Creek School  
Cupertino Union Elementary School District

Lorna Russell  
Teacher, Educationally Handicapped  
Charles Peck School  
San Juan Unified School District

Diane Scardina  
Teacher, Educationally Handicapped  
Vannoy School  
Castro Valley School District

Patricia Schall  
Learning Center Teacher  
Taft School  
Redwood City Elementary School District

Linda Shinn  
Teacher, Educationally Handicapped  
Garfield School  
San Juan Unified School District

Francis E. Thome  
Teacher, Learning Disability Group  
Rolling Hills School  
Pajaro Valley Joint Unified School District

Mildred Wharton  
Teacher, Educationally Handicapped  
Saratoga High School  
Los Gatos-Saratoga Unified School District

Rick Williams  
Teacher  
Garfield School  
San Juan Unified School District

Caro Wood  
Teacher, Educationally Handicapped  
Taft School  
Redwood City Unified School District

APPENDIX 8.6

BCP FIELD TEST PARTICIPANTS

Betty Hill  
Teacher, Laurel Ruff TMR Center  
San Juan Unified School District

Sharon Hilty  
Teacher, Laurel Ruff TMR Center  
San Juan Unified School District

Margaret Hoff  
Teacher, San Martin School  
Morgan Hill Unified School District

Joanne Howard  
Teacher's Aide, Mentally Disordered Minors  
Pediatric Treatment Center, Santa Cruz County

Gail Hultman, Teacher's Aide  
Development Center for Handicapped Minors  
San Juan Unified School District

Meg Hume  
Speech Therapist  
Fresno County Department of Education

Pat Hurley  
Teacher, Compensatory Education Project  
Fairview State Hospital

Jerald Hynes, Teacher's Aide  
Development Center for Handicapped Minors  
Santa Cruz County Office of Education

Eloise Ibara  
Teacher, Reedley School  
Fresno County Department of Education

Brian Iles  
Teacher, Development Center for Handicapped Minors  
County of Santa Clara Office of Education

Luvena Jacobsen  
Teacher's Aide, Shields TMR School  
Fresno County Office of Education

Donna C. Johnson  
Teacher, Development Center for Handicapped Minors  
Santa Cruz County Office of Education

Edna Johnson  
Teacher, Laurel Ruff TMR Center  
San Juan Unified School District

Harry Kelly, Head Teacher  
Development Center for Handicapped Minors  
Santa Cruz County Office of Education

Lorraine Kennie  
Teacher, Compensatory Education Project  
Fairview State Hospital

Nora Kinoshita  
Teacher, Laurel Ruff TMR Center  
San Juan Unified School District

Pat Kintana  
Teacher's Aide, Laurel Ruff TMR Center  
San Juan Unified School District

Sandra Koblick  
Teacher, Development Center for Handicapped Minors  
Santa Cruz County Office of Education

Betty Krokosky  
Teacher's Aide, Laurel Ruff TMR Center  
San Juan Unified School District

Helen Kuehnert  
Teacher's Aide, Laurel Ruff TMR Center  
San Juan Unified School District

Libby Lambeth  
Teacher, Compensatory Education Project  
Fairview State Hospital

JoAnne Landau  
Teacher, Development Center for Handicapped Minors  
County of Santa Clara Office of Education

Steve Landau  
Teacher, Development Center for Handicapped Minors  
County of Santa Clara Office of Education

Stephanie Law  
Teacher's Aide, Laurel Ruff TMR School  
San Juan Unified School District

Barry Lewis  
Teacher, Mariposa TMR School  
Fresno County Department of Education

Sally Leytze  
Speech Therapist  
Fresno County Department of Education

Patrice Lineker  
Teacher's Aide, Laurel Ruff TMR School  
San Juan Unified School District

Cathy Luke  
Teacher's Aide, Laurel Ruff TMR School  
San Juan Unified School District

Lyn Lywandowsky  
Teacher, Compensatory Education Project  
Fairview State Hospital

Jim Manriquez  
Teacher's Aide, Shields TMR School  
Fresno County Department of Education

