Integrating Handicapped Children Into Regular Classrooms. (With Abstract Bibliography).

ERIC Clearinghouse on Early Childhood Education, Urbana, Ill.


Jun 73

26p.

College of Education Curriculum Laboratory, University of Illinois, 1210 West Springfield Avenue, Urbana, Illinois 61801 (Catalog No. 1300-47, $0.65)

MF-$0.65 HC-$3.29

Abstracts; Annotated Bibliographies; *Classroom Environment; *Exceptional Child Education; *Handicapped Children; Parent Participation; *Regular Class Placement; Student Adjustment; Teacher Attitudes; *Teacher Behavior

This document is based on an interview with Dr. Jenny Klein, Director of Educational Services, Office of Child Development, who stresses the desirability of integrating handicapped children into regular classrooms. She urges the teacher to view the handicapped child as a normal child with some special needs. Specific suggestions for the teacher are given: (1) learn the details about handicaps that may be encountered; (2) work supportively with parents and find out as much as possible about the child; (3) arrange for the child's gradual transition into a classroom setting; (4) be aware of the range of normal behavior for the age group involved; (5) have positive but realistic expectations and focus on the child's strengths; (6) enforce the rules and limits of the class; (7) deal with the other children's reactions to the handicapped student; and (8) acknowledge personal feelings, attitudes, and levels of frustration. A short abstract bibliography on exceptional children is included. (DP)
INTEGRATING HANDICAPPED CHILDREN INTO REGULAR CLASSROOMS

An article by
Mary Glockner

(Based on an interview with
Dr. Jenny Klein, Director
of Educational Services,
Office of Child Development)

with abstract bibliography

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Available from the
College of Education Curriculum Laboratory
University of Illinois
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Price: $.65   Catalog # 1300-47

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Mary Glockner
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(based on an interview with
Dr. Jenny Klein, Director of
Educational Services, OCD)

As more states begin mandating education for handicapped children, there is a definite trend toward integrating these children into regular day care, preschool and elementary classrooms rather than channeling them into separate programs. Since many persons involved in early education have had limited experience with handicapped children, we asked Dr. Jenny Klein, Director of Educational Services, OCD, (whose background includes extensive work in special education) to talk about some of the things teachers and child-care people might be thinking about as they begin working with handicapped children. The following article is based on Dr. Klein's comments.

"When you're working with a handicapped child," Dr. Klein says, "it is important to think of him first of all as a child, more like other children than different.

"A handicapped child may have some very special needs related to his particular handicap," she says, "but his basic needs are the same as those of "normal" children--especially the need to be accepted and loved and praised."

*This article will appear in the May-June ERIC/ECE Newsletter (now in press).
Dr. Klein believes firmly that integrating handicapped children into regular classrooms is a good idea. "If we want children to live in the real world, it is important for "normal" and handicapped children to learn to accept, appreciate, and understand each other," she says.

There is always concern about how "normal" children in a classroom will accept the presence of handicapped children. "The key here," says Dr. Klein, "is for you to understand your own feelings, because your reactions and your behavior provide a model for the children. If you are fearful, if you worry about being rejected by a handicapped child you can't seem to reach at all, or if you make too much fuss over the special child, the other children may pick up your feelings."

In addition to underlining the importance of thinking of every child (both normal and handicapped) as an individual with special strengths and weaknesses and special needs, Dr. Klein offered a number of more specific suggestions:

Learn as much as you can about the specific handicaps of the child or children who will be in your care. You don't have to become an expert; but learning about the specific disabilities in a general way should help you sort out some of the truisms from the misconceptions. (For instance, if you expect to be working with a deaf child, make it a point to learn something about deafness and the typical kinds of things that may happen to deaf children.)

Make the most of the resources in your area. Take advantage of any workshops or inservice training offered. Visit a good special education
program, and talk to other teachers who have worked with handicapped children.

