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A SUGGESTED PROGRAM FOR ORGANIZATION OF
SPECIAL EDUCATION FOR NEGRO CHILDREN IN
THE SOUTH PARK SCHOOL DISTRICT OF
BEAUMONT, TEXAS

—————

SPROTT

1950

A SUGGESTED PROGRAM FOR ORGANIZATION OF SPECIAL EDUCATION
FOR NEGRO CHILDREN IN THE SOUTH PARK SCHOOL DISTRICT OF
BEAUMONT, TEXAS

By

Gladys Harley Sprott 4-3

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of the Requirements for the Degree of

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DEDICATION

To my Father and Mother
Rev. and Mrs. A. W. Harley, Sr.

and to my husband
Mr. Oliver Wendell Sprott

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CHAPTER I
INTRODUCTION

Education of all the children of all the people has become a proverbial phrase for educators. If this is the task of education, the schools must be equipped to meet the vast array of individual differences.

With the rapid development of a complex urban life, modern inventions, and the shift from individual ownership of farms and small business to employment in large industries, education has taken on much more important, complicated, and far-reaching aims, methods, techniques, and procedures. In this complexity of modern life there is always the challenge that education shall not lag behind society and merely propagate what society has already experienced. It must not only interpret the past and relate it to the present but set goals and ideals for the future as well. Opinions differ as to the effectiveness of education. How well it is adjusted to the needs of exceptional children in this modern setting is a still greater problem.¹

Today it seems wiser to train toward a way of life for the handicapped person in his formative years, rather than to assume the burden of care when he is an adult. Children

¹ Harry J. Baker, Introduction to Exceptional Children, p. 4.

with special educational needs are the concern of all of us. We can no more neglect the handicapped child in school than we can neglect the sick child at home. Both need adjusted programs, special facilities, and expert attention. Every child is entitled to an educational opportunity which is his birthright. Only when aims are the same and are met will exceptional children have equal educational opportunity as normal children.

Statement of Problem

There are many handicapped Negro children in the South Park School District of Beaumont, Texas. These students should have special training facilities, specialized teaching, and teachers who are adequately trained to cope with their special problems. Some of these children cannot be taught along with other children generally because of their unique needs. They require specific diagnostic instruments to ascertain properly the breadth, depth, and classification of their needs.

The problem of this research is to assemble reliable data concerning the needs of the handicapped Negro children in the South Park School District, Beaumont, Texas and to propose a program of instruction for them.

Purpose

To the readers of this research it is to encourage and facilitate the formulation of suitable remedial and educational programs for the handicapped child and to show the need for others to qualify for the teaching of these children so that the demand for instructors in this field may be met.

Methods and Procedures

The normative survey method was used in order to ascertain the prevailing conditions with reference to special education. This information was secured from documentary studies through bulletins published by the United States Office of Education and State Departments of Education. In addition, interviews were made locally to determine the need for special education. Observational studies were made by teachers of the local school district in order to recognize directly the behavior of exceptional children. In formulating this research, the historical method was also used in order to study the legal aspects of special education.

Scope

This problem is limited to the exceptional Negro children between the ages of six and seventeen in the South Park School District of Beaumont, Texas. It includes the types of handicaps, teacher qualifications, and the provisions offered by the state in organizing classes of special education.

Sources of Data

Data pertaining to the function of the State in special education have been secured chiefly from the State laws on education, State regulations and bulletins, and from information secured from State Directors of Public Instruction. The city data which have been obtained chiefly through interviews of supervisors, principals, and teachers of the South Park School District, the Venereal Disease Clinic, the Tuberculosis Association, and the Handicap Clinic of Beaumont, Texas constituted the chief sources of data. All of the preceding sources are supplemented by material gathered from bulletins of the United States Office of Education and from authorities that have published materials in the field of special education.

Definition of Terms

A knowledge of the generally accepted meaning of certain basic terms is vital as a basis for a clear understanding of the problems in the field of special education. The following terms are submitted for this purpose:¹

"An exceptional child" is any child of educable mind whose bodily functions are so impaired that he cannot be safely or adequately educated in the regular classes of the public schools without the provision of special services.

"Special Education" is effective individual instruction in the regular school subjects, so adjusted as to meet the entire personal needs of each child and, where necessary, supplemented by proper health habits, nutrition, psycho-therapy, music therapy, recreational therapy, speech therapy, occupational therapy, and under the guidance of a physician, physical therapy. Such special education is accelerated by the use of special materials, supplies, equipment, and in extreme cases, special rooms or buildings.

Related Studies

No field is in greater need of research work than the field of special education. The basic causes at the root of all the difficulties that these children have need to be known; the most effective means of eliminating these causes then need to be discovered. No significant studies have been made of the intellectual, educational, or emotional characteristics of handicapped children who are

¹ Texas State Department of Education, "Special Education for Exceptional Children in Texas," 1949, p. 9.

physically able to attend regular classes.¹ This is because of the fact that many handicapped children attend regular classes and the academic work has not been different from that done by their classmates. For this reason and because such children are relatively few in population, many research workers refrain from studying such problems. However, exceptional children have attracted the attention of a number of investigators, but the differences of opinion and the inconsistencies of research findings indicate the need for further study. Educators and the general public are exhibiting an increasing interest in improving the education of the physically handicapped. An expression of this interest is indicated by the program for the care and education of handicapped children developed by Crayton² for Kentucky. Many features of this program are now being carried out. It is further emphasized that there is much to be done in making local communities, states, and the nation conscious of their obligations to handicapped children. Certainly no class of children, handicapped or otherwise, should be left out of our consideration when we speak of providing at least a minimum program of education for every community and child throughout the entire country.

¹ American Educational Research Association, "Encyclopedia of Educational Research," p. 100.

² S. G. Crayton, "A Proposed Program for the Care and Education of Kentucky's Handicapped Children." University of Kentucky, Bureau of School Service, Bulletin Vol. 7, No. 1, 1934, 268 Pp.

Heck¹ has set the challenge which educators face in properly caring for and educating exceptional children. His writing shows a development of those basic principles to be observed in the education of exceptional children. He considers the various practical problems encountered in caring for and educating these children with suggested solutions of these problems in addition to discussing the technical requirements for the successful organization and teaching of special classes.

Richards² made a study of the needs of the children of Perkins School in Knoxville, Tennessee in which he found maladjusted and physically handicapped children in need of a special program. He concluded that the enriched program of activity for the school as the result of the experiment, classes for handicapped children, special services in the fields of health and provision for individual differences contributed to better pupil adjustment.

Parker³ made a survey and located thirty-two exceptional children and offered suggestions for their education in order that they be given a better opportunity toward a richer way of life.

¹ Arch O. Heck, The Education of Exceptional Children.

² Edna M. Richards, "Providing For the Needs of the Children of Perkins School," Knoxville, Tennessee."

³ Thomas L. Parker, "Survey of Fulton County, Ohio, to locate handicapped children and recommend education for them."

CHAPTER II

PRESENT INTEREST MANIFESTED IN EXCEPTIONAL CHILDREN

The organization of education has become a highly specialized problem in the past few years and promises to continue through various phases of change to adapt itself to the rapid changes in population trends and shifts. There are rural, town, city, county, state and Federal systems of organization. All of these are designed for greater efficiency and for the allocation of responsibility to definite areas of administration. Problems of finance, taxation, and legislation are closely related to organization and in the case of exceptional children offer very special and unique problems. Somewhat incidental to the main purposes of education but yet unavoidably important are such matters as the planning and construction of school buildings with all their accessories, equipment, and supplies.

In the United States some provisions have been made for handicapped children for generations. The first residential school for the handicapped was established more than a hundred years ago, and special day classes in public school systems were started in the late 1800's. Not until recently has the major responsibility for handicapped children been taken away from charitable institutions and placed directly on the shoulders of the state boards of education. In 1920 only three states made

provision for the education of atypical children. Ten years later eleven states, and by 1940 nineteen, were making provisions for some type of education for the handicapped. At present, thirty-four states have such programs, but unfortunately the remaining fourteen still rely on charitable institutions to furnish education to handicapped children. Despite isolated examples of excellent progress and despite sincere intentions of those working in this special area, the education thus furnished is far from adequate. Unfortunately, in a majority of instances where special education exists, it generally stops at the elementary school level. In the judgment of those experts in the field it should be continued at least through high school. Some would continue special education for certain individuals up to and through college. However, regardless of the amount of education given handicapped children, this is but one phase of the problem. It is necessary to include parent and adult education in any program of exceptional education, for in many cases there is an equal need on the part of parents and community society to understand the problems connected with handicapped children.¹

¹ Will Hayes, "Education and the Exceptional Child", Educational Administration and Supervision, Vol. 35, pp. 407-413.

In 1930, The White House Conference, Committee on Special Education, began a study of the Handicapped Child. It was not until this report was made that considerable attention as to the education of atypical children began. With reference to the handicapped child, the following problems were discovered:¹

The first problem is that of attitude toward the exceptional child - the attitude of the parent, of the educator, and of the general public.

The second problem is that of early discovery and diagnosis. We have seen large numbers of children who have not been discovered at an early enough age, and we see the unfortunate results. The preschool clinic would eliminate this problem.

The third problem is that of an adequate provision within the school organization. The preference is always given to the larger group, and exceptional children have often been relegated to basement rooms and been otherwise neglected in the organization of the school program. It is necessary that a short, understandable, and workable philosophy to meet the needs of typical children be submitted. The emphasis should be placed upon the positive points of contact between the regular and special groups instead of upon their differences.

The fourth problem which presents itself is that of training. It is evident that the objectives have not been clearly defined. Such objectives have been outlined as minimizing the handicap, developing special aptitudes, and preparation for living within a normal group but few know the desirable requisites for obtaining those objectives.