Mary P. McCabe  
Teacher, Development Center for Handicapped Minors  
Santa Cruz County Office of Education

Barbara McCray  
Teacher, Laurel Ruff TMR School  
San Juan Unified School District

Marilyn McGrail, Acting Head Teacher  
Development Center for Handicapped Minors  
County of Santa Clara Office of Education

Elaine Miller  
Speech Therapist, Laurel Ruff TMR School  
San Juan Unified School District

Michelle Morgan  
Teacher's Aide, Laurel Ruff TMR School  
San Juan Unified School District

Virginia Mulrane, Teacher's Aide  
Development Center for Handicapped Minors  
County of Santa Clara Office of Education

Totomi Nakamura  
Teacher's Aide, Reedley School  
Fresno County Department of Education

Joseph Ovick, Acting Head Teacher  
Development Center for Handicapped Minors  
County of Santa Clara Office of Education

Jo Ann Pendleton  
Teacher, Compensatory Education Project  
Fairview State Hospital

Jean Platas  
Psychologist Intern  
County of Santa Clara Office of Education

Suzanne Plourd, Teacher's Aide  
Development Center for Handicapped Minors  
County of Santa Clara Office of Education

Charlotte Pratt  
Teacher's Aide, Laurel Ruff TMR Center  
San Juan Unified School District

Betty Prichard  
Teacher's Aide, Mariposa TMR School  
Fresno County Department of Education

Charlene Ramirez  
Teacher's Aide, Kerman School  
Fresno County Department of Education

Shirley Rawls, Teacher's Aide  
Development Center for Handicapped Minors  
Santa Cruz County Office of Education

Elizabeth Ritsch  
Teacher's Aide, Laurel Ruff TMR Center  
San Juan Unified School District

Ruth Ruedger, Teacher's Aide  
Development Center for Handicapped Minors  
County of Santa Clara Office of Education

Lou Salmons  
Teacher, Shields TMR School  
Fresno County Department of Education

Louis Sarrao  
Coordinator, Compensatory Education Project  
Fairview State Hospital

Ellen Schrimsher  
Teacher, Shields TMR School  
Fresno County Department of Education

Evelyn Silva, Teacher's Aide  
Development Center for Handicapped Minors  
Santa Cruz County Office of Education

Verna Snell  
Special Education Consultant  
Fresno County Department of Education

Sue Stackhouse  
Speech Therapist  
Fresno County Department of Education

Patricia Stanfield  
Teacher, San Martin School  
Morgan Hill Unified School District

Edward E. Stigge  
Principal, Laurel Ruff TMR Center  
San Juan Unified School District

Betty Summerville  
Teacher, Compensatory Education Project  
Fairview State Hospital

Sal Sunzeri, Teacher's Aide  
Development Center for Handicapped Minors  
County of Santa Clara Office of Education

Barbara Taylor  
Speech Therapist  
Fresno County Department of Education

Carmen Terreual  
Teacher, Selma School  
Fresno County Department of Education

Barbara Thomas  
Psychologist  
Fresno County Department of Education

Wanda Turkot  
Teacher, Mariposa TMR School  
Fresno County Department of Education

Maria Velasquez, Teacher's Aide  
Development Center for Handicapped Minors  
County of Santa Clara Office of Education

Mary L. Warshaw  
Teacher, Mar Vista School  
Pajaro Valley Unified School District

Francile Watkins  
Speech Therapist  
Fresno County Department of Education

Wilma Westmoreland  
Teacher's Aide, Selma School  
Fresno County Department of Education

Erma Wilkes  
Teacher, Laurel Ruff TMR School  
San Juan Unified School District

Gerry Will  
Teacher, Compensatory Education Project  
Fairview State Hospital

Chuck Wilson  
Teacher, Development Center for Handicapped Minors  
County of Santa Clara Office of Education

Eloise L. Wilson  
Teacher, Development Center for Handicapped Minors  
Santa Cruz County Office of Education