You may want to contact one or more of the associations organized for specific handicaps, such as the National Society for Autistic Children, National Association of Hearings and Speech Agencies, or National Easter Seal Society for Crippled Children and Adults. Most of these organizations publish a newsletter and furnish guides to background reading, teaching resources, workshops, etc. Another good source of information is the ERIC Clearinghouse on Exceptional Children, 1411 South Jefferson Highway, Suite 900, Arlington, Virginia 22202. (For additional sources, see end of article.)

Arrange to talk to the parents of the handicapped at a prearranged time—not in front of the child. This is a good way to find out as quickly as you can about some of his favorite activities and toys and some of the things that seem to bother him. (For instance, if a child's mother tells you that her son is frightened by loud noises, you can make arrangements ahead of time to have him out of the room when a rhythm band session is scheduled.) Find out if there are any specific situations which almost always trigger a negative reaction so you can avoid them.

Before the special child comes into the class on a regular basis, ask his mother to bring him into the classroom after school some day. In this way he can begin to get to know you and feel comfortable in the room. Encourage the child to explore and move around the room. Maybe you could arrange for one or two of the other children to come in toward the end of the visit.
Know what comes within the range of normal behavior for the age group you work with (it may be wider than you think). Knowing the problems of "normal" kids of this age might help remind you that the blind child in your group may be having a temper tantrum just because he's two, not necessarily because he's blind. Just as is the case with normal children, some handicapped children are easy to be with and some are difficult.

Phase the child in slowly. Give him a chance to adjust to you, the environment, and the other children. Plan to spend some time alone with the child each day so you can get to know him. Take your cues from the child: note what makes him comfortable or scared or belligerent. Don't ever force a child to participate in an activity--let him watch if he doesn't want to take part. Encourage the mother to stay with the child a few days at first, and keep your schedule flexible. Being in a group situation and having to meet new demands might be very hard for the special child: he may not be ready to stay the whole morning at first.

If you expect to have two or three severely handicapped children in your care, don't introduce them all into your class at the same time. This would be expecting too much of you, the new children and the others in the class. You all need time to get used to each other.

Don't make a big production of telling the other children that a handicapped child will be joining the group. It is often a better idea to talk to just one or two of the children at a time, asking them to help you make the new child feel comfortable.
Keep your expectations positive, but realistic. Avoid the two extremes of asking for too much or too little. Don't continually tell a child that he could do a particular task if he would just try harder. You may be giving him the impression that he's a failure because he never quite makes it.

However, be equally careful not to overprotect the special child. (Some parents and teachers unconsciously want to keep the child dependent on them so he is spared the realities of the world.) Your aim should be to provide experiences in which the child has to reach as far as he can without being frustrated.

Capitalize on the special child's strong points. Plan to set up situations in which the handicapped child does well in a group. A mentally retarded boy might have some playground skills that other children can appreciate; a deaf girl might do well in dramatic play. Sometimes you can try teaming up a particular child with a handicapped child in a project where their talents would complement each other.

Try to help the handicapped child gradually learn to follow more of the rules as he shows that he is ready. (This may be hard if exceptions have always been made for the child, or if he has severe emotional problems.) You might explain to children who seem bothered by Johnny's unpredictable behavior that he will eventually learn how to get along, but that at first the class will have to make some allowances. (It's important, too, to show a mother that while you are very lenient and stretch the rules when necessary, you feel confident that sooner or later a handicapped child can learn to adjust to the group.)
Know your own level of frustration, how much you can take. It's bad to be (or feel like) a martyr. Don't consider yourself a failure if you need to ask for help or send a child home occasionally. Keep in mind that some handicapped children have more difficulty than others in large groups. If you have a severely handicapped child and find that you're constantly worrying about how he's getting along, a parent or aide may be helpful. (Because if you suddenly spend a great deal of your time with one or two handicapped children, the other children in your care may feel jealous or hurt that you don't pay as much attention to them.)

If you're fortunate enough to have several volunteers, try to arrange for the same volunteer to work with a special child on a regular basis. (It might be very confusing to the child to have to relate to three or four different adults in addition to the teacher.)