¹ White House Conference, Special Education: The Handicapped and The Gifted, pp. 5-6.

The fifth problem relative to exceptional children is that their program is largely by the trial and error method. To make it otherwise we need a well-defined program of research. Too little has been done in the evaluation of teaching methods, types of organizations, or follow-up work to enable us to know whether or not the type of training that is being given has fitted these children to find and maintain a place in the community.

The sixth problem is that of guidance. Such data as scholastic knowledge, special aptitudes, social status, and personal desires must be collected and carefully studied in order that the child may be guided.

The committee on special education of the White House Conference of 1930 estimated that there was a grand total of 13,521,400 handicapped children in the United States. How this number was computed is shown in Table I. Excluding some possible duplication, we still have an enormous number of children needing a special program of education. This committee reported that of the 13,521,400 there were only 210,802 handicapped youths enrolled in special schools and classes.

In 1944, a similar study was made by Elise Martens, Senior Specialist in Education for Exceptional Children, United States Office of Education. It was estimated that 12.4% of the 33,604,000 children between the ages of five and nineteen are exceptional children. How this number is computed is shown in Table II. Either handicapped children in vast numbers are being held in the regular classes of they are being entirely deprived of an education.

TABLE I
 HANDICAPPED CHILDREN IN THE UNITED STATES
 DURING 1930

<u>TYPE OF HANDICAP</u>	<u>NUMBER</u>
Blindness	14,400
Partial Sight	50,000
Impaired Hearing	3,000,000
Defective Speech	1,000,000
Crippled Condition (calling for special education)	100,000
Tubercular condition	382,000
Suspected tuberculosis	850,000
Weak or damaged heart	1,000,000
Malnourished state	6,000,000
Behavior problems	675,000
Mentally Retarded	450,000
TOTAL	<u>13,521,400</u>

of the regular elementary program within the state, that is, finance must be on a comparable basis; (2) the teacher basis wherein funds are secured as to the number of teachers which would probably result in keeping a minimum number of students in the class; (3) the pupil basis would definitely encourage regularity of attendance and the classes would result in the temptation of having the maximum number of students; (4) the class basis is simply money appropriated as to the definite number of class groups in the school; (5) the plan based upon cost of the regular program is a plan by which money is appropriated per child of school age; (6) the sixth plan, some combinations of these methods, can be stated as a measure by which two or more of these methods have been combined as a plan for granting state aid.

A financial program for the support of special education should be thought of as standing upon exactly the same basis as the regular program of education. Since some localities are so greatly burdened with cases and since the entire state will be affected by what is done for them, the state should bear the expense. An adequate financial program for special education will not be obtained until "state support for a basic educational program" is accepted and until present ideas of this basic program of public education at both the elementary and the secondary level are materially broadened.

State

State Legislatures have passed laws governing school attendance, length of school term, qualifications of teachers, subjects to be taught, and the construction of school buildings. In addition to these, there are many other items demanded of the local district by the state. By these measures, we can see that education is a state function. Most of the compulsory-attendance laws grant exemption to children who are physically or mentally handicapped. If the state does not pay the cost of this education it is likely that the local district will think in terms of saving money and will neglect to organize the special class.

The aim of state support should be that of providing the same proportionate amount of the cost of special education as it aims to provide for the regular elementary and secondary schools. They should take care of all children with the same degree of efficiency that we have usually hoped to achieve in educating the well-adjusted, academically minded child. This program will demand a more diverse program of study that is usually provided and will require the specialized services of more pupil-personnel workers, in addition to the regular teachers, principals, and supervisors.

Those states granting funds allow six different methods:¹
(1) the excess-cost plan which is based upon the actual cost

¹ Arch O. Heck, The Education of Exceptional Children, pp. 451-454.

TABLE II

ESTIMATED PERCENTAGE AND NUMBER OF EXCEPTIONAL CHILDREN
IN THE UNITED STATES, 5 to 19 YEARS OLD, 1944

(On basis of estimated population of 33,604,000 children
5 to 19 years of age in 1944)

Exceptional Children	Estimated Percentage	Estimated Number
Blind and partially seeing	0.2	67,208
Deaf and hard of hearing	1.5	504,060
Crippled	1.0	336,040
Delicate (of lowered vitality)	1.5	504,060
Speech defective	1.5	504,060
Mentally retarded	2.0	672,080
Epileptic	0.2	67,208
Mentally gifted	2.0	672,080
Behavior problems	2.5	840,100
ESTIMATED TOTAL	12.4	4,166,896

Residential schools operate in every state, as well as territories of the United States. Some form of legislation for special education in local school districts exists in 41 States and the District of Columbia, while in 34 states legal specifications appear for financial participation on the part of the state in the maintenance of the program. Since state authorization with state financial support is likely to prove ineffective, the 34 states making financial contribution constitute the basis for reporting most of the items on local school programs. Table II shows the 34 states that appropriate funds for special education.¹

It is estimated that a grand total of more than \$15,000,000 was allotted by the states during the year 1948-1949 as supplementary aid to local school districts to help cover the excess cost of special education for handicapped children.² The Texas State Department of Education allows as a basis of annual state aid an excess cost up to \$200 per pupil.³ This office does not set salaries but suggest that, as a minimum, the salary of the teacher be the same as if in an accredited equalization-aid school.

¹ Elise H. Martens, "State Legislation for Education of Exceptional Children," pp. 28-32.

² *ibid.*, p. 43.

³ *ibid.*, p. 31.

Special education grants were first provided in the state of Texas during the school term of 1945-1946. This law was sponsored by the Texas Society for Crippled Children and was, however, on a small basis. It was not until 1947 when a committee of twenty special classroom teachers and city superintendents formulated some statements dealing with philosophy and necessary provisions for special education in Texas. This committee report was made to the Annual School Administrators Conference held in Austin on January 11, 1947 and adopted by the conference. This committee report¹ contained the following statements relative to philosophy of special education:

Under the law, exceptional children are those who have physical handicaps but who are mentally capable of competing with normal children. It does not include the feeble-minded, the gifted, nor normal children with behavior problems.

Unless the handicap is extreme, exceptional children should be given their special assistance and taught in the same room or building with normal children. In no instance should they be taught in any place other than the best room of a public school building except in emergency cases, and then only temporarily.

The purpose of special education is not to relieve the regular classroom teacher of her special child problems but to help her solve them.

Special Education is largely a matter of scientific teaching based upon an understanding of the individual differences of children.

Adequate provision should be made for balanced meals and rest periods for all children who are either frail, have nervous disorders, or have orthopedic handicaps.

¹ State Department of Education, "Special Education for Exceptional Children in Texas," pp. 23-24.

Physio-therapy, recreational therapy, and occupational therapy should be provided all children with orthopedic handicaps who need muscular re-education.

Every teacher in Texas should have at least a three-hour course dealing with Individual Differences and Exceptional Children, or a Survey Course in Special Education in order that they may understand and be able to approach the solution to all of their problems.

A full-time special teacher should have sound physical and mental health and be so trained that her teaching skill and sympathetic understanding of all children, together with an attractive personality, would make her recognized by her fellow teachers as outstanding.

The condition, problems, and handicaps of a child should not be discussed with a third party in the child's presence.

Extreme caution should be exercised in order that no stigma will become attached to any child regardless of the handicap.

As both a preventive and remedial measure, every classroom in Texas should be made attractive and checked immediately to guarantee that heating, lighting, ventilation, and sanitation are constantly adequate.

Remember that some of the world's greatest persons developed sufficient momentum in outwitting their handicaps that they excelled their associates, and thus became outstanding leaders.

The State Department of Education has issued the following regulations concerning the selection of eligible pupils:

The term "exceptional children" as defined by law is to include "any child of educable mind whose bodily functions and members are so impaired that he cannot be safely or adequately educated in the regular classes of the public schools without the provision of special services." To be eligible for special classes, children must have a minimum general mental ability equivalent to that of a child with a Stanford-Binet intelligence quo-

tient of 50-70, and in no case is the mental age of a child to be less than six. This is not a program for the feebleminded. If there is a doubt concerning the I. Q., such a child must be able to profit from regular academic instruction to the point of being able to master such fundamental processes as reading, writing, and number relationships. Children eligible for the state schools for the deaf or the blind are specifically excluded. The Division of Special Education interprets the law to include children who are suffering from any of the six disorders listed below and sufficiently handicapped as to make them clearly a misfit in, or unable to profit from the ordinary classroom environment. In selecting such children for special education, the judgment of the teacher, the family physician, and/or school psychologist should be sought. These children are to be between the ages of six and seventeen.

1. Any child whose vision is between 20/70 and 20/200 in the better eye after correction, which means that the loss is at least $\frac{1}{3}$, will be regarded as eligible if provided such special assistance as sight-saving texts, other needed special materials, reading assistance, or prescribed visual training, or
2. Any child whose hearing loss is at least $\frac{1}{3}$ in the better ear after correction will be regarded as eligible if provided special assistance in such hearing conversation as training in use of a hearing aid, lip reading, etc., or
3. Any child whose speech attracts unfavorable attention or is not easily audible and intelligible to the group of which the child is a part is eligible if provided at least twice each week speech therapy that cannot be adequately furnished by the classroom teacher in the regular classes, or
4. Any child having orthopedic handicaps that interfere with the normal use of muscles, bones, or joints to the extent that he cannot be safely or adequately educated with normal children in regular classes if provided necessary special equipment and the various therapies in addition to regular

classroom instruction, or

5. Any child of serious lowered vitality because of cardiac disorders, tuberculosis or extreme malnutrition to the extent that he cannot be safely or adequately educated in the regular classes is eligible if provided such special assistance as is provided for those with orthopedic handicaps, or
6. Any child suffering from such nervous disorders as epilepsy, encephalitis, or any other motor nerve disorder so that he cannot be safely or adequately educated in regular classes is eligible if provided such special assistance as is provided those with orthopedic handicaps.¹

In addition to the six types of exceptional children listed as eligible under the state law of Texas, there are other types of exceptional children not provided for under the law but whose condition is such that it is urgent that local school authorities make special provisions for their educational welfare. Among these are the mentally retarded, the mentally gifted, the socially maladjusted.

