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ABSTRACT

The report outlines the basic administration and program of the special education early childhood project for children aged 2-5 years whose behavior suggests potential learning problems. The rationale of the program is presented, including a special education model. Objectives listed include identification of such children, instructional program development, a home-school counseling program, staff development program, and an evaluation program. Instructional strategies are discussed in terms of diagnosis, sequencing, teaching techniques, evaluation, and planning, lessons, and prescriptions. The summary of instructional content covers social, emotional, language, motor, and parental development. Six hypotheses conclude the report. (KW)

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SPECIAL EDUCATION

EARLY CHILDHOOD PROJECT

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TITLE VI ESEA
SPECIAL EDUCATION EARLY CHILDHOOD PROJECT
in
FORT WORTH INDEPENDENT SCHOOL DISTRICT
CENTRAL CITIES
EDUCATIONAL DEVELOPMENT CENTER

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State Project No. 9-11-5940-2

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First Report
on
Title VI ESEA
SPECIAL EDUCATION EARLY CHILDHOOD PROJECT
in
FORT WORTH INDEPENDENT SCHOOL DISTRICT
CENTRAL CITIES
EDUCATIONAL DEVELOPMENT CENTER

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PART ONE
OVERVIEW



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SPECIAL EDUCATION COMPONENT

RATIONALE

Children differ from each other in a variety of ways: physically, intellectually, socially, emotionally. In most cases, such differences are of little significance, and yet some children deviate from the average or normal to such a degree that they need special attention. These are exceptional children. Children who are educationally retarded or culturally handicapped are also included. Most educators agree that these children should receive special services. (1 - 2)

Within the population of Central Cities there are children who presently deviate from the norm of the group. Research findings indicate that such children may mature into emotionally, mentally, or socially handicapped individuals, unable to function successfully in later school programs. It is necessary, therefore, to provide assistance for these children in motor, language, and self-help activities so that frustrations do not occur.

In general exceptional children are placed in the regular grades until they have demonstrated failure for two or three years. In most established kindergartens exceptional children are usually admitted with normal children. When it becomes evident that the children are exceptional the parents may be told that their children have not matured enough to profit from the kindergarten. Parents are advised to keep their children home until they have matured. Like most children, these children are sent to school and placed in the first grade at the age of six. In many instances their slow mental development is not recognized or accepted until they fail. They may remain under failure conditions until they create enough difficulty to require special attention by the school officials. (2-3-4)

If legal provisions are made so that early discovery can be implemented, then early treatment and related services will probably mean fewer children in special education classes. This will also mean that special education will be in a better position to serve exceptional children in the regular classroom. (5)

There are many factors which affect the child's lack of readiness for school. One such factor is lack of variety of stimulation in the home. This includes visual, tactile, and auditory stimulation. Few materials are in the home to help development of visual discrimination skills. A lack of manipulatable objects reduces tactile development. There is much noise in the disadvantaged environment, but little direct communication and feedback. In such circumstances children may learn skills of inattention to drown out noise. There is a lack of expectation of reward for performance and most tasks require a short-time span, all motoric in nature and are likely to be related to concrete objects or service for people. (6)

* The numerals in parenthesis refer to references listed serially at the end of each section.

In many cases, due to parent frustrations, unfavorable parent-child relationships have developed. The children in the neighborhood have also rejected the handicapped child because of his inability to participate adequately in neighborhood play with other children of his own age. If efforts are not made to overcome the results of his home and neighbor surroundings the disadvantaged child is likely to experience failure in the present elementary and middle school program. If he is to survive in school he must have developed, basic skills to the highest possible level, including the basic skills of communication. (4)

Scattered evidence indicates that these children might have made a better psychological and social adjustment if a preschool program with special education activities had been instituted before the children were permitted to face failure during their initial school career. A preschool can offer disadvantaged children cultural experiences which the low socio-economic environment of the children cannot provide, as well as intensive practice in perceptual discrimination, conceptualization and expression. The preschool must also provide for disadvantaged children direct instruction to bring them to the level of average children in a very short time. (2)

For all these and other exceptional children, special procedures, special care, special services are desperately needed during these all important preschool years. Research has shown there are twice the number of children labeled mentally retarded in disadvantaged areas as in middle and upper class areas. The nursery school years have traditionally been regarded as the period when educational intervention into the lives of children of the poor would be most effective. The child is old enough to bear separation from home, yet sufficiently plastic in development so that, with intervention, he can remedy maladaptive behavioral and thought patterns. Left in his deprived environment that may actually interfere with school learning, he develops speech and thinking patterns that are at variance with what he needs to learn, the three R's. (1-4-7)

Often the learning and developmental problems of handicapped children are difficult to diagnose. Some children have several handicaps for which special plans must be made if their schooling is to be successful. As a basis for such planning, there is great advantage in early identification of children who have mental, emotional, and physical impairments. In order to identify such handicaps, a program should be established to evaluate vision, hearing, speech, physical, social, and intellectual development. (8)

In addition to the careful attention given to the children learning in the group situation, it is sometimes necessary to offer special education help on an individual basis to children who need clinical educational treatment. Diagnosis and observation of these children should determine their area of weakness. Clinical education means special training in the area in which the child has potentialities and needs assistance in an individual or group situation.

Providing services for exceptional children at two, three, four, and five years of age means that therapeutic facilities must be available, parent counseling be undertaken, and that other services as necessary be brought to the child, so that at the time when he is old enough to enter school, he will be able to profit from instruction to the maximum. (9)

Since maximum attention to individual children is desirable at the preschool level and since so many of the children referred to the Special Education Component are different from each other in many different ways, tutoring services are conducted. In this way a maximum amount of attention can thus be given to each child by the specialists and paraprofessionals. The special education class or tutoring services in addition to emphasizing self-help, and socialization, utilize every conceivable opportunity to develop the intellectual abilities which are usually deficient in these young disadvantaged children. For those children who need special help for their very special deficits, individual prescriptions are written and taught on a one to one basis as a remedial measure.

Diagnosis, observation, special services, and individual prescriptions should emphasize the following areas: communications, basic skills and emotional adjustment.

Communication

Communication language ability seems to be inadequate in most of these children. This is the age in which language develops at an accelerated rate. These children will exhibit academically inadequate receptive and expressive linguistic skills. This linguistic deficiency may lead to inadequate perceptual and conceptual development. For these reasons every activity in which the child participates should be utilized for the development of his receptive and communicative language abilities. The development of language at this early age may stand the child in good stead throughout his life, for it is the chief means of communication with others. (4-12)

One difficulty occurs when a group of children with different dialects are brought together. The children play with each other and their language deficits interact. The teacher alone is not going to be able to change these children, because a child tends to function like his peer group. It seems that these children will need special attention or tutoring services for their very special deficits. Emphasis on speech and speech correction is necessary for these children since there appear to be many more speech defects among these handicapped children than among normal children of the same mental age.

During the preschool years the child with impaired hearing may often be neglected because the impairment goes undetected, or may be overtrained by misinformed, rejecting, or overenthusiastic parents. In addition to childhood experiences he needs, auditory training and speech training. The hearing-impaired child must begin his education long before the age of five or six. It is in the area of language development that the child must have systematic special training even in preschool years. (11)

Basic Skills

The ability to perceive accurately is the ability to discriminate the sights and sounds of one's environment. To the extent that a child cannot discriminate perceptually, he cannot of course, discriminate verbally. So the preschool must accompany its tasks in language development and concept formation with that of helping the children develop their basic discriminatory skills.

Emotional Adjustment

Specific behaviors in early grades have been predictive of later emotional maladjustment. If steps are taken to modify behavior, a lowering of the incidence of emotional problems might be expected. This would provide early prevention or correction of the child with emotional problems. (11)

The exceptional child may become all too aware that he is not living up to the expectations of his parents; that other children his size don't want to play with him. As a result he may withdraw from attempts to relate, with further disastrous results to his speech development, his self-confidence, his personality adjustment. It is possible that many children who are unable to adjust to our society, would have been able to make an adequate adjustment following an intensive program of special preschool education. Preschool and kindergarten experiences help children cope with school demands. (3)

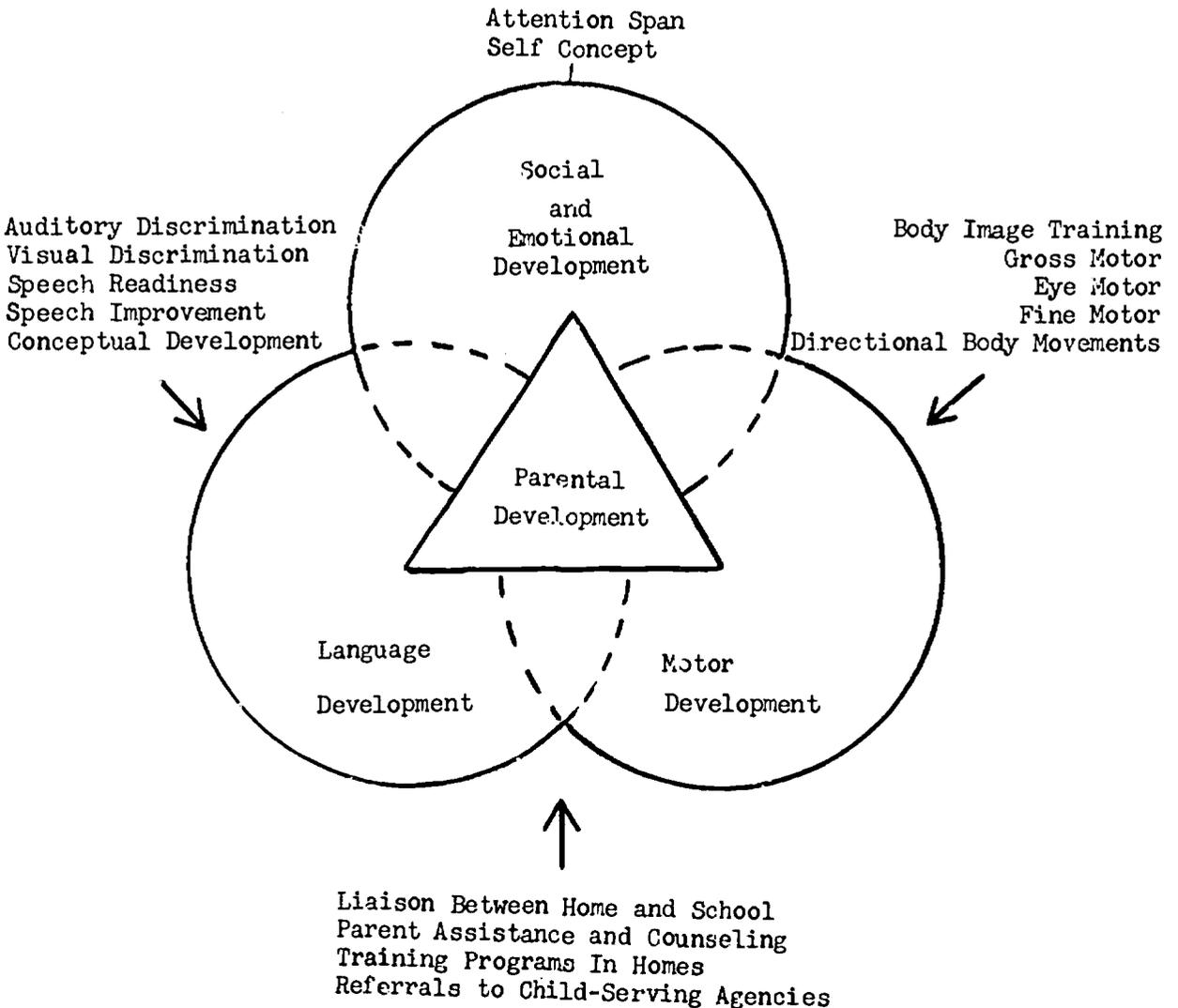
Securing the cooperation of parents takes skill, for among these parents are some who themselves did not do well in school and dropped out; many now fear or resent the school. Some work long hours outside the home and have little energy left for the school interests of their families. They venture out timidly and at great effort, but are basically appreciative of opportunities to talk among themselves and with the teacher or home-school counselor about their children. A home visitor to relate the school and the home, to hold or facilitate individual and group conferences with parents, to help plan programs and opportunities for the education of parents, and to help parents understand and accept the handicaps of their children is a necessity for those working with disadvantaged children. Through the Preschool Special Education Component of our Central Cities Project parents of disadvantaged children will have the conveniences of a centrally located Child Study Center with facilities and personnel to serve the child's total needs. The parents of multiply handicapped children can receive guidance and counseling from a single source. But, most important, the child will receive more adequate service designed to recognize the needs of the total child in assessing his handicaps and potentialities. (12)

The task of attempting to eliminate all deficits of the disadvantaged child during the short period of time spent in the preschool is not an easy one and may seem unrealistic. Intensive work must be taken by everyone concerned, including parents, to attack these deficits which are the most crucial to school success.

Modern civilization demands more of the child than ever before, and demands are increasing daily, however opportunities are decreasing for the child to experiment. For these reasons, the preschool programs must be selative in what they set out to accomplish. (13)

SPECIAL EDUCATION MODEL

This model outlines the individual prescriptions written by the specialists which include activities to increase the cognitive, affective and psychomotor development of preschool children predicted to experience failure upon entering elementary school. The prescriptions emphasize matching learning skills to the children's rate and style of learning. A program has been planned by the home-school counselor that involves the families of children receiving individual prescriptions. Parental participation and development is viewed as being as important to the children as the emphasis on their academic achievement and social and emotional development.



