BULLETIN NO. III

SUMMARY OF READINGS

Prepared for

THE SUB-COMMITTEE ON THE TRAINABLE RETARDED

of the

GOVERNOR'S ADVISORY COMMITTEE ON EXCEPTIONAL CHILDREN

By

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Secretary to the Committee

June 28, 1957
This is a report of a committee requested to advise and assist in determining a satisfactory program for atypical children in Maryland. The group of 21 worked on the study for about three years and developed a number of recommendations to improve the program. Those which have special reference to the trainable retarded are reviewed here:

There is tremendous variance in the ease of finding atypical children. Registers reflect public interest in a particular program. Some defects are self-evident and easily found; in others there is a strong tendency toward concealment due to ignorance, superstition and prejudice. Figures arrived at should be accepted with regard to these qualifications.

Incidence

These figures are given for the Trainable Retarded:

- 2,328 out of a state population of 581,052
- 665 of these in public schools, outside of Baltimore
- 40 per 10,000 population is estimate of incidence
- Sept. 1955, 41 classes for trainable, including 6 in Baltimore city.

State Aid

Up to $600 a year may be paid for attendance at a special school outside a child's own public school, if local Supt. indicates that he has no appropriate facility for the child.

The committee recommended that the age of six be amended "particularly for the trainable child—to provide preschool facilities. "The more severely retarded child has a definite need for education before the age of six."...This would enable both private and public schools now operating under the State aid law to organize nursery school classes and accept such children before the age of six."

"The 1951 Assembly amended the special education law to allow the State to finance a program of attendance at special schools out of the state, provided the local public school systems do not have facilities appropriate for educating severely mentally or physically handicapped children."

The committee emphasizes the importance of a "team approach" in the evaluation and treatment of the problems of each child. 

"A piece-meal programming for a child can be ineffective and even harmful." These people are suggested as having a contribution to make in the "team" planning for each child: two parents, teacher, physician, public health nurse, sometimes a camp director, policeman, or judge—any who have had contact with the child and have a contribution to make.

The committee found that the public school program for the multiple handicapped was inadequate, particularly (1) for the retarded who are severely cerebral palsied; (2) for the blind and deaf who are retarded; and (3) for those who are emotionally disturbed as a result of their multiple handicaps.

Individual Total Planning

Needs
This is a small handbook for teachers - particularly interesting because it portrays some thinking on the subject of retardation 30 years ago and applies it to the public school situation.

Gesell quotes Dr. Tredgold in defining mental deficiency: "A state of restricted potentiality for, or arrest of cerebral development, in consequence of which the person affected is incapable at maturity of so adapting himself to his environment as to maintain existence independent of external support." He states: "There is no excuse for neglecting a mentally deficient child, whether he is in a crowded classroom of a large city, or in some country school."

Numerous suggestions are made for individualizing instruction, specific activities being planned for the individual's capacity, such as crafts, orderliness and leisure activity, with emphasis on non-academic activity.

Stress is laid on the importance of not neglecting the child, of not making him conform to other classroom activities. It is possible, he says, for a busy teacher by planning, to create a special program for a special child and enlist the aid of more capable children in continuing to help the retarded child.

On curriculum for the retarded these comments are interesting: "It has been suggested that the 3 Rs are the fads and frills in the education of the mentally deficient." "However... they furnish occupation and enjoyment. If a child takes pleasure in the simplest reading, that is enough to justify the teaching." "Do not worry about your failure to teach him to read... He probably needs other kinds of instruction more." Busy work is often educative and it is always better than neglect, or a futile effort to make the child join in regular class work.

"Normal children will see much of exceptional and subnormal humanity when they are grown up. Let them learn what they can as they grow. The presence of a deficient pupil in a school room offers the opportunity for social education in a real sense. Let the teacher take a hopeful, constructive attitude and attempt to make an educational asset of the deficient pupil."

(This attitude might also apply where special rooms for the retarded are established in a normal school setting.)


Project was set up for three demonstration centers, in 3 different communities, for 3 different age levels.

Purposes of program
1. Finding the trainable retarded
2. Establish criteria and procedure for diagnosing
3. Develop program based on potentialities of individual
4. "measuring" methods of parent education
5. Establish procedures for administration and operation of program
6. Develop program for education of personnel.
7. Develop a public relations program
8. Develop an evaluation method

Progress was measured by a check list of behavior changes in these areas:

1. For the children
   personal routine, health routine, care of property,
   safety routines, play performance, social adjustment
   and language performance.