Within the state of Texas, there are 256 Negro children receiving state-aided special education in only six local school districts. How this number is computed is found in Table IV. Marshall and Houston² have a system wherein the handicapped child is enrolled in the regular classroom but

¹ State Department of Education, "Special Education for Exceptional Children in Texas," 1948, pp. 48-49.

² Information secured from Office of the City Superintendent.

EXCEPTIONAL NEGRO CHILDREN IN SPECIAL CLASSES IN TEXAS DURING 1949-1950

CITY	NUMBER OF TEACHERS	D.V.	D.H.	O.H.	N.D.	L.V.	S.D.	M.R.	TOTAL
SAN ANTONIO	1	0	0	3	5	3	5	0	15
TYLER	1	1	0	2	1	0	6	0	10
DALLAS	1	2	3	15	0	0	2	0	17
MARSHALL	1	22	6	10	4	1	102	0	145
FORT WORTH	1	3	4	2	0	0	4	0	13
HOUSTON*	2	0	7	13	0	0	23	13	56
TOTAL	7	58	20	45	10	4	142	13	256

NOTE: Under the column "D.V." children with deficient vision are listed; "D.H.," "deficient hearing; "O.H.," orthopedic handicaps; "N.D.," nervous disorders; "L.V.," lowered vitality; "S.D.," speech disorders; "M.R.," mentally retarded.

* There are, in addition, two white teachers instructing these with speech disorders and deficient hearing.

receive special care from the special teacher. There is a close relationship, however, between the regular classroom teacher and the special teacher in order to promote healthful living on the part of the child.

Local

Education for the exceptional child may succeed to the degree that it is planned to meet needs in the local community and is integrated in the total school program. When the supervisor, principal, and teachers carry on joint-planning from the beginning in discovering children, in studying their problems and needs, and in arranging services, then an achievement of goals should follow. As the program develops the county supervisor as coordinator should be every ready to counsel and assist in any way possible since carrying out or maintaining these additional services.

The only special services given to handicapped Negro children in the South Park School District of Beaumont, Texas are through the Handicap Clinic, an organization sponsored by civic clubs of the city. This organization helps atypical children to secure special equipment, such as, crutches, glasses, hearing aids, etc. In addition to this, they provide funds to hot lunch programs in order that children with lowered vitality may be of benefit. This clinic acts as a determining source of all atypical children seeking entrance into State Schools for the Deaf, Blind, and Orphans.

Within the local school district, no provisions have been made to meet the needs of the atypical Negro children and provisions for the atypical white children is on a relatively small scale. There are five white teachers of special education and 179 children enrolled in special classes. Table V shows a report of exceptional white children in the city of Beaumont, Texas.

TABLE V

REPORT OF EXCEPTIONAL WHITE CHILDREN IN BEAUMONT, TEXAS

HANDICAP	TOTAL IN SPECIAL CLASS	TOTAL IN REGULAR CLASS	TOTAL
DEFICIENT VISION	55	117	172
DEFICIENT HEARING	44	45	89
SPEECH DEFECTIVE	31	60	91
ORTHOPEDIC HANDICAPS	18	30	48
LOWERED VITALITY	19	316	335
NERVOUS DISORDERS	12	25	37
TOTAL	179	593	772

As is the case with both races, most of the exceptional children are cared for in the regular classroom. Although a special education program is needed locally, there are many ways in which the regular teacher can help the handicapped child in the regular classroom. Dolch¹ points out the fol-

¹ Dolch, Edward W., Helping Handicapped Children in School, pp. 86-87.

lowing ways of helping visually handicapped children in the regular classrooms:

There should be adequate lighting in the entire room and the nearsighted child should be seated near the front where he can easily step to the blackboard if necessary. To prevent eyestrain of all, there should not be a great deal of copying from the board. For the child that needs sight saving, it is permissible for the teacher to write directions or questions for the child. For the child with slow accommodations, we need to have more patience. He keeps losing his place when he looks up and nothing can be done to prevent this unless he keeps his place by pointing. Close work in the classroom must be avoided in order to lighten the eye load.

Through a well organized health program, we can eliminate many children with lowered vitality. The school lunch program is an important factor in helping delicate children.

For children with deficient hearing it is necessary that the child see your lips. Allow the light to appear on your face and not in the pupil's eyes, therefore, it is not a good practice to stand in windows while speaking. While discussing important phases of material, select one spot that is most advantageous for the hard-of-hearing pupils.

Much can be done in the regular classroom to help the child with speech disorders. Individual attention making the child conscious of his errors will help in eliminating articulatory disorders. Ear training is necessary before the child is able to isolate, recognize, identify, and discriminate between the correct sound and the error.

CHAPTER III

PREPARATION OF TEACHERS

The whole program of special education is today suffering from the lack of qualified and technically prepared personnel. Special education cannot be special unless there are people qualified by philosophy, technical knowledge, constructive abilities, and general understanding of the problems to guide properly each individual child for his best advantage.

Much of the success or failure of the special program centers around the attitudes which regular teachers assume toward the exceptional. It is important that teachers appreciate the fact that special education offers opportunities for exceptional children which cannot be realized as completely in the regular grades. If children and parents may be prepared in advance to feel that the special class is an opportunity, the actual transfer into such a class upon the recommendation of the authorized diagnostic agency will be greatly facilitated.

The function of the teachers and the role of our schools in the development of our human resources during the plastic years cannot be stressed too much. Harmonious integration with its resultant peace and freedom can best be attained in a society where every boy and girl has been developed into responsible citizens.

When the teacher is to be a pioneer in her community or school in the establishment of a special class, she has

many problems to face, and the success or failure of special education in that school lies, with her for many years after her initial years. This is the problem that will face the teacher of special education in the area that this research is confined. If one or more teachers who previously held these positions have been unsuccessful or have engendered undesirable attitudes, the task of the new teacher is double difficult. The teacher who prepares for the teaching of exceptional children must expect to face many of these problems and to take them in stride.¹

Personal

Suitability for placement no longer rests mainly upon the narrow lines of scholarship but also upon personality and character, social adaptability, professional outlook, and a comprehensive understanding of children. Beyond possessing technical skills, the teacher of special education should be vitally interested in the particular class of atypicals she has elected to teach, particularly in their physical, social, intellectual and moral rehabilitation and fortification for the trials and responsibilities awaiting them after they leave school. She must be able to disentangle herself from the routine methods of mass instruction. Nor must she confine her interests in the school room. She should be a social worker no less than teacher, and keep in touch so far as time allows with the child's

¹ Harry J. Baker, Introduction to Exceptional Children, p. 470.

vicissitudes after school, and be a messenger of light and comfort to the child and to the homes which need her sympathetic ministry.¹

All the highly desirable qualities for any teacher should be exemplified in the choice of a teacher for exceptional children. Moreover, she should excel in certain qualities because of the unusual demands in her position. The teacher must have faith and optimism in the program. She must accept the child for what he is and where he is, with a readiness to understand and to meet his problem. She must have imagination, inventiveness, a keen sense of humor, physical endurance, and emotional stability since she must exercise patience, accept irregularities with poise, and adjust readily to varied situations. She must be a person who works well with others and readily shares responsibilities. In educational planning, whenever appropriate, she should express freely her convictions and recommendations. She should make a continuous study of the situation in her area for anticipatory planning. She should be efficient in keeping records and reporting progress on her pupils and be prepared to furnish information required by county and state supervisors.

As noted many times, most exceptional children have a combination of defects and often they have been subjected to ridicule by a world which is harsh and in which competi-

¹ J. E. Wallin, The Education of Handicapped Children, pp. 110-111.

tions are ruthless. It requires an unusual amount of enthusiasm and encouragement to neutralize these negative influences and to build a positive psychology for such children.

In most types of special classes there is opportunity for children to mingle with those in regular grades for certain subjects and activities. There should be a free and easy transition of exceptional children from the regular grades to the special classes, and vice versa. Unless the relationships between the special teacher and the regular teachers are most cordial and satisfactory, this kind of program will not function properly.

The teacher of special education should possess a pleasant and well-modulated voice. In addition to superior intelligence they should have such qualities as adaptability, tact and cheerfulness. The special education teacher should be emotionally stable and mature in every sense.

Physical health is one of the most important essentials. Those who are physically well tend to retain a zest for life and spirit of adventure to which children respond quickly. The demands upon a special teacher are many and the ability of the teacher to meet these will often be dependent upon her physical condition. Good mental health is extremely important for those who work with the handicapped. It is probable that physically handicapped children are more prone to maladjustments than the physically normal, although there is at present very little scientific evidence to support

this theory. A physical disability is a condition which aids in developing frustrations and negative attitudes. Unless the teacher herself is well adjusted, she will be limited in ability to guide and aid either the children or their parents.

As a basic requirement of special teachers in Texas, the Division of Special Education interprets the law in regard to personal qualifications of special education:

Teachers of exceptional children shall be chosen on the basis of sound physical and mental health, teaching skill, adaptability, and a sympathetic, understanding of the purposes of special education as related to the exceptional child.¹

Professional

One of the major problems in the development of an adequate program for exceptional children is the training of teachers. Often a school system has been forced to abandon its proposed program for some type of special class when no teachers were available in that particular field.

