A brief review of the educational needs of deaf children and blind children precedes the results of a 4-month study of Oregon's educational facilities and programs for deaf children and blind children. The existing program, program strengths and weaknesses, and program recommendations are noted for the Oregon Board of Education (OBE), local programs, regional programs, and programs of Oregon State School for the Deaf (OSSD) and Oregon School for the Blind. The general finding was that compared to the nation, Oregon provided good educational programs for sensory impaired children, but that improved state and local coordination in administrative organization and program content would upgrade the quality of Oregon services. Recommendations are of two kinds, those requiring immediate attention and those relating to a long range comprehensive plan. Representative recommendations include changes in the inadequate OSSD instructional plant, improved information flow for OBE sensory impaired programs, fiscal saving measures, parent education, preparation of students for real expectations of society, and education of prospective mothers about the relationship between maternal diseases and sensory impairments in children. (CS)
EDUCATION OF OREGON'S SENSORY IMPAIRED YOUTH

Teaching Research
Monmouth, Oregon
March, 1972

This publication was financed by funds from Title VI, ESEA as amended October 1968

On the Cover in Braille:

"Some men see things as they are and say, why. I dream things that never were and say, why not."
— Robert F. Kennedy
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To investigate the quality of education available to Oregonians who are blind/partially sighted or deaf/hard of hearing, we started outside the state and worked inward. In six parts of the United States, we examined and documented deaf and blind educational systems that were termed “exemplary.” We wanted to see how Oregon measures up.

As one might expect, some of the programs were excellent and some not so good. In all of them, however, we tried to find settings that resemble life in Oregon. That way, we could more fairly judge how we’re doing here.

When the out-of-state studies were finished, we looked carefully at how the sensory impaired are educated in Oregon. We started by spending countless hours reading the pertinent popular and professional literature, both current material and data stretching back many years. Then we made on-the-spot examinations of all Regional programs and the two residential schools in Salem. We interviewed over 200 professionals, spent time in dozens of classrooms, studied student records, school admission standards, budgets, policies, and procedures.

After four months of work, we offer these impressions to open the door of this report: When compared with programs across the Nation, Oregon fares well. Its students, both Deaf and Blind, are as well prepared academically as most and better than many.

The combination of residential and Regional/local programs found in Oregon are commonplace in the Nation.

The philosophic controversies over instructional strategies and use of residential centers were found nationally and in Oregon.

Inadequate coordination of residential and Regional services in Oregon are not unique.

The expenditures, both in residential and Regional/local settings compare favorably with those for similar programs in other states, excluding the Southeastern states, which are lower.

The failure of Oregon’s programs — low academic performance, inadequate career preparation, unreadiness for contributory integration into society — are the same for all.

It is the low level of academic expectancy for the sensory deprived that we found across the Nation that has remained with us throughout the study. We find, however, no legitimate reasons that preclude the possibility of developing sensory impaired students to such a degree that they will perform as well as their hearing and seeing counterparts in most academic areas. We believe strongly that for Oregon to have as its objectives anything less would constitute abdication of its basic responsibilities to its citizenry.

The recommendations contained in this report represent those steps, which, in our best professional judgment, must be taken if the State is to accomplish optimum achievement of its responsibilities within the resource capabilities available. With no apologies we have tried to “dream of things that never were.” And we ask “why not.”

We wish to acknowledge the unconditional cooperation of all of the Oregon professionals involved. Our requests for data, access to staff and students were responded to freely and with candor. Special appreciation is extended to Charles Woodcock and Marvin Clatterbuck, Directors of the residential schools; Dr. Jesse Fasold, Associate Superintendent, Oregon Board of Education; Don Minifee, Cornelius Feskins, Don Thomas, Helen Strickland, Directors of Regional Programs; and Dr. Mason McQuiston, Jim McAllister, Ray Myers, and John Taylor, of the Department of Special Education, Oregon Board of Education. Without their contributions and sincere cooperation, completion of this study would have been difficult.

James H. Beaird, John McDonnell, Loring Carl

Teaching Research March 1, 1972
we want to educate them—not institution
Sensory impaired youth represent a relatively small segment of the total school age population in Oregon. Currently the State is providing special services to fewer than 2,000 such children. These are children whose impairment levels are generally considered to be extreme, e.g., the legally blind or severely deaf. Proportionately, there are greater numbers of children with hearing impairments than vision defects. Academically, the deaf pose greater problems, primarily because the impairment retards language development and language acts as the base for most of what we do academically. Decisions about the nature and scope of educational services for sensory impaired youth cannot be based upon numbers. Quality services must be provided to both groups and the decisions made must result in services that assist each child in the achievement of his human potential.

Oregon has an enviable history in its attempts to provide for the sensory impaired. These efforts date back to 1870 for the School for the Deaf and 1872 for the School for the Blind. Specialized services in public schools have been provided through OBE for more than 20 years. More recently, efforts have been intensified in the provision of services in day school.

At the present time the State offers a combination of services that includes residential schools, Regional programs, and support for sensory impaired children in regular classrooms in school districts not served by the Regional programs. This is a healthy range of services, all of which are essential elements in a comprehensive educational delivery system. Until July 1971, the residential programs operated separately from the Regional and local programs. The decision of the 1971 Legislature to place the residential schools within the OBE structure was sound. This arrangement permits the State to pursue new courses of action that would not otherwise be possible. The decision made explicit that in dealing with the sensory impaired youth we are concerned with their development and education, not their institutionalization.

These programs and the organizational structure within which they operate were the subjects of this study. The study of these elements was made within the contexts of National trends, and educational needs of the target populations. Based upon our observations and investigation, a series of recommended actions are presented to guide the OBE staff in its future planning.
All learning depends upon sensory stimulation of one form or another. Although each sensory mechanism plays an important role, vision and hearing are relied upon most heavily in the major learning tasks faced by humans. Impairment of one of these senses presents serious barriers to the learning process and thereby to the continual process of development which characterizes productive life.

The challenge facing the impaired child or adult is one of maintaining development through intensified utilization of those senses possessed by him. The challenge which parents and teachers of sensory impaired children face is one of providing alternative and/or intensified experiences which capitalize on the sensory strengths remaining.

All too often parents and teachers are unprepared for the challenge. The learning processes that occur during infancy and childhood are, for the most part, taken for granted by parents. Most children learn to talk, to feed and dress themselves, to socialize, or to walk seemingly without much conscious attention by parents. This is not so for the sensory impaired child. Parents become frustrated when the "natural" development or learning fails to occur. This frustration can jeopardize the parent-child relationship and, in extreme instances, endanger the feelings of self-worth of both parents and child. Teachers in regular classrooms experience similar frustrations. Typically the regular classroom teacher has had no exposure to deaf or blind children and little training or experience in dealing with the learning problems these children face.

The educational system must, for these children, deal with a broader range of learning needs. The problem is more than mere preparation for economic sufficiency. Rather, the task education faces with deaf or blind is that of preparing them for entrance into society's mainstream. For the normal child education is a means to economic sufficiency, social mobility, political capability, etc. For the deaf and blind child it is the door to society itself.

Thus, for sensory impaired, education must concern itself with and commit greater resources to development of social skills, communication competencies, mobility, self-care skills, while maintaining reasonable progress in the tradi-
tional academic and pre-vocational areas. This broadened attention requires specialized materials, equipment, methods and teachers competent to use them. On the following pages these special requirements for sensory impaired children are described.

THE DEAF CHILD

This section of the report considers the special education requirements of deaf children in five areas: Language Training, Parent and Infant Training, Special Equipment and Facilities, Socialization, and Career Preparation.

Language Training

The primary need of the deaf child is related directly to his difficulty in developing expressive and receptive communication abilities. Since these are basic needs upon which his education must be built, a deficiency here when coupled with the time required to overcome language deficiencies is usually responsible for the slower rate of achievement that appears to be typical of the deaf child throughout his home and school life (Babbidge, 1965).

The hearing child, even without the benefit of formal instruction, can develop a large vocabulary, connect words into meaningful sentences, learn that similar sounding words have different meanings and articulate intelligibly. He learns these skills through hearing, discrimination and imitation. Since the deaf child cannot hear words (those of his parents, teachers or even his own), he has nothing to imitate, nor can he tell when he has produced similar sounds or words. Without language or any effective means of acquiring it, a child can have little hope of achieving academic success in school or acceptance by society.

Language training should include special instruction in speech reading and auditory discrimination (Watts, 1966), hearing aid orientation and specialized instruction in the phonation and articulation of oral language. For some, training in manual signing and finger spelling is essential (Vernon, 1971) (Schlesinger, 1971).

Left to his own devices, the deaf child develops language skill more slowly than his hearing counterpart. Development of language, in reality, begins at birth and is most rapid if the deaf child can be helped before the age of four, language development is improved.
between the ages of six months and four years. This means that we can achieve maximum results if attention is focused on the child during this period.

Parent and Infant Training

During the period of infancy, adults who typically are in most direct and constant contact with the child are his parents. They are the first "teachers" in the child’s life. They are the ones who can initiate the training which can, according to Reismann (1962), intervene to reduce the effects of the hearing deficit.

Thus the amelioration of the handicapping effects of deafness requires training for the child and his parents. Any delay in providing services to the parents can only delay the child's development.

A first step is parental counseling, the objectives of which are provision of accurate information of the child's potential, parental realization of the educational implications of deafness, and parental understanding of what he must do to aid his child's development. Deutsch (1962) recommends frequent and intensive provisions of this service upon initial identification.

The child, too, requires early services. Effort should be made as early as feasible to assess the degree of hearing loss so that full advantage may be taken of any residual hearing. Amplification should be made available to the infant (Carhart, 1962). It is also important that an effective means of communication between parents and child be developed. Parents must provide more verbal stimulation to a deaf child than the hearing child requires. Counselor-Teachers, working directly and frequently with parents and the child in the home, can assist development of language behaviors which will be required when the child reaches school age.

It would be gratifying to be able to report that much is known about the impact of parent and infant training on the developmental processes of deaf children, but such is not the case. Evidence is available that shows positive results with parents of MR children (Fredericks and Baldwin, 1971). Similar training for parents of deaf children should achieve like impact. Specific training programs and the methodologies and materials to be employed with deaf infants require identification and/or development.
Special Equipment and Facilities

Heading the list of specialized equipment used in teaching the deaf are individual and group hearing aids. These provide the amplification necessary to take advantage of any residual hearing the student may have (Hirsch, 1968). Slides, motion pictures, and overhead projectors are most helpful when used with specially prepared materials. Sound producing devices to aid in discrimination training are frequently useful, as are acoustically treated classrooms which eliminate ambient background noise (Clouser, 1968). Because the deaf child is frequently slower than the normal child in developing reading skills, programmed reading materials designed to match reading level with his interests must be obtained.

The atypical pattern of the deaf child’s development demands that an educational program be developed to meet his individual needs. As the needs change, the necessary materials and equipment must be available. A well-stocked resource library and media center should be available to provide these services.

Upon entering regular classrooms, the deaf child may require less specialized equipment but more personalized support in the form of interpreters and note takers. In addition, individualized tutorial aid has demonstrated its effectiveness.

Socialization

If the deaf child is to be an accepted and fully integrated member of the hearing society, he must be able to interact meaningfully with hearing people. It is necessary, therefore, that he be given ample opportunity for social contact with hearing people. To achieve social acceptability, he must be taught socially acceptable behaviors through continual social interchange accompanied by guidance, encouragement and reinforcement (Babbage, 1965). His social skill development must begin at an early age with instruction in the basic living skills, such as toilet training, dressing and cleanliness. This instruction must be continued in appropriate increments through the development of socially acceptable behaviors related to dating, marriage and child care.

Career Preparation

Deaf people can and do hold jobs in our hearing society. However, the deaf are frequently hired for jobs that are below their capacities (Boatner, 1964). The deaf child needs to be taught how to apply for a job, whom to contact, how to prepare letters, resumes and application blanks. He must be taught how to convincingly perform in an interview with a prospective employer. He must also be able to communicate with supervisors and co-workers.

Obtaining suitable employment requires support of a well organized vocational program. Work opportunities for hearing impaired students must be solicited and prospective employers must be aware of the capabilities and limitations of each job applicant. Close ties between counselors, employment agencies, deaf service organizations and potential employers should be encouraged and maintained (Kroneberg and Blake, 1966).

Though most public school and deaf training vocational programs are actually on the pre-vocational level, all possible effort should be expended to provide training for those vocations in which there are ample job opportunities.

In general, the public and vocational trainers are unfamiliar with the wide range of careers in which the deaf may perform well. Employers, vocational trainers, and teachers tend to assume attitudes of overprotectiveness and caution when considering the career potential of the deaf. Such concerns were evidenced repeatedly in this study.

for deaf children, contact with the hearing world is essential
THE BLIND CHILD

Special needs of blind children are considered in this section. Four areas — Communication Skills, Orientation and Mobility, Living Skills and Socialization — are discussed.

Communication Skills

Without the eye contact available through normal vision, touch becomes the primary means of establishing a sense of nearness and of providing information about the world of people and objects. A vital part of the infant and early learning years is the structuring of experiences to permit exploration and handling of every part of the environment within reach with the concomitant use of words and conversation to foster interpretation and "knowing about." This becomes the basis for future learning through "touch reading" for the blind child.

For children who have limited but useful vision, touch supports and helps to clarify the blurred or inaccurate visual impressions and assures that things are close enough to be observed both by touch and by near vision. The teaching of "how to look" is of critical importance since it is now known that development of the use of impaired vision must be taught slowly and carefully. Failure to teach this process of "learning to see" causes children to view themselves as blind and to behave as if they were even when they have the ability to use their impaired vision for any meaningful purposes as well as some, if not all, visual reading.

Children who show evidence of light and object perception at an early age need to have maximum stimulation and learning experiences both tactualy and visually rather than one to the exclusion of the other. Many children whose visual ability is questionable (especially in early childhood years) need to be introduced to tactual and braille materials simultaneously with visual and print materials. Some may continue to use both media (as appropriate or available) or may, with guidance, choose one or the other depending on individual characteristics, needs, and efficiency. No a priori decisions of either braille or print to the exclusion of the other, should be made by teachers arbitrarily except when the child is totally blind, or obviously has unquestioned visual ability.
The third crucial aspect of communication for visually handicapped children is that of listening. As listening skill increases, sounds are recognized as danger signals as well as cues to what is happening but cannot be seen. The continued refinement of auditory skills leads to increased language and vocabulary and becomes a supportive means of acquiring knowledge when braille and print reading are too slow or too tiring or materials simply are not available. All types of recording and audio-playback equipment is essential for educational achievement from preschool through college.

Most children in multi-handicapped programs will use listening as their primary learning/reading medium throughout their educational program, and many will need “reading by listening” exclusively. Children who are functioning well below average mentally are unable to learn to read braille efficiently but must not be deprived of achieving to their maximum academically because of the complexity of braille reading; they should be permitted to utilize listening as a means of learning.

