AN ANALYSIS OF THE CHARACTERISTICS OF THE EXCEPTIONAL CHILD

A Thesis
Presented to
the Department of Special Education
Indiana State Teachers College

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Thomas Edward Jordan
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The thesis of Thomas Edward Jordan

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EXCEPTIONAL CHILD

is hereby approved as counting toward the completion of the Master's degree in the amount of 8 hours' credit.

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Lazarus M. Smith

Date of Acceptance 19 July 1951
<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. THE PROBLEM AND DEFINITIONS OF TERMS USED.</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>The problem</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the problem</td>
<td>1</td>
</tr>
<tr>
<td>Importance of the study</td>
<td>2</td>
</tr>
<tr>
<td>Definitions of terms used</td>
<td>2</td>
</tr>
<tr>
<td>Children</td>
<td>2</td>
</tr>
<tr>
<td>Outpatients</td>
<td>2</td>
</tr>
<tr>
<td>Clinical profile</td>
<td>2</td>
</tr>
<tr>
<td>Exceptional child</td>
<td>3</td>
</tr>
<tr>
<td>&quot;determine mental ability&quot;</td>
<td>3</td>
</tr>
<tr>
<td>&quot;determine educability&quot;</td>
<td>3</td>
</tr>
<tr>
<td>Organization of the remainder of the thesis</td>
<td>3</td>
</tr>
<tr>
<td>II. REVIEW OF THE LITERATURE</td>
<td>5</td>
</tr>
<tr>
<td>Limitations of previous studies</td>
<td>7</td>
</tr>
<tr>
<td>III. PROCEDURE AND FINDINGS</td>
<td>8</td>
</tr>
<tr>
<td>Procedure</td>
<td>8</td>
</tr>
<tr>
<td>Group &quot;A&quot; findings</td>
<td>8</td>
</tr>
<tr>
<td>Group &quot;B&quot; findings</td>
<td>18</td>
</tr>
<tr>
<td>Summary</td>
<td>29</td>
</tr>
<tr>
<td>Comparison of groups &quot;A&quot; and &quot;B&quot;</td>
<td>39</td>
</tr>
<tr>
<td>Explanation of certain results</td>
<td>43</td>
</tr>
<tr>
<td>IV. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS.</td>
<td>45</td>
</tr>
<tr>
<td>CHAPTER</td>
<td>PAGE</td>
</tr>
<tr>
<td>--------------------</td>
<td>------</td>
</tr>
<tr>
<td>Summary</td>
<td>45</td>
</tr>
<tr>
<td>Conclusions</td>
<td>45</td>
</tr>
<tr>
<td>Recommendations</td>
<td>47</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>48</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>50</td>
</tr>
<tr>
<td>Appendix A</td>
<td></td>
</tr>
<tr>
<td>Keystone Visual Survey Tests</td>
<td>51</td>
</tr>
<tr>
<td>Appendix B</td>
<td></td>
</tr>
<tr>
<td>Incidence of test Administration</td>
<td>52</td>
</tr>
<tr>
<td>Appendix C</td>
<td></td>
</tr>
<tr>
<td>Additional bibliography</td>
<td>53</td>
</tr>
</tbody>
</table>
### LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Summary of the Results Concerning Chronological Age, Sex Distribution, Laterality, and Audiometry</td>
<td>9</td>
</tr>
<tr>
<td>II. Results of the Keystone Visual Survey</td>
<td>11</td>
</tr>
<tr>
<td>III. Mean Results of the California Test of Personality</td>
<td>12</td>
</tr>
<tr>
<td>IV. Reasons for Referral--Suspected Problems</td>
<td>15</td>
</tr>
<tr>
<td>V. Diagnoses and Recommendations</td>
<td>16</td>
</tr>
<tr>
<td>VI. Incidence of Multiple-Problem Diagnosis</td>
<td>17</td>
</tr>
<tr>
<td>VII. Types and Incidence of Cases in Which the Diagnosed Problem Did Not Agree with the Cause for Referral</td>
<td>19</td>
</tr>
<tr>
<td>VIII. Profile of Group &quot;A&quot; Results</td>
<td>20</td>
</tr>
<tr>
<td>IX. Summary of the Results Concerning Chronological Age, Sex Distribution, Laterality, and Audiometry</td>
<td>22</td>
</tr>
<tr>
<td>X. Results of the Keystone Visual Survey</td>
<td>23</td>
</tr>
<tr>
<td>XI. Mean Results of the California Test of Personality</td>
<td>24</td>
</tr>
<tr>
<td>XII. Reason for Referral--Suspected Problem</td>
<td>26</td>
</tr>
<tr>
<td>XIII. Diagnoses and Recommendations</td>
<td>27</td>
</tr>
<tr>
<td>XIV. Incidence of Multiple-Problem Diagnosis</td>
<td>28</td>
</tr>
<tr>
<td>TABLE</td>
<td>PAGE</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>XV. Types and Incidence of Cases in Which the Diagnosed Problem Did Not Agree with the Reason for Referral.</td>
<td>30</td>
</tr>
<tr>
<td>XVI. Profile of Group &quot;B&quot; Results</td>
<td>31</td>
</tr>
<tr>
<td>XVII. Results of the Keystone Visual Survey.</td>
<td>33</td>
</tr>
<tr>
<td>XVIII. Results of the California Test of Personality.</td>
<td>35</td>
</tr>
<tr>
<td>XIX. Profile of the Test Results for the 100 Cases.</td>
<td>36</td>
</tr>
<tr>
<td>XX. Frequencies and Types of the Reasons for Referral</td>
<td>38</td>
</tr>
<tr>
<td>XXI. Frequencies of Particular Diagnoses.</td>
<td>40</td>
</tr>
<tr>
<td>XXII. Incidence of Multiple-Problem Diagnosis.</td>
<td>41</td>
</tr>
<tr>
<td>XXIII. Types and Incidence of Cases in Which the Diagnosed Problem Did Not Agree with the Reason for Referral.</td>
<td>42</td>
</tr>
</tbody>
</table>
CHAPTER I

THE PROBLEM AND DEFINITIONS OF TERMS USED

I. INTRODUCTION

During recent years the education of exceptional children has gained a great deal of popular support. Public awareness of the necessity to provide adequate educational experiences for children who are handicapped emotionally, mentally, or physically had necessitated an increase in the amount of knowledge about such children.

