

**Report of the
Task Force on
EDUCATION
AND
REHABILITATION**

**PRESIDENTS PANEL
ON MENTAL
RETARDATION**

**The President's Panel
on MENTAL
RETARDATION**

**Report of the Task Force on
Education and Rehabilitation**

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AUGUST 1962

Published for
The President's Panel on Mental Retardation
by the
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Washington, D.C. 20201

For sale by the Superintendent of Documents, Government Printing Office
Washington, D.C., 20402 - Price 45 cents

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PREFACE

Although the report of the President's Panel on Mental Retardation, A Proposed Program for A National Action to Combat Mental Retardation, includes the work of the Task Force on Education and Rehabilitation, the total effort of the Task Force could not be properly consolidated with the full output of the other five groups similarly engaged in special studies of the total problem without exceeding natural limits of scope and balance in the final product.

Thus it has been suggested, by those particularly interested in education and rehabilitation, that a useful purpose could be served by preparing a separate report of the Task Force in which the full array of work materials would be available in a single reference.

Education and Rehabilitation of the Mentally Retarded represents the willing and generous investment of time, knowledge, and skill of many persons who believe that mental retardation is a major national problem of such consequence that its solution or amelioration will require a comprehensive and coordinated attack on all fronts, with special attention to strategies in special education and rehabilitation.

If this report helps to convey the urgency for concerted action, and stimulates additional progress along the lines suggested in the text, each person associated with the project will have been more than generously rewarded for his effort.

TASK FORCE ON EDUCATION
AND REHABILITATION OF
THE MENTALLY RETARDED

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BASIC CONCEPT OF MENTAL RETARDATION IN RELATION TO EDUCATION AND HABILITATION

INTRODUCTION

Traditional Focus of Mental Retardation

In human history, the retarded have passed through a social and educational evolution, during which they have been viewed in terms of wonderment, fear, superstition, divine retribution, or treated as madmen. They have experienced love, tolerance, compassion, neglect, buffoonery, rejection, abandonment and extermination. The retarded have been victimized and exploited, but they have also been the object of earnest educational and scientific curiosity, of custodial isolationism, and, finally, of growing community interest, acceptance, and integration.

Research and experience, especially in recent years, have significantly broadened the horizons of knowledge concerning the nature, etiology and treatment of mental retardation. Older concepts are being modified, newer ideas are crowding in, and the entire subject is in a state of flux.

For many years, mental deficiency or retardation had been pessimistically regarded as being static and incurable, with those afflicted being consciously or unconsciously labeled as the "dead-end products of an immutable state." However, growth of knowledge in the field of mental retardation has been almost phenomenal; medical research has made exciting breakthroughs in terms of prevention and treatment; educational and rehabilitative agencies have begun to offer more positive programs aimed realistically at the social adjustment and community integration of the retarded. It might be said that in the United States, the nineteenth century can be characterized as the isolation period for the retarded, while the twentieth century, especially the mid-century era, has ushered in a new period of hope and optimism, of research and experimentation, of services and facilities for the retarded, all moving in the direction of community integration.

The Need for a Modern Accurate Concept of Mental Retardation

There is need, therefore, of a new forward-looking concept of mental retardation relative to education and habilitation to harmonize with the latest scientific advances in the field. The concept must be scientifically accurate, sociologically realistic,

and must always uphold the sacredness of human dignity. An accurate definition and delineation of mental retardation is no mere exercise in semantics or philosophical hair-splitting. The concept of mental retardation which professional people communicate to the general public, especially to parents of the retarded, can be associated with hope or despair, with optimism or pessimism, depending upon the scientific accuracy and completeness of the definition used.

"How we perceive or how we conceptualize the field of mental retardation has a significant bearing upon our behavior, whether we happen to be physician, teacher, psychologist, social worker, researcher, or parent. Perceptions of mental retardation range from the shadows of despair to the sunlight of unwarranted optimism. Our goal should be to strive to perceive mental retardation realistically in the light of available scientific knowledge. Ability to convey a realistic concept of mental retardation to others is a rare but much-needed talent."

As Kanner declared:

..."Our educational system, our vocational hierarchy and our economic scheme are constructed primarily on the requirement of conceptual cleverness. A reasonably high I.Q. is the admission ticket to anything that is viewed as "success" in our society. In such a setting, individuals who are less endowed with the potentialities represented by the intelligence quotient go through life with a double handicap. Their limitations inevitably impose on them a restriction in the number and nature of attainable goals and these same limitations also impose on them, less inevitably but just as surely, a cultural verdict which gives them a minus quality in the attitude of their fellow men..."

Gardner, William I. and Nisonger, Herschel W. "A Manual on Program Development in Mental Retardation," Monograph Supplement to the American Journal of Mental Deficiency, Jan. 1962, p. 30

Kanner, Leo, "Exoneration of the Feebleminded," paper read at a luncheon sponsored by Devereux Schools during the 98th meeting of the American Psychiatric Assoc, Boston, Mass., May 18-21, 1942,

Society's unfortunate minus-image of the retarded as a failure stereotype must be destroyed, and a plus-image of relative success, intellectually and socially, for the retarded, consonant with the latest research and experience, must be substituted.

By way of preliminary definitions, the term Education will be considered to mean: to develop and cultivate the retarded mentally or morally; it will be used to include formal educational agencies, such as the school, and informal agencies, such as the home, church, etc. The term Habilitation (Rehabilitation) will be considered to mean a developmental process, beginning in early infancy; it is intimately related to education, development and adjustment, and is a comprehensive interrelated program of services enabling the retarded to achieve full potential. The term Mental Retardation will be discussed at length below.

THE SITUATION TODAY CONCERNING MENTAL RETARDATION

Prevalence

There are presently no available data which permit a precise statement of the prevalence of mental retardation. The estimates for the total population range from one to three percent, depending upon the age groups studied. It is reliably estimated that there are between 5 and 6 million retardates in the United States today.

Approximately 3% of the school population are mentally retarded. Generally accepted prevalence figures by I.Q.'s break down as follows: I.Q. 50 to 75 - 2.5%; I.Q. 25 to 50 - .4%; I.Q. below 25 - .1%.

Every year, 126,000 babies are born who will be mentally retarded. Mental retardation possibly disables the largest bloc of children of any childhood disease or condition. For example, mental retardation disables:

10	times	as	many	children	as	does	Diabetes
20	"	"	"	"	"	"	Tuberculosis
25	"	"	"	"	"	"	Muscular Dystrophy
600	"	"	"	"	"	"	Infantile Paralysis

Put another way; the combined totals of the persons with cerebral palsy, rheumatic heart diseases and those blind, equal only one-half the number of the mentally retarded.⁴

Gardner, William I. and Nisonger, Herschel W. "A Manual on Program Development in Mental Retardation," Monograph Supplement to the American Journal of Mental Deficiency, Jan. 1962, p. 30..

Sister Mary Theodore, O.S.F. "The Challenge of the Retarded Child," pp. 12-13. Bruce Publishing Co., Milwaukee, 1959.

It is difficult to find a satisfactory overall term which completely encompasses the concept of limited intellectual functioning. Terms used have included the following: Amentia; feeble-mindedness; mental deficiency; mental sub-normality; idiocy; imbecility; moronity; mentally handicapped, etc. Foreign terminology, such as the Scandinavian "debile" tends to add to the semantic difficulties inherent in formulating a system of terminology.

There is presently a trend to use the term mental retardation as encompassing all the above terms. Many experts believe that the terms mental defect or mental deficiency should be confined to those with demonstrable neurological damage or pathology, and that the term mental retardation should be confined to those having socio-cultural and other environmental deficiencies.

The World Health Organization has proposed "mental subnormality" as an overall term to express the concept of limited intellectual functioning. This term is intended to include mentally deficient, mentally retarded, and any other groupings which might be developed in the future.

The difficulty inherent in conceptualizing mental retardation results from the fact that it is not a single etiological entity but may result from a great variety of causal factors. In this regard Yannet comments:

"Well over a hundred etiologies, diseases and syndromes have been described in which mental retardation represents a more or less important symptom. Most of these, however, are extremely rare, some to the point of being considered medical curiosities. About 20% are encountered with sufficient frequency to have practical importance."

Emerging Concepts on the Nature of Mental Retardation as seen in the Light of Current Definitions

There has been a growing tendency on the part of students of mental retardation to depart from the position that mental retardation is a static, irreversible and incurable thing, to the position that sees mental retardation is a dynamic process subject to change, even

World Health Organization, The Mentally Subnormal Child, Technical Report Series, P. 75, 1954

Yannet, Herman. The Evaluation and Treatment of the Mentally Retarded Child in Clinics. National Assoc. for Retarded Children, Inc., 1956.

to cure at times, moving through different levels, under the pressure of different cultural demands, able to be ameliorated through proper therapeutic agents.

Mental retardation is neither a unitary thing nor a disease entity, but rather is frequently a resultant of multiple causation, not the least of which is educational and social deprivation. It is becoming more common in a particular purpose or situation to speak of retardation in terms of the retarded and that an individual's retardation is relative to cultural standards and the acceptability of the retardate by a particular society.

Continuing research indicates that, besides intelligence, personality and emotional factors are major components of mental retardation, and that personality factors in the retarded are much more significant than tested intellectual levels in carrying out tasks involved in inter-personal relations and work adjustment. The customary criteria used in defining mental retardation are not adequate to predict social and occupational success or failure except at the extremes of intellectual levels. There is a steady increase in the number of retardates at all age levels until age 16, after which there occurs an abrupt decrease.

It is possible that the entire concept of mental retardation has to be re-defined, and that mental retardation is a complex multi-dimensional phenomenon still leaving much to be learned about the retardate.

Current definitions

1. Gibson

In an analysis of current definitions, Gibson found a growing tendency to avoid the use of traditional expressions for mental deficiency and for the grades of mental deficiency. The reason would seem to be that these expressions are thought to have become identified with an aura of hopelessness out of keeping with the changing attitude towards mental defectives.'

Gibson, R. "Changing Concepts of Mental Deficiency," Mental Hygiene, Vol. 43, 1959, pp. 80-86.

2. Tredgold (1937)

Tredgold, an early and respected authority in the field, offered this definition of mental deficiency:

"...a state of incomplete mental development of such a kind and degree that the individual is incapable of adapting himself to the normal environment of his fellows in such a way as to maintain existence independently of supervision, control, or external support."

Tredgold held the position that the only criterion which may be used satisfactorily to differentiate the normal from the defective individual is the social one.

3. Doll (1941)

Doll's definition is a bit more explicit than Tredgold's_ and again we find social incompetence stressed as the ultimate criterion. He defines feeble-mindedness as follows:

"...we observe that six criteria by statement or implication have been generally considered essential to an adequate definition and concept. These are: (1) social incompetence; (2) due to mental subnormality; (3) which has been developmentally arrested; (4) which obtains at maturity; (5) is of constitutional origin, and (6) is essentially incurable."

4. McCulloch (1947)

In 1947, McCulloch suggested that there was reason to reformulate the problem of mental retardation. He contended that the term was primarily a label used for administrative purposes and that people drew far too many inferences about specific behavior when it was applied to a human being.

Tredgold, A.F., "A Textbook of Mental Deficiency," Baltimore: William Wood and Co., 1937, p. 4.

Doll, E.A., "The Essentials of an Inclusive Concept of Mental Deficiency.", American Journal of Mental Deficiency, 1941, 46. pp. 214-219.

¹⁰ McCulloch, T.L., "Reformulation of the Problem of Mental Deficiency." American Journal of Mental Deficiency, 1947, 52. pp. 130-136.

5. Kanner (1948)

Kanner has made a number of sound contributions to the conceptual analysis of mental retardation, based on the distinctions of absolute, relative and apparent feeble-mindedness insofar as individuals are equivalently able to adapt to their environment.

6. Jastak (1949)

Another interesting concept of mental retardation has been provided by Jastak, who felt that the judgment of mental disability should be broadly based in the behavior of the individual.

7. Delay (1952)

An extreme emphasis on the defect of behavioral adaptability as the main criterion of mental defect distinguishes the view propounded by Delay and his colleagues that social incompetence in the presence of a good intellectual quotient may be really a camouflaged mental deficiency.

8. Jervis (1954)

Jervis presents a biological definition when he states:

"Mental deficiency (mental retardation) may be defined as a condition of arrest or incomplete mental development existing before adulthood, caused by disease of genetic constitution and resulting in social incompetence."

Kanner, L., "Feeble-mindedness, Absolute, Relative and Apparent." Nervous Child, 1948, 7, pp. 365-397.

Jastak, J., "A Rigorous Criterion of Feeble-mindedness." Journal of Abnormal and Social Psychology, 1949, 44, pp. 367-378.

¹³ Delay, J., P. Pichot and J. Perse, "La Notion de Debilité Mentale Camouflée." Annales Médico-Psychologiques, (Paris) 110, May 1952, p. 615.

Jervis, George A., "Factors in Mental Retardation," Children. Vol. 1, No. 6, p. 210. U.S. Printing Office, Wash. D.C. Nov., Dec,

9. Stevens and Erdman (1956)

Stevens and Erdman assert that, to date (1956), no clear definition has been constructed to meet the rigid requirements of the various professional disciplines concerned with the problem, namely, biological, psychological, educational, social and legal.

10. Kratter and Benton (1956)

Kratter and Benton have reiterated the "relative" nature of behavior in summaries of what they call pseudo-mental deficiency and pseudo-feble-mindedness.¹⁵

11. Davies (1959)

Davies considers the term of mental retardation to contain three essential and interrelated concepts: (1) marked limitation of intelligence which is due to (2) lack of normal development, rather than to mental disease or deterioration, and which manifests itself in (3) some degree of social and economic inadequacy.

Summary of Previous Positions

There is obviously a lack of consensus in deciding what constitutes mental deficiency. While many regard intellectual retardation as the cardinal feature, with social incompetence as a manifestation, nevertheless, to others the crux of the problem is social incompetence, not necessarily accompanied by reduced intelligence. On the whole, it is fairly well agreed that in mental retardation, both intellectual retardation and social incompetence must be present, the emphasis placed on each component being subject

¹⁵ Stevens, Harvey A. and Erdman, Robert L., "Education of the Mentally Retarded Child," p. 434 in *Special Education for the Exceptional*, Vol III (Merle E. Frampton and Elena D. Gall, eds.) Proter Sargent: Boston Mass. 1956.

¹⁶ Kratter, F.E. "The Pseudo-Mental-Deficiency Syndrome," Journal of Mental Science, 1959, 105, pp. 406-420. And Benton, A.L. "The Concept of Pseudofeble-mindedness," *A.M.A. Arch. Neurol. Psychiatry*, 1956, 75, pp. 379-388.