Written communication through braille writing and later through typing is another form of communication which requires careful consideration. For the younger child who is blind, writing is introduced on the braille-writer; by the fourth or fifth level of achievement, the slate and stylus should be taught since this equipment is portable and is less noisy for use in classrooms with sighted children. As soon as sentence writing and spelling is well established (usually about the fourth grade), typing should be introduced so that the child has a means of written communication with his sighted family and peers and for preparation of school work within the regular school program.

The child who has useful but impaired vision begins typing (on a large-type typewriter) at an earlier age or as soon as he is able to understand and manipulate the touch-system, since handwriting is a more difficult task for him and is slow. It is imperative that educational programs provide sufficient tactual materials, specialized equipment (audio-machines, braille writers, typewriters) that each child has access to whatever he needs for learning.
physical activity cannot be excluded from the lives of the blind/partially sighted

Orientation and Mobility

Although some disorganized movement is spontaneous and undirected in the young child, organized, purposeful movement (which develops motor skills) is generated primarily through the visual sense. The blind child or the child with limited vision has no motivation to move his body in space unless he is taught how to move, given satisfying reasons for moving, and is encouraged constantly to crawl, walk, and explore his world for specific purposes. Space has meaning only in relation to the ability to see distance while one remains still; the visually handicapped child understands space only to the extent that he moves his body through space. Parents and other adults seldom understand this and may even restrict the attempted movements of the young child as a means of protection. Efficient mobility and independent travel skills are necessary for securing and holding a job in adult life.

The emphasis in the preschool years (and for multi-impaired children) is upon movement, exploration, and knowing about the body and what it can do. During the elementary years, visually handicapped children require a comprehensive program in physical activities such as exercises, dancing, swimming, active games, and trampolining in addition to the regular physical education program of the school. No visually handicapped child or youth should be excused or excluded from the physical education program because of poor vision; most of them need even more activity than sighted children to acquire the same skills. Teaching independent travel skills (without cane) for movement within the buildings and on the school grounds is an integral part of the educational program and should be planned for within the school day as a part of the curriculum. These skills may be taught by the specialist in vision under the supervision of a mobility instructor.

During the junior and senior high school years, greater emphasis is placed on independent travel training (mobility) with the use of the cane for travel in the neighborhood, the community center near home, and in the use of public transportation for travel within the local town or city. A qualified mobility instructor is required for such instruction. Physical activities
must include such vody-building sports as long-distance running, swimming, wrestling, and recreational and competitive sports. These learning experiences are vital to future vocational success and functioning as a participating citizen.

Orientation goes beyond achievement of mobility. The blind child, if not conscientiously instructed differently, develops the idea that objects or events become available to him almost mystically. He must learn that cause-effect relationships govern all occurrences, and that such things as food, books, or clothing are available because they were prepared, manufactured and transported. This is essential to his learning that his role in the various processes must often be more than passive.

Living Skills

Teaching of the daily skills of personal care, table manners, and handling of objects and utensils is a vital part of the educational program in every setting throughout the learning years of visually handicapped children, youth and adults. Without vision or with very limited vision, observation of others and imitation is impossible and each child must be taught individually by someone else — the child cannot learn to handle and use things by himself (Cook, 1961; Haines, 1965; Rawls and Rawls, 1968).

Ideally, children are taught these skills at the age at which normal children learn them, however, parents rarely are able to teach these things alone because of fear, desire to do for the child, lack of "know-how," or insufficient time and patience. The earlier in life a child begins to establish independence in personal care, the easier it will be for him to refine and perfect these skills later as he has opportunity for or need to interact within the school or vocational world. For this reason, the educational program for visually handicapped children and their parents must begin by a few months of age and continue into adulthood. Daily living skills need to continue as a part of the elementary, secondary, and vocational curriculum because new environments, new tools, utensils, and equipment are introduced, and efficiency in manipulation tasks becomes increasingly demanding (Barrage, 1972).
Throughout the educational program of daily living, the teaching of social interaction skills and personal leisure time activities and hobbies is an integral part. The relation between personal and social skills and the ability to succeed vocationally and professionally has been well established. In a program for multi-impaired children, this is of high priority along with field trips and extensive concrete experiences and tasks. In a public school academic program, personal care skills cannot be ignored (and assumed to be the parent’s job) but instead require continuous emphasis.

Socialization

Being comfortable, confident, and at ease in relationships with others is a real challenge to the blind child. Development of interpersonal skills and healthy social attitudes requires more than formal classroom training. The blind child must be provided with increasingly complex social experiences (Rawls and Rawls, 1968). He must be given the freedom and opportunity to participate in the activities of the sighted world. In this way, he can learn to engage in conversation, make purchases, learn to request or refuse assistance gracefully and speak of or describe his handicap without embarrassment.

The blind child’s attitude toward himself is a primary goal of training of social skills. This training must be started in infancy if the attitudes and actions of parents are to have a marked effect. For this reason, early parental counseling and guidance are mandatory (Lowenfeld, 1971).

Effective socialization is difficult for many blind, especially in those contacts with sighted persons. Interpersonal relationships in our culture are frequently dependent upon what occurs during the first meeting. Scott (1969) summarized the effects of this first contact well, and suggests that blind be given specific instruction in the essentials of interaction with sighted persons — “eye contact,” control of facial expression, expressing interest, and provision of verbal feedback.

SUMMARY

Both deaf and blind children have special needs if they are to be independent, contributing members of society. Our educational system must provide for these needs through extended efforts in the social, vocational curricula. Early identification and evaluation of handicapping conditions provide the basis for early training. Effective, continuous development of counseling and training should begin when the child is an infant to insure that he is prepared for successful entry into schools. Primary emphasis for children must be given to those skills defined as basic to communication.

While the child is in school, he will require the services of special teachers and other professionals. He will also require special equipment and materials.
An enter-sighted, blind child will develop confidence by making academic and socializations can essential to it. Parent when the child will be into public or blind will require her professional equipment
OREGON DELIVERY SYSTEM
Since July 1971, all educational services for deaf or blind children of school age have been centralized within the OBE structure. Programs for both groups operate at three levels: regular classroom placement, regional day programs and state level residential schools. Most sensory impaired children receive their education in the Regional Programs and the residential schools. Regional Programs for the deaf operate under OBE contracts with the Portland Public Schools, Eugene Public Schools and Jackson County I.E.D. The Portland and Eugene school districts operate Regional Programs for the blind.

In general most of the elements essential for a comprehensive statewide delivery system are present. Operationally it is apparent that "orchestration" is required to coordinate these elements into a smoothly functioning educational program.

This section of the report addresses itself to the elements as they now exist. In the following chapter we will consider the required orchestration. Our attention will be directed towards (1) the OBE structure, (2) the local programs, (3) the Regional Programs and (4) programs of OSSD and OSB. In each case we will describe the program as we found it and discuss its strengths and weaknesses.

THE ORGANIZATIONAL FRAMEWORK-OBE

Provision of educational services to sensory impaired youth between the ages of birth and 21 years is statutorily the responsibility of OBE. Administratively, the Associate Superintendent for Special Schools and Services directs these services (see Figure 1).

Within this structure, local and Regional Programs function under the Director of Special Education. Direct responsibility for state-level administration of these programs is delegated to the Coordinator of the Handicapped Child Program, who serves as the Specialist in Deaf Education and administers to the local and Regional Programs for deaf. Actual administration and support to local and Regional Programs for blind is handled by the Specialist in Blind Education (see Figure 2).

As shown in Figure 2, the residential programs are organizationally distinct from local and Regional programs. This places the burden for coordination on the Associate Superintendent level, involving under him personnel at three positional levels (Director, Coordinator and Specialist). While organizational charts never depict accurately the decision making structure in operation, it was apparent in this study that the structure in operation was not conducive to coordinated efforts. This may well be a function of the short period of time during which the structure was in actual operation. In most mature organizations, the "informal structure" develops over time to accommodate the shortcomings and ambiguities of the "formal structure."

Time is a factor in this case. OBE is new to the game of operating actual schools and almost all major departments have felt the impact of this situation. Directors of OSSD and OSB are new to the OBE system and have spent much time learning new budgeting, accounting, purchasing and personnel procedures necessary to keeping their schools in operation. It takes time to build new relationships. The priorities appear to have been: (1) effect a transfer of OSSD and (2) keep all programs in operation, deferring coordination to a more appropriate time.

Establishment in September 1971 of Admissions and Review policies for OSSD and OSB resulted in some coordination. We encountered some concern that these policies were not being adhered to. Time was again used as an explanation; however, we found little movement towards their implementation.

To date little has been done to involve the Directors of OSSD and OSB in decisions pertaining to the functioning of Regional and local programs, nor have Regional Directors been involved in decisions relative to the residential programs. In many instances we observed suspicion and antagonism being directed from one set of programs towards the other. Most of these differences are professionally based. Some have progressed to the personal level. Shared information and planned involvement would help to correct this.

we examined Oregon's deaf/blind system as it now exists
FIGURE 1 - OREGON BOARD OF EDUCATION STAFF RELATIONSHIPS
the sensory impaired can best be served through coordination of all OBE departments

Personnel of OBE are well-trained and dedicated. The State is fortunate in this respect. In general, morale is adequate although not high. Expressed concerns reflecting on staff morale were most often directed towards OBE in general rather than towards Special Education specifically.

We found little evidence that the needs of special populations receive systematic attention from personnel in OBE other than those directly assigned to the Special Education Department. In some ways, Special Education appears to be one of several "One Act Plays," each vying for "center stage." The physical location of the Special Education staff on the OSB campus contributes to this but does not fully explain the situation. The salient explanation is that each specialty group is "doing their thing," usually without concern for the work of others.

In summary, coordination of effort requires administrative attention in the present OBE structure and operation. Expanded coordination within Special Education and between Special Education and other major areas is needed.

LOCAL PROGRAMS

A small number of Deaf or Blind children are presently being served in local classrooms not associated with Regional Programs. The two Specialists (Deaf and Blind) have responsibility for supporting these children. This group of children is dispersed across the State.

Support is provided usually upon demand by the local teacher or principal. Each Specialist makes personal visitations to the local school two to four times annually. During these visits, the needs of the child, teacher and school are discussed and courses of action agreed upon.

At best the needs of this group of children are only minimally met. Their remoteness coupled with other demands upon two individuals make impossible the type of support required. Of the children served at the three program levels, these are least well served.

REGIONAL PROGRAMS FOR DEAF CHILDREN

Regional Programs are supported through direct contracts for services between OBE and local or county school districts. Three such programs operate to serve deaf children in Oregon. All programs are day programs. Each
Figure 2. Organizational Chart — Special and Teacher Education
the Portland regional program is generally successful

program provides services to children in specialized classrooms and through itinerant teachers in regular classrooms within the geographic area served. The contracts provide for all direct instructional costs for each child with no local contribution beyond provision of space. Each Regional Program has a designated Director who is an employee of the contract district. OBE control and leadership of these programs is effected through the contracts which are negotiated annually.

Portland Regional Program

The largest of the Regional Programs, this facility provides services to 228 students, 174 of whom attend special self-contained classrooms at the Kelley and Hosford schools. Education is provided from preschool through high school within this program. The annual budget amounts to $536,882 or approximately $2,400 per pupil per year. No local district contribution is provided. Distance from the Regional facility as measured by driving time (maximum time — 50 minutes) defines the geographic boundaries served by this Program. The Program provides services to children whose hearing is impaired to such a degree that speech and language development would not take place without specialized attention beyond that provided by speech therapists. Hearing-impaired children who can develop speech with speech therapist care are excluded from this program and receive instruction in regular classrooms with lesser services supported by the OBE Handicapped Child Program.

In general we found this to be a well managed program serving students’ needs well. The teaching staff is well trained and certified. Specialized equipment is available and used.

All children are integrated into regular school activities for some portion of their day. For some integration is minimal, e.g., lunchroom and playground activities. Some receive portions of their instruction in regular classrooms. Others are fully integrated. Integration decisions are made carefully but somewhat subjectively. Development of plans for individualized integration programming are under consideration.

The program emphasizes oral communication. Manual signing and finger spelling were non-evident. This raises serious questions as to
the capability of the program to serve the needs of all children enrolled. The Portland program assumes that all children served by it will become proficient orally, a position challenged by many other educators of deaf in Oregon.

The facility does not contain within it audiological services. Students are referred to the Oregon Board of Health, Portland Speech and Hearing Center, or to the University of Oregon Medical School for audiological examination. All students are fitted with hearing aids and the Regional Program assists parents with hearing aid acquisition. Maintenance responsibility is parental.

Career guidance and vocational training for students is minimal. While some students enroll in vocational courses, they have limited opportunities for actual work experience. Teachers of vocational courses expressed concern over their limited capabilities to provide for the deaf.

In summary, we found the program to be well-organized, led and staffed. Their integration program is a strength. Singular emphasis on oral skills raises questions. Improvements are required in career preparation and audiological services.

Eugene Regional Program

The Eugene program provides services to 30 children, 12 of whom are served in special self-contained classrooms, with the remainder integrated into regular classrooms. Driving time (maximum – 30 minutes) determines the geographic limits for the program. The contract with Eugene exceeds $68,000/year for an average annual per pupil cost of approximately $2,300.

The program is designed to effect integration into regular classrooms by the first grade. Children are so integrated upon demonstration of sufficient communication skill to profit from regular classroom instruction with support or by age nine years. Two self-contained classrooms are operated: one for preschool experiences, the other for older youngsters preparing for integration. Emphasis is on development of oral communication skills. Non-oral provisions were not evident.

The program suffers from lack of supervision. The Regional Director is not a specialist in education of sensory impaired and is respon-
sible to the school district for administration of
11 other programs, e.g., counseling, work study,
pupil personnel records, testing, psychological
services, as well as administration of the
Regional Program for blind students. As a result,
operation of services is delegated directly to the
teachers involved, one of whom has been
released recently of classroom responsibilities
half-time to supervise and coordinate the pro-
gram. This situation is further evidenced by the
limited centralized information about students.
There were no procedures evident which would
permit evaluation of the program in forms of its
impact on students and no evidence of future-
directed planning.

Professional services are available to the
program through the Eugene Hearing and
Speech Center. Good relationships between
these two agencies exist. The instructional staff
is good and this is probably the single factor
which enables services to be provided.

Because of the emphasis on early integra-
tion, little planning for career education was
evident. Major attention seems to be directed
towards the preschool and preparatory pro-
grams.

Southern Oregon Regional Program
(Jackson County I.E.D.)
The Southern Oregon Regional Program,
headquarters in Medford with centers in Med-
ford and Ashland, serves children within 30
minutes driving time of the two centers. This
program is unique in that it serves, on an
itinerant basis, children throughout a four
county area and has two children in a foster
home setting during the regular school week.
Services are limited to children under 10 years
of age who have not completed second grade.
Forty-two children are served, 18 in special
self-contained classrooms and 24 who are inte-
grated into regular classrooms.

The program operates under contract with
OBE. The annual budget is $52,184, an annual
per pupil expenditure of $1,360. This is the
lowest per pupil cost figure of all programs
offered for the deaf. Staff members in the
Regional facility expressed resentment over this.

The primary emphasis of this program is on
integration to the hearing world. The program is
exclusively oral. Staff appears to be well trained.
Although the majority of the children are served on an itinerant basis, only .20 FTE of one staff member is dedicated to this activity.

