Presented is an analysis of selected research and program literature which is coordinated with an extensive reference list on the integration of the handicapped into regular physical education (PE) and recreation programs. Included are statements on mainstreaming in public school PE, athletic, and intramural programs; community recreation programs; and camp situations; as well as curriculum or model program descriptions for the regular classroom and descriptions of the attitudes of handicapped participants, their peers, and program personnel in integrated situations. Each statement is followed by a discussion subsection and ideas about future needs. The major portion of the document is devoted to a list of 144 references on integration in the regular classroom and in PE and recreation programs. References are generally listed alphabetically by author or source and usually contain titles, publication date, and an abstract describing the contents. Also provided is a list of five films (with descriptive information) and a topic index for the reference lists. (Author/LH)
INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS INTO REGULAR PHYSICAL EDUCATION AND RECREATION PROGRAMS

Sponsored by

American Alliance for Health, Physical Education, and Recreation
1201 Sixteenth Street, N.W.
Washington, D.C. 20036

A Project of

U.S. Department of Health, Education, and Welfare
U.S. Office of Education, Bureau of Education for the Handicapped

December 1974

INFORMATION AND RESEARCH UTILIZATION CENTER
IN PHYSICAL EDUCATION AND RECREATION FOR THE HANDICAPPED
ACKNOWLEDGMENTS

This guide was prepared by Dolores Geddes, Research/Program Associate in the AAHPER Information and Research Utilization Center in Physical Education and Recreation for the Handicapped. Thanks and appreciation are also extended to the many individuals and representatives of various groups who directly and indirectly contributed to the success of this guide. Those who benefit the most from the efforts of all concerned will be impaired, disabled, and handicapped persons who have greater opportunities and enriched experiences through expanded physical education, recreation, and related programs because of these efforts.

The project presented or reported herein was performed pursuant to a Grant from the U.S. Office of Education, Department of Health, Education, and Welfare. However, the opinions expressed herein do not necessarily reflect the position or policy of the U.S. Office of Education, and no official endorsement by the U.S. Office of Education should be inferred.

Project No. OEG-0-72-5454-233563

American Alliance for Health, Physical Education, and Recreation
1201 Sixteenth Street, N.W. Washington, D.C. 20036
TABLE OF CONTENTS

PART ONE: ANALYSIS OF PROGRAM AND RESEARCH LITERATURE . . . 1

PART TWO: LIST OF REFERENCES

Part A: Integration into Regular Classroom Situations . . . . . . . . . . . 14

Part B: Integration into Regular Physical Education and Recreation Programs . . . . . . 20

PART THREE: AUDIOVISUAL AIDS . . . . . . . . . . . . . . . . . . . . . . . . . 53

PART FOUR: TOPIC INDEX . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 55
Recently, there has been a well established trend to mainstream or integrate special education class children and youth into regular or "normal" classroom situations. The procedure followed in public schools for this regular class placement is to take students from a special class setting and enroll them in a class situation designed for non-handicapped students. Many variations of this procedure occur; some are described in Part A, List of References in this guide.

Individuals with various physical, mental, emotional, social, or educational impairments, disabilities, or handicaps are said to be more like their peers and contemporaries than they are different so that discriminate integration is encouraged and activities provided to promote setting and keeping these populations in the mainstream of society. However, separate and segregated programs and facilities continue to emphasize differences, deficiencies, disabilities, and deviations. There is need to plan and promote flexible procedures whereby individuals participate in separate programs and activities as needed, and in integrated ones when possible. Possible reasons for lack of support for classroom mainstreaming include reticence on the part of special education personnel who might lose their jobs and potential loss of federal and/or state administered categorical grants for programming. Other problems that might affect support for mainstreaming are different pupil-teacher ratios, reduced services, teacher certification and decreased salaries.

Many mainstreaming models have been designed and implemented during previous years; literature from this activity has resulted in much information specific to the classroom setting. Some representative examples of program literature and research studies of this subject are included in Part A, List of References presented in this publication.* References in Part A cover a wide variety of topics in the controversial subject area of integrating special education students into regular class situations including: 1) issue of segregation versus integration; 2) integration models for students who are educable mentally retarded, mentally retarded, physically handicapped, hearing impaired, visually impaired, learning disabled, emotionally disturbed, neurologically handicapped, socially/culturally deprived, cardiac, gifted, dyslexic, and have language disorders; 3) handicapped student attitudes and motivation; 4) handicapped student reaction to peer group pressures, social stigma influences and resultant psychological damage; 5) handicapped student personal and social adjustment; 6) special student classroom behavior; 7) handicapped student social, emotional, mental and physical development; 8) peer group attitudes and acceptance of special students; 9) attitudes and involvement of teachers and related school personnel; 10) inservice and preservice training models for classroom teachers; 11) classroom teacher methodology, teaching skills, behavior modification techniques and use of equipment, and 12) family attitudes, involvement and relationships to handicapped students.

*References were taken from "Programs for Exceptional Children," copyright 1977, National Association for Gifted Children, Alexandria, Virginia.

[Note: The page number at the bottom indicates the page number, but it seems to be placed incorrectly on the image.]
Other factors decreasing separate or segregated services provided to individuals of all ages with handicapping conditions are normalization and deinstitutionalization procedures. Normalization legislation in the Scandinavian countries in the 1960's has resulted in movement of mentally retarded individuals from residential situations to hostels, group and foster homes, special community programs, and apartments (A-16, A-17, A-18). Normalization principle stresses making available to mentally retarded persons, patterns, and conditions of everyday life which are as close as possible to the norms and patterns of mainstream of society. Life routines such as eating breakfast, going to school and work (sheltered workshop or day care center), returning home, going on recreational outings and participating in community and social activities (B-32) are part of normalization procedures. In addition, deinstitutionalization procedures in many states are causing large numbers of severely and profoundly mentally retarded residents in state hospitals and schools to move into community living facilities. These ill, impaired and disabled individuals who are placed in the community are being integrated into community recreation programs.

Teachers and recreation leaders responsible for regular physical education and community recreation programs are now requesting urgently needed assistance as individuals with all degrees and types of handicapping conditions are integrated and mainstreamed through normalization approaches. In addition to activities, methods, approaches, and techniques for implementation in regular programs, clarification of intent of legislation and litigation mandating zero-reject principles as they apply to physical education, recreation, and related areas are needed. Therefore, an extensive review of related program literature and research studies was done by the Information and Research Utilization Center in Physical Education and Recreation for the Handicapped (IRUC) staff; results of that search for information to assist physical education and recreation personnel and to suggest future needs and priorities in research and program materials are reported in this publication. Studies and related literature were considered on the basis of:

Minimum pre/post measures, case studies, surveys, historical, philosophical, descriptive, experimental, and other legitimate research designs and methodologies (studies only).

Broad interpretations of physical education and recreation programs and activities, including related educational/training areas.

Subjects/participants with any one or combination of impairments, disabilities, and/or handicapping conditions.

Contributions to or help in programs and activities in the area of interest.

The following section presents information derived by analysis of selected research and program materials obtained pursuant to the search indicated above. Discussion and future needs subsections are
presented after each summary statement on: 1) integration of students with various handicapping conditions into regular public school physical education, athletic and intramural programs, 2) integration or mainstreaming of ill, impaired and disabled individuals of all ages into community recreation programs, 3) integration of handicapped campers into on-going camp situations originally designed for nonhandicapped children and youth, 4) integration of visually impaired individuals into existing physical education and recreation programs, 5) curriculum or model program descriptions for integrating handicapped children into the regular classroom situation with provisions for physical and/or recreational activities, and 6) attitudes on the part of the handicapped participant, his peers, and related program personnel in integrated physical education and recreation programs.

Integration of students with various handicapping conditions into regular public school physical education, athletic, and intramural programs is feasible and desirable in certain instances if such planning is approached with positive attitudes and understandings in the part of related personnel and appropriate, flexible program modifications are made when necessary. However, special adjustment may be better achieved in separate rather than in integrated physical education classes.

DISCUSSION: Eighteen references concerning integration of handicapped children into public school physical education programs were selected and reviewed. Topics covered in the literature concerned integration of 1) orthopedically/physically handicapped students (B-83, B-15); 2) special education class students with a variety of handicapping conditions (B-24); 3) mentally retarded students (B-3, B-2, B-14, B-15, B-2, B-107); and 4) visually impaired students (B-111, B-70, B-28, B-48, B-113, B-29, B-25, B-89). These references contain information for program development, organization and administration, activity modification, resources and examples of successful programming. Additional research literature was available relative to integrating mentally retarded students into regular physical education and athletic programs.

In 1961, Anooshian (B-14) conducted a research study to evaluate required integration of educable mentally retarded (EMR) boys into California high school boys physical education classes in order to determine resultant effects on instructional practices. Of primary concern was identification of problems confronting physical education instructors. Major conclusions included: 1) most administrators favored continued integration of EMR students in physical education; 2) individual practices, philosophies, and personalities of instructors, administrative procedures and policies of the school and its physical education program, and personal feelings as to the advisability of integrated physical education classes were important factors that affected types and frequency of problems when EMR students were integrated in physical education classes; 3) disagreement occurred in results over number, type, and seriousness of problems arising when these students were integrated in physical education; and integration
was felt to be justified although further research was recommended since one-third of respondents were not in favor or were unsure over the question of integration; 5) certain types of physical education instructors and programs were conducive to harmonious integration; 6) most physical education instructors recognized existing problems and had a high degree of concern for students; 7) many problems could be eliminated with administrative planning; and 8) the need to emphasize to physical education personnel the importance of adapted play in the total education of educable mentally retarded children.