¹⁷ Davies, Stanley P. The Mentally Retarded in Society, p. 3, Columbia University Press, New York, 1959,

to variation. Gibson concludes:

"What emerges is a broad basis of agreement that the essential manifestations are intellectual retardation and social incompetence from an early age, with perhaps a corollary that the conditions which lead to the underlying arrest or incomplete development of mind may also manifest themselves physically.

Hence it is not surprising to find Kirk declaring:

"The problem of finding a general definition of mental retardation or mental deficiency has harassed educators, researchers and administrators for many years. Mental retardation is not a disease, but a condition. A general definition must describe those manifestations of the condition which pertain in all cases. It must encompass many factors and gradations.... We then need a multidimensional definition. Likewise, in defining mental deficiency, one must take into account overlapping medical, social, psychological, economic, physical and educational factors."19

The Definition of Mental Retardation as Developed
by the American Association on Mental Deficiency

In view of the foregoing evidence of the divergent conceptualizations of the nature of mental limitation, the action of the American Association on Mental Deficiency, through its Project on Technical Planning in Mental Retardation, in attempting to clarify this issue, should be gratifying to those professionally interested in this field. The following definition was offered in 1959:

Gibson, op. cit. p. 82.

19

Kirk, Samuel A., Public School Provisions for Severely Retarded Children - A Survey of Practices in the United States. New York Interdepartmental Health Resources Board, 1957.

"Mental retardation refers to sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in one or more of the following: (1) maturation, (2) learning, and (3) social adjustment."²⁰

This definition was subsequently revised and appeared in the 1961 Mongraph Supplement to the American Journal of Mental Deficiency as follows:

"Mental retardation refers to sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior."

Exposition of Terms

1. "The term Mental Retardation, as hereafter used, incorporates all of the meanings that have been ascribed historically to such concepts as amentia, feeble-mindedness, mental deficiency, mental subnormality, idiocy, imbecility, moronity, etc. Choice of the term mental retardation was predicated on the basis that, at present, it appears to be the term preferred by professional personnel of all disciplines concerned. Though the separate words mental and retardation both have meanings not always consonant with those of their present context, it is felt that the combined term, mental retardation, will prove adequate if all interested personnel consistently utilize this term according to the criteria set forth.

2. "Subaverage refers to performance which is greater than one standard deviation below the population mean, of the age-group involved, on measures of general intellectual functioning.

3. "Level of General Intellectual Functioning may be assessed by performance on one or more of the various objective tests which have been developed for that purpose.

4. "Though the upper age limit of the Developmental Period cannot be precisely specified, it may be regarded, for practical purposes, as being at approximately the sixteenth year.

Heber, Rick, "A Manual on Terminology and Classification in Mental Retardation," Mongraph Supplement to American Journal of Mental Deficiency, Vol. 64, No. 2, Sept. 1959, p. 3.

5. "The definition specifies that the subaverage intellectual functioning must be reflected by Impairment in Adaptive Behavior. Adaptive behavior refers primarily to the effectiveness of the individual in adapting to the natural and social demands of his environment. Impaired adaptive behavior may be reflected in: (1) maturation, (2) learning, and/or (3) social adjustment.

6. "It is the accompanying deficiency in one or more of of these three aspects of adaptation which determines the individual's need for professional services and/or in the pre-school years, for example, is the primary basis of referral to medical clinics. Impairment in learning ability at the school-age level creates a need for specialized educational services, and, at the adult level, inadequate social adjustment creates a need for supportive and remediative vocational and welfare services.

7. "Because of the different roles of maturation, learning, and social adjustment for the pre-school-, school-, and post-school-aged groups, the definition specifies that the sub-average intellectual functioning be reflected by impairment in only one of the three aspects of adaptive behavior in order to conform a diagnosis of mental retardation. In actual practice, it will be found that a large percentage of individuals diagnosed as being mentally retarded will be impaired, or have a history of impairment, in all three areas of adaptation.

8. "Within the the frame-work of the present definition, mental retardation is a term descriptive of the current status of the individual with respect to intellectual functioning and adaptive behavior. Consequently, an individual may meet the criteria of mental retardation at one time and not at another. A person may change status as a result of changes in social standards or conditions, or as a result of changes in efficiency of intellectual functioning, with level of efficiency always being determined in relation to the behavioral standards and norms for the individual's chronological age group." *

Identification and Diagnostic Procedures

An adequate diagnosis to determine the abilities, disabilities and needs of the retarded person ordinarily would include: a medical

Heber, Rick, "A Manual on Terminology and Classification in Mental Retardation," Monograph Supplement to American Journal of Mental Deficiency. Second Edition 1961, p. 3.

"The mentally subnormal population is simply at the lower end of a continuum of intellectual ability which embraces the total population."

4. Tredgold attributes causality of mental retardation to the following factors:

"Inheritance: endogenous or primary amentia.
Environment: exogenous or secondary amentia.
Inheritance and Environment combined.
Amentia with no discoverable cause."

5. A.A.M.D. (1961 Monograph Supplement) lists eight general headings in formulating a medical classification, and two general headings in formulating a behavioral classification.

Classification According to Functional Levels

There is considerable overlapping and use of confusing terminology to designate the functional levels of the retardate. Some samples:

1. Kirk:

"Varying terms have been used for different degrees of mental retardation. In general, mentally defective children have been classified in three categories, from lowest to highest, as follows:"²⁴

²⁴ cf. Masland, R.L., Sarason, S.B., Gladwin, T., "Mental Subnormality," Basic Books, Inc. N.Y. 1958.

cf. Tredgold, A.F., A Text Book of Mental Deficiency, Baltimore: The Williams and Wilkins Co., 1952.

Kirk, Samuel A., Public School Provisions for Severely Retarded Children - a Survey of Practices in the U.S., N.Y. Interdepartmental Health Resources Board, 1957.

<u>Lowest</u>	<u>Middle</u>	<u>High</u>
Idiot	Imbecile	Moron
Dependent	Semi-dependent	Marginal Independent
Untrainable	Trainable	Educable
Custodial	Severely retarded	Educable
Low Grade	Middle Grade	High Grade
Very severe	Severe	Moderate
I.Q. 0-25	I.Q. 25-50	I.Q. 50-75

National Association for Retarded Children categories

The National Association for Retarded Children uses the terms:

Marginally Independent (I.Q. 50-75)
Semi-Dependent (I.Q. 25-50)
Dependent (I.Q. 0-25)

3. World Health Organization categories

The World Health Organization uses the terms:

Mild Subnormality (I.Q. 50-69)
Moderate Subnormality (I.Q. 20-49)
Severe Subnormality (I.Q. 0-19)

4. American Psychiatric Association categories

The American Psychiatric Association uses the terms:

Mildly Mentally Deficient (I.Q. 70-85)
Moderately Mentally Deficient (I.Q. 50-70)
Severely Mentally Deficient (I.Q. 0-50)

5. American Association on Mental Deficiency categories

The Behavioral Classification Section of the Manual on Terminology and Classification uses the terms:

For all above: Diagnostic & Statistical Manual, Mental Disorders, American Psychiatric Assoc, Mental Hospital Service, Wash. D.C., 1952

A Manual on Terminology and Classification in Mental Retardation, American Journal of Mental Deficiency, Monograph Supplement, Sept. 1959, pp. 58-59.

Level V	-	Borderline (I.Q. 70-84)
Level IV	-	Mild (I.Q. 55-69)
Level III	-	Moderate (I.Q. 40-54)
Level II	-	Severe (I.Q. 25-39)
Level I	-	Profound (I.Q. 0-24)

Services and Programs

1. Residential Institutions

According to the 1960 A.A.M.D. Directory, there were 108 public and 289 private residential institutions and homes in the U.S. for the retarded at that time. They service 5% of the mentally retarded population, representing about 200,000 patients; of these 40,000 were in private institutions.

2. Special Schools and Classes

Opportunity for exceptional children to obtain the specialized educational provisions they require has been steadily improving since the early part of this century.

The decade 1948-58 witnessed an unprecedented rise of 132% in special education enrollments in the public day schools across the nation. The number of mentally retarded receiving either full or part-time specialized instruction more than doubled. Nevertheless, it appears that for every one enrolled in a special education program, three others are not.

At first there was a tendency to confine special classes to the elementary schools. The trend now is to move them on into junior and senior high schools, under modified programs in line with their abilities and needs. Some school systems now include supervised part-time school, part-time work, programs near the end of their school careers as a means of orienting them into employment.

For these and subsequent data under this heading confer:
 "Exceptional Children and Youth: Special Education Enrollments in Public Day Schools," U.S. Dept. of H.E.W., Office of Education, OE-35019, U.S. Govt. Printing Office, Wash., 1961.

In February, 1958, a record 882,066 exceptional children and youths were reported enrolled in special education programs of the nation's local public school systems. About one-fourth, 218,185, were mentally retarded.

Twenty-five years ago, about 750 local public school systems reported enrollments of exceptional children in special education programs. Ten years ago, that number had doubled, and, by 1958, had reached approximately 3700, enrolling 200,000 educable, and 17,000 trainable, retarded children.

Over the years, several types of special education programs have been provided by local public school systems: instruction full-time in a special school or class; instruction part-time in a specialized program and part-time in a regular class; instruction in a child's own home, or residential facility.

3. Teachers of the Retarded

There are presently some 20,000 teachers in the field of mental retardation, teaching in special schools or classes. On the basis of projected statistics and reliable estimates, it is possible to estimate that the number of specialized teachers needed at the present time for the retarded would approximate 75,000.

4. Rehabilitation

In the past five years, the number of mentally retarded rehabilitated through State vocational agencies has more than tripled, going from 756 to 2500. Over 25% of those coming out of the special classes still cannot be placed.

Until 1954 no State health department offered any special services of any kind for mentally retarded children or their families. Today, almost every State has a special demonstration, service or training project in mental retardation as part of its maternal and child health service program. Last year, the National Institute of Mental Health spent over 2.5 million dollars on research, technical assistance and grants in the mental retardation area, and the National Institute of Neurological Diseases and Blindness spent over 8 million dollars on mental retardation.

MAJOR NEEDS OR DEFICIENCIES

In relation to the optimum education, training, and habilitation of the retarded at all ages, there are apparent many major needs or deficiencies. The following are suggested as some of the more obvious and important:

Definitions, Terminology and Classification

1. A positive approach is needed by all professions in the areas of evaluating, planning with, training, teaching and placing the mentally retarded. Recognizing the dignity and individual worth of every person must be a paramount principle.
2. There is need to dignify and upgrade society's concept of the retarded as a failure stereotype. A subconscious conviction that the retarded are the "dead-end products of an immutable state" must be eradicated. Hence, positive terminology must always be used when indicated.
3. There is need generally to use a positive, forward-looking, dynamic definition of mental retardation. Not one looking to the protection of the family or the community against the retarded, but rather one that envisions the preparation of the mentally retarded for productive community life.
4. This definition must not include slow-learning children as commonly identified. Such an upward extension of classification would work against the best educational and habilitative interests of the truly retarded.
5. A multi-dimensional concept of mental retardation must be developed, including biological, psychological, educational, socio-economic and cultural facets.
6. Ease of communication in any branch of knowledge is facilitated by a commonly-accepted, uniformly-used terminology or technical language. Our goal should be to develop a uniform terminology and classification in mental retardation. A uniform system of classification to indicate the relative psychological levels of mental retardation would be a progressive step toward clarity, common understanding, and inter-disciplinary communication.

cf. A.A.M.D. Monograph Supplement, Jan. 1962, op. cit.

A basic classification system, regardless of the terms used, could be the springboard for any other functional or operational classification as desired by respective disciplines.

Diagnostic Facilities

1. Diagnostic facilities must be made available and accessible to the retarded and their parents. Ten years ago there were no comprehensive evaluation facilities available for the retarded; in 1960 there were 77. Yet only 7000 or 8000 mentally retarded children were serviced, as contrasted with the annual birth of 126,000 such children.

2. Early identification and diagnosis have an important bearing upon subsequent development. Periodic evaluations, especially at critical points in the lives of the retarded, are essential. Periodic evaluations are necessary for the young child, the school-age child, and the young adult, since the dynamic nature of mental retardation makes it impossible to assess, with a single diagnosis, the future of an individual's growth and development.

3. Diagnostic data should be as complete as present knowledge and skills will permit at a given age level. It should include the kind of medical, social and psychological data needed in determining the etiology of the retardation, and should include the possible levels of development in the various physical, emotional, intellectual and social areas of functioning. These data should also serve as a basis for planning needed medical treatment, therapy, training, rehabilitation and care. An adequate diagnosis is often difficult to secure: 1) because of the limitations of our present knowledge; 2) because of the limitations of our current diagnostic instruments; and 3) because of the scarcity of professional personnel with appropriate attitudes and training in this field.

If possible an evaluation procedure should be devised employing the formula: Mental Maturity times the Social Maturity of a retarded to equal his overall Functional Level. Such a dynamic score would be most helpful in assessing the current capacity of a retarded person and in planning appropriate action.

31 cf. W.H.O. Joint Expert Committee.

Prevalence Statistics

There is need of a national or statewide census of the mentally retarded to provide the framework necessary on which to build adequate services.

Educational and Habilitative Services

Pre-School-Age Centers

There is need to establish pre-school-age centers for the socialization and stimulation of retarded children, and for the counseling of parents relative to effective home-training of the retarded. A major gap in community services is the lack of such things as homemaker services, working public health nurse services, and especially designed nursery and kindergarten activities for the retarded.

School Facilities

Immediate stepup in the providing of adequate special school facilities is essential. Only one retarded child in four is in a special school. Both public and private special educational facilities should be utilized to the fullest extent.

There is a severe shortage of trained teachers - specifically, 55,000. Ways and means of recruiting additional teachers, as well as supplying financial aid during training, are imperative.

There is need of intensive curriculum research to devise the best-suited curricula and courses of study for the retarded. This effort will involve, necessarily, the joint cooperation of educators and those skilled in vocational rehabilitation and counseling.

There is immediate need of more effective instructional media, with intensive research concerning proper textbooks, electronic learning devices, etc.

For the trainable mentally retarded, there is great need of an honest answer to the question: Whose responsibility is it to educate or train these youngsters? The school or a non-school agency?

There is great need of close coordination of Office of Vocational Rehabilitation resources with educational resources, especially at the upper-age levels, for vocational training purposes and possible job-placement. This is, we think, the crucial area of decision for the retarded.

There is need to analyze the laws governing special educational services for the retarded so as to identify major gaps and inadequacies of existing legislation.

Post-School Habilitation and Rehabilitation

There is need of continuing evaluation and services of the Office of Vocational Rehabilitation for all post-school retardates.