Indiana State Teachers College maintains a Special Education Clinic whose purpose is to minister, as far as is possible, to the needs of such children.

II. THE PROBLEM

Statement of the problem. It was the purpose of this study (1) to evaluate the characteristics of children referred to the Special Education Clinic at Indiana State Teachers College;¹ (2) to draw a clinical profile of the average outpatient referred to the clinics; and (3) to evaluate the necessity for such clinical services to the school systems of Indiana.

¹ Hereinafter referred to as the Clinic.
Importance of the study. The importance of this study lies in the fact that no study of the characteristics of the exceptional child based on clinical case studies has been made. The need for research in the field of the education of the exceptional child was expressed in a succinct manner by Samuel A. Kirk when he said:

This yearbook will serve its purpose if it can help to stimulate progress...through the initiation of new and different projects...more extended research in the field.2

III. DEFINITIONS OF TERMS USED

Children. The word children was used to include only those male and female persons between three years of age, chronologically, and 17 years and 11 months chronologically, who have been examined as outpatients at the clinic.

Outpatients. The clinic maintains as a part of the facilities, services to children and adults who are referred for examination by people who are not employed on the staff of the Laboratory School. Such children and adults are considered outpatients.

Clinical profile. One of the objectives of this study was to describe the characteristics of the children examined

through psychological techniques as part of the "outpatient" service offered by the Clinic. These characteristics were analyzed and compiled in a table which summarized statistically the results of the study.

**Exceptional child.** For the purposes of this study a child was considered an exceptional child when he or she was included by the following definition:

The term exceptional children includes both the handicapped and the gifted, or children who deviate from the average child to such an extent as to require special treatment or training in order to make the most of their possibilities.³

"**determine mental ability**". This phrase was used to describe the cases in which the person referring the child requested that the child's level of mental ability be determined without any specific reference to educability.

"**determine educability**". This phrase was used in those cases in which the purposes of the examination was to determine the educability of the child.

**IV. ORGANIZATION OF THE REMAINDER OF THE THESIS**

Chapter II includes the following units. (1) a review

of the literature and (2) limitations of previous studies.

Chapter III includes the following units:

I. (1) Description of the method used in the study.
   (2) Report of the findings on group "A".
   (3) Tabulated results and profile.

II. (1) Report of the findings on group "B".
    (2) Tabulated results and profile.

III. (1) Report of the findings on groups "A" and "B".
    (2) Tabulated results and profile.
    (3) Comparison of groups "A" and "B".
    (4) Explanation of certain results.

IV. (1) Summary.
    (2) Conclusions.
    (3) Recommendations.

Bibliography.

Appendix.
CHAPTER II

REVIEW OF THE LITERATURE

Much has been written about the exceptional child, the types of disabling factors, the presence of multiple factors and their incidence; but only a brief summary of the studies considered relevant by the investigator will be given.

The 49th Yearbook of the National Society for the Study of Education, Vol. II is a very comprehensive study of the exceptional child.¹ The last chapter, by Samuel Kirk, describes needed projects and research in the areas of the visually handicapped, the acoustically handicapped, the mentally retarded, the socially maladjusted, etc.

Baker² presents a thorough analysis of the types of exceptional child and the educational needs and objectives for special education. This book is of note since it condenses what would be covered in several volumes into one volume.

A committee in Cincinnati attempted, from a study of children enrolled in special classes (1) to discover how many


pupils had multiple handicaps, (2) what these additional handicaps were, and (3) what could be done to meet the needs of these children. There were evidences that placement for one handicap left the other serious handicaps uncared for.

Fouracre and others made a study of 129 handicapped children.

The children were studied with respect to intelligence, educational status, chronological age and sex. I.Q.'s ranged from 18 to 146. The mean was in the subnormal and dull-normal levels. In addition 80.58 per cent of the children had multiple handicaps.

Another study of orthopedically handicapped children was made by Donofrio. The purpose of his study was to compare the intelligence, achievement, and emotional adjustment in crippled children with (1) the same factors in the normal population, (2) the following factors in crippling: cause or type, length of stay in the institution, severity of crippling.

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at the time of psychological examination.

I. LIMITATIONS OF PREVIOUS STUDIES

The studies reviewed cover many aspects of the education and the characteristics of the exceptional child. Relatively few studies based on case records are available and none appear to have been made on the characteristics of the exceptional child from the clinical viewpoint as was stressed in this study.
CHAPTER III

PROCEDURE AND FINDINGS

I. PROCEDURE

Since it was decided that 100 cases would be used in the study it was deemed advisable to break up the 100 cases into two groups of 50 cases called group "A" and group "B". This was done for two reasons: (1) to expedite the treatment of data, and (2) to ensure homogeneity among the 100 cases. The two groups were composed of children referred to the clinic between December 12, 1949, and March 7, 1951. The two groups run consecutively from March, 1951, back to December, 1949.

II. GROUP "A" FINDINGS

The first data from this group which was analyzed in Table I was chronological age. The age was reported in all 50 cases and the mean chronological age was 9 years, 4 months.

The mean grade placement of 29 cases in which grade placement was recorded was 3.7 grades.

An analysis of the sex distribution showed that twice as many boys as girls were present in the group. There were 34 boys and 16 girls.

In 21 cases the results of pure-tone audiometric ex-
<table>
<thead>
<tr>
<th>Factor</th>
<th>Result</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean chronological age</td>
<td>9 yrs., 4 mths.</td>
<td>50</td>
</tr>
<tr>
<td>Sex distribution</td>
<td>34 males</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>16 females</td>
<td></td>
</tr>
<tr>
<td>Laterality</td>
<td>2 left-handed</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>1 uncertain</td>
<td></td>
</tr>
<tr>
<td>Audiometry mean loss</td>
<td>left ear 27 db.</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>right ear 24 db.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>binaural 25 db.</td>
<td></td>
</tr>
<tr>
<td>Mean grade placement</td>
<td>3.7 grades</td>
<td>29</td>
</tr>
</tbody>
</table>
aminations were reported. This is 42 per cent of the group, a significantly large percentage. Losses were as follows:

   Mean loss for the left ear, 27db.
   Mean loss for the right ear, 24 db.
   Mean loss for both ears, 25 db.

