

Education and Training - Minnesota School and Colony

Program I Nursery-Kindergarten All ambulatory children, who are somewhat tidy, who have mental ages above 3.0 and whose actual age is under 12 years. This group is offered traditional nursery-kindergarten experiences; play, music and rhythms, coordination training (large and small muscle), auditory and visual discrimination exercises, and habit formation (settling down, getting along with others, etc.). This is, in addition, an exploratory group; after observation it can be determined whether or not the child should be considered for Owatonna, continue in our academic classes, or in the trainable groups, or be dropped from formal training and offered intensive consideration by the patient program's services.

(Two groups; 2½ hours each; daily; 39 patients)

Program II Trainable An extension of Program I for those children who can still benefit from training, but whose prognosis is poor in the academic areas. (I.Q. 30-50, Mental Age 4-7½, Actual Age 12-18). These are children for whom one can predict a final achievement well below 3rd grade level, and so of little practical value. The trainable program developed at Union Grove, Wisconsin, and the sense training program developed at Sonoma, California are the nucleus of the curriculum, stressing self-care, good habits, housekeeping and maintenance training, as well as maximum use of the senses. These children will probably not leave the institution, and the objectives for this group are in the areas of self-care, usefulness and social adjustment. Simple academics are permitted if the individual is interested.

(Four groups; 1½ hours each; daily; 48 patients)

Multiply Handicapped

Program III Educable An academic program of the special-class type. Stress is placed on learning regular school subjects, in some cases up to 5th grade. (I.Q. over 50, Mental Age over 6.0, Actual Age 9-18 years). These children would for the part be eligible for Owatonna, but are handicapped by severe emotional problems to such an extent that special attention and supervision are required (often even taxing our facilities). Some others are merely withdrawn or lacking in drive, and would not be rehabilitable for that reason. Four are slightly spastic, but ambulatory.

(Two Groups; 2½ hours each; daily; 31 patients)

Program IV Physically Handicapped Although mentally deficient in varying degrees, these children can have their greatest potential in intellectual areas, appreciating reading, hearing, or seeing. The education of these children is chiefly humanitarian, with a practical by-product of diminishing behaviour problems. Greater commercialization of sports, increased independence in self-education, or diversions, some hours each, daily; 21 patients; self-aid groups, some hours each, daily; 21 patients; 4 patients visited 1½ hours per week)

Program IV Physically Handicapped (of the cerebral palsy type)
Although mentally deficient in varying degrees, these children can have their greatest potential in intellectual areas, appreciating reading hearing, or seeing. the education of these children is chiefly humanitarian, with a practical by-product of diminishing behaviour problems, greater comprehension of directions, increased independence in self-care and self-amusement. Some of these children can eventually work at sorting, labeling, etc. within the institution.

Program V Deaf-Retarded A much-subdivided program, encompassing all of the above areas as pertinent to the individual, who is deaf. Persons of all ages are attended to in this group, as the opportunity is recent, and there is a backlog. In addition activities in the preceding programs, the chief objective is to teach means of communication and accepting themselves and hearing-persons attitudes toward them.

(Two groups, 1½ hours each, daily;
Two groups, 3 hours each, weekly;
Three groups, 2 hours each weekly; 41 patients)

Before, during, and after the school years of a child at the institution, much of his practical training is done by the aides (and later by employees in charge of job-areas.

A constant therapeutic-educational program is in process as a by-product of the patient activities and patient program's services under the direction of the Patient Program's Supervisor I. An indication of the objectives of this phase of the program is suggested by the following areas;

1. Development of constructive techniques, and creative expression.
2. Development of mental processes and prolonging span of attention.
3. Improvement of behaviour patterns, group relationships and cooperation.
4. Improvement of physical coordination.
5. Techniques for constructive and socially acceptable use of leisure time.

The patient programs services supplement the academic instruction by means of occupational, industrial or recreational activities available throughout the waking hours. Those patients who ~~have~~ completed their formal school training or who are not eligible for formal activity and training receive these services under the direction of the Patient Program's Supervisor.

A Committee on Education and Training coordinates each child's program. This committee, headed by the Chief Clinical Psychologist and including the School Principal, the Patient Program's Supervisor, and the Chief ~~Psychiatric~~ Social Worker, works with the member-physician in charge of the specific case. The various members of the committee then implement the plans made.

The School Principal's evaluation of the program.

- Program I Adequate. except classes are slightly larger than should be. An additional position is needed in this area to care for the needs of the new admissions now residing in the new East Grove Division; and neither able to be placed near school facilities, nor to be reached by existing school staff.
- Program II Completely adequate, although slightly crowded (but not seriously).
- Program III Adequate except an additional position would be highly desirable in order to afford these most hopeful children a full day of school instead of the present 2½ hours.
- Program IV Adequate as far as can now be determined. Seems to cover cases adequately both as to number and time allowed.
- Program V Adequate, very much in the formulative stages, needs future reevaluations, but present indications are very satisfactory.
- Program VI Adult Education a necessary future addition of two positions; 1 male and 1 female. There is a great need for persons to support and build upon the education of those children who have succeeded in school subjects and whose mastery of emotional problems has progressed toward eventual rehabilitation. These teachers would prepare patients for return to communities where such plans are possible, and/or prepare them for more valuable contributions as adult patient-workers within the institution. These may include studies in shop practices, housekeeping duties, practical budgeting and shopping techniques as well as use of all community resources.

At present we have no music teacher position. An activities worker is loaned to us for short periods daily. We offer each school class two periods (a total of less than one hour) weekly in music. This is I think obviously inadequate and deprives the activities program of a noticeable amount of coverage in this area.

The principal stresses the most urgent need for one additional nursery-kindergarten teacher and one full time music teacher. It is also requested that careful consideration be given the need for adult-education positions.

Further consideration must be given to the problem of teacher standards and salaries.