Be honest in dealing with questions children ask. It's only natural for young children to notice handicaps or unusual behavior. You don't accomplish much by admonishing them not to stare or by ignoring their remarks and questions. If Sally says "Peter looks funny," you might say, "You think Peter looks funny. Peter does look different, but when you get to know him it won't seem important any more." Or you could point out that Mary Lou doesn't wiggle around because she wants to but because she has cerebral palsy. (You may want to explain that something happened before she was born that makes it hard for Mary Lou to keep still.)

Be alert for any child in the group who seems to be cruel or over-protective. These children may need special attention. Try to find out
what it is that may account for their behavior. Sometimes it may be caused by fear that something will happen to them, that they may become crippled or blind. (Especially if they've often heard warnings such as "you're going to fall out of that tree and break your leg.") Possibly you may have to allay a fear that has never been expressed.

It is likely that most of the children will react in some way--many of them openly--to the special child. Use these reactions as opportunities to find out what sorts of things the children are thinking about and to answer questions they may have.

Working with Parents

Dr. Klein emphasizes the importance of providing encouragement and support to parents of handicapped children, pointing out that these parents have some special problems of their own which people who work with their children ought to be aware of.

For instance, mothers usually learn a great deal about what's normal for children from casual conversations with other mothers. But a mother can't compare notes with her neighbors on children's general growth and development if her child is blind and there are no other blind children nearby. The mother may be wondering why her daughter isn't walking: Because she is blind? Because she is just a late walker? Because she has an additional handicap? If her autistic child isn't toilet-trained yet, the mother may not know whether it is because she is not training him the right way or whether something else is wrong.
Another problem for these parents is that often their handicapped child can not communicate well. When their child doesn't talk at all, or cannot be understood, they have difficulty knowing how to react.

"Encourage parents to come into the classroom," Dr. Klein advises. "You can often pick up many ideas and insights from a mother on what her child needs or why he behaves the way he does. In addition, the mother will be able to understand better what sorts of things you are doing with her child, and learn that her child can function as part of a group much of the time despite some limitations.

Group discussion meetings arranged for these parents can provide a forum during which they can learn to deal with their own feelings and talk to other parents who have experienced some of the same sort of problems in dealing with attitudes of neighbors and neighbors' children, babysitters, and older children in the family.

If handicapped children are to have the greatest possible opportunities for continued growth and development, it is important for parents and teachers to communicate and support each other. Together they may be able to provide the experiences which realistically take into consideration the children's limitations but encourage them to reach out toward their fullest capacities.
1. Edelmann, Anne M. A Pilot Study in Exploring the Use of Mental Health Consultants to Teachers of Socially and Emotionally Maladjusted Pupils in Regular Classes. [1966], 93p. ED 026 292

   A pilot study exploring the use of mental health consultants to teachers of socially and emotionally maladjusted pupils in regular classes was conducted to help teachers cope with these children and facilitate successful learning experiences for them, enable teachers to be more effective with all children, understand effects of curriculum and teaching methods on children, and develop further methods for understanding and teaching both the advantaged and the disadvantaged. Advantaged and disadvantaged schools were selected; one of each was a control school while the other six were experimental schools. Involved were 59 teachers and over 2,000 children. Six mental health consultants, assigned one to each experimental school, met with the same group of teachers weekly and were available for individual conferences. Pre- and postquestionnaires were administered to every teacher and child in the eight schools. Each consultant kept a log of the 15 weekly sessions, consultations, and classroom visits. Results indicated that in the control schools, where there were no consultants, only negative behavioral and attitudinal changes occurred, and that to the extent that consultants and teachers together clearly defined the goals of their meetings, there were positive changes in teacher and student behavior. Included are 26 recommendations and the questionnaires used.