Gertrude Woodard, Teacher's Aide  
Development Center for Handicapped Minors  
County of Santa Clara Office of Education

APPENDIX 8.7

LABELING AND THE EXCEPTIONAL CHILD

## APPENDIX 8.7

### LABELING AND THE EXCEPTIONAL CHILD

To discuss the mentally retarded one might begin with a synopsis of the history of labels. Labels have been assigned to delineate the levels of mental retardation for many years. Idiot, imbecile and moron have denoted ranges in intellectual functioning as determined by I.Q. scores. Although they were meant to be precise terms (idiot = I.Q. of 0-19, imbecile = I.Q. of 20-49, moron = I.Q. of 50-79), their meanings became corrupted by the lay population and came generally to be used to describe very foolish or stupid people. Because of their disagreeable and degrading connotations, idiot, imbecile, and moron have been replaced by educable mentally retarded (EMR), trainable mentally retarded (TMR) and profoundly mentally retarded (custodial). Further, the term mentally retarded has been substituted for feeble-minded and mentally deficient.

Current authorities such as Heber, Sloan and Birch and Bensberg are in general agreement as to the gross characteristics one can ascribe to the present three levels of retardation. The EMR, although he functions intellectually below the average for the general population and is typically unable to cope with the regular school curriculum at the standard age, has a potential for achieving academic skills up to the 3rd-6th grade level and many social and occupational skills. His mental age is within the eight to twelve year range at maturity. The TMR has potential for training in self care, social adjustment in the home, oral communication, and economic usefulness in the home or sheltered environment. However, generally he is not considered capable of acquiring any academic skills, such as functional reading or arithmetic. His mental age at maturity ranges from approximately three and one half to eight years. The profoundly retarded adult by definition reaches a mental age of no more than

three and one-half years. He may display some motor and speech development, but even as an adult the profoundly retarded individual is so severely limited that he is seldom capable of taking care of even his own bodily needs such as feeding and toileting. He will always require close, parental-like supervision and for this reason the profoundly retarded person is referred to as custodial.

Labels have been attached to these levels of retardation to denote the degree of need or the emphasis of training for the child. If a child is labeled EMR, the concentration is on academics rather than on self-help skills as stressed with the TMR. Categorizing children by use of labels is thought to make education and training more efficient since it is felt all individuals of the same general type can be dealt with most easily together.

However, labeling presents many problems. Grouping people into categories can result in a loss of individual personalities and human qualities. In order to group, one must consider certain qualities (such as I.Q.) and ignore others (such as learning rate). It might be said that people lose their individuality in this categorization process because the traits that make them truly different from other people are overlooked. They are classified on the basis of gross similarities to others.

Also, there is a tendency in labeling to stereotype people: that is, to attribute the characteristics commonly associated with the label to all people in the category. One of the major misconceptions about the retarded is that specific clinical types of retardation have unique differences in qualitative and quantitative psychological and intellectual functioning. It has been assumed for years

that there are distinct differences between exogenous (brain-injured) retardation, endogenous (cultural-familial) retardation, and mongolism. Studies undertaken to validate this assumption have proven it to be fallacious, however, Dunn and Capobianco (1954) found no significant differences in their arithmetic studies of computation, reasoning, achievement, reversals, and understanding the concept of zero between brain-injured and familial types. Murphy (1956), working with the same population, found no differences in verbal production and concrete performance as measured by the Stanford-Binet and Draw-a-Man tests. Semmel (1960) found no significant differences in teacher ratings of mongoloid and brain-injured in the areas of self-help, social, motor, and academic and vocational skills. The authors of all these studies concur that teaching programs should be based on behavioral characteristics rather than on etiology.

In another group of studies, specific stereotypes of the retarded were examined. Gallagher (1957) found that the stereotype of the brain-injured child with perceptual problems and other behavior disorders was not valid. Gardener (1959) found his population of brain-injured to be no more responsive to stimuli and no more active than the mongoloids he studied, thus questioning the validity of the stereotype of the hyperactive, brain-injured child. Blessing (1959) studied the popularly conceived "docile," "amenable" mongoloid and found that he displayed the full spectrum of emotional and social responses, not just those on the passive end. Cantor (1959) found that the "rhythmic" mongoloid had a worse sense of rhythm than normals. The authors of this group of studies conclude that since characteristics of retardation are not universal, generalization and stereotyping should be avoided.