This program was superior to all others studied in terms of the systematic programming of instruction for each child. Student progress is frequently evaluated. Instructional decisions for each child are based upon this evaluation. The program also provides excellent audiological service.

The program suffers from lack of specialized equipment and materials. This is especially evident in the area of amplification equipment.

In summary, the Southern Oregon Regional Program is potentially strong, but appears to be in need of greater support. The exclusive emphasis on oral training may be a factor which denies opportunity to all children. More staff, supervision, and materials are required.

REGIONAL PROGRAMS FOR BLIND

Regional programs for blind children are provided in Portland and Eugene. Services are provided for those children who are legally blind (corrected vision in the better eye of 20/20 or less on the Snellen Chart, or visual field restricted to 5 degrees at 20 feet).

Portland Regional Program

The Portland Regional Program serves 89 students who reside in the Portland Metropolitan areas. All students are placed in regular classrooms served by itinerant teachers. Sixty-six students are in grades one through 12. Twenty-three are of preschool age. Annual per pupil expenditures approximate $3,200.

The facility employs a certified mobility instructor and all children receive this training. The facility maintains a well-organized resource center containing many Braille, large print, and talking book materials as well as recorders, magnification equipment and records.

Excellent leadership and planning is in evidence. The staff has excellent credentials. Brailling support is of high quality and the facility provides this support to children served locally and by the Eugene Regional Program. In actuality, the Resource Center and Braille service was established to augment the total State program and complements the equipment and materials inventory maintained at OBE.

The program suffers from lack of a planned and organized career education curriculum. This condition was observed in all programs for blind youngsters.

Eugene Regional Program

Twenty-three school age and three preschool children are served by this program. Students who reside within a 30 minute drive from Eugene are served. A budget of $37,758 provides annual per pupil expenditures of $1,600.

The program suffers from the same administrative problems that depict the Eugene Regional Program for deaf children. The same person is administratively in charge of both.

Staff members are well trained and competent. The facility employs an orientation/mobility instructor and a part-time Braillist. In general, the program runs well; however, long range planning was non-evident. Record keeping is deficient. Career preparation is inadequate.

In summary, the program provides basic services but will require extensive strengthening before it can effectively serve the total needs of blind children.

RESIDENTIAL PROGRAMS

OSSD

The first student was admitted to the Oregon School for the Deaf on November 17, 1870. After operating in many different locations, construction was begun in 1910 at its present location. The campus consists of 51.5 acres on which there are more than 15 buildings.

The first student was admitted to the Oregon School for the Deaf on November 17, 1870. After operating in many different locations, construction was begun in 1910 at its present location. The campus consists of 51.5 acres on which there are more than 15 buildings.

The official statement of policies and procedures governing enrollment at the State School for the Deaf is included in Appendix A. This document shows the general policy governing enrollment and termination to be almost identical with that of the School for the Blind. Of particular note in this general policy is the statement that the School shall serve deaf children in a residential setting and that the School shall program its activities in such ways as to transfer children to available non-residential programs as early as possible. The School can enroll children upon their reaching 3 years 8 months of age. Younger children may be served through established services for preschool children on a non-enrollment basis. The training program at this school can continue through
Figure 3. OSSD Staff Relationships
high school. Current enrollment at the Oregon School for the Deaf is 297 students.

Under the Director and Assistant Director the organizational structure of the School for the Deaf (See Figure 3) is broken down into eight general areas:

1. Academic, which includes Curriculum Director and classroom education.
2. Career Education
3. Dormitories
4. Title I (which is federally supported)
5. Infirmary
6. Administrative staff support services
7. Food manager
8. Plant superintendent

The total State payroll lists approximately 150 people.

As stated in the School’s Parent - Teacher - Counselor Handbook, the school tries to do one of three things with all children who enter. First, return them to public school if at all possible. Second, train them to the point where they are successful in passing the entrance examination to Gallaudet College. Third, provide career education so they will be able to obtain entry level employment or pursue post-secondary preparation. Generally, the subjects taught are the same as for public schools in Oregon after the children acquire a basic foundation in vocabulary and language. Students receive specialized training in speech and lip reading beyond the regular course of study. It is the intent of the school to provide each student additional training in vocational subjects. Further, the school has as its objective to provide for every student subjects geared to his or her capacities and abilities. To accomplish this, the school attempts to provide high school students the prerogative of following one of three routes:

1. Primarily academic subjects plus vocational training.
2. Primarily vocational training plus academic subjects.
3. Work experience plus on-the-job training.

Since the school accepts enrollment at approximately 4 years of age, the program begins with preschool training in language and reading. In the primary grades, speech and speech reading are emphasized. During the intermediate grades,
students become involved with the more traditional academic subjects. The high school curriculum is designed to provide students opportunities to either continue their academic preparation or enter the prevocational or work-experience programs. Areas of need, e.g., language, reading, speech and speech reading, are provided for throughout the child’s enrollment at the school.

To accomplish the training of the 297 enrollees at the Oregon School for the Deaf, the State provides $1,373,810 annually. This averages $4,740 per student.

The campus is attractive and well maintained. With the exception of the School Building, Main Building and former superintendent’s residence, most buildings are in good condition. The School Building and Main Building are obsolete and hazardous. Both were built in 1910 and require replacement.

The school is officially oral in its approach to language training. No specific training in manual signing or finger spelling is provided, although much signing is evident on the campus. Staff members differ in their opinions regarding this issue. Most agree that there will always be some students who will never develop adequate oral skill, but few can agree on when manual training should be initiated. There appears to be growing support among staff for the manual or total communication approach. This issue is unresolved.

Language training is provided through the locally developed Patterned Language Program. This program appears “well-designed,” however, little evaluation of its effectiveness has been made. Extensive use is made of Project Life, an instructional system for developing writing skill. All reading instruction is individualized, using mediated materials under supervision of the Instructional Materials Center (IMC). The IMC is well-organized and staffed.

Excellent audiological services are provided. These services include hearing aid maintenance and repair facilities. Other professional services are lacking as are systematic procedures for evaluation of student, program or staff performance.

The Living Skills program of the school was found to be excessively restrictive and poorly designed to assist students in the acquisition of interpersonal social skills. Coeducational activities were limited as were opportunities for independent free-time activity. Dormitory living arrangements do not provide experience in family living. Some evidence, revealing that graduates experience difficulty in moving from the highly controlled school environment to the freedom of nonschool environment, was found.

In general, we found the staff to be well-trained. The exception to this is the Dormitory Counseling staff. Their lack of training greatly limits their effectiveness in integrating the Living Skills and instructional programs. The Supervising Teachers spend too much time on administrative detail and too little time supervising the faculty. Re-evaluation of their functions is dictated. Our review of the curricula offered revealed lack of coordination between the various levels, e.g., preschool, primary, intermediate, secondary.

Effective career education programs are limited. Although some vocational courses are provided, they are limited in scope and effectiveness. This is especially true for girls. Little progress towards an effective career education plan has been made even though staff time has been devoted to this effort this year.

We found the leadership to be generally strong. Organizationally, the Assistant Director’s span of control is excessive. Time could be freed at the top level through re-definition of the functions of the Director and Assistant Director. Much detail work could be delegated downward.

OSB

The Oregon School for the Blind currently serves 93 students. Sixty-six of these students are in residence and 27 are preschool students served on a part-time basis. A child may not be admitted before reaching 4 years 8 months of age. Younger children are served through established services for preschool children on a non-enrollment basis. All children served are legally blind, their vision loss being insufficient to enable satisfactory progress in local public schools. The resident population is drawn from all areas of the State. The preschool services to parents and preschool children are provided on an itinerant basis throughout the State.

There are 56 people on the staff at the Oregon School for the Blind on the State
payroll. These include administrative, teaching, dormitory, maintenance, food service and medical personnel (See Figure 4).

At the School for the Blind the term curriculum is used in broad sense to include all experiences of the child which are part of a plan for guided development. The school operates within three broad programs or curricula. Curriculum I is concerned with general living skills which are defined to include development of (1) language and communication skills, (2) self-care skills and (3) initial training in orientation and mobility. All students at OSB receive attention under Curriculum I.

Based upon the performance and capability of each individual child, he will concurrently receive attention under one of two remaining curricula. Curriculum III is academically oriented and conforms closely to guidelines established for elementary and junior high schools by OBE. Students enrolled in this program have been judged to have those skills and abilities which indicate potential for successful integration into regular academic classrooms. Curriculum II is defined as “pre-vocational” and is designed for those students for whom prognosis of success in academic programs is low.

Since the school is residential in nature and most students are available 24 hours a day, training is continued into dormitory living. Children having academic difficulties are given assistance by dormitory personnel. Dormitory personnel have received orientation and mobility training. Meals are served family style and the dormitory counselor eats with his unit of children as if they were a family.

A variety of special equipment is provided. Full advantage is taken of residual sight when present. Large print materials are utilized whenever appropriate. For those whose sight is insufficient to learn visually, braille materials are provided. Braille writers are also available to students. A special feature at OSB is the museum in which children are provided with a variety of tactile experience. Orientation and tactile training is extended in the Sensory Stimulation Center.

The total 1971-72 State budget for the operation and support of the Oregon School for the Blind is $594,560. This figure amounts to an average expenditure of $8,480 per pupil.
Figure 4. OSB Staff Relationships
One of the strongest features of the OSB is the relationships between administration and staff. We observed much guidance of participative management in operation. Staff morale is high. Auxiliary services, e.g., medical and dietary, are strong. The plant is exceptionally well-maintained. The orientation and mobility program is exceptional. We found much evidence indicating the staff is actively concerned with the total development of students.

The Living Skills program is especially effective and emphasizes development of skills and responsibilities commensurate with family living. Students are given ample opportunity to demonstrate self-responsibility.

We are concerned that many of the staff are teaching without certification. While the general staff strength is good, attention to continued training is dictated. Until such time as demonstrated competency replaces amount of training as the certification base, effort towards achieving a certified staff should be maintained.

In summary, we found OSB to be well-organized and run. Excellent programs in Living Skills and orientation are in operation. Annual per pupil costs are excessive.
RECOMMENDED ACTIONS
The recommendations are presented under two categories: (1) those requiring immediate attention and (2) those associated with a more comprehensive long range course of action. Each set of recommendations is prefaced with a set of objectives which could be achieved through successful accomplishment of the recommendations. Recognizing that various factors could intercede to delay or entirely negate certain features of the long range plan, it is our contention that the short range recommendations should be viewed as imperatives requiring immediate attention with the more comprehensive program being established as directions for the future. In either case, the two sets of recommendations are compatible.

ASSUMPTIONS AND OBSERVATIONS

The two sets of recommendations described are predicated upon the following observations and assumptions:

1. There exists at OSSD inadequate instructional facilities for approximately 45 per cent of the present enrollment.

These students are for the most part served in the present School Building and the Main Building, both of which were constructed in 1910. In the case of both buildings the instructional space is grossly inadequate by even the most austere criteria. Neither building is so constructed as to control ambient noise, a characteristic essential to educational programs which utilize amplification equipment (Niemoeiler, 1968). Further, both buildings, but especially the School Building, have deteriorated to a point where they constitute very real fire hazards. Each day that children are permitted to remain in the School Building in essence perpetuates the potentiality of a major disaster. The State has no choice other than to move as quickly as possible to provide other educational facilities for the preschool and intermediate grade children now provided for in these buildings. Therefore, four alternatives exist.

A first alternative is to convert all free space in other buildings to educational purposes and to double-shift utilization of all other educational space. Our survey of the plant revealed that this alternative could be partially achieved.

A second alternative would be to construct new classroom space on the campus. Preliminary planning toward this end has been achieved by the Administration of OSSD. In view of declining enrollments at OSSD, the increasing capabilities of regional programs, and the long range commitment to an existing program represented by capital construction, we would advise against such an action.

A third alternative which could be readily coupled with the first alternative above would be to acquire temporary classroom buildings on a lease or lease-purchase basis. This action would make possible rather immediate vacation of the school building while, at the same time, avoiding the large investment or commitment to long range capital construction.

A fourth alternative would be to reduce future enrollments at OSSD with attendant conversion of present dormitory space to classroom purposes. Several factors suggest to us the desirability of this course of action. In the first place the present boys dormitory is of recent construction, is a single unit, and features large sleeping areas, easily modifiable to educational purposes. This has been adequately demonstrated in the area of the boys dormitory dedicated to the Deaf-Blind unit. Secondly, much “free” space currently exists in the building. More importantly we feel the State should recognize and emphasize the desirability of maintaining the integrity of the family unit by reducing the number of school age youth in residential institutions. Finally, movement towards this course of action would effect a savings of the limited dollars available to the State as a result of noninvestment of capital funds and would provide for redirection of presently allocated funds to educational services.
continued occupancy of OSB may not be in the State’s best interests

2. Present enrollments at OSB have reached the point at which continued utilization of the present facility is not cost effective.

An analysis of General Fund expenditures for the first year of the current biennium reveals that the per pupil costs at OSB exceed $8,480 per year. A breakdown of these costs is shown in Table 1.

<table>
<thead>
<tr>
<th>Category</th>
<th>Budgeted Dollars</th>
<th>Per Pupil -il Cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>$31,850</td>
<td>$450</td>
</tr>
<tr>
<td>Classroom Instruction</td>
<td>177,400</td>
<td>2,530</td>
</tr>
<tr>
<td>Living Skills</td>
<td>109,900</td>
<td>1,570</td>
</tr>
<tr>
<td>Medical</td>
<td>35,900</td>
<td>510</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>19,000</td>
<td>270</td>
</tr>
<tr>
<td>Third Party Agreement</td>
<td>12,900</td>
<td>180</td>
</tr>
<tr>
<td>Administrator’s Office</td>
<td>9,500</td>
<td>140</td>
</tr>
<tr>
<td>Business Services</td>
<td>32,900</td>
<td>470</td>
</tr>
<tr>
<td>Dietary</td>
<td>56,000</td>
<td>800</td>
</tr>
<tr>
<td>Physical Plant</td>
<td>109,300</td>
<td>1,560</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$594,600</td>
<td>$8,480</td>
</tr>
</tbody>
</table>

*Based upon FTE of 70 students

These figures are partially offset by anticipated annual service credits of $5,100 representing $73 per pupil and a reduction of $2,600 resulting from lower enrollments. The figures do not, however, include salary increments granted by the Legislature.

We do not find the Classroom Instruction costs to be excessive. The teacher-pupil ratio at the school is 1:6, which is consistent with National trends and professional standards. At the same time, however, it is apparent that many categories add considerably to the per pupil costs even though they are staffed minimally to provide the necessary services. This is especially apparent in the plant maintenance, housekeeping, medical, and dietary categories.

Although all areas of the physical plant were found to be in excellent condition, continued occupancy of this facility does not appear to us to be in the best interests of the State. We base this statement upon a projected and recommended attenuation of enrollments at the School. Two alternatives are suggested below, both of which will require construction of a new facility.