2. An Exploratory Study of Children with Neurological Handicaps in School Districts of Los Angeles County. Los Angeles County Superintendent of Schools, California. April 1963, 144p. ED 026 757

   A 6-year field study project was undertaken to try out some patterns of special education with neurologically handicapped children. Three phases emphasized these objectives: feasibility, class size, pupil safety, approval, incidence, referral, diagnosis, placement, curriculum, treatment, evaluation, teacher qualifications, parent reactions, expansion, demonstration, and research.
In phase 2, 116 neurologically impaired children were placed in either special (64) or regular (52) classes. The special class group generally contained older (1/2 year) and more severe cases; boys outnumbered girls 7 to 1. After a 3-year attendance in a special class, 12 students were recommended for return to regular class (out of 19) while 15 out of 19 children in the regular classes were felt to need special class placement. Steady attendance for 2 years was in favor of special class students (86% to 40.4%). Parents of children in special classes attended meetings concerning their children more frequently than parents of regular class children (52% to 7%). Special class students seemed favored in the few cases of academic comparison although the children were about 3 years academically retarded. Recommendations were made for future research.


To investigate change in the general self concept of ability of educable mentally retarded special class students, four equally spaced interviews were conducted with 51 students (mean age 11.63) over a 2-year-period. Pupils answered questions about their academic ability from the general self-concept of ability scale; scores showed an ascending linear trend over the last 1 1/2 years of their placement in a special class while those reassigned to the regular classes all declined in self concept of ability. Special class students did not significantly increase in their awareness that according to others' definitions they were failures. The students had a more negative orientation to the special class during their second year (P less than .05), but there was no significant change in academic aspirations. Special class placement was found to have a positive effect on the children's self concept of ability which was based on self comparison with class peers. Students may have internalized the negative attitudes of others about the special class and not about their ability.

*Exceptional Child Education; *Handicapped Children; *State Programs; *Educational Programs; *Program Proposals; Program Planning; Administration; Pilot Projects; Evaluation Techniques; Regular Class Placement; Records (Forms); Questionnaires; Program Costs; Tests; cost Effectiveness; Family Environment; Teacher Attitudes; Special Services; Program Evaluation; Special Classes

As a means to integrate children with learning disabilities into the regular class structure of the school, a plan has been developed which would provide for specialized services in a flexible organizational pattern. A revised system of state reimbursement to the local school systems is designed to maintain children with mild handicaps in the regular classroom; techniques used for the implementation are given. The continuum of program design provides seven programs which can be used according to the various needs of the teacher and the children. The design of the pilot study is given and descriptions of the specific tests, instruments, and diagnostic tools to be used are outlined. Appendixes contain definitions of terms used, the parent and community education programs, data collection procedures and forms for children, teacher interviews and a survey, parent and home surveys, guidelines for informal interviews, schedule for phasing-in the pilot study, cost comparisons between the present program of services and the continuum, cost formula, a framework for a cost-effectiveness analysis of the pilot study, overall administration table, recommended research instruments, and a bibliography.


*Exceptional Child Research; *Behavior Problems; *Learning Disabilities; *Behavior Change; Academically Handicapped; Reading; Regular Class Placement; Special Classes; Classroom Environment; Academic Achievement; Behavior Rating Scales; Reinforcement; Learning Readiness; Classroom Organization; Class Management

Following its initial year, an engineered classroom for educationally handicapped (EH) children was replicated and extended. Evaluation indicated that the program could effectively increase emphasis on reading and include both primary and secondary students. Reintegration in the regular classes for EH children could be done on both a gradual and compulsory basis; the difficulty was in accurately assessing a given child's readiness for limited or total reintegration. The preacademic focus of the primary
classes (ages 6 to 8) was validated in that a majority of subjects from the 1st year who had returned to regular classes were average or above in their functioning after 1 or 2 years in the program. Also EH children in the engineered classrooms outdistanced children in regular EH classes and approached or exceeded normal controls academically and behaviorally. Appendixes describe the engineered classroom and its dissemination and provide a behavior problem checklist and instructions for a frequency count of deviant behavior.