There is an essential need for satisfying employment opportunities for the retarded, either in the business world, or in a sheltered situation.

There is need for non-institutional residential facilities integrated within the community.

Legal, Religious, and Social Considerations

Legal Factors

1. The legal status of the retarded must be clarified relative to:

Personal rights (Bodily rights to integrity vs. sterilization laws)
The State's inherent guardian function
Marriage
Property rights
Criminal responsibility

2. The highest incidence of delinquency among the retarded falls in the borderline range and delinquency declines markedly in the moderate and severely retarded ranges. This suggests personality maldevelopment, and that social or emotional factors are of prime importance.

Religious Considerations

1. Specific denominational religious training of the retarded can be of great advantage to them. Limited as they are in natural talents, they can draw a great measure of internal strength and personal security from a belief in the Fatherhood of God and the Brotherhood of man.

2. Further, it is well to realize that appropriate religious and moral training of the retarded is a great asset in helping them acquire maximum self-control, and is a counteracting influence against delinquency. This training is essential to their social

acceptance and adjustment. Hence, the provision of religious training and instruction to the retarded through private denominational instruction, released time programs, weekend instructions, etc., is a matter of serious and practical moment.

Social and Recreational facilities for the Adolescent Retarded

1. These children have emotional and social needs for companionship and wholesome recreation; these needs must be met through coordinated governmental and community planning.

Counseling Centers for Adult Retardates

Counseling centers are necessary to help orient retarded adults and to direct them to appropriate facilities for service. As time goes on, and the philosophy of community integration begins to operate more in the care and training of the retarded, there will be greater numbers of retarded adults in the community who will need continuing guidance and help. Counseling centers, realistically planned and operated, would seem to be the answer to the problem of helping the retardate and his family maintain satisfactory social and economic relationships.

RECOMMENDATIONS

In' the light of the apparent major needs or deficiencies associated with a basic concept of mental retardation relative to education and habilitation, compared to the present situation of the retarded as discussed above, it seems in order to make the following recommendations:

1. That the American concept of mental retardation flow from the democratic principle of the inherent worth and sacred dignity of each individual.

2. That planning for the retarded must always take cognizance of the paramount importance of the responsible family unit, and that the retarded person be viewed in the context of the family situation.

3. That the retarded be recognized as having equal natural rights with the intellectually favored to proportionate educational and habilitative advantages. The satisfaction of these rights must be legally demanded on the basis of social justice and not left to caprice or compassion.

4. In addition to being based on principles of American democracy, a complete delineation of a multi-dimensional concept of mental retardation should include: an acceptable definition; positive terminology; identification and diagnostic procedures; etiological and functional classifications; reliable prevalence figures; appropriate services to insure maximum development, stemming from a realistic appraisal of the current status and needs of the retarded person; and legal, social and religious considerations.

5. That all retarded children and adults be given appropriate services to meet their current individual needs and specifically designed to assist them in realizing their fullest human destiny.

6. That since the problem of mental retardation is so widespread nationally and demanding of immediate solution, then the utmost utilization of all educational and habilitative facilities in the U.S., both public and private, should be pressed into coordinated service in a frontal attack on mental retardation. National, State and local coordinating committees should be established to integrate existing public and private facilities for the maximum well-being of the retarded.

7. In all written and verbal communications concerning mental retardation, terminology and concepts used should reflect a positive hopeful position.

8. The use of the currently best definitions of mental retardation, constructed in the light of the latest scientific knowledge and experience in the field, incorporating the multi-dimensional and positive aspects of mental retardation, should be strongly encouraged and communicated. However, care must be exercised that any definition used should not implicitly or explicitly include the non-retarded slow-learner.

9. A uniform conceptual terminology concerning the nature, etiology, classification and habilitation of the retarded should be encouraged. This will eliminate many current semantic problems will facilitate the exchange of ideas between the various disciplines.

10. A serious attempt should be made to adopt a basic, uniform system of classification of the retarded according to functional levels. The terms agreed upon would be a matter of indifference, but a universal, basic, psychological classification would be a progressive step forward resulting in a common understanding of the

initial psychological diagnoses and an intelligent exchange of subsequent information. As the retarded are re-evaluated by different disciplines, such as education, Office of Vocational Rehabilitation, etc., these disciplines would further refine the initial psychological classification into their own respective operational concepts as indicated.

11. That the terms "education and habilitation" be thought of as extending to all pre-school-, school-, and post-school-age experiences necessary for the maximum development and well-being of the retarded. These services ordinarily should supplement parental rights and responsibilities, but not supplant them.

12. That educational and habilitative agencies avoid creating "vacuums" for less educable or trainable retardates, while upgrading programs for the more educable retardates. I.Q. and C.A. criteria should be extended in favor of the retarded, not restricted. Well-rounded programs must provide for the mildly retarded, as well as the severely retarded, for those in the community as well as those requiring residential care. These programs must be of a continuing nature and should attempt to provide for the total needs of a retarded person.

13. There should be close school-Office of Vocational Rehabilitation coordination of resources for all retardates .

14. That an appropriate program of religious instruction and moral formation be made available to all retardates so requesting it.

IMPLEMENTATION

The implementation of these principles and ideals into a practical philosophy and way of life for the retarded in the United States would represent a giant humanitarian forward stride on the road toward the realization of basic human dignity and the equality of every American.

1. As James T. Adams beautifully describes the American Ideal:

"But there has been also the American dream, that dream of a land in which life would be better and richer and fuller for every man, with opportunity for each according to his ability or achievement."

Adams, James T., "The Epic of America," p. 401.

If Americans honestly accept this ideal, and seek to actualize it in the daily American way of life, it is possible, in working with the retarded, to project the true American image at its democratic best.

2. American law and the judiciary must always respect and protect the prior rights of the family as the basic unit in society. This applies to the retardate and his family.

3. Through intensive legal study and research, the legal status of the retardate should be clarified and guarantees be established relative to his personal rights, the State's inherent guardian function, marriage, property rights and criminal responsibility.

4. A definition which, in general, meets the demands of a positive dynamic, flexible, and multi-dimensional concept relative to education and habilitation, such as urged in the recommendations above, would be that developed by the A.A.M.D.;

"Mental retardation refers to sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior." 33

5. Intensive public information and re-education is needed before the negative failure stereotype concept of mental retardation is eradicated and the new positive hopeful approach is substituted. This will involve a public awareness of the new dimensions of mental retardation as a fluid, relative, concept, rather than as a static, immutable, one.

Usage of this new concept in all public documents, in scientific treatises, textbooks and professional journals, is absolutely necessary. Broad public exposure to this new concept--through books, articles in popular magazines, newspaper, radio and T.V. programs, educational and vocational panels, university workshops, P.T.A. meetings, lectures, conventions, etc.,-is essential.

Heber, Rick, "A Manual on Terminology and Classification in Mental Retardation," Monograph Supplement to American Journal on Mental Deficiency. Second Edition 1961, p. 3.

Intensive indoctrination for specific professional personnel, such as those in medicine, education, psychology, social work, vocational rehabilitation, etc., would lay a broad base for future public education in this area.

Constant and consistent application of this new concept in diagnoses, prognoses, interpretations and programs related to these same professional fields would help immeasurably in changing outmoded public opinion about retardation.

6. The total concept of mental retardation will remain incomplete until ways and means are developed to enumerate, identify and diagnose the retarded satisfactorily. Prevalence statistics are being used which are based on relatively small population surveys, with projections being made from these data. There is a variety of instruments used and criteria suggested to identify and diagnose the retarded, More standardized procedures in the general field of diagnostic evaluations must eventually be developed.

7. In the etiological classification of the retarded, there is a growing area of agreement as to the determinants of mental retardation. Basically, these factors revolve around the biological, the psychological, the socio-cultural and the environmental. The A.A.M.D. has refined these into the medical and the psychological or behavioral classifications. Continuing research, with subsequent refinement of classifications, is the way to scientific clarity in this area.

8. Functional classifications of the retarded, in terms of measured intelligence, are presently confusing, with a variety of terminologies, categories, levels and scores in use. Common agreement in this area would be most helpful in eliminating semantic difficulties and in facilitating the exchange of ideas among the various disciplines.

A suggested way of improving this situation is to bring into common use the A.A.M.D. behavioral classification of measured intelligence levels, according to the level of deviation:

Level Minus 1	Borderline Retardation	(I.Q. 70-84)
Level Minus 2	Mild Retardation	(I.Q. 55-69)
Level Minus 3	Moderate Retardation	(I.Q. 40-54)
Level Minus 4	Severe Retardation	(I.Q. 25-39)
Level Minus 5	Profound Retardation	(I.Q. 0-24)

9. Before an appropriate network of educational and habilitative services for the retarded can be instituted, their needs must be realistically assessed. The statement of Forum XV of the 1960 White House Conference stressed that the needs of the mentally handicapped children be recognized as those of all children, with additional needs for special care arising from the nature of the handicap.

An Office of Vocational Rehabilitation report concludes that the mentally retarded are sufficiently different from the non-retarded so as to have different needs. It suggests that the major areas of living for which the retarded are being prepared should be: (1) Productivity: (2) Personal Living: (3) Inter-personal Relationships.

Special educational curricula often suggest the following objectives for the education of retarded children: maximum adequacy in the essential academic subjects; development of social and personal skills to promote acceptable human relations; a practical arts program, including manual, vocational and work experiences to develop maximum economic self-sufficiency; training in civic responsibility; and, if a denominational private school, religious training to promote spiritual and moral growth.

Broad areas involved in meeting these needs would include: early identification and location of the retarded; evaluation and treatment clinics; a comprehensive program of home-training; parent counseling and consultation; elimination of physical disabilities when possible; the provision of appropriate special educational programs, rehabilitation services and job placement; legal safeguards; social and religious opportunities.

Since services for the retarded are becoming increasingly community oriented, the crux of the problem, therefore, at least relative to the higher type retarded, is to supply an appropriate education of personal, academic, vocational and social skills, leading to satisfying work in the community, within the framework of family life.

34 "Development of a State-Wide Program for the Vocational Rehabilitation of the Mentally Retarded,: A report of an O.V.R. Demonstration Grant Project No. RD 537, D.P. Rogers, Ph.D., Project Director for the West Virginia Div. of Vocational Rahab., Charleston, W. Va., Feb. 15, 1962.

CONCLUSION

There is urgent need at this time, when the nations of the world are choosing sides between the Democratic and the totalitarian way of life, that we in the United States round out our finest and most attractive American image. This is essentially the equality and dignity of all men.

The American way of life will become much more attractive to non-Americans if they see that in America there is equality of opportunity for all, without discrimination, on the basis of ability. This is what an adequate American educational and habilitative program for the retarded can do.

EXTENDING AND IMPROVING
THE EDUCATIONAL PROGRAM

INTRODUCTION

Nature and Scope of the Problem

Although only about 250,000 of the nation's 1 1/4 million school-age retarded are enrolled in special education programs in public schools, tremendous advances have been made in the past decade in both public and private programs of special education. Since 1948, the number of pupils listed in such programs has more than doubled, and the number of school systems offering special education services has increased fourfold. Every State now has legislation for exceptional children and makes some financial contribution to the education of the mentally retarded.

In spite of progress, a large majority of retarded children are still not provided with adequate educational opportunities. It is the obligation of public and private education to provide appropriate educational opportunities for all mentally retarded children who can profit from education and training. There can no longer be doubt as to the need for, and desirability of, special classes for education of the mentally retarded.

The problem of the retarded is complex, and cannot be divorced from many aspects of general education. The extent and variety of the complexity would be quite evident if the distribution of special classes were listed by States, and then by geographic areas within these States. The socio-economic status of the community, the philosophy of State education departments, the political situation, public awareness--all are factors which will determine the extent to which special education programs are being implemented.

Mental health itself is not one abstract concept but a dynamic relationship between the individual and the society in which he lives. Education, as one facet of the dynamic relationship, changes with the development, not only of the individual, but also of his environment. The 20th century has seen tremendous advances in society's attitude to the young and the handicapped. Today, the "normal" community has more or less accepted the responsibility for the care of its less fortunate members.

The Harvard Report on General Education in a Free Society, in discussing problems of diversity, stated: "As Americans, we are necessarily both one and many, both a people following the same road as gifts and circumstances dictate. But, though flat and truistic, this double fact is the foundation of this report. Simple in itself, it is far from simple in its consequences.

It means that, though common aims must bind together the whole educational system, there exists no one body of knowledge, no single system of instruction equally valid for every part of it. The efficacy of mere courses for these students (the subnormal) seems doubtful, but needless to say, courses are important. They must not be simply watered-down versions of more complex courses, but authentic and fresh vehicles of the spheres of general education—designed to implant the power of thought and expression, the sense of relevance and value. They must avoid the extremes either of talking down to students or of dazing them with abstractions. The problem is to educate them by exactly the same ideals of schooling as everyone else, yet by means which shall be as meaningful to them as are more abstract means to the more abstract-minded."

UNESCO, in 1952, in its publication, Education and Mental Health, stated: "Dull children are not likely to attain the same standards as their better-endowed contemporaries, and their rate of educational progress, even under favourable conditions, will be markedly slower. Attempts to force them to keep pace with the average meet with no success and result either in destroying completely their educational personal morale, or in a range of more or less overtly aggressive attitudes which may lead to delinquency. When, however, such children are, from the earliest moment, put into the charge of a sympathetic teacher who understands both their limitations of learning capacity and the techniques essential to enable them to progress socially and educationally, all but those who have additional difficulties can be educated to become self-supporting and self-respecting citizens and to live well-adjusted and satisfying lives."

The subnormal and the dull, however, have special needs, and make special demands upon the teacher's skill. Their most marked and general disability is in the verbal field and in all those operations which require abstract reasoning. Hence, in varying degrees, according to an accurate assessment of their potentialities and to a continued and well-informed study of their progress, the curriculum should be based upon concrete realizations, practical work, the development of manual skills, and upon increasing social independence.

Legal Principles Underlying Educational Services for Retarded Children

Since the turn of the century, public school systems in the United States increasingly have come to assume responsibility for the education of the mildly retarded or educable classification. At mid-century, moderately or trainable retarded have legal status in local school systems somewhat comparable to the position of the educable predecessors 50 or 60 years ago. Thus, the legal principles underlying educational services for retarded children may be viewed in historical perspective.

One of the obvious conclusions that can be drawn from an inspection of the trends is the fact that the rights and privileges of the mentally retarded now are beginning to be regarded quite differently as compared with yesteryear. Under-girding the evolution of greater privileges and more freedom, as well as better protection of personal rights under the law, are those constitutional guarantees which equally assure for the retarded the same justice and individual worth cherished by all of us. Such ideals can be achieved only through the enlightened instrumentalities of society, and among the major tools is education.