A first alternative would be to construct a new facility on the present grounds of OSSD, designed specifically for those Blind youngsters for whom a State facility is appropriate. While it would appear initially that there is sufficient space on the 51.5 acres which comprise the OSSD grounds, we would recommend against such a move. The space available is subject to flooding during heavy rains and would require extensive site preparation to make it usable. Additionally, relocating the OSB onto that site would be counter to National trends which have for the past 20 years been in the direction of establishing separate facilities. More importantly, there are few professional arguments to support adjoining facilities and many potential incompatibilities exist between the two schools. Finally, it must be recognized that there exists within the State strong factions who would vigorously oppose this alternative.

The second alternative, and the one we would recommend, would be to identify a new site preferably in the Eastern or Northern areas of Salem and construct a smaller educational
on the OSSD campus, the site available for a new OSB floods badly

facility for multi-handicapped blind children. This facility should be designed initially to accommodate no more than 30 children, adjacent or within ten minutes walking distance to local schools. We will recommend that single family dwellings be acquired to house the residential populations. It is not necessary that these be on or even adjacent to the grounds of the educational plant.

The location of the Oregon School for the Blind is one that is desirable to many potential buyers. As a result, this facility could be sold for an excellent price. Potential buyers might include: Salem Urban Renewal Program or Salem Memorial Hospital. The money acquired as a result of this sale should provide ample funds to acquire a new site and erect a smaller educational facility. A portion of the excess money could be utilized to support research and development activities required to implement the recommendations in this report with the remainder being held in reserve to satisfy future needs for facilities in regional and residential programs.

3. Annual General Fund Expenditures, which currently exceed $2,873,000 for educationally impaired children, must not be reduced but instead more wisely expended.

4. Institutionalization of sensory impaired youth, while a viable and appropriate strategy for society 100 years ago, is inconsistent with the professional expertise, technology, expectancies of today's society.

Actions Required Immediately

Several conditions appear to require immediate attention. These deal primarily with (1) the condition of the physical plant at OSSD, (2) lack of inter-program coordination, and (3) combination of the dietary services at the residential schools. Dollars saved in the latter should be used to offset expenses accrued in the former.

Objectives

1. To more effectively utilize dollar resources now committed to residential schools.
2. To improve the quality of services in the regional and residential programs.
3. To effect greater coordination of educational services now provided to sensory impaired youth by OBE.
Recommendation No. 1: Take steps to vacate the School Building at OSSD prior to September 1972.

Rationale:
As stated previously this building is inadequate from an instructional point of view and constitutes a severe fire hazard. A minimum of 11 classroom spaces is required.

Responsibility:
Director of OSSD with staff involvement and support of OBE.

Required Action:
1.1 Survey existing Boys Dormitory to identify a minimum of two classroom areas
1.2 Develop specifications for modular temporary classroom space for a maximum of 9 instructional areas.
1.3 Working with General Services acquire temporary buildings.
Resource Planning and Management (RPM) Network for Recommendation No. 1: Vacate the OSSD School Building
Recommendation No. 2: Beginning immediately initiate steps which effect greater information flow among various segments of the OBE programs for sensory impaired.

Rationale:
While there is evidence that informal structures are operating well enough to assure some attention or service to almost all sensory impaired youth in Oregon, our study uncovered numerous instances in which service would have been better, more timely, or, in some cases, even less costly had the most basic information been shared. Minimal sharing that should occur between various programs (local, regional and state) is that information relative to student transfers (identification), program changes, personnel needs, materials, and equipment acquisitions.

Responsibility:
Under the proposed OBE structure this should be the responsibility of the Director, Sensory Impaired. Under the present structure the Director of Special Education should have the responsibility. All Directors of State and Regional programs should be involved.

Steps to Be Taken:
2.1 Beginning immediately establish practice of monthly meetings of all Directors of State and Regional programs for sensory impaired youth and appropriate coordinators and specialists from OBE, chaired by the Director of Special Education. During the remainder of the 1971-72 year these meetings should be scheduled for one full day each month and considered to be working sessions. Establish a standard agenda to include areas previously discussed.

2.2 Establish prioritized list of inter-program information needs and a mutual plan for meeting these needs.

2.3 During 1972-73, share information through above group and effect student transfer procedures.
Resource Planning and Management Network for Recommendation No. 2: Greater Information Flow
to combine food services for both schools at OSSD could save $17,370 the first year

Recommendation No. 3: Combine dietary operations of OSSD and OSB such that food preparation for both schools is accomplished at OSSD.

Rationale:
Combination of these facilities could result in a net savings to the state of $17,370 per year.

Estimated costs of OSB food preparation and service would be:

- 1 Cook No. 1 (OSB Transfer) $4,890
- 1 Cook No. 1 (new hire) 4,430
- 2 Inst. workers (retain at OSB) 7,280
- 1 Driver (900 hrs/yr @ $2.00/hr) 1,800
- 1 Truck (9000 mi/yr @ 15¢/mi) 1,350

**SUBTOTAL** $19,750

- Sick Leave Relief 250
- OPE @ .1401 2,800

**SUBTOTAL PERSONNEL** $22,800

Initial Capital Investment (heated service cart) 1,500

**TOTAL COST** $24,300

Subtracting Total Costs ($24,300) from current annual budget ($41,670) should yield at net first year savings of $17,370.

Responsibility:
Responsibility for effecting this recommendation should be shared by the Directors of OSB and OSSD with planning to be directed by the Food Services Manager, OSSD and involvement of the Director of Dietary Services at OSB.

Steps to Be Taken:
- 3.1 Verify staffing needs for effecting recommendation.
- 3.2 Effect transfer of OSB personnel.
- 3.3 Purchase heated serving carts.
- 3.4 Notify personnel to be separated.
- 3.5 Initiate service by July 1972.
Resource Planning and Management Network for

commendation No. 3: Combine Dietary Operations of OSSD and OSB
the State can take bold steps to assure productive citizenship for Oregon’s sensory impaired youth

The Long Range Plan:
Our study of the needs of sensory impaired youth, the present programs and personnel within Oregon now serving these youth, the “state of the art” as it exists nationally, the fiscal capabilities of Oregon, and our concern that the benefits of our society have been nonintentionally albeit systematically denied to the sensory impaired, suggest to us that the State has reached a point at which it may take bold steps that will create conditions through which the blind and deaf youth of Oregon can, to the fullest degree, achieve productive citizenship so long envisioned by our own State leaders in this field. Precipitants to this were the establishment of strong regional programs by OBE and assignment of operational responsibility for the two residential schools to OBE. These actions made feasible the alternative programs envisioned in the plan proposed here.

The specific features of the plan are contained in the set of recommendations which follow. In general, the plan calls for (1) attenuation of residential programs, (2) associated strengthening of regional programs, (3) an emphasis on early identification and training, (4) increased parental involvement, and (5) a strengthening of State level leadership in all areas of education for handicapped youth.

In the remaining sections of this report we will list (1) the objectives of the plan, (2) specific recommendations, and (3) for each recommendation our rationale, identification of personnel responsible for its accomplishment, persons to be involved, and the required action.

Objectives:
1. To reduce the burden which underproductive individuals place upon the resources of the State.
2. To establish the local educational agency as the responsible agent for education of all youth who reside within its boundaries.
3. To establish State level mechanisms required for support of the local educational agency in its efforts to meet the educational needs of sensory-impaired youth.
4. To redivert the noninstructional monies required to support students in residential schools to direct instructional services to the child.
5. To develop the capabilities of sensory impaired youth to levels commensurate with their potential.
6. To reduce the cognitive, social, and motor developmental lags which accompany sensory impairment.
7. To provide each sensory-impaired child with those educational experiences consistent with his individual needs and capabilities.
8. To develop within the general public a willingness to accept sensory-impaired individuals for what they can contribute.
9. To establish home environments of sensory-impaired youth which are responsive to the needs of the child and satisfying to the parents.
Recommendation No. 4: The State Superintendent of Public Instruction should initiate those actions necessary to insure that the special needs of handicapped children are addressed in the planning, development and leadership activities of all major departments within OBE.

Rationale:
If the State is to move in the direction of increased integration of sensory-impaired youth into regular classrooms, their special needs must be considered and accounted for in an integrated way in all areas under OBE responsibility. At this point in time such integration is especially crucial in the areas of career education, post-secondary education (especially as this involves the community colleges of the State) and Teacher Education. In order to effect the coordination, it is our opinion that the present organizational structure of OBE be modified to establish a major department for education of handicapped directed by an Associate Superintendent for Education of Handicapped.

Responsibility:
1. Responsibility for these actions to be held by the Deputy Superintendent.
2. Associate Superintendents for Planning and Evaluation, Special Schools and Services, Business and Support Services, and Instructional Services should be involved.

Required Action:
4.1 Beginning immediately develop organizational structure as follows:
4.2 Associate Superintendent's office to be established by July 1, 1973 and all other positions filled as soon as possible thereafter (see attached Manning Table).

4.3 Coordinators of visually and hearing impaired to be responsible for services at all levels (residential, regional, and local).

4.4 Planning for space.

4.5 Education coordination.

Manning Table

1.0 Associate Superintendent
2.0 Director Sensory Impaired
2.1 Coordinator, Visually Impaired
3.0 Director, R&D/Federal
4.0 Director Developmentally Impaired
4.1 Coordinator, Mental Retardation
4.2 Coordinator, Handicapped Child Program
1.0 Associate Superintendent
1.0 Administrative Assistant/Secretary
2.0 Director
2.0 Secretary (.50)
2.0 Manager Central Resource Center
2.1 Coordinator
2.1 Secretary
2.1 Program Directors (3)
2.1 Specialists (2)
2.2 Coordinator
2.2 Secretary
2.2 Program Directors (Res. & Reg. Program)
1973-74  4
1974-75  4
1974-76  6
1976-77  7
2.2 Specialists (2)
3.0 Director
3.0 Secretary (.5)
3.0 Project Specialists (as required)
4.0 Director
4.0 Secretary (.5)
4.1 Coordinator
4.1 Secretary
4.1 Specialists (2)
4.2 Coordinator
4.2 Secretary
4.2 Specialist (3)

To integrate these sensory impaired youth into public education, OBE must restructure slightly to consider their needs.
Resource Planning and Management Network for Recommendation No. 4: Planning, Development and Leadership Activities Within OBE
as residential students become integrated in regional programs and public schools, enrollment at OSB and OSSD can be cut by more than half.

Recommendation No. 5: By September 1978 all singularly handicapped sensory-impaired children should be enrolled in regional programs or public school classrooms.

Rationale:
This recommendation is predicated upon five bases. First and foremost is the perceived desirability to rear children in their natural home wherever possible. Secondly, there is a preponderance of evidence that indicates that these children can profit from regular classroom instruction when given proper support and preparation (Brill, 1971; Quigley, 1968; Baraga, 1972). Thirdly, such arrangements provide increased opportunities for sensory-impaired youth to associate and learn to cope with the sighted and hearing world within which they must survive as adults. This recommendation is consistent with the present written policies of OBE. Present enrollments of the OSSD and OSB reveal that there are respectively 207 and 20 children classified as singularly handicapped in attendance, the majority of whom reside in areas which could be served by existing regional programs. Finally dollars now being spent to provide for residential living could be diverted to direct educational services for these children. Analysis of the current per pupil costs to the General Fund for residential students is shown in Table 2. Reduction of the number of students in residence would make available additional dollars to provide services for increased populations in regional and local programs.

<table>
<thead>
<tr>
<th>Year</th>
<th>OSB</th>
<th>OSSD</th>
</tr>
</thead>
<tbody>
<tr>
<td>'72</td>
<td>67</td>
<td>294</td>
</tr>
<tr>
<td>'73</td>
<td>60</td>
<td>280</td>
</tr>
<tr>
<td>'74</td>
<td>50</td>
<td>270</td>
</tr>
<tr>
<td>'75</td>
<td>40</td>
<td>210</td>
</tr>
<tr>
<td>'76</td>
<td>30</td>
<td>180</td>
</tr>
<tr>
<td>'77</td>
<td>30</td>
<td>140</td>
</tr>
<tr>
<td>'78</td>
<td>30</td>
<td>120</td>
</tr>
</tbody>
</table>

Table 2. General Fund Per Pupil Expenditures for Education of Sensory-Impaired Youth in Oregon.

Responsibility:
The Assistant Superintendent at OSSD and the School Principal at OSB should have major responsibility for developing the integration plan. Representatives from the teaching staff and members of the admissions and placement committee should assist with this planning.

Recommended Action:
5.1 Reduce population at OSSD and OSB according to the following schedule:

<table>
<thead>
<tr>
<th>Year</th>
<th>New Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>'72</td>
<td>30</td>
</tr>
<tr>
<td>'73</td>
<td>30</td>
</tr>
<tr>
<td>'74</td>
<td>30</td>
</tr>
<tr>
<td>'75</td>
<td>30</td>
</tr>
<tr>
<td>'76</td>
<td>30</td>
</tr>
<tr>
<td>'77</td>
<td>30</td>
</tr>
<tr>
<td>'78</td>
<td>30</td>
</tr>
</tbody>
</table>

5.2 If additional staff are necessary to implement this integration plan, monies should be redirected from those funds saved by the reduction of population and staff at the residential schools.

5.3 As staff reductions become necessary at the residential schools, priority should be given to those staff members to be employed by the regional facilities as their staff needs increase.

5.4 Beginning June, 1972, rigidly adhere to the existing admissions, review, placement and termination policies at OSSD and OSB (See Appendix B).

5.5 Beginning July, 1972, the administration and staff at both residential schools should develop specific individual programs for each singularly impaired child which will permit his entry into regional facilities or public school programs by 1978.

5.6 In July, 1972, study and revise the admissions, placement and termination policies which should include the zero reject concept.
A deadline for printing of this report produced the following minor but annoying errors for which we apologize.