*Exceptional Child Education; *Handicapped Children; *Mentally Handicapped; *Placement; Regular Class Placement; Special Classes; Educable Mentally Handicapped; Educational Trends; Educational Needs; Conference Reports

The report of the proceedings of the 1970 convention of the Council for Exceptional Children includes papers on the arguments for and against special class placement. Discussions concern themselves with love of life, truth, and others by Matt Trippe, the efficacy of special placement for educable mentally handicapped children by John W. Kidd, and the destructiveness of special placement by Tony C. Milazzo. Additional speeches describe the efficacy of special placement for the educable mentally handicapped by Roger Reger and the prospects of the mentally handicapped for the future by Donald F. Sellin.


*Exceptional Child Research; *Aurally Handicapped; *Performance Factors; *Academic Achievement; Regular Class Placement; Hard of Hearing; Identification; Student Evaluation

To determine the effects of hearing impairment on school performance of students for whom no special educational provisions had been made, 116 students (ages 7 through 17 in public school grades 2 through 10) were evaluated for auditory impairment, IQ, and educational achievement. Findings of the study showed that even mild hearing impairment resulted in educational retardation. The study also indicated the need for early and improved screening for auditory handicaps, and the lack of educational provisions for the mildly impaired.

*Exceptional Child Services; Visual Handicapped; Workshops; Recreational Programs; Regular Class Placement; Blind; Physical Education*

A special education workshop (Cleveland, Ohio, October 9-10, 1969) for integrating blind children with sighted children into ongoing physical education and recreation programs is described. Physical education and blind children from the viewpoint of ophthalmology, social and psychological aspects of blindness as they relate to participation in physical activities, mobility and orientation in relation to physical education, highlights of Dr. William Freeberg's banquet presentation, and a summation of the workshop's activities given by Robert Holland are included. The question and answer periods at the end of each presentation are also recorded, as well as an evaluation form used at the end of the conference.


*Exceptional Child Education; Aurally Handicapped; Educational Programs; State Programs; Public Schools; Special Classes; Regular Class Placement; State Standards*

The study to determine ways in which the educational programs for the deaf and hard of hearing in California's Public Schools might be strengthened and improved was undertaken by the State Department of Education assisted by statewide committees of teachers and administrators involved in programs for the deaf. The final report, consisting of recommended guidelines for statewide planning for the education of the deaf and severely hard of hearing, covers eight aspects of the educational program: special educational provisions, minimum essentials for preschool and elementary programs, minimum essentials for high school programs, assignment of pupils to regular classes, program of evaluation, industrial arts and vocational-technical courses, programs for pupils with additional handicaps, and policies and procedures, for admission, transfer, and dismissal.

To compare the performance of children in classes for the educable mentally handicapped (EMH) with their peers (age mates) in regular classes on relevant dimensions, to investigate the validity of class placements using multiple criteria, and to determine the relationship between class placement and demographic variables, 378 children in EMH classes and 319 in regular classes (aged 11 years) were compared. The Slosson Intelligence Test for children and adults, an adaptation of the Temple Informal Reading Inventory, and the auditory reception and verbal expression subtests from the 1968 Illinois Test of Psycholinguistic Abilities were given. The distributions were converted into T-scores and the children scoring above and below a T-score of 45 (equivalent in the research data to an IQ of 75) on each of the variables were identified. Applying Jastak's concept of multiple criteria led to the authors' suggestion that the diagnosis in 25% of the children in EMH classes may be erroneous in that they scored above the cutting point on at least four of the five criteria. Only 31% of those in the EMH classes failed either four or five of the five criteria. The authors note that the findings support efforts to maintain most children found in EMH classes in the regular classroom through the use of tutoring and resource rooms.


A proposal for a personal adjustment program for visually handicapped students is described to contain three primary components: the ongoing curriculum which encourages techniques of modification and application of the presently existing regular curriculum to the needs of the blind; the extended school program which provides out-of-school services as an additional, compensatory aid to the handicapped children; and a summer session to be offered throughout the high school years. Personnel needs are suggested to include braille teachers, mobility instructors, the classroom teacher of a specialized subject who will integrate the visually handicapped into the regular classroom, and personal adjustment teachers. Suggestions of teacher roles and qualifications, and the development of summer teaching training institutes are noted. Activities and financial implications of the three primary components of the program are discussed. General recommendations for program policy and further study are enumerated.