Social adjustment was better achieved in separate rather than in integrated physical education classes. Two research studies reviewed. Stein (B-107) investigated changes in physical fitness in relation to intelligence quotient, changes in social distance and physique of intermediate school (EMR) mentally retarded boys after their participation in a regular physical education program for one school year. Findings included losses by the retarded students in social status as measured by Cowell Personal Distance Scale that differed significantly from losses experienced by subjects in other IQ groups investigated. Adams (B-2) studied effects of a one-semester adapted physical education program upon motor proficiency and social adjustments of educable mentally retarded (EMR) junior high school girls. Findings included better social adjustment among EMR girls who participated in separate adapted physical education classes rather than through retention in regular physical education classes.

In 1960, Brace (B-27) surveyed the status of physical education and recreation opportunities provided mentally retarded children in the nation's public schools. Questionnaires were sent to 4,022 school superintendents, principals, or teachers; results were based on 1,518 responses (37.6 percent) from these individuals. Conclusions included the following regarding integrated situations: 1) there is a need for teachers with mentally retarded pupils in their classes to have a better understanding of the mentally retarded; 2) the educable retarded should be taught in physical education classes with normal pupils at least part of the time, but modified activities suited to the mentally retarded should be provided to a greater extent; and 3) there is a need for more opportunity for mentally retarded pupils to participate in intramural sports on teams with normal pupils. In addition, the study indicated that there was a very strong opinion that educable mentally retarded students (EMR) can be taught physical education successfully in classes with normal pupils, but that trainable mentally retarded (TMR) cannot be so taught. There was also agreement that EMR and TMR should not be taught in the same classes.

In 1964, a survey report (B-6) of state high school athletic or activity associations to determine national trends and specific procedures for establishing eligibility of mentally retarded students for interscholastic athletics, focus was upon: 1) criteria to determine eligibility of mentally retarded students; 2) limitations placed upon their participation; 3) rationale and reasons why they were denied opportunities to participate; 4) plans being formulated to overcome rules to grant their eligibility; and 5) differences in
rules for mentally retarded students enrolled in regular classes and for those enrolled in special schools. Results showed that in 22 states (64 percent) mentally retarded students were eligible and did participate, in 10 states (20 percent) they were eligible on the basis of broad interpretation of association by-laws, and in 17 states (34 percent) they were not eligible primarily because of scholarship or academic criteria. Information is given in the report to assist personnel for including retarded students who are currently not eligible for interscholastic athletics. Since the time of that study, additional states have changed eligibility requirements so that mentally retarded students might participate in athletics.

In conclusion, although little research has been done, that which is available seems to indicate that integration of handicapped students into regular physical education, athletic and intramural programs is feasible and desirable in certain instances if such programming is approached with positive attitudes and knowledge on the part of related personnel and appropriate flexible program planning and activity modifications are made when necessary.

FUTURE NEEDS: In view of current and impending state legislation for mandatory physical education for all students, regardless of handicapped condition (B-69), mainstreaming approaches and/or a flexible combination of integrated and segregated situations will probably increase in the near future. Therefore, there is a great need for additional research and program literature on this topic to assist related personnel for provision of programs.

DISCUSSION: The literature on mainstreaming/integrating handicapped children, youth, and adults into ongoing community recreation programs spans a wide variety of topics including: 1) participation of retarded children in regular recreational activities at a community center (B-68); 2) summer recreation program for trainable mentally retarded children and their "normal" brothers, sisters, and cousins (B-18); 3) state plan (B-71) for integrating mentally retarded persons into community recreation activities (B-97); 4) local and national interagency cooperation in Canada for integrating mentally retarded individuals into recreation, playground and camping programs (B-60); 5) report of a national survey of public recreation programs for ill and disabled persons (B-79); 6) city-wide plan involving parks and recreation department and council of social agencies for provision of services for all participants in the area (B-106); 7) analysis of recreation for the ill and the handicapped in selected local public recreation systems (B-61); 8) comparison of selected
abilities, including recreational skills of mongoloids in community and institutional settings (B-19); 9) comparison of integration and participation patterns in recreation of mental patients grouped according to diagnosis (B-55); 10) analysis of leisure orientation and recreational activities of retirement community residents (B-31); 11) analysis of transition to the community of socially inadequate adolescent psychiatric patients (B-106); 12) function of the community mental health center in cooperative efforts for local recreation programming for handicapped persons and the "normal" population (B-7); 13) integration of visually impaired persons into community art programs (B-62), senior programs (B-12), and other recreation programs (B-55, B-1); 14) analysis of extent of integration and related factors affecting social relationships (including neighborhood play of educable mentally handicapped children in Illinois) (B-51); 15) comparison of retarded and non-retarded children participating in recreation groups (B-94); and 16) a 1965 survey of community recreation departments concerning provision of services to handicapped persons (B-Addendum-2).

Mainstreaming approaches considered successful by personnel involved were those that provided appropriate leisure and recreational skills for mentally retarded individuals (B-95, B-115) and psychiatric patients (B-1) for successful participation in community activities. In these programs, participants were also acquainted with various programs offered in their community and given an understanding and knowledge for future use of local facilities after discharge or graduation from the training program. Information is presented in the literature (B-16, B-17, B-18, B-19, B-22, B-23) for overall organization and development of integrated recreation programs in cooperation with local agencies and organizations. Guidelines for parents and others concerning how to find recreation services, how to start a recreation program and examples of successful programs are provided in a report of a three-year study supported in part from the Children's Bureau, U. S. Department of Health, Education and Welfare (B-1).

Additional assistance for this type of community programming is given in a final report of a three-year study at New York University in 1964 concerning services being provided, standards and criteria for provision of services, problems and obstacles, and related literature to assist in programming and public relations (B-19). The necessary element of risk-taking in community recreational experiences in termination programs conducted in Sweden (B-93) is stressed during such outings since benefits derived contribute to a sense of hope, dignity and personal development.

In addition, Oliver (B-91) specifies questions advocates for integrated community recreation programming should consider: 

"In advocating more and better year-around community-centered recreation services for the handicapped, recreation professionals in the Easter Seal family had best apprise themselves of a few facts. Who are the handicapped? Where are they - at home, in hospitals, institutions, etc?"
nursing homes, in halfway houses...? How many handicapped are there in a specified service area (the numbers game is still with us)? Which of the handicapped do we think need recreation services and in which settings are they best served? Which of the handicapped want recreation services and what kinds do they want? What is the present level of service in each of the settings in which handicapped people might be served ranging from highly segregated to highly integrated? Who are the major providers of recreation in a service area? Who are the potential providers? What resources are needed to further enhance the delivery of recreation services to the handicapped - including most importantly, money, leadership, and facilities? The answers to these and other questions are fundamental to our advocacy.

FUTURE NEED: Due to current trends for mainstreaming/integrating individuals with handicapping conditions into community recreation programs in addition to deinstitutionalization procedures being employed in many states that result in additional handicapped consumers for community recreation programs, there is need for more in-depth research program information to aid related personnel in programing. Areas of investigation that should be considered include: social, emotional, and physical effects of integrated programing upon the individual; provision of basic leisure and recreational skills for successful program integration; standards or guidelines for organization and administration of programs with appropriate interagency involvement; state and national analyses of future needs regarding mainstreaming handicapped individuals from institutions, state hospitals/clinics, halfway houses, special programs and day care facilities into community recreation programs; in-service training for recreation personnel; development of flexible model programs for full integration, partial integration and combinations of separate and combined programs; consumer advocacy models; activity modification approaches; and state plans relative to legislation, litigation, deinstitutionalization and mandatory zero-reject principles.

DISCUSSION: Emphasis is noted in the literature concerning integrating handicapped and non-handicapped individuals in camp programs. Some representative references reviewed include topics on: 1) organization and administration relative to directors and other staff members of "normal" camps for integration of handicapped campers into their programs (B-75, B-76, B-92); 2) integration of
mentally retarded and wheelchair-bound persons into day camp programs (B-61, B-77, B-59); 3) integration of handicapped children with normal children in a "normal" camp setting (B-77); 4) meeting camping needs of handicapped children in camps for the non-handicapped (B-84); 5) integration of handicapped children into Fresh Air Fund camps which provide programs for non-handicapped campers on the basis of financial and personal needs (B-34, B-102); 6) rationale and approach to camping for physically handicapped persons in relation to current trend for integration of handicapped persons into regular camp programs (B-103); 7) utilization of the specialized camp situation and development of camper skills for future successful integration of handicapped campers into combined programs (B-100); 8) integrating of handicapped teenagers into educational camping tours (B-Addendum-1).

Some objectives stressed by integrated camp programs are improved peer-acceptance and attitudes, enhanced social interaction among groups and individuals, awareness and understanding of handicapping conditions on the part of non-handicapped campers, improved physical condition, development of competitive skills, increased experiences in physical and natural activities, in addition to improved self-awareness on the part of physically handicapped children (B-43, B-91, B-46). In 1967, a program sponsored by the Easter Seal Society for Crippled Children and Adults of Massachusetts, Inc. (B-43) was considered successful on basis of evaluation by questionnaires, personal interviews and field visitations. Handicapped children were put into semi-integrated, fully integrated and day-integrated situations; general conclusions made at the end of the study were that these handicapped children enjoyed camp and gained from the experience. Evidently, previous camp experience was not related to camp adjustment nor was length of time in attendance. Suggestions for future study were to examine social interaction in models of different social structure and development of training materials for counselors. Dibner and Dibner (B-42) also conducted a two-year field study of physically handicapped children integrated into regular summer camps. Purpose of this study was to explore the structure of integrated and segregated settings and to determine their effects on the social-behavioral relationships, feelings and attitudes of the children and the camp staff. Conclusions given were that some aspects of both types of camps could be improved by changes in programing; although there seemed to be a correlation between social interaction and type of social structure, there was also a high degree of potential for change in the social structure and a positive opportunity to influence social behavior.