The training and selection of teachers have been increasing in importance in the past few years. In the final analysis the teacher is the most important single factor in the success or failure of education. The teacher-training institutions have been giving much more attention to the

¹ Texas State Department of Education, "Teachers Guide to Special Education for Exceptional Children," p. 4.

selection of prospective candidates and to the curriculums which they are offering. Beginning in 1938, the United States Office of Education¹ issues a bulletin listing universities, colleges, and other training centers in which various types of special education teachers might be trained. That report is not only informative as to the places of training but as to the extent of courses now being offered.

The Division of Special Education in Texas has announced the following interpretations of the law in regard to qualifications of special teachers:

The law provides that the teacher of exceptional children must have "a valid teacher's certificate and, in addition, such training as the Division of Special Education may require."

It is preferable, but not required, that the teacher have teaching experience with normal children.

The teacher must have a degree from an approved college.

The Division of Special Education uses the following list in checking teacher's transcripts to determine final approval of teachers.²

¹ United States Office of Education, "Opportunities for the Preparation of Teachers of Exceptional Children."

² Texas State Department of Education, "Teacher's Guide to Special Education for Exceptional Children," pp. 4-5.

TABLE VI

COLLEGE TRAINING FOR APPROVED TEACHERS OF
SPECIAL EDUCATION
IN TEXAS

(A minimum of 18 semester hours is required)

Survey Course in Education of Exceptional Children
 Methods of Teaching Crippled Children
 Speech Correction

Two of the following:

Education for Family Living
 Materials and Methods for Classroom and Community Health
 Education
 Materials and Methods in Safety Education
 Functions of Non-School Agencies Affecting Education
 Use of Buildings, Equipment, and Materials
 How To Study
 Psychology of the Handicapped Child
 Intelligence Tests and Individual Differences
 Mental Hygiene
 Educational Tests
 Clinical Psychology
 Counseling and Vocational Guidance
 Child Growth and Development

Two of the following:

Home Nursing and Child Care
 Therapeutic Care of Crippled Children
 Occupational Therapy for Crippled Children
 Recreational Therapy for Crippled Children
 Music Therapy for Crippled Children
 Nutrition

One of the following:

Sight Conservation
 Diagnostic and Remedial Reading
 Anatomy, Physiology, and Hygiene of the Eye
 Materials and Methods of Teaching Children with Deficient
 Vision

One of the following:

Anatomy, Physiology, and Hygiene of the Ear
 Hearing Conservation and Pathology
 Teaching of Speech Reading, Including Clinical Practice
 Aural Rehabilitation
 Techniques and Interpretation of Hearing Tests
 Problems of the Hard of Hearing

TABLE VII

COLLEGE TRAINING FOR APPROVED TEACHERS
OF SPEECH THERAPY IN TEXAS

Technique of Speech Correction, and 15 semester hours from the following:

Advanced Speech Correction
Anatomy, Physiology, and Hygiene of the Vocal Mechanism
Phonetics
Psychology of Speech
Clinical Procedure in Speech Correction
Critical Studies in Remedial Speech Procedure
Problems in Speech Pathology
Physiology of Speech
Physics of Sound and Speech
Language Development for the Deaf

PLUS

200 clock hours of Clinical Practice in Speech Correction

In addition to regular courses in Psychology, which are preliminaries in the field of special education, Table VIII¹ shows Negro colleges offering specific training whereby teachers may receive a certificate in special education. We can see from this table, however, the necessity to encourage and demand our colleges to offer more courses in order that degrees in special education may be secured. The principle cause for these courses not being offered is because there has not been a demand in this field from State Boards of Education.

In view of the dramatic growth of special educational provisions and the serious lack of teachers and other personnel to assume responsibility for the work, legislative consideration of the proper preparation of such personnel is important. There are now State laws that permit funds to be used for summer school scholarships, or that designate specific teacher-education institutions as centers of training and allocate funds thereof, or that open the way for the State education department to make appropriate arrangements with any teacher-education institution in the State. All these means of providing adequate facilities for the study may well be considered legitimate expenditures, in order that there may be well-qualified personnel in

¹ Information secured from college bulletins.

TABLE VIII

NEGRO COLLEGES OFFERING SPECIFIC TRAINING
IN SPECIAL EDUCATION

COLLEGE	COURSES OFFERED
Atlanta University	Mental Hygiene Psychology of Individual Differences Behavior Problems
Bishop College	Survey Course of Exceptional Children
Clark College	Mental Hygiene
Dillard University	Psychology of Individual Differences
Fayetteville State Teachers College	Mental Hygiene
Howard University	Mental Hygiene Clinical Psychology
Lincoln University	Mental Hygiene Psychology of Adjustment
Morehouse	Mental Hygiene
Morgan State College	Psychology in the Treatment of Children
North Carolina A. & T. College	Mental Hygiene
Prairie View College	Mental Hygiene Survey Course of Exceptional Children
Shaw University	Psychology of Exceptional Children
Spellman	Mental Hygiene
Texas College	Survey Course of Exceptional Children
Texas State University	Survey Course of Exceptional Children Speech Correction
Tuskegee	Mental Hygiene
Virginia Union	Psychology of Adjustment
Wiley College	Mental Hygiene
Xavier	Clinical Psychology Mental Hygiene Mental Tests The Exceptional Child

both teaching and supervisory positions. Exceptional children can be well taught and well prepared for life adjustment only as they have well-qualified teachers.¹

¹"State Legislation for Education of Exceptional Children,"
United States Office of Education, p. 56.

CHAPTER IV
A SUGGESTED PROGRAM

An educational program for handicapped children should prepare these children to meet life with a realistic attitude toward the limitations imposed upon them by their handicaps. It should lead them to a realization and acceptance of these limitations and counteract the tendencies to adverse mental habits and social attitudes. Above all, it should lead to a complete realization and development of their potential assets. Vocational training and recreational activities and a stimulating general educational program, with participation in many of the activities of normal children, can do much to safeguard the child against acquiring undesirable habits and attitudes.

If exceptional children are to be served, they must first be found. There should be an enumerative identification of exceptional children through the continuing or periodic census. The exact procedures to be followed may be safely left with the administering agency or agencies, but the requirement of identification measures is an important feature of the legislative program. Those measures should reach not only children enrolled in school, but all children of school age and even those not old enough to enter school, in order to identify needs at an early age.

The use of audiometric tests, vision tests, health examinations, and psychological tests should all be a part of the total provisions used. Needless to say, such

far-reaching analyses of pupil needs, if they are to be made on a State-wide basis, necessitate the close cooperation of State educational, health, and welfare agencies. Through the combined functions of all agencies concerned, an adequate identification program can be developed. State legislation can and should properly set the stage for such a program.

The function and responsibility of the school for the betterment of exceptional children may be realized to an increasing degree as more citizens from both professional and lay groups are made aware of the state plan and its implementation in the local community. Once again, the school administrators in cooperation with the special education teachers have opportunity for leadership. It is essential that the entire teaching and administrative personnel, coordinating agencies, and the public in general understand and accept these specialized services that benefit not only the individual and his family, but the entire school and community.

Preparation for understanding and accepting the program should come first, through joint planning with the school system; second, through coordinated agency planning; and third, through contacts with local community groups.

Organization

Before classes and schools begin to function, the state must set up the regulations. These relate to size

of class, type of child to be admitted, kind of educational program, qualifications and training of teachers, equipment, health services, lighting facilities, construction of buildings and the like.¹

Under the Texas law there must be at least five exceptional children with handicaps classified under one or all of the six types as provided for by the state of Texas. These six types include children with deficient vision, deficient hearing, orthopedically handicapped, speech disorders, lowered vitality, and nervous disorders. The mentally retarded, mentally gifted, and socially maladjusted are not provided for under the law of the state but they are recognized and the local school authorities are urged to make special provisions for their educational welfare. The Division of Special Education has further interpreted the law so that children with different handicaps may be included in the same group. These exceptional children may all be residents of one district or of several districts, but one of the districts must authorize and organize the class.²

The following suggestions have been made as a basis for organizing special education:

Locate all the exceptional children in the district, enlisting the help of teachers and staff members from community agencies in the survey.

¹ Arch O. Heck, Education of Exceptional Children, p. 501.

² State Department of Education, "Special Education for Exceptional Children in Texas," 1949, pp. 32-33.

Plan and launch a program of special education in keeping with the needs discovered and consistent with the best practices indicated by experimentation and research.

Meet the needs of exceptional children in regular classrooms as fully as possible. Provide special facilities and services, temporarily or continuously according to need, for children with the most acute handicaps.

Plan a program of education for every exceptional child built around his strengths as well as his weaknesses.

Follow the same general aims and objectives in special education as undergird the problem for normal children.

Obtain for classroom teachers and proper facilities and materials, and adequate supervisory help to assure effective work with exceptional children.

Plan for the special education of gifted children no less than for those below average in physical and mental endowment.

Promote, in cooperation with others, a state-wide program of appropriate legislation, and financial aid for exceptional children.¹

In order to have a successful program it is necessary to proceed with the following steps:

Work out your philosophy as to Special Education. This is essential to good administration. The teaching personnel must have a sympathetic understanding of the handicapped and be thoroughly acquainted with the program. Also the public must be convinced that it has value and is not a program of charity. It is based on sound economic, social, and educational principles. No plan of special education of exceptional children can hope to succeed if it does not reflect the desire of the local community to serve these children.

¹ American Association of School Administrators, "The Expanding Role of Education," p. 100.

Secure the participation of teachers, public health workers, physicians, welfare workers, and civic-minded citizens in making a local screening survey. Each regular grade teacher should take the initiative in the survey of her own pupils and submit a report to the principal or superintendent.