*Exceptional Child Research; *Educable Mentally Handicapped; *Peer Relations; *Regular Class Placement; *Discriminatory Attitudes (Social); Mentally Handicapped; Nongraded Primary System; Special Classes; Elementary School Students; Social Attitudes

Twenty intermediate and 1st primary grade children were administered sociometric questionnaires to determine the social acceptance of three groups of children: normal children, educable mentally handicapped who were integrated into the academic routine of a nongraded school, and educables who remained segregated in a self-contained class. Results were felt to show that both integrated and segregated educable mentally handicapped were rejected significantly more often than normal children, that younger children are more accepting of others than older children, that boys express more overt rejection than girls, and that integrated educables are rejected more than segregated ones by boys but not by girls. The conclusion was advanced that regardless of intellectual level, the labelling of certain children as retarded may affect the expectations that normal children maintain for them; and that the same behaviors that lead to rejection when exhibited by normals may not result in social rejection when exhibited by children classified as mentally handicapped.


*Exceptional Child Education; *Handicapped Children; *Student Placement; *Regular Class Placement

The discussion of educating handicapped children without special classes emphasizes the importance of looking at the educational process in sociopsychological terms. Referred to are some of the unsuccessful results of segregating students, such as achievement of similar or smaller academic gains, perpetuation of much of the mild mental retardation observed in schools (particularly that which is culturally influenced), and psychological damage to the segregated students. Removal of the stigma attached to special class placement and development of social skills are seen as major reasons for integration in a regular class with support services provided as needed. Discussed are considerations relating to the feasibility of regular class placement: flexibility of school structure; amenability of regular teachers; age, ability, and achievement range of school population; suburban versus urban students and their particular problems; degree of handicap; and ability to make learning potential assessments.
The majority of the conference reports on education of the handicapped focuses on regular class placement and teacher education. Presented concisely are 21 program proposal descriptions with funding source, project dates, objectives, philosophy, procedures and evaluation, and literature influencing project. Representative projects concern special education in the regular classroom, a competency-based model training program, training programs for preparation of curriculum specialists for exceptional children, training programs for both special education teachers and regular teachers to meet the needs of exceptional children, consulting teacher programs, and diagnostic and prescriptive teacher projects. Concluding the proceedings are short discussion summaries on process and product of change in education of the handicapped as they relate to colleges and universities, program evaluation, preschool, local school system, and state department of education.

The guide is intended to assist physical education teachers in dealing with atypical children in their classes. Adaptive physical education is seen as integration of handicapped children into regular physical education classes by understanding their special needs and how to deal with them. Outlined are policies and procedures of the school system, as well as general educational objectives for the handicapped child. Focused upon are 18 specific health-related, sensory, orthopedic, mental, and neurological disabilities. Brief discussion of each disability covers definition, causes, symptoms, related problems, and general teaching suggestions. The following section lists recommended physical activities for 15 major categories and additional subcategories of handicaps. Selection criteria for measurement and other evaluative procedures are listed.
An observational study explored whether characteristic behavioral patterns of an educable mentally retarded (EMR) population were unique and served as a label for identification in the social milieu. Of particular interest were differences between EMR children who were integrated into the regular classroom and their non-retarded peers. A time-sampling method was used to count frequencies of 12 behavior categories selected to cover attention, deviance, and communication issues. One of the clearest findings was that the integrated and special class children engaged in significantly less interpersonal interaction than did their non-retarded peers. Differences between the groups also emerged in terms of behavior patterning. Factor analysis of the behavior categories yielded three factors, one identified with the special class EMRS (unusual guy syndrome) and the other two correlated with the Non-EMR control children (bad guy and good guy syndromes). The integrated children were described less by an identifiable pattern of their own than by the absence of a pattern. It was thought that the integrated children may be avoiding engaging in any noticeable active behaviors. (For related studies, see also ED 062 748 and ED 062 751).