The Authors

<table>
<thead>
<tr>
<th>Location</th>
<th>Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page 1, Par. 13, Line 9</td>
<td>Minifee should read Menefee.</td>
</tr>
<tr>
<td>Page 6, Par. 4, Line 7</td>
<td>(Schlesinger, 1971) should read (Schlesinger and Meadows, 1971).</td>
</tr>
<tr>
<td>Page 9, Par. 3, Line 13</td>
<td>any should read many.</td>
</tr>
<tr>
<td>Page 12, Par. 3, Line 20</td>
<td>Barrage should read Barraga.</td>
</tr>
<tr>
<td>Page 18, Figure 2</td>
<td>Superintendent in Speech Correction should read Specialist in Speech Correction.</td>
</tr>
<tr>
<td>Page 19, Par. 1, Line 3</td>
<td>&quot;...teachers in regular classrooms...&quot; should read &quot;...teachers to children in regular classrooms...&quot;</td>
</tr>
<tr>
<td>Page 28, Par. 1, Line 3</td>
<td>guidance should read evidence.</td>
</tr>
<tr>
<td>Page 31, Table 1</td>
<td>Disregard lines 4 through 11.</td>
</tr>
<tr>
<td>Page 43, Par. 2, Line 8</td>
<td>Quigley, 1968; Baraga should read Quigley, et al., 1968; Barraga.</td>
</tr>
<tr>
<td>Page 45, Required Action 6.9</td>
<td>&quot;In-residence parents&quot; should read &quot;in residence.&quot;</td>
</tr>
<tr>
<td>Page 60,</td>
<td>Committee College Presidents should read Community College Presidents and Committee College Programs should read Community College Programs.</td>
</tr>
<tr>
<td>Page 77, Appendix C</td>
<td>Column totals should be 18, 55, 44, 45, 45.</td>
</tr>
<tr>
<td>Page 78, Appendix E, Line 2</td>
<td>Learning should read Hearing.</td>
</tr>
<tr>
<td>Page 79, Appendix E</td>
<td>Griffen should read Griffin, Hickey should read Hiskey, Jons should read Jans, and Kleever should read Kliewer.</td>
</tr>
</tbody>
</table>
Recommendation No. 5: Integrated Educational Programs,

Resource Planning and Management Network For

1. Initiate Special Education Programs
   - September 1972
   - Full Year
   - 5-2

2. Transfer Training Program
   - June 1972
   - Transfer of OSB Students
   - 5-1

3. Resource Planning and Management Network
   - September 1973
   - New Residency Program
   - 6-7

4. Admission Policies
   - September 1974
   - New Residency Program
   - 6-6

5. Variable Rejection Policy
   - September 1975
   - New Residency Program
   - 6-6

6. Old Admission Policy
   - September 1976
   - New Residency Program
   - 6-6

7. Small Living Groups
   - September 1977
   - New Residency Program
   - 6-6

8. Transfer of Students
   - June 1978
   - New Residency Program
   - 6-6

9. Old Admission Policy
   - September 1979
   - New Residency Program
   - 6-6

10. New Admission Policies
    - September 1980
    - New Residency Program
    - 6-6

11. New Admissions
    - September 1981
    - New Residency Program
    - 6-6

12. New Admissions
    - September 1982
    - New Residency Program
    - 6-6

13. New Admissions
    - September 1983
    - New Residency Program
    - 6-6

14. New Admissions
    - September 1984
    - New Residency Program
    - 6-6

15. New Admissions
    - September 1985
    - New Residency Program
    - 6-6

16. New Admissions
    - September 1986
    - New Residency Program
    - 6-6

17. New Admissions
    - September 1987
    - New Residency Program
    - 6-6

18. New Admissions
    - September 1988
    - New Residency Program
    - 6-6

19. New Admissions
    - September 1989
    - New Residency Program
    - 6-6

20. New Admissions
    - September 1990
    - New Residency Program
    - 6-6

21. New Admissions
    - September 1991
    - New Residency Program
    - 6-6

22. New Admissions
    - September 1992
    - New Residency Program
    - 6-6

23. New Admissions
    - September 1993
    - New Residency Program
    - 6-6

24. New Admissions
    - September 1994
    - New Residency Program
    - 6-6

25. New Admissions
    - September 1995
    - New Residency Program
    - 6-6

26. New Admissions
    - September 1996
    - New Residency Program
    - 6-6

27. New Admissions
    - September 1997
    - New Residency Program
    - 6-6

28. New Admissions
    - September 1998
    - New Residency Program
    - 6-6

29. New Admissions
    - September 1999
    - New Residency Program
    - 6-6

30. New Admissions
    - September 2000
    - New Residency Program
    - 6-6

31. New Admissions
    - September 2001
    - New Residency Program
    - 6-6

32. New Admissions
    - September 2002
    - New Residency Program
    - 6-6

33. New Admissions
    - September 2003
    - New Residency Program
    - 6-6

34. New Admissions
    - September 2004
    - New Residency Program
    - 6-6

35. New Admissions
    - September 2005
    - New Residency Program
    - 6-6

36. New Admissions
    - September 2006
    - New Residency Program
    - 6-6

37. New Admissions
    - September 2007
    - New Residency Program
    - 6-6

38. New Admissions
    - September 2008
    - New Residency Program
    - 6-6

39. New Admissions
    - September 2009
    - New Residency Program
    - 6-6

40. New Admissions
    - September 2010
    - New Residency Program
    - 6-6

41. New Admissions
    - September 2011
    - New Residency Program
    - 6-6

42. New Admissions
    - September 2012
    - New Residency Program
    - 6-6

43. New Admissions
    - September 2013
    - New Residency Program
    - 6-6

44. New Admissions
    - September 2014
    - New Residency Program
    - 6-6

45. New Admissions
    - September 2015
    - New Residency Program
    - 6-6

46. New Admissions
    - September 2016
    - New Residency Program
    - 6-6

47. New Admissions
    - September 2017
    - New Residency Program
    - 6-6

48. New Admissions
    - September 2018
    - New Residency Program
    - 6-6

49. New Admissions
    - September 2019
    - New Residency Program
    - 6-6

50. New Admissions
    - September 2020
    - New Residency Program
    - 6-6

51. New Admissions
    - September 2021
    - New Residency Program
    - 6-6

52. New Admissions
    - September 2022
    - New Residency Program
    - 6-6

53. New Admissions
    - September 2023
    - New Residency Program
    - 6-6

54. New Admissions
    - September 2024
    - New Residency Program
    - 6-6

55. New Admissions
    - September 2025
    - New Residency Program
    - 6-6

56. New Admissions
    - September 2026
    - New Residency Program
    - 6-6

57. New Admissions
    - September 2027
    - New Residency Program
    - 6-6

58. New Admissions
    - September 2028
    - New Residency Program
    - 6-6

59. New Admissions
    - September 2029
    - New Residency Program
    - 6-6

60. New Admissions
    - September 2030
    - New Residency Program
    - 6-6
Recommendation No. 6: Each regional facility for the deaf and blind shall develop and implement a plan which will allow it to provide educational services for those children at OSSD (207) and OSB (20) who will be transferred to the regional facilities as a result of the emphasis on integration at the residential schools.

Regional facilities should develop plans to accommodate children transferred from OSB and OSSD

Rationale:
It has been recommended that the two residential schools transfer approximately 225 children with singular handicaps to the five regional facilities by June, 1977. These children will range in age from three to nine years and will have varying ability and academic achievement levels.

Currently, both the staff and physical plant facilities in the regional programs are being used to their maximum potential. Consequently, systematic planning must be initiated to determine staff needs, classrooms, materials, and equipment that will be required to accommodate these students. Professional services (psychologist, audiologist, social workers) should be added to provide information pertinent to the individualization of educational programs for each new child.

Consideration must also be given to foster home placement or small group in-residence homes for those children whose parents do not live near enough to the existing regional facilities to allow the children to reside in their own homes. The majority of the parents of the 225 children to be transferred currently reside within the geographic areas currently served by existing regional facilities. Only a few children would require foster-home or small group in-residence homes (See Appendices C and D).

Responsibility:
The Director of each regional facility shall have major responsibility for the implementation of this recommendation. OBE Specialists for deaf and blind and selected teachers from the regional facilities should also be included as part of a committee to assist the Directors.

Required Action:
6.1 Compile lists of children from the two residential schools by order of priority in which they are to be transferred (June to Sept., 1972).
6.2 Gather a body of information on each child related to his chronological age, ability level, academic performance, etc., that would allow the regional facilities to place each child according to his individual needs (July, 1972).
6.3 Compare existing staff, materials and equipment, and classroom space with the needs arising from the schedule of transfer and needs of the children (Sept., 1972).
6.4 Determine short- and long-term staff needs, classroom space, equipment and materials needs, and budget for these needs as they arise (Aug., 1972–Sept., 1973).
6.5 Acquire additional facilities as prescribed by the needs and the schedule of transfer from residential schools (Sept., 1973).
6.6 Hire new staff as prescribed by needs and the schedule of transfer from residential schools (giving priority to those staff members available through the reduction of students at the residential schools) (June–Sept., 1973).
6.7 Enroll students who were transferred from the residential schools in the regional facilities (Sept., 1973).
6.8 For those students (1) who do not reside within the boundaries of established Regional Programs, (2) or whose home life is such that it interferes with their development, establish plans for foster home placement or “small group in-residence” living programs (Mar., 1973). “Small group in-residence units” are defined as single dwelling units suitable for three to five children living with two adults.
6.9 Establish criteria for foster parent selection and “In-residence parents” living (Sept., 1973).
6.10 Develop salary schedule for each group (Sept., 1973).
6.11 Implement as need arises.
Resource Planning and Management Network for
Recommendation No. 6: Expanded Regional Programs
parents can be trained to help their sensory impaired children

Recommendation No. 7: Develop a plan to increase the amount of comprehensive training of parents to train their infant (CA .6 to 3.8) sensory handicapped children in the home.

Rationale:
Currently, the time between birth and when a sensory-impaired child enters a structured educational program is not being used to its greatest potential. If we are to expect these children to develop to their maximum potential, the parent and the staff from the educational agencies must become allies as early in the child's life as possible. A structured parent-training program would provide maximum stimulation to the child during this period of growth when those behaviors which are prerequisites to future acquisition of academic skills are developing most rapidly (Reisman, 1962; Deutsch, 1962). The result of this type of parent training would prepare the child for successful entry into the structured educational setting and insure that both the parent and child would be happier because each had experienced success.

Another benefit of training at this age is that it would reduce the number of students in all programs past 18 years of age. Students would be able to progress through the educational programs at a rate more nearly commensurate with normal children. Costs of training children during infancy would be far less than costs to educate after age eighteen. At the earlier ages only itinerant support is required, while the major burden for training is assumed by the parents. At the older ages, students may require full-time participation in residential or regional programs.

Responsibility:
The directors of the residential and regional facilities should assume major responsibility for the development of a plan to provide parent training of infants with sensory handicaps. Those staff currently employed to provide preschool education should be used to assist in this planning. OBE personnel should assist with the development of the model.

Required Action:
7.1 Specialists for deaf and blind should develop a plan to insure early identification of all sensory handicapped children in Oregon (July, 1972).
Develop Early Identification Program

July 1972

Draft EID Legislation Proposal

August 1972

Gather Information on Preschool Parent Education

January 1973

Acquire and Develop Parent Education Materials

September 1974

Develop and Implement Referral System

January 1973—January 1974

Implement Parent Training Program

September 1974

Pre-School Parent Program

September 1975

Referred Students

Resource Planning and Management Network for Recommendation No. 7: Parent and Infant Training Program
7.2 The Director of Special Education should draft legislation to be introduced to the 1973 Legislature which would require professional personnel (MD's, optometrists, ophthalmologists, otolaryngologists, otologists, audiologists, and public health nurses) to report to OBE all persons whom they identify as having visual or hearing impairments or diseases which often lead to such impairments (Aug., 1972).

7.3 Parent training materials should be developed or acquired (Jan., 1973—Jan., 1974).

7.4 Develop and implement a referral system which would facilitate the initiation of parent training (See attachment.) (Jan., 1973—Jan., 1974).

7.5 Implement the parent-training programs utilizing personnel from each residential school and regional facility (Sept., 1974).

7.6 If additional monies are required to implement these recommendations, the funds should be rediverted from savings resulting in the education of students and staff at both residential schools.

Referral System

<table>
<thead>
<tr>
<th>Referring Person or Agency</th>
<th>OBE Responsibility</th>
<th>Programs Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Ophthalmologists</td>
<td>2. Diagnosis</td>
<td>Parent and child in home</td>
</tr>
<tr>
<td>3. Otologists</td>
<td>educational</td>
<td>2. Preschool training</td>
</tr>
<tr>
<td>4. Pediatricians</td>
<td>medical</td>
<td>Parent and child in central location near home</td>
</tr>
<tr>
<td>5. Public Health Nurses</td>
<td>developmental</td>
<td>3. Preschool training</td>
</tr>
<tr>
<td>6. State Board of Health</td>
<td></td>
<td>Parent and child at residential school</td>
</tr>
<tr>
<td>7. Speech and Hearing Clinics</td>
<td>Development of Educational program</td>
<td>4. (Combination of above)</td>
</tr>
<tr>
<td>8. Public School Screening</td>
<td></td>
<td>Placement in school program regional facility (child lives at home)</td>
</tr>
<tr>
<td>9. Division of Vocational Rehabilitation</td>
<td></td>
<td>5. Placement in school program (regional facility) child lives in foster home</td>
</tr>
<tr>
<td>10. Commission for the Blind</td>
<td>Placement in Program by Admissions Committee</td>
<td>6. Placement in residential school (child goes to public school part time or full time)</td>
</tr>
<tr>
<td>11. Minority Groups</td>
<td></td>
<td>7. Placement in residential school (child goes to school at residential school)</td>
</tr>
<tr>
<td>a. Migrant Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Head-Start Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Community Action Programs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Recommendation No. 8: Develop evaluation procedures at OSSD, OSB, and the regional facilities so that decisions relative to students, instructional programs, and staff can be made on a data-based model.

Rationale:
In all educational programs for sensory handicapped children there are many general and specific objectives stated as performance expectations for students, staff, and educational methods and programs. Knowledge of the extent to which these objectives are achieved is essential to all decisions that administrators are required to make. If quality and excellence in educational systems are to be achieved, administrators and teachers must be held accountable for their performance relative to specific goals.

Responsibility:
Beginning immediately, the directors of the residential and regional facilities should develop a plan to implement this recommendation. All staff currently responsible for diagnosis and evaluation, supervising teachers, and selected classroom teachers should be selected as a committee to assist in developing this plan.

Required Action:
8.1 Develop a list of decisions which must be made regarding students, programs, and staff and for each decision identify minimal data upon which the decision could be made (Sept., 1972-Jan., 1973).
8.2 Study and revise evaluation program (March, 1973).
8.3 Have completed evaluation plan fully operational (June, 1977).
Recommendation No. 8: Student, Program and Staff Evaluation

Resource Planning and Management Network for

<table>
<thead>
<tr>
<th>Period</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 1972–January 1973</td>
<td>Develop Evaluation Committee</td>
</tr>
<tr>
<td>January–July 1973</td>
<td>Develop and Implement Evaluation Program</td>
</tr>
<tr>
<td>March 1974–June 1977</td>
<td>Study and Revise Evaluation Program</td>
</tr>
<tr>
<td></td>
<td>Operational Evaluation Program</td>
</tr>
</tbody>
</table>
Recommendation No. 9: The Oregon Board of Education should provide a central resource center to dispense specialized equipment and materials on short- or long-term loan bases to regional facilities, residential schools and regular classroom teachers who have sensory handicapped children.

Rationale:
Specialized equipment, materials, and textbooks are required to insure successful teaching of sensory handicapped students. Because this material and equipment are specialized, it is usually extremely expensive.

Currently, at each of the four programs for the deaf (residential school and three regional facilities) each purchases this equipment and materials for its own use. Some equipment and materials are used only for brief periods of time with certain children and other equipment and materials are used continuously with all children. It has been observed that some programs have an excess of some equipment and materials, while others do not have even the minimum equipment required for successful teaching.

The Oregon Board of Education currently has two central stores of materials and equipment. One is located at Serra High School (large-print books, tape recorders and other equipment) and another is located in Portland at the Regional Facility for the Blind (Braille materials, Braille writers, etc.). This equipment and material is available for use on a loan basis to teachers of all blind children in the state. This method has demonstrated itself to be successful in providing optimum amounts of equipment and materials to students for the least cost to the state.