Objectives

The special education component is focusing upon the needs of a small population group.

The objectives of this component are:

1. Identification of the group.
 - a. To identify children within the Central Cities population whose behavior suggests potential learning problems.
 - b. To develop and use instruments in the appraisal process.
2. Instructional program development
 - a. To provide multi-sensory approaches for changing the learning of the children.
 - b. To design individual prescriptions to meet specific needs.
3. Home-school counseling program
 - a. To plan ways the family can support the school program.
 - b. To visit the home to explain the program to the parents.
 - c. To help the parents understand the nature of the child's problem.
 - d. To give parents assistance in developing programs at home that will reinforce the school program.
4. Staff development program
 - a. To develop skills of early childhood teachers in identifying children with potential learning or behavioral problems.
 - b. To develop skills of early childhood teachers in determining educational needs of center children.
 - c. To develop skills of paraprofessionals who will be carrying out prescriptions of instruction for individual children.
5. Evaluation program
 - a. To evaluate prescriptions daily by staff members.
 - b. To administer tests to determine the effectiveness of the lessons and activities.

Rationale

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PART TWO

INSTRUCTIONAL STRATEGIES



DIAGNOSIS

The initial step in identification of children requiring additional assistance beyond the regular classroom program is referral by the early childhood teacher or the research and evaluation component. Once the child has been identified the specialists from the special education component observe the child's behavior in the classroom and on a one to one relationship.

Upon entrance into the Central Cities program, the entire population is retested at intervals to provide a continuing record of progress. These scores are pertinent to the specialists in carrying out a remedial program. The battery of tests include:

- The Slosson Intelligence Test
- The Peabody Picture Vocabulary Test
- The Carrow Auditory Discrimination Test
- The Preschool Attainment Record
- The Caldwell Preschool Inventory

The Slosson Intelligence Test is a short test; the items are similar to those on the Stanford - Binet, but it provides a lower base for children. Slosson administered a large number of Slosson and Stanford - Binet tests in an alternate manner to obtain comparative results and obtained a reliability coefficient of .97 for the short test in individuals age 4 to 50 years. Items for children under four were adopted from the Gesell Developmental Schedules. When given by professional persons, Slosson's Short Intelligence Test (SIT) gives IQ's which are valid for screening purposes. For infants and children under four; scores must be considered tentative; however if the scores are very high or very low, they may be useful for screening purposes. (1)

In some instances students from the area universities or the staff psychologist administer detailed IQ tests to children. The tests administered to give a deeper appraisal of overall ability are the Stanford-Binet and the Wechsler Preschool Scale of Intelligence.

A further appraisal of verbal intelligence is provided through the Peabody Picture Vocabulary Test. This test measures the child's hearing vocabulary and thus appraises only his verbal intelligence. This test is advantageous to use since oral expression is not required. The pictures are line drawings without extraneous stimuli. In the test standardization, White children and youth from the Nashville area were used. Research findings on test reliability and validity from 1959 to 1964 are reported in the manual and cover a wide range of subjects with various handicaps as well as normal

children. None of these research projects were conducted on Negro disadvantaged children. The mean scores of the Peabody for the entire Central Cities population in 1968-69 were 75 on a pretest and 84 on a post-test. (2)

The Carrow Auditory Discrimination Test for language comprehension is being administered. The purpose of this test is to measure auditory comprehension of linguistic structure. The test has not been standardized; test results from Central Cities will become a part of the standardization. (3)

The Caldwell Preschool Inventory is an instrument which inventories a child's achievement in areas which constitute a foundation for success in school. The areas appraised are personal-social responsiveness; associative vocabulary; concept activation, numerical; and concept activation, sensory. This test is also in the process of being standardized. The sample being evaluated includes children ages three through six who come from a wide range of socio-economic backgrounds and includes those who have and those who have not had preschool experiences. The inclusion of the disadvantaged children in the sample should increase the usefulness of this test to Central Cities and similar projects. (4)

The Preschool Attainment Record (PAR) was developed by Edgar A. Doll, Ph. D. It combines an assessment of physical, social and intellectual functions of young children. Doll, who developed the Vineland Social Maturity Scale, uses the same standardized interview technique for administering the PAR. At Central Cities an adaptation of the Preschool Attainment Record developed by the Southwest Educational Development Laboratory is used. The evaluation is made by the early childhood teacher. (5)

When teaching takes place for the purpose of remediation, it is necessary to use instruments which will probe specific areas of deficit. If the child has a learning disability whether it is slow maturation or severe brain damage, teaching procedures should be individualized. The teacher should be knowledgeable not only about a child's intelligence level, family and developmental history and emotional adjustment, but should also be aware of the areas in which the child functions best and the areas in which he suffers from a deficit. (6)

Instruments used by the Central Cities Special Education Component to discover individual problems are:

The Illinois Test of Psycholinguistic Abilities
The Frostig Developmental Test of Visual Perception
The Goldman Fristoe Test of Articulation
Audiometric tests for hearing acuity
Diagnostic teaching

The purpose of the Illinois Test of Psycholinguistic Abilities (ITPA) is to determine areas of difficulty in communication rather than to determine overall ability. It analyses the processes which take place when a person receives a message, interprets it and translates it into an appropriate response. It also appraises certain psychological functions which are part of the communication process. The test measures these areas of cognitive abilities: Channels of communication, psycholinguistic processes, and levels of organization. Standardization of the test was performed on a group of subjects who were randomly selected; linguistically normal children ranging in IQ scores between 80 and 120. Negro children were excluded from the sampling. (8) A later research study was carried out by S.J. Weaver on culturally deprived Negro children. (9)

The Frostig Developmental Test of Visual Perception is administered to children over four years of age who are in language therapy classes. The test measures five visual areas; eye-motor coordination, figure-ground perception, form constancy, position in space, and spatial relationships. Visual perceptual skills in these areas are important to the development of future reading and writing skills. Although this test was standardized on a group which included all socio-economic groups, Negro children were not included. (10)

Errors in articulation and syntax are sufficiently poor in some of the children that their speech is unintelligible. While it is not the policy of this component to give intensive articulation therapy; it is expected that a program of speech readiness and improvement will lead to articulate speech. The Goldman-Fristoe Test of Articulation is given in the fall and spring so that a measurable record of progress can be a part of the research data. This test is designed to assess the child's ability to produce consonant sounds in the three positions in words.

Children in the language therapy program are given an audiometric sweep test and indication of the possibility of any hearing loss merits referral to certified audiologist.

The home school counselor makes periodic visits to the home of each child receiving special education services. Reports of parent interviews provide valuable information including a medical and social history of the child and an appraisal of the home environment.

In addition to the standardized tools which provide insight into the nature of learning difficulties, the therapist or teacher can derive many clues from observation of the child's behavior during therapy sessions. The therapist combines the information from the tests, the history and observations of the child's behavior in the classroom and on the playground. A remedial program for the child can then be planned. The therapist may not be able to come to a definite conclusion in some cases. Diagnostic teaching, which is a combination of evaluation therapy and observation of the child's behavior, should continue in any case. (11)

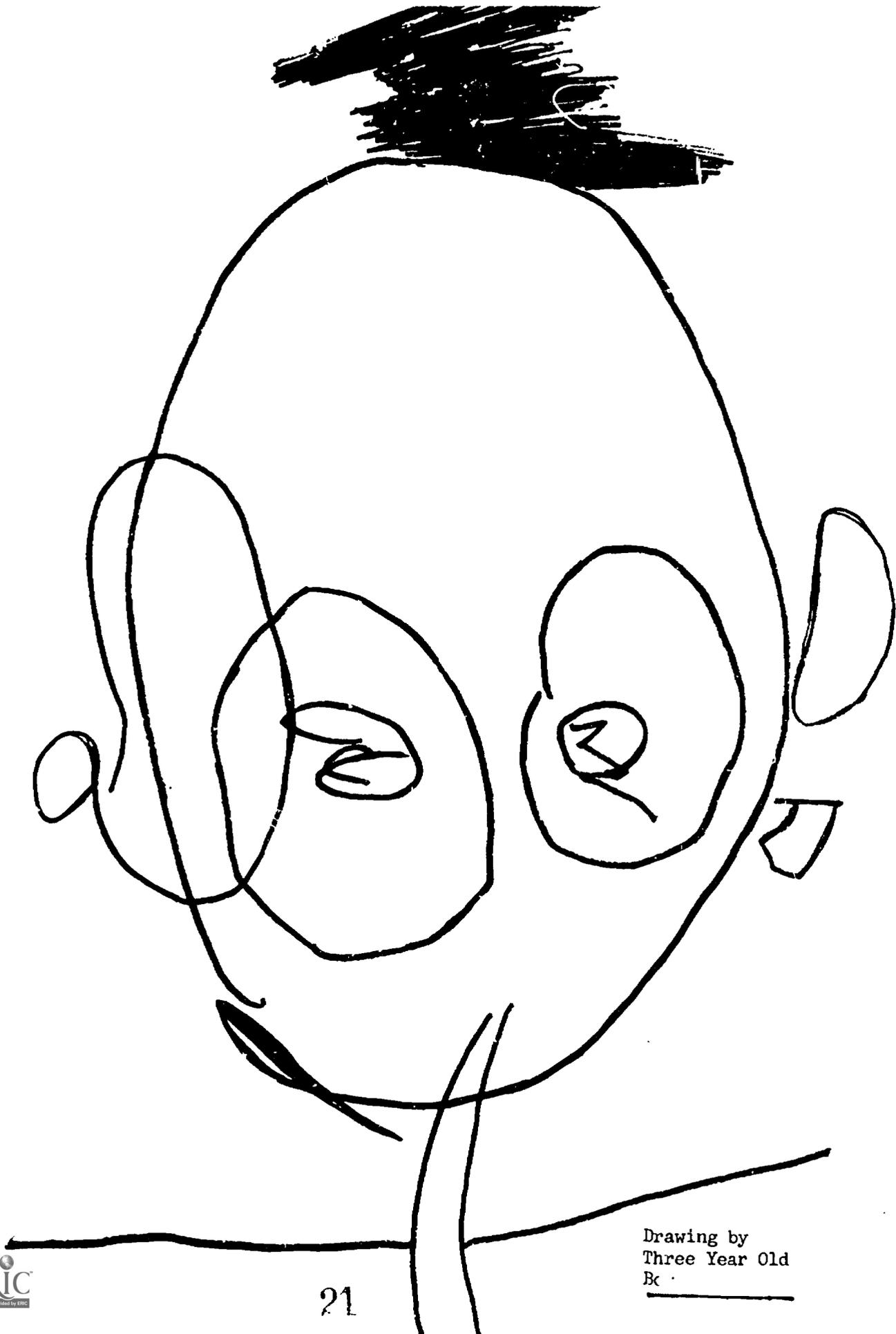
There is a need for standardized tests which are more suitable to the language background of disadvantaged children, especially in the area of remediation. One difficulty in administering the Frostig came from the verbal instructions. These are lengthy and contain some rather sophisticated concepts for the child with a language deficit. In the Goldman-Fristoe Articulation Test as well, certain pictures are not familiar to some disadvantaged children. Many widely accepted tests, especially those designed for remediation have been standardized only on a white, and in some instances only on a middle class, population.

Children in the special education component are referred to other agencies for further diagnosis when this seems advisable. These include referral to the Texas Christian University Speech and Hearing Clinic for a complete audiological evaluation, to the Child Study Center for psychiatric consultation and in-depth testing, and to private physicians for medical problems.

Diagnosis

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SEQUENCING

Areas of Emphasis in Program Planning

There are certain general principles which apply to the teaching of the preschool child with a learning problem. It is important to begin at the level at which he can experience success. If the child begins to fail and appears anxious, the teacher should drop back to the level at which he can experience success and proceed from this point. Children with learning problems have had a great deal of failure experience and must be taught that they can be successful. Training should begin with activities involving gross skills and proceed to those which require finer skills. Learning proceeds from the concrete to the abstract. The development of language and of pre-symbolic skills should proceed simultaneously.

A technique which often proves helpful in teaching the child with a learning disability is the use of the three period lesson as described by Montessori. The object or quality is first identified by the name ("this is red, this is blue."). The second period is concerned with recognition. The objects are again presented and this time the question is posed, "show me red; show me blue." The third period of the lesson is the period of recall when the question is asked, "what do we call this?". If at any stage the child fails, the specialist should return to the first stage with no indication that the child has made an error. She should advance only as the child's ability permits. (1)

Improvement in general coordination and the ability to manipulate one's own body in relation to space are basic skills which precede other learning. General coordination practice gives children specific experience in body movement. Kephart stresses the need to develop the child's neuro-muscular system as a part of learning readiness. (2) Activities which are designed to improve general coordination include a series of exercises such as head roll, bilateral arm movements, bilateral leg movements and combination of these. (3)

Balance is one of the earliest skills which a child develops. Until this becomes automatic, the child must exert effort and concentration on the process of movement. Development of balance frees him to concentrate on other skills. Walking beam activities develop balance and free him to concentrate on other skills. Walking beam activities develop balance as well as an awareness of the body's relation to space and of directionality. (4) In addition to this an "obstacle course" improvised from tables and chairs provides the child with an opportunity to learn about the amount of space his body requires, and to discover such concepts as over, under, around, between as he maneuvers his body under a chair, over a table, between two chairs.