Oliver (B-91) described a project for integrating minimally to moderately handicapped children and youth into "normal" residential camp programs near Ingham County, Lansing, Michigan. Subjective evaluation, questionnaires completed by the camp director, counselors, and parents, in addition to verbal communication with campers indicated the majority had successful experiences in peer group social relationships and developed understanding and enjoyment of the camp situation. Flax and Peters' study (B-46) also supports the conclusion that integration of handicapped children with normal peers is
desired and that social acceptance is accomplished in integrated
situations.

FUTURE NEEDS: Since efforts to date generally have been suc-
cessful and since organization and administration models have been
developed for a variety of mainstreaming approaches, there is an
apparent need to continue this programing in the future. Specific
priorities that should be considered for investigation are: 1)
revision of integration models; 2) guidelines, standards and evaluative criteria for integration models that
are based upon interagency and family cooperation; 3) in-service
training for camp personnel; and 4) in-depth determination of con-
tributions of the integrated camping situation upon the total develop-
ment of the camper with a handicapping condition.

DISCUSSION: Nineteen references were reviewed relative to the
integration of visually impaired individuals into on-going physical
education and/or recreation programs. This particular topic is one
in which much emphasis is given in the literature on integrating
persons with handicapping conditions into physical education and
recreation programs. An indication of this interest is demon-
strated by the holding of a "Special Demonstration Workshop for Integrating
Blind Children with Sighted Children into Ongoing Physical Education
and Recreation Programs" sponsored by the American Foundation for
the Blind and the Cleveland Society for the Blind (B-23). The Amer-
ican Foundation for the Blind has also been instrumental in develop-
ing related publications for integrating the visually impaired into
community art programs (B-78) and community senior programs (B-12)
in addition to other materials for working with blind and partially
sighted persons. In an effort to encourage integration of visually
impaired students into regular physical education and recreation
programs, several authors (B-28, B-89, B-62, B-113, B-48, B-30, B-70)
have described integrated programs in which they have been involved.
A research study by Wieken (B-112) indicated that with suitable adap-
tation, modification, and teaching aids, blind children can partici-
pate actively in physical education classes with sighted children.
Additional assistance for adaptation of activities is given in
publications by Buell and Kratz (B-30, B-74). The importance of
mainstreaming visually impaired students into physical education and
recreation programs is supported by a research study done by Nezol
(5-90) who reported a significant intercorrelation among blind stu-
dents' higher sociometric status among their peers, higher quality
physical education programs and a choice of active recreational
activity. Segregated physical education and recreation programs for
the visually impaired also can contribute to the total development of the individual and this approach is often mentioned in the literature (B-37, B-81, B-114). Kramer (B-Addendum-3) established guidelines for special agencies serving blind children in order to integrate them into community recreation programs.

FUTURE NEED: Some information is already available relative to integrating visually impaired persons into physical education and recreation programs; however, additional program literature and research data is needed. Statements made in this guide concerning future needs in integrated camping, physical education and recreation situations are applicable for the needs of the visually impaired.

6. Curriculum or model program descriptions for integrating handicapped children into regular classroom situations occasionally will include physical education and/or recreation activities as a part of the total educational program. Emphasis given to physical and/or recreation activities varies greatly.

DISCUSSION: Some references described curricular approaches for integration of handicapped students into regular school classes with provisions for physical education or recreation activities: 1) report of a study on educational recommendations for Milwaukee, Wisconsin Public Schools (B-76) which includes sensory motor training for handicapped children integrated into public school classes; 2) book (B-86) that provides guidelines for regular class activities in addition to sensory training and academic skills for assisting the underachieving elementary school child; 3) research project by Klein (B-73) that includes recreation therapy for emotionally disturbed children; 4) article by Wintsh (B-115) that includes leisure hour activities for mentally retarded individuals; 5) book (B-71) on programming for learning disabled children in regular classrooms that includes motor activities; and 6) article by Tait (B-109) that includes games and activities for blind kindergarten children in integrated class situations. Occasionally, research studies concerning integration of children into regular class situations used physical education or recreation activities as part of the research design. Grosněck (B-56) used class play as a sociometric measure during observation of exceptional children reintegrated into regular classes. Folman (B-47) in interviewing regular low achieving children and educable mentally retarded special class adolescents, found that more able special class students reported themselves to be more isolated socially, engaged in more passive activities or in athletics, did not belong to peer groups, disliked group activities, and said they did not desire to change their situation, while the less able (nongainer) reported more active social involvement with their peers. In a comparison of behavior modification techniques used with emotionally disturbed children in both regular and special classrooms (B-60), a work-contingent play scheme and individualization of assignments were used with the special class. An indication of possible increased future emphasis on inclusion of physical and recreational activities into
integrated class descriptions or model programs is given by the fact that in many of the 35 descriptions of innovative training programs directed toward integration of children with special needs in regular classrooms and toward severely handicapped children which were presented at a 1973 conference (B-26) game activities were part of their programs.

FUTURE NEED: Although some sporadic efforts have been made, there have been relatively little interest and recognition given in the literature on integrated class/model program descriptions for physical education and/or recreation for the students involved. Since physical education and recreation are a vital part of the total educational process for students with handicapping conditions due to social, emotional, mental and physical contributions of these activities, this knowledge needs to be imparted to special education personnel. Hopefully, this realization will result in appropriate inclusion of physical education and leisure time skills in future literature on integrated educational models.

Little information is known about attitudes on the part of the participant, his peers, and related program personnel in integrated physical education and recreation programs. However, there are some indications that integrated situations may produce desirable participant attitudes and that positive program personnel attitudes will promote participation in more vigorous physical activities by the handicapped student.

DISCUSSION: Very little information is available concerning attitudes of participants and attitudes of others such as peers and school or program personnel in integrated physical education and, recreation programs (B-28, B-33, B-88, B-104) even though attitudes relative to integrated special class placement is discussed frequently in the literature. Buell (B-28) felt that improper attitudes and lack of knowledge about physical potential of blind students are said to account for lack of vigorous physical education activities in many public schools. Seamon (B-104) found that orthopedically and neurologically handicapped secondary school children integrated into regular physical education programs had a more favorable attitude toward physical education than those children in the adapted physical education program. In addition, students expressing the most favorable attitudes participated significantly more in physical activities outside the school than did the latter group.

FUTURE NEED: Since little information is available on the subject, the only future need statement that can be made is that additional study is needed on attitudes in integrated physical education and recreation situations with comparison of findings to the data in the literature for attitudes in the integrated classroom setting. A logical implication that should be investigated is extension of Buell's statement concerning visually impaired persons in that improper attitudes, and lack of knowledge about physical activities for the handicapped student affects the amount of vigorous physical education activities provided in many public schools.
In summary, analysis of research and program literature relative to integrating individuals with handicapping conditions into on-going physical education and recreation programs reveals: 1) mainstreaming in regular public school physical education, athletic, and intramural programs is feasible and desirable in certain circumstances; current and impending state legislation for mandatory physical education for all public school students creates an urgent need for additional literature on this topic; 2) successful integration into community recreation programs is possible in different situations; more research data and program literature are needed because of increased programming as a result of consumer advocacy, deinstitutionalization policies and normalization procedures; 3) integration into on-going "normal" camp situations has been successfully attempted; increased activity will probably continue in the future; 4) emphasis is given concerning integration of visually impaired persons into existing physical education and recreation programs with resultant available information for future programming; 5) some inclusion of physical or recreational activities in integrated classroom programs is given; increased provision should be made in recognition of contributions of physical education and recreation activities as part of the total educational picture; and 6) little information is available concerning attitudes of participants with handicapping conditions, their peers and related program personnel.

Accordingly, the following suggestions are made to aid personnel in need of direction and assistance due to integration of individuals with handicapping conditions into physical education and recreation programs:

- Fulfill the future needs stated in this analysis of the literature.

- Apply existing program information and research findings for integrated situations in addition to information available for regular, non-integrated and special, segregated physical education and recreation programs. Some representative examples of special program literature are contained in Part B, List of References (see index on page 55, Non-integrated Physical Education and Recreation). These references include information on methodology, program development, financial assistance, equipment, resources, evaluation, and activity modifications.

- Develop for implementation pre and inservice training models for physical education and recreation personnel who will be or are involved in integrated programs.

- Stress the noncategorical approach in accordance with individual social-emotional, mental and physical functional levels (B-52).

- Plan future programs allowing for the possibility of increased numbers of handicapped participants but with the perspective that extreme inflexible mainstreaming situations may change to more moderate and adaptable approaches.
Provide flexible programs with integrated, segregated or partially integrated combinations in addition to other approaches such as use of resource rooms or teachers, program aides, specialized consultants, or special coordinators. One example of this type of programing in the public schools might be special, separate skill development sessions when necessary for a student in an integrated physical education class, provision of services from resource teachers and assistance from aides for developing such skills as dressing quickly, recording scores and opening padlocks on lockers.
II: PART A
INTEGRATION INTO REGULAR CLASSROOM SITUATIONS


Fifty teachers, administrators, and school psychologists in daily educational contact with exceptional children were interviewed to determine opinions on special class versus regular class placement for mildly exceptional children. Twenty-seven favored retaining present program of special classes, and 23 advocated placement in regular classroom, citing special provisions which should be made to integrate the exceptional child. Classroom teachers more often favored retention of special classes, while nonteaching educators interviewed tended to prefer regular class placement of the mildly exceptional.