Responsibility:
The Specialists for Deaf and Blind Education should have major responsibility for the development of a plan to implement this recommendation.

Required Action:
9.1 The directors of the residential schools and the regional facilities should prepare an inventory of all specialized equipment and materials which they currently have on hand and submit these to the Specialists for the deaf and blind at OBE (July, 1972).

9.2 Materials and equipment should be catalogued and those items which are not in use continuously should be brought to a central storage facility at OSSD (July-Sept., 1972).

9.3 Materials should be available to the residential and regional facility teachers upon request (Sept., 1972).

9.4 All future purchases should be made by the Coordinators of deaf and blind education based on requested needs by the directors of residential and regional programs (Dec., 1972).

9.5 If additional staff are necessary to implement this recommendation, monies should be rediverted from those funds by the reduction of population and staff at the residential schools (June, 1974).
Resource Planning and Management Network for Recommendation No. 9: Central Resource Center
 Recommendations No. 10: Each regional facility and residential school should provide parent training programs for all parents of sensory handicapped students.

 Rationale:
 Currently, the interaction between teacher and parents of sensory handicapped children has as its major focus two areas: (1) verbal or written assessment of the progress of the child and (2) a report of negative crisis situations that arise at school which require parental attention or assistance. While teachers need to address themselves to these problems, there are other areas which have equal priority in parent education.

 On a daily basis the child spends more time with his parent than with the classroom teacher. Consequently, this time should be utilized to its maximum potential. This can only be achieved if those professionals engaged in the education of deaf and blind provide parents with information that will allow them to be maximally productive during those hours that the child is in the home (Fredericks, Baldwin, 1971). Specific problems in language development, self-help skills, orientation and mobility training and child management techniques are examples of areas in which parents require training. These skills are taught on a daily basis and if parents had materials and information they could provide daily additional instruction which sensory handicapped children so desperately need.

 Another benefit of parent training would be the reduction of emotional tensions between parent and child which arise as a result of the handicap. Because of the parent’s increased capability to work with the child, both parents and child would be happier and better educational performance by the child would be obtained.

 Responsibility:
 The director of each regional facility and residential school supported by supervising teachers, selected classroom teachers, with assistance from OBE personnel.

 Required Action:
 10.1 Develop a parent training program (July 1976 to January 1977).
 10.2 Develop parent training materials that can be utilized (July 1977).
 10.3 Determine additional staff needs to implement recommendation (March, 1978).
 10.4 Redivert monies from the reduction of staff and students at the residential schools to implement this recommendation (July, 1975).
 10.5 Initiate parent training programs (July, 1978).
Resource Planning and Management Network for Recommendation No. 10: School Children Parent Education Program
that mother-child relationships are essential to the emotional and cognitive development of the child has been well documented (Reissman, 1962; Deutsch, 1962). Children in residence are removed from the love and attention normally given by parents in the home. The children do not have sufficient opportunities to play with and learn from “hearing children” as a child would if he were living in his home. One of the stated objectives of the Oregon State School for the Deaf is to return the child to the community as an independent contributing member of society. If residential school students are to achieve this goal, the philosophy related to the dormitory program, extra-curricular activities and the use of free time must be altered to make them more consistent with activities experienced by a student who lives at home (Babbidge, 1965).

**Responsibility:**

The Dormitory Counselor III, Assistant Superintendent and the Dean of Students should share in the responsibility for the implementation of this recommendation.

A group of parents should be selected to specify their wishes concerning the conduct code.

**Required Action:**

11.1 The “conduct code” for male and female students sixteen years and older should be revised to make the code closer to that used by most parents in their home (Sept., 1972).

11.2 Beginning in Sept. 1972, the plan for the assignment of students to dormitory facilities should be redesigned so that small family units of eight to ten students are established to include children of varying ages. Implement plan (Sept. 1973).

11.3 A plan should be developed which could allow teachers and dormitory counselors to meet on a scheduled basis (Oct. 1972).

11.4 In-service training should be provided for all dormitory personnel relative to the implementation of these recommendations (Jan. 1973).

11.5 The dormitory counselors should meet with the classroom teachers on a scheduled basis to plan activities which would support all operational programs for students (Nov. 1972).
Resource Planning and Management Network for Recommendation No. 11: Living Skills Program
Recommendation No. 12. Develop a plan to provide career and vocational education for sensory handicapped children in Oregon. Emphasis should be given to the following areas:

(1) Modify regular (public school) vocational education programs to serve sensory handicapped students in regular classrooms.

(2) Provide work experience in existing special vocational education programs for sensory handicapped students.

(3) Improve vocational education programs for sensory handicapped students in regional programs and residential schools, and

(4) Provide post-secondary education for the sensory handicapped by utilizing the Community Colleges in Oregon.

OBE's Vocational Education programs should benefit all of Oregon's youth

Rationale:
Appropriate vocational education services are not being provided to a large number of sensory handicapped secondary students and sufficient prevocational training is not being provided to a large number of elementary students. While vocational or career education is important for every young person, it is crucial to the sensory handicapped if they are to be prepared for meaningful, productive employment and meaningful productive lives (Brill, 1971). The majority of the students leaving Oregon's Programs for the Sensory Impaired have the potential to become self-supporting, contributing members of society. Yet, if the quality of vocational and career education for the sensory impaired is not improved, many of these students will be under-employed and at the poverty level, many will stay at home or work in a sheltered situation, others will be unemployed or on welfare, while a small group will be totally dependent and require institutional care (Kroneberg and Blake 1965).

The Vocational Education Amendments of 1968, Section 122 (a) (4) (B) set aside 10% of each State's allotment under the State Plan program provisions for the vocational education of handicapped persons. For fiscal year 1972, funds amounting to more than $38 million have been specifically designated under this legislation to serve the needs of the handicapped in the United States. A portion (1% or $380,000) of this 38 million dollars is currently administered through the Department of Vocational Education, Oregon Board of Education.

The Department of Vocational Education at OBE has the responsibility to assist all school districts in Oregon to develop career and vocational programs for all students. In the past this department has not addressed itself specifically to the vocational problems of the sensory handicapped population. Regional facilities and residential schools that educate the sensory handicapped in Oregon require both the expertise and funding available through the Department of Vocational Education at OBE.

The initiation, expansion and improvement of vocational education programs for the sensory handicapped in Oregon would assure that each student who leaves school would have received vocational education relative to the job market, meaningful to his career aspirations, and realistic to his fullest potential.

Responsibility:
(1) The director of the Department of Vocational Education at Oregon Board of Education should have major responsibility for the implementation of this recommendation.

(2) A committee composed of representatives from each regional facility, residential school, community college, and coordinators of deaf and blind education from OBE should assist with the implementation of this recommendation.

Required Action:
12.1 The Director of Vocational Education at the Oregon Board of Education should form a committee composed of those staff specified (Sept.1972).

12.2 The committee should develop a plan which addresses itself to those four priority areas specified in the recommendation (Oct. 1972 - June 1973).

12.3 Implement plan using those vocational education funds which have been specified for the sensory handicapped population (Sept. 1973).
Resource Planning and Management Network for
Recommendation No. 12: Career and Vocational Education for Handicapped
for diagnostic information to be useful, parents and teachers must be able to specify the kind of data they need.

Recommendation No. 13: Personnel of the Oregon Board of Education should initiate planning of professional service (i.e., psychological, audiological, ophthalmological) programs for both residential and regional programs that provide information appropriate to the decisions teachers and parents must make relative to the education of sensory impaired youth.

Rationale:

There is a vast amount of diagnostic information provided by various professionals (i.e., pediatricians, ophthalmologists, otologists, general practitioners, psychologists, audiologists) to various educational agencies relative to sensory handicapped children. Diagnostic procedures used by these professionals are frequently inconclusive when used with young sensory handicapped children. Consequently, in order to make this information reliable, it is necessary to replicate measurement frequently over a long period of time. Many hours of professional time are spent in accumulating this body of information.

Often this information is irrelevant to the needs of classroom teachers and parents in developing individualized educational programs for sensory handicapped children (Brill, 1971). The information provided is not that specified by the teachers, but rather professionals generate information which they feel will be helpful. If diagnostic information is to be of maximum value to classroom teachers and parents, they must be provided the opportunity to specify for the professional that information which is required. The result of this change in responsibility will be superior quality and faster selection and development of educational prescriptions to meet the needs of sensory handicapped children in Oregon.

Responsibility:

The Directors of each regional facility and residential school shall have major responsibility for the implementation of this recommendation. Classroom teachers, parents, supervising teachers, principals and curriculum directors should be utilized to assist in implementing the recommendation.

Professionals providing services to the regional facilities should cooperate in establishing the working relationships required in implementing this recommendation.

Required Action:

13.1 A committee should be formed composed of those staff and parents described above (June, 1973).

13.2 The committee should develop a plan which would specify that diagnostic information which is most relevant to the needs of teachers and parents, staff needs, equipment and budget (Sept., 1973).

13.3 Plan should be implemented (July, 1974).
Form a Task Force to Design Professional Services

June 1973

Task Force

Parents' Needs Analysis

Parents' Needs Analysis

Diagnostic Information for Parents

Plan and Schedule

Plan and Schedule

Diagnostic Information for Teachers

Budget

Job Descriptions

S

Implement Professional Services

July 1974

Resource Planning and Management Network for Recommendation No. 13: Design Professional Services
prospective mothers must learn the relationship between maternal diseases and sensory impairments in children.

Recommendation No. 14: Every appropriate state agency should be directed to increase the emphasis placed on programs which contribute towards the prevention of hearing and visual losses.

Rationale:

No matter how effective treatment and educational strategies can be made, the most beneficial programs are those which individually or in consortium reduce the incidence of the impairment. Increasingly sensory impairment accompanies certain diseases during the prenatal period of life.

Between the period 1963-65 a rubella epidemic (mothers who had German Measles during the first trimester of pregnancy) swept the United States. The result of this epidemic was an increase in the number of children born deaf and blind and an increase in the number of children with multiple handicaps. In 1965, in connection with the rubella epidemic in Maryland the following information was reported in a study of 200 congenital rubella children (Hardy, 1965):

- 35 per cent have cardiac disease
- 50 per cent have hearing problems of which half are profound
- 20 per cent have visual problems of which two thirds are severe
- 54 per cent have retardation of development (one half of these are severely retarded)
- 60 per cent have small headsize — at the third percentile or below and many of these poor growth
- Less than 5% are normal through one year of follow-up"

Other diseases and factors contributing to sensory handicaps and particularly multiple handicaps are meningitis and premature births” (Vernon, 1966).

Increasingly, therefore, sensory impairment is congenital rather than adventitious. If parents would take advantage of the prevention programs currently available, the frequency of sensory impairment could be reduced in the school age population.

Responsibility:

The Executive Department of the State of Oregon should coordinate this effort and should see that the Board of Health and other agencies are involved and given support in these programs.

Required Action:

14.1 During the 1973-75 Biennium conduct initial planning, establish goals and set 1975-77 budget.
14.2 During the 1975-77 Biennium take those steps necessary to insure that 90% of Oregon citizens are vaccinated for (1) Rubella and (2) other measles forms.
14.3 By 1977, develop programs which insure that all expectant mothers are receiving direct prenatal medical attention from qualified medical personnel.
14.4 By 1977, increase capabilities of the present state clinics which serve Oregon’s populace.
Planning for Preventive Care Program

1973-1974

Executive Department Budget
General Funds

1975-1976

Oregon Medical Association

Associated S.I. Education of Handicapped

State Board of Health

State Executive Department

14-1

Goals Report

1975

14-2

Vaccinate at least 90% Rubella and Measles

14-3

Expectant Mothers Program

14-4

Oregon Clinic Improvement Program

Operating Preventive Care Program

Resource Planning and Management Network for
Recommendation No. 14: Preventive Medical Programs

1977
Recommendation No. 15: Plan, develop specifications for and construct new facilities for OSB that will be ready for occupancy by September 1975.

Rationale:
Continued OSB occupancy of the present site is no longer cost feasible for the enrollments projected for that school in these recommendations. As a result of our study of factors involved we conclude that relocation of OSB onto the OSSD campus would not be advisable. New facilities would be required and site preparation costs at OSSD would exceed costs for acquisition of new land. The new facility should be designed for educational activities only with residential requirements being met through acquisition of single family dwellings.

Responsibility:
This activity should be under the leadership of the OSB Director with assistance of the OSB Principal and faculty, Associate Superintendent for Business and Support Services, and Department of General Services.

Recommended Actions:
15.1 Accomplish preliminary planning and determine initial dollar requirement (May to June, 1972).
15.2 Develop budget request for Legislature (June, 1972).
15.3 Acquire site (July, 1973).
15.4 Develop final plans and secure construction bids (July 1973 to July 1974).
15.5 Working with Department of General Services dispose of present facilities (July 1973 - July 1975).
15.6 Construct educational and acquire residential facilities (July 1974 to July 1975).
15.7 Move to new facility (Sept. 1975).
15.8 Upon sale of present OSB facility return dollars required for construction to Legislature.
Recommendation No. 15: Construct New OSB Facility

15. Prepare Budget
   June 1972

15-2. Plan and S Estimate
   May–June 1972

15-3. Acquire Site
   July 1973

15-4. Complete Financing Plan and Secure Bids
   March–July 1974

15-5. Dispose Present Facility
   July 1973–July 1975

15-6. Acquire Residences
   July 1974–July 1975

15-6. Construct New OSB
   July 1974–July 1975

New Facility

15-7. Move in
   July–September 1975

New OSB

Operate in New Facility
   September 1975

S
SPEND

Legislature Meets
January–June 1973

Budget 1973-74

Resource Planning and Management Network for

Recommendation No. 15: Construct New OSB Facility
Summary:

The preceding recommendations are offered as suggested directions for the State to follow in its efforts to provide quality education for sensory impaired youth. The recommendations should be viewed as “what to do.” We have, in most cases, refrained from including detail as to “how to do” those things recommended so that responsible individuals throughout the State would not be constrained by our thoughts and biases. The plan or any modification must be the product of those who implement it.

We concluded our study firmly convinced that the leadership in education for sensory impaired in Oregon is sound and the skills to more effectively provide for these youth are present. We hope that this report contributes to that effort.
References


Barraga, Natalie, A Model for a State Educational Program Visually Handicapped Children and Youth, Teaching Research, 1972.


Kroneberg, Henry H., and Blake, Gary D., A Study of the Occupational Status of the Young Adult Deaf of the Southwest and Their Need for Specialized Vocational Rehabilitation Facilities, Arkansas Rehabilitation Center, Hot Springs, Arkansas, 1966.