Activities to improve perceptual-motor skills are an essential part of the program to help the child with delayed language or speech. Bangs defines perception as the process of attaching structure to sensation. It requires three things, sensory excitation, an intact sensory end organ and adequately functioning neural systems. (5)

It is essential that the young child receive training that will improve all sensory channels; auditory, visual, tactile and kinesthetic. He must develop eye-hand coordination, visual perception, visual memory, auditory perception and memory and tactile awareness. He must learn not only to interpret the sensory stimuli but to perform the appropriate motor response.

It has been found that the deprived child is frequently lacking in auditory skills. It is through auditory channels that the child can determine distance, be alert to his environment, communicate with others and acquire language.

Auditory memory is essential if the child is to develop language. Inflection and rhythm patterns are the first means the child uses to comprehend often repeated sentences. Later he learns to attach meaning to words. By utilizing auditory memory he retains the sequence of a series of sounds. (6)

The auditory training program begins with discrimination of grossly different sounds and proceeds through the various steps to the more sophisticated levels of recognizing pitch differences and retaining and carrying out two or three directions given verbally.

Visual perception is the ability to recognize and discriminate visual stimuli and to associate it with previous experiences. There can be a maturational lag in the development of visual perception. In the case of the disadvantaged child, a lag in visual experiences can retard interpretation of stimuli. If language is to develop, visual experiences must be provided. (7)

A program which has as its goal the development of learning readiness, must provide the child with an opportunity to improve eye-hand coordination. The child learns that the hands work together and support each other. The hands and eyes serve as a team and as tools for expression. Success of many later school oriented tasks will be dependent upon adequate eye-hand coordination. Sorting, polishing and pouring are among the activities which are designed to improve eye-hand coordination and visual perception. Tactile and kinesthetic experiences are woven into the program. The child learns to use these sensations as areas of information first by identification of gross differences later he learns to identify contrast in textures; hard and soft, smooth and rough through the tactile experience.

Training in perceptual-motor skills and coordination is not the total answer. The development of an adequate language or symbolization is as essential in the preschool experience as is the development of motor and perceptual skills. When children learn to use words as tools for thinking, reasoning or problem solving it means that past experiences are being effective in determining behavior.

The National Council of Teachers of English established a task force in 1965 to survey various language programs for the disadvantaged. This task force recommended that nonstandard English dialect be a concern at the preschool level only to the extent that it interferes with language learning. Many of the children at Central Cities have speech which contains sufficient misarticulations to render it unintelligible. It is the aim of the special education component to help these children improve their speech to the point where they can be understood. It is necessary for a child to learn to manipulate the mouth, jaws, lips and tongue if he is to produce articulate speech.

Modeling is an important technique in speech improvement. The teacher, specialist and paraprofessional must provide a model of good speech for the child at all times. Beyond this the specialist must feed back to the child the correct form of his own idea. An example of this type of modeling might be:

Child- "Me go tore yestiday evenin."

Teacher- "Oh did you? I went to the store last evening too."

The child's speech pattern is never criticized. Children with speech problems should be encouraged to verbalize freely. This is particularly true of the disadvantaged child with unintelligible speech. Children are urged to talk about their experiences and thus to develop new verbal skills. (8) It is imperative that each language session provide the child with an opportunity for oral expression.

The following is suggested sequencing of concepts for the child with a learning problem. The list serves only as a starting point in concept development:

1. Name
2. Body image including labeling of body parts first on himself, then on others and finally in pictorial representation. At the same time the child should be taught motor skills which will develop laterality, balance and an awareness of self in relation to space.
3. Clothing
4. Foods and utensils for eating
5. Objects common to daily life -- furniture, transportation, classroom, home
6. People -- parents, other family members, teacher, nurse, doctor, fireman, policeman, etc.
7. Toys
8. Seasons

The principles applied in teaching words to the aphasic are practical for use with the disadvantaged child. The sequencing of words should be:

1. Labeling -- nouns
2. Action -- verbs
3. Other often used words such as prepositions
4. Descriptive words -- adjectives and adverbs
 - a. how many
 - b. what kind
 - c. how
 - d. when

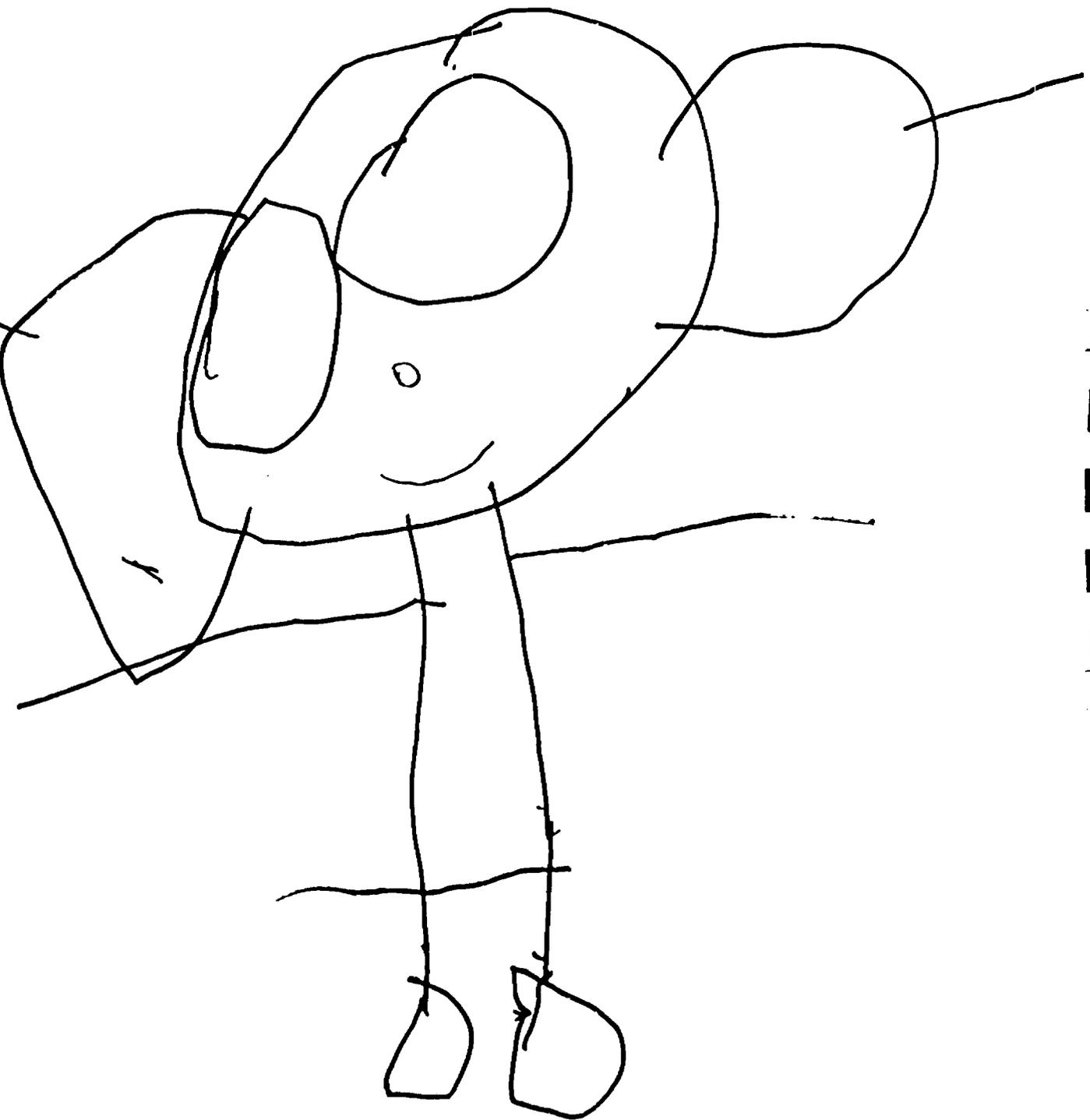
It is essential in the sequencing of concepts that the child be taught (1) to name the real object, (2) to name the object upon seeing a representation, (3) to label when shown a picture, and (4) at a later age, the abstraction or symbol - the word.

It is necessary to discover the level of the child's learning and proceed from there. The child who is a slow learner needs reinforcement of concepts which have already been taught in the classroom. The language development program seeks to reinforce these concepts by presenting them in a variety of ways. Through proper sequencing the language development program is designed to develop the whole child. The program is endeavoring to free the child of failure experiences and, when possible, raise the level of his performance to that of his peers.

Sequencing

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TEACHING TECHNIQUES

Duties and Approaches of Personnel

The instructional program of the special education component will be tutorial in nature. Individual prescriptions will be structured for individual children to correct, limit or prevent future handicapping. These individual prescriptions will be written by the special education specialist and the language development specialist. Because of wide spread deficiencies ranging across the cognitive, affective, motivational and social level of the children referred to the special education component, individual prescriptions will be written by the specialist to be given in the classroom setting. These are based on developmental schedules and apply early childhood techniques.

The special education specialist reviews the list of children referred to the component by test results, staff and teacher referral. The specialist further observes and reviews the test results of those children with specific disabilities. Individual prescriptions are then structured to meet the needs of these children. The language development specialist structures and teaches individual prescriptions to children needing additional help in language development.

Paraprofessionals are a part of the special education component, one assists the language development specialist in carrying out individual prescriptions while two teach individual prescriptions within the classroom setting. The paraprofessional gives supplementary lessons to children needing additional training to improve auditory and visual perception. They are chosen on a basis of education, good language pattern, and past experience with children.

The duties of the home-school counselor in relation to the instructional program are: To plan with Central Cities staff how the family can support the school program for each child; to visit in the home to explain the program of the component to the parents; to help the parents understand and accept the specific problems of their child; to assist the parents in developing a program at home which will reinforce the center program; to work with individual children as the need arises; to substitute in the classroom when needed; to serve as a resource person to the Central Cities staff; to observe in the classroom.

Individual prescriptions written by the specialist are taught daily by the paraprofessionals. They are instructed on procedures to follow in teaching the prescription. After the lesson is taught a daily evaluation is made of the child's progress to determine the ability of the child and the suitability of the prescription. Individual prescriptions written for children identified as below the norm of the group receive their individual prescriptions within the classroom setting during the social education and language development periods. These children do not miss the class lessons taught by the early childhood teacher. These children receive reinforcement prescriptions from the special education paraprofessionals during the time they would be with a classroom aide.

Since language is a communication skill that includes the understanding and use of gesture and oral and written symbols the inability to use and understand these symbols adequately, seriously retards the child's language development. (1) The language development specialist will give each child that has been identified as having a language problem at least two remedial lessons each week. The lessons are based on a diagnostic study of the child.

The home-school counselor reports to the component on each interview with parents of children served by the component. An effort will be made to reduce parent's anxiety and assist them in understanding their child's limitations. (2) The counselor assists the parents of the children in providing experiences for their children at home that re-inforce the lessons taught in the classroom. The counselor reinforces the teacher's conference with parents, and answer questions about problems that cause emotional stress to relieve parents anxiety.

Language, oral and written, forms the basis of the child's education. As the preschool child continues to learn he uses his oral language system to develop concepts, influence people around him and become prepared for formal education. He becomes knowledgeable primarily through auditory channels. There are children in the Central Cities Project that have not followed an orderly pattern when learning language so as a result have disordered or delayed language. Research indicates that early childhood experiences are responsible for later development. The early years of a child's life are formative ones which may influence the limitations on later group achievement. (3) Other aspects of behavior are often discovered. Poor psychomotor coordination may be a notable sign of a central neural deficit, language delay may be due to poor hearing or there may be a delay in mental maturation. (2)

The tutorial approach is used in order to teach directly to the child's disability. The individual prescriptions are dictated by the abilities and limitations of the child. The appropriate tests indicate the base line for the skill and content of lesson. Special psychological factors are important in individualizing the prescriptions. The selection of procedures

is just as vital as the selection of material for the child's level of development. (4)

Diagnostic teaching is especially needed when the child fails to progress along accepted lines. Some children need visual, auditory or kinesthetic cues in order to attain their level of achievement. Support and encouragement are necessary to free the child from fears of failure. Since many of the children are emotionally, socially and academically retarded the prescriptions must be tailored to reduce the difficulty level but still be stimulating to the child at his interest level.

The child does not necessarily overcome the deficits by exposure alone to enriching stimuli. The behavior reflects the lack of a symbolic system by which to organize the plentiful stimulation surrounding them. The child must involve himself actively with the stimuli in order to understand their significance. Active involvement refers not to motor activity alone, but rather to internal mental manipulation. The aim of the component is to develop the ability of the child so that he can organize thoughts, reflect upon situations and comprehend the meaning of events. The inability to develop abstract attitudes presents one of the greatest deficiencies in disadvantage children. (5)

The individual prescriptions written by the specialists are aimed at exposing children to a wide range of stimuli that might be beneficial. It is hoped that better equipment, parent participation and perceptual and psychomotor training will contribute to the alleviation of the deficits found in the center children.

SAMPLE CURRICULUM LESSON

LANGUAGE DEVELOPMENT

(Group classroom lesson)

UNIT: Auditory
Series: Listens for Instructions
Segment: Three directions

Developmental Goal: The child learns to follow directions in order to increase his achievement in directed learning activities.