Follow this screening survey with a thorough professional examination to determine the nature and degree of the handicap. Then work out a plan of special education to meet the educational, social, and health needs of each individual as revealed by these examinations, giving due consideration to their interests and abilities. Remember that a program of special education is planned for the individual case. In general, the regular course of study should be followed as far as the handicap will permit.

The superintendent will present the plan (with a tentative budget) for a special class to the local school board and secure authorization to proceed with it. Then contact the county superintendent for his approval and secure forms to make application to the state office. This application must be filed with the Director of Special Education of the State Department of Education in Austin not later than September 1.

Secure special forms to be provided by the Division of Special Education and keep individual cumulative records showing results of medical examinations and mental and educational tests, personal and family data, evidences of progress, and such other information as will assist in guiding the child and evaluating the program.¹

The information found in Table IX was secured from the office of the school nurse, the handicap clinic, the tuberculosis association and from teachers that have found atypical children through observation in the classroom. Because of inadequate funds, proper examination

¹ State Department of Education, "Teacher's Guide to Special Education for Exceptional Children," p. 3.

TABLE IX

REPORT OF EXCEPTIONAL NEGRO CHILDREN IN THE
SOUTH PARK SCHOOL DISTRICT, BEAUMONT, TEXAS

HANDICAP	NUMBER
DEFICIENT VISION	18
DEFICIENT HEARING	8
DEFECTIVE SPEECH	47
LOWERED VITALITY	22
ORTHOPEDICALLY HANDICAPPED	9
NERVOUS DISORDERS	0
TOTAL	104

TABLE X

AGE DISTRIBUTION OF EXCEPTIONAL NEGRO CHILDREN IN THE
SOUTH PARK SCHOOL DISTRICT, BEAUMONT, TEXAS

AGE	D.V.	D.H.	D.S.	L.V.	O.H.	N.D.	TOTAL
6 yrs.	2	0	8	5	0	0	15
7 yrs.	0	0	9	2	0	0	11
8 yrs.	3	1	4	4	1	0	13
9 yrs.	1	3	3	0	2	0	9
10 yrs.	3	0	7	0	0	0	10
11 yrs.	4	2	2	0	2	0	10
12 yrs.	1	0	4	4	0	0	9
13 yrs.	0	0	3	0	1	0	4
14 yrs.	2	2	2	0	1	0	7
15 yrs.	1	0	2	6	0	0	9
16 yrs.	1	0	2	1	1	0	5
17 yrs.	0	0	1	0	1	0	2
TOTAL	18	8	47	22	99	0	104

NOTE: Under the column "D.V." children with deficient vision are listed; "D.H." deficient hearing; "D.S." disorders of speech; "L.V.", lowered vitality; "O.H.," orthopedic handicaps; and "N.D.," nervous disorders.

of children for deficient vision and hearing was hindered. Of the 104 exceptional children found, all are being cared for in the regular classroom with the exception of three orthopedic cases and four with deficient vision. It is evident that speech disorders represent the largest group of exceptional children. This, however, is easily accounted for in that the community is made up largely of French people speaking a broken French language.

Classification

In order to classify each type of handicap it is necessary to understand each type as to symptoms, special equipment, and treatment of the atypical child.

Deficient Vision

Since eyes are the chief media for education, it is frequently necessary to adapt educational procedures to suit the needs of children with partial vision. These are the children who because of a serious eye difficulty may not succeed in school by the use of the same educational materials and physical facilities provided for the normally sighted child. On the other hand, they have too much vision to read Braille and receive instruction through the tactile sense.

The purposes of a class for the child with partial vision as listed by the state of Florida¹ are: (1) to provide the means of an education with the least eye strain possible;

¹

State Department of Education in Florida, "Developing a Program for Education of Exceptional Children in Florida," 1948, p. 61.

(2) to teach him to use efficiently the vision he has;
(3) to provide learning experiences which aid the child to meet daily life tasks and to participate as fully as possible in school and home; and (4) to provide educational and vocational guidance which will enable them to take their place in society.

An alert teacher may be the initial source for discovery of children who need eye care. She should refer for further study all those who are observed to have the following symptoms:

The child that attempts to brush away blurred materials, rubs eyes frequently, and frowns.

The child that blinks more than usual, cries often, or is irritable when doing close work.

The child that stumbles frequently or trips over small objects.

The child that holds his book or small things far away or too close to eyes.

The child whose body is very tense when looking at distant objects.

The child who is sensitive to light.

The child who is inattentive during reading lessons, map work, or blackboard work.

Such a child reads only briefly without stopping.

Such a child shuts or covers one eye when reading.

Such a child is restless and irritable concerning school work.

Such a child is unable to distinguish colors.

The child who tilts head to one side or leans forward in order to see distant objects.

The child screws up face while reading.

The child displays frequent fits of temper.

The eyes are red-rimmed, or the eyelids are swollen.

The eyes have repeated sties.

The eyes are watery or red.

The eyes are crossed.

The child complains of dizziness following close work.

The child complains of objects being blurred or having double vision.¹

As stated by Dolch², a child should have on his book at least twelve footcandles of light if he is to work without strain. A "foot candle" is the amount of light a standard candle would give at one foot distance. It is the standard unit used for measuring amount of light, as in light meters used in photography. Dolch³ further states the following ways in which children with partial vision may be helped in the regular classroom:

Provide adequate lighting; that is, more even light for the whole room.

Location in the classroom; that is, the near-sighted child should be seated in front where he can easily step to the board to see what is on it. The seats should also be arranged to prevent light from shining in the child's eyes.

¹ State Department of Education, "Teacher's Guide to Special Education for Exceptional Children," p. 23.

² Edward W. Dolch, Helping Handicapped Children in School, p. 58.

³ ibid., pp. 85-88.

To prevent eyestrain of all, there should not be a great deal of copying from the board. For the child that needs sight-saving, it is permissible for the teacher to write the questions for him.

For the child with slow accommodations, we need to have more patience. The immediate remedy for this is to allow the child to point.

For the child with muscle imbalance we must understand that he will not want to read a great deal or do much of any close work.

For the child who lacks stereopsis we must be patient since many words look alike to him. In addition, we must check him for meaning and then he will probably look again and get the right word.

For the child with eye defects, we must excuse him from much close work as looking up things in the dictionary, encyclopedia or fine map work. We must lighten their eye-load in every respect.

For all children, we must point out that they must save their own eyes and must learn how to do it.

In screening for visual defects, in addition to daily classroom observation, the most widely used devices are: the Snellen Chart which is a device used to show the degree of distant visual acuity wherein objects are placed twenty feet away of graduated size and each eye is tested separately and together; the telebinocular which is an instrument testing binocular vision, both at distant and at near points, vertical and lateral imbalance, fusion, depth perception, and color discrimination; the Massachusetts Vision Test is used to test visual acuity wherein one determines various

positions of streaks of light.¹

In the sight-saving room there should be such equipment as typewriters on which the child is taught to write by touch, so that he doesnot have to look at a pencil point as he writes. On the blackboard he may work in large letters or figures, using a yellow chalk that is easy on his eyes. There are textbooks in clear type more than twice as large as regular type so that he may study in the book without straining the eyes. If no such books are available the sight-saving teacher may read the lesson aloud to them. She may even read the lesson to a dictaphone so that the child may listen to it. The lighting in the room is very bright and even. Desks should be adjustable with regard to height, angle, and position. Pencils with soft, heavy lead, making a broad clear line, and a sharpener to fit the pencils are needed. Unglazed paper with large lines should be provided. A phonograph can be used for music and transcriptions of literature of instructional content. The classroom walls and ceilings should be of such as to reflect brightness and be conducive to learning. In other words, everything about the room should be arranged to make the room and activities within easy on the eyes.

¹ National Society for the Prevention of Blindness, "Screening, Eye Examinations, and Follow-up," The Journal of School Health, May, 1946, pp. 5-6.

Defective Hearing

Children with certain degrees of hearing loss too often meet frustration and failure in the classroom where hearing and vision play so great a part in successful academic achievement. Some of these children need preferred seating and lip reading as an aid to better understanding of the spoken word. Others will need lip reading, the use of a hearing aid, and in addition auricular speech and voice work. It has been estimated that 1.5% of the school children in the United States have deficient hearing.¹

For educational purposes and practical purposes of communication, there are two main groupings of children with hearing loss. There are the hard of hearing and the deaf. The hard of hearing are those who have mastered speech before losing their hearing ability. The deaf are those who have lost their speech before speech was mastered.

We have not as yet reached the point wherein hearing is tested of every child every year or so, therefore, it is necessary for teachers to watch for symptoms of hearing loss, so that we can have those particular children tested or test them ourselves. Dolch² lists as symptoms of hearing loss such conditions as inattention, complaints by child,

¹ Elise H. Martens, "Needs of Exceptional Children", United States Office of Education, p. 3.

² Dolch, op. cit., pp. 26-31.

strange answers or doing the wrong thing, inaccurate speech, turning of head when listening, too great intentness, or blank expression.

As soon as it is suspected that a child may be deaf or hard of hearing, the best ear specialist available should, of course, be consulted. However, even though remedy or cure is hoped for, the special training of the child should be taken at once. The early training of the deaf child is of such importance that no time must be allowed to lapse in which the child is not receiving training.

The hearing of all the children in a room may be tested with an instrument called an audiometer. It is an instrument most commonly used over a number of years for screening hearing. As many as forty children can be tested at one time with this instrument. The pure tone audiometer is designed for individual diagnostic testing. It is used with individuals who have been screened for further study and testing. This instrument may also be used as a screening device with certain procedures that permit a hearing acuity check-up on a group of children in a comparatively short time.