The social position of integrated and segregated educable mentally handicapped (EMR) children in a traditional school building was compared to that of EMR children in a no-interior wall school. The results indicated that while EMR children in the unwalled school were known more often by their non-EMR peers, they were not chosen as friends more often. Retarded children in the unwalled school were rejected more often than retarded children in the walled school. Also, integrated EMR children were rejected more than segregated EMR children. (For related studies, see also ED 062 747 and ED 062 751).
Approximately 250 remedial lessons in auditory training for the elementary school child are presented for six major areas: auditory reception, auditory discrimination, auditory memory, auditory sequential memory, grammatic closure, and auditory association. The lessons are designed for the child who has adequate auditory sensitivity, but who does not respond to auditory stimuli as others do. Within each major area the activities into sections which become progressively more difficult. The lessons are said to assume an average class length of 50 minutes. The lessons are generally arranged into sections denoting instructional objective, materials to be used, activities to achieve objective, and occasional comments. Rationale for the remedial program precedes 31 lessons on auditory reception, 30 lessons on auditory discrimination, 68 lessons on auditory memory, 104 lessons on auditory sequential memory, 17 lessons on grammatic closure, and 23 lessons on auditory association. The lessons are replete with practical instructions to the teachers, ideas, and activities for achieving the educational objective.

Presented are 14 papers from an institute intended to provide teachers with exposure to various methods of pupil assessment and materials to use once a student profile is developed. Papers generally include an outline of the topic discussed followed by samples of the instructional materials presented. An overview of an itinerant learning disabilities training and service model points out that a key feature of the program is a materials retrieval system. Assessing and training perceptual motor processes and perceptual materials and techniques are then discussed. Formal and informal testing for oral and silent reading is covered, followed by explanation of the writing of instructional materials and techniques precedes coverage of prescription process and prescription writing and a short paper on administration and
scoring of an informal skills tests. A lengthy paper then provides instructions for parents to implement behavior modification programs with their children. The next topic is instructional material and teaching techniques, especially in relationship to reading, which is followed by short papers on Q sort, using readability measures, participant administration of an informal skill test, and task analysis, respectively.

20. Arneklev, Bruce L. A Program to Assist Educational Personnel to Teach Students of Wide Variability in Regular Classrooms. Director's Annual Progress Report. [1972], 112p. ED 068 443

*Classroom Environment; *Community Involvement; *Exceptional Child Education; Institutional Role; Instructional Materials; Program Descriptions; *Teacher Aides; *Teacher Education

This report describes results of the second year of a three-year extension of an Office of Education-funded program to prepare teachers and teacher aides to work with exceptional children in the regular classrooms. Emphasis was placed on three major areas: the training of teachers and aides, community involvement and institutional change, and the development of materials. Continued evaluation of progress of handicapped and more typical children at the laboratory school training setting indicated that their achievement and self-concept levels have been maintained or enhanced. Evaluation of trainee progress indicated that attitudes were improved and tendency to individualize increased, but that the use of attitudes and skills attained was largely contingent on the involvement and support of principals and superintendents where they were to be employed. Evaluation of impact on the community and institutions was couched in terms of activities that occurred partially because of project promotion. The progress report included 23 appendixes which contain details of program materials. (Related documents ED 043 598, ED 054 069.)


Cognitive Processes; *Educable Mentally Handicapped; *Elementary School Students; *Exceptional Child Research; *Interaction Process Analysis; Mentally Handicapped; Special Classes; *Student Teacher Relationship

The study compared the cognitively oriented teacher pupil interactions observed in a sample of 10 intermediate special classes for educable mentally retarded children with those observed in 10 regular third grade classes in
the same schools. Examined were differences between samples in the rate of interaction, cognitive level, and distribution of opportunities among individual pupils, as well as the relationship of the teacher's cognitive demands on individuals to the teacher's evaluative judgment of those pupils. The observation instrument was the Individual Cognitive Demand Schedule by which observers code each instructional interchange between the teacher and an individual pupil. Data showed no significant differences between the special classes and the third grade classes on any cognitive demand indexes. Differences were found in the tendency to differentiate between pupils by level of achievement with the third grade teachers showing a marked tendency to favor those pupils whom they judged to be their better pupils.