Behavioral Objective: When given three directions twice, such as: Go get the bell, ring it, and bring it to me, or Pick up the crayon, take it to the table, and put it down, or Go to the table, ring the bell, and bring it here, the child will follow the directions.

Materials: Assorted familiar objects:
a crayon
a block
a bell
a candle
a cup

Procedure:

Motivation: Show the objects to the children. Have the children name the articles in unison and individually. Place the objects on a table halfway across the room from the children.

Strategy: Say to each child in turn: Please go to the table, pick up the (name one object), and bring it to me. Thank you.

When each child has had a turn, give a different set of three directions to each child.

Teacher: Please go get the (name of an item), walk around the table, and bring it to me. Thank you.
Please take this to the table, put it down behind the block, and sit down on the floor.
Please go get the (name of an item, put it on the (name of another item), and bring them here.
Thank you.
Please go get the (name of an item), and the (name of another item, and give them to (name of a child). Thank you.
Please go to the table and do not pick up anything, then sit down. Thank you.
Please go to the table, ring the bell and get the candle. Thank you.

Individual Special Education Prescription

Prescription Format

Training Area: Area of Instruction

BEHAVIORAL OBJECTIVE: Specify the behavioral changes desired and how they are evaluated

MATERIALS: List materials required to achieve behavioral objectives

PRESCRIBED ACTIVITIES: Methods and strategies used to implement individual prescriptions

FOLLOW THROUGH: Suggestions for extending behavior into additional contexts, playground, cafeteria, home.

Individual Special Education Prescription

Sample

Training Area: Auditory

Behavioral Objective: When given two directions by the teacher such as, Put the spoon on the book and the cup in the box, the child will follow two directions after completing five prescriptions.

Materials: 4 red cubes, a book, a box, a cup, spoon, and a crayon

Prescribed Activities:

Introduction:

Good morning, my name is -----.

Have the child repeat his name and street name.

Monday

Introduction:

Have the children recall what they saw from the bus on the way to school.

Have the children identify the articles that you have.

Have them do it in unison and then individually.

Then give the children two instructions:

Put the spoon on the book, and the cup in the box.

Put the colored cubes on the book and put the spoon on the table.

Put the colored cubes in the cup and the spoon on the book.

Have each child give one direction.

Tuesday

Introduction:

Recall what the children had for snack.

Instruct one child to give another child two articles.

Have the child name the articles that he has received.

Continue activity until all the children have had a turn.

Have the children tell how the articles are used.

Wednesday

Introduction:

Recall what the children had for breakfast.

Give each child a piece of manila paper and a crayon.

Have them draw a circle and a square. (two directions at once)

Have the children draw a square and put the crayon in the box. (two directions)

Put two red cubes on the book and put the spoon in the cup.

Put the cup on the book and two cubes in the cup.

Thursday: Similar prescription

Friday: Criterion test is given on prescriptions.

Follow Through: Extend this lesson into incidental teaching during the day in other activity areas.

SAMPLE - LANGUAGE PRESCRIPTION

SPECIAL EDUCATION COMPONENT:

CHILD:

TEACHER:

BEHAVIORAL OBJECTIVES: See Procedures

To Improve Language:

Behavioral objectives- After using the buttoning tying frame, discussing the shape, color and texture of a ball and a block, and assembling a SEE-QUEE puzzle; each child will button and tie the frames, use one descriptive word about the ball and the block and sequence a series of events in logical order.

- Teach buttoning and tying using frames
- Use descriptive words
- Repeat See-Quee puzzle activity

To Improve Auditory Discrimination:

Behavioral objectives - After the teacher beats a simple rhythm pattern on a drum each child will produce the same rhythm. He will imitate three out of five rhythms successfully.

- Imitate rhythms on a drum

To Improve Speech:

Behavioral objectives- After practicing movements of the tongue and lips, and after the teacher leads the child to participate in a conversation, each child will use speech that is easily understood by the teacher.

- Tongue and lip exercises and babbling
- Conversation

To Improve Coordination:

Behavioral objectives - After performing gross motor exercises, walking on a walking beam and making diagonal lines on a chalkboard, each child will move one leg and the opposite arm in a pattern, walk the length of the walking beam by crossing his feet and move both hands simultaneously to make a diagonal pattern on the chalkboard.

- Exercises - through alternating arm and leg movements
- Walking beam - through sideways walk crossing feet where possible
- Chalkboard - through diagonal lines

SPECIAL EDUCATION COMPONENT

Special Education Lesson Evaluation Sheet

Teacher _____ Room No. _____ Date _____

Teacher Assistant _____

Type of Prescription: Auditory Visual Self Concept

Name of child receiving Prescriptions:

Please indicate child's ability to follow prescription:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Comments:

1. Was prescription too difficult for child?
2. Should prescription be repeated?
3. Other observations.

SPECIAL EDUCATION COMPONENT

Diagnostic Evaluation

Sample

Name: Jim (fictitious)

Birthdate: July 8, 1964

REFERRAL: Jim was referred by his teacher in April, 1969 when the special education component was added to Central Cities. He was among the slower learning children in the class, was difficult to control and had a short attention span.

FAMILY HISTORY:

The special education home-school counselor reported that Jim is the youngest of six children whose ages range from five to eighteen years. The mother works and there is no father. The home appears to provide reasonably comfortable living conditions

At the age of two Jim was hit by a car and suffered a broken leg. There were no pertinent findings in the prenatal and birth histories. Early development followed a normal course. Jim has dressed himself since age four except for his shoes.

He is subject to asthma and allergies.

TEST SCORES:

	Fall, 1968	May, 1969
Slosson IQ	104	103
Peabody IQ	64	101
PAR	109	

A Frostig Test of Visual Perception was given in May, 1969. The perceptual quotient was 90 which was 14 points below IQ. Perceptual age was below chronological age 4-10 in several areas. Eye motor coordination was the weakest area; he scored a perceptual age of 3-9. Other areas showing some deficiency were figure-ground (4-0), form constancy (4-0) and spatial relations (4-0).

An ITPA was given in the fall of 1969. The psycholinguistic age was 4-9 and the chronological age 5-4. The mean scale score was 31.5. None of the subtest scores deviated significantly from the mean score; which would mean that he had no severe deficiencies in his ability to receive and utilize either auditory or visual stimuli.

Audiometric sweep test indicated no loss of hearing acuity.

Articulation test: Jim omits some of the final consonants on words; some of the letter substitutions he makes are environmental in nature.

OBSERVATION:

Observation indicates that Jim is a very active child. It is difficult to hold his interest to any quiet activity. He does well on auditory training exercises but he can "tune out" auditory stimuli when his interest is elsewhere. His speech is intelligible.

EVALUATION:

Jim does poorly in areas involving visual perception and eye hand coordination, as shown by the Frostig test scores. While none of the ITPA subtest scores are more than ten points below the mean score (The point considered a deficiency), it is interesting to note that the lowest score was in visual sequential memory. The psycholinguistic age 4-9 was considerably below chronological age, 5-4. Speech is not sufficiently distorted to be a concern at this age. It is possible that Jim's position as the youngest child in the family has caused him to be slower maturing; the possibility that he lost some time in maturation as a result of the injury at age two, or as a result of asthmatic attacks should be considered. Since the child is so hyperactive and has a short attention span with a history of trauma, brain injury must also be considered.

RECOMMENDATIONS:

Jim needs to be in a language development program that will supplement the regular classroom work. In this program the emphasis should be on eye-hand coordination along with other visual training activities. In addition, Jim needs to develop better listening habits in preparation for elementary school tasks. Hopefully this program will also help diminish his activity and increase his attention span.

FOLLOW THROUGH:

Test scores:	May, 1970	
	Slosson IQ	106
	PAR	109
	Peabody IQ	105

A Frostig Test of Visual Perception given in January showed a perceptual quotient of 91 which was only one point gain from the earlier test. However the June 1970 test showed a perceptual quotient of 108. His age equivalent in the eye-motor coordination test is now one month above chronological age.

The Peabody IQ score which measures hearing vocabulary has gone from 64 on entry to Central Cities to 105 which is equal to overall intelligence as measured by the Slosson.

The ITPA repeated in June, 1970 showed a psycholinguistic age of 5-8 with a chronological age of 5-11. The mean scaled score was 35.4; there were no significant deviations. Jim was extremely active during the testing procedure. He still has short attention span. The articulation retest shows that he no longer omits the final consonants except for r. Jim will be ready for first grade in September and if his progress continues he should not need any help beyond the regular classroom program. If the hyperactivity continues, it would be well to refer the child to the Child Study Center for further diagnosis as the possibility of brain injury cannot be entirely eliminated.

Teaching

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EVALUATION

Evaluation of individual prescriptions is done to determine changes in the behavior of children receiving special assistance from the special education component.

The specialists review the records of children referred to the component; these children deviate from the norm of the group. Some may deviate in several areas, some in only one, pointing out that some children may have a combination of learning disabilities. Each child is evaluated as an individual who can benefit from individual prescriptions designed to correct his disabilities. After the review is made, the specialists determine if further testing and evaluation is necessary.

Observation of children in the classroom setting and on the playground is necessary in order to arrive at a true assessment. Some of the behaviors the specialists look for that suggest the child may need special services are: irritability, hyperactivity, short attention span, emotional lability, mild clumsiness, poor auditory retention span, deficient linguistic ability, perseverance in oral expression, minimal creative pursuits, inability to transfer meaning, poor evaluation and organization of perceptual clues, absence of self criticism and frustration in communication activities. (1)

There may be a delay in developing linguistic functions such as generalization, association, discrimination, and manipulation of verbal concepts. (2) If a child is unable to perform a task such as put a puzzle together the child does not need more practice putting a puzzle together but a carefully planned individual prescription to correct the inabilities. The child may not see well, or he may not be able to control his hands or his fingers. He may be unable to correlate what he sees with manual performance.

When special education prescriptions or language training is indicated from observations and test records, the goal is to provide such instruction for short periods each day within the classroom setting. Language training may take place outside the classroom for a short period but the child is not taken out of the classroom during a language or social education lesson taught by the early childhood teacher.

Since research shows handicapped children benefit most from an education during the years from three to ten, early prescriptions are indicated.

If education is not started early, the child's motivation may be hindered by responses conditioned by too many failures.

The parents have the opportunity to obtain guidance and counseling under the direction of the home-school counselor in reinforcing the activities of the center in the home situation. The counselor will evaluate the interest and participation of the parent in center programs. Parents are usually interested in their child's progress. (3) The counselor observes in the classroom to evaluate the behavior of children receiving special services in order to help the parents and to give suggestion to the specialists.

The special education paraprofessionals evaluate the daily prescriptions. The suitability of the prescription for the child and the progress made by the child is evaluated. When the tutorial approach is used it is easy to keep a daily record of the child's progress. If the child needs additional aid it can be given immediately.

Children with special learning problems cannot take advantage of and education without special assistance in most cases. The status of exceptional children change if the prescription and medical treatment is effective. The children can be moved out of the program as the norm of the peer group is reached to make room for others, if continuous evaluation is done.

It is possible to see that structuring individual prescriptions for particular children involves extensive and intensive study. It is necessary to have the aid of many professional and non professional people. It is necessary to have a working relationship between the center and the parents. It involves a continuous evaluation of each exceptional child.

Evaluation

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PLANNING, LESSONS, and PRESCRIPTIONS

Planning

The special education component plans the daily prescriptions as an extension of the daily lesson taught by the early childhood teacher in the classroom. A special education curriculum cannot evolve by reducing the curriculum used by the group or by emphasizing more drill. The children served by the component need methods adapted to their individual needs. The teaching approach needs to be made through the sensory avenues that have not been effective in the past. Concrete techniques are emphasized even when abstract subjects are being taught. An effort is being made to build a curriculum so that the behavioral objectives are accomplished by way of a well planned series of learning steps. Careful evaluation is necessary to be sure the child is ready for the next step.

Three teaching levels are taken into consideration when structuring individual prescriptions. These are the tolerance, challenge and frustration levels. The child can work easily at the tolerance level. As the child moves to the challenge level he learns to apply himself. The frustration level is avoided. Prescriptions are based on either the tolerance or challenge levels depending upon the behavioral objectives and the child's ability to cope with lesson materials. A variety of methods are used that will reinforce one another. (1)

The disadvantaged child has a variety of learning difficulties. Research shows that the outstanding difficulty is in abstract thinking, that the child lacks an internal symbolic system by which to organize and codify their world. Disadvantaged children do not have the opportunities for development that are provided in the "typical" middle class environment. Since the opportunities are not available, the deficiencies in abstract thinking become entrenched. (2)

Since symbolic thinking is an internalized system which need not have an outward manifestation the typical nursery school setting can offer a coverup for those children who are handicapped in their cognitive functioning. The teacher may tell the boys to take large steps across the room and the girls to take small steps. The child who does not comprehend can still perform by limitation. Even if the deficit is detected by the teacher a group situation limits what can be done for the child. Individual prescriptions taught on a one to one basis can attempt to correct this deficit.

If the deficit is corrected early the child can develop the type of behavior that is required by his environment. Behavior must be developed that is flexible in order to meet the changes that are constantly being made in the classroom. A series of activities should be available to be selected to meet these changes being made in the classroom. (3) Experiences given to the child on a one to one relationship makes it possible for him to complete the task successfully. Careful choice of a varied and broad selection of activities helps to keep interest and motivation high. Persistence is developed when the child experiences success.