The Whisper Test is another method of testing hearing ability. This method requires an experienced tester. The whisper should be made after emptying the lungs of all normal air and then whispering distinctly with the residual air. The tester is 20 feet from the child, who stands with his back to the tester. The child is to repeat what is

said. If he does not, the tester gradually comes closer until the child does repeat the words whispered. If what is said can be repeated at 15 feet, the rating is 15-20.¹

Children detected as having hearing loss discovered by the Whisper Test should be retested by the Watch Tick Test. This test is simply equipped. An Ingersoll watch is used. The normal hearing person can hear its tick at 48 inches. Only one child is tested at a time, and experienced tester is needed. Each ear is tested separately. The watch is placed at the child's ear and is slowly withdrawn until he ceases to hear it. If he ceases to hear it at 24 inches, his hearing is recorded as 24-48. A reverse procedure is then followed. The two scores are averaged to secure the child's degree of hearing.²

The curriculum for children with a hearing loss is fundamentally the same as for other children. The difference is chiefly a matter of emphasis and of special techniques used. Educational opportunities should be provided which will allow each child to develop to the maximum of his capacities at the rate of speed of which he is capable.

Lip reading is one of the major tools by which language is acquired. It is a special ability and research

¹ Arch O. Heck, The Education of Exceptional Children, p. 275.

² ibid., p. 274.

has not shown that a close relationship exists between this ability and intelligence. Success in this area, as in all areas, will differ with the individual. The method by which lip reading is taught will depend upon age of the child at the onset of hearing loss. The child who has not heard speech will build up from the beginning an association with speech patterns on the lips through his eyes; while, the child who experiences a serious loss of hearing at five years or later after speech is well developed, or, the child with moderate loss, will have spoken speech patterns as a basis for acquiring lip reading techniques.

As stated by Wallin¹, emphasis should be placed on teaching lip reading, on the use of oral method of instruction, as against gesture, pantomime and finger spelling; on the development of speech, and the correction of speech defects. Pantomimic and manual methods of communication should be proscribed. Liberal use should be made of the voice in speech and song, and various instruments in the production of sounds and music. The aim should always be to develop skill in crafts and occupations in which deafness will not constitute an undue handicap, to develop special talents, and to give every opportunity to exceptionally gifted pupils to realize their highest possibilities.

¹ J. E. W. Wallin, The Education of Handicapped Children, pp. 122-123.

The special education classrooms should conform to standards set for any adequate and modern classroom. In addition, special attention should be given to lighting. The strain on the eyes of these children, who depend to such a great extent upon visual cues, is greater than for other children. Therefore, to facilitate ease in lip reading, care should be taken that the room does not have cross lighting, and the intensity should be little contrast in walls and wood-work.

The classroom should be supplied with the standard aids to instruction for all classrooms. Extensive use should be made of visual aids. Standard equipment for this classroom should include a film strip projector suitable for various types of materials; a piano if possible which supplies an obstructive view between teacher and pupils in group rhythm and speech work; a phonograph with a well-chosen repertoire of records; and a speech recorder. A group hearing aid that can be readily serviced is necessary for group use. Some children will not have individual aids. The classroom group aid enables the teacher to control certain instructional situations and makes for flexibility in planning work. The individual hearing aid is advisable for the child who can benefit by its use.¹

¹ Knute O. Broady, "School Provisions for Individual Differences," pp. 15-16.

Speech Disorders

The instructional program for the child with speech irregularities is the same as for children of his class. It is well to emphasize again that the plan for speech correction is not a program within itself, but an extension of the classroom work through supplementary instruction by itinerant teachers for those children who need such instruction to correct speech problems. It should be set up in such a way as to meet the overall goals in education and be a part of the school curriculum which it enriches.

The objectives of the program are directed toward raising the general speech performance of the children whom it serves. A curriculum, as stated by Broady¹, that is full of suitable oral experiences will allow the individual to develop understanding and voluntary control of the speech mechanism; become more aware of his speech environment; grow in social, personal, and occupational adequacy; and develop confidence, self-dependence, and freedom through oral communication. The teacher will find it helpful to consider the child's development from primary years to the period of adolescence when there is the personal urge for social and occupational adequacy. With the long-range view of individual growth potentialities,

¹ *ibid.*, p. 20.

she will focus on the goals stated above and on their significance for each child as he grows toward increasing maturity.

A child shall be considered in need of corrective speech services if his speech prevents him from normal oral communication, contributes unfavorably to his personal adjustment, or is undesirably conspicuous.¹ In some instances, minor deviations which present no emotional problems at the time observed, may have an undesirable effect as the child grows older. On the other hand, one must not be so sensitive to individual differences in speech habits that unnecessary critical attention is pointed at a child because of a simple deviation thereby creating in him a speech problem when none of importance previously existed.

Great care must be exercised by classroom teachers and others in referring certain children for special work. In some instances the child is not aware of an irregularity in his speech and unless the arrangement is taken care of properly, adverse attention may be drawn to the problem and result in accentuating what is only a passing phase in his speech development of a minor irregularity.

Many of the exercises, particularly the introductory physical exercises, breathing exercises, tongue and lip gymnastics, articulation drills, voice placement, and

¹ Arch O. Heck, The Education of Exceptional Children, p. 290.

rhythmic speech drills, may be given as collective exercises to ten to twenty pupils in a group. These exercises should be supplemented by individual training adjusted to the needs of each child. The physical training and voice exercises should be reinforced by the removal of hampering physical obstructions and the psychological factors which may produce or aggravate the speech disability.¹

In order to introduce the problem of defective speech, a sevenfold classification of defects and observable symptoms is offered, as outlined by Lord:²

1. Stuttering or Stammering: A disturbance in the rhythm of speech. Observable symptoms are:
 - a. Intermittent blocking in the speech mechanism
 - b. Repetition of sounds, syllables, word phrases
 - c. Visible body tensions
 - d. Silent stammering where there are no visible attempts to speak - child appears stubborn and negative, but actually experiences blocking
 - e. Random body movements and facial contortions.

2. Oral Inactivity: Distortion of speech due to sluggishness of some part or parts of the speech organs. Observable symptoms are:
 - a. Poor bodily coordination
 - b. Omission of normal speech sounds - often the final sound
 - c. Substitution of non-speech sounds.

¹ J. E. W. Wallin, The Education of Handicapped Children, p. 125.

² F. E. Lord, "Helping the Exceptional Child in the Regular Classroom," Bulletin No. 315, Office of Public Instruction, Lansing, Michigan, 1941, pp. 27-28.

3. Lisping: A form of oral inactivity in which sibilant sounds are made incorrectly (s, z; sh, sz; etc.) or sound substitutions. Observable symptoms are:
 - a. Lingual protrusion (tongue protrudes between front teeth) known as lingual lisping
 - b. Emission of sound over the sides of the tongue - known as lateral lisping
 - c. Emission of sound through the nose-nasal lisp
 - d. Substituting the t or d for the s or z sound-occluded lisp.

4. Aphasia: Defects or loss of the power of expression by speech, writing, or signs, of comprehending spoken or written language due to shock, injury or disease of the brain centers. It may appear as one or a combination of these symptoms listed below:
 - a. Complete or partial inability to speak but can comprehend meaning
 - b. Inability to comprehend meaning of words although they may be able to repeat the word
 - c. Speech may appear as a jargon of words which take on meaning when carefully analyzed
 - d. Lack of grammatical form.

5. Disorders of Voice: Failure to produce normal speech tones due to structural or functional causes. Observable symptoms are: husky, weak, nasal, shrill, aspirate (breathy), monotonous, etc. quality of voice.

6. Baby Talk: Substitution of one normal speech sound for another caused by a slight interruption in the growth process or by poor speech environment.

7. Foreign Accent: The influence of a language other than English. Observable symptoms are:
 - a. Omission, substitutions of sounds and syllables
 - b. Changes in the rhythm, melody and accent.

Irregularities in speech are often associated with reading problems. The teacher working with speech problems should coordinate instruction of the individual child with his remedial reading program. The actual content of the extended curriculum for those children who seek adequacy in the spoken word is found, not in books, but in many experiences which call for complete visual, auditory, kin-aesthetic, motor, and mental responses on the part of the pupil.

There may be physical causes for the mispronouncing of words. If the child's mouth, throat or teeth are so formed that he cannot say the sound correctly in the normal way, then there is a very real difficulty. Of course, the child can sometimes overcome the wrong formation, as in the case of missing teeth. Only a speech specialist or a nose and throat specialist can tell about malformations of the mouth and throat that may cause speech defects. A dentist may point out wrong development of gums or teeth, but other things may be wrong. A child who has a cleft palate simply cannot make most speech sounds because he has no real roof to his mouth. The top of the mouth is open and lets the breath go right up into the nose, without any control of tongue, teeth and lips necessary for speaking.¹

¹ Edward W. Dolch, Helping Handicapped Children In School, pp. 109-110.

The cleft palate, however, can be remedied, as well as the harelip that often goes with it. Surgeons know how to close the opening usually by a series of minor operations and the child is thereby able to control his breath. Remedial work by a plastic surgeon should precede speech training of such speech defects as abnormal palate or hare lip. However, in some instances when a number of operations must be performed over a long period of time or when orthodontial work is to be done in the distant future, speech training should be initiated, making as many compensations as possible.

After the series of operations, the child has to learn to talk. He has probably failed to learn how to use his tongue and lips in speech. It is usually necessary to show the child how to make sounds and then to develop correct habits.

A speech defect results in permanent personality warping if it is not corrected. Parents often do not realize this, and we can help them to see it. The parents are use to the defect and perhaps do not even no it exists. Children should not be forced to change speech as the use of force is a sign of misunderstanding.