A basic principle of the American school system is free education for all children, the right of the child to basic educational opportunities at public expense, and the obligation of the State to provide equal educational opportunities. Constitutional mandates do not specifically exclude children because of physical or mental limitations; exclusions or exemptions constitute actions of boards of education based upon State statutes. The laws of the land must be compatible with the constitutions which they serve, and local boards of education must act in accordance with the laws designed to implement the basic principle stated above. Whenever a child, able to profit from education, is exempted from school solely on the grounds of his retardation, and whenever a local school system disclaims its responsibility for providing education to such a child, there emerges, at this time in history, the very serious question of abridgement of civil rights—the question of whether children can be denied equal educational opportunity because they are mentally retarded.

Apparently the various interests working on behalf of retarded children have felt that the educational status of such youngsters can be clarified better through statutes than through the courts. The result has been the enactment of laws in an ever increasing number of States in which their local school systems are required to provide for special education of educable and trainable mentally retarded. Thus, school laws, in recent years, have tended to make specific legislative provisions for general and special education for all of its citizens of school age. Aside from the guarantees to be afforded each handicapped child, the statutes usually provide the legal framework for the support, creation and administration of special education services. In general, laws and regulations relating to special education programs and services seek to accomplish the conditions described below.

1. Stipulate authority, specify responsibility, and indicate conditions and procedures to assure each retarded child the right to identification through comprehensive, accurate psycho-educational diagnosis.

Qualifications concerning pupil eligibility for special education services and admittance to special programs should be specified in the laws of the State and be assigned for administration to the State's educational authority. As an added protection, provision should be made for appeal from psychological findings; administrative decisions in this regard should be routed from the local to the chief State school officer, and, from there, to the various courts of the State.

2. Provide for the establishment of a State educational agency subdivision to represent the educational interests of the various categories of handicapped children, including the mentally retarded.

This subdivision should be assigned legal administrative responsibility for the location, evaluation, and planning for serving children identified as mentally retarded. The same agency would also need to be legally responsible for such things as handicapped census-taking, grants-in-aid, financial support of local districts' special education efforts, and similar activities designed to extend and improve school offerings for exceptional children. Responsibility for related supportive services would include such activities as reviews of non-resident tuition claims and provision for transportation and boarding-home arrangements to enable retarded children to attend programs outside of their home school district or in sparsely-settled areas where such immediate services are non-existent.

3. Application of compulsory school attendance codes, with equal legal force, to both regular and handicapped children who are eligible for attendance at any regular or special school.

No discrimination should be permitted to exist with respect to race, creed, sex, or color or because of any specific or distinct handicapping condition. State legal provisions should be fairly explicit in this regard. When retarded children cannot be served within their immediate State, then statutory provisions should allow for reciprocal agreements between States to allow for the provision of out-of-State school services. When retarded children are permanently or temporarily disabled by multiply-handicapping conditions which prevent school attendance, State school codes need to be sufficiently flexible to allow instruction to be brought to the child's home. With the apparent increase in prevalence of multiply-handicapped children, State departments and State legislatures will need to give greater consideration to interrelated and mutually-supportive legislation to provide long-range sequential programs and facilities for retardates with secondary dysfunctions, as well as services for pre- and post-school pupils.

4. Include authority for the State special education agency to maintain standards in aiding local schools in their selection and inservice improvement of professional personnel.

Authority for the certification of trained qualified teachers assures the retarded school-age population of high quality instruction and training. The statutes should also empower the State school agencies to provide administrative direction and counsel to local school systems in matters pertaining to the improvement of instruction, further training of personnel, and to the education of retarded children. This statutory authority should allow for the employment of necessary qualified State personnel required for the provision of leadership and consultative services to local school systems, retarded children, and their families.

5. Provide State special education sections with authority to approve or suggest modifications in local plans for educational services for retarded children.

Involved in these administrative and regulatory functions is the responsibility for actual special classroom supervision, teacher consultation, and inservice activities for local staff improvement. However, since a keystone of education in the United States is control at the level of the local school board, the State statutes need to extend and confer State responsibilities to locally-administered programs. Statutory authority should be stipulated for the identification and study of retarded children at the local and county levels; the statute should provide for the expenditure of local moneys in the establishment of district classes and regional centers in more rural areas and for the maintenance of high-level special education programs locally, including complimentary and auxiliary services such as pre-school nursery programs, transportation, medical services, etc.

6. Since school services within public residential institutions are basically an educational function, these services and programs should be subject to the same high-level standards as the public schools in matters of supervision, teacher certification, inservice education, etc.

State legislatures, mental health commissions, and mental retardation advisory committees should give due consideration to statutory provisions which provide authority, and fix responsibility, for residential school supervision by State departments of education and their special education subdivision. Similiarly, State statutes

should permit private schools to seek, and be provided with, consultative and inservice assistance from the State agency in matters of educational instruction. Since retardation can occur in such a multiplicity of conditions and situations, all specialties and services, both public and private in nature, can be effectively stimulated and improved through legislation broadly-envisioned and child-centered in design.

7. Since mental retardation is a local, State, and Federal concern, cooperative and mutually assistive efforts at various governmental levels are both essential and desirable.

Legislative provisions which are fairly explicit in delineating agency authority and fixing specific responsibilities are an effective means of implementing interagency cooperation and relationships. Therefore, State legislative codes and State agency policies should be clearly directive and specific in placing statutory authority, in indicating responsibility, and in clarifying local, State, and Federal relationships.

Definitions for Educational Purposes

Educationally speaking, a mentally retarded child is one who, because of limited mental capacity, cannot profit from ordinary schooling. This, however, does not mean that the retarded are a homogenous group either from the standpoint of mental capacity or, more important, from the prognosis for social and occupational adjustment.

The terms "trainable" and "educable" are usually used in an educational framework. "Semi-dependent" and "independent" are terms sometimes used to describe the two concepts.

The trainable, or moderately retarded, child is one whose social prognosis is sheltered living. Such living may be in a sheltered workshop, an occupational center, a sheltered job within the community, a residential facility, or the home. The important consideration is that these children will need some type of supervision for their entire lives. It is also important to note that the presence of central nervous system pathology is the rule rather than the exception with this group. Because of these physical concomitants, the training of such children should provide for the aspects of adaptive behavioral characteristics essential to their well-being.

The educable, or mildly retarded, do not as a rule have gross central nervous system pathology. These are children who, in the main, leave school for the world of work, marry, have families, and make a contribution to society. The prime requisites for this group would be social and emotional stability. When compared with their chronological equals, their special disability would then be academic retardation, not behavioral difficulties.

ORGANIZATION OF INSTRUCTIONAL GROUPS

<u>Classification</u>				
<u>No.</u>	<u>Classification</u>	<u>I.Q.</u>	<u>Educational Category</u>	<u>Social and Occupational Prognosis</u>
1	Borderline	70-84	Educable Slow learner	Independent
2	Mild	55-69	Educable	Independent
3	Moderate	40-54	Trainable	Semi-dependent
4	Severe	25-39	Trainable Residential	Semi-dependent dependent
5	Profound	0-24	Residential	Dependent

Academic and Vocational Potentials

<u>No.</u>	<u>I.Q.</u>	<u>M.A. Maturity</u>	<u>Reading Grade Potential: Age 16</u>	<u>Employment Potential</u>
1	70-84	13	6-7	Semi-skilled, Unskilled
2	55-69	11-12	4-5	Unskilled, Semi-skilled
3	40-54	9-10	2-3	Sheltered Workshop; Unskilled
4	25-39	7-8	0-1	Dependent, Sheltered Workshop
5	0-24	3	0	Dependent

Curriculum

As early as 1931, the White House Conference stated: "Serious consideration must be given to the curriculum best suited to the needs of mentally retarded children. The aim is to develop the child's mental capacities and the control of his emotions to the point of adequate social adjustment and the curriculum must necessarily be determined in part by adult requisites." Among other recommendations, the 1960 White House Conference urged that a complete program of education for the mentally retarded include early identification, classification into "trainable" and "educable" groups, and provision for each child of complete programs extending through the secondary school ages, including occupational and social placement and follow-up.

For many years there has been evolving, in special education, programs to give a well-rounded education to mentally handicapped children. It has been necessary to do a great deal of experimentation and, as far as the curriculum is concerned, the experimentation must continue.

One of the cardinal aims for the mentally retarded is occupational adjustment. Without occupational adjustment, educations become meaningless. However, occupational adjustment is not the sole goal of a special class. Education without occupational adjustment is incomplete; and, conversely, if occupation adjustment is narrowly defined, then education based solely on that is incomplete.

At one time, occupational adjustment was defined as "getting the child a job." It became apparent that the problem was not so simple. If making a neat appearance was necessary in applying for a job, then the child who could not tie his shoe strings was ill-prepared. Thus, occupations is a subject to the extent that it possesses necessary teachable skills. It is a core to the extent that it forms a framework, or vehicle, for teaching general attitudes, habits, and skills.

It would seem that the social studies should provide the vehicle by which the skills, habits, and attitudes are taught.

Steps in Developing Programs

Following are broad areas that might be used as guides in setting up public school programs for the mentally retarded.

For all retarded children, 5-21 years

1. Compulsory census carried out by school authorities.
2. Utilization of physicians, psychologists, social workers, and educators in diagnosis, evaluation, and placement.
3. Early identification and placement.
4. Continuing evaluation after placement.
5. Integration with all other available services, e.g., health, welfare, etc.
6. Parent counseling services.
7. Demonstration projects, using new media in teaching.
8. Demonstration projects with children showing differences in learning patterns as result of pathology of the central nervous system.
9. Demonstration projects with children showing differences in learning patterns as result of cultural and environmental deprivation.

For educable

1. A different developmental program, based on prognosis for social and occupational independence.
2. Curricular areas for special classes.

<u>Pupils</u>	<u>Social Skills</u>	<u>Goals</u>
Primary C.A. 7-9(10)	The home	Good habits, health, safety
Intermediate C.A. 10-12(13)	The larger community	Same as above and general shop skills
Junior High C.A. 13-15(16)	The world of work	Occupational Survey, Vocational Guidance, Manual and non-manual Job skills
Senior High C.A. 16-graduation	The worker as a citizen	Budgeting, Recreation, Social skills for Occupational and community adjustment

For trainable

1. A different developmental program based on prognosis for sheltered employment and living.
2. Curricular areas for special classes.
 - a. Socialization (including self-help)
 - b. Homemaking
 - c. Arts and crafts
 - d. Pre-vocational training
 - e. Sheltered workshop or work-study program.

The day has not arrived when we can completely obliterate the departmentalization of subject matter. And, as long as this is so, we must consider occupations as a subject, at least to the extent that we consciously attempt to provide learning experiences common to a field. The teaching of occupations cannot be left to chance. They must be taught as carefully and more universally than the table of 5's.

RECOMMENDATIONS

Specialized Educational Services Must be Extended and Improved to Provide Appropriate Educational Opportunities for all Retarded Children

Assistance can be provided through a Federal Extension and Improvement Program, administered so as to assure the use of available funds for expansion or development of new services, rather than simply for financing existing programs at current levels. Any proposal which would extend or improve special educational services for retarded children should be eligible for consideration for an Extension and Improvement grant. Proposals under the Extension and Improvement Program should be evaluated on a competitive basis to assure the expenditure of funds only on programs of high quality and outstanding merit. Universities, State departments of public instruction, local and county school systems, and other educational agencies, should all be eligible to submit applications for such grants.

The average cost of educating retarded children in special classes greatly exceeds the cost of educating non-handicapped pupils in regular classrooms. This has deterred States and communities with limited financial resources from extending their specialized programs to the level needed to provide adequate educational services for all retarded children. At present, States usually assist local school systems by reimbursing local districts for a portion of the excess cost of providing special education services. However, the amount available for this purpose in the budgets of the State departments of public instruction is usually limited and fixed. As a result, new services to substantially increase the number of retarded children receiving special education would dilute the proportion of the excess cost payments made available by State departments to local school systems. Because communities are not assured of increased subsidization when developing new specialized services, they are reluctant, or unable, to expand their programs. Therefore, any substantial extension of specialized education services for retarded children will require assistance and stimulation from sources beyond local and State school systems.

A group of experts on educating the mentally retarded should be convened to review and suggest standards for special-class teachers and for the organization and operation of special classes. These standards would be of assistance in evaluating applications for Extension and Improvement grants. In addition, a professional advisory committee should be appointed to assist the Office of Education in the administration of the Extension and Improvement Program. This committee would be responsible for reviewing and evaluating proposals for Extension and Improvement grants.

To accelerate the rate of extension and improvement, and to assure continued operation of services beyond the period of Federal support, the Extension and Improvement Program should be established on a declining-subsidy basis with a high initial level of Federal contribution and a low matching requirement. Grants under this program could be awarded on a five-year basis with 80 percent Federal - 20 percent recipient-matching in the first year, declining to 50 percent Federal - 50 percent recipient-matching in the fifth year. An appropriation of \$32 million in Extension and Improvement funds in the first year would permit the extension and/or improvement of education of 100,000 mentally retarded children not now receiving adequate services.

In addition to the need for implementation of a Federal Extension and Improvement Program, there is an urgent need for the Office of Education to review and consider other appropriate means through which the Federal Government can share and participate in the responsibility and high cost of educating retarded children. A continuing program of Federal assistance should be implemented upon termination of the Extension and Improvement Program.

The recommendations which follow represent particularly urgent needs for extended or new services. They should be given emphasis and priority in budgeting and in awarding grants under the Extension and Improvement Program.

The United States Office of Education Should Exercise National Leadership in the Development of Educational Services for Retarded Children

The administrative leadership and staff of the program for exceptional children, within the United States Office of Education, should be increased to a level commensurate with the importance of exceptional children in the nation's program of Public Education. The appointment of an Associate Commissioner with major responsibility for the program for exceptional children would be a desirable and major step in the achievement of this objective.

His responsibilities, and those of his staff, with respect to exceptional children, would include:

1. The development of additional programs on exceptional children in the Office of Education. This would entail a review of proposed and current legislation, and an analysis of present services of the Office of Education in the area of exceptional children as these relate to other government agencies, such as the National Institutes of Health, the Office of Vocational Rehabilitation, and the Children's Bureau.
2. The development of new programs which would stimulate and assist State and local school systems in the extension of services for exceptional children.
3. The administration of programs which provide funds to assist colleges and universities conducting programs for the preparation of special education personnel.
4. The administration of programs of intramural research on exceptional children.
5. The administration of programs for support of research in universities and other centers.

including all categories of physical and intellectual handicaps, there are more than four million school-age children who would profit from specialized educational services. They represent more than 10 percent of the total school-age population. Education services for this group are provided in the home, in day and residential schools, and in treatment centers; they extend below and above the usual school-age range. Each specific program involves specially-trained personnel, unique teaching materials and techniques, and curricular adaptations.