Another study dealing with the problem of stereotyping (Gibson and Gibbons, 1958) analyzed the popular misconception that the number of diagnostic signs on a mongoloid (physical stigmata such as

sparse hair, flat nasal bridge, protruding tongue, etc.) correlate negatively with intelligence. These experimenters found just the opposite, however; that a positive relation existed between the two. That is, the greater the number of physical signs, the higher the intelligence of the child. These authors share the previously stated conclusion that children must be placed in an educational program based not on physical or diagnostic labels, but on behavioral abilities.

Another problem with labeling is that it tends to promote the "self-fulfilling prophecy" phenomenon. In other words, the performance of the labeled individual will be influenced by the expectancies of those with whom he interacts. If the parents and teachers of a child have been told that he is profoundly retarded and that such children generally never learn to feed themselves, they might possibly not expect this behavior from him and the probability that he will ever display it is greatly reduced. To impose limits on expectancies by means of labeling reduces the potential of the educational process. Because of labels, the child may not be presented with certain learning situations, as with the trainable retarded who is not usually exposed to numbers or reading, not on the basis of his individual characteristics but on the basis of the gross expectations of his group. The possibility of his learning this material was not excluded by his own physical or mental limitations but by those imposed from without.

Numerous studies have been undertaken to show how the self-fulfilling prophecy operates. Rosenthal and Jacobson (1966) gave teachers names of children who would show "unusual intellectual gains" during the school year based upon a test designed to predict "academic blooming." These children were randomly chosen from the total group to which the test was administered. Eight months

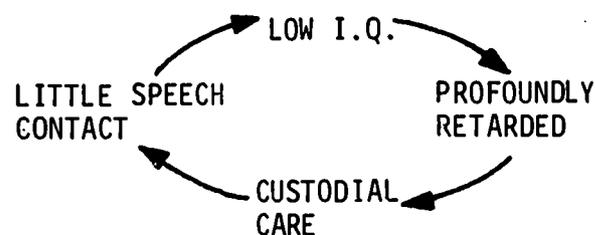
later all the children were retested using the same test. The results showed that those children from whom the teachers had been led to expect greater intellectual gain showed a significantly greater gain in I.Q. scores than did the control children. Some children gained as many as 24.8 I.Q. points in excess of the 16.2 gained by their control group.

In a similar experiment (Beez, 1968), a psychologist's report predicting either "good" or "poor" school performance determined how much the teacher presented to the child to be recalled as well as how much he actually did learn.

These studies offer evidence to support the premise that labeling influences teacher expectations, which become translated into teacher behavior. This teacher behavior in turn elicits the expected pupil behavior. The pupil's behavior is thus indirectly influenced by a condition over which he has little control--the labeling of his intellectual level. One begins to question whether the content and methods of school programs improve academic performance or whether improvement is due to the favorable expectancies of teachers, parents and administrators.

A further drawback to labeling is that it tends to reinforce learning problems. A good example of this is in the area of language development or expressive speech. The Stanford-Binet is the most widely used test to determine children's I.Q.'s and from the score obtained on this test the category each child falls into (gifted, normal, EMR, TMR, profoundly retarded) is determined. MacCubrey (1971) offered the explanation that this test depends heavily on verbal response, making a child's I.Q. greatly affected by his ability to communicate orally. If a child has poor language development he scores low in I.Q. He is thus labeled profoundly retarded and is put in a custodial program in which there may be

minor emphasis on speech training. Further, it has been hypothesized (Semmel and Dolley, 1971) that adults associating with the retarded "limit their verbal interaction to simple statements and questions and thus impoverish the verbal environment of such children." There is little chance that this child's speech and subsequently his I.Q. will improve in such a program. Such a child is trapped in a non-progressive circle with very little chance of escape, as is illustrated in the chart below.