POLICIES AND PROCEDURES GOVERNING ENROLLMENT AT THE SCHOOL FOR THE BLIND

Adopted by the State Board of Education
September 29, 1971

I. General Policy Governing Admission and Termination
   A. The School for the Blind shall serve children who can benefit from an educational program which has as its objective the education and training of students who it is believed can live independently or semi-independently with minimum supervision, in the community upon reaching adulthood. It is recognized that these education and training objectives may be complemented and assisted by other services available to visually handicapped persons, such as those provided by the Commission for the Blind.
   B. The School for the Blind shall periodically prescribe specific education and training objectives for all children enrolled at the school. Progress of the children shall be measured in terms of these prescribed objectives. The school is expected to modify the regular, traditional classroom approach for children who are unable to progress on this basis, but who, with specialized services, can progress and benefit.
   C. Students who are not benefiting from the program as outlined in “A” above, will be terminated. The school shall arrange enrollment in other available programs at the time of termination whenever possible. However, it is not the responsibility of the school to retain children because of the lack of other programs to meet their needs.
   D. The school shall program its activities to transfer children to available nonresidential programs which can effectively serve their needs as early as possible.

II. Responsibility for Determining Admission and Enrollment
   Applications for enrollment shall be addressed to the Director of the Oregon State School for the Blind. The Director shall refer each application to the School Enrollment Committee for independent evaluation. The Enrollment Committee shall evaluate the application and transmit its recommendations to the Director. The Director shall add any appropriate comment to the Enrollment Committee recommendations and transmit all recommendations to the Associate Superintendent in charge of Special and Teacher Education who will make final determination whether or not the applicant shall be granted a trial enrollment. The Associate Superintendent after making his decision will notify the Director and the Chairman of the Enrollment Committee of his decision. The Associate Superintendent and the Enrollment Committee shall have similar responsibilities concerning continued enrollment of students.

III. Establishment of Enrollment Committee
   A. Responsibility
      The Enrollment Committee will collect and review observational and evaluative data and prepare recommendations. The Committee will specifically review, evaluate, and prepare recommendations on:
      (1) New applications for admission to the school;
      (2) Enrollment of all students at the completion of the trial enrollment period; and
      (3) Each student’s progress not less than once annually, for purposes of determining continued enrollment.
B. Operation

1. The Committee may obtain counsel from the University of Oregon Medical School, local school districts, Fairview Hospital and Training Center, and other agencies.

2. The evaluations, reviews, and reports concerning individual students, as well as recommendations and actions of the Committee, must be recorded and made a part of the child's file. The Committee will collect and maintain data on its activities as required by the Oregon Board of Education.

3. Parents of children considered by the Enrollment Committee should be fully advised of the action concerning their child to insure the parents clearly understand the status of the child's enrollment, the reasons for the action, and the progress of the child.

C. Membership on the Enrollment Committee

1. The Specialist for Visually Handicapped

2. Parent Counselor
   a. Direct and coordinate the acquisition of observational and evaluative data.

3. Coordinator of Auxiliary Instruction (Dormitory Supervisor)

4. Principal of the School
   a. Provide for the participation and cooperation of the school's staff in developing observational and evaluative data.
   b. Serve as Chairman of the Enrollment Committee.

5. Coordinator of Health Services
   a. Serves as Recorder for the Enrollment Committee

6. Specialist, Education of Visually Handicapped Children

7. Other Staff
   a. When appropriate, the classroom teacher, dormitory counselor, and other staff members concerned with a specific child will be invited to participate in the Committee's deliberations and recommendations.

IV. Policies and Procedures Governing Admission and Enrollment at the School for the Blind

A. Policies and Procedures Governing Admission

The Enrollment Committee, in developing a recommendation, and the Director, in making a determination, shall use the following criteria:

1. Benefit from Program: A child shall be considered for admission when it is believed there may be sufficient potential, after necessary education and training experiences, for his living independently or semi-independently with minimum supervision, upon reaching adulthood.

2. Trial Enrollment: Determination of future potential may be difficult because of the lack of adequate standardized testing measures for young sensory handicapped children. Therefore, every child shall be admitted on a trial enrollment basis. The purpose of the trial enrollment is to enable the child to demonstrate his ability in a diagnostic teaching situation. If, after a prescribed period, not to exceed one school year, it is determined he meets admission criteria, his enrollment is continued; if not, he is terminated. Under unusual circumstances, the trial period may be extended after evaluation and action by the Enrollment Committee.

3. Age: A child may not be admitted before reaching four years eight months of age. Younger children may be served through established services for preschool children on a nonenrollment basis.

4. Vision Loss:
   a. The child shall be legally blind, and his vision loss shall be sufficient to deter satisfactory progress in his local public school.
   b. The child’s vision loss must be his basic impairment.

5. Mental Ability: All children must meet the criteria outlined in (1) above. This generally means that the child must be within the level commonly referred to as the educable level and higher.
(6) Medical Condition to Be Considered for Admission:
(a) An eye examination report not more than a year old completed by a licensed ophthalmologist or optometrist.
(b) A signed statement must be received from a physician licensed by the Board of Medical Examiners which indicates:
   (1) The child is medically able to enroll in school;
   (2) Any unusual medical or physical conditions;
   (3) Required medications;
   (4) Special dietary requirements; and
   (5) Brief medical history.
(c) A signed statement indicating the child does not have a medical condition so severe that it should be treated or modified or controlled by residence in a medical facility.

(7) Behavioral Problems: Children with behavioral problems will be accepted if it is anticipated his behavior can be modified and he can demonstrate his ability to respond and benefit from the program of the school.

(8) Physical Disability: A child may be accepted who has a physical disability providing that the child is basically mobile with use of aids, and is not an undue burden upon students or staff in getting from one location to another.

(9) Parental Involvement: Parents or legal guardians must agree to participate and reinforce the education and training services offered to the child, as well as follow School and Board of Education policies and assume responsibility for the child's welfare.

(10) Alternative Services: Before a child is admitted, it must be determined there are no other educational services appropriate to meet his individual needs available to him in his home community which would preclude the need for residential care. The Specialist, Education of Visually Handicapped Children, shall certify in writing, prior to enrollment of any child, the lack of suitable local school services and adequate local school services cannot be provided with assistance from the State Special Education Program.

(11) Available Capacity and Services: A child shall be admitted when there is adequate capacity in both the classroom and the dormitory, and when there are appropriate supplementary services available to meet the child's needs.

B. Policies and Procedures Concerning Continued Enrollment and Termination

The Enrollment Committee in developing a recommendation, and the Associate Superintendent, in making a determination, shall use the following criteria:

(1) Annual Review: There shall be an annual review for all children to assess their progress in relation to achieving specific prescribed educational objectives. More frequent evaluations may be made in special cases. The annual review shall be conducted by the Enrollment Committee.

(2) Continue to Benefit from Educational Programs: A child shall continue to be enrolled if he meets the admission criteria; IV, A (4) through (11); and if he is progressing and benefiting from the program which it is believed will lead to independent or semi-independent living with minimum supervision, in the community upon reaching adulthood.

(3) Conditions for Termination: A child shall be terminated under the following conditions:
(a) Completion of the ninth grade.
(b) No longer meets the criteria for admission; IV, A (4) through (11); or who is not progressing and benefiting from the program will be terminated regardless of age.
(c) Has been progressing but later reaches a plateau in relation to achieving specific education and training objectives; he shall not continue to be enrolled for more than a two-year period.
(d) When another program is available to adequately meet the education and/or training needs of the child, such as services provided by a local school district, the Commission for the Blind, or another program, the child shall be terminated and transferred.
(e) Except in unusual conditions, a child shall be terminated not later than the close of the school year during which he reaches eighteen years of age. Exceptions may be made for unusual situations; for example, the case of a child who has only recently entered an educational program but who is making good progress, and where further enrollment would be extremely beneficial to insuring successful adjustment to living in the community.

V. Exceptions for Unusual Situations
Requests for considering exceptions to the above policy may be presented to the State Superintendent of Public Instruction, together with necessary background information and justification. Such requests may be made in unusual cases when the exception would be consistent with the intent of this overall policy.

OREGON BOARD OF EDUCATION
942 Lancaster Drive, NE
Salem, Oregon 97310
Dale Parnell, Superintendent

Division of Special and Teacher Education
Special Education Section
September 29, 1971

POLICIES AND PROCEDURES GOVERNING ENROLLMENT AT THE STATE SCHOOL FOR THE DEAF

Adopted by the State Board of Education
September 29, 1971

I. General Policy Governing Enrollment and Termination
A. The School for the Deaf shall admit and serve children who can benefit from an educational program which has as its objective the education and training of students who it is believed can live independently in the community upon reaching adulthood. It is recognized that these education and training objectives may be complemented and assisted by other services available to deaf persons, such as those provided by the Vocational Rehabilitation Division.

B. The School for the Deaf shall periodically prescribe specific education and training objectives for all children enrolled at the school. Progress of the children shall be measured in terms of these prescribed objectives. The school is expected to modify the regular, traditional classroom approach for children who are unable to progress or, this basis, but who, with specialized services, will be able to live independently as an adult.

C. Students who are not benefiting from the program as outlined in “A” above will be terminated. The school shall help arrange enrollment in an appropriate educational or training program at the time of termination whenever possible. It is not the responsibility of the school to retain children because of the lack of other programs to meet their needs.

D. The school shall serve deaf children whose education and training needs can only be effectively met through enrollment in a residential program and/or where alternative services are not available.

E. The school shall program its activities to transfer children to available nonresidential programs which can effectively serve their needs as early as possible.

II. Responsibility for Determining Enrollment
Applications for enrollment shall be addressed to the Director of the Oregon State School for the Deaf. The Director shall refer each application to the School Enrollment Committee for independent evaluation. The Enrollment Committee shall evaluate the application and transmit its recommendations to the Director. The Director shall add any appropriate comment to the Enrollment Committee recommendations and transmit all recommendations to the Associate Superintendent in charge of Special and Teacher Education who will make final determination whether or not the applicant shall be granted a trial enrollment. The Associate Superintendent after making his decision will notify the Director and the Chairman of the Enrollment Committee of his decision. The Associate Superintendent and the Enrollment Committee shall have similar responsibilities concerning continued enrollment of students.
III. Establishment of Enrollment Committee

A. Responsibility

The Director shall appoint an Enrollment Committee which will collect and review observational and evaluative data and prepare recommendations. The Committee will review, evaluate, and prepare recommendations on:

(1) New applications for enrollment to the school;
(2) Retention or termination of all students at the completion of the trial enrollment period; and
(3) Each student’s progress not less than once annually for purposes of determining continued enrollment.

B. Operation

(1) At the request of the Committee, the Director may refer a child to other agencies for recommendations that would assist in meeting the child’s needs.
(2) The recommendations and actions of the Committee must be recorded.
(3) The Director shall keep the parents informed of the status of their child.

C. Membership on Enrollment Committee

(1) Assistant Director
   (a) Provides for the participation and cooperation of the school’s staff in developing observational evaluation data.
   (b) Serves as chairman of the Enrollment Committee.
(2) Specialist for Education of the Deaf and Hard of Hearing
(3) Nurse
(4) Secretary
(5) Other Staff
   (a) When appropriate, the supervising teacher, dormitory counselor No. 2, the Coordinator of the Evaluation and Service Center, the classroom teacher, educational counselor, director of curriculum, dean, and/or other staff concerned with a specific child will be invited to participate in the Committee’s deliberations and recommendations.

IV. Initial Enrollment Policies and Procedures

A. Criteria

(1) A child shall be considered for enrollment when it is believed there may be sufficient potential, after necessary education and training experiences, for his living independently upon reaching adulthood.
(2) Every child shall enter school on a trial enrollment basis not to exceed one year.
(3) No child shall enter school before reaching three years, eight months of age. Younger children may be served through established services for preschool children on a nonenrollment basis.
(4) The child’s hearing shall be insufficient to permit satisfactory educational progress in a regular classroom. His hearing loss must be his basic impairment and his speech and language did not develop normally because of early onset of a severe or profound hearing loss.
(5) The child shall have the mental health and ability to benefit from the special education provided by the school.
(6) (a) The child must not have a medical condition so severe that it should be treated or modified or controlled by residence in a medical facility.
   (b) To be considered for enrollment, a signed statement must be received from a physician licensed by a state board of medical examiners which indicates:
      (1) The examination was conducted within the last year;
      (2) The child is medically able to enroll in school;
      (3) Any unusual medical or physical conditions;
      (4) Required medications;
      (5) Special dietary requirements; and
      (6) Brief medical history.
(7) Children with behavioral problems will be accepted if it is anticipated their behavior can be modified and they can demonstrate their ability to respond and benefit from the program of the school.

(8) A child may be enrolled who has a physical disability providing that the child is basically mobile with use of aids and is not an undue burden upon students or staff in getting from one location to another.

(9) Parents or legal guardians are encouraged to participate and reinforce the education and training services offered to the child, as well as follow school policies and assume responsibility for the child's welfare.

B. Continued Enrollment Policies and Procedures

(1) There shall be an annual review for all students to assess their progress in relation to achieving specific prescribed educational objectives. More frequent evaluations may be made in special cases. The annual review shall be conducted under the direction of the Enrollment Committee, and the procedures outlined under 11 shall be followed.

(2) A student shall continue to be enrolled if he is progressing and benefiting from the school's program.

V. Exceptions for Unusual Situations

Requests for considering exceptions to the above policy may be presented to the Associate Superintendent in charge of Special and Teacher Education together with the necessary background information and justification. Such requests may be made in unusual cases when the exception would be consistent with the intent of this overall policy.

APPENDIX B

A PLAN FOR REVISION OF THE ADMISSIONS POLICIES AT OSSD AND OSB

The present admission and review policies of the OSSD and OSB are contained in Appendix A. In our analysis of these review procedures we have identified several policy statements that require modification, revision, and or elimination. The following statements speak to our concern with each of these policy statements.

OSSD. Paragraph A of the statement is quoted as follows:

"The School for the Deaf shall admit and serve children who can benefit from an educational program which has as its objectives the education and training of students whom it is believed can live independently in the community upon reaching adulthood. It is recognized that these education and training objectives can be complemented and assisted by other services available to deaf persons such as those provided by the Vocational Rehabilitation Division."

Our concern with this statement deals primarily with the first sentence which effectively restricts the enrollment at the residential school and as now stated can be used arbitrarily to deprive certain types of students of the services which can be provided at that school. Specifically the statement can be interpreted to deny enrollment to those persons with hearing impairments who are at the same time mentally retarded or otherwise multiply handicapped. We must recognize that there are individuals who are multiply handicapped who will not be able to live independently in the community upon reaching adulthood. We feel strongly that continuation of residential centers is justified primarily for those with multiple handicaps and this paragraph of the statement should be revised to recognize that role.

Paragraph B of the statement indicates:

"The School for the Deaf shall periodically prescribe specific education and training objectives for all children enrolled at the School. Progress of the children shall be measured in terms of these prescribed objectives. The School is expected to modify the regular, traditional classroom approach for children who are unable to progress on this basis, but who with specialized services, will be
able to live independently as an adult."
Again, our concern is with the last statement "... will be able to live independently as an adult." Further, the term periodically is left undefined as is the responsibility for making such prescriptions and reviewing the progress of children relative to those prescriptions. In general, we value positively the individual prescription of objectives for students not only at OSSD but in all educational programs, however, we were unable to obtain evidence that such programming or even planning for such a program was in operation at OSSD.

Paragraph C of the statement indicates: "Students who are not benefiting from the program as outlined in "A" above will be terminated. The School shall arrange enrollment in an appropriate educational or training program at the time of termination whenever possible. It is not the responsibility of the School to retain children because of the lack of other programs to meet their needs."

