The report describes, in photographs and text, a demonstration program in early education for multiply handicapped preschool children carried on by United Cerebral Palsy of New York City (UCP) in cooperation with the Bureau of Education for the Handicapped. Reviewed are the objectives of the project, home and family involvement, the staff team, the physical development program, nutrition, a special device for toilet training, the facility's floor plan, general learning guidelines, demonstration aspects of the project, and learning that takes place on the school bus. Also included is a drawing of the proposed Brooklyn Rehabilitation Campus, which will include an Educational Center. (KW)
Early Education of the Multi-handicapped Child
Dr. Edwin W. Martin, Director of the Bureau of Handicapped Children, U.S. Office of Education, has said, "Expansion of the education setting (for handicapped children) poses numerous problems for professional educators trained and experienced in a program centered around the classroom." We recognize that the normal educational setting is not limited to the classroom, but includes the home, the bus, the rehabilitation center and various program components of therapy, education, and recreation.

This project then was designed to create a very special program for young handicapped children within the educational setting of a voluntary rehabilitation agency. The wide offering of agency services is seen as a great strength in the program, however, a primary objective has been to develop the program in such a way that it can be easily absorbed into public and private school services for multi-handicapped children.

From the time a child is diagnosed as brain injured, often upon leaving the obstetrical ward of the hospital, the program begins with the family. Here skillful social workers, psychologists, psychiatrists and other personnel, working with the medical community, provide the initial orientation of the family to the problem of raising a multiply handicapped child. Social workers and case-aides make home visits and establish a rapport with the family. They bring with them tangible evidences of service in the form of emergency financial assistance, simple home care devices, instruction in feeding, toilet training and in making adapted clothing for the handicapped.

As soon as possible, the child enters the special learning environment created for young preschool handicapped children. A gradual progression of time spent in the classroom is developed, with a maximum of parent participation. Developmental deficits of each child are carefully analyzed and an individual program is established with primary and secondary objectives for each child.

The teacher emerges as the primary personality in this program; however, as stated by Dr. Martin, "The traditional bounds of the teacher's intervention into the child's life are no longer valid." The early education setting is as big as the life of the handicapped child. Breaking the bonds of the traditional educational approach is perhaps the most challenging part of the entire program.
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About United Cerebral Palsy of New York City

Organized in the 1940's through the interest of the parents of handicapped children who felt their children were being grossly neglected, United Cerebral Palsy of New York City has grown into one of the largest comprehensive service programs for the cerebral palsied in the world. More than 4,000 palsied persons and their families are served by the agency each year. Seven major centers in New York City provide a vast array of educational, vocational and related services by the agency. Although the project was originally scattered among the boroughs of New York City, it is now concentrated in a mid-Manhattan location, virtually across the street from the United Nations buildings. The visibility of this program to the international community, as well as the United States, makes a compelling case for the project location and sponsorship.
In contemplating a large construction program for pre-school, handicapped children in a Brooklyn "Rehabilitation Campus," United Cerebral Palsy of New York City, Inc. has now had the opportunity to freely experiment and demonstrate many effective patterns of work with this pre-school group, before this construction program. Special classroom design, devices in the classroom, and teaching approaches have been developed through this project. Appropriate classroom layout, use of new floor materials, self-contained classroom design, Swiss-made toilet facilities and the provision of a suitable play environment in a crowded midtown location have all provided a valuable initial experience in the development of an effective pre-school program.

Berta Rafael, Project Director, and Leslie D. Park, Executive Director, discuss the program for pre-school children at the New York City Facility.
The objectives of the project are stated clearly in the initial...
Home and family involvement

The proper inter-relationship of home and family, rehabilitation team, and teaching staff is the most critical component of the program.

The project begins with a strong emphasis on home and family orientation. This is continued, with initial home visits carried on by the teacher and her assistant. These are followed by parent education conferences both in the home and in the classroom setting and further enriched by encouraging the family to participate in the parent education activities of the agency, the summer educational conference, and other activities which are appropriate to the family unit. Because there are no fees of any kind paid by the family for services, participation in these activities is considered to be in lieu of fees.
Additional staff support the educational staff throughout the program. In addition to the teacher and her assistant in each classroom, there are a visiting physical therapist, a part-time psychologist, visiting speech therapist, and various educational consultants who are available to the educational staff. Regular staffing conferences on each child are held with a view toward providing optimum developmental opportunities.