Before the prescription can be written planning is necessary. First the children, who need special assistance, must be identified. Some of the functions that can affect the behavior patterns of the child are vision, hearing, muscular coordination, intelligence, physical health, attitudes toward family and loved ones, and eating and sleeping habits. Basic needs of the child must be considered. His achievement, security, love and affection, ability to share and freedom from guilt and fear must all be understood. Satisfaction of his basic needs becomes even more difficult if the child lacks skills. (4)

Lessons:

The lessons are divided into two components which are language development and social education. The language development lessons are divided into two units: receptive and expressive. Receptive and expressive language cannot be totally separated. (5) The child can engage in expressive language when he has acquired meaningful experiences and understanding has been established. Expressive language is an endeavor to express concepts of feelings. Expressive presupposes reception, thus the way a child expresses himself gives the teacher a cue to his receptive language. (6) If the child does not remember words, sequences or cannot discriminate between words that sound alike or between sounds made by sound blocks or cylinders, these relationships between reception and expression cannot be overlooked in diagnosis or remediation.

The language component prescriptions are divided into auditory, visual, motor and speech. Often listening and speaking are treated as if they were perfectly correlated processes. Research has shown that handicapped individuals exhibit a much higher degree of receptive language than they do expressive language. Expressive language can be thought of in terms of output. Detection of these disorders is easier than the receptive disorders which continue to be difficult to identify. Reception can be intact while expression is deficient.

The primary goal of the special education component is the development of auditory language for those children having receptive problems. The child who cannot comprehend will have a difficult time adjusting. Remedial procedures are used to help the child understand the written word rather than letting him compensate only visually. Research indicates that early training for language development shows that children make more progress between the ages of three and four than those referred at five or later. Many children that do not receive early training, become more like the deaf and tend to over-compensate for their disability and become more visually and tactually oriented. Emotional problems also develop. (6)

Auditory receptive deficits in children make it difficult for them to sort sounds and words. If the child does not understand, then the teacher must reduce the amount of language used. Meanings of words are taught so that the child's auditory environment should be structured so that meanings of words are taught in isolation, then in phrases and sentences as the child grows in understanding. The use of repetition is required in all learning but more so when learning problems in memory or comprehension are evident. Words and concepts are repeated until they become meaningful.

The social education lessons are divided into intrapersonal and interpersonal relationships. The intrapersonal series relates to the child's self image or body concept. Prescriptions are written to help the child identify the parts of his body and their use. The interpersonal relationships covered by the prescriptions are family, school and neighborhood. Most interpersonal relationships are nonverbal in nature. (6)

Prescriptions:

Individual prescriptions are based on the child's previous experiences, meaningful words, and words that sound different. Words that sound alike require a high degree of auditory discrimination which some children with receptive deficiencies do not have.

Word meanings or concepts are not simple auditory-motor associations. When the child learns the name of an object such as block, he must later learn it can have different shapes, sizes, colors and uses. The prescriptions help the child understand auditory symbols as they occur and to use them appropriately. The meanings of the words come only after the child has used them in numerous and varied experiences.

Each individual prescription has a behavioral objective that defines the behavior desired by describing the conditions under which the behavior will occur. Clear cut objectives are necessary in order to evaluate the prescription efficiently. This gives a sound basis for selecting appropriate instructional materials. The important conditions under which the behavior will occur are defined. The criteria of acceptable performance by describing how well the child must perform to be considered acceptable will also be written into the behavioral objectives. (7) Curriculum behavioral objectives encourage generalization which is the application of specific skills to purposeful activities; such as walking, running, skipping are used for body locomotion. It allows for variation and a broad basis for conceptualization. (1)

The materials used in the prescription will be governed by the content and the ability of the child. The materials used are safe, appropriate and manipulative.

The procedure is in the form of individual prescriptions. After appropriate assessments are made a baseline for instruction for each child in the program is made. The prescriptions are varied and rotate active and passive activities, activities that flow easily from one to another and vary in length according to the attention span of the child. Daily prescriptions are planned and written by delineation of assets and deficits of each child.

The evaluation of the child's response to the lesson will be made daily by the paraprofessional who teaches the prescription to the child. From time to time, the specialist will test the children using the behavioral objective of the lesson as the criteria. The behavioral objective specify the condition and acceptable level of performance. Continuous evaluation is made of the child's process. (8)

The follow through procedure is based on the results of the child's performance. Additional activities are included on a lower or high level of behavior depending on the needs of the child. Continuous reinforcement takes place.

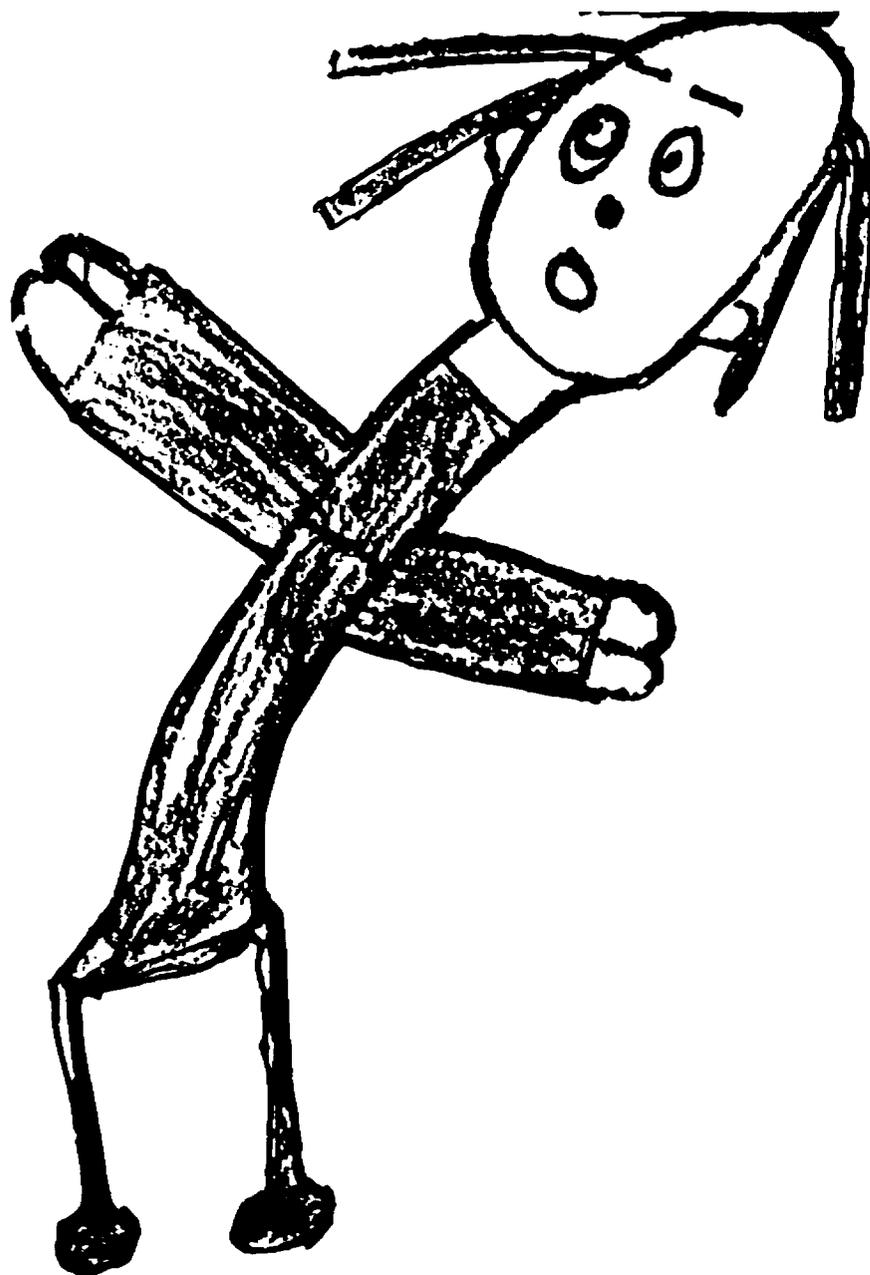
The status of exceptional children changes if education and medical treatment is effective. Daily evaluation will show growth and change as it occurs. Then the child can be moved on to provide facilities for other children needing special attention.

Planning

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PART THREE
INSTRUCTIONAL CONTENT



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SOCIAL and EMOTIONAL DEVELOPMENT

I. Rationale

The major responsibility of the special education component is to provide an environment which will allow children to develop higher levels of competence in intellectual, physical, social, personal and emotional areas. An emotionally healthy child is one that is comfortable with himself, his family and his peer group. This child has a sense of security and feels loved within his group.

The greatest period of change in emotional development is from birth to six years old. The foundation of adult personality may actually be formed during this period. Slow physical growth may retard emotional maturity. Physical lag may hamper the child in exploration and contact with the physical world. Developments during the years from one to three take place that have direct bearing on the formation of character, discovery of self, curiosity about self and others. Behavior can be seen as a series of critical developmental phases that have to be mastered by the individual. If these phases are not passed through adequately the child may fall behind in learning experiences. The child is the result of his potential and the environment he lives in. The environment will also affect the emotional growth of the child. It is important to help the child accept and live in his environment as it exists. (1)

Acceptance, approval and affection are needed by the child to withstand the stresses and strains of every day living. If the child is to mature naturally, basic acceptance and approval must come spontaneously from the teacher and not on demand of the child. Judgment and timing are important so that the child will receive sufficient approval and affection with people, social institutions, social customs and social organizations. There are a series of progressive changes from birth to death in feelings, attitudes, social behavior and values. The culture of the group grows in the direction of complete satisfaction in the needs of its members. Emotional development may be defined as the process of psychic evolution that in the mature individual has progressed from infantile dependence to the capacity for assuming adult responsibility and possession of a good self image.

II. Self Concept

The preschool child must develop a self concept before learning can take place. Handicapped preschool children demand more considerations in emotional predispositions, individual differences and innate growth characteristics. (?) Our understanding of preschool children should be deepened and more humanized for social reasons. A committee of the White House Conference on Child Health and Protection estimated that there were 10,000,000 handicapped children of all ages in the United States. The frequency of the handicapped is listed in ascending order: visual handicap, epilepsy, motor disability, cardiac defect,

tuberculosis and pre-tuberculosis, speech defect, deafness and impaired hearing, nervous and behavior disorders, mental deficiency and subnormality and malnutrition. (2) The majority of these handicaps were present at birth or appeared during the first five years. Some defects can be prevented or they can be ameliorated. Physical accidents that are involved, such as street and household accidents, which take a heavy toll during the preschool years, prove to have a psychological aspect. Many of the accidents arise because of the child's immaturity, which is another personal and social reason for understanding the preschool child. Whether a handicap is physical or mental it involves psychological understanding and guidance.

The newborn child makes no distinction between himself and the things around him. Self awareness comes through growth and experience. As the child grows he becomes aware of the parts of his body, that he wears clothes, and that he can influence others. The result is an awareness of self. When dealing with the concept of self, we need to consider emotions, perception, and individuality of the child. "The word self can then be reserved for the self of which the subject is aware; the self of self-perception." (3)

The body enters self awareness first because it is sensitive and it can do things. The child first becomes aware of the parts of his body. Then he learns to use them. The child soon learns to identify the parts of his body. As the child grows and develops, he begins to have the feeling of control over his body. Special prescriptions are written for those children who seem to be slow in developing a self concept. The way a child perceives his own body gives a hint as to his self image.

A child's identity is maintained by his memories of the past. When some of these memories are lacking, then the child may have uncertainties, or doubts about himself. Self perception and personality are the result of interpersonal relations or social interaction with others. (3) The self image of the child develops into ideals and judgements which are important to social and emotional development.

The child develops skills in solving social problems and making judgments, as his perception of self grows. He learns to get along with his peers on a one to one basis and in group situations. He develops the ability to anticipate the outcome of problems in a social situation. The child learns to control his actions and to demonstrate proper behavior. He develops the ability to assume personal and social responsibilities. The child must be taught self control, cooperation, and good manners to be socially acceptable. The child must be taught to consider alternate responses in learning situations, be able to make judgements and judge consequences of choices. It is essential to develop foresight and it should be emphasized throughout the curriculum. (4)

III. Attention Span

Many deficiencies have been found in young deprived children. These deficiencies range across the cognitive, affective, motivational and social areas.

The one to one tutorial approach is designed so the child will develop cognitive skills. The individual prescriptions are also designed to fit the specific capabilities of the child. (5)

Since the young child has a limited attention span, brief sessions involving frequent reinforcement of cognitive skills are given. The child needs consistent guidance to develop these skills. The child should be encouraged to complete the task started. If the prescription is geared to the child's level of attention, this can be accomplished. Then the task can become more difficult as the child's ability and attention span develop. The prescriptions should be on a day to day basis for ten to fifteen minute periods. When the child develops a command of language he will be able to cope more effectively in his environment. The environment is flexible to provide a setting in which the child can work with tolerance. When the child develops standards of conduct, he will be able to maintain acceptable behavior. As he develops control and organization, his attention span will increase. (6)

Each technique that is used in the prescriptions is geared to overcome a specific deficiency. The first consideration is developing the attention span of the child. The child is taught to recognize essential elements, such as body parts. Then the child is required to compare objects and to make choices. For example, he may be given several red cubes and one blue cube. He is asked to compare the cubes. Then he is asked to make a choice of red or blue.