Lowered Vitality

Unless the program for delicate children who need special educational facilities has the leadership and close cooperation of the family or school physician it will not be a success. It is essential that a systematic program

be continuous in order to classify children properly as they enroll in school. An annual physical examination of all school children and the keeping of records are necessary in order to discover frail children before their condition gets so serious that school facilities are too feeble to meet their needs adequately.

Lowered vitality includes such conditions as tuberculosis, cardiopathic, malnourished, and those suffering from various diseases which impair physical functioning. Adequate medical care is to be provided in all cases as a matter of course. A simplified school program should be developed for each child or group of children on the basis of the physician's report and recommendations. Special attention should be given to strengthgaining, rest, nutrition, adapted activity program, instruction in physical hygiene, and supervision of recreational activities.

Most of the children with such conditions will be enrolled in the regular classrooms of the public schools and many of these will make very satisfactory progress in these groups. Some of these children, on the other hand, will need special education classes, or individual adjustments, and guidance if they are to take advantage of public school education.

The most common physical handicap of the whole list is malnutrition. It is estimated by those who have studied all the facts that one-fifth of all children in our country

are not sufficiently or properly fed. This is easily understood when we remember the three factors that cause poor feeding. First, there is real poverty in many areas and in many individual homes so that proper food just cannot be bought by the parents. Second, there is a very widespread ignorance by parents of the qualities of foods and the way to feed children. Hence many parents who can buy and serve proper foods do not. Third, bad eating habits are a common cause of malnutrition of the body. All of these problems must be attacked and solved before we can have proper feeding of all children.¹

In addition to the equipment of the regular classroom, they should be provided sufficient cots and blankets for rest periods and extra clothing so that the windows can be left open to provide for plenty of fresh air.

The curriculum for children with lowered vitality is the same as that for normal children except that strenuous exercise is avoided, and special attention is given to rest, fresh air, diet, and to maintaining a friendly, quiet, orderly classroom. A well-organized health program provides means for improving not only the health of the children of lowered vitality, but also serves to further the proper development of all children. Well balanced lunches preserve health and increase strength and energy.

¹ *ibid.*, p. 172.

It is of real importance to remember that the objectives of education are the same for these children as for those classified as normal. A double purpose is accomplished when the school adopts an adequate program for the children of lowered vitality, for corrective measures for this group are excellent preventive measures for all children.

As the strong child needs the benefits of a well-organized guidance program in the school, so the child with lowered vitality needs such assistance. In either case the degree to which the services are appropriate to the individual needs and abilities is the real test to the program. It is extremely worthwhile to have records that are well-used in developing the whole child so that he may benefit from the opportunities that are provided for him.

Orthopedically Handicapped

In educating crippled children, we must realize that they have the same ambitions, desires, and mental abilities as have children who are not crippled. They differ in that it is impossible for them to be as active physically as others. Heck¹ describes the four stages of

¹ Arch O. Heck, The Education of Exceptional Children, p. 113.

treatment of crippled children as being that of extermination, ridicule, physical care, and education. To these stages, however, we may well add the stage of neglect, which should be placed between the ridicule and physical care stages.¹

Equality of educational opportunities for the crippled children has been and is still being ignored. Our state laws ignore it when they refuse to provide transportation for these children, as well as when they exempt these children from school attendance. A large number of crippled children will need transportation if they are to attend either regular or special classes in public schools. Transportation is an important part of the special program, because this service very often makes it possible for an otherwise home-bound child to attend a class and engage in the activities of the social group. The necessity for transportation frequently presents problems to school administrators. It is an expensive service and carries with it morally a high degree of liability for children's protection even when legal protection is adequate for many of those who most seriously need the special school will be able to attend regularly only if transportation is systematically provided. Because of these reasons only twenty-

¹ State Department of Education, "Special Education for Exceptional Children in Texas," p. 13.

seven states provide transportation to and from school.¹ Under ordinary conditions the child must be encouraged to attend school regularly. Such encouragement will help to develop a feeling of independence and self-reliance desirable in building up attitudes and habits which aid in adjustment to the social situations which for the crippled child are sometimes very difficult.

The exact number of children with crippling conditions in the United States is not known. It has been estimated that "somewhat more than one percent of children of school age suffer from orthopedic or other crippling defects."² There are, however, a number that will be so disabled as to need special education classes while many of them will require adjustments in their educational program.

The term "orthopedically handicapped" is a broad one used to denote a heterogeneous group composed of those having; cerebral palsy, conditions resulting from infections such as poliomyelitis, osteomyelitis, and tuberculosis of the bone, congenital anomalies such as club feet or hip dislocation, traumatic condition, muscular dystrophy, and miscellaneous conditions such as fragile bones, tumors, or scoliosis.

It is important in a program for children with crippling conditions that they first be found. Several of

¹ Elise H. Martens, "State Legislation for Education of Exceptional Children," United States Office of Education, p. 37.

² Elise H. Martens, "Needs of Exceptional Children," United States Office of Education, p. 3.

the official agencies share the responsibility. Among them are the public schools, the state, county and local departments of health, the Crippled Children's Commission, and the state and county departments of public welfare. The school as the one agency which is responsible for all children can serve as a clearing house for finding those in need of special health attention. These various departments are active in locating and clearing the needs of crippled children and in referring such children to resource agencies.

The classrooms should be larger than the average room in order to allow for wheel chairs, braces, crutches, specially built seats and desks. They should be easily accessible to exits, toilets, drinking fountains, and lunchroom. They should be adjacent to physical therapy and cot rooms insofar as practicable. Because much of the equipment is cumbersome and out of use temporarily, generous storage space should be provided in the interest of economy and efficiency. The floors should be made of materials which will prevent slipping. The corridors and halls which are used regularly by these children should be widened and provided with hand rails and ramps so that the child may walk with as little assistance as possible.

The school curriculum should be directed toward the development of an individual who assumes increasing responsibility for self-direction and for the development of his potentialities in such a way as to bring about

optimum satisfaction both to himself and to society.¹

The only significant existing difference found in the curriculum for the normal and the curriculum for the handicapped child has often been the provision for the handicapped child to receive physical and speech therapy as part of his program. A program of this kind would imply that the only difference which exists between the normal and the handicapped child is the latter's crippling condition. The curriculum should arise from the needs and abilities of the individual child rather than be arbitrarily superimposed. To give the crippled child a program designed for the average child is unfair both to the child and to those teachers who carry through the program. The group for which the program is intended must be studied to ascertain their needs and capacities. The program for the crippled should include all phases of his growth - social and emotional as well as physical and mental.²

The philosophy of instruction for the child with physical problems is the same as that for the so-called normal child; however, because of physical limitations or the conditions resulting from such limitations, it

¹ Winthrop M. Phelps, "The Farthest Corner," National Society for Crippled Children and Adults, p. 8.

² The Elementary School Journal, "Educational Abilities and Needs of Orthopedically Handicapped Children," p. 331.

is often difficult to arrive at these goals. For this reason the instructional program for crippled children in both the existing classroom and special education class usually offers certain services such as an intensified health program and a flexible individualized curriculum.

Nervous Disorders

Children suffering from nervous disorders as encephalitis, epilepsy, or motor nerve disorders should first be referred to medical care. This is essential in order that we know how much the child's actions are their responsibility and to what extent these actions are simply mental symptoms left by sickness. Unless we do know this, we cannot teach the child as we should or help him to become a happy normal individual.

The most prominent physical manifestations of epilepsy, which is essentially a disease of childhood, are the sudden inconstant, involuntary seizures or convulsions, which are attended by loss of consciousness. The seizures may be of the grand mal type, in which the child falls to the floor unless protected and in which the various bodily members are thrown into violent contortions, the petit mal type in which is characterized by a momentary loss of consciousness, with slight localized motor disturbances, or none at all, the Jacksonian type, in which the jerking is confined to one member (for example, one hand) and the serial type in which many convulsions follow in rapid succession, the

subject frequently remaining unconscious during the series of attacks.¹

It is a common occurrence for epileptics to suffer from various temperamental and emotional disabilities such as irritability, contentiousness, fickleness, sulkiness, anger, and, in some instances, intellectual limitations, although some epileptics are normal or supernormal. Many believe that a defective heredity is the underlying cause.

What is often called sleeping sickness or brain fever is properly known as encephalitis. It is a disease of the nervous system that is sometimes very hard to detect because it occurs along with other diseases such as influenza, or it may just seem to be a passing fever without any particular harm at the time. The doctor can quickly tell the symptoms that have been left by this disease. The teacher, however, can only tell by the child's conduct. He may be strangely listless or restless. He may be highly irritable and very uncontrollable. That is, mentally and emotionally, he may be very much disturbed.

Those suffering from motor nerve disorders tend to have a tic or a muscle spasm of short duration affecting the muscles in any part of the body. If such spasm becomes rather widespread and persists for a longer period, it is known as chorea. Children suffering from motor nerve disorders become

¹ J. E. W. Wallin, The Education of Handicapped Children, p. 341.

uneasy and restless and uninterested in classroom environment, very sensitive, and prone to disturb.¹

In the past many children with nervous conditions have been excluded from school. A doctor's statement to the effect that the child was subject to convulsive seizures make it possible for many children to be withdrawn from school, regardless of their intellectual ability or their social and emotional needs. Even today, too many children are excluded after the first seizures in the classroom.

It has been estimated by some authorities that the seizures of three-fourths of the children having convulsive disorders can be controlled.² In planning for such children the main step is careful medical examination. Every child who is recognized as having a convulsive disorder should be under the care of a physician. Undoubtedly, there will be some children whose seizures are so frequent and so uncontrolled that it is necessary for them to be relieved of school work or in some instances to receive instruction at home. On the other hand, many of them can function successfully in public school classes. The child who is slow-learning may attend a special education class. If the condition is so severe that the child must be excused from school attendance, the possibility and value of a

¹ State Department of Education, "Teacher's Guide to Special Education for Exceptional Children in Texas," pp. 99-100.