Behavioral Objectives; *Child Care Workers; *Child Development; Community Resources; *Day Care Programs; Deaf Children; Emotionally Disturbed; Financial Support; Guides; *Handicapped Children; Mentally Handicapped; Parent Participation; Physically Handicapped; Program Planning; *Special Services; Visually Handicapped

This handbook defines children with special needs and develops guidelines for providing services to them. It answers questions commonly raised by staff and describes staff needs, training, and resources. It discusses problems related to communicating with parents, questions parents ask, parents of special children, and communication between parents. It provides guidelines for program development including basic needs for all children, orientation activities, promoting good feelings among children, designing behavior, daily activities, dealing with difficult times in the day care day, evaluation, and follow-through. It gives techniques for dealing with special needs for visually-impaired, hearing-impaired, other physically disabled, and mentally retarded children as well as children with learning disabilities and other emotional problems. Appendices list community resources available to help provide services for children with special needs and a description of what services each gives; a description of local, state and federal funding resources, and a bibliography sectioned according to special problems dealt with in the handbook.

(Also available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, Stock Number 1791-0176, $0.75)
Facility specifications for regional planning centers for hearing impaired children are presented which are said to reflect the belief that the development of school facilities should be generated by educational objectives. The proposed regional programs would draw children from a number of counties and local school districts to a centrally located school facility. Educational considerations including characteristics and educational needs of children with hearing impairments, professional staff, evaluation, diagnosis, research, school family relations, learning activities, and organizational factors are discussed briefly. Conceptual plans and facility specifications are given with regard to architectural considerations, instructional learning areas, a children's educational evaluation center, an administration area, a learning resources center, service areas, outdoor areas, and a mobile unit. Components of the instructional learning areas such as large group area, instructional unit area, tutorial area, counseling area, teacher planning area, learning experiences center, and special facilities are discussed and diagrammed. Offices, conference areas, research areas, and a professional library are projected and schematized for the evaluation center. Other areas such as the service and outdoor areas are similarly described and illustrated.

An experimental program improved students' self-concept and broke their failure cycle. Ss were 19 second through fifth grade students who were distractable and had various individual learning and/or behavior problems. For 1 year, they left their regular classrooms to spend 2 hours daily with a special education teacher. Individually designed educational programs were highly structured and emphasized both social and academic success, which students were not accustomed to achieving. Students were provided with success experiences in social, motor, academic, and perceptual areas. They charted their own successes and were rewarded for growth. Pre- and post-tests measured academic performance (math, spelling, reading, writing
skills) and self concept. Additional data included personal behavior graphs, work samples, videotapes, and behavioral checklists. Ss made significant gains in all academic areas tested, and competencies in social interaction improved more than could be attributed to maturity alone. Self-portraits showed that all students felt they had improved both academically and in social interaction. Heterogeneous grouping of students demanded only one special teacher and was considered economically efficient.

(Also available from P. K. Yonge Laboratory School, College of Education, University of Florida, Gainesville, Florida 32601, $1.08)

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The proceedings of a special study institute on the preschool handicapped child include staff and participant lists, opening and closing remarks, and six papers. Topics discussed in the papers include teacher clues for identifying learning disabled students, directions for teacher identification of speech and hearing handicaps, the concept of classification and its integration into a preschool curriculum, prescriptive physical education, prescriptive (diagnostic) teaching, and educational materials. Sources and prices are given in a list of professional books, children's library books, instructional materials and aids, films and filmstrips, and tapes and records appropriate for use with preschool handicapped children.

This paper was produced pursuant to a contract with the National Institute of Education, partially supported by a contract with the Office of Child Development. Points of view or opinions stated do not necessarily represent official Government position or policy.
Postscript

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