We take issue with two portions of this statement, the first being that students who are not benefiting from the program as outlined in "A" above will be terminated and the second being the last sentence of that statement. In line with our concerns dealing with paragraph A this statement must be revised. Further, we find it difficult to accept that a school place the burden for retention solely upon the child. We adhere strongly to the statement that "in educational programs children do not fail, only instructional programs fail." Rather than terminate students for lack of progress within a given program we feel that schools should look at unsatisfactory student progress as information that can be used in planning their programs. The State of Oregon cannot deny education to some of its citizens. The entire justification of the State residential school must be on the basis that its students are there because programs are not available to them locally.

Paragraphs D and E of the statement are sound and should be retained. Further care must be taken to insure that these two statements are rigidly adhered to.

Section II of the OSSD enrollment policy states:
"Applications for enrollment shall be addressed to the Director of the Oregon State School for the Deaf. The Director shall refer each application to the School Enrollment Committee for independent evaluation. The Enrollment Committee shall evaluate the application and transmit their recommendations to the Director. The Director shall add any appropriate comment to the Enrollment Committee recommendations and transmit all recommendations to the Associate Superintendent in charge of Special Teacher Education who will make final determination whether or not the applicant shall be granted a trial enrollment. The Associate Superintendent after making his decision, will notify the Director and the Chairman of the Enrollment Committee of his decision. The Associate Superintendent and the Enrollment Committee shall have similar responsibilities concerning continued enrollment of students."

It is our recommendation that applications for enrollment be directed to the Oregon Board of Education rather than to the Director of the School.

Section III deals with the establishment of the Enrollment Committee. In Paragraph A, the responsibility for the establishment of the Committee should be changed from that of the Director of OSSD to the Oregon Board of Education. Under Paragraph B of that statement we would suggest a rewording of the first sub-paragraph to provide for the Oregon Board of Education staff to coordinate the resources of the State in ways such that the needs of the child are met. Paragraph C should be revised to place OBE in more direct control of the activities of Committee.

Section IV of the statement deals with initial enrollment policies and procedures. Paragraph A (1), should be changed to accommodate for the needs of the multiply handicapped child. Paragraph A (3) should be changed so that it is clear that the needs of children below the age of 3.8 are provided and budgeted for. Paragraph A (4)
should be rewritten to be consistent with the provision of needs of multiply handicapped children, and Paragraph A (5) should either be reworded to be more specific or eliminated. Paragraph A (6) should be reworded to make it clear what is meant by "behavioral problems," and to see that children who exhibit the types of behavioral problems discussed are provided with programs rather than eventually eliminated. Paragraph A (8) again suffers from non-specificity and we would recommend that the last two lines of that paragraph be deleted. Paragraph B (1) of this section states, "There shall be an annual review for all students to assess their progress in relation to achieving specific prescribed educational objectives." The statement should be revised to place this responsibility more specifically. We would recommend the deletion of Paragraph B (2).

Section V deals with "exceptions for unusual situations" and indicates that requests for exceptions to the policies outlined in the statement be presented to the Associate Superintendent in charge of Teacher and Special Education. The statement is non-specific in that it does not indicate whether it is intended that the Director for the School or the parent may make requests under this policy. It is suggested that this portion of the statement be revised in such a way that it is consistent with the responsibilities of the School and protects the interest of the parent and the child.

OSB

Section I deals with general policy governing the admission and termination of students at the Oregon School for the Blind. No suggestions are made for revision in Paragraph 1A. Paragraph 1B should be revised in such a way that the term "periodically" is more carefully defined.

We would recommend the deletion of Paragraph 1C basing this recommendation on the same rationale as that provided for these policies at the School for the Deaf. Paragraph 1D and 1E should remain as stated. Section II deals with the responsibility for determining admission and enrollment. We would recommend that the statement be changed so that applications for enrollment are directed to OBE and that the Enrollment Committee be appointed by OBE and chaired by personnel from the Oregon Board of Education.

Section III deals with the responsibility, operation and membership of the Enrollment Committee. We would recommend that Paragraph 3C be revised in such a way that the Chairmanship of the Committee be a member of the Oregon Board of Education staff rather than principal of the school.

Section IV deals with the policies and procedures governing admission and enrollment at the School for the Blind. We would recommend that Paragraph A of this section be revised so that determination of enrollment is with OBE rather than the Director of the School. Further, this section should be revised such that it recognizes that services are provided for children younger than the age at which they normally would be accepted for enrollment in the school. Paragraph 4A (4) should be revised to recognize that multiply handicapped children are accepted. Paragraph 4A (5) should be revised such that there is not a lower specified level of mental ability for the school. Paragraph 4A (7) should be revised to make more specific what is meant by "behavior problem." Paragraph 4A (8) should be revised by elimination of the last phrase "...is not an undue burden upon students or staff in getting from one location to another."

Section 4B deals with policies and procedures concerning continued enrollment and termination at the School for the Blind. It is recommended that this section be revised such that the determination for continued enrollment is the prerogative of the Board of Education rather than the Superintendent at the School. Paragraph 4B (1) should be revised in such a way that the time for specific annual review of students is indicated. Paragraph 4B (3) should be revised (1) in such a way that the child shall be terminated usually upon the completion of objectives consistent with those of 9th grade students and (2) through the elimination of subparagraph B under this paragraph. Further, subparagraph C should be eliminated or the term "...reaches a plateau..." made more specific.

Section V deals with exceptions to these policies under unusual situations. This section
should be revised such that exceptions are not directed to the State Superintendent of Public Instruction and such that the statement makes it more explicit who may initiate requests for exceptions.

APPENDIX C

SINGULAR HANDICAPPED CHILDREN AT OSSD BY COUNTY

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>AGE 0–6</th>
<th>AGE 6–9</th>
<th>AGE 9–12</th>
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Totals     | 8       | 5       | 4        | 5         | 5      

Overall Total 207

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COUNTY | AGE 0–6 | AGE 6–9 | AGE 9–12 | AGE 12–15 | AGE 15+ |
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Totals     | 8       | 5       | 4        | 5         | 5      

Overall Total 207
### APPENDIX D

**SINGULAR HANDICAPPED CHILDREN AT OSB BY COUNTY**

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### APPENDIX E

**INDIVIDUALS CONTACTED DURING THE STUDY**

Duane Anderson, Director, Learning Conservation Program  
Oregon State Board of Health  
1400 S.W. 5th  
Portland, Oregon

Wilma Arensmeier, Supervising Teacher  
Oregon State School for the Deaf  
Salem, Oregon

Dr. Victor Baldwin, Director, Exceptional Child Program  
Teaching Research  
Monmouth, Oregon

Cecil Barnes, Physical Plant  
Oregon State School for the Deaf  
Salem, Oregon

Dr. Natalie Barraga, Professor  
University of Texas, Sutton Hall 213  
Austin, Texas

Dr. Thomas R. Behrens, Director  
Kendall School for the Deaf  
Gallaudet College  
Kendall Green, Washington, D.C.

Howard Blomquist, Vice President  
Management Services Associates, Inc.  
P.O. Box 3750  
Austin, Texas

Hazel Bothwell, Coordinator of Deaf Education  
Illinois State Department of Education  
Springfield, Illinois

Marylou Breckenridge, Primary Teacher  
Oregon School for the Blind  
Salem, Oregon

Jerry Brodsky, Special Projects  
Oregon State School for the Deaf  
Salem, Oregon

Dr. Judy Burroughs  
Callier Speech and Hearing Center  
1966 Inwood Road  
Dallas, Texas

Mary Campbell, Director, Program for the Hearing Impaired  
Public Schools  
Ida, Michigan
Richard Chambers, Chairman
Advisory Committee for Education of the Deaf
2178 Washington
Eugene, Oregon

David Clarke, Career Education Coordinator
Oregon State School for the Deaf
Salem, Oregon

Marvin Clatterbuck, Director
Oregon State School for the Deaf
Salem, Oregon

Dr. Harlan Conkey, Audiologist
Oregon State University
Corvallis, Oregon

Reverend Dennis Davis, Pastor
Assembly of God Church
1330 Summer N.E.
Salem, Oregon

Dr. Donald Egge, Deputy Superintendent
Oregon Board of Education
Salem, Oregon

Charles Eskridge
Management Services Associates, Inc.
P.O. Box 3750
Austin, Texas

Dr. Jesse Fasold, Associate Superintendent,
Special Schools and Services
Oregon Board of Education
Salem, Oregon

Cornelius Feskins, Director of Special Education
Jackson County Intermediate Education District
1133 S. Riverside
Medford, Oregon

Rosemary Frank, Curriculum II Teacher
Oregon School for the Blind
Salem, Oregon

Dr. Bud Fredericks, Associate Director
Teaching Research
Monmouth, Oregon

Helen Gadway, Supervising Teacher of the Deaf
Eugene Regional Facility for the Deaf
Eugene, Oregon

Mildred Gibbens, Music Teacher
Oregon School for the Blind
Salem, Oregon

Ralph Gorsline, Chaplain
Oregon State School for the Deaf
Salem, Oregon

Judith Greene, Teacher Assistant
Oregon State School for the Deaf
Salem, Oregon

Lillian Griffen, Living Skills Teacher
Oregon School for the Blind
Salem, Oregon

Jay Gould, Legislative Fiscal Officer
Legislative Fiscal Office
State Capitol Building
Salem, Oregon

Dr. Edwin K. Hammer, Director
Southwest Regional Center for Deaf—Blind
Callier Speech and Hearing Center
1966 Inwood Road
Dallas, Texas

Maxine Hartman, Nurse
Oregon School for the Blind
Salem, Oregon

Dr. Robert Hansen, Superintendent
Texas School for the Blind
Austin, Texas

Beppie Hello, Montessori Teacher
Oregon School for the Blind
Salem, Oregon

Dr. Doin Hicks, Director
Model Secondary School for the Deaf
Gallaudet College
Kendall Green, Washington, D.C.

Dr. Marshall Hickey, Director Educational—Psychological Clinic
University of Nebraska
Lincoln, Nebraska

Ron Hoffman
Cheneketa Community College
4389 Satter Dr. N.E.
Salem, Oregon

Wilma Jons, Supervising Teacher
Southern Oregon Regional Facility for the Deaf
1133 S. Riverside
Medford, Oregon

Mary Jackson, Dietitian
Oregon School for the Blind
Salem, Oregon

Jim Johnson, Physical Education Teacher
Oregon School for the Blind
Salem, Oregon

Lewis Keller, Supervisor
Southern Oregon Regional Facility for the Deaf
1133 S. Riverside
Medford, Oregon

Neil Kleever, Principal
Oregon School for the Blind
Salem, Oregon
Dr. Helen Lane, Principal
Central Institute for the Deaf
St. Louis, Missouri

Keith Lange, Supervising Teacher
Oregon State School for the Deaf
Salem, Oregon

Cliff Leterneau, Principal, Hosford School
Portland Regional Facility for the Deaf
220 N. Beech St.
Portland, Oregon

Aris A. Mallas, President
Management Services Associates, Inc.
P.O. Box 3750
Austin, Texas

Christine Matsui, Preschool Teacher for the Deaf
Eugene Regional Facilities for the Deaf and Blind
Eugene, Oregon

James T. McAllister, Coordinator Federal Funds for Handicapped Children
Oregon Board of Health
Salem, Oregon

Dorothy McCarr, Principal
Oregon State School for the Deaf
Salem, Oregon

James McCarr, Intermediate Teacher
Oregon State School for the Deaf
Salem, Oregon

Vernon McGee
Management Services Associates, Inc.
P.O. Box 3750
Austin, Texas

Jess McGuire, Public Health Audiologist
Oregon State Board of Health
1400 S.W. 5th
Portland, Oregon

Dr. Mason McQuiston, Director of Special Education
Oregon Board of Education
Salem, Oregon

Dr. George Mencher, Professor, Speech Pathology
University of Nebraska
Lincoln, Nebraska

Donald Menefee, Director of Pupil Personnel Services
Eugene Regional Facilities for the Deaf and Blind
Eugene, Oregon

Lenabell Mitchell, Nurse
Oregon State School for the Deaf
Salem, Oregon

Dr. Robert Montgomery, Assistant Commissioner for Special Education
Texas Education Agency
Austin, Texas

Gordon Mossman, Dormitory Counselor
Oregon State School for the Deaf
Salem, Oregon

Ray Myers, Specialist, Visually Handicapped
Oregon Board of Education
Salem, Oregon

Vern Osborn, Assistant Superintendent for Business and Support Services
Oregon Board of Education
Salem, Oregon

Dr. Dale Parnell, Superintendent of Public Instruction
Oregon Board of Education
Salem, Oregon

Judy Patterson, Chairman
Advisory Committee for the Blind
236 N. Stadium
Monmouth, Oregon

Dr. Bud Paulson, Director, Evaluation Program
Teaching Research
Monmouth, Oregon

Grace Peck, Representative, 6th District, Multnomah County
Oregon State Legislature
State Capitol Building
Salem, Oregon

B.J. Peck, Assistant Director
Oregon State School for the Deaf
Salem, Oregon

Neil Peirson, Mobility Teacher
Oregon School for the Blind
Salem, Oregon

Robert Pogorelic, Director
Commission for the Blind
535 S.E. 12th
Portland, Oregon

Jim Rawlins, Principal, Kelly School
Portland Regional Facility for the Deaf
220 N. Beech St.
Portland, Oregon

Ferne Rice, Preschool Counselor
Oregon State School for the Deaf
Salem, Oregon

Mary Rigby, Preschool Teacher
Oregon School for the Blind
Salem, Oregon
Leo Robinson, Personnel Director
Oregon Board of Education
Salem, Oregon

Dr. Joe Rosenstein, Psychologist
Model Secondary School for the Deaf
Gallaudet College
Kendall Green, Washington, D.C.

Marilyn Salter, Supervising Teacher
Oregon State School for the Deaf
Salem, Oregon

Dave Sandstrom, Science Teacher
Oregon State School for the Deaf
Salem, Oregon

Edward Sanford, Director of Fiscal Services
Oregon Board of Education:
Salem, Oregon

Meredith Schrceder, Preschool Teacher
Oregon State School for the Deaf
Salem, Oregon

Helen Sheridan, Preschool Teacher
Oregon State School for the Deaf
Salem, Oregon

Donnise Shidler, Preschool Counselor
Oregon School for the Blind
Salem, Oregon

Marcia Shook, Teaching Assistant
Oregon School for the Blind
Salem, Oregon

Bill Sjolander, Dormitory Counselor
Oregon School for the Blind
Salem, Oregon

Harold Skidmore, Food Supervisor
Oregon State School for the Deaf
Salem, Oregon

Judi Smith, Primary Teacher
Oregon State School for the Deaf
Salem, Oregon

Wanita Speed, Home Economics Teacher
Oregon State School for the Deaf
Salem, Oregon

Paul Starkavitch, Director
N.W. Regional Facility for the Deaf—Blind
Vancouver, Washington

Dr. Robert E. Stepp, Director, Midwest Media Center for Deaf
University of Nebraska
Lincoln, Nebraska

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