Many staff personnel relate to the project in various ways:

- Recreation staff organize and conduct the children’s program at the annual parent-child summer conference.
- Drivers and transportation staff regularly consult with teachers on bus behavior of the children.
- Rehabilitation engineers, architects and designers continue to plan with staff members on changes in classroom and classroom equipment.
- Social work staff counsel parents on a vast array of subjects such as program objectives, progress reports, summer conference schedules, etc.
A vigorous physical program

Large muscle activity is often a major problem with the multi-handicapped pre-school child. During regular classes, large muscle activity includes games and contests and activities in the indoor-outdoor room. In cooperation with the instructional staff, the physical therapist carries on a program aimed at both physical and functional improvement in each child. Special "self-motivating" equipment is constantly being tried. Climbing apparatus, too often excluded from the handicapped child's environment, is used extensively. "Floor play" is encouraged and floor surfaces are designed for this purpose. The wide, carpeted corridors are used with tricycles, wagons and pushing and pulling equipment.

"Astroturf" in the playroom offers a new and interesting "grass-like" play area. Inflatable "inflatables" and high density foam rubber mats and tumbling equipment are effective "motivators." Functional improvement in each child is enhanced by "inflatables." Floor play is encouraged and floor surfaces are designed with this in mind. The wide, carpeted corridors are used with climbing apparatus, too often excluded from the handicapped child's environment. Special "self-motivating" equipment is constantly being tried in cooperation with the instructional staff. The physical therapist carries on a program aimed at both physical and functional improvement in each child. Large muscle activity is often a major problem with the multi-handicapped pre-school child. During regular classes, large muscle activity includes games and contests and activities in the indoor-outdoor room.

British Royal College of Art engineers from the "Self-Motivating Studio" have recently conducted a conference featuring "The Self-Motivating Environment." "Inflatables" are being developed for use with handicapped and retarded children extensively.

An exciting recent development is the use of "inflatables" of all kinds. Also, high density foam rubber mats and tumbling equipment are effective "motivators."
For the television audience, Mr. James Sandu of the Royal College of Art, London, demonstrates one of the "inflatables" used with handicapped children in England.
The nutrition program
The out meal is important for many reasons. The children learn to try new foods which they might not experience at home. Coordination in handling fork and spoon is learned. Advice is available to parents in the area of diet and nutrition. Because this is a group activity, it aids the child in identifying with others in the group. Good manners, as well as good eating habits, are learned here. Assistance with these problems is an important skill for many children who have coordination problems with sucking and swallowing. The speech therapist is an important staff member in assisting with these problems. Good eating habits are learned here. Because this is a group activity, it aids the child in identifying with others in the group. Good manners, as well as good eating habits, are learned here. The child learns to try new foods which they might not experience at home. Coordination in handling fork and spoon is learned. Advice is available to parents in the area of diet and nutrition. Because this is a group activity, it aids the child in identifying with others in the group. Good manners, as well as good eating habits, are learned here. Assistance with these problems is an important skill for many children who have coordination problems with sucking and swallowing. The speech therapist is an important staff member in assisting with these problems. Good eating habits are learned here. Because this is a group activity, it aids the child in identifying with others in the group. Good manners, as well as good eating habits, are learned here. The child learns to try new foods which they might not experience at home. Coordination in handling fork and spoon is learned. Advice is available to parents in the area of diet and nutrition.
A special device for toilet training

Toilet training is a vitally important part of a pre-school program. As an aid, each classroom is equipped with an automatic toilet imported from Switzerland. It is especially well suited for use by the multiply handicapped. The dark bar on the tank actuates a mechanism which first washes the child with warm water and then dries him with warm air. Toilet tissue is provided but is completely unnecessary with this unit.

This "rehabilitation engineering" in the pre-school classroom is extremely promising.
Classrooms are large and open but lend themselves well to division into activity centers. The large mirror at the left is of tile two-way type and forms the entire end of the observation room where parents and teachers can watch the program in operation. Microphones pick up classroom conversation which can be heard in the observation rooms.
The classrooms are well lighted, air conditioned and suitable for activity all year long. The sliding door divides the two classrooms from each other, unless plans call for shared activities. The toilet is conveniently located behind the dark door in the corner.
Floor plan of facility in New York City
An important part of the teachers' schedule is most knowledgeable members of the medical and academic community. Staff and children meet weekly in small and large groups to discuss and share ideas. Regular staff meetings are held to discuss issues and plan future events. Each child's educational plan is developed by the teacher and is reviewed by the parents at regular meetings. Regular parent-teacher conferences are held to discuss the child's progress and any concerns. The program encourages parental involvement in the classroom, and parents are encouraged to participate in all aspects of the program. Close cooperation between parents, staff, and other agencies gives the program a well-rounded approach to the child's education.
How parents and children learn

The children learn and play in two modern, specially designed classrooms and an indoor-outdoor playroom, with furnishings suited to their handicapping conditions. Each classroom is seen as a "prepared environment," designed to help young children focus on the tasks set before them and those selected by them. The materials provided, both commercially and staff developed, are designed to help each child learn in his own way, at the same time sharing with others the joys and demands of moving from a sheltered home and hospital life to the wider world.