Left or right handedness was not recorded completely. Mention was made of two left-handed children and of one child whose handedness was reported as "uncertain".

The Keystone Visual Survey was administered to seven children. See Table II. This is a vision test administered under circumstances very close to those in operation during reading. Failures were numerous and vary from 0 per cent to 56 per cent. The last figure is for test #8, a test of "clearness of image."\(^1\)

The test of personality used most frequently at the clinic is the California Test of Personality. Results were average. No significantly high scores and no significantly low scores appeared. The lowest mean score was on the 39th percentile and was for school relations. Most of the scores were below the 50th percentile. This test was administered to 16 children. See Table III, page 12.

The intelligence test given most frequently was the Binet Scale Form L. Twenty-eight children were given this

---

\(^1\) See Appendix A for a description of this test.
# TABLE II

RESULTS OF THE KEYSTONE VISUAL SURVEY

<table>
<thead>
<tr>
<th>Test number</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
<th>VI</th>
<th>VII</th>
<th>VIII</th>
<th>IX</th>
<th>X</th>
<th>XI</th>
<th>XII</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number passing</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Number failing</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Number of cases</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Per cent of failures</td>
<td>16.6</td>
<td>14.2</td>
<td>0.0</td>
<td>14.2</td>
<td>14.2</td>
<td>28.4</td>
<td>40.0</td>
<td>56.8</td>
<td>28.4</td>
<td>0.0</td>
<td>42.6</td>
<td>25</td>
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</table>
TABLE III

MEAN RESULTS OF THE CALIFORNIA TEST OF PERSONALITY

<table>
<thead>
<tr>
<th>Test number</th>
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<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean percentile</td>
<td>41.00</td>
<td>58.00</td>
<td>40.00</td>
<td>47.00</td>
<td>45.00</td>
<td>42.00</td>
<td>46.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test number</th>
<th>II</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean percentile</td>
<td>48.99</td>
<td>48.00</td>
<td>46.00</td>
<td>45.00</td>
<td>50.00</td>
<td>39.00</td>
<td>51.00</td>
</tr>
</tbody>
</table>

2 See Table VIII for a description of the test items.
test and their mean Intelligence Quotient was 77.59. The range of I.Q.'s was 38 to 120, and the Standard Deviation was 21.90. The mean Binet Mental age was 5 years and 1 month.

The Wechsler Intelligence Scale for Children, given to 18 children, had a mean Intelligence Quotient of 77.55 and a Standard Deviation of 17.04.

Only one adult Wechsler, the Bellevue-Wechsler Scale of Intelligence, was given. The Intelligence Quotient was 117.

The Merrill-Palmer Scale of Intelligence was administered to young children. The four children who were given the test had a mean mental age of three years, five months.

Fifteen children were given the Vineland Social Maturity Scale. The mean social age was seven years and six months. The range of social age was three and one-half to ten years. The mean reading achievement, as measured by the Durrell Achievement Tests administered to nine children was 1.88 grades. The range of reading ability was from low first grade to fourth grade.

Further study of clinic records shows that the children who were sent to the clinic were referred for a number of reasons the chief of which was to determine their mental ability. Twenty-two children were referred for this reason and the other twenty-eight children were referred to determine
the reason for low school achievement, to determine educa-
bility, for behavior problems, for hearing difficulties,
speech problems, to determine fitness for adoption, for
vocational advisement, and for reading problems. See Table
IV.

The results of the testing by the clinic staff were
reported under thirteen headings. The conclusion most fre-
quently reported was that the child was mentally retarded.
This conclusion was reported in twenty cases. Six children
were reported as of average intelligence. Six had hearing
losses and five were reading problems. These and other re-
sults are summarized in Table V, page 16.

In most cases the diagnosis reported only one problem.
In a few cases children were found to be disabled by more
than one factor. There were three such cases in this group.
Mental retardation and cerebral palsy accounted for two of
the children and the other child's difficulties were found to
be due to a state of anxiety and "difficult parents". See
Table VI, page 17.

In some cases the diagnosed problem did not agree with
the reason for which the child was referred. Two children
were reported as behavior problems and turned out to be men-
tally defective. Two other children were actually reading
problems and neither a behavior problem, as was suspected in
one case, nor a child whose mental ability was uncertain, in
### TABLE IV

**REASONS FOR REFERRAL---SUSPECTED PROBLEMS**

<table>
<thead>
<tr>
<th>Type of problem or reason for referral</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine mental ability</td>
<td>22</td>
</tr>
<tr>
<td>Determine reason for low school achievement</td>
<td>6</td>
</tr>
<tr>
<td>Behavior problem</td>
<td>5</td>
</tr>
<tr>
<td>Determine educability</td>
<td>6</td>
</tr>
<tr>
<td>Hearing</td>
<td>3</td>
</tr>
<tr>
<td>Speech problem</td>
<td>4</td>
</tr>
<tr>
<td>Vocational advisement</td>
<td>1</td>
</tr>
<tr>
<td>Reading problem</td>
<td>1</td>
</tr>
<tr>
<td>Adoption</td>
<td>2</td>
</tr>
</tbody>
</table>

*N = 50*
TABLE V
DIAGNOSES AND RECOMMENDATIONS

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average intelligence</td>
<td>6</td>
</tr>
<tr>
<td>Mentally retarded</td>
<td>20</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>6</td>
</tr>
<tr>
<td>Reading problem</td>
<td>5</td>
</tr>
<tr>
<td>Speech problem</td>
<td>1</td>
</tr>
<tr>
<td>Personality problem</td>
<td>4</td>
</tr>
<tr>
<td>Untestable</td>
<td>1</td>
</tr>
<tr>
<td>Environmental difficulties</td>
<td>1</td>
</tr>
<tr>
<td>Suitable for adoption</td>
<td>1</td>
</tr>
<tr>
<td>Incomplete case</td>
<td>1</td>
</tr>
<tr>
<td>Suitable vocational choice</td>
<td>1</td>
</tr>
<tr>
<td>Suitable for crippled children's room</td>
<td>1</td>
</tr>
<tr>
<td>Placement in the 6th grade</td>
<td>2</td>
</tr>
</tbody>
</table>

N = 50
### TABLE VI

**INCIDENCE OF MULTIPLE-PROBLEM DIAGNOSIS**

<table>
<thead>
<tr>
<th>Type of diagnosis</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. State of anxiety</td>
<td>1</td>
</tr>
<tr>
<td>2. Difficult parents</td>
<td></td>
</tr>
<tr>
<td>1. Mental retardation</td>
<td>2</td>
</tr>
<tr>
<td>2. Cerebral palsy</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>
the other case. See Table VII.