2. Parent attitudes
   disclosed considerable bias against institutions;
   school attitude showed desire for academic work —
   but this diminished some in the before and after
   (the project) measurement of attitudes.

   Community attitudes — parents mostly felt the child would
   eventually be partially self supporting.

Frequency of the trainable
NARC — 4 out of one thousand who are trainable
Merrill — 2.3 out of one thousand with IQ's between 30-49
Illinois 1954 study — 23 per 1,000
Michigan study — 3.3 per 1,000 — in a 3-county study; however,
one county had 4.9 due to existence of an institution in
that county. The other two counties had 2.9 — more in
agreement with Merrill and Illinois studies.

Incidence

Personnel training conclusions
1. Inadvisable to employ parents of retarded
2. Volunteer workers are undesirable because trainable child
   needs consistency of training.
3. All teachers do not need to be academically qualified as
   long as the head teacher is qualified.
4. Two teachers in a larger class is preferable to one teacher
   in a small class because they "have opportunity to discuss
   mutual problems and to help each other in trying situations."

Administration of Program
State level Trustee Advisory Board made up of representatives
of each state agency.

Local level
Representative of Health, Mental, Social Welfare and Public
Instruction served on an advisory board as local screening
committee
County nurse assisted in examination and referrals (considered best source of referrals)
Mental Health provided psychological services and
referral service
Social Welfare provided valuable case history information
Public Instruction — responsible for personnel hiring
and acting as fiscal agent.

Admissions committee consists of local superintendent, psychologist,
special education director, school nurse — and others connected
with class. This committee considers each case and confers with
parent. Medical report required. Other requirements:
1. ages 6-21
2. IQ 35-50
3. ambulatory
4. toilet training
5. able to communicate wants
6. possess potential for social skills which are acceptable
to group activities
7. adequate vision and hearing for class participation
Admission is for 6-week trial period.

**Housing**

Should be set up specifically for trainable class, adequate water, 
toilet facilities, shelves, closets, blackboards.

**Class**

Minimum of 5 pupils
Maximum of 9 pupils
Not over 4 year chronological span

**State Aid**

$1500 for each class meeting requirements
$100 for each non-resident additional
1/2 transportation of non-residents up to $150
1/2 a teacher unit on the "State School finance formulas"

**Curriculum**

Determined locally for individual needs with these goals:
1. social adjustment
2. self care
3. economic usefulness

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Kansas State Department of Public Institutions. Subject and Field
Requirements for Teachers of Exceptional Children. Topeka: May, 1957
(micrographed)

Kansas has detailed requirements for each field of special edu-
cation even dividing certification of teachers of the retarded
into two groups (educable and trainable).

**Basic requirements for all Special Education teachers:**
1. A valid Kansas teaching certificate—preferably elementary.
   If not elementary, a course each, in child development and
   language arts methods.

**Teacher Certification**

2. 36 weeks of successful full time paid professional service
3. 8-12 semester hours in acquiring a general competency in:
   (a) exceptional children and special education
   (b) home-school community relations to exceptional
       children
   (c) skill in techniques of counselling with special appli-
       cation to working with parents
   (d) role of special class teacher in total community
       services...

**Additional requirements for Trainable Retarded Teacher certification**

1. 4 semester hours in two of these: speech correction, 
   psychology, physiology or human biology
2. 12 semester hours including each of these:
   (a) retardation and related research
   (b) classroom organization for severely retarded
   (c) curriculum and methods for severely retarded
   (d) survey of residential schools and sheltered workshops
   (e) supervised teaching of severely retarded—part at
       least in state training school.
This is the report of the New York Interim Commission, which, together with an Advisory Committee made up of individuals with experience in the problems of Mental Retardation, had public hearings in five areas covering every county and city in the State, and inviting all persons having information or recommendations of value to the Committee.

These meetings met with "phenomenal public response," and out of them, the committee formulated some 95 suggestions, from which they drew up their formal recommendations to the legislature. These suggestions are all of considerable interest. Just a few are selected here to indicate some of the thinking of this group:

1. State should sponsor the establishment of diagnostic centers in both New York city and upstate. Such centers could render three major services: early case finding; comprehensive diagnosis; and parent counseling.