Next the child is taught categories of exclusion. When the child's attention span is long enough to work within the teacher's frame of reference, then he can make independent responses. If the teacher directs the child to draw something other than a square or a circle, he is able to follow the instruction.

Social and Emotional Development

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LANGUAGE DEVELOPMENT

I. Rationale

The child must develop inner language, then receptive language and finally expressive language. A word must acquire meaning or represent some type of experience before it can be used. It is inner language that attaches meaning to experience. Receptive language involves the ability to comprehend an auditory or visual sensation. In the case of auditory receptive language it is the ability to comprehend the spoken word. When receptive processes are deficient, inner language can not develop readily.

Expressive language takes place when the child has meaningful experiences which he comprehends and can communicate to others. It is the oral or motor act which results when an intact receptive language and an adequate inner language react to a situation. (1)

There are certain functions which must develop in the preschool child if he is to have a basis for language learning. These fall into two groups; motor functions which lead to balance, walking and general coordination of movement and sensory functions which provide an opportunity for the child to exercise observation, comparison and judgment. Through these the child becomes acquainted with his environment and develops his intelligence. (2) It is the function of the preschool to develop the sensory and motor channels and the total linguistic structure. If the child has had a lack of experiences or has a learning disability his sensory, motor, and language development will be retarded.

II. Auditory Perception

The child with impaired auditory perception does not interpret what he hears. He cannot associate sounds with particular objects or experiences, he responds inconsistently to sounds, and sometimes appears to be hard of hearing. When auditory skill is lacking it is necessary to provide an intensive program of auditory training. This begins by teaching the child to distinguish sounds which are grossly different, and then those more nearly alike. He is made aware of the presence or absence of sound. He learns to recognize sounds common to his environment. The ability to determine the direction from which a sound comes is necessary for an appropriate response. For the child who lives in a crowded area with much traffic, it is also an important safety factor. Unless auditory memory is developed, language can not develop. One cannot understand or express the spoken word without the ability to retain a sequence of sounds within words and words within sentences. (1)

Later school success will be dependent upon the child's ability to hear and comprehend instructions and facts. Auditory memory skills can be improved by having the child carry out verbal instructions, retell stories, repeat a sequence of numbers or nonsense syllables, and recite songs and nursery rhymes.

III. Visual Perception and Memory

The individual must learn to see in the same manner that he learns to walk and talk. Things viewed are only understood as the result of learning. The child must be helped to perceive what the eye receives. Visual perceptual skills include eye-hand coordination, form recognition, discrimination, visual memory and visual sequencing. Techniques within the special education curriculum for the improvement of visual perception are drawn from Getmen, Frostig, Montessori, Kephart, Hortense Barry, Cruickshank and others.

Sorting activities, beginning with sorting nuts or other large objects and advancing to finer concrete objects, shapes, pictures, and categories of objects, improve perceptual skills. Designed to develop eye-hand coordination are the pouring and polishing activities, chalkboard exercises, and ball activities.

Visual memory is developed as the child learns to arrange concrete objects after a visual pattern has been removed. The child may also look briefly at pictures, then identify them from memory. A later skill comes as the child learns to identify the missing part of an incomplete picture or arrange a series of pictures into a logical sequence of events.

The interpretation of visual stimuli occurs in the brain rather than the eye. Skills involved in reading, writing, spelling and arithmetic, which are so necessary for success in school work, depend upon accurate visual perception. (4)

IV. Speech Readiness and Improvement

The speech of a child with a learning difficulty may be inarticulate because of overall inadequacy of the motor system which may cause the child to have difficulty learning to suck, swallow, chew and manipulate the tongue. His unintelligible speech might also be due to a poor model, to lack of encouragement during infancy or to a "lazy" tongue. Speech readiness exercises include practice in breath control, chewing, sucking, controlling the movements of the tongue and jaw and babbling, which consists of combining vowels and consonants into nonmeaningful sounds. (5)

In addition to modeling and the encouragement of free verbalization, situations are frequently contrived which will provide the child with an opportunity to practice good speech patterns. Poor speech is not corrected, but good speech patterns are rewarded.

The disadvantaged child whose problems are compounded by developmental retardation needs specialized help. It is important that his motor and sensory skills be developed to become efficient tools for gathering and utilizing experiences. But the development of these presymbolic skills will not serve as a total answer. The child must also be provided with sufficient experiences to provide adequate inner language structure and expressive language.

Language Development

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MOTOR DEVELOPMENT

I. Rationale

If the child is to develop to his maximum potential, it is important that he be encouraged to develop adequate motor skills. On these will be laid the foundations for other learning. Children have always learned through exploration but they have fewer opportunities for free body movement in today's urban-suburban communities. School can provide a setting for such opportunities. It is important for all children and particularly for the brain damaged and the slow achievers to be able to use the body as a frame of reference in forming perceptual judgments. (1)

One of the first concepts to evolve in the young child is that of body image. If the child, because of brain injury or a lack of experience, has not developed a sound concept of body image, this must be carefully taught. Body image is an awareness of the body including the various body parts and their positions, and a knowledge of how much space the body occupies. (2) The child first learns to identify his body parts, then he labels the parts as he touches them. He then develops a concept of his body in relation to its surroundings.

As the child develops a concept of body image, he is developing laterality and directionality. Laterality is an internal sense of one's symmetry; such as left and right sidedness. Directionality is the projection of laterality into external space. It makes the child aware of such concepts as right and left, in front of and behind, and up and down. (5) Laterality is the result of learning; it is a visual and kinesthetic awareness of how one fills the space within his own skin. It must be emphasized that laterality is not the same as handedness or the naming of right and left; it is rather an awareness of the sides of the body and the difference between them. Only after the child has developed the concept within can he project it to the world around him.

To maintain any posture, forces exerted by muscles on one side of the body must balance the force exerted on the other side. The zero point of this balance is the midline of the body. The midline must be at right angles to the earth; when the midline varies from the perpendicular position, the person is off balance. (3) The child moves in a bilateral pattern and he must come to realize that a movement which is an outside-in pattern on one side of the body becomes an inside-out pattern as the midline is crossed.

As the child develops laterality within and becomes aware of the right and left sides of his body, he can project these concepts into external space. Directions outside ourselves have meaning only in relation to directions within ourselves. (3)

It is necessary to emphasize that the portions of a motor training program can not be sorted out and assigned to the development of only one concept. For example, as the child draws a figure eight or horizontal lines on the chalkboard he is developing eye-hand coordination, balance, rhythmic movement and experience in crossing the midline.

II. Gross Motor

Gross motor activities contribute to the development and awareness of large muscle activity. Exercises, walking beam, chalkboard, ball and outdoor activities contribute to the child's awareness of laterality and directionality as well as development of large muscle coordination and rhythmic movement. The child on the walking beam not only develops skill in balance and posture as he successfully walks the beam, but in addition he gains information concerning directionality as he steps off and then corrects his position. General coordination exercises give children specific experience in body movement. (5)

III. Perceptual Motor

Certain abilities are basic to the development of eye-hand coordination; among these are laterality, directionality, the ability to stop or voluntarily inhibit movement at a given time, and eye movements. (4)

Since the eyes and hands work together as a team in carrying out certain tasks, activities to improve the child's eye-hand and eye-foot coordination must be included in a language program. In many instances activities which improve gross motor skills also improve eye-hand or eye-foot coordination. Ball activities of all types are an example of this. Jumping and climbing activities and stepping on stones or between the rungs of a ladder provide additional experience in eye-foot coordination.

IV. Fine Motor

Fine motor activities are those which require control of the more delicate muscles; such activities as writing, tracing and cutting require visual-fine motor coordination.

The infant's first learnings are motor learnings; in early childhood motor activities are an important factor in language development. (5)

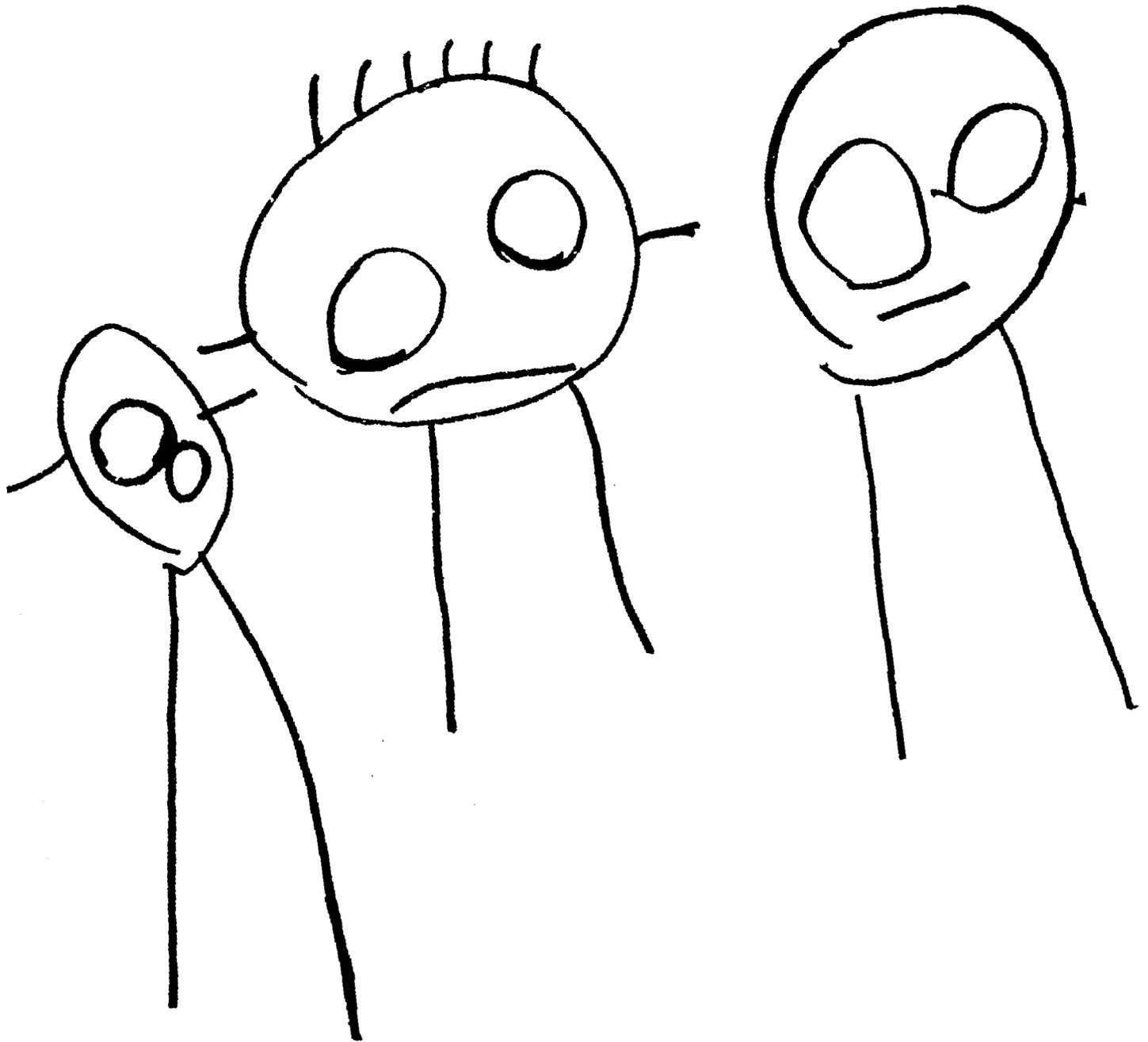
A program to aid the preschool child who has a learning problem must be carefully balanced so that the child's motor skills and language development receive careful attention.

The relationship between performance skills and verbal skills is an obvious one, learning in both areas must proceed together. It is a mistake to emphasize either area at the expense of the other. (3)

Motor Development

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Drawing by
Four Year Old
Boy

PARENTAL DEVELOPMENT

I. Rationale

School administrators often stress the need to involve the parents of the disadvantaged child in the school program. Without parental cooperation, the work of the school and especially the Special Education Component can be difficult. Schools with high parent involvement attempt to fit programs to parental schedules, constantly keeping the parents informed of school activities, and in some cases even providing baby sitting services at school. (1)

Many preschools have instituted programs which involve parents in the school's work in an effort to influence the nonschool environment of the children. All of the personnel of preschools that operate parent programs report that the task of gaining active parent interest and support is long and difficult. Parents in disadvantaged areas are often not accustomed to having the school actively interested in them and their children. Many mothers have several younger children to care for and are unable to participate although they may wish to do so. Some parents have ugly memories of their own unsuccessful schooldays and are not therefore disposed to new involvement with education or with the people in it. (1)

Many preschool programs require participation in a parent program as a requisite to the children's attendance in preschool. By taking advantage of most parent's desire to do anything they can to help their children (which includes, of course, sending the children to preschool) the preschool program has a lever with which to influence parents as well as the children. In one preschool-parent education project, the purpose of the parent meetings is to teach parents about language and ways in which they can help to improve their children's language. The task, as many preschool people see it, is to get the parents involved and active in the work of the program and thus increase their total interest in the school's work. (1)

In some preschool education projects, attendance by parents at a weekly meeting is mandatory. These meetings are held to inform the parents about what the program is attempting to do for their children, educate the parents in hygiene, child care, employment, community activities, encourage parents to assist in certain phases of program planning and to take an active role in children's field trips, children's parties, and the building and making of teaching materials. (1-2-3)

Parent aides are used in many projects. It is felt that hiring local people serves to free the teacher from many of the routine, non instructional tasks of the classroom, and to help parents and those with whom they associate in the community to understand what the school is doing.