Table VIII, page 20, is a summary of the findings about the children in group "A". This table covers as many of the findings as could be adequately reported in this type of table. The figures are based on fifty children, and cover intelligence, mental and chronological age, reading achievement, personal and social adjustment, grade placement, and social maturity.

III. GROUP "B" FINDINGS

The results obtained from the analysis of the case records of group "B" cover the same topics as the results found in the records of group "A".

The mean chronological age for this group of 50 children was nine years, eight months. These children were in mean age four months older than those in the other group.

The mean grade placement for 34 children was 4.1 grades.

Sex distribution paralleled the results of group "A". There were 35 boys and 15 girls, more than two boys for every girl.

There was one case of left-handedness and one case in which laterality was reported as uncertain.

Eight children had hearing losses. The mean loss for the left ear was 27 db., for the right ear, 25 db., and the
TABLE VII
TYPES AND INCIDENCE OF CASES IN WHICH THE DIAGNOSED PROBLEM DID NOT AGREE WITH THE CAUSE FOR REFERRAL

<table>
<thead>
<tr>
<th>Reason for referral</th>
<th>Diagnosis</th>
<th>Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine mental ability</td>
<td>Reading problem</td>
<td>1</td>
</tr>
<tr>
<td>Behavior problem</td>
<td>Mentally retarded</td>
<td>2</td>
</tr>
<tr>
<td>Behavior problem</td>
<td>Reading problem</td>
<td>1</td>
</tr>
</tbody>
</table>
### TABLE VIII

**PROFILE OF GROUP "A" RESULTS**

<table>
<thead>
<tr>
<th>Intelligence quotient points</th>
<th>0</th>
<th>50</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Binet I.Q.</td>
<td>28</td>
<td>77.59</td>
<td></td>
</tr>
<tr>
<td>Mean W.I.S.C.</td>
<td>18</td>
<td>77.55</td>
<td></td>
</tr>
<tr>
<td>Mean Adult Wechsler I.Q.</td>
<td>1</td>
<td>117</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years</th>
<th>Mean chronological age</th>
<th>Mean Binet mental age</th>
<th>Mean Merrill Palmer mental age</th>
<th>Mean Vineland Social Maturity age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>50</td>
<td>9 yrs. 4 mths.</td>
<td>5 yrs.</td>
<td>3 yrs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 yrs.</td>
<td>4 mo</td>
<td>7 yrs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6 mths.</td>
<td>6 yrs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grades</th>
<th>Mean grade placement</th>
<th>Mean Durrell reading achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentiles</th>
<th>Calif. Test of Personality</th>
<th>Mean results</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td></td>
<td>45.87</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>40.69</td>
</tr>
<tr>
<td>30</td>
<td></td>
<td>38.31</td>
</tr>
<tr>
<td>40</td>
<td></td>
<td>39.75</td>
</tr>
<tr>
<td>50</td>
<td></td>
<td>45.00</td>
</tr>
<tr>
<td>60</td>
<td></td>
<td>46.87</td>
</tr>
<tr>
<td>70</td>
<td></td>
<td>41.88</td>
</tr>
<tr>
<td>80</td>
<td></td>
<td>45.75</td>
</tr>
<tr>
<td>90</td>
<td></td>
<td>48.2</td>
</tr>
<tr>
<td>99</td>
<td></td>
<td>47.81</td>
</tr>
</tbody>
</table>

| Full scale | 45.87 |
| Self adjustment | 40.69 |
| Self reliance | 38.31 |
| Sense of personal worth | 39.75 |
| Feeling of belonging | 45.00 |
| Sense of personal freedom | 46.87 |
| Withdr. tend. (freedom from) | 41.88 |
| Nervous symptoms | 45.75 |
| Social adjustment | 48.2  |
| Social standards | 47.81 |
| Social skills | 46.0   |
| Anti-soc. tend. (freedom from) | 45.0  |
| Family relations | 50.31  |
| School relations | 39.13  |
| Community relations | 51.25  |
binaural loss was 26 db. See Table IX.

The Keystone Visual Survey was administered with the following results. See Table X, page 23. Failures occurred on all tests but test #7. The highest percentage of failures was 44.4 and occurred on tests #7 and 10.3

For a description of the sub-tests of the California Test of Personality, see Table VIII, page 20. This test was administered to seven children. None of the scores was significantly high or low. The lowest mean percentile rating recorded was 37.14 on test #2B of the Social Adjustment section of the test. This test is called "Social Skills." Mean results are shown in Table XI, page 24.

Twenty-nine children were given the Binet Scale, Form L. Their mean Intelligence Quotient was 76.10, and the standard deviation was 21.54; the range was 35-140 I.Q. points. The mean mental age as measured by the Binet Scale was seven years--0 months.

The Wechsler Intelligence Scale for Children was given to 16 children in group "B". Their mean Intelligence Quotient was 73.5, with a standard deviation of 21.59. The results of this test are very similar to the results of the Binet Scale as shown above.