2. Permit use of school buildings for privately operated classes.

3. Mandatory census of all mentally retarded, ages 2-21, to be taken by school districts.

4. Development of simplified method to stimulate establishment of mandatory and permissive classes by Cooperative School Boards, particularly in rural areas.

5. Education in State Residential Schools should be under the supervision of State Department of Education.

6. Everything (public school, day schools, etc.) should be tried before institutional care is sought.

7. State set up grants-in-aid for the establishment of a network of sheltered workshops throughout the state, urban and rural.

8. State supervision of day schools for mentally retarded not chartered by State Department of Education.

9. The two sections of the law (for the educable and trainable) should be consolidated—with both mandatory.

10. Classes where there are (10) or more mentally retarded should be lowered to 8 or more.

11. Where there are less than 8 children, or a mentally retarded child cannot attend school because of physical handicap, home teaching should be provided—with State aid.

12. The term "minor" should be defined as children between the ages of 5 and 21—not 5 and 16.

13. State aid should be available for children in special classes outside public schools, i.e., private organizations.

14. State schools should have adequate number of teachers and classrooms.

15. New State schools should be of cottage type—allow for dining facilities in each cottage—eliminate necessity of children going (out) in inclement weather.

16. Dept. of Mental Hygiene should establish day care facilities in or near institutions and relieve
over-crowding, as well as permitting children to return home.
17. Dept. of Mental Hygiene should establish half-wa" facilities
for diagnostic and after-care treatment of mentally retarded.
18. Additional State Residential facilities for children under 5
19. Term "patient" be removed and changed to pupils, students or
more appropriate term (in residential schools)
20. State Residential Schools should return 50-75 IQ group to
community for Special Classes... then use space for backlog...
of below 50 group.
21. Section 120 be amended to change "care and treatment" to
"education and training."
22. All mandatory provisions of the State Education Law, regarding
education of mentally retarded, should apply to State Schools,
including hours, years, etc.
23. Social services of Dept. of Mental Hygiene should be extended
to provide extensive guidance to parents before institutional-
ization of children.
24. When State Schools refuse admission due to lack of facilities
or other reasons, home teaching and counselling of parents
should be provided.
25. No State school should be built for more than 1500 patients.
26. There should be complete follow-up of discharged patients
with adequate after care.
27. State schools should provide outpatient clinic services for
mentally retarded.

(This is about one-fourth of the list of suggestions—many of them quite
different from present practices in Minnesota, and as such may provide
ideas for improving our own program.)

Martens, Elise E. State Supervisory Programs for the Education of Exceptional
Children. U. S. Office of Education, 1940

This bulletin discusses several aspects of special education as it was
surveyed in 1939. Some which remain pertinent to our present study
are reviewed.

1817—the first state-aided residential school for the deaf in the
United States was established in Hartford, Conn.
1850—the medium of residential schools for handicapped was well estab-
lished.
1900—some states began to undertake day schools for handicapped, without
significant impetus given to the movement for 15 or 20 years more...
1885—the first legislation for day classes was passed in Wisconsin
1901—Wisconsin added an "inspectorial position in the Dept. of Public
Instruction for the approval of such classes."
1907—the blind were included (the deaf being the first served)
1913—the speech defectives were included.
1915—Connecticut appointed the first State school psychologist—other
states followed in 1919 and 1921.
1921–1927, Ohio, New York and Wisconsin added services for the physically
handicapped and crippled.
1927—California set up a program for both physically and mentally handi-
capped.
1935–16 states have on their staff one or more persons in the Dept. of
Education identified with the field of special education—some on
a part-time, or dual basis.
In the field of supervision, it is recommended that at least one staff member of the State Dept. be assigned to the education of exceptional children. "The area has proved sufficiently large and important to demand full-time service for itself" (1940)

Supervision  If combination is necessary, it is recommended that it is more desirable that the supervisor of Elementary education, rather than the Director of Rehabilitation services, be the Supervisor of Special Education, because the emphasis should be on education of these children, rather than on case work and vocational habilitation.