The family situation is significant for the child's development. It is in the family that the child first acquires a culture and develops his unique approach to the tasks of life. It is here that he learns the primary social skills. The family affects the child's feelings about personal adequacy and provides the first models for his behavior. Parents are the first teachers: The child learns not only from what they say but from observing their behavior.

The special education component of Central Cities feels that parents should have a vital part in the preschool's program, so that parents and teachers can work together for the good of the children.

Parent attitudes toward handicapped children have been the creation of the society in which those parents lived. For many years society pointed the finger of difference and non-acceptance toward the handicapped child and toward his parents causing them to react by protection, shelter, or rejection. The parent was not free to express a real feeling about the problem which he faced daily until attitudinal growth and social maturation had been experienced in the community. Although very slowly, social maturation did take place. As a result of this social maturation which took place before and during World War II, parents across the nation, in Canada, and elsewhere began to organize in behalf of their own children. (3)

Nearly every parent is deeply interested in his child's progress in school. This applies particularly to parents of handicapped boys and girls. Realizing that the handicapped pupil has special problems which may make it more difficult for him to adjust in a complex society, the parent frequently displays great concern about the child's educational growth and development. (3) Because of this concern, the Special Education Component finds it essential to provide these parents with detailed accounts of their children's school progress. This is done through visits made by the home-school-counselor.

In addition to simply "getting in touch," these visits interpret the school program to families, provide information about school events, suggest ways parents may assist the school program, counsel them about behavioral or school problems and put them in contact with appropriate community assistance agencies.

Other agencies concerned with the exceptional child make counseling available to parents. There are numerous clinics outside of school which deal specifically with various phases of special education. Oftentimes there is an integration of a few of these clinics using an interdisciplinary approach to the problems presented by exceptional children. (5) These agencies are available for the parents and their handicapped children. It is the task of the home-school counselor to see that the parents are aware of these services.

Parents must be sufficiently involved in the preschool to understand its importance for their children and to give support and reinforcement to the tasks of the school. Parents should be so committed to the school that they are willing to do everything possible to insure the continuity of the child's school experiences. It would be well for parents to learn appropriate communication patterns so that they can do much of this on their own with their own children. When parents can provide stimulating home environments for the development of their children, then one might foresee the time when special nursery school-kindergartens will not be so widely needed. For this reason, every effort should be made to have parents serve as part-time assistants and observers in these schools. (5) The special education component is working to show the parents of the disadvantaged handicapped children that education can open new opportunities for their children.

II. Liaison Between Home and School

Since its beginning Central Cities Preschool has invited parents to come to school to become informed and to get involved. The Special Education Component makes special efforts to see that the parents of the handicapped children are involved in the program of the school. Visits are made daily to homes of parents by the home-school counselor to inform them of the activities of the center, what the center is doing to help their children and the progress they are making in school. Suggestions are given to the parents about ways in which they can help extend the teaching that is done at school. Educating children requires the joint efforts of school and community, however, many times, both extension and enrichment of the classroom program. (6) The Special Education Component is becoming increasingly aware of the variety of ways in which parents can participate in the educational program and is attempting through contacts with its parents, to expand parent participation.

An effort is made to reduce the anxieties of the parents in order to assist them in understanding the limitations of their children, and to have them deal with the children more intelligently as a result of the preschool experience. This is accomplished by frequent discussions of the problems of the child with the parent at the school and at home.

When a feeling for humanity exists, each individual is accepted, no matter what his limitations or strengths. The potentialities of parents are nurtured as a dynamic and important asset, and Central Cities Special Education Component seeks to release the potentialities of all those caught in the ongoing life of the school. Parents are accepted as they are, the cooperative ones and the difficult ones. All must be regarded as co-working is not easy. It takes time and more time, as well as continuous effort to maintain these relationships.

Since the home is so important in the work of the schools, every effort must be made to strengthen the relation between the home and the school. (5) There is increased awareness of the impact of home life, parent attitudes and community influences in the determination of the child's sense of self, his aspirations, his values, his achievements.

The visits to the home establish greater rapport between, home, school, and community; build closer ties in teacher-pupil-parent relationships; and enable teachers to obtain first hand information on the home condition of their pupils. They also help build a positive image of the school as an agency which reaches out to the disadvantaged family.

If children are to be helped to help themselves it is important to recognize the strengths as well as the weaknesses of their environment. Thus the school, never an island of isolation, has moved even further into the child's extra school life. The school has developed more fully its program for the involvement of parents in the education of their children.

III. Provide Parents Assistance and Counsel For Reinforcement of Center Program

If parents could be helped to see how the day-to-day stimulation in a home and the activities that can be carried out in a normal course of everyday living together as a family are really contributing to the learning process and are part of it, they might be able to relax somewhat with the relatively simple life of the preschooler. At the same time they should feel justified in doing so, since they are contributint to the learning process.

The home environment has been studies as a means of understanding the factors which influence the development of children. Studies repeatedly show that the home is the single most important influence of the intellectual and emotional development of children, particularly in the preschool years.

A child's pre-academic success in a training program is dependent upon home reinforcement. The Special Education Component's work with parents is planned to emphasize items that will be of immediate relevance for the children's attitudes and aptitudes concerning school achievement.

Love and affectional needs relate to the ability to give and receive love from others. Parents who fulfill this need do so by accepting the child whatever he may be regardless of what he does. Families from lower socio-economic class love their children just as those from the middle class. But there is less time to devote to children and less of a basis for understanding the goals toward which the children are working in school. In other words, there tends to be less communication between adult and child. (7)

The home-school counselor gives verbal recognition to the parent's concern for their children, and shows approval of the parent's effort to provide for and work with the child on the various small projects. Many of the efforts are aimed at showing the parent specific things that they can do at home with their child that will relate to future school success.

Participation in this type of assistance to parents is a unique job which requires the counselor to be alert at all times. To encourage parents to become interested, or more interested, in their children means that the counselor must be a good listener, playing the role of the doctor, nurse, minister, or other helpful friend. (8)

To go into a home and persuade the parents of these handicapped children to listen to what you have to say, also means that the counselor must create an atmosphere of ease, transforming the apprehensiveness she feels when she first enters. The parent must be made to feel the need for interaction with the child and the counselor must make her visit so interesting that she sets the stage for future visits.

The home-school counselor explains to the parents that they are their child's first teachers and the only ones he will have until he is ready for school. A child is or becomes what he is taught and exposed to in his preschool life.

With the parent's cooperation, the counselor attempts to expose them to many meaningful experiences that will enable them to help the child grow. Suggestions, however, must be practical and classified by example or demonstration. Accepting the fact that they are members of the teaching team, what can parents do to be better "home teachers?" They can arrange a learning atmosphere at home, promote optimum health, set an example for teaching democratic values and encourage good home-school relations.

Books and poetry should be a heritage of all children. Make them available in the home and plan trips to the library. Time should be reserved for children each day for unplanned things; those which replenish mind and spirit; time to play with friends; time to enjoy books; time to explore, discover, create, or reflect on their own.

Through working to develop the "art of conversation," the parents are encouraged to talk with their families in sentences, requiring sentences in return; to make use of nursery rhymes and stories; to show interest in what the children do in and out of school; to show interest also in books, the newspaper, the library; and to take their families to interesting places. Frequently the complexity of the outside world mystifies children, and help must be given in how they can take advantage of outside sources; how to use the bus, enter a library, or visit the zoo. The many ways in which parents spend with their children particularly at mealtime, in play and at other times during the day have been found to be central factors in developing skills which prepare children for school. Language and cognitive development, development of interest in learning attention span, and motivation of the child are significantly influenced by the objects in the home, the amount of parental interest in learning and the amount of practice and encouragement the child is given in conversation and general learning. (5) Useful suggestions also include how and what stories to read to children, what trips to take, and how to encourage older brothers or sisters to help the young.

Trips to concerts, museums, zoo, cooperatively planned and taken with children, provide a rich learning atmosphere. From such experiences children abstract meaning and concepts not only about the nature of the world but also about the importance of these things to their parents.

The home-school counselor usually asks the following questions: "What does your child enjoy doing at home? What are his favorite games? Who are his best friends in the neighborhood? Does he invite the children in to play? Does he put away his clothes and toys when he finished with them? Can he dress himself? What time does he usually go to bed? Does he take a nap during the day? Is he afraid of the dark? Does he have any fears?" The counselor then tells the parent that children are different in size, ability, and in almost everything. Each child grows according to his own ability.

The parent is made cognizant of the fact that enjoyable conversation should be encouraged at meal time for all the family, so that it may be extended during the evening meal. Examples are given, always using familiar things, that are a part of the parent's experiences. As the child develops language ability he will be able to express himself well enough to become curious about the things around him. Encourage him with such questions as: "What vegetables do we see in our grocery store? Where do they come from? How does mother cook vegetables?" Have children look through magazines; find and cut out all the vegetables they see. Another group of questions that could be asked while the mother is preparing the meal includes counting and making the child aware of various parts of his body. "How many hands do you have?" Show the parent how to read a story to the child by first reading it to the parent and letting her play the role of the child. Ask questions about the story. Such activities as home improvement, cleaning, painting,

drawing, coloring, pasting, collecting things, going for walks, and watching pet animals can be family affairs. All these activities will make the child think and will help to develop his mind.

Teachers everywhere often plead for parents to send healthy, happy children to school. They often find themselves defeated by the physical and emotional fatigue of their pupils. Some guidelines for parents are: encourage children to be themselves, accept them as they are now, encourage individuality and share in their children's interests. There are so many pressures which seem to jerk children out of childhood and eject them into the whirling orbit of adult ways. Childhood is a special period in one's life and should not be telescoped into a few years. Parents must realize that self-confidence is part of a good self-image and help the child to discover his capabilities and show pleasure in them. It is through his strengths (not weaknesses) that most success is achieved.

Realistic expectations should be set for the child. It must be taken into consideration that all children cannot excel academically. Many types of "giftedness" are needed for today's society.

A respect for a healthy body should be inculcated in the child. Parents should encourage good health habits and provide time for physical activity. Parents must set examples by practicing good health habits themselves and take time to enjoy physical activity. The daily "10:00 a.m. dropouts" hinder a teacher's effectiveness. Parents must realize that late hours, emotionally loaded television, and little or no breakfast mean a sleepy, exhausted child not ready for a school day. (9)

The picture of the little child stepping in his father's footprints is a compelling one. Nowhere do parents teach more clearly by example than in the area of values. Respect or scorn for authority, peoples, creeds, life itself is taught by parental actions. Teachers want parents to teach children to respect authority, help them to be tolerant and understanding of others, imbue them with a sense of responsibility to themselves and those about them. These are all values in our democratic way of life. As parents recognize and reinforce the importance of learning academic skills, children will feel more competent and positive about their own abilities and learning will become easier. (7)

IV. Training Program In The Home

The purpose of counseling of parents in a preacademic program is to help parents accept intellectually and emotionally the specific problems which face them. In addition to working with children the home-school counselor (1) defines normal language and learning skills and deviations as they unfold in the classroom, (2) provides and classifies teaching procedures to be carried out at home, and (3) motivates parents to carry out a home training program.

Most parents in disadvantaged areas do care about their children. Parents want their children to succeed in school, to succeed in escaping from the poverty that they, as adults, have always known. Many teachers report that the greatest problem is that parents, however concerned they are, do not know many things about hygiene, child care, or child development, which are common knowledge to the middle class parent. Many parents cannot afford to buy books for their children. They often do not know the value of a book and are not to be expected to realize the importance of providing books for their children. The parent's ignorance of the existence and nature of their children's deficits compound the severity of these disadvantaged children's deficits. Many of these parents were disadvantaged children themselves and grew up in a school system and society which did not take the compensatory measures that are finally being taken. (1)

Some parents need to listen in a group. In a group situation, the home-school counselor is able to verbalize the feelings of many parents- which parents are afraid to say out loud. The reason given to parents for participating in groups is to help their children be more effective learners in school. It is pointed out that relationships between parents and children can often be hindrances to a child's motivation and learning ability and that participation in the group might assist the child to do better school work.

Parent groups have a significant part to play in assisting parents to accept and adjust to their exceptional children. These groups, composed of parents of handicapped children, can offer mutual understanding not available from any other source. Because they share similiar problems, the parent members are able to gain insight not possible through other experiences. When provided with wise leadership, these organizations can be powerful agents for the betterment of exceptional children. (3)

The importance of these programs to the total effectiveness of the preschool has been iterated by teachers who work with established community parent programs. The children spend most of their day in the home, regardless of how carefully planned and how effective a preschool curriculum may be. Home conditions which can be improved or changed to support and reinforce rather than counteract and weaken what is taught in preschool are considered desirable and worthy. For optimum child development, close cooperation and coordination of efforts of the home, school, and community are needed. A project could be designed to accomplish several aspects of this. For example, it could provide parent study groups staffed with specialists able to help parents understand the nature of their children's handicaps, accept their limitations and learn how to assist children toward adjustment. Project related home visitations by teachers, counselors, or school social workers would strengthen such an undertaking. (10)

Reinforcement of skills learned and enrichment of concepts must be continuing process between home and school. The teacher cannot do it all. The necessary instructions as to how the total family can participate in home

training activities should be oral and written. Guidance and specific suggestions as to how they might help their children out of school hours are needed, for most parents do not consider themselves teachers. (11)

Teaching parents techniques and providing them with information related to language and learning is accomplished primarily through group and individual conferences. The Special Education Component realizes that parents need guidance in carrying out at home the teaching principles used at school. Some parents need to be "spoon fed" while others can develop their own techniques and plans for action. It is realized that success of the preacademic program is dependent upon cooperation and insight of parents.