Three Adult Wechslers--the Bellvue-Wechsler Scale of 3

3 See Appendix A for a description of the test.
<table>
<thead>
<tr>
<th>Factor</th>
<th>result</th>
<th>No. of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean chronological age</td>
<td>9 yrs. 8 months</td>
<td>50</td>
</tr>
<tr>
<td>Sex distribution</td>
<td>35 males</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>16 females</td>
<td></td>
</tr>
<tr>
<td>Laterality</td>
<td>48 right-handed</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>1 left-handed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 uncertain</td>
<td></td>
</tr>
<tr>
<td>Audiometry mean loss</td>
<td>left ear, 27 db.</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>right ear, 25 db.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>binaural, 25 db.</td>
<td></td>
</tr>
<tr>
<td>Mean grade placement</td>
<td>4.1 grades</td>
<td>34</td>
</tr>
<tr>
<td>Test number</td>
<td>I</td>
<td>II</td>
</tr>
<tr>
<td>-------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Pass</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Fail</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No. of cases</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Per cent of failures</td>
<td>10.</td>
<td>20.</td>
</tr>
</tbody>
</table>

TABLE X
RESULTS OF THE KEYSTONE VISUAL SURVEY
TABLE XI
MEAN RESULTS OF THE CALIFORNIA TEST OF PERSONALITY

<table>
<thead>
<tr>
<th>Test number</th>
<th>I</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean percentile</td>
<td>51.</td>
<td>44.</td>
<td>57.</td>
<td>54.</td>
<td>63.</td>
<td>51.</td>
<td>56</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test number</th>
<th>II</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean percentile</td>
<td>54.</td>
<td>64.</td>
<td>37.</td>
<td>61.</td>
<td>62.</td>
<td>40.</td>
<td>53</td>
</tr>
</tbody>
</table>

Total 52
Intelligence—were administered. The mean Intelligence Quotient was 114.

The mean Vineland Social Maturity Scale age for thirteen children was six years, 1 month.

Six Merrill-Palmer Scales were administered. The mean mental age being three years, nine months. This test is given to young children so the results would normally be lower than those for the Binet mental age.

Reading as measured by the Durrell Achievement test had a mean grade achievement of 1.5 grades.

The children in this group were referred to the Clinic for ten reasons. The two most numerous reasons were to determine mental ability, and to determine educability. These and other reasons are recorded in Table XII.

Table XIII, page 27, shows that twenty-one of the children in this group were found to be mentally retarded. The other conclusions were low in frequency and were fairly evenly distributed.

The children in group "B" showed a higher incidence of multiple-problem diagnosis. A combination of low mentality and poor vision was found in two cases. In one case a child was found to be handicapped by three factors. These and other results are summarized in Table XIV, page 28.

There were three cases in which the diagnosed problem did not agree with the reason for referral. A case of sus-
**TABLE XII**

**REASON FOR REFERRAL--SUSPECTED PROBLEM**

<table>
<thead>
<tr>
<th>Type of problem or reason for referral</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine educability</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Determine mental ability</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Speech problems</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Reading problems</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Determine reason for low school achievement</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Vocational advisement</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Hearing</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Behavior</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Determine laterality</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No stated problem</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
### TABLE XIII

**DIAGNOSES AND RECOMMENDATIONS**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>N = 50</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior intelligence</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Normal intelligence</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Slow learner</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Mentally retarded</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>Emotional problems</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Speech problem</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Short memory span</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Neurological involvement</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Good social adjustment</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unsuitable for public schools</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Ambidextrous</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Domestic situation problem</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Poor environmental adjustment</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Referral to U. S. Employment Office</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
### TABLE XIV

INCIDENCE OF MULTIPLE-PROBLEM DIAGNOSIS

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Home difficulties</td>
<td>1</td>
</tr>
<tr>
<td>2. reading difficulties</td>
<td></td>
</tr>
<tr>
<td>3. writing difficulties</td>
<td></td>
</tr>
<tr>
<td>1. Short memory span</td>
<td>1</td>
</tr>
<tr>
<td>2. poor reading habits</td>
<td></td>
</tr>
<tr>
<td>1. Emotional problems</td>
<td>1</td>
</tr>
<tr>
<td>2. poor teaching</td>
<td></td>
</tr>
<tr>
<td>1. Low mentality</td>
<td>1</td>
</tr>
<tr>
<td>2. poor motor-coordination</td>
<td></td>
</tr>
<tr>
<td>1. Low mentality</td>
<td>2</td>
</tr>
<tr>
<td>2. poor vision</td>
<td></td>
</tr>
</tbody>
</table>
pected low mentality was found to be a case of emotional difficulties. One child was referred for anti-social behavior but was found to be of low mentality. Another child referred for behavior was handicapped by a speech defect. These results are shown in Table XV.

Table XVI, page 31, is a summary of the findings on the children in group "B". This table does not include all the results, but only those which could be summarized in a profile chart.

IV. SUMMARY

This section is a summary of the results given in sections I and II of this chapter. The information given here is the information gathered on the group of 100 children chosen for the study. Totals for the group as a whole were based on the raw data.

The group consisted of 100 children whose mean chronological age was 9 years, 6 months. Sex distribution was as follows; 69 males and 31 females. This would tend to show that more than two males for every female are seen at the clinic.

Mean grade placement, reported in 63 cases, was 4.1 grades. This compares favorable with the mean chronological age.

The tabulation of laterality for 100 cases showed a
TABLE XV

TYPES AND INCIDENCE OF CASES IN WHICH THE DIAGNOSED PROBLEM DID NOT AGREE WITH THE REASON FOR REFERRAL

<table>
<thead>
<tr>
<th>Reason for referral</th>
<th>Diagnosis</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected low mentality</td>
<td>&quot;Deepseated emotional problem&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Anti-social behavior</td>
<td>Low mentality</td>
<td>1</td>
</tr>
<tr>
<td>Behavior</td>
<td>Speech defective</td>
<td>1</td>
</tr>
</tbody>
</table>
### TABLE XVI

**PROFILE OF GROUP "B" RESULTS**

<table>
<thead>
<tr>
<th>Intelligence quotient points</th>
<th>f</th>
<th>50</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Binet I.Q.</td>
<td>29</td>
<td>76.1</td>
<td></td>
</tr>
<tr>
<td>Mean W.I.S.C. I.Q.</td>
<td>16</td>
<td>73.5</td>
<td></td>
</tr>
<tr>
<td>Mean Adult Wechsler I.Q.</td>
<td>3</td>
<td>114</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years</th>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean chronological age</td>
<td>50</td>
<td>9 yr. 8 mo.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean Binet mental age</td>
<td>29</td>
<td>7 yr</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean Merrill Palmer mental age</td>
<td>6</td>
<td>3-11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean Vineland Soc. Mat. age</td>
<td>13</td>
<td>7-6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grades</th>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean grade placement</td>
<td>34</td>
<td>4-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean Durrell reading ach.</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentiles</th>
<th></th>
<th>0</th>
<th>...</th>
<th>50</th>
<th>...</th>
<th>99</th>
</tr>
</thead>
</table>