A review of what has been going on in special education mainstreaming and descriptions of program models.


The book is designed to assist special education and regular class teachers inexperienced in mainstreaming to become familiar with it by highlighting actual stories of six school districts across the nation where mainstreaming has been adopted.


The author describes her experiences, as someone with cerebral palsy, in integrated class situations during public school and university attendance. Described are the many benefits to be gained from confronting real life situations on a daily basis.

One thousand, two hundred thirty-four nonretarded children enrolled in regular classrooms and resource centers in adjoining urban and suburban school districts were given sociometric questionnaires to determine the social acceptance of their mildly retarded classmates. Mildly retarded urban children received significantly higher peer ratings than nonretarded children, and suburban mildly retarded children received significantly lower ratings than their nonretarded peers when both were rated by children of the same sex.


Proposed are two decision models intended to be followed by regular teachers, with consultation of special educators, in identification of handicapped children and in provision of direct services to handicapped children in regular classrooms. M. Lilly's zero reject model which proposes regular class placement for all but severely handicapped children and advocates only a supportive role for special educators is discussed.


Whether educable mentally retarded children should receive their basic education in regular classroom settings or in special classes designed to meet their needs has been a long contested argument in education. Article accordingly reviews related studies, issues, and considerations concerning the most efficacious placement of educable mentally retarded children. Suggestions for additional study of the problem are also included.


Described is the consulting teacher approach to providing special education for the exceptional child in regular classroom, which emphasizes tactics to obtain the cooperation of classroom teachers, methods used to train the regular teachers, critical tasks performed by consulting teachers, and program evaluation.

The article discusses the Sophia T. Solvin School Program for physically handicapped, trainable mentally retarded and educationally handicapped children. These children are integrated with nonhandicapped young children with a goal of demonstrating commonalities and special needs of all children.


This book provides information on coordinating regular and special education services by alternative approaches to segregated classes. Sections include programs to train new kinds of instructional management mediators, resource teacher programs, training programs accompanying structural change efforts and commentaries by two special educators.


Focus in mental retardation work is on normalization of life-style, in which the family can play an important role. This article describes experiences of 3 children in the Foster Home Program for Mentally Retarded Children of Luzerne County Child Welfare Services. Procedures for referral, the evaluation process used to assess the amount of supplementary payment to foster parents, and the difficulties encountered in the program are discussed.


Discussion of a public school program for students in a transitional stage from segregated special education classes to integrated classes.


Introduction to the subject is given followed by an annotated bibliography on integrating children with various handicapping conditions into regular classes.
With the trend toward keeping handicapped learners in the educational mainstream, the development of resource teacher programs has been rapid. Three important dimensions along which resource programs differ are presented: (a) direct versus indirect service, (b) ability versus skill diagnostic/prescriptive orientation), and (c) resident versus itinerant delivery.

Philosophical issues surrounding the controversy in special education of special class placement versus regular class placement for handicapped children are discussed. Three areas of difficulty in solving the controversy are noted to be adherence to the past, approaching with a priori conclusions, and failure to critically examine the present constructs in use. Presuppositions of special class efficacy and the need for empirical validation are explored.

A reading list intended for parents and teachers on integration of hearing impaired children into regular public school programs.

Assessment was made of changes in attitude of 152 elementary school children toward orthopedically handicapped children as a result of an integrated school experience. After integration, nonhandicapped children had developed a more positive attitude toward the orthopedically handicapped. Before integration, boys and girls differed in attitudes, but the difference disappeared as a result of integration. Integration increased differences in attitudes between older and younger children toward orthopedically handicapped children, with older children developing a more realistic attitude than younger children.


A collection of fourteen papers by leaders in the field of special education on the subject of regular class placement of exceptional children.


An emotionally disturbed child considered ready for integration faces a major impediment--a stumbling block created not by the child's deficits but rather by the apprehension and lack of knowledge felt by the regular school staff toward the child. An attempt has been made to point out a situation which need not exist in the public schools and one which can and should be ameliorated by the director of special education.


Orientation and teaching techniques for teachers of marginally exceptional children enrolled in regular classrooms.
Intent of this article is to develop a case for the special class as one viable administrative and educational arrangement for a specific population of children who have all too often been ignored in special education planning and polemics.
II. PART B

INTEGRATION INTO
REGULAR PHYSICAL EDUCATION AND RECREATION PROGRAMS


   The purpose of this program was to acquaint the patient with the great variety of leisure possibilities in the community, to assist him in making realistic choices from the possibilities, and to help him develop a leisure plan to be followed upon discharge.


   This investigation was designed to determine the effects of a one-semester adapted physical education program upon the motor proficiency and social adjustment of educable mentally retarded (IQ 50-79) junior high school girls. Three treatment groups were randomly selected from two public junior high schools. Experimental subjects (N=21) were taught in adapted physical education classes by the experimenter on alternate days for one semester. Control groups (one of 20 EMR's and the other of 23 intellectually normal girls) remained integrated into regular physical education programs. Comparisons were based on scores on the KDK-Oseretsky Tests of Motor Development, Cowell Social Adjustment Index, and Cowell Personal Distance Scale. General conclusions included: participation of EMR girls in physical education was associated with greater motor performance gains than noted among intellectually normal girls receiving the same amount of instruction. However, the adapted program appeared to be no more effective than the regular program in promoting motor development among EMR girls; social adjustment among EMR girls appeared to be achieved better through participation in adapted physical education programs rather than through retention in regular physical education classes.

Compilation of best articles from first five years---1965 to 1970---of Challenge, newsletter of the American Alliance for Health, Physical Education, and Recreation deals with physical education, recreation, and related programs for mentally retarded persons. This publication is designed for practitioners working at grass roots levels in public schools, residential facilities, day care centers, community/recreation programs, clinics, developmental centers, and camps. It deals with all aspects of physical education and recreation programs for mentally retarded persons and features articles about activities, programs, methods, equipment, innovative ideas, leadership procedures, research, books and periodicals, films and other audiovisual materials. Sub-sections deal with areas such as arts and crafts, games, athletics and sports, dance, motor development, music, physical fitness, swimming, volunteer student activities, adult programs, camping, scouting, and therapeutic programs. Contents include information on activities, approaches, and procedures appropriate for severely and profoundly retarded as well as trainable and educable of all ages in any situation.


Presented as a sequel to The Best of Challenge, this volume contains pertinent articles, practical information, program anecdotes, book and film reviews, and research abstracts concerning physical education, recreation, and related areas for impaired, disabled, and handicapped persons; focus is on materials dealing with mentally retarded participants. Contents were selected from Challenge newsletters between September 1970 and May 1973. Information is divided into eight major sections: Philosophy and Editorials, Activities, Programs, Leadership, Cross Country Challenges, Books, Films, and Research.


Guidelines and suggestions for personnel responsible for initiating, evaluating, and expanding physical education and/or recreation programs for mentally retarded persons and groups in various situations. Sections deal with activity areas such as physical fitness, motor ability, sports, skills, special events, and recreation; evaluation including an annotated listing of perceptual-motor, physical fitness, and motor ability tests.
appropriate for mentally retarded populations; motivation techniques and award systems; facilities, equipment, and supplies; medical examinations; in-service education and training; volunteers; parents and programs; public relations and information; self-evaluation procedure and format are included.


A practical source for persons responsible for physical education, recreation, and related programs for mentally retarded individuals and groups. Contents are limited to activities promoting fundamental motor development and exploration of three general skill areas: (a) net, racket, and paddle activities; (b) rolling, pushing, throwing, and catching activities; and (c) striking and kicking activities. It was felt that these areas afford the greatest opportunity for developing skills basic to success in the majority of sports. Although this publication is concerned with these skill areas, the values of other worthwhile sports and recreational activities have not been minimized. Application of fundamental movement patterns progress through three distinct and increasingly complex levels to provide increasing challenge to participants as they master movements and improve motor ability and physical proficiency at lower levels. An individual activity--bowling, and a team activity--softball are used as sample units to show application of this approach and use of selected activities to achieve specific purposeful goals.


Result of contributions from over 400 individuals, including physical educators, recreation specialists, special educators, psychologists, and physicians representing public schools, residential facilities, day care centers, park and recreation boards, voluntary organizations, and governmental agencies who participated in a National Conference in Programming for the Mentally Retarded in Physical Education and Recreation. Topics include recreation and day care for mentally retarded persons, a community recreation team approach to programming, play facilities and equipment, financial assistance from the federal government, role of motor activities in programs for retarded children and adults, recreation programming for adult
retarded populations, and programs for severely and profoundly retarded individuals. Health and safety problems of mentally retarded persons, including general health and sex education are also covered. Group and special interest discussions center around diagnosis, evaluation, and placement of mentally retarded individuals, basic needs and considerations in professional preparation at both graduate and undergraduate levels, pertinent research, program materials, including activities and methods, and programs for trainable retarded groups.