The Component attempts to have parents observe aspects of teaching which may be helpful in planning home training programs as well as gaining a better understanding of their children.

As with all children, early and continuous work with the parents of disadvantaged children is essential. More effort has to be expended with these parents than with some groups in careful establishment of rapport. Home visitations, school conferences, and informal small group "get togethers" over a period of time will elicit at least some parents a response which will contribute much to the child's development. (12)

V. Referrals To Child-Serving Agencies

The school often turns to other agencies for assistance with the many health, social and personal problems that manifest themselves within the school. The school's awareness of these contributes to greater community coordination efforts.

Pupil personnel services benefit all pupils. The primary purpose of these services is to facilitate the maximum development of each individual through education. These services are essential to adequate appraisal of individual needs and potentialities and the realization of the potentialities. The services encompass the following major services: guidance, health, psychological services, school social work services, and attendance. The influence of the school is considered second to that of the home. (4)

The Special Education Component has accepted the responsibility of seeing to it that the children referred to this Component are in many instances referred to psychological and educational clinics. The utilization of cooperative ties with other service agencies is kept open. In addition to the psychological and educational clinics there are many other services under various titles dealing with problems of exceptional children that the component uses. Among these services are included: The Child Study Center, which encompasses the Diagnostic Clinic, Child Guidance Clinic, United Cerebral Palsy Association, Foundation for Visually Handicapped and the Tarrant County Association for Retarded Children; Speech and Hearing Clinic at T.C.U. and Fort Worth Public Health Center. The goal for these services is common to all: adequate placement and training for the various types of

exceptional children in order to obtain optimum adjustment for the child involved.

The Child Study Center is an exciting new concept in the diagnosis, management and treatment of the handicapped child. The Center is ideal for comprehensive diagnosis and treatment. The total needs of the child can be diagnosed at one time and the treatment or training the child needs can be coordinated between the five agencies. Referrals are made in order to obtain as complete an audit as possible of the child's assets and deficits. Once this has been accomplished a diagnostic label is selected to provide a brief description of the problem. The labels are definable and functional for physicians, parents, and teachers. Hearing impairment, specific learning disabilities or mental retardation are acceptable terms that apply to children who may need special education. A continued search for the cause will be certain to benefit parents who are anxious to know "why" as well as physicians and teachers who will be better equipped to plan their treatment and training program. When a child is referred to the Child Study Center because of "school problems," the clinic requires an accurate picture of the child in the school setting. The information is needed to formulate a meaningful study which deals with the aspects of the child most relevant to his problems.

Usually parents and the home-school counselor are allowed to observe the child in the playroom or testing room. The experience has been that the parent sits quietly and the child becomes so engrossed in the "games" that he ignores all but the examiner and the materials. The purpose of an observation class is to obtain subjective and objective information about the child who did not respond in a more formalized testing situation. The examiner selects a room in which the child may move about freely. Pictures and toys are presented to him in a variety of ways. His responses to the stimuli are recorded.

Before referral of a pupil for special services can be sensible, there is the important pre-referral function of identification. The teacher performs this function by identifying children, whose behavior, achievement or expressed concerns seem to indicate the need for help beyond the scope of her time or competence. (12)

The diagnostician is responsible for sharing with the Special Education Component all meaningful information regarding the areas of the child's problem which was considered most pressing. Knowing details of the problem leads directly to remedial action. If parents have observed the assessment, home training suggestions become meaningful and often benefit the entire family.

VI. Tables

- A. Home Visitation Form
- B. Questionnaire for Parents
- C. Parent's Release Form for Field Trips
- D. Parent's Release Form to Child-Serving Agencies
- E. Parent's Release of Photograph Form

Table A

Implications for Parent Consulting and Home Visitations

The family situation is significant for the child's development. It is in the family that the child first acquires a culture and develops his unique approach to the tasks of life. It is here that he learns the primary social skills. The family affects the child's feelings about personal adequacy and provides the first models for his behavior. Parents are the first teachers: the child learns not only from what they say but from observing their behavior.

It is true that parents, teachers and counselors observe different aspects of the child's behavior. A sharing of observations can develop a better overall understanding of the child. Teachers will have the opportunity to develop sensitivity to the child's family life. Consulting with parents can be tremendously productive in the preschool area. The school can and must help parents play a more integral part in their child's education. From guidance point of view, improved communication with parents is necessary. Personal contact can help clarify the teachers, counselor's and parent's ideas about the child.

Parent consulting should:

1. Give parents an understanding of family relationships and the setting in which the child is raised.
2. Enable parents to understand the school program and its objectives.
3. Have parents report and share with the school personnel the child's reactions to the school program.

Table A should be used to gather family and general environmental information for studying the child's development. It should help identify the child's development. It should help identify the child's strengths and weaknesses as well as the sort of experiences that seem either to have stimulated or thwarted maximum development of his potentialities.

A record of the information should be kept available for all staff personnel working with the child. Many details of a record may appear routine, and it is easy to overlook information which may actually be of value in accounting for certain aspects of classroom behavior. Some of the items may be understood more fully through consideration of the sample suggestions and questions indicated on the following page.

Observation for Home Visitations

I. Family and General Environment

- a. Birthplace of Father, Mother, Child
 - (1) Evaluate in terms of cultural background
 - (2) Ask how long child has been in city, if born outside of city.
 - (3) Watch for possible parental conflicts.
- b. Language in Home
 - (1) Consider handicap of foreign language or bilingual home.
- c. Mother's Maiden Name

This is important for identification purposes, in working with social agencies.
- d. Mother or Father Deceased

Consider effect upon child
- e. Name of Guardian - Relationship
 - (1) Is the child in a relative's home?
 - (2) Is parent ill?
 - (3) Did parent abandon the child?
- f. Brothers and Sisters
 - (1) How many children in family?
 - (2) Is child oldest, youngest, middle, or only child?
- g. Family Information
 - (1) Consider physical, intellectual, emotional, social and economic status.
 - (2) How many rooms does family occupy?
 - (3) What additional people live with family?
 - (4) Physical and mental health of parents.
 - (5) Educational background of parents.
 - (6) Parental relationships? Divorce? Separation?
 - (7) Nature of parent's supervision of child.
 - (8) Is there unemployment or low income?
 - (9) Does mother work?
- h. Address
 - (1) Observe the number of changes in address. Each change calls for a new adjustment on the part of the child.
 - (2) Why did the family move so often? Is the home broken?

- II. What is the nature of the daily routine?
 - a. How does the child get up in the morning?
 - (1) Who awakens him?
 - (2) Is he called more than once?
 - (3) What about dressing?
 - b. What happens as he gets off to school?
 - c. How does the child get off to bed? At what time?
- III. What happens when the family goes out together?
 - a. Preparation for going out and special efforts
 - b. What happens when away?
- IV. How are the child's social relationships?
 - a. Ability to make friends with others
 - (1) Neighborhood children
 - (2) Adults
 - (3) Children at school
 - b. Does he have pets, and does he take care of them?
- V. Explain program of school to parent.
- VI. Explain how parent can help in reinforce the teaching done at school. Give examples

Home School Counselor: _____

Case _____

Age _____ Date _____

Address _____

Telephone No. _____

Personal Data:

Table B

The questionnaire may be used to gather information in an attempt to understand the child. Information concerning the child's physical development and medical history helps in the diagnosis of the child for remedial purposes. A child's size and rate of growth are individual in nature and may be the product of such influences as hereditary factors, nutrition and disease immunity. The basic structure and processes of the physical organism are the same for all children and establish the same needs for food, exercises, and rest.

It is assumed that intellectual potential is primarily determined by heredity and prenatal influences. However, environmental stimulation in relation to interaction with other people, things, and events may contribute to a child's ability or inability to reach his maximum development. A child's growth seems to follow a rather general pattern, but the child's individuality should not be neglected since the individual deviations within the general pattern are numerous. It must be remembered that personality does not show isolated patterns but that each pattern should be considered in relationship to the child's background. Each individual differs from other individuals in ability, interests and aptitudes, self-concept, attitudes, needs, energy level, rate and pattern of growth and development, emotional and social maturity, achievement, and experience and background.

This medical history enables those working with children to know something about the child's physical development and better understand why a child behaves or achieves in a certain way.

For these reasons teachers and counselors cannot rely on any one set of counseling procedures but instead can and should use specific techniques for specific problems. The sample questionnaire in Table B is just one technique that can be used and should be completed at the beginning of the school year.

QUESTIONNAIRE for PARENTS

Childs Name _____ Birthdate _____ Age _____
Address _____ Telephone Number _____
Name of person giving information: _____ Relation _____

I. Birth of child

1. Was birth normal? _____
2. Weight at birth _____
3. Was the child kept in incubator over 12 hours? _____
4. Was the child born at home or hospital? _____
5. How soon after birth was the first cry emitted? _____

II. Growth of child

1. At what age did child crawl, _____ sit alone, _____ Walk _____
2. Was the child bottle fed? _____
3. Does the child eat well now? _____
4. Does he have trouble chewing, _____ swallowing? _____
5. Does he use a fork, _____ spoon _____ or both? _____
6. Is the child toilet trained? _____
7. Does the child dress himself? _____
8. Is the child right or left handed? _____
9. Does he play alone? _____ With others? _____

III. Medical History

1. What serious illness has the child had? _____
Operations? _____
2. Does the child pass out or have seizures of any kind? _____
3. Does the child complain of pain very often? _____
Describe if answer is yes. _____
4. Does the child have hearing problems? _____
5. Does he take any medicines regularly? _____ Name them _____
6. Is the child allergic to anything? _____ If so, what is it? _____

IV. Development of child

1. Did he cry _____ or was he a quiet baby? _____
2. Does he talk in words or sentences now? _____
3. Can he be understood? _____
4. What type of voice does he have, loud _____ or soft? _____
5. How much television does he watch? _____ each day _____ each night
_____ on weekends?
How close to the set does he sit? _____ 5 feet _____ 10 feet _____
20 feet _____ 50 feet? _____

Tables C-D-E

Parental Releases

It is always necessary to secure at the beginning of the school year the parent's permission for his child to participate in various activities of the school. Having the parent sign these permit forms will help to eliminate any embarrassing or technical situation that may arise. During the school year the teacher or the school may deem it necessary to go on a field trip for concrete experiences. These trips help to extend the classroom teaching. The trips should be well planned and all precautions should be taken. Table C is a sample parent permission form that can be used for these field trips.

Table D is a sample parent release form which may be used for referrals to child-serving agencies. Many problems are beyond the skill, preparation, or resources of the teacher and school counselor. In recognizing his own limitations, the home-school counselor seeks to make and coordinate referrals to other school specialists or public and private agencies in the community. Encouraging the development and/or extension of sources for handling pupil referrals is necessary for a total educational program.

Table E is a sample photograph release form to be signed by the parent so that the child's picture may be used on any bulletin, hand out or other form of publicity when needed by the school.

Table C

PARENT'S PERMISSION for FIELD TRIPS

Central Cities Special Education Component
Ruby Williamson Center
Date _____

_____ has my permission to go on all field trips

(Name of Child)

and/or short excursions at any time during the school year that the teacher may deem necessary for concrete experiences. These trips will be well-planned and all precautions will be taken to prevent an accident. I understand, however, that neither the Ruby Williamson School nor the Fort Worth Independent School District can assume responsibility for any accident involving my child while on the excursion.

Parent's Signature

Table D

CENTRAL CITIES DEVELOPMENT CENTER

Parent Permission

Special Education Component

Date _____

_____ has my permission to go
(Name of Child)
with teacher or supervisor to the Health Center, Clinic, or any place
needed for his improvement.

Parent's Signature

Address

Telephone Number

Table E

SPECIAL EDUCATION COMPONENT CENTRAL CITIES DEVELOPMENT CENTER

Parent Permission Form

Date _____

Name of child _____

I give my permission to Central Cities Childhood Development Center to use his/her picture on any center bulletin, publicity or hand out.

Parent's Signature

Parental Development

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PART FIVE
HYPOTHESES



Drawing by
Five Year Old
Girl



HYPOTHESES

1. Children participating in the special education program will make significant gains on a measure of mental abilities from pre-to post-test.
2. Twenty percent of the children initially identified as functional retardates will no longer be so classifiable after one year of treatment.
3. Children who perform poorly on subtests of ITPA on the pre-test in the fall will obtain significant gains on those subtests on the post-test.
4. On the Goldman-Fristoe Test of Articulation, special education subjects will show a significant reduction in the number of articulation errors from pre-to post-test.
5. Participants in the special education program will achieve the specific instructional goals prescribed by the Curriculum Component in the same frequency as their classroom peers.
6. Children's gains on a measure of mental ability will be positively correlated with the extent to which their parents supplement at home the efforts of the Special Education Component.