### Calif. Test of Personality

<table>
<thead>
<tr>
<th>Measure</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full scale</td>
<td>7</td>
</tr>
<tr>
<td>Self adjustment</td>
<td>A 44.28</td>
</tr>
<tr>
<td>Self reliance</td>
<td>B 57.14</td>
</tr>
<tr>
<td>Sense of pr'l worth</td>
<td>C 54.37</td>
</tr>
<tr>
<td>Feeling of belonging</td>
<td>D 63.42</td>
</tr>
<tr>
<td>Sense of personal freedom</td>
<td>E 50.71</td>
</tr>
<tr>
<td>Withdrawing tend. (freedom from)</td>
<td>F 55.1</td>
</tr>
<tr>
<td>Nervous symptoms</td>
<td>II 54.29</td>
</tr>
<tr>
<td>Social adjustment</td>
<td>A 64.29</td>
</tr>
<tr>
<td>Social standards</td>
<td>B 57.14</td>
</tr>
<tr>
<td>Social skills</td>
<td>C 61.43</td>
</tr>
<tr>
<td>Anti-social tend. (freedom from)</td>
<td>D 62.14</td>
</tr>
<tr>
<td>Family relations</td>
<td>E 40.21</td>
</tr>
<tr>
<td>School relations</td>
<td>F 53.37</td>
</tr>
<tr>
<td>Community relations</td>
<td>Tot. 52.</td>
</tr>
</tbody>
</table>
few left-handed children. There were three left-handed children recorded, and in two cases laterality was uncertain.

Hearing losses found by pure tone audiometry were reported for 29 children. Losses were as follows:

Mean Loss for left ear 27 db.
Mean Loss for right ear 24 db.
Mean Loss for both ears 25 db.

Twenty-eight children were given the Vineland Social Maturity Scale. The mean social maturity age was six years and ten months.

Reading achievement for 17 children was at the 2.5 grade level.

Visual defects were present; the percentage of failures appeared greatest on test #8 of the Keystone Visual Survey. This test is a test of "Clearness of Image." A table of the complete results as reported in the clinic files follows. Eighteen children were given this test. See Table XVII.

In personality the children surveyed in this study are not a significantly deviate group in so far as their percentile ratings lie above 75 percentile or below 25 per cent. It is of note, however, that their personal adjustment, was below the 50th percentile. The complete results for the 23 cases in which results were recorded follow. See Table XVIII,
<table>
<thead>
<tr>
<th>Test</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass</td>
<td>14</td>
<td>14</td>
<td>15</td>
<td>14</td>
<td>12</td>
<td>15</td>
<td>10</td>
<td>8</td>
<td>12</td>
<td>12</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Fail</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Frequency</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>17</td>
<td>16</td>
<td>22</td>
<td>16</td>
<td>15</td>
<td>16</td>
<td>16</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Percentage of failures</td>
<td>12.5</td>
<td>17.9</td>
<td>16.6</td>
<td>17.6</td>
<td>20.0</td>
<td>31.8</td>
<td>37.5</td>
<td>46.6</td>
<td>25.0</td>
<td>25.0</td>
<td>33.3</td>
<td>11.1</td>
</tr>
</tbody>
</table>
The intelligence scale most frequently administered was the 1937 revision of the Binet Scale, Form L. Fifty-seven children were given this scale. Their mean I.Q. was 76.81. The standard deviation of the scores was 21.79. The mean mental age of the children according to this scale was six years, one month.

The second scale of intelligence in frequency of administration was the Wechsler Intelligence Scale for Children. The mean results were similar to those of the Binet Scale, although this scale was given to only 34 children. The mean I.Q. was 75.64 with a standard deviation of 17.68. The middle 68 per cent of the cases were more normally spread than the comparable cases for the Binet Scale.

The Merrill-Palmer Scale was given to ten children. They had a mean Mental Age of three years, seven months.

Only four children were given the Bellevue-Wechsler Scale of Adult Intelligence. Their mean Intelligence Quotient was 114.75.

In the statement of the problem, one of the purposes of the study was to draw a profile of the characteristics of the average outpatient. Table XIX, page 36, is a profile of the characteristics of the one hundred cases used in the study. It covers as much of the data analyzed as can be recorded in a profile chart.
TABLE XVIII

RESULTS OF THE CALIFORNIA TEST OF PERSONALITY

<table>
<thead>
<tr>
<th>Test</th>
<th>I</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean percentile</td>
<td>44.</td>
<td>54.</td>
<td>45.</td>
<td>49.</td>
<td>51.</td>
<td>45.</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Test</td>
<td>II</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Mean percentile</td>
<td>50.</td>
<td>53.</td>
<td>43.</td>
<td>50.</td>
<td>54.</td>
<td>40.</td>
<td>52.</td>
<td>48</td>
</tr>
</tbody>
</table>

4 For sub-test descriptions, see Table XIX.
**TABLE XIX**

PROFILE OF THE TEST RESULTS FOR THE 100 CASES

<table>
<thead>
<tr>
<th>Intelligence quotient points</th>
<th>F</th>
<th>50</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Binet I.Q.</td>
<td>57</td>
<td>76.81</td>
<td></td>
</tr>
<tr>
<td>Mean Wechler I.Q.</td>
<td>34</td>
<td>75.64</td>
<td></td>
</tr>
<tr>
<td>Mean Adult Wechsler I.Q.</td>
<td>4</td>
<td>114.75</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean chronological age</td>
<td>100</td>
<td>9 yr. 6 mo.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean Binet Mental age</td>
<td>57</td>
<td>6 yr. 1 mo.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean Merrill-Palmer ment.age</td>
<td>10</td>
<td>3-7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean Vineland Soc.Mat. age</td>
<td>28</td>
<td>6-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grades</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean grade placement</td>
<td>63</td>
<td>3-4 yr</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean reading achievement</td>
<td>17</td>
<td>2.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentiles</th>
<th>0</th>
<th>50</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td>/Calif. Test of Personality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean results</td>
<td>23</td>
<td>47.82</td>
<td></td>
</tr>
<tr>
<td>Full scale</td>
<td>43.96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-adjustment</td>
<td>54.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-reliance</td>
<td>45.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of personal worth</td>
<td>49.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of personal freedom</td>
<td>50.61</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling of belonging</td>
<td>44.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawing tend. (freedom from)</td>
<td>48.78</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mervous symptoms</td>
<td>50.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social adjustment</td>
<td>52.82</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social standards</td>
<td>43.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social skills</td>
<td>51.96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-social tend. (lack of)</td>
<td>50.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family relations</td>
<td>53.91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School relations</td>
<td>39.61</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community relations</td>
<td>51.96</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The results tabulated are: intelligence, chronological and mental age, social maturity age, grade placement, reading achievement, and personal and social adjustment.