² State Department of Education, "Developing a Program for Education of Exceptional Children in Florida", p. 88.

home-tutoring program should be considered. The measure of the child's success, whatever the program, depends to a marked degree on his acceptance by others and his opportunity to participate in the home and school activities for which he is ready.

The treatment is still largely symptomatic, the main reliance being placed on depressant or sedative drugs. For aborting the convulsions, the regulation of the diet, outdoor employment, proper social diversion, protection from falls, lifelong supervision, and educational training adapted to the subject's age, grade of intelligence, and the course of the disease are of great importance.

Mentally Retarded

There are children who, while not feeble-minded, are genuinely lacking in all-round mental capacity or ability, varying from a level practically indistinguishable from high-grade feeble-mindedness to a level almost indistinguishable from normality, and who are misfits in the regular grades. They tend to be listless and inattentive, rapidly losing interest in the regular school work and fatigue easily, or rather grow weary rapidly, obviously because of lack of interest in the subject-matter which is frequently incomprehensible and does not appeal to them. When such children have been transferred to the proper kind of special class their misbehavior tends to cease.

The success of the ungraded class depends primarily upon the adaptation of the curriculum to the individual needs of an exceedingly varied assortment of mentally and educationally handicapped children. The problem with the restoration cases is to provide intensive coaching or drill in the regular program of studies, or in the branches in which they are particularly weak, so that they may be returned as soon as possible to the regular grades.

The majority of retarded children who are recommended for special education would be referred initially for study, either through the teacher, or as a result of school-health screening procedures and school surveys made with group intelligence and achievement tests. Some may be referred by doctors, nurses, social workers, and other sources. The classroom teacher's observation and study of the child is often times the initial point at which the problem is recognized. Careful teacher observation and medical inspection of health, social, and emotional factors in those who fail to make the expected progress should aid in discovering the child early in his primary years before he has experienced marked failure. The alert teacher, who discovers the child at the time he first begins to show deviation, should seek early assistance in discovering the cause and in helping him. The better the understanding of child development on the part of teachers, the fewer retarded children will reach the intermediate grades or high school years without an adequate educational plan.

Some causes of retardation are lack of interest, emotional conditions (especially the presence of fear), home and other backgrounds, and physical handicaps. One of the things that makes the retarded learner so backward is that his natural learning curiosity has at some time in the past been suppressed or dulled. He has not been reaching out for experience the way the normal child does. Therefore, learning curiosity needs to be stimulated in every way possible.¹

Children in these classes are not held to the regular grade requirements academically; they do, however, have academic work. Such work is simplified and reduced in amount; it tends to emphasize attitudinal development instead of informational material. Before a child is classified in this group, however, care should be taken to rule out the possibilities that he is hard of hearing, partially seeing, malnourished, or emotionally frustrated, or maladjusted rather than mentally retarded. Provision should be made for intensive stimulation, particularly verbal stimulation, for children who are suspected of being mentally retarded, in order to make certain that the condition is not merely the result of an unstimulating or stultifying environment to which the child may have been subjected for many years.

¹ Edward W. Dolch, Helping Handicapped Children in School, pp. 221-222.

It is considered normal for the average school to have about 2% who are mentally retarded to such a degree as to require special attention to make the most of their possibilities. Although the state of Texas does not provide for them under law it is urgent that local school authorities make special provision for their educational welfare.¹

Socially Maladjusted

The admission to the special class for socially handicapped should be by placement rather than by commitment. These placements are not to be thought of as a means of punishment but as an opportunity for more complete diagnosis and more specific treatment. It is the duty of the principal and teacher to use all possible means of keeping the socially handicapped in the regular classroom. When these have failed the pupil will be placed in the special class.

This class should be organized in order to make it possible for the special teacher to discover the cause of the child's misbehavior and to make it possible to work with him in an attempt to remove those causes. The aim of this program of individual study and work is the elimination of the child's social handicap so that he can adjust normally to the social group.

Lack of interest or ability is a chief cause of curricular maladjustment in the regular school. The schools

¹ State Department of Education, "Teacher's Guide to Special Education for Exceptional Children," p. 2.

for these exceptionals should provide a variety of offerings. There should be courses in wood-work, art, weaving, general mechanics, gardening, etc., to arouse keen interest of the child. Every class should be so organized that its pupils will have an opportunity to try out various courses.

Unfavorable environmental conditions as possible causative factors for crime and more readily recognized than the inherited factors. No single factor, however, seems pre-eminent in causing this type of exceptional children. Low intelligence, emotional instability, and bad environment seem to be among the most significant causes. Possible causal factors are so numerous and so interrelated that each child must be studied individually if proper measures to aid him are to be discovered.

The state of Texas does not provide for this group of exceptional children but they urge local school districts to make special provisions for their educational welfare.¹ If state schools are to function educationally, they must be placed under the control of the state department of education. If states would provide for such education there would be a greater social efficiency upon the part of a large group of citizens who would otherwise not only be dependents but who would and are now costing the state untold sums of money in prosecutions and life maintenance.

¹ *ibid.*, p. 2.

Mentally Gifted

Probably no other group of exceptional children has been so neglected as have the exceptionally intelligent and talented. They, too, need special guidance in order that their abilities may be developed to the maximum degree. This is the group that constitutes the nation's most valuable resources.

Authorities have, and are still, arguing as to whether or not gifted children should be placed in special classes. Heck¹ states the following objections to the placing of gifted children in special classes:

1. The pupils become conceited.
2. It is undemocratic.
3. It tends to create an intellectual aristocracy.
4. It results in jealousy upon the part of the average child.
5. It causes the gifted to overwork.
6. Fewer leaders are developed.
7. Average children lose educationally.
8. Implements of selection are inadequate.
9. The cost is prohibitive.

Heck² continues by stating the following advantages for the placing of gifted children in special classes:

1. The child is permitted to work to the level of his superior ability.
2. The child does not develop habits of carelessness and slothfulness.
3. The class provides an opportunity to adapt instruction to the needs of the child.
4. The child can proceed normally through the grades and still have a worth-while program of study.
5. It prevents social maladjustment.

¹ Arch O. Heck, The Education of Exceptional Children, pp. 398-401.

² ibid., pp. 401-402.

6. It forces the child to exert himself if he is to make good with the group.
7. The child secures definite training for leadership in specific areas.
8. It permits the use of materials and methods adapted to the unique ability of these youths.

It is, however, unwise to advance the gifted child to the point where he is conspicuously younger and smaller than the other children in his grade. His physical and social development are important factors and should be given consideration.

The most important single factor in regards to the training of gifted children in the regular classroom is the enrichment of the curriculum. Some specific ways in enriching the curriculum as stated by Scheidemann¹ include reduction of explanation, encouragement of all forms of creative work, training in leadership through direction of school projects, the development of aesthetic appreciation, unlimited contact with suitable books, and frequent visitations to places thereby arousing interest.

Although the state of Texas does not provide for this group of exceptional children they urge local schools to make special provisions for their educational welfare. If they are neglected, there is a great possibility that they too may become socially maladjusted.²

¹ Norma Scheidemann, The Psychology of Exceptional Children, p. 262-263.

² op. cit., p. 2.

CHAPTER V

SUMMARY AND CONCLUSIONS

Summary

The child who is too different from the others is handicapped in life and in school because he is not fitted to do just what the others do. Children are handicapped in an infinite variety of ways because every organ of the body, and the quality of mind, may be affected in some way by accident or disease. Teachers and principals have a responsibility for encouraging education for the handicapped. We need to experiment and pool resources within the community to the end that optimum progress can be made.

Until a program of special education can be established, the teacher can greatly help in the regular classroom. She should be very observant of handicaps in order to directly help the child as well as the doctor, psychologist, or other specialist so that the handicapped child may be further helped.

The aim of state support should be that of providing the same proportionate amount of the cost of special education as it aims to provide for the regular elementary and secondary schools. They should take care of all children with the same degree of efficiency that we have usually hope to achieve in educating the well-adjusted, academically minded child. This program will demand a more diverse program of study that is usually provided and will require the specialized services of more pupil-personnel workers.

Of the three reasons for educating handicapped children - the practical one of keeping them out of state supported institutions, the sentimental one of being sorry for them, and the democratic one of giving each child a fair chance - the last is the one we should at all times emphasize.

Conclusions

The success of any program for the handicapped depends upon the acceptance of the following guiding principles:

1. There should be well-qualified teachers to guide the exceptional child toward life adjustment.
2. The program shall be available to all handicapped children.
3. The satisfactory social and economic adjustment of each individual shall be the ultimate goal of the program.
4. The individual should be educated in his normal social setting if possible.
5. Special rooms or institutions should be provided for those unable to make the adjustment in their normal social setting.
6. All agencies concerned with handicapped children shall be coordinated, eliminating needless duplication of program, organization and personnel.
7. The education of the already handicapped shall be augmented with a systematic and comprehensive preventive program.

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APPENDIX - A

2505 Houston Street
Beaumont, Texas
May 25, 1950

Superintendent of Public Schools

Dear Sir:

In completing a research of provisions for exceptional Negro children through Special Education, I would like to receive the following information:

1. Total number of exceptional Negro children receiving Special Education _____
2. Total number of Special Teachers _____
3. Total number with Deficient Vision _____
4. Total number with Deficient Hearing _____
5. Total number with Speech Disorders _____
6. Total number with Nervous Disorders _____
7. Total number with Lowered Vitality _____
8. Total number with Orthopedic Handicaps _____

Your immediate attention to this matter will be greatly appreciated.

Yours truly,

Mrs. Gladys Harley Sprott