Each parent receives an orientation to the goals of the program and development of concepts and pre-academic skills.

1. Intellectual development and communication skills.
2. Self-help skills.
3. Emotional stability.
4. Social maturity.
5. Motor development.
6. Perceptual development.

The curriculum goals are common to all young children: be able to attend meetings regardless of economic or family situations. Transportation funds for sitters are provided so that mothers will feel able to attend meetings regardless of economic or family situations.

Each parent is encouraged to:
1. Observe the child's group through the one-way mirror.
2. Participate as a helper in the classroom.
3. Become a member of an ongoing group while the child is at the center.
4. Participate in all parent activities developed by United Cerebral Palsy of New York City, Inc.

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A multi-sensory approach is stressed in daily activities in order to develop a wide range of concepts and pre-academic skills.
This program is guided by principles of early childhood education modified to meet the needs of the handicapped child. Children come from all socio-economic levels and many cultures and linguistic backgrounds. Classes are small, with no more than six children present at any one time. A teacher and assistant are always present, often supplemented by a parent and staff specialist to meet the needs of the handicapped child.
Future research and demonstration areas

1. Experimentation with closed circuit television as an instructional tool for multi-handicapped children.
2. Further experimentation with environmental changes, including more research with "inflatables" and self-motivating equipment.
3. Development of a more effective "mobility system" for handicapped pre-schoolers. This includes vehicular re-design and alternatives to the wheelchair for handicapped pre-schoolers. This includes vehicular mobilizing equipment.
4. Refinement of evaluation techniques.
5. Refinement and broadening of the summer "Parent Conference" concept.
6. Experimentation with volunteers working in the program.
7. Research into "systems" for feeding pre-schoolers, including more research with "inflatable" and self-inflating "systems." This includes development of a more effective "mobility system.
8. Preparation of publications on various aspects of the project.
Learning on the bus

The learning environment includes the home, classroom—and the bus.

Since all children are picked up at their homes and returned at the end of the school day, the bus is a place where much learning takes place.

Rather than using a conventional bus, a more spacious automobile has been provided which invites much more conversation and children's banter. Because windows are lower, this also makes it possible for the children to see the environment through which they are moving.

Studies are presently underway to develop the prototype of a "mobile classroom" for use with pre-school children.
Early education

The transportation problem

1. Identification of handicapped child.
2. Offer agency, services via phone.
3. Initial home visit.
4. Screening of child for Early Education Program.
5. Comprehensive medical evaluation.
6. Enrollment of child in Early Education Program.
7. Orientation of child and family in Early Education Program.
8. Testing and evaluation of child's needs.
9. Introduction of selected therapies in school day.
10. Gradual broadening of pre-school curriculum.
12. Regular team evaluation of child's progress.
15. Travel on school bus without parent.
16. Inclusion lunch in school day.
17. Gradual broadening of pre-school curriculum.
19. Work with public schools for evaluation and admission.
22. Extension of school day to afternoon program.
23. Pre-admission of handicapped child.
24. Other agencies involved in child's need.
25. Follow-up home visits- assistive devices in home.

Is this the best way to transport handicapped children?
or this?
Looking ahead

A primary concern of the program is to successfully place children in the public school programs upon completion of the pre-school experience. In the expectation that pre-school education will one day be offered to all children under public auspices, this project provides a continuing laboratory for the demonstration of effective educational practice. Additional facilities to be constructed on the Brooklyn "Rehabilitation Campus" (see photo next page) will greatly expand educational opportunities for young multi-handicapped children. The campus will include a large educational plant designed to serve a large population of pre-school and infant handicapped children. An expanded and modern program will be carried out in this unique facility, particularly in the expectation that pre-school education will one day be offered to all children under public auspices. This project provides a continuing laboratory for the demonstration of effective educational practice in the expectation that pre-school education will one day be offered to all children under public auspices.
Proposed Brooklyn Rehabilitation Campus

A. Educational Center
B. Transportation Center and Garage
C. Residential Facility
D. Vocational Training Center
E. Transparent Climatically Controlled Mall
The Professional Advisory Council represents outstanding leadership in a variety of services to handicapped children and adults. The value of working with a well-organized and balanced group of professional people representing medicine, special education, psychology, vocational rehabilitation, and a variety of existing community social agencies is obvious. The Professional Advisory Council functions very effectively in dealing with special problems and projects affecting the handicapped. The Professional Advisory Council, as a sub-committee on Early Education, is part of the Professional Advisory Council with special responsibility for the educational content of this special program. They represent the leaders in the educational community and are well known in the special education and early childhood development fields.
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