(though services however, discussed later in this bulletin, do not include any to individuals of the trainable group, which would account probably for this de-emphasis of case work and rehabilitation)

Incidence  "Before one can attack any problem intelligently, one should know something of its magnitude." It is recommended that legislation be enacted which provides for a periodic census of all children of school age which counts them according to their handicap. It cites the law of these three states (see below), as contributing to their being states in which supervisory services for the education of exceptional children has reached significant proportions. "Their legal provision for ascertaining which and how many children need to be served is one of the fundamental elements of their respective programs."

Connecticut—"The State Board of Education shall make regulations requiring enumeration and reporting of all educationally exceptional children....all children over 4 and under 16 who because of some physical, mental, or other handicap require special educational training or privileges."

Pennsylvania has written into its law a provision that every child within a school district between 8 and 18 who is gravely retarded or of apparent exceptional physical or mental condition and not being properly educated or trained, must be reported to the county superintendent of schools.

Wisconsin requires each superintendent to obtain information from all schools regarding children from birth to 21 who are physically or mentally handicapped and report such information annually.

1. A state minimum program should include special educational facilities for all types of exceptional children.

2. Exceptional shall include: mentally handicapped, physically handicapped, superior children, neurotic, emotionally maladjusted and behavior cases.

3. The essential soundness of the general principle of providing special adjustments in the regular classes, for those whose needs can be so met, and on the other hand, special classes for those whose needs cannot be met in the regular classroom.

4. Consideration should be given to the establishment of joint special classes to serve neighboring school districts.

5. The state should establish standards of sufficient flexibility to meet the needs of the various kinds of deviating children.

6. Determination of need for special education should be based upon competent psychological, educational, social and medical study of the child.

7. Opportunity should be afforded for all types of exceptional children to participate with normal children in those activities in which they can do so without detriment to either group.
Martin, Bertha B. Teaching Extremely Retarded Children in Day Classes
Ohio (mimeographed)

This bulletin is an outgrowth of the Ohio Project for trainable
retarded — and the teacher need for specific curriculum
suggestions.
It is simply and directly written, for the classroom teacher,
giving direction on how to introduce various materials,
social experiences and skills.
It discusses briefly how to conduct parent-teacher relationships,
transportation, lunch period and rest time.
(Some of the specific direction is debatable, such as: "change
the location of the paper towels from time to time to stimulate
adaptability. The children may not like to have to look in a
different place, but the stimulative experience will be con-
structive." Such speculation as to the value of an activity
might be argued effectively to the contrary. However, if
read, simply for ideas and with intelligent selection, there
is some resource here for the classroom teacher.)

Minnesota Department of Health. Mental Health Progress. Vol 4, No. 6-7
June, 1953.

Recounts results of a study made on Faribault residents. A follow-
up of an original study of 549 cases made in 1911-1918.
296 cases of these 549 are included in 1952. Of these:
170 were dead
6 unknown whereabouts
80 were still living. Of these, 20 were alive and
discharged from guardianship, 70 were still at Faribault
5% of the 296 were patients for 50 years
30% of the 296 were patients for 30 years.

Directs attention to need for long-term planning.
Points out important discovery about trainable group
1 - Because of physical handicaps idiot group were
practically all dead within 20 years of institutionalizati
2 - Training enables many of the moron group to return to
the community
3 - "The imbecile group was not physically weak enough for
low survival, nor mentally strong enough to adjust out-
side."
The 170 patients who had died had average IQ of 31.0
The 80 patients who were still alive had an average IQ
of 43.6.

This study was done under the direction of Dr. Sheldon Reed at
the University of Minnesota.

New York Division of Research, State Education Department. Census of
Severely Retarded Children in New York State. Albany: 1956

In order to plan adequately for the severely retarded an adequate
accounting was deemed necessary. This census was undertaken
to estimate the needs for facilities for the trainable children
in New York (ages 5-21)

Basis for classification
1 - an IQ score of less than 50 and a clinical record of
severe retardation
2 - an IQ of less than 50 - no other evidence
3 = "observation" reports including behavior and physical appearance - no IQ available.

Information received from:
1 = superintendents (296 reporting out of 303)
2 = additional information from institutions
3 = complete analysis of school exemption records
   (all data was filed on cards, alphabetized, and cross checked for duplication of names).