An examination of Table XX shows that of the reasons for referral determining mental ability was the most frequent. Thirty-four per cent of the cases were referred for this reason. In eighteen per cent of the cases, the second highest frequency, children were referred to determine their educability. Ten per cent of the cases were speech problems, eleven per cent were examined because of problem behavior, and nine per cent came to the clinic because of their low school achievement. Reading problems accounted for six per cent of the children, and problems such as vocational advise-ment, determining fitness for adoption, and determining laterality, accounted for the rest. A summary of these results is given in Table XX.

The diagnoses of the children seen at the clinics show that a large percentage are mentally retarded. Forty-one per cent of the children were diagnosed as mentally retarded. Ten per cent had emotional and personality problems. Nine children were reported as of average intelligence and eight per cent had hearing losses. Five per cent were classified as reading problems.

There were twenty-two diagnoses and recommendations altogether. Eleven of them had frequencies of one and two
TABLE XX
FREQUENCIES AND TYPES OF THE REASONS FOR REFERRAL

<table>
<thead>
<tr>
<th>Reason for referral</th>
<th>Frequency</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>Total</td>
</tr>
<tr>
<td>Determine mental ability</td>
<td>22</td>
<td>12</td>
<td>34</td>
</tr>
<tr>
<td>Determine reason for low school ach.</td>
<td>6</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Problem behavior</td>
<td>5</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Determine educability</td>
<td>6</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Hearing</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Speech problem</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Vocational advisement</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Reading problem</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Determine fitness for adoption</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Determine laterality</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>No stated problem</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
per cent. The results are presented in Table XXI.

Multiple problem diagnosis was recorded in nine per cent of the cases. The results recorded in Table XXII, page 41, show the types of problem combinations that handicapped the children. There were eight cases of two problems and one case in which three factors were diagnosed as the cause of the child's difficulty.

In one case there were two children handicapped by mental retardation and cerebral palsy, and in another case two children were found to have low mentality and poor vision.

The results of Tables XXII and XXIII reveal that in ninety-one per cent of the cases there was a single causative factor, in eight per cent of the cases there were dual causative factors, and in one per cent of the cases there were triple causative factors.

Table XXIII, page 42, shows that the diagnoses made by non-specialists in the public schools were not entirely reliable. In seven per cent of the cases assistance was required because of a problem other than that for which the child was referred by the public schools.

V. COMPARISON OF GROUPS "A" AND "B"

The two groups were very similar. The children in both groups had essentially the same characteristics and the discrepancies between them were very slight. This, the two
### TABLE XXI

**FREQUENCIES OF PARTICULAR DIAGNOSES**

<table>
<thead>
<tr>
<th>Type</th>
<th>Frequency</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior intelligence</td>
<td>-</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Average intelligence</td>
<td>6</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Slow learner</td>
<td>-</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Mentally retarded</td>
<td>20</td>
<td>21</td>
<td>41</td>
</tr>
<tr>
<td>Emotional and personality problems</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Speech problems</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Short memory span</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Environmental difficulties</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Suitable for adoption</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Reading problem</td>
<td>5</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Suitable vocational choice</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Suitable for crippled children's room</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Suitable for sixth grade placement</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Neurological involvement</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Good social adjustment</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Unsuitable for public schools</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ambidextrous</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Referral to U.S. Employment Office</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Incomplete case</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Untestable</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total** | 50  | 50  | 100  |
TABLE XXII
INCIDENCE OF MULTIPLE-PROBLEM DIAGNOSIS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of anxiety, difficult parents</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mental retardation, cerebral palsy</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Short memory span, poor reading habits</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Emotional problems, poor teaching</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Low mentality, poor motor co-ordination</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Low mentality, poor vision</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Home difficulties, reading difficulties, writing difficulties</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
TABLE XXIII

TYPES AND INCIDENCE OF CASES IN WHICH THE DIAGNOSED PROBLEM DID NOT AGREE WITH THE REASON FOR REFERRAL

<table>
<thead>
<tr>
<th>Reason for referral</th>
<th>Diagnosis</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected low mentality</td>
<td>Emotional problem</td>
<td>1</td>
</tr>
<tr>
<td>Behavior problem</td>
<td>Low mentality</td>
<td>3</td>
</tr>
<tr>
<td>Behavior problem</td>
<td>Reading problem</td>
<td>1</td>
</tr>
<tr>
<td>Low mentality</td>
<td>Reading problem</td>
<td>1</td>
</tr>
<tr>
<td>Behavior problem</td>
<td>Speech defective</td>
<td>1</td>
</tr>
</tbody>
</table>
groups of 50 children used to make up the 100 cases used for the study were members of a homogenous group and inferences drawn and conclusions made on the basis of 100 cases are, as far as the 100 cases are concerned, reliable.

VI. EXPLANATION OF CERTAIN RESULTS

It will be noted that in Table XIX, page 36, there is a difference of approximately 40 I.Q. points between the Adult Wechsler mean results and the mean results of the W.I.S.C. and Binet scales. This discrepancy can be explained on the grounds that the outpatients given the Adult Wechsler were generally referred for reasons other than low mentality, e.g. vocational advisement, while the outpatients given the other two scales were referred for a variety of reasons which included 34 cases referred to determine mental ability.  

The low Merrill-Palmer Mental Age was of note. This scale is used particularly with younger children and the discrepancy between this figure and the Binet Mental Age and the mean chronological age exists because the children who were given the test were all of much lower chronological age to begin with.

The California Test of Personality yielded no extremely deviant percentile ratings; however, for the full test the

5 See Table XX, page 38.
mean is below the 50th percentile. School relations were noticeable but not significantly low on the 39th percentile, while the highest percentile rating gained was for home relations and was on the 54th percentile.