Though the nation has long been committed to the objective of providing all children with opportunities for full development of their potentials, this goal has not yet been realized for those who are handicapped. Without visible, aggressive, leadership at the Federal level, this gap between principle and practice will not be bridged; to achieve this, the program for exceptional children should be given a position of far greater influence in the Office of Education than it presently occupies.

States and Local Communities Must Provide Greater Leadership in the Development, Administration, and Supervision of School Services for Retarded Children

Extended and new programs of school services for the mentally retarded should not be initiated without leadership and personnel possessing special skills and experience in the education of the mentally retarded. The absence of staff experts in mental retardation in many State and local school systems is a major factor contributing to the general inadequacy of school services for retarded pupils. The employment of additional administrative and supervisory staff experts in mental retardation could provide great impetus to the expansion and improvement of special education services. The Extension and Improvement Program should be used to provide Federal incentive grants to State departments of education and local school systems to enable them to employ such personnel.

Specialized Classroom Services Must be Extended to Provide for all Mentally Retarded Children

Although there has been a significant increase in special education programs for retarded pupils during the past several years, the number of special classes in operation is still grossly inadequate. Additional special class services are required for all age levels of both educable and trainable retarded children.

However, it is doubtful that sound and comprehensive programs will be developed in most communities without the additional incentive of external financial support. This incentive can be provided by Federal financial support through the Extension and Improvement Program. Though some permanent form of Federal participation in the excess cost and responsibility of educating retarded children is needed, the Extension and Improvement Program would provide the motivation required to bring about the initial establishment of extended and new programs. The predicted success of programs established under the proposed Extension and Improvement Program would serve to enhance the public recognition of their needs so that communities would be reluctant to abolish the services upon termination of Extension and Improvement Funds.

In addition to the need for new programs, attention should be given to existing services, which are often deficient. Many fail to accommodate the majority of retarded children in the community, or are manned by persons inadequately trained to teach retarded pupils. Most programs fail to provide both for the total age range or the full spectrum of intellectual abilities among the mentally retarded. Even though the need for pre-school programs is generally recognized, few exist. Many communities do not extend their services beyond the legal age of compulsory school attendance, and practically no programs exist which aid the adolescent or young adult retarded in his transition from school to work and community living.

In the past, misconceptions about mental retardation, and a restricted view of the objectives of public education, led to a reluctance on the part of public schools to provide for the special needs of their retarded pupils. Increasing public awareness of the educational needs of the retarded and the success achieved by the few outstanding programs in present operation are increasing the receptivity of local school systems to proposals for the implementation of new and expanded services for the mentally retarded. Unfortunately, the high cost of providing such programs, and the lack of funds in many communities, are deterring school systems from developing comprehensive programs.

Programs Should be Established to Enrich the Learning Opportunities of Pre-School Children Who Live in Homes Where Such Opportunities are Inadequate

The great majority of retarded children reside in city slums or depressed rural environments. Research suggests that deprivation of adequate opportunities for learning contributes to, and complicates, the degree of mental retardation present in these children. Studies

of attempts to add to the learning opportunities of deprived children, through formal pre-school programs, have shown that such experiences may accelerate their development. Despite this knowledge, there are exceedingly few programs in which an effort is made to enrich the experience of infants and pre-school children who are deprived of adequate opportunities for learning.

It is essential that adequate opportunities for learning intellectual and social skills be provided such children through formal pre-school education programs which are designed to facilitate adequate development of intellectual skills, such as speech and language, abstract reasoning, problem-solving, etc., and to effect desirable patterns of motivation and social values.

Because of the potential importance of enrichment programs in reducing the extent and degree of mental retardation, these services should be implemented on a research and demonstration basis to determine the range and types of procedures most effective in facilitating adequate intellectual and social development. A substantial portion of Extension and Improvement funds should be set aside for demonstrations of pre-school training programs. The State or local matching requirement, included as a general provision of the Extension and Improvement Program, should be relaxed for such proposals

It should be noted that, under Public Law 531, authority already resides within the United States Office of Education, through the Cooperative Research Program, for the support of research projects in the education of the mentally retarded. However, because of needs in other areas of educational research, and the failure to earmark funds, this agency has undertaken to support very few projects designed to investigate the effectiveness of pre-school enrichment as a means of facilitating the development of the mentally retarded. It is hoped that the funding of the Cooperative Research Program will be extended and that the Office of Education will be given a mandate to fully explore methods of facilitating the learning capabilities of young children who live in slums or otherwise depressed circumstances.

Instructional Materials Centers Should be Established in the
Special Education Units of State Departments of Public
Instruction or in University or College Departments of Education

In order to provide teachers and other education personnel with competent consultation on instructional materials, it is recommended that State departments of public instruction, and/or university or

college departments of education, establish instructional materials centers. These centers would distribute and loan instructional materials for the mentally retarded. The staffs of the centers would evaluate and disseminate information concerning available instructional materials and would consult with producers, or prospective producers of special instructional materials for the retarded. Further, they could adapt and modify materials now available for use with normal children so as to be of maximum use in teaching retarded children. Instructional materials centers should be initiated on a demonstration basis under auspices of the Extension and Improvement Program.

Curricular guides, teaching methods publications, research reports, model classroom activities displays, specialized teaching devices, programmed learning examples, and related items, would be shown and explained to individuals and groups coming to the center for short-credit and non-credit training.

After receiving basic orientation in the services of the center, special education administrators and teachers would then be on an indexed list and would receive periodic publications and other materials from the curricula and instructional materials center on an interest-selection basis. Loan of materials of value to State and local curriculum planning groups would also be possible. These service centers would be housed in quarters designed for the easy display of materials and equipped for work with study groups of many sizes.

Films, film strips, electronic tapes, dioramas, and television and radio materials would also be available for viewing or for loaning to interested local groups. The permanent staff of these centers would be expected to develop and extend curriculum planning ideas made available to them. The staff would also be able to assist, and consult with, local school systems in the development of smaller, but adequate, local curriculum materials centers.

In order to expedite the use of such centers, a system of Federal trainee grants is suggested. These grants would be given to selected local, State, public, and private special educational personnel in order to cover the cost of attendance at the centers for short courses, workshops and institutes.

Services of Educational Diagnosis and Evaluation Must be Extended to all School Systems in Order to Provide for Early Detection of School Learning Disabilities and to Enable Appropriate School Placement

Many States do not have available adequate services for the comprehensive psychological and educational evaluation of pupils with learning disabilities, particularly in those States which have rural and sparsely populated areas. The need for such services is evident when one considers that the great majority of retarded children are not detected until some time after they have entered school. This means that, often, they are not placed in special classes until they have received two or three years of education in regular classes. As a result, they often develop behavior disorders which greatly complicate their fundamental problem of retardation.

Few States or communities provide for adequate detection and evaluation of the learning disabilities in their school populations. Although field clinics and counseling service teams have been successful in reducing educational disabilities associated with groups such as the orthopedically-handicapped and cardiac-impaired, this type of service generally has not been extended to the retarded. Because success in training and rehabilitation of retarded children is, in large measure, contingent upon early detection and adequate evaluation, it is recommended that emphasis in the Extension and Improvement Program be given to proposals which would serve to extend the services of educational diagnosis and evaluation available in schools, particularly in rural and sparsely-populated areas.

In some sparsely-populated areas, the problem of providing these services may be solved through use of traveling psycho-educational teams. Such teams would be designed to provide initial and continuing evaluation of learning disabilities, as well as educational counseling of retarded children and their families. When a more extensive medical and social evaluation is required for the child, the teams could make referrals to central diagnostic or treatment facilities. In addition to providing these services for retarded children, the staffs of professional traveling teams could serve as consultants to local professional personnel regarding the nature, needs, and problems of retarded children and their families.

Many existing techniques and tools used for educational diagnosis and evaluation are inadequate or inappropriate and further complicate school evaluative services. For example, many of the devices used to measure intelligence, school achievement, and social adaptation

are not designed for children who show extreme deviations from the average range of abilities. There is a particular need for devices to measure specific learning disabilities. Such instruments would be of great assistance to the teacher in planning individualized programs for retarded pupils. In addition, there is a need for tests which measure the social adaptation of the adolescent retarded child. To remedy these deficiencies, it is recommended that research and demonstrations, designed to evaluate the adequacy of new and existing measurement devices for use with retarded children, be supported through the Extension and Improvement Program.

Research Should be Instituted to Measure the Effectiveness of Existing Psycho-educational Tools, and to Investigate the Possibility of New and More Efficient Methods in the Diagnosis and Evaluation of Retarded Children for School Placement

Currently, most of the devices employed to measure intelligence school attainment, and social adaptability in school-age retardates are not specifically designed for this population. Most of the devices are merely broad-spectrum evaluative tools not concerned with the special nature and needs of the retarded child.

New tools should be considered that will take into account the nature of the prognostic curricular goals we are encouraging for the retarded. Academically-loaded intelligence and attainment tests should be reviewed critically by research personnel acquainted with the unique abilities and disabilities of the retarded populations.

Tools dealing with social adaptation of the retarded are especially weak in the chronological age groups over 12 years. Research into the measurement of social competence of retarded adolescents and adults would also give cues to the curriculum planners in the field of mental retardation.

The Burden of Our Responsibility Requires that We Bring to Bear the Full Weight and Authority of All Scientific Knowledge so that New Dimensions and Wider Horizons May Be Opened in the Understanding of Mental Retardation

New technology, such as the Computer Sciences and Television, and new educational concepts, such as programmed learning, should be continually evaluated and applied to problems of mental retardation, especially as they relate to special education and rehabilitation.

A National Center for Technology in Special Education and Rehabilitation should be considered. Such a center could be responsible for research, development, and evaluation of new technology and concepts, and would perform the following tasks:

1. Conceptualize and perform research and development activities in appropriate technological areas.
2. Constitute a center for specialized short-term training in technology of individuals in special education and rehabilitation.
3. Promote, encourage, coordinate, and administer research, development, and evaluation efforts of technology in special education and rehabilitation with individuals and institutions in the United States and throughout the world.
4. Act as a quality control clearing-house for equipment and programs.

Federal Demonstration and Extension Funds Need to Be Made Available for Plant Construction, Curricula, and Instructional Material, Diagnostic Evaluations, and Other Phases of Special Education Programming.

In order to speed the development of better teaching tools, special-school plants, and diagnostic tools for retarded children, a Federal program of financial assistance to States, institutions of higher learning, or local school systems is suggested.

Such financial aid could be used for stimulation grants to secure greatly needed new, or modified, plant, teaching, and diagnostic prototypes. These Federally-assisted prototypes would be available to others interested in developing similar projects.

A Detailed National Survey of Programs and Resources for the Recreation of the Mentally Retarded is Needed, and Based Upon the Findings of the Survey, There Should be Developed a Comprehensive Plan for Such Recreation, Including Identification and Definition of Resources and Roles at the Federal, or National, State, and Local Levels. Pilot Projects Based Upon the Comprehensive Plan Should be Encouraged to Demonstrate and Develop the Full Range of Activities Encompassed in the Plan.

In order to underwrite the proposed survey, it is proposed that funds be made available through appropriate Federal agencies such as the National Institutes of Health, Children's Bureau, etc.

Furthermore, it would seem appropriate that Federal funds be augmented, where feasible, to support those dimensions of the study which represent special State and local interests. Such augmentation may be obtained through State appropriations or allocation of matching funds, and through grants of private agencies.

The study and plan may be conducted and developed by appropriate research agencies, such as universities and colleges.

The pilot and demonstration projects would be implemented at the State and local levels through the resources of the public and private agencies, under whose jurisdiction the continuing program responsibilities would be established.

Borderline and mildly retarded may well be absorbed into the recreational planning programs for the normal population, with the exception of those persons who need specialized techniques due to multiplicity of handicaps, emotional disturbance, or brain injury. The moderately, severely, and profoundly retarded require specialized services, training techniques, and leadership in institutions--public or private.

Such a program could include a recreational program beginning with the pre-school and continuing through elementary school-age, adolescence, and adulthood. In such a program, the inter-disciplinary approach is mandatory.

Recreational programs should be extended to all persons within this category, whether the placement be in institutions, public and/or private schools, resident and rehabilitation centers, hospitals, or in homes.

Continuous active family participation is basic in a recreational program for these children. Such a program can be achieved through parent-training classes, initiated by private and/or public agencies.

The range of activities may well include these types:

1. Leisure-time activities for persons as members of a family constellation and as individuals.
2. Organized group activities to include social experiences within the group structure.

3. Incidental activities that may develop into (1) hobbies with the possibility of (2) developing vocational skills; (3) the stimulation of creative abilities, and (4) the development of good human relationships.

Such a program should be an "all-year-round" one, with emphasis on quality rather than quantity.

A review of the present situation of recreation for the mentally retarded reveals a tremendous lack of knowledge. Very little has been published in this field. The limited amount of material available deals almost exclusively with childrens' activities or group experiences, e.g., scouting, camping, etc. The material available is primarily descriptive in nature, and not based upon research or the evaluative process. In examining programs offered in metropolitan and rural areas and in various States, one finds that efforts range from well-organized activities in some urban centers to States where recreational programs apparently do not exist at the present time outside of the residential schools. Since the majority of mentally retarded individuals live in homes, it is within this setting that most informal recreational activity takes place. This activity differs greatly from home to home, according to the interest, knowledge, and skill of the families concerned. Resources available to families vary greatly according to geographic locale. Since most residential facilities employ trained recreational workers, many are able to provide leadership and assistance to communities and families. Many community resources for providing recreation exist which are receiving too-limited usage by the retarded, e.g., Group Work Agencies, Parks and Recreation, etc. During the last decade, there has been a growing concern within the various professional disciplines about how to provide the retarded with concurrent growth and interest about recreation. «

Recreation for the retarded requires definition and clarification. Public awareness of the need of the mentally retarded for constructive leisure-time activity and participation in recreation must be stimulated. Recreation, as an integral productive part of the life of the individual, should be recognized. Likewise desired is recognition of the demonstrated ability of the mentally retarded to participate in wholesome leisure activities. Responsibility for recreational programs at the Federal, State, and local levels needs to be defined and accepted. Agencies providing recreational programs and services should be encouraged to include the mentally retarded. There are few professionally-trained leaders in the field of recreation for the mentally retarded. Additional trained leaders, therefore, are needed at all levels

to develop recreational programs. Although several disciplines are engaged in planning and directing recreational programs for the retarded, these professions need training for work with the retarded. In order to plan comprehensive recreational programs for the retarded, greater knowledge of current efforts, facilities, and community resources is needed. Research in all phases of recreation for the retarded is of high priority, as is the development and publication of written material. Families of the mentally retarded need assistance in understanding the development and play activities of the younger child. Activities conducive to enjoyment, entertainment, and socialization should be available in childhood, adolescence, and adulthood.