Summary of findings:
1 = 11,654 children in New York with IQ's below 50
2 = 56% were boys - 44% were girls
3 = 56% lived at home in New York City
   22% " in other cities
   6% " in villages
   2% " in supervisory districts
4 = 70% of children were 7-16 years of age
5 = 27% had IQ's below 25.  62% had IQ's 25-49
   11% could not be classified.
6 = Slightly more than half of all children were in seven state institutions.

Education of those not in institutions
36% were receiving instruction - information incomplete as to whether in classes, home or elsewhere.
14% were at home and receiving no instruction
24% were unclassified

Devised from estimate of retardates - excluding those ineligible as below 25 and those who would be privately placed and those in institution, it is estimated "by end large a community with 10,000 children in age range 7-18 may expect to enroll 3-12 in classes for trainable mentally retarded."


Identifies trainable as:
1 = having potential for self care
2 = " for social adjustment in the family and neighborhood
3 = potential for economic usefulness in home, residential school or sheltered workshop

Identification
4 = mental development is 1/4 to 1/2 a normal child's
5 = not capable of academic learning beyond some rote learning
6 = speech and language distinctly limited
7 = capable of protecting selves from common dangers
8 = will require some care and supervision all their lives

Illinois law for trainable passed in 1953 provides:
1 = local districts could decide on participation
2 = for a study project of just two years
3 = a report to be made to Governor by Nov. 1, 1954
4 = age limits 5-18
5 = eligibility for class must be based on thorough individual examination and psychological report
6 = trainable defined as capable of benefiting from training but incapable of benefiting from special classes for educable

(continued)
7 - child can be kept only so long as benefits to him are determined to exist
8 - standards and regulations are set by superintendent of public instruction
9 - establishment and maintenance of classes in heads of local school board
10 - teacher must have valid teacher's certificate
11 - school boards must keep an accurate detailed and separate account of all money spent on this project
12 - state reimbursement is 2/3 of regular salary according to salary schedule of the district
13 - application for reimbursement must be made to superintendent of public instruction.

(This law was detailed to meet objections of previously defeated measure in 1951) Project began on a trial basis. Intensive meetings held summer of 1953 to prepare for fall classes:
General Planning Committee, Committee for research and evaluation, meeting with psychologists, meeting with administrators, workshop for teachers, general control committee.

This last committee formed to establish uniform procedures, collect data and write the final report.

Planning

These meetings culminated in a set of "basic considerations" sent to all superintendents to establish procedures and uniformity as to length of day, size of class (10 maximum), age (not more than 4 year range in any one class preferred), curriculum, physical plant, equipment, teacher qualifications, records and admission practices. It was designated that every application to form a class must present all this data and also a plan for working with parents in interpretation and counselling.

A five county study of incidence was made.
School age only (6-13)
Average in 5 counties studied
1.49 per 1000 in community
.35 per 1000 in institutions

Incidence

Average age of trainable (between 6-18)

1st grade in community
2nd grade in community
1st grade in institutions
2nd grade in institutions

This information was considered of major importance in state planning.

Estimate was interpolated for state as a whole to suggest a total incidence of 3,890 trainable in the state, of which 2,147 are in communities and 1,743 in institutions.

Cost figures were carefully computed
lowest per capita - $1,382.71
highest " " - $115.00
average " " - $765.71

Costs

Differences occurred mainly because of transportation costs, initial costs of building adjustment and equipment needed, allowance for auxiliary services, etc.

Study of Superintendent's Attitudes
2 only (out of 76) though trainable should be in state institutions
33% favor community provisions under Dept. of Welfare
96% favor community provisions administered by local education authorities.
Psychometric evaluation made on several measures at beginning and end of year.

Improvement shown in all except Vineland Maladjustment scale, though not significantly large, it is pointed out that children at this level tend to drop in IQ's as they grow older.

Kuhlman average improvement 5 months growth in 8
Ontario " " 5 " in 7
Merrill-Falmer " " 5 " " "
IQ scores increased 1 to 2 points

Behavior rating scale results

Parents rated children 1 step higher than teachers
Teachers rated children an average of one step growth during year - parents average improvement only 1/2 step

Areas of most growth were in play and listening. Complex activities such as combing hair or riding a bus showed least improvement.

Noted by author: A one year evaluation is too short a period for accurate estimate of improvement.