From the evidence presented in Table XXIII, page 42, it seems reasonable to assume that the public schools were not entirely capable of accurate educational diagnosis. Further, reasons for referral fall into 12 main categories while the clinic made diagnoses involving 19 classifications.

It should not be inferred that these 19 classifications represent 19 problems.
CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

I. SUMMARY

The purpose of this study was three-fold. (1) to evaluate the characteristics of children referred to the Special Education Clinics at Indiana State Teachers College. (2) to draw a profile of the average outpatient referred to the clinics. (3) to evaluate the necessity for clinical services to the school systems of Indiana.

The method used was that described as the "Case-Study Method."¹ One hundred cases were selected from the clinic files and the contents were tabulated and analyzed. The results were presented in the body of the thesis.

II. CONCLUSIONS

The conclusions from the two groups as recorded in Chapter III will be drawn in light of the purposes of the study as stated on page one.

"(1) to evaluate the characteristics of children referred to the Special Education Clinic at Indiana State

Teachers College. (2) to draw a profile of the average outpatient referred to the clinic. (3) to evaluate the necessity for clinical service to the school systems of Indiana.

(1) On the basis of this study it would appear that the children seen at the clinic were a significantly deviate group. They were mentally retarded, educationally retarded, and fell below the 50th percentile in adjustment as measured by the California Test of Personality.

(2) A profile is given in Table XIX, page 36, and relevant information is recorded in other tables throughout the study.

(3) 1. In view of the large number of cases referred to the clinic and in view of the fact that these cases would otherwise go largely untreated, it would seem reasonable to infer that clinical service is needed for the children of Indiana. Further, as many more boys than girls were seen at the clinic, it is concluded that boys were more prone to be referred for educational difficulties than girls.

2. Since, as reported in Table XXIII, page 42, there is evidence that the problem suspected by the school systems is not the real problem, it is felt that professional diagnostic services and treatment are essential if all children are to be given an adequate education.

2 See Table XIX, page 36; Table XX, page 38; Table XXI, page 40; and Table XXII, page 41.
3. Since such services are provided by the clinic, it is concluded that the services performed by the clinic at Indiana State Teachers College are essential to the educational efficiency of the school systems of Indiana.

III. RECOMMENDATIONS

It is recommended:

1. That further material based on actual case records be gathered and analyzed.

2. That the physical characteristics of the exceptional child be analyzed.

3. That this study be repeated to add to the body of information about the characteristics of the exceptional child.
BIBLIOGRAPHY
BIBLIOGRAPHY

A. BOOKS


B. PERIODICAL ARTICLES

Bice, Harry V., "Interpretation of Psychological Examinations," Public Health Nursing. (October, 1949), 542-5.


Parker, R. E., "Educating the Teacher of Exceptional Children," Illinois Education. (May, 1944), 267-84.

# KEYSSTONE VISUAL SURVEY TESTS

**School Survey Cumulative Record Form No. 1**

For Use with Keystone Visual Survey Telebinocular

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Teacher</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>C. Age</th>
<th>M. Age</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>yr. mo. da.</td>
<td>yr. mo.</td>
<td>yr. mo.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School</th>
<th>City</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Referred to Clinic by</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Approved by</th>
<th>(Principal or Examining Examiners)</th>
</tr>
</thead>
</table>

**Subject Failures**

<table>
<thead>
<tr>
<th>Wearing Glasses:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snellen Standard (if desired)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>With Glasses:</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Without Glasses:</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
</table>

---

### Test 1 (DB-10A) Simultaneous Vision

- **Left Only**
- **Right Only**
- **Undesirable Tendency**
- **Passable**
- **FAIL**

### Test 2 (DB-8C) Vertical Imbalance

- **Left Only**
- **Right Only**

### Test 3 (DB-9) Lateral Imbalance (Far Point)

- **Numbers Only**

### Test 4 (DB-4K) Far Point Fusion

- **Left Only**
- **Right Only**

### Test 5 (DB-1B) Binocular Visual Efficiency

- **No Data Seen Unless**
- **Left Eye is Occluded**

### Test 6 (DB-2B) Left Eye Visual Efficiency

- **No Data Seen Unless**
- **Right Eye is Occluded**

### Test 7 (DB-3B) Right Eye Visual Efficiency

- **No Data Seen Unless**
- **Left Eye is Occluded**

### Test 8 (DB-7R) Clearness of Image (Far Point and Near Point)

- **Left Balls Only**
- **Right Balls Only**

### Test 9 (DB-9) Lateral Imbalance (Near Point)

- **Numbers Only**

### Test 10 (DB-5K) Near Point Fusion

- **Only**

### Test 11 (DB-6D) Stereopsis

- **Red-Green**
- **Yellow-Blue**

### Test 12 Color Perception

- **DB-11**
- **DB-12**

---

*All Correct*

---

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General Instructions

Arrange the slides in a pile in the order below. Put three or four slides in the slide holder and, as soon as any slide has been used and removed, insert at the back of the slide holder the next slide on the pile, in this way keeping more than one slide in the slide holder until the completion of the test.

If the used slides are placed, face down, in a pile as they are removed, they will be in order for the next test, with the exception that when Test 3 is completed this slide (DB-9) should be placed by itself for use in Test 9.

Interpretation of the Record Form. When all replies are checked in the "Pass" column (set off by heavy lines) visual performance is considered to be satisfactory in so far as this test goes.

When all replies are checked within the "Pass" and "Passable" columns, further examination is probably unnecessary if there is no discomfort or below-normal reading ability. However, a retest should be given within 60 days.

When one or more replies are checked in the "Undesirable Tendency" columns a more complete examination is probably in order. "Near Point," "Reading Distance," and "2.50" are equivalents; "Far Point" and "00-00" are equivalents.

More complete directions are given on the back of each stereographe. READ THEM! Schools may use only "Minimum Responses"

ESSENTIAL QUESTIONS FOR TESTING

<table>
<thead>
<tr>
<th>Set slide holder at 00-00 Far Point.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. &quot;What do you see?&quot;</td>
</tr>
<tr>
<td>2. &quot;Is the dog in the hoop, is he just starting through the hoop, or is he through the hoop?&quot;</td>