Following are some of the reasons for the existing gaps in the recreation programs for the mentally retarded.

1. In many instances, the child with mental retardation is not diagnosed and identified at an early age. Many mentally retarded individuals are not recognized as such until they have entered school; therefore, they are not integrated into a recreation program or dealt with specifically as a group.
2. There is a lack of basic understanding of the problem of the mentally retarded individual not only by the general public, but also by professional agencies.
3. Parents and professional workers in the field of mental retardation have not been successful in educating community agencies and recreation personnel to the recreation needs of the mentally retarded individual.
4. There is an absence of written recreational material to assist interested individuals and groups in developing recreation programs for the mentally retarded.
5. There is a need for increased in-service training in recreation for the mentally retarded by professionals, parents, and volunteers.

The general public has not been made aware of the many recreational requirements of the mentally retarded. There is a need for individuals and groups interested in providing recreation programs for the retarded to be instructed how to obtain, and properly use, community resources. The fact that a recreation program for the mentally retarded is looked upon as an acceptable program, but not necessarily an essential one, should be changed.

Many recreation agencies have other commitments and are overburdened with other duties, lack of budget, overworked staff, etc. Therefore, the agency is reluctant to assume additional responsibilities in recreation. There is also a reluctance by recreation personnel to accept the mentally retarded in their programs because of the unknown factor regarding participation by the retarded. There exists legislation that makes it impossible to provide a recreation program for the retarded, and there is a lack of positive legislation on the Federal, State and local level to provide financial assistance for communities to establish recreation programs for the mentally retarded. The recreation needs of the mentally retarded apparently are considered to be the needs of a minority group in comparison with the needs of normal individuals. There is an absence of interest and research by toy and playground equipment manufacturers to design equipment and materials for safe play for the moderately and severely retarded. There is, in short, a lack of realistic planning to meet the recreational needs of all levels of retarded individuals.

OCCUPATIONAL PREPARATION AND PLACEMENT

INTRODUCTION

In planning a comprehensive program of services for the mentally retarded, considerable emphasis should be placed on developing the capacity of each mentally retarded person for useful work. This principle should apply to services of all types and at all age levels. It is true that it would be unrealistic to expect every mentally retarded person to become self-supporting, or even partially self-supporting, through gainful work activity. However, a series of investigations of the social and occupational adjustment of adult mentally retarded persons living in communities have revealed that many are capable of self-support. These studies disclosed that substantial numbers of these persons had found, and were holding jobs, were married and fully meeting family responsibilities, abiding by the law, and were otherwise maintaining an acceptable level of citizenry. Undoubtedly, their numbers would be increased considerably if all mentally retarded persons were provided with adequate services directed toward developing their work potential. In addition to the first group, there are many other retardates who can work productively in sheltered workshops or in homebound activities. Even severely retarded persons can be taught to perform simple household tasks or self-care activities. When a retarded person is prepared for employment and placed in a job, the benefits are obvious. The individual enjoys a better income. He acquires a feeling of self-esteem. His status in the family and the community is improved. The family or the public, as the case might be, is freed of the burden of his support. The goods or services which he produces add to our national wealth. The benefits, while not as spectacular, are analogous in the case of the more severely retarded person who is prepared for sheltered employment or self-care activities. Much of this report will deal with preparing the mentally retarded for placement in remunerative employment. Nevertheless, we should keep before us the following principles: (1) The development of work potential is as important in the case of the severely retarded person as in the case of the less severely retarded person; and (2) a program of occupational preparation and placement which encompasses all retarded will result in a greater number of persons rehabilitated into remunerative employment than a program which serves only a selected group.

PREPARATION AND PLACEMENT INTO CONVENTIONAL EMPLOYMENT

In the area of occupational preparation and placement of the mentally retarded, the primary objective should be to place the individual in a full-time job under standard working conditions, in a

conventional employment situation. As mentioned earlier, there are many mentally retarded persons who may reasonably be expected to achieve that goal. To insure that the greatest possible number of the mentally retarded are rehabilitated into remunerative employment, we should develop a comprehensive program of services which incorporates the following concepts:

1. Services which contribute, or will ultimately contribute, to the vocational effectiveness of the individual should be begun early and sustained as long as necessary.
2. There should be a closely coordinated system of educational, vocational rehabilitation, and placement services designed to equip and train the mentally retarded and assist them in finding suitable employment.
3. There should be provision for supportive services necessary to enable the mentally retarded person to maintain employment and community adjustment.
4. Research and demonstration activities in the area of occupational preparation should be intensified.
5. There should be a continuous program of public information designed to enlist the support of employers and the public at large in occupational preparation and placement of the mentally retarded.

SERVICES SHOULD BEGIN EARLY

The overall vocational competence of an individual usually is made up of many factors. In addition to strictly technical knowledge, skills, and capacities, these factors include social skill and behavior, psychological adjustment, appearance, and general competence. In the case of the mentally retarded person, it is extremely important that services be initiated early in life to insure the maximum development of the latter factors. Each retardate should have the advantage of a planned educational-rehabilitation program, starting at pre-school age and continuing as long as necessary. Examples of types of services which might be required early in the program include kindergarten training, special education, special recreational activities, and corrective therapies such as speech therapy. Throughout the process, special attention should be given to helping the individual learn

about the world of work in a wholesome and appropriate manner. At the present time, in the great majority of cases, the type of preparation described above is entirely lacking. As a result, when the retardate reaches adulthood, he is poorly equipped for job training or placement and it is often too late to overcome the handicaps which have been allowed to accrue. The concept of a comprehensive program of services beginning at an early age presupposes that the mentally retarded children in need of such services will be identified. Identification must not be left to chance. A network of diagnostic clinics throughout the country should be developed to insure early identification of retardates in need of special services.

Essential Services

A truly adequate program for the occupational preparation and placement of the mentally retarded will require the development and operation of a comprehensive network of services and facilities throughout the country. Such a program can be realized only by widespread participation by both public and private agencies at all three levels of operation - national, state, and local. The program should make provision for:

1. Vocational evaluation, counseling, and job placement.
2. Training courses in appropriate vocational areas.
3. Joint school-work-experience programs operated cooperatively by schools and vocational rehabilitation agencies.
4. Clearly defined and adequately supervised programs for on-the-job training of retarded workers.
5. Employment training facilities for those who require further vocational preparation after completion of the public school program.
6. Sheltered workshops for retarded workers capable of productive work in a supervised, sheltered setting.
7. Vocational rehabilitation services in conjunction with residential institutions.
8. Counseling services to parents to provide them with an adequate understanding of the employment potentials of their children and to provide guidance which will enable them to participate more fully in the rehabilitation process.

9. Supportive services and facilities, such as supervised residential facilities, day-by-day counseling services, legal services, and special recreational activities.

COORDINATING EDUCATION, VOCATIONAL REHABILITATION, AND PLACEMENT SERVICES

A planned program of occupational preparation and placement should be developed and initiated for the employable retardate while he is still in school and before he reaches the permissible age for leaving school. This plan should be developed cooperatively by the school and the vocational rehabilitation and placement agencies in the community. It should cover both the school and post-school periods. It should provide for optimum utilization of all available resources and for continuity of services. This approach necessarily assigns the school a key position in the area of occupational preparation and placement of the mentally retarded. It requires close coordination between the school and community agencies. At present, there is no system for insuring this type of approach on any widespread basis. Therefore, mechanisms for coordinating education and vocational rehabilitation and placement activities should be established at Federal, State, and community levels. At the Federal level, there is need for mechanisms to strengthen cooperative planning and joint efforts between the Vocational Rehabilitation Administration, the Office of Education in the Department of Health, Education, and Welfare, and the Department of Labor. The mechanism for obtaining coordination at the State and local levels will vary as a function of the administrative patterns of each State and community. Regardless of the particular mechanism, the group charged with this responsibility should be officially recognized by the State and provided with the financing necessary to fulfill its responsibility. In addition to the public agencies, all volunteer groups concerned with education and rehabilitation should participate in the Statewide coordination of services.

The responsibility for coordination and cooperative planning also will pose the need for exploring the fundamental issue of the role of these various social institutions. Particularly in the area of vocational preparation and training, our society is in the midst of evolving new approaches and new institutional mechanisms. In the local communities, the public schools, with their vocational education classes and their special classes for the handicapped, are a basic resource. The vocational rehabilitation program and the various new manpower and work training programs provide important additional possibilities. Under the circumstances, it is clear that here is as

yet no definitive answer to the best arrangements, and we must continue to experiment and to evolve community programs which will provide timely and effective services to assist the mentally retarded to become employable and useful citizens.

Vocational Education and Guidance

The key role of the educational system in occupational preparation and placement of the mentally retarded highlights the importance of utilizing its internal resources more effectively. Particular areas which have much to offer are vocational education and guidance. Vocational education is a great untapped resource for assisting the disabled, including the mentally retarded. Yet many States have legislation which excludes the mentally retarded from the vocational education system. Most public schools at the high school and junior levels now employ guidance counselors. These guidance counselors are in a position to make a substantial contribution to the identification of the mentally retarded in need of services and in the planning of their rehabilitation programs.

Vocational Rehabilitation

Since 1943, the Vocational Rehabilitation Administration (formerly the Office of Vocational Rehabilitation), Department of Health, Education and Welfare, has made significant progress in giving recognition and appreciation to the scope and magnitude of the problems associated with mental retardation, and in developing a broad and appropriate concept for the provision of rehabilitation services for this group. (It was in 1943 that amendments to the Vocational Rehabilitation Act extended eligibility to the mentally retarded and the mentally ill. Previously, eligibility was limited to the physically handicapped.) Vocational rehabilitation agencies now offer the following services to mentally retarded persons of employable age:

1. Comprehensive rehabilitation evaluation services, including medical, psychological, and vocational evaluation.
2. Physical rehabilitation services.
3. Pre-vocational and vocational training.
4. Job placement and follow-up.
5. Other related services.

Bridging the Gap

The appraisal of progress since 1943 must be tempered by recognition that not more than about 4,500 retarded persons were reported rehabilitated under the Federal-State program during the fiscal year 1961-62. This figure is overwhelmingly insubstantial when compared with the most conservative estimate of the retarded in need of this service. In order to bridge the gap between available and needed services, the following measures should be taken:

1. The Office of Vocational Rehabilitation should be staffed to provide specialized personnel for the following functions:
 - a. To develop a broad plan or design for a national program of vocational rehabilitation services for the mentally retarded.
 - b. To analyze what is going on throughout the nation in the field of vocational rehabilitation of the mentally retarded, to recommend measures for improvement and expansion of services, and to identify effective ideas, techniques, and programs to be propagated.
 - c. To plan, promote, and coordinate the development of a wide variety of facilities for the vocational rehabilitation of the mentally retarded, such as rehabilitation training centers, workshops, half-way houses, and hostels or other types of residential facilities for mentally retarded workers in competitive employment; and to develop plans and prototypes for such facilities.
 - d. To plan and promote new types of vocational rehabilitation services for the mentally retarded, such as job maintenance for workers requiring continuous supervision and support.
 - e. To develop curricula and course materials for special pre-vocational and vocational training programs for the mentally retarded.
 - f. To identify staff training needs, develop staff training programs and techniques, and conduct staff training activities in the area of vocational rehabilitation of the mentally retarded.

- g. To develop plans and programs for mobilizing community resources to meet the vocational rehabilitation needs of the mentally retarded, and to gain public acceptance of the mentally retarded as employable individuals and as social and economic contributors to the community well-being.
 - h. To develop and maintain cooperative agreements relating to vocational rehabilitation of the mentally retarded with other agencies at the Federal level, and to promote and support the development of comparable agreements at the State level.
 - i. To provide leadership and consultation to public and private agencies on vocational rehabilitation of the mentally retarded.
 - j. To disseminate information and ideas in the area of vocational rehabilitation of the mentally retarded.
 - k. To develop national goals for the mentally retarded in harmony with over-all national vocational rehabilitation goals.
2. Additional funds should be provided for the development of pioneering research and demonstration projects involving new ideas and techniques in the vocational rehabilitation of the mentally retarded, and for promoting broader application of ideas, techniques, programs, and facilities previously developed on a limited basis.
 3. Additional funds should be provided for the basic professional training of personnel involved in the vocational rehabilitation of the mentally retarded, such as vocational rehabilitation counselors, social workers, and psychologists; and for additional intensive training programs for personnel already in the field.
 4. Necessary administrative action should be taken to provide adequate funds for a bold forward thrust in the development of programs of vocational rehabilitation for the mentally retarded at both the Federal and State levels.
 5. State vocational rehabilitation agencies should be staffed to provide specialized personnel for research and demonstration, program development, promotion, coordination, consultation, and other services required in the development of adequate programs for the mentally retarded.

6. State vocational rehabilitation agencies should augment their basic programs by developing a variety of special programs, facilities, and services for the mentally retarded, including vocational assessment and adjustment programs, vocational training programs, work-study programs, on-the-job training programs, sheltered workshops, sheltered work projects, vocational rehabilitation units at State training schools, rehabilitation houses, hostels and other types of residential facilities, and job maintenance services.
7. An improved financial base should be developed which would insure State vocational rehabilitation agencies of adequate funds for services in depth, and which would allow for long range planning.

EMPLOYMENT SERVICES

Many existing agencies and facilities are providing employment services for various groups that include mentally retarded persons. Normally these services seek to:

1. Relate the education and training of the mentally retarded to employment requirements, especially through expert evaluation and counseling.
2. Advise the mentally retarded and their employers about the kinds of jobs the mentally retarded can perform and how jobs can be redesigned so that the mentally retarded can perform them.
3. Refer the mentally retarded to jobs they can perform or to training opportunities.
4. Advise the mentally retarded and their fellow workers and employers about the best ways for working together.

Of particular importance are the employment service and placement activities supported or administered by the Labor Department, which provide a link between the individual and the labor market. The most important of these is the Federal-State employment security system, which finances a large school counseling and testing program and, through 1,900 local offices, provides advice to the unemployed about job opportunities, advice to employers about available workers, and the advisability of redesigning jobs, and referral of workers to jobs or training opportunities. It is estimated that more than \$1 million yearly is being spent for special services to the retarded. In addition, while exact estimates are not available, millions of dollars of unemployment

compensation are paid by the employment security offices to this group. Consideration should be given to providing more extensive placement services for the mentally retarded.