Development of a curriculum planned for second year of project.

Evaluation of Classes after one year

Evaluation of Progress


A supplement to initial report made 11/5h

Costs
Average cost increased from $761.71 to $899.72. More efficient and inclusive accounting was made the second year.

Psychometric results
Over a 2-year period children showed no increase in rate of mental growth. First year children showed slight gain. Children admitted second year (for one year only) did not show similar gain. Progress first year attributed to initial enthusiasm of teachers and parents and stimulation of new environment.

Behavior rating
Teachers rated more change than parents first year and no growth in behavior changes the second. Parents over-rated the initial scale, but showed growth rating of less degree than teachers the first year and some further growth the second.

Children Excluded
21 the first year - I only the second probably due to more discrimination as to potential success, by psychologists. Kuhlman IQ was best discriminating measure. Those with IQ's on this test of below 25 were most consistently excluded.

Parents' Attitudes
Parents became more realistic about children's abilities and limitations.
Attitude toward institutions decreased in negative bias.

The authors of this book have worked with retarded children for 20 years, and compiled this text book for parents and teachers, from their experiences.

The book is basically curricular, and would be of value in providing fresh ideas for occupying and training the retarded child, either in the classroom or in a home situation. It illustrates practical and inexpensive materials which may be used.

A brief discussion is made of these observations:
1. Mentally retarded children are born to parents of all social and economic classes
2. The mentally retarded child is not an unfavorable reflection on his parents
3. Normal children who play with mentally retarded children do not become dull from associating with them
4. The mentally retarded child is not a dangerous child
5. The mentally retarded child is neither overly affectionate nor unaffectionate
6. It is not difficult to satisfy the mentally retarded child.
7. The mentally retarded child can enjoy life as much as can the normal child
8. Teaching mentally retarded children is not more difficult than teaching those of normal intelligence, but the problems involved are different.
9. The mentally retarded child is not lazy
10. The mentally retarded child should be taught the tool subjects before he is introduced to the social studies
11. The mentally retarded are capable of religious devotion
12. The mentally retarded child can "amount to something"

(Most (not all) of these observations seem quite evident, but the authors have written them with the purpose of giving reassurance to parents, and of stating their basic assumptions. They indicate to some extent the simple direction level of the entire book.)

The authors work with both the trainable and educable level child.


This is a discussion of a study program to determine the type of curriculum for the trainable retarded in an institutional setting—the Southern Wisconsin Colony and Training School.

Selection

Individuals selected were between 8 and 16 years of age, with IQ's between 35-50, and mental ages of 3.5 to 8.0

The criteria for selection was in five areas: physical—able to see and hear, ambulant, some control over his functions, and free from excessive drooling mental—a minimum of 35 IQ, and 3-3½ MA social—not overly distractible, with some prudence as to dangers, and not anti-social to a great degree emotional—reasonably stable educational—able to react to learning situations or stimuli

Curriculum

The remainder of the article is quite detailed in listing the types of activities engaged in toward developing habits of grooming, safety, health, language development. Curriculum (continued)
ideas were used experimentally in three different classes of 8 children each, working for \( \frac{3}{2} \) hours with each group. In evaluating the program it was found that the criteria for selecting children worked well, except that chronological age seemed to influence effectiveness of training. The 7-10 group learned more with greater ease. The 12-16 group had fixed habit patterns and did not respond readily. Their behavior was not noticeably altered in six months.

Cleanliness, grooming and eating habits improved visibly.
Speech and manners improved. Safety training was too abstract, and needed to be handled as dangerous incidents arose.

Practical aims of training the trainable child:
1. Physical and emotional burdens can be minimized in the home care situation.
2. Social burdens may be somewhat alleviated in the community situation.
3. Financial and personnel problems may be reduced in the institutional situation.


This instruction sheet, to Census Takers, gives these directions concerning the counting of handicapped children:

"If the handicap is not discernible, do not check any of these points."

- Crippling restriction as you see it;
- Evaluate severity of condition as it appears to you;
- Record description as parent gives it.

The purpose of this recording is stated: "to compile a census of every handicapped child from birth to 21 years of age in the state."

(It is evident, however, from these instructions that the accounting would not be complete, since the census taker must depend upon the parents' description, or his own judgment—and is cautioned not to record any handicap which is not discernible.)