This survey of state high school athletic or activity associations (98 per cent returns) was conducted to determine national trends and specific procedures for establishing eligibility of mentally retarded students for interscholastic athletics. Results showed that in 22 states (44 per cent) mentally retarded students were eligible and did participate, in 10 states (20 per cent) they were eligible on the basis of broad interpretation of association by-laws, and in 17 states (34 per cent) they were not eligible usually because of meeting scholarship or academic eligibility rules.


Explains purposes and development of Special Fitness Test which was adapted from AAHPER Youth Fitness Test, describes each of seven test items--flexed arm hang, sit-up, shuttle run, standing broad jump, 50-yard dash, softball throw for distance, and 300-yard run-walk--and tells how each test item is administered. National norms (percentile scores) for mentally retarded boys and girls 8 to 19 years of age are presented on the basis of results from 4,200 youngsters who were tested throughout the country along with standards of eligibility for Silver, Gold, and Champ awards. Suggestions for improving levels of physical fitness and a selected bibliography are included.

A joint committee of the American Alliance for Health, Physical Education, and Recreation and the Council for Exceptional Children prepared this publication as a practical, sound approach to developing and conducting recreation and physical activities for mentally retarded persons and groups of all ages and functional levels. Material was prepared with three groups especially in
mind—physical educators with little background or experience in working with mentally retarded persons, special educators with little technical knowledge about conducting recreation and physical activities, and parents or volunteers who lack background and training in both areas. Chapters deal with mental retardation, philosophy and practices of recreation in general and specifically for retarded persons and groups, program adaptations for retarded children, adolescents, and adults, and activities and techniques for conducting recreation programs for mentally retarded populations. An extensive annotated bibliography of source materials is included.


Developed to help fill gaps in instructional and recreational swimming programs for mentally retarded persons, this guide is a composite of ideas and experience of many individuals who have taught mentally retarded individuals to swim. It incorporates the successful, practical, and functional into a flexible and workable resource. A basic premise of the publication is that there is no single approach or sequence which guarantees success for every instructor with every student. Sections deal with swimming and the mentally retarded, organizing and administering programs, methods, teaching progressions, stunts and games applied to swimming programs for mentally retarded individuals, pool facilities, behavior modification techniques for teaching swimming to mentally retarded persons, and a selected bibliography.


Describes efforts of five diverse communities, Buffalo, Rochester, Syracuse, New York City, and Long Beach, Long Island, for integration of older blind persons into community programs. It emphasizes the cooperation among different community agencies, and the need for properly trained staffs, and reliable transportation programs.


This survey was undertaken to determine effects adherence to California School Code (i.e., section on part of the school day in integrated situations) regarding educable mentally retarded children minors had on instructional practices of California high school boys physical education classes. Of primary concern was identification of problems confronting physical education instructors when educable mentally retarded boys were integrated with nonretarded students in regular physical education classes.


Subject of recreation for the mentally retarded is discussed: examples of activities for the retarded at home, in school, in community and agency programs are given. Resource information provided.


Included are six topics pertaining to the development of research, consultation, information, and related services in therapeutic recreation. The topics deal with the following: role of the specialist in the community, communication processes among project/staff and between staff and the community, identifying community resources, implementation of therapeutic recreation at three demonstration sites, and achieving objectives of therapeutic recreation. Also included are basic approaches to specific situations in different communities. Appendixes contain methods of using community resources, teenage volunteers, applications for services, and a sample skill inventory.
Development of a rationale and procedures for organizations and various groups to sponsor recreative programs for the retarded are presented. The goal of a sponsoring organization should be to prepare the community to assume ultimate responsibility for supporting and maintaining a comprehensive program of socio-recreative service for the retarded. Included are sections listing consultation and related sources, selected bibliographic materials, national trends and legislation influencing service.

Final report of a study to: (1) obtain an estimate of the type and quality of recreation services provided to physically disabled and mentally retarded children and youth in a representative national sample of a wide variety of agencies, organizations and institutions in the public, voluntary, and private sectors; (2) develop recommended standards and criteria for provision of recreation services to handicapped children and youth; (3) identify problems and obstacles encountered by recreation resources which do provide services to physically disabled and mentally retarded children and youth and discover the reasons why some resources provide these services to non-disabled children and youth only; and (4) write, and prepare for distribution, pamphlets which will assist communities and their agencies, organizations, and institutions in the initiation, improvement and/or expansion of recreation services to physically disabled and mentally retarded children and youth.

Analysis of responses from the Planning Project indicates that though there hasn't been any appreciable change since 1959 in the proportion of agencies providing recreation services, there has been an increase in the proportion of agencies using full-time personnel to plan...
and conduct recreation services. Results also show that there is considerable divergence among rehabilitation agencies concerning almost every aspect of providing recreation services; administrative structure of services; and educational level and background of staff conducting services.


Guidelines for parents and others concerning how to find recreation services, how to start a recreation program, and examples of successful programs.


Final report of Health, Education, and Welfare grant giving guidelines for including all levels of disabled children in community recreation programs.


The major objective of this 3-year research and demonstration project was to test feasibility of extending the responsibilities of community work agencies in New York to include the mentally retarded. Twenty-seven groups of retardates (IQ's 35 to 75) were created, numbering from 10 to 15 members. Activities were predominantly task oriented for the youngest group (ages 8 to 12), unfocused and expressive for the adolescents (ages 13 to 17), and concerned with group goals and needs for the young adults (ages 18 to 30 and over). Self care skills were stressed with the peer groups serving as mechanisms to increase social skills. Results indicated that expansion will occur in the next 10 years and that the program was both needed and feasible.


Guide is intended to assist physical education teachers in dealing with atypical children in their regular classes.
Adapted physical education is seen as integration of handicapped children into regular physical education classes by understanding their special needs and how to program for 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. Recommended physical activities are listed for 15 major categories and additional subcategories of handicaps. Selection criteria for measurement and other evaluative procedures are listed.


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. Ophthalmological, social and psychological aspects of blindness relative to participation in physical activities; mobility and orientation in relation to physical education; highlights of Dr. William Freeberg's presentation; and summation of workshop's activities are included. Question and answer periods at the end of each presentation are also recorded.


Presented alphabetically by state or university are approximately 35 descriptions of innovative training programs directed toward integration of children with special needs in regular classrooms, and toward severely handicapped children.
The final report of this national survey presents status of physical education and recreation opportunities provided mentally retarded children in the nation's public schools. Questionnaires were sent to 4,022 school superintendents, principals, or teachers; results are based on 1,589 responses (37.6 percent) from these individuals. The final report is presented in 11 sections: (1) General Summary; (2) Primary Schools; (3) Elementary Schools; (4) Junior High Schools; (5) Senior High Schools; (6) Enrolled with Normal Pupils; (7) Schools Including All Grades; (8) Boys in Physical Education with Normal Pupils; (9) Boys in Physical Education Classes Separate from Those for Normal Pupils; (10) Girls in Physical Education with Normal Pupils; and, (11) Girls in Physical Education Classes Separate from Those for Normal Pupils.

Briefly discussed are common attitudes toward blindness and how-to-do-it information on including blind and partially seeing children in public secondary school vigorous physical education. Improper attitudes and lack of knowledge about the physical potential of blind students are said to account for the lack of vigorous physical education activities in many public schools. Sources for implementing a physical education program are given. Also mentioned are appropriate class placement of the student in unmodified activities and methods of instruction for use with blind children.

This manual presents practical information which supplements and pulls together knowledges previously published about specific program areas in physical education and recreation for the visually handicapped. The guide was developed for use by personnel in community programs, residential facilities, and/or special programs and emphasizes that the increasing number of visually handicapped persons in regular and special classes have a tremendous need for physical fitness and motor proficiency. Three major parts present information about blindness, methods and activities, and bibliographical references.

Article suggests some adaptations which have proved effective in enabling blind students to participate in physical education activities with the rest of their sighted class. Suggestions pertain to ball games, track and field and physical fitness tests, tag games, races, and other activities.


General statement is given of aims and beliefs of the recreation programme of the Canadian National Institute for the Blind. Examples are given of activities and aims. Integration of the blind with the sighted community is discussed.


A description is given of Camp Hidden Valley, the Fresh Air Fund's Camp for boys and girls 8 to 12 years of age which enrolls both handicapped and non-handicapped campers. The children are accepted on the basis of financial and personal needs. The handicapped campers have a wide variety of disabilities; adaptation in facilities and activities is made in an unnoticeable manner.


Based upon her program, a fifth grade teacher presents ways to include physically handicapped children in the regular physical education program. Adaptations allowing
a cerebral palsied boy to participate in typical unit activities such as football, basketball, and rhythms are listed. Primary movements which can be attempted by the physically handicapped are also listed. Suggestions for using various pieces of equipment are made.


Article points out fun, exercise, and perceptual training benefits blind children can obtain from kicking tin cans, and outlines a game which can be played with them.


Contents describe characteristic motor development patterns of children, reasons as to why children develop as they do and speculation regarding potential motor performance of children. Knowledge of motor skill progression and use of stated evaluative criteria will assist the reader to determine motor development skills of program participants.


Discussion of research findings with relationship to perceptual and motor developmental stages in infants and children. Information is given for assistance in analyzing sequential skills and evaluating each individual's functional levels.


Parks and recreation boards are cooperating with associations and agencies in the planning, coordinating, and integration of recreational programs. Swimming, day-camp programmes, day playgrounds and residence camps are available in Canada. Efforts are being exerted to solve the problem of transportation and to see that more mentally retarded children in rural areas are afforded the opportunity to attend a summer programme.

To study the effect of organized group activities in community centers and settlements on physically handicapped children's mental health, 230 children participated in a two-year demonstration project. Mental health was defined as the child's social functioning in home and school and as reflected in the child's self image, and it was hypothesized that the mental health of mildly physically handicapped children improved through recreational activities with their nonhandicapped peers. It was also speculated that no special or additional staff would be needed. Data was obtained through interviews with the children, families, teachers, group leaders, and placement counselors. Researchers felt that, after comparing factors concerning the families, the school and the children's self evaluations, the children showed improvement attributed to associating with their nonhandicapped peers. The second hypothesis concerning staffing was not confirmed. Recommendations for community centers, schools, and adult education to benefit the mental health of physically handicapped children were made.


A two-year field study on physically handicapped children in summer camps is directed to the subject of integration of the handicapped child with normal youngsters in camps. Addressing itself to the questions of whether or not integration provides a more "normal" life situation, whether it affects a handicapped child's self-esteem, whether overprotectiveness lowers the self-esteem of the disabled child, and whether there are unforeseen effects of commitment to integration, this book is intended for planners of services for handicapped children, therapists, educators, recreation specialists, parents, and social scientists.
A program in 1967 on integrating handicapped children and youth into summer camps for non-handicapped children was considered successful on the basis of evaluation by questionnaires, personal interviews and field visitations. The handicapped children were put into semi-integrated, fully integrated and day integrated situations; general conclusions were made at the end of the study that the handicapped children enjoyed camps and gained from the experience. Evidently, previous camp experience was not related to camp adjustment nor was the length of time in attendance. Suggestions for future study were to examine the social interaction in models of different social structure and the development of training materials for counselors.


Stages of motor development are described from the prenatal stage to old age. The descriptions of progressive stages, along with the evaluative criteria referred to at appropriate levels, provide adequate information for the practitioner to determine functioning levels of participants. Heredity, prenatal maternal influences and sensory-motor differentiation and integration are discussed.


This study supports acceptance and integration into camp life of handicapped children with normal peers.


Low achieving regular class and educable mentally retarded (EMR) special class adolescents from a white, low-income, urban district were administered the learning potential procedure and were interviewed to determine differences in their after-school,
non-academic activities. Few differences were reported in the social interests and activities of these two samples. The more able special class students reported themselves to be more isolated socially, engaged in more passive activities, or in athletics, did not belong to peer groups, disliked group activities, and said they did not desire to change their situation. The less able (nongainer) students reported more active social involvements with their peers. Data indicated that nongainers give socially desirable responses which do not reflect their actual behaviors. (For related studies, see also EC 042 064 and 042 065.)


Physical education program at a school serving normally sighted and visually impaired children is described. Skills necessary for the integration of the two groups in recreational activities are discussed. Games and adaptations used are also described.


This test was devised and standardized to provide a simple, clinically useful tool to assist in the early detection of children with serious developmental delays. It can be used by people who have had no training in psychological testing; it is simple to administer and interpret. The DDST evaluates these functions: gross motor, fine motor--adaptive (the use of hands, and as the child grows older, his ability to solve nonverbal problems), language (the ability to hear and talk), personal-social (the ability to perform tasks of self-care and to relate to others). The test is not designed to give a developmental or mental age, nor a development or intelligence quotient; it is to be used to call attention to the possibility of developmental delays so that appropriate diagnostic studies may be pursued.

Analysis of data collected by questionnaire and by interview of 111 high school EMH boys ages 16-18 showed that: (1) EMH pupils were assigned more frequently to non-academic type regular classes such as physical education and music for part of the day; (2) high school EMH boys were participating more in neighborhood activities than in social activities related to school; and (3) that EMH boys with intelligence score above 60 generally participated in more social activities in school and in their neighborhood than EMH boys with intelligence scores below 60.
This book contains information on motor activity, movement patterns and a Movement Pattern Profile. The profile provides checklists that are designed to evaluate the major basic human movement patterns and are intended to give a status assessment of patterns fundamental to human performance which form the foundation of human movement. Walking, running, jumping, hopping, skipping, sliding, crawling, climbing, rolling, standing, throwing, catching, hitting, kicking, pushing, and pulling are movements included. These checklists are suitable for use by either trained or untrained personnel.

An early childhood project conducted by the University Home Economics Department was considered to be successful in terms of integrating handicapped and non-handicapped children in a nursery school program. Since only 12 children with handicaps were accommodated in the project, additional programs in a section of Los Angeles County were identified by a survey. A large majority of preschool program directors were favorable toward integrating handicapped youngsters into their programs; however, some administrators incorrectly interpreted licensing regulations thus preventing this type of enrollment.

In a study of the reintegration of exceptional children into regular classes, the stages involved were determining whether children were ready for reintegration, preparing them for the change, assessing the initial effect of the change, and doing follow-up observation. Measurement techniques involved using behavioral observation for diagnosis, recording daily progress, and creating cumulative records. A study was run of behaviors (handraising, leaving seats, talking out, and teacher response) before and after integration with the conclusion drawn that special students were successfully integrated, and their placement did not significantly affect the regular class students. Due to the brevity of the study, little
significant information was gained from the sociometric measures of class play, incentive orientation, and locus of control.


Moderately and severely retarded children and adults, even wheelchair mentally retarded persons went to day camp with normal children and were included in the activities with little difficulty. Patients showed adaptability and performance beyond what would generally be expected.


A project is described for integration of minimally to moderately handicapped children and youth into "normal" residential camp programs near Ingham County, Lansing, Michigan. The project was jointly funded by the United Cerebral Palsy Association of Michigan. The over-all organization, administration, implementation, and evaluation of the project is presented in this report. Subjective evaluation, questionnaires completed by the Camp Director, Counselor and parent in addition to verbal conversations with the campers indicated the majority had successful experiences in peer group social relationships and understanding in addition to enjoyment of the camp situation.


The community mental health center is seen as an administrative entity which could achieve the meaningful integration of therapeutic resources in the community. The professional recreation worker's inclusion in this body would mean eradication of the barrier between therapeutic recreation and community programming for the normal population.


Behavior modification was used with emotionally disturbed children in both regular and special classrooms. Baseline behavior was recorded and operant conditioning applied with social, edible, and token reinforcement being offered. In the special class, a work-contingent play scheme and individualization of assignments were used. In the regular class, an experimenter sat with the child and gave reinforcement and academic help. Improved behavior resulted during experimental phases.


Recreation programs with and without sighted participants are discussed.


This guide lists 123 annotations of films dealing with various aspects of physical education, recreation, sports, camping, outdoor education, and perceptual motor activities for individuals with handicapping condition. Information given in each listing includes name of film, size, sound, color, time duration and source of borrowing, renting, or purchasing. Annotations include pertinent information such as subject area, scope and purpose of film, type of handicapping condition dealt with, activities and methods demonstrated, equipment employed, and interpretive statements on content and prospective usage by personnel. Films described are intended for use on a selective basis in a variety of situations including conferences, conventions, public and non-public school classes, classes in higher education, workshops, clinics, institutes, in-service/pre-service programs and seminars.


In addition to federal or state support funds, local communities have other resources for obtaining complete or supplementary financial assistance. The person responsible for obtaining these monies must discover these resources
and decide which approach to use in soliciting funds. This publication is designed to help in fund-raising by describing effective methods and successful ventures and by describing types of agencies, organizations and groups which have provided support in the past in various communities.


Homemade and inexpensive equipment, supplies, and adapted devices are described for use in physical education, recreation, camping, playground, and related programs for individuals with handicapping conditions. The publication was developed to fulfill the need for such apparatus for use with program participants who were in large groups, had different interests, exhibited diverse abilities or who were in programs with limited budgets. Materials are adaptable to, applicable for, and usable by groups and individuals of all ages, descriptions, and functional levels.


Compilation of information about resources, including collection/retrieval/dissemination systems/centers/networks, relevant to recreation, physical education, and related program areas for impaired, disabled, and handicapped persons to aid students, educators, practitioners, volunteers, parents, and researchers. Resources listed are of two types: (1) Information Systems; and (2) Compiled Sources. For each resource information is provided about the scope of the resource, characteristics, which further describe or delimit the resource and its user and specific directions providing users with direct access to information contained in the system's data base.


A survey of state laws and regulations revealed that of 45 responding states and the District of Columbia, 27 states make some provision for providing adapted physical activities to children with various handicapping conditions. Provisions vary greatly from state to state and do not always cover all aspects of adapted physical education or children with a handicapping condition.

Contacts are provided for obtaining information about what others have been doing, and personnel and material resources about swimming and aquatic programs for impaired, disabled, and handicapped persons.


Integration of visually handicapped children into a public elementary school physical education program is discussed. Activities used to attain the listed objectives of such an integrated program are described (body conditioning exercises, rope jumping, physical fitness tests, games and relays, tumbling, pole climbing, balance beams, stunts, self-testing activities, and ice skating).

71. Kansas State University. One More Way: Project in Early Childhood/Special Education. Wichita, Kan.: the University, 1971. ED 075 975.

Intended for teachers, the book describes the problem of having learning disabled children in the regular primary grade classroom, offers diagnostic guidelines, and suggests activities to strengthen visual skills, auditory skills, motor skills, body image, and laterality and directionality.

72. Keck, S. Annette; Curry, Constance R.; Salzman, Gale; and Arslander, Carol. Day Camping for the Trainable and Severely Mentally Retarded: Guidelines for Establishing Day Camp Programs. Springfield, Ill.: Division of Mental Retardation, Department of Mental Health (401 South Spring Street), April 1970.

Prepared by regular and consultant staff of Herman M. Adler Zone Center (Champaign, Illinois) to meet the need of community recreation personnel for a handbook on camping for the trainable and severely mentally retarded. Sections deal with administering a day camp, physical activities, arts and crafts activities, music activities, sample schedules, forms, job descriptions for staff, materials, and a selected bibliography.
73. Klein, Genevieve, editor; and others. Covert (Children Offered Vital Educational Retraining and Therapy) Project, Year 1. Tucson, Ariz.: Tucson Public Schools; Arizona Children's Home; and Tucson Child Guidance Clinic, 1967. ED 023 205.

Involving seven Tucson school districts, a children's home, and a child guidance clinic, the Covert School (children offered vital educational retraining and therapy) was designed to initiate, compare, and evaluate educational approaches to the problems of emotionally disturbed children. Six distinct approaches were implemented, including a residential school, a day school, special class programs, group approach combined with a tutorial program, a supportive teacher for children in regular classes, and recreational therapy for children in regular classes. Areas involved were identification of problem children, the teacher as team member, teacher evaluation and reporting, techniques to be demonstrated, pupil and project evaluations, teacher objectives and purposes, the teacher's professional role, classroom management, and means of teacher identification of individual problems to determine classroom procedures.


This publication is designed to provide an understanding of the implications of movement for individuals with various visual impairments. Part I describes definitions of blindness and roles of relaxation, posture and locomotion, physical fitness and teachers. Discussion is given to safety factors and other aspects of movement behavior specific to persons with visual problems or who are blind. Part II discusses special methods useful in programming physical activities, basic teaching principles, methods for organizing and managing classes and administering programs, progression in and characteristics of play behavior, modifications for individual activities, rhythms, dance, recreational and lifetime sports, evaluation and motivation.


A message to camp directors concerning the integration of disabled and exceptional children into a normal camp. Discussion follows on how this can be accomplished to the benefit of all campers and staff.
A message to camp directors concerning the integration of disabled and exceptional children into a normal camp. Discussion follows on how this can be accomplished to the benefit of all campers and staff. The setting is Camp Tonekee in Canada.


Participation of visually handicapped persons in community art programs is presented. It is based on the teaching and media techniques the author has developed as head of the adult art program at the Jewish Guild for the Blind, New York City. Written primarily for art teachers and administrators of art programs in schools, colleges, professional art schools, and community centers, *Art Not by Eye* will also be of interest to agencies for the blind that have or are considering starting their own art programs. In addition to the actual media and techniques that blind and visually impaired persons can use to create their own art, the book contains sections on blindness in general, how the blind person perceives, teaching the blind person, and how to use museums.


The two parts of this manual give a summary of data from a national survey of public recreation programs for ill and disabled in selected communities and guidelines for the development of community recreation programs for the ill and disabled. Included are definitions of the disabled--physically, mentally, and emotionally--with discussions of their recreation needs and the administrative and programming aspects of community programs.
The physical ability rating scale was devised to evaluate physically handicapped children attending The University of Iowa Hospital School. Since 1957 this scale has been expanded and used to determine (1) activities physically handicapped children can and cannot perform, (2) activities learned during training programs, and (3) regressions occurring during training programs. This scale lists developmental activities that emphasize motor tasks and activities of daily living during the growth period from birth through infancy to six years of age.


Article deals with physical education and recreational activities for the visually handicapped. Explanation is given for bowling for the blind, mentioning in particular the activities of the American Blind Bowling Association.


Presented are recommendations of a Milwaukee public school study for the purpose of providing a meaningful, effective, and comprehensive educational program for exceptional students. Included are 15 program recommendations about communications services, sensory motor provisions, the handling of behavior and learning disabilities, and provision for intellectual differences.
85. Mundy, J. *A Special Diagnostic Battery of Recreative Functioning for the Trainable Mentally Retarded.* Tallahassee, Fla.: Florida State University (Department of Recreation), 1966.

This instrument measures skills, abilities, and competencies needed by an individual if he is to participate successfully in different recreational activities. By looking at an individual's profile, the recreation leader can guide the participant into activities consistent with his level, degree, and kind of ability so he will have a greater chance for immediate success and achievement.


Guidelines for regular class activities in sensory training and academic skills are presented with the intention of helping the underachieving elementary school child. For each area of concentration in class activities, the need for the skill and suggested activities to develop the skill are presented briefly. Concentration areas in perceptual development covered include art activities, auditory training, color discrimination, form discrimination, gross-motor training, ocular control, speech development, tracing exercises, visual-motor coordination, and visual recall. Guidelines for improving reading and arithmetic achievement are also provided. Numerous commercial games and toys are suggested as fun instructional materials for the various skill areas. Appended is a list of 31 commercial outfits making the games and toys suggested and their addresses.


The handbook describes importance of recreation in the lives of mentally retarded persons and presents current needs and problems in this area, discusses part played by Associations for Retarded Children in expanding recreational programs and services for retarded citizens, and suggests desirable organizational structure, functions, and goals for an ARC Recreation Committee.


Relationship of high quality physical education programs for 60 blind junior and senior high school students placed in regular classes to social attitudes of their seeing peers and to the kind of recreational activity they favored. Major finding was a significant intercorrelation among blind students' higher sociometric status, higher quality physical education opportunities, and a choice of active recreational activity.


Discussion is given on how the following groups of exceptional children can fit into a camp setting: gifted children, mentally deficient, physically disabled, physiological problems (diabetic, allergies), perceptually disabled, emotionally disturbed and culturally enriched or culturally deprived children.


In Denmark and Sweden, there is a growing interest in granting mentally retarded persons their fair and prudent share of risk-taking in their daily living. Denying the mentally retarded exposure to normal risks commensurate with their functioning tends to have a deleterious effect on both their sense of human dignity and their personal development. In addition, the removal of all risk diminishes the retarded in the eyes of others. The normalization procedures employed in Sweden include normal risk in community recreational experiences: youth clubs are composed of both college student and mentally retarded members who are required to find their own way from home to the clubroom and sometimes the club leaders deliberately leave the members in the middle of a day's outing so the mentally retarded have to figure out for themselves how to get home.

Seventy EMR children were placed in adult-led recreation groups of non-retarded children at a community center over a 4-year period to investigate the extent to which EMR children can participate in such groups.


A description is given of a graduation ceremony for 72 mentally retarded adults who participated in a program at the Recreation Center for the Handicapped, San Francisco, that was designed to help them integrate into community recreation programs. Information is given on organization and administration procedures, program development and inter-agency cooperation.


Majority of 415 enrolled individuals aged 2 to 70 years who are engaged in 22 different programs conducted by the Recreation Center for the Handicapped, Inc. in San Francisco, California are retarded; the degree of retardation ranging from mild to profound. Day care program provides opportunities for SMR individuals to participate in the fun and enjoyment that comes from playing with other children.


A state-wide (Kansas) recreational workshop focusing on planning for the MR was summarized. Participants included representatives from city recreation commissions, institutions of higher education, and local recreation programs throughout the state. Areas considered were social isolation, preventive and remedial programming, and community planning. Recommendations for community planning are presented.


This evaluation scale, based upon observation, presents graphically the current status of an individual child, to help the teacher or leader evaluate more readily existing needs, to plan for individual growth, and to record change and development. The six major areas most frequently referred to in curriculum guides for the severely and moderately retarded are used as the basis for the profile (social behavior, self-care, communication, basic knowledge, practical skills, and body usage). The section on body usage is subdivided into coordination, health habits, fitness and eye-hand coordination. Various indexes make it possible to evaluate one major area against another and to assess progress in the various areas from year to year.


Reviewed are some of the characteristics and benefits of camps for handicapped children. The specialized camp is seen to be a chance for handicapped children to be free from overprotective parents, to live and learn in an atmosphere of understanding and encouragement, and to experience their potential for self-reliance. Noted are some of the adaptations in camp procedures and equipment dictated by the nature of the handicap accommodated. Described is how the skills, knowledge, and success experiences gained at the specialized camp will help the handicapped campers participate more fully and happily with nonhandicapped children in other camp, school, or social situations.


A special education teacher discusses a summer program of free play, arts and crafts, games, motor exercises, art, music, and field trips for educable and trainable mentally retarded children and their "normal" brothers, sisters and cousins.
102. Richardson, Steven A.; Ronald, Linda; and Kleck, Robert E. "The Social Status of Handicapped and Non-handicapped Boys in a Camp Setting." The Journal of Special Education 8:2; 143-152; Summer 1974.

Examination of friendship and preference choices of handicapped and non-handicapped children who had an opportunity to get to know each other over an extended period of time in a camp setting.


Offered are a rationale and an approach to camping for the physically handicapped. Noted is the trend toward integrating the handicapped into regular camp programs. The attitudes of camp directors toward the handicapped child are seen to often exclude him from the regular camp program.


An attitude scale was devised to sample attitudes of orthopedically and neurologically handicapped secondary school children toward physical education. Two additional instruments, a self-rating scale and personal questionnaire, were used as criteria by which the validity of the attitude inventory could be checked. The three instruments were administered to two groups of orthopedically and neurologically handicapped children, one of which participated in a regular physical education program, while the other took part in an adapted physical education program. It was discovered that children in the regular physical education program had a more favorable attitude toward physical education than those in the adapted physical education program. It was also found that the attitude scale was a highly reliable instrument when used with these children. There was a significant relationship between the attitude inventory score and the subject's self-rated opinion of his attitude. Subjects expressing the most favorable attitudes participated significantly more in physical activities outside the school than did the latter group.

The recreation director in a large southwestern city attempted to solve the problem of providing the most efficient recreation programming by calling together the parks and recreation department and the council of social agencies. Overlapping programs were discovered and duplication was avoided.


Purpose of this study was to investigate changes in physical fitness in relation to intelligence quotient, changes in social distance, and physiques of intermediate school mentally retarded boys after their participation in a regular physical education program for one school year. An additional purpose of this study was to investigate changes in physical fitness among intermediate school boys from the total range of IQ groups found in the public schools of Fairfax, Virginia, after their participation in physical education programs of various ratings.


Contents include activities, methods, teaching/coaching hints, drills, devices, and sequenced progressions appropriate for youngsters of all ages and at all performance levels in physical fitness, track and field, volleyball, and swimming. Each section contains information about basic, intermediate, and advanced fundamentals in each activity, progressive teaching sequences, and detailed practice schedules or lesson plans. The manual is fully illustrated with line drawings and includes selected references for future study and reference.


Suggestions are offered to teachers of "regular" kindergartens on ways to help blind children integrated into the classes from regular educational programs. Although the blind child in the classroom will not require any changes in the daily schedule, some substitutions are recommended for certain activities such as preparation for braile typewriting through development of manual
dexterity and the preparation for braille reading by labeling objects with braille signs. Also, blind children must be taught to develop their senses of sound, touch, smell, and space and appropriate behavior via games. Twenty such activities and games are cited. It is stressed that, if the teacher will keep the principles discussed in this article in mind, the blind child can readily be accommodated in the regular kindergarten classroom with beneficial results. The suggested methods are meant to be starting points for the individual teacher's creativity.


This curriculum guide includes a discussion of physical education, its philosophy and purposes, characteristics of sound programs, and recent trends; fundamental movement patterns and motor skills in terms of behavioral objectives, common deviations to watch for, and suggested developmental activities to use in patterns or skills at each level; and practical games, sports, and recreational activities in which patterns and skills can be used.


Detailed descriptions of basic motor skill patterns which are progressively refined to specific sport skill movement patterns at a later chronological age. Practitioners determine skill levels of program participants by reference to the sequential skill progression stages.


Three totally blind girls were integrated into a junior high school physical education class and participated in activities such as basketball, body mechanics, calisthenics, fitness tests, gymnastics, locomotor skills, softball, track and field and trampoline. Adaptations and modifications included a Braille diagram board and basketball scoreboard, a posture manikin, and an indoor starting block. The study concluded that with suitable adaptation, modification, and teaching aids, blind children could participate activity in physical education classes with sighted children.
A public school physical educator makes suggestions for an integrated physical education program based upon her experience with blind children in her program.

A discussion of participation of blind and partially sighted students in physical education programs is presented in a survey report on the subject. Ninety per cent of the students enrolled in the 36 state (not identified) blind and sight-seeing schools who returned survey forms were taking physical education (date of survey not given).

The completion of the special education of the MR patient should be followed by the period of his "integration" into society, primarily as a human being rather than a disabled person. To that end, it will be necessary to concentrate on: preparing him for useful employment in an industrial society; enabling him to take advantage of his leisure hours, possibly in the company of other MR's; solving his housing problem by leaving him in the parental home, placing him in a foster home, or placing him in a special home.

An educational travel experience for 32 people in 2 separate groups was conducted to afford those unable to travel, due to a handicap or financial reasons, an opportunity to see and learn about Canadian geography; to integrate handicapped and non-handicapped youth into one program; to provide experience in skills of camping, travel, and self-help; to provide experience in living in a large group containing others from different social and cultural backgrounds. It was felt that achievement of the objectives of the trip was quite successful.

Results of questionnaires sent to 2,000 community recreation departments were discussed. A total of 427 respondents indicated that they had some recreational program or facilities for physically handicapped or mentally retarded persons. The variety and popularity of the programs, administration, transportation, and financial support were outlined.


An informational questionnaire survey of all agencies serving blind children ages 1-13 in New York State was utilized, in addition to a survey of available literature, to determine current programs in those agencies. A questionnaire of a matched random sample of general recreation agencies serving children of the same ages was used to develop a Criteria Rating Scale in order to establish criteria for moving blind children into non-segregated programs. An Activity Rating Scale was used to identify those programs which would assist blind children to move into non-segregated programs.


A discussion is given of current normalization and deinstitutionalization procedures which place mentally and physically handicapped persons in community recreation settings. The San Francisco Recreation Center for the Handicapped is used as a model for providing program information.


Information is presented concerning making parks and recreation areas accessible to handicapped persons. Topics covered include: 1) Who are the Handicapped?; 2) The Handicapped Speak About Their Recreation Needs; 3) Planning for Everyone; 4) Public Facilities: Legal Obligations; and, 5) Nature Trail for the Senses. Other information is presented on barrier free design and facility specifications.
PART III

AUDIOVISUAL AIDS

1. All My Buttons. 28 min., 16mm, color film. University of Kansas Audio-Visual Center, Film Rental Services, 746 Massachusetts Street, Lawrence, Kansas 66044.

Film is part of a complete concept of deinstitutionalization and normalization which revolves around behavior modification techniques and the Behavior Management Series of Booklets written primarily by R. Vance Hall. The film introduces you to a young retarded man who has been taught to handle a job but not how to live; to a superintendent of the state institution who wants to eliminate institutions as traditional training schools; to a teacher and principal who seem unaware of behavior management techniques; and to another teacher who sees these techniques as essential tools. Throughout, All My Buttons exposes the sometimes well-meaning, occasionally charitable, and always degrading misconceptions and prejudices of the public which make deinstitutionalization and normalization of developmentally disabled citizens difficult and potentially controversial issues.

2. The Madison School Plan. 18 min., 16mm, sound, color film. AIMS Instructional Media Services, Inc., P.O. Box 1010, Hollywood, California 90028.

The Madison School Plan describes an innovative learning center concept providing for the education of exceptional children in a setting allowing free flow of children between regular classes and specialized facilities. It shows the elimination of traditional disability grouping for all but administrative purposes and illustrates an instructional program linked to a continuous assessment of those educational variables which operate to hinder performance of exceptional children in regular classroom. Labels are done away with as children move progressively through three levels -- pre-academic I, pre-academic II, and academic I -- to the regular classroom. In each of the levels youngsters are given increasing opportunities to function in groups with less individualized attention and support, and to use regular lessons and curriculum materials. Tangible rewards are reduced as youngsters move toward regular classroom placement.

3. Out of Left Field. 6 1/2 min., 16mm, color film. American Foundation for the Blind, 15 West 16th Street, New York, New York 10011.

Film deals with problems and possible solutions for initiating programs to integrate blind and visually impaired
youths into sighted community recreational and social activities. The film depicts a workshop situation in which the initial steps of an overall program to integrate visually handicapped youths into recreational programs are explored.


Experiences of personnel at Parsons State Hospital (Kansas) in successfully obtaining a community recreation department's cooperation and support for integrating 65 mentally retarded and 70 non-retarded residents in a standard summer camping program are shown and discussed. Included are sequences depicting methods, approaches, and procedures used in organizing and administering the camp, orienting the staff, and conducting activities. Emphasis is on effective activities and approaches and the role of play in growth and development of all children, including the mentally retarded.

5. **The Santa Monica Project.** 28 min., 16mm, sound, color film. AIMS Instructional Media Services, Inc., P. O. Box 1010, Hollywood, California 90028.

The Santa Monica Project engineered classroom demonstrates a clearly designed set of educational procedures easily applied to typical public school classes for educationally handicapped and or emotionally disturbed children 6 to 15 years of age. It is designed to bring overt behavior of children into line with minimum standards required for learning. The program helps lengthen children's attention span, promotes successful accomplishment of carefully graded tasks, and provides an environment with rewards and structure. The hierarchy of educational goals described includes the following sequence: attention, response, order, exploratory, social, mastery, achievement. Each student works within this structure at tasks for which he is rewarded in terms of attaining goals and fulfilling objectives in which he needs special attention. Although many of these children may regress and take a step backward, this program and special approach is designed to help him then take two forward.
TOPIC INDEX*

PART A
Integration into Regular Classroom Situation - 1 through 24

PART B
Attitudes Toward Integrated Programs - 50, 104
Educational/General Information that Includes Physical Education/Recreation - 26, 47, 56, 60, 71, 73, 84, 86, 109
Integrated Camping - 34, 42, 43, 44, 46, 57, 58, 61, 72, 75, 76, 77, 92, 100, 102, 103
Integration into Physical Education and Recreation - 14, 15, 24, 25, 27, 36, 48, 51, 70, 83, 89, 104, 107, 112, 113
Integration of Visually Impaired into Physical Education and Recreation - 12, 25, 28, 29, 30, 37, 48, 62, 70, 78, 82, 89, 90, 112, 113
Integration into Community Recreation - 1, 12, 13, 16, 17, 18, 19, 20, 22, 23, 31, 40, 41, 51, 53, 59, 63, 78, 79, 81, 91, 93, 95, 96, 97, 98, 101, 105, 106, 115
Non-integrated Physical Education/Recreation for Handicapped Persons - 2, 3, 4, 5, 6, 7, 8, 9, 11, 21, 30, 32, 37, 38, 39, 45, 49, 52, 54, 64, 65, 66, 67, 68, 69, 74, 80, 84, 85, 86, 87, 99, 108, 109, 110, 111.

* Indexed by reference numbers.