Yet another harmful effect of labeling is the stigma, the "undesirable differentness" a person who is labeled feels about himself. There is some evidence that the self-image is greatly lowered when one is placed in a special category. Welch (1965) & Meyerowitz (1962) showed that EMR children labeled and segregated on the basis of intellectual inferiority not only made smaller academic gains than the retarded children in regular classes but also showed a significantly greater degree of self-derogation and saw themselves as inadequate and rejected. It seems that interaction with normals results in better performance as well as an increased feeling of competence and worth. The feeling of differentness appears to be more detrimental than the high level competition intellectually superior peers offer.

A study of retarded persons who graduated from the vocational training program at a California state hospital was undertaken to show the stigma of inferior mental capacity (Edgerton, 1967). Of the

forty-eight adults interviewed not one was able to admit the "real" reason for hospitalization. They attributed their confinement to nerves (2), mental illness (2), alcoholism (3), epilepsy (4), sexual delinquency (5), criminal offenses (5), physical illness (7), need for education (8), and rejection or abandonment of parents (12), but never to mental retardation. Not one person admitted that he was rightfully institutionalized. Instead, they overwhelmingly blamed institutionalization for their incompetence. This unanimous denial could lead one to believe that an individual cannot live with the label "retarded" without destroying his conception of himself.

It seems that labeling has so many deleterious affects on the individual as to make it counter-productive in the education of the retarded. If there could be as many labels as people so as to take into consideration all possible constellations of characteristics and hierarchies of needs, labels might then be validly applied. Presently, first, middle, and last names seem to serve this function. However, if there were a different label for each person as with names, they would lose one of their main functions, grouping of individuals for efficiency. Should this efficiency be sacrificed, however, to humanize and individualize education? An answer might be in the negative with the accompanying explanation that the real world constraints of time, money and resources must be considered, and therefore efficiency cannot be so easily rejected. Nevertheless, the education of a mentally retarded child should and can be based on his own needs as determined by his individual characteristics rather than on the characteristics associated with his label. It requires that we define the child in terms of what he can do rather than what he can't do and that at the basis of his education are his individual characteristics, not his label.

Much of education in the past has been accepted on faith rather than on its proven merits. A child's mere presence in a classroom was generally considered indicative of the acquisition of necessary information. Possibly this could account for much of the controversy that has filled the area. Recently, however, people have begun to genuinely question education both in its purpose and actual operation. Educators have been asked to become increasingly more analytical, asked to explain what they are attempting to achieve and the methods they are employing.

Education has begun to purge itself of private interpretations, intangibles, immeasurables, indefinables, and unapproachables. In doing so, it has turned to behavior. The behavioral approach to education describes learning as a change in behavior resulting from experience, practice or training. As a pupil moves along the continuum of characteristics beginning with the earliest behavior displayed by a baby and ending with the most developmentally complex and socially adaptive behavior shown by an adult, his progress is made manifest in his changing behavioral characteristics.

The behavioral approach to education has many advantages over previous, less defined approaches. It is objective since it is observable and measurable and leaves very little room for individual interpretation. A behavioral characteristic determined for a child can be checked for reliability and validity by another observer or by the same observer at another point in time. In its objectivity, the behavioral approach enhances communication between all levels of the educational process since everyone is able to use common descriptions and terms. Another important advantage is that a behavioral progression imposes no limits or boundaries nor does it make any judgments. Since it is only concerned with the displayed behavior and not with norms or standards, it eliminates labels and ages, the

problems of which need not be reiterated. It is very possible that education's future lies in this behavioral progression. Education could become based on one lengthy and extremely complex continuum which would help insure that learning would not stop when one reached his grade level nor that it would cease after he left school entirely, but that it would continue throughout a lifetime as most educators would probably agree it should.