SYSTEM OF SHELTERED EMPLOYMENT

In competitive enterprise, it is essential that the best qualified applicants be selected to fill jobs. It is to the credit of the selection process that it results in efficient placement of the vast majority of the workers in the national labor force. Nevertheless, it also results ultimately in the rejection of a sizeable group of persons from any type of employment. Because of physical, mental, or social handicaps, these persons are unemployable by the standards of competitive enterprise. Yet, frequently, they are persons who want to work and who possess considerable productive capacity. Many mentally retarded persons will be found in this group. If their productive capacity is not to be wasted, and if they are not to be denied benefits enjoyed by their fellow citizens, it is essential that means be devised for providing employment opportunity which are in keeping with democratic principles and the national economy.

To provide opportunity for those persons who cannot be absorbed in existing work situations, there should be developed a system of sheltered work activities. This system should include (1) sheltered workshops and (2) sheltered work projects. These activities should be developed by both public and private agencies at all levels. A Federal agency should be made responsible for broad planning, coordination, and promotion.

A predominant objective of each workshop or work project should be to rehabilitate the individual to the highest level of productivity of which he is capable. In many instances, the goal would be rehabilitation into competitive enterprise. In the operation of each activity there should be a plan for providing or securing whatever rehabilitation services might be indicated, including medical, psychological, social, and vocational services. Pay rates should be kept below prevailing industrial wage rates in order to provide monetary incentive for rehabilitation into competitive enterprise.

The term "sheltered work project" may require explanation. Traditionally, the workshop has been the medium for providing sheltered employment. However, many opportunities for purposeful, productive work are to be found outside the workshop. A sheltered work project, then, is a sheltered work activity which is carried on in a setting other than that of a workshop. Activities which lend themselves

to the development of sheltered work projects include conservation; maintenance of parks, recreational areas, and grounds of public institutions; domestic service occupations; certain types of health service occupations; and agricultural occupations. Sheltered work projects may also be operated in selected departments of industrial plants. Sheltered work projects should be under the guidance or control of workshops, rehabilitation centers, or other professional rehabilitation agents. Sheltered work projects could serve and benefit relatively large numbers of disabled persons and undertake a great variety of activities useful to the community. At the same time, they would require smaller capital investment in buildings and equipment than do other types of employment, including those of the workshop. The Office of Vocational Rehabilitation, particularly through its research and demonstration grants; should stimulate planning and development of such sheltered work programs. Furthermore, the President's proposed youth employment opportunities program was, in part, designed to meet the problem of youths who drop out of school or who otherwise enter the labor force and encounter difficulty in finding jobs. When enacted, this program will offer an excellent opportunity for joint effort by the Department of Labor and the Office of Vocational Rehabilitation. Small-scale pilot projects should be developed to be operated by voluntary and local public agencies. As experience is gained from these pilot projects, they could lead to the establishment of local sheltered work programs in every major urban community in the nation.

The sheltered work program, implemented nationally, could strengthen the economy by helping to resolve the problem of unemployment, by reducing welfare costs of persons who would otherwise have to be supported by direct welfare payments, and by producing needed goods and services through the expedient tapping of manpower resources now being wasted.

To stimulate the development of sheltered employment opportunities, Federal funds should be made available for construction, equipping, and initial staffing of sheltered workshops and other rehabilitation facilities.

SUPPORTIVE SERVICES

The mentally retarded person may require services beyond occupational preparation and placement if he is to live and work in the community. He must have a place to live and he must be able to cope with the economic, social, and legal problems of community life. Not infrequently, the problems of daily living are more bewildering to the retarded person than the problems which he encounters on the job. Therefore, for this person, occupational preparation and placement is not enough. There should be provision in the community for

whatever services are required to insure him of a reasonably secure, healthy, and pleasant existence during off-duty hours. Examples of types of facilities and services that may be required, depending upon the degree of retardation, include hostels, foster home care programs, special recreational activities, day-to-day counseling, and legal aid services.

RESEARCH AND DEMONSTRATION

Research and demonstration is an important tool in the expansion and improvement of occupational preparation and placement services for the mentally retarded. It leads to the identification of new jobs which the retarded can perform and to the development of new techniques for preparing the retarded for jobs. It demonstrates the effectiveness, and promotes broader application of ideas, techniques, programs, and facilities previously developed on a limited basis. It suggests new areas for investigation and gives rise to new approaches. Since 1954, the Vocational Rehabilitation Administration has undertaken an extensive program of support of research on the identification of factors related to the social and occupational adjustment of the mentally retarded. Demonstrations of effective techniques for rehabilitating retarded persons have been undertaken in communities across the nation as a result of the incentive provided by the availability of Federal aid. Existing rehabilitation agencies have been enabled to extend and strengthen their facilities and resources for serving the retarded as a result of financial assistance from the Vocational Rehabilitation Administration. To date, more than sixty projects for the mentally retarded have been sponsored under the program. Of these, thirty-three have been selected demonstration projects involving the establishment of occupational training centers for the mentally retarded. Despite the progress in this program and in other public and private programs, much research remains to be done. Examples include: (1) research aimed at providing evidence that the retardate possessing certain basic characteristics is likely to succeed in acquiring necessary skills and job performance attributes; (2) study of perceptual problems of the mentally retarded in relation to occupational preparation and placement; and (3) identification of social skills and techniques useful in vocational and community adjustment which are susceptible of being taught to the mentally retarded in vocational adjustment and training programs.

PUBLIC INFORMATION

A substantial fund of knowledge has already been developed on occupational preparation and placement of the mentally retarded. We are continually adding to that fund. The knowledge that has been

acquired gives rise to a hopeful and positive view of rehabilitation of the mentally retarded. It discloses insights which lead to effective utilization of the retarded on the job. Much of this knowledge, however, is of limited value if it remains in the hands of the professional rehabilitation workers. It must be imparted to the public and, in particular, to employers and potential employers of the retarded. Many public and private agencies are now doing an effective job of public information on mental retardation in general. There should be increased emphasis on publicizing information on occupational preparation and placement. It is most important that the public and, in particular, employers be well informed on all pertinent aspects of employment of retarded. Otherwise, all other efforts in the direction of occupational preparation and placement may be to little avail.

MANPOWER FOR SPECIAL EDUCATION
AND REHABILITATION

INTRODUCTION

The Situation Today

" There are no more than 20,000 teachers of the mentally retarded in the nation, and many of these are only partially trained for their difficult and highly specialized teaching tasks. It is estimated that in 1962 only about 500 new teachers will graduate from colleges and universities with adequate teacher-training programs in mental retardation. This number is scarcely sufficient to replace those teachers who will leave the field this year. Seventy-five thousand specially-trained teachers are required if we are to adequately educate the 1% million school-age retarded. Many factors account for the serious shortage of trained teachers of the mentally retarded: a general insufficiency of manpower in all of the teaching professions; the lack, until recently, of public awareness and understanding of the problem; the failure of universities to recognize the need and develop appropriate training programs; the unavailability of opportunities for students to become acquainted with the challenge of a teaching career in mental retardation; and the inability of students to finance the additional specialized training required.

Most vocational rehabilitation agencies do not have sufficient staff to meet long-standing obligations for service in other areas of disability and, at the same time, undertake to develop new services for the mentally retarded. Few agencies employ rehabilitation personnel with particular skills and competencies in the field of mental retardation. If greater leadership is to be given in the development of services for the retarded, it is essential that specialists in mental retardation be recruited and the skills of existing staffs augmented.

President Kennedy has recently stated, "Our continued underuse of human and physical capacity is costing us some \$30 to \$40 billion of additional goods and services annually." The abuse and misuse of manpower relating to the mentally retarded and to those with other disabilities is resulting in inadequate services and mediocre programs. It is not enough to provide more scholarships and fellowships and more training centers to train professional personnel to follow patterns established for the past.

I/ Manpower Report of the President and A Report on Manpower Requirements, Resources, Utilization, and Training, U.S. Department of Labor, Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C.

A New Look at the Problem

The shortage of professional personnel would not be so acute if certain duties now performed by the respective professions were assigned to assistants, aides, and other helping hands. We need time studies in respect to the effective use of professional manpower in health, education, and welfare as industry and business apply such studies. The profit motive makes this essential in the latter instance; the health, education, and welfare of our citizenry makes this essential in the former instance.

Professional personnel who are to assist those with impairments and disabilities to be as productive to themselves and to society as it is within their capacity to become, must learn to delegate responsibilities to others with less training. These helping hands to professional personnel must be trained to do these predetermined duties under the direction of well-trained professional people. These technicians, assistants, and aides must have a salary commensurate with duties performed, status, and training programs to prepare them for their specific duties.

Medicine has done much better than education in the use of technicians and assistants: nurses, medical technologists, x-ray technicians, physical therapists, occupational therapists, social workers, medical record librarians, and many others. The Health Careers Guidebook, published by the National Health Council, lists 156 health careers.

In education, teachers do many of the duties which could and should be assigned to others. In an article, "Methods for Better Utilization of Teachers' Professional Skills,"^{2/}the author states, "Teachers have attained higher levels of training and salary over the years, and it is socially and economically indefensible to use these specialized persons for sub-professional tasks. Every other major professional groups has adopted procedures for using semi-professional assistants. Teaching seems to be the last outpost of unassisted professional effort." This author's concluding comment is that, "Education must decide, as industry has done, that anything which increases the output of an expensive employee is a bargain. "

2/ Bowen, John J. "Methods for Better Utilization of Teachers' Professional Skills," Elementary School Journal, Vol. 56, pp. 403-408.

Special education and rehabilitation have attempted, in scattered instances, to improve the use of professional manpower. Jack W. Birch, recent President of the Council for Exceptional Children, in a recent publication, points out that while a good many non-professional workers are employed to relieve the professional work or to expend professional services, "a research frontier regarding the role of the non-professional workers has come into being because of the rapid extension of rehabilitation and special education."³ He further indicates that, "Sparse as it is, the available information on the utilization of aides in special education suggests that there can be positive qualities in the situation." The important consideration by our demonstration and research projects is to determine what duties now performed by professional personnel can be delegated to others, what training is needed for professional personnel, and also, the semi-professional personnel, who will work under the supervision of professional personnel, and what training should be provided for non-professional personnel.

The Need for Manpower Utilization Studies

After some thirty or forty years of special classes for the educable, we have only one out of every four children in this classification in such classes. By State law, these classes have from 12 to 18 pupils in each. It is difficult to get moneys for teachers, and, even more difficult, to get teachers for the moneys we are successful in having provided. The estimates of teachers needed for staffing such programs are frightening to taxpayers, educators, and legislators. Many of the duties performed by all classroom teachers of the educable mentally retarded do not need a person with a bachelor's or master's degree for their successful completion. Prospective teachers often are not attracted to becoming teachers of the mentally retarded because of these house-keeping and child-care duties. It was because of such factors that the President's Panel on Mental Retardation recommended that funds for research and field demonstration grants should be made available to determine if more efficient use can be made of the limited teacher-manpower available.

A typical field demonstration might have one master teacher for 90 children, with multiple classrooms and appropriate automatic learning devices. There would be two or three assistants with high school or junior college training, and two or three adults,

3/ Birch, Jack W. "Nonprofessional Worker in Special Education and Rehabilitation," Rehabilitation Literature, Vol. 24, No.3, March, 1963.

who may be taken from the institution for the mentally retarded, to perform the menial tasks which a professional trained teacher is now asked to do. This and other staffing patterns should be studied to determine if learning could be equal to, or might even surpass, the present practice of one teacher for each twelve to eighteen children. There would not be the problem of recruitment as such a master teacher would have status and would be able to teach. Such demonstrations are now being conducted in various parts of the country with the non-disabled. It is possible that the number of fully trained teachers, referred to here as master teachers, might be divided by six., thus being able to supply the demand. Perhaps the number is four, at least perhaps it is something other than what is now being done.

It is quite possible by such demonstration and research projects that we can come up with procedures which will permit for better utilization of limited resources, attract high-level individuals to be trained as professional master teachers and make this a life career, divide by some number the staggering number of special class teachers needed, permit us to put traineeships and scholarships into the training of individuals who will be career people and whose knowledges can be applied and extended through helping hands in the persons of assistants. Such a program would be less expensive and would conserve the limited professional manpower, as well as make better use of manpower, at these other levels.

New Training Patterns must be Considered

In the development of "schools" for the trainable as sponsored by parent groups for the retarded, we had many helping hands in the persons of volunteers and untrained professional teachers. As more and more States assumed the responsibility for programs in the public schools for the trainable mentally retarded, it has been necessary to fall into the pattern established by the public schools through their certifying bodies. In most instances it is now necessary to have a certified teacher. A teacher denotes someone who has been trained to teach reading, writing, and arithmetic, though the children in these classes, if properly classified, do not have the capacity and ability to learn functional reading, writing, and arithmetic. The training programs for the teachers in these classes are generally those for teaching the educable, with an additional course or two, but much of this training is not applicable to teaching trainable mentally retarded. If a person is trained as a teacher, she will try to teach "reading, writing, and arithmetic." Many of the activities and learning experiences of these children do not require a "teacher's" skills.

RECOMMENDATIONS

1. It is, therefore, recommended by the President's Panel on Mental Retardation that a "master teacher" for the trainable mentally retarded be educated more as the a la educateur concept of France (mother-teacher) - to teach self-help, communication, and social interaction skills rather than academic subjects, and that "helping hands" be provided this "master teacher."

It would be easier to recruit students to become "master-mother-teachers," since they would be able to be professional persons trained for a specific job and with helping hands to do those things which many teachers would not find challenging and satisfying. The concept of more children in a group, as described in the previous recommendation relating to educable, should be applied to the trainable mentally retarded. Research and demonstration projects should determine directions to follow in these matters. Communication and social interaction and preparation for useful and happy lives within the capacities of the trainable mentally retarded should be some of the aspects of the training for this "mother-teacher." This "master-teacher" should have work in growth and development, language development, creative play through the arts and crafts, personal counseling as applied to parents, interdisciplinary experiences, learning disabilities, objectives and procedures for accomplishing realistic goals in related areas of study.

Sweden and Denmark make considerable use of assistants and aides in the teaching of the mentally retarded. In talking to teachers who had aides, or the principals in such programs, they generally stated that such an aide doubled the productivity of the teacher and they hoped to have at least one or more for every teacher in the very near future. They also indicated that the number of children in the classroom was increased, especially where they had multiple classrooms in which assistants and aides could conduct certain learning experiences. We visited one very fine class where there were 28 severely retarded children with one teacher and four helpers. We also found that physical therapists, occupational therapists, and others who work with the mentally retarded, often had aides working under their direction. The visitations in Denmark and Sweden pointed out very clearly that aides and helpers can be used more than we are doing in the United States. Denmark and Sweden both plan to increase their budgets for such semi-professional and non-professional workers. These individuals were well paid in relation to their training, skills and duties, and recruitment did not seem to be a problem.