However, it must be made clear that the behavioral approach at this point is not education's panacea. It does have its limitations, too. It is very difficult, unfortunately, to describe one's affective qualities in behavioral terms despite the fact that they are a substantial part of human nature. This is not to say, however, that affect does not exist, but only that the sophistication needed to describe this quality is lacking. Also, until educators decide exactly what are the behaviors necessary to function well in the society, they cannot be included in the progression. Perhaps at a future date a method of observing and quantifying affect and necessary adaptive behaviors will be devised, but until then education might have to accept a behavioral progression as a beginning in the total description of positive behaviors. It is probably better to exclude such emotions until they can be behaviorally defined.

Otherwise, parents, teachers and administrators might be deluded into thinking that a child possesses an ability even though they are unable to observe it in any behavioral way. In the end, the child loses if this should happen. If he has not learned a specific behavior but it is assumed that he has, the child might not be taught it and the likelihood of learning it will be decreased significantly.

Behavior, then, is essential to education. Without a change in behavior, an overt manifestation of a new adaptation to one's environment, any learning that may take place cannot be observed or

One of the most severe examples of maturational impairment in the retarded child is his low verbal performance. Generally, if he speaks at all, the child does so in single words or fragments of sentences and uses very few vocabulary words. Although studies (Stevenson and Iscoe, 1955; Milgram, 1966; Hermelin and O'Connor, 1958) show that the mentally retarded child can transpose (choose the larger of the test pair rather than the one closest in size to the correct stimulus in the training pair) and conceptualize (classify objects according to concepts), they are not able to verbalize the principle behind nor the reason for their actions. It has been hypothesized (Griffith, Spitz, and Lipman, 1959) that this retardation in language development is the primary reason for lowered achievement of the retarded. This is because verbal processes and verbal production play a major role in performance. The authors suggest that learning situations and intelligence tests which are free of verbal performance requirements be devised. This would assure a more accurate evaluation of the child's intellectual functioning and learning.

Another area showing a maturational lag is motivation. Retarded children are generally motivated by what is typical for their mental age and emotional maturity rather than by what is usual for their chronological age. A tangible reward is a more appropriate reinforcer than an intangible one for the retardate, (Ugler and de Labry, 1962). Also, a retarded child will show a higher degree of performance when he knows what the goals are and what his reward will be. Thus, the more concrete the reinforcer is made, the greater the learning. Much of the retardate's poor performance is due to reinforcement which is too abstract or developmentally advanced rather than to lack of motivation.

It is generally agreed that the retarded child has a slower learning rate than that of normals and that their initial score, unlike normals, is not a good predictor of learning time. Thus, different

teaching techniques might need to be employed with the retarded. For example, although they do not appear to learn from repetition and drill, numerous studies (House and Zeaman, 1960; Johnson, 1958; Barnett and Cantor, 1957; Tizard and Loos, 1954) have shown that the retarded display a significant amount of transfer of training, in some cases more than normals. Using transfer techniques, a mentally retarded child can learn how to do relatively complicated tasks in a reasonable amount of time (although usually greater than that of normals).

Also, the retardate generally shows a lack in incidental learning. While a normal child gathers peripheral information (such as color of teacher's clothing, plan of room, etc.) in a learning situation, the retarded child will probably learn no more than the central theme. For this reason, while the normal child acquires this knowledge indirectly the retarded child must be specifically taught this knowledge to function in society. The results of a study done by Lillie (1966) corroborates this conclusion. He found that retarded children did not show improvement in the language and fine motor areas unless there was direct intervention on the part of the teacher and concluded that society cannot depend on incidental learning to educate its retarded. Hodges, McCandless and Spickler (1962) have studied this problem as it relates to curriculum development and have determined that curriculum must be designed specifically for the deficits of the retarded child, and that he cannot be placed in a program that uses a general approach to learning as is common in kindergarten classes. This conclusion echoes the phrase "educational programs to meet the needs of the child as determined by his behavioral characteristics."

Another deficit of the retarded child in the area of learning is a short memory span. However, retention can be greatly increased if the material is verbalized at the time of learning, if it is

overlearned, and if it is meaningful to the child. An important study done by Klausmeier, Feldhausen, and Check (1959) shows that low I.Q. children, although they may learn more slowly, will retain the information as well as normals if it is appropriate to their level of functioning. The implication of this finding is that teachers of the retarded should know each child's level in each area of the curriculum. In other words, the teacher should know what the child's behavioral characteristic is in each of the subjects and the characteristic that follows it. If the teacher is unaware of either, the child's retention will most likely not be its greatest.

The last indicator of the retarded child's impairment in learning is his short attention span resulting in an inordinate amount of glancing behavior. Recent evidence presented by Turnure (1964, 1970) leads him to conclude that the "distractability" of retardates might well be considered an attempt to get help rather than malproductive inattentiveness. That is, when the child is unable to solve a problem, he looks up possibly in an effort to get the teacher's attention. This explanation certainly could account for the increased lack of attention to tasks displayed by the retarded. Since they experience more failure than normals, retarded children tend to be more outer-directed, more dependent on external guidance. However, since in the long run it is more beneficial for the retarded child to learn to function using his own abilities, an attempt should be made to reduce this outer-directed distractability. Possibly, setting up success situations with the gradual introduction of minor failures to ensure realism, might strengthen the child's ability to attend to a task.

Closely related to the retardate's outer-directedness which results in a short attention span, is his tendency toward self-devaluation. Owing partly to his low intellectual functioning, the retarded

child can experience a high proportion of doubts, rejection and failure. As a result of the inordinate demands of his environment compared to his physical and mental competencies, he often learns not to trust his own abilities and judgment. A study carried out by Wachs and Cromwell (1960) found that a retarded child, if weakened with failure or under stress, would change his responses to agree with those of the adult rather than stand by his own beliefs. Since it is felt that this devaluation of the self is counterproductive to a successful social adjustment, the authors suggest that teachers of a retarded child stress the child's abilities and judgments rather than their authority. It is a generally accepted fact that the mentally retarded need more human support and more constant reinforcement than do normals (see Rothstein, 1961, p. 60). It is possible that many of the rules of the regular classroom must be ignored in order to serve special education's purposes.

A second manifestation of the impaired social adjustment of the retarded child is his inclination toward rigidity or perseveration. The retardate often displays stereotypical behavior, the inability to change responses with changes in stimuli, and the incapacity to adjust to new tasks or situations. It is suggested that the retardate's deficit in experiences could account for his rigid behaviors. New situations are more difficult for the retarded child because he is offered so few of them. A study done by Holt (1958) in England found that 41% of those families with a retarded child restricted or in some way limited their activities because of the retardate. Adding to this figure the fact that many retardates are raised in adverse environmental circumstances without the advantages that middle class family life affords (often one or more parents or siblings are also retarded) further helps to explain this rigid maladaptive behavior. What might be needed is the introduction of new stimuli and new

situations which are enough like the old ones so as not to threaten the child, but different enough to offer him a new experience.

We now have a fairly accurate, though general description, of the behavior of the majority of mentally retarded population. To summarize, they display delayed motor development, low verbal performance, immature motivation, in the areas of maturation. In learning, their deficits include a slow learning rate, a lack of incidental learning, a short memory span and a short attention span. In social adjustment, their maladaptive behaviors include a tendency to self-devaluation and rigidity.

For the retarded child, like all others, growing and learning are dynamic processes greatly influenced by their environment. Since expectations have pronounced effects in performance, as was discussed earlier, the concept of the retarded child as somehow different from the normal might significantly prejudice his development. Is it possible to consider the mentally retarded child as basically similar to the normal but retarded in intellectual functioning adaptive behavior? The reverse, to consider the retarded child as basically different from the normal but having the same needs and showing the same patterns of development would seem somewhat unfair to him. From all evidence, it appears that the former conception gives a truer perspective of the retardate than the latter.

The mentally retarded child shows the same developmental sequence and the same behavioral characteristics as the normal child in physical, mental and psychological growth. The two populations differ only in rate and degree of development. More specifically the retarded child is slower to mature in all these areas and even as an adult does not progress as far along the continuum of development as does the normal child. However, as far as he does go, he usually follows the standard growth patterns.

In the area of physical growth, the retarded child, like the normal child, crawls before he walks, grasps before he feeds himself, runs before he rides a bicycle and generally exhibits all the physical behavioral characteristics of normals. It was believed that retarded children could be differentiated by certain physical traits called "stigmata of degeneration": low-set ears, widely spaced eyes, low foreheads, etc. However, it has been suggested (Schain, 1970) that many of these traits have been found in normals and even to a degree in high achievers. It seems in physical development, excluding rate, there is little to set apart a retarded child.

In the area of mental growth or learning the same conclusion as that concerning physical growth can be drawn. There is some evidence (Fuller, Sloan, Berg) to show that retarded learning curves are much the same as those of normals. One could expect as much since mentally retarded children display the same learning processes as others: those of imitation, reasoning, generalization, transfer, conceptualization, and value formation. Also, the retarded population shows the same variability in learning as the normal one does. As is true of all children, the retardate shows better performance in some areas than others and derives pleasure from discovering and mastering his own skill. For both normal and retarded populations the instructor's (whether teacher or parent) relationship with the child is of great significance in helping or hindering learning. In addition, the normal and retarded child will make better academic progress if the home and school cooperate in their educational efforts. This includes working toward a common objective and employing the same methods to achieve it.

The last area in which the retardate compares favorably with the normal is psychological growth. Both need and seek love, security, recognition and a sense of belonging. Both must be taught independence. The retarded child's motivation follows the same "rules" as the normal's. He will acquire

little or no learning unless he is motivated, and what is motivating or interesting to one child may have no or possibly negative influence on another. The development of motivation follows the same sequence for retardates as for normals. It differs only in that for retardates the progression from the primary to the secondary motivational system is slower than for normals. As Cromwell (1960) found, the retardate shows the same first motivational system. In this system, the young child approaches situations because they are pleasurable and avoids situations because they are painful. Like the normal, as he matures, the retarded child approaches situations that afford him a chance to succeed, and avoids situations in which he feels he will fail. His motivational system changes from one based on biological incentives to a more mature one based on conceptual incentives. No longer does the child, whether retarded or normal, strive for pleasure, but for success, a much more developmentally complex motive.

From all current evidence, it appears that in the three areas of growth--physical, mental and psychological--the retardate differs not in type and sequence, but in rate and level of development achieved. Therefore, the retarded can be described by the same behavioral characteristics as those of a younger normal. A retarded child with a chronological age of 5 years who displays the behavioral characteristic, "grasps spoon in fist" (#21.0 on Feeding/Eating strand, Behavioral Characteristics Progression) is being described by a characteristic of a one-year-old normal. The characteristic does not differ; only the age (the indicator of the rate of development) varies. The same behavioral characteristic could be applied to the other extreme of the intellectual spectrum--the gifted. The gifted child might display "grasps spoon in fist" at six months rather than at the normal one year. The

same behavioral characteristics could be used by all populations of handicapped children as well as normals, including the mentally, behaviorally, and, most probably, the physically exceptional. A listing of behavioral characteristics, such as the Behavioral Characteristics Progression (BCP) developed by this project, not limited by age association could be used for the total human population. In this way, children functioning at all intellectual, behavioral, and physical levels could be placed in proper perspective. One could, therefore, see how a child relates to the rest of the population without being prejudiced by the age at which his behavior "normally" develops. Also, one could readily see which behaviors the child has yet to develop to progress along the BCP. In these ways, the Behavioral Characteristics Progression could free the education of the exceptional child from traditional limitations such as those described earlier in this material.

APPENDIX 8.8

ASSESSMENT TOOLS, CURRICULUM GUIDES, AND DEVELOPMENTAL CHARTS

USED FOR THE BCP

APPENDIX 8.8

ASSESSMENT TOOLS, CURRICULUM GUIDES, AND DEVELOPMENTAL CHARTS  
USED FOR THE BCP

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APPENDIX 8.9

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## APPENDIX 8.9

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