2. It was a further recommendation of the President's Panel that regional planning to provide the continuum of services needed by the mentally retarded would help in the conservation of limited professional manpower.

In Sweden and Denmark, population centers (crossing what would be comparable to our township, county, city, State lines) have been set up with a central institution with a professional staff that relates to many other programs in the region. In our own country, we very often have programs not functioning up to capacity because of not having the population to support the program that has been instituted. While individual places in the country are doing a good job in transporting students to another district, when they don't have enough to justify a special program, this is not done as frequently as could and should be followed.

3. Further effective use of limited manpower could be effected by having only Federal support for trainees and staff who train teachers for the mentally retarded in those colleges and universities with basic staffs and clinical and laboratory facilities.

Long-term grants should be provided to such qualified institutions, and fellowships should be provided to the institutions rather than to the individuals. Regional planning should be done to determine what schools in what States should offer specialized training in special education and rehabilitation, in order to effectively use the limited professional manpower of academicians and research personnel. Only those institutions which are truly capable of conducting good training programs should receive support, and careful planning will improve the quality of our training programs, as well as more effectively utilize the manpower which is available.

Such a plan would avoid putting funds into colleges and universities which do not have the needed basic staff and laboratory facilities and also the opportunities for relating to other professions in the training of those to work with the mentally retarded. Many schools, with such basic staffs and good laboratory facilities, have not been willing to enter into training programs because of the short-term training grants. Carefully selected centers for training, as approved through regional planning, have proved to be very successful by the Southern Regional Education Board and other regional planning efforts.

4. It is also recommended that the scholarships for students in training should be distributed by the universities, since they could determine needs and could better judge the career possibilities and successes of those receiving such scholarship and fellowship moneys.

It was suggested that in order to not have mortality and attrition, which is often found because of marriage and shifting to other programs, that scholarship and fellowship moneys should be more available to students as they progress toward their goal; less in the first two years of college, more the third and fourth years, but the major portion for the fifth year, or at least the specialized year or years of training.

5. All professional academic programs receiving Federal support for training vocational rehabilitation counselors, physicians, psychologists, speech pathologists, audiologists, physical therapists, occupational therapists, and others who relate to the mentally retarded, should be encouraged to place greater emphasis in training programs on the mentally retarded through specialized courses and intern experiences .

Special funds should be made available to the training programs in colleges and universities to provide more understanding of mental retardation and the various levels of functioning. This is necessary, since the knowledge of rehabilitating the mentally retarded is so relatively new and so much new information is becoming available. Much more information is needed regarding the reasons for the successes and failures in placement at the specific levels at which the mentally retarded function. More occupational information is needed regarding at what activities and occupations the mentally retarded, at the different levels of functioning, can be successful. More information is needed by the counselor relative to considerations in the placement of the mentally retarded functioning at respective levels of ability and productivity. Vocational rehabilitation personnel are in a most strategic position to interpret the role the mentally retarded can assume in a community, and should work closely with the teachers in determining this role. Such cooperation will lead to avoiding duplication of efforts by various professional personnel and will get the mentally retarded into the proper placement where they can be as productive as is within their capacities. This will, indeed, help with more effective use of manpower.

6. It was further recommended that the preparation of teachers for the mentally retarded should be extended to five years, with the first four years offering broad cultural training and pre-professional courses common to teachers.

The fifth year should be quite different for teachers of the educable and the trainable. Federal and State support of special education programs for the mentally retarded should recognize that the trend in teacher training is toward a five-year program. The first two years should be primarily liberal education. The last two years should include pre-professional courses in child growth and development, human learning, tests and measurements, abnormal psychology, principles of American education, and related subjects.

The fifth year should be professional courses in teaching the mentally retarded in the respective areas of the educable and the trainable. It has become impossible to receive the desired liberal education, pre-professional training and specialized courses, interdisciplinary orientation and an intern experience in eight semesters. Specialized courses needed for teachers of mentally retarded make it even more necessary to consider five years for training of these teachers. It was also felt by the Panel that such training would make for less mortality of those going into this area. By the fifth year, teachers in training would be more likely to be sure that this is what they want to do and would be more likely to stay in the work, thus utilizing manpower.

7. Methods must be developed to provide for more effective use of other personnel concerned with the mentally retarded.

It is felt that many of the duties now performed by occupational therapists could be performed by occupational therapy assistants working under the direction of an occupational therapist. The same is true of physical therapists, speech therapists, clinical psychologists, and others who often play a role in the education, training, and adjustment of the mentally retarded. The clinical psychologists, with a doctor's degree, could extend his services considerably if he had been trained to work with individuals with master's and, perhaps, bachelor's degrees who could do a great many of the things that he does-- but do them under his direction and supervision. Just as a dental technician works with the dentist, and takes more pride in cleaning the teeth than perhaps the dentist does, because that is her job and she has been well trained to do this, so individuals trained at other levels, to work with these other professional people, can do specific duties as effectively, if not more so, than the professionals, thus relieving them for

additional time to relate to the things which others cannot be trained to do without the training professionals have. Rehabilitation counselors often spend 40% to 50% of their day doing things that a secretary could do much more efficiently than they. Without secretarial assistance, we are paying two or three times what we should be paying for the work to be done, and still we have a shortage of vocational rehabilitation counselors. It was, therefore, recommended that all professional personnel relating to the mentally retarded, and those with other disabilities as well, be studied as to what duties for them could be delegated to others, and then determine how assistants can be trained--and how the professional people can be trained to relate to these technicians, assistants, and aides with whom they would be working.

8. Sheltered employment personnel must be trained for their jobs.

The President's Panel recognized a great need for the training of personnel in sheltered workshops. Since many individuals who are mentally retarded and severely disabled will not be able to take their place in competitive employment, it will be necessary to have terminal employment in sheltered workshops for some, and to have an extended training program in the sheltered workshop environment for others before they can be accepted into competitive employment. The competencies needed by personnel in sheltered workshops must be determined, and programs for training this personnel will need to be supported by Federal funds. It is thought that the personnel manager, the field sales person, and other personnel, may need to relate to workshops in a region and may need simply to be oriented to mental retardation and to productivity of those classified in various levels of the mentally retarded. The workshop manager, the workshop foreman, and other personnel, may need more, and quite different, training and orientation to the mentally retarded. Good business management should be essential, whatever the makeup of the workshop.

It is pointed out, in the studies, that the sheltered workshop for the mentally retarded may be for those who have little productivity, and the activities may be primarily activity programs rather than work experiences. There may be training programs which should be separated from the workshop environment; there may be programs where the trainable and lower educable can do certain kinds of sub-contract work and training activities, and there may be those for the more productive who cannot fit into competitive society, but who can function in well-run shops with sub-contract work. The sheltered workshop movement must not be all things to all with disabilities. It must be recognized

that the more disabilities we bring together, the more abilities we have; it must be recognized that small shops, with inadequately trained people, cannot be successful and will be a great drain on the resources of the community, the State, and the nation. It must be recognized that regional planning must be done for the sheltered workshops in order to conserve the limited manpower that is available. Sheltered workshops, as a general rule, throughout the country do not have a well-trained or adequate staff, so that demonstrations and research are essential and necessary in determining how workshops shall be set up and how to get the most effective use of manpower for operating these shops.

9. Federal funds are recommended for providing national recruitment aids for interesting individuals in careers to work with the mentally retarded in both special education and rehabilitation.

Unnecessary funds are now being expended, and not very effectively, as individual colleges and associations for the retarded and other groups try to do recruitment in a manner that is not as adequate as could be done on a national level. Recruitment at the local and State level is inadequate in meeting the competition for personnel. If the proposed national information center for the education and rehabilitation of retarded children and youth were established, this would be a good agency to prepare recruitment aids, to be used nationally, which would include mass media devices such as motion pictures, pictures, film strips, posters, pamphlets, and radio and television programming. The cost and volume of production of visual and auditory aids, printed matter, and high-quality radio and television productions, is prohibitive at the local and State level. Much manpower is now being wasted by professional and semi-professional personnel as they attempt to recruit with inadequate recruiting techniques and devices.

10. National standards for the preparation of professional teachers for the mentally retarded should be established in order to enable inter-state reciprocity in the employment of teacher personnel.

The professional associations (Council for Exceptional Children, and the American Association on Mental Deficiency) most concerned with the education of the mentally retarded should take the lead in working toward common standards throughout the United States for the certification of teachers for the mentally retarded. Responsible Federal, State, and local agencies should give full support to this effort, and should encourage employers to use such certification requirements. Responsible national evaluation and

certification agencies and regional certifying bodies should be encouraged to implement an inter-state reciprocity agreement. At the present time, we have well-trained teachers who move to other States, but are unable to take positions in other States because they don't meet the certification requirements. National standards and inter-state reciprocity would help in the utilization of manpower.

11. General teacher preparation programs need to be broadened.

Through a system of elective areas, elementary teachers should secure partial preparation in an area of specialization, such as the mentally retarded, during their professional training. Elementary teachers should be encouraged to elect a minimum of 9 hours in an elective area; this might be in language arts or social studies. For some, it would be mentally retarded; for others, speech correction. Such action would provide facilities in the rural areas, and in schools where special classes for the mentally retarded are not conducted, with a person who has had some training in mental retardation. This individual could then serve as a consultant to the principal, other teachers, and parents. When the school decided to start a special class for the mentally retarded, it would have an experienced teacher who might be willing to meet certification requirements and take the position as a teacher, or master teacher, in a class for the mentally retarded. This plan would assist in the recruitment of special teachers and would provide a semi-specialist in the rural areas and the communities where special classes have not been activated. Elementary teachers, generally, take elective courses rather than an elective area of study. This plan would provide the teacher with information in an area of study which is not generally selected by teachers and administrators. Nine hours in the elective area of mental retardation, for example, would apply toward certification, if the teacher chose to meet requirements as a teacher of mental retardation. Many students in teacher training never teach because of marriage; this plan would make for better usage of scholarship funds as applied to the successful teacher who chooses to return to training to finish certification requirements as a teacher of the mentally retarded.

12. Institutional changes require changes in the preparation of their personnel.

It is also important that we look to training our non-professional personnel in more effective use of their talents and skills. Our institutions have changed from ones of custodial care

to education, training and habilitation, both physical and vocational, and, more recently, to where the wards and cottages are considered an integral part of the therapeutic environment for those in institutions. Excellent studies are underway, and others should be conducted, to determine the knowledge and skills required of attendants in order to provide the desired care and training for those in the wards. The President's Panel recommended that more effective utilization of manpower in our institutions at the professional, semi-professional, and non-professional levels, would make for better lives for those in these institutions.

FINANCING THE PREPARATION OF MANPOWER FOR SPECIAL EDUCATION

To meet the need (1) the Federal government and private foundations should undertake an extensive program of scholarships; (2) States should appropriate an amount equal to at least five percent of their annual special education budget for the support of specialized teacher-training, and (3) communities should offer financial aid to assist teachers to obtain this preparation.

The precedent of special financial support for professional training in areas of great need is well established in Federal and State governments and within foundations and communities. The United States Office of Education currently finances the training of teachers of the blind and the deaf, fields involving far fewer children than mental retardation; other Federal agencies support the training of personnel in rehabilitation, the mental health professions, and for work with the speech handicapped. Many States now have available grants for training in mental health fields and a few even support the training of teachers of the retarded. In rare instances, foundations and communities have provided a few scholarships for teachers wishing to obtain specialized preparation in mental retardation.

If fully implemented, the following program will add 6,000 new teachers each year to the pool of well-trained, skilled, teaching specialists in mental retardation.

1. The Federal government and private foundations should provide, annually, \$9 million to be awarded to universities, to provide scholarships and to support the training program. It is suggested that private foundations set as their objective a contribution of \$2 million of this amount.

2. Each State should appropriate an amount equal to at least five percent of its annual budget for special education to be used for training grants to experienced teachers who wish to obtain a teaching specialization in mental retardation. It is recommended that the Federal government match the funds allocated by the State departments of public instruction; an estimated \$4 million would be required for this purpose annually.

3. Local school systems (through the granting of leave-of-absence with pay), community agencies, and civic organizations also should contribute to the training of the persons who will teach their retarded children. Concerted effort on the part of these local groups should enable them to achieve the reasonable objective of a contribution of \$3 million annually. This figure would amount to a modest, average contribution of \$1,000 from each of the 3,000 local school systems now operating programs for the mentally retarded.

The United States Office of Education already has authority, under Public Law 85-926, to support programs for training teachers of the mentally retarded. However, the present law is limited by an appropriation ceiling of \$1 million a year. Consequently, implementation of that law has been restricted to a program for training administrators, supervisors, and college teachers of special education. This appropriation limit should be removed, to permit initiation of the program for support of teacher preparation. Federal support under this program should be limited to those colleges and universities with qualified staffs in mental retardation, suitable internship teaching facilities, and active research programs on the education of the mentally retarded.

SUPPORT FOR TRAINING REHABILITATION PERSONNEL

The training program of the Office of Vocational Rehabilitation, established in 1954, supports the preparation of personnel in the various professions related to rehabilitation. It provides teaching grants and traineeships in fields where shortages of qualified personnel are great and, in addition, sponsors short-term seminars designed to update training and orient professional personnel to the philosophy and practice of rehabilitation.

This training program has proven to be an effective mechanism for increasing the available pool of skilled manpower; it should be expanded to include:

1. Increased emphasis on knowledge of the social and vocational adjustment of the mentally retarded in the curriculum for the training of rehabilitation counselors.

2. The training of personnel for workshops and activity centers, after studies to determine the competencies needed.

3. Preparation of personnel in rehabilitation and related professions for research careers.

CONCLUSION

In the book "Agony and Ecstasy," by Irving Stone, Michelangelo, when out of money, as he was several times in his life, was asked to reproduce a piece of sculpture. Of course he did not want to do so because he was a creator, and asked "What would happen to a sculptor who said to himself 'What is must be changed?'" and was answered, "For the sake of change?" He replied, "No, because he felt each new piece he carved had to break through the conventions, achieve something fresh and different." This was in 1505, when Michelangelo was in Rome. In 1963, it is most essential that society "break through the conventions" and achieve something which better fits the needs of those we serve, better at least than what appears in our out-worn and out-dated procedures for providing quality programs for the mentally retarded and for those with other disabilities. Demonstration and' research projects should determine more effective use of manpower in special education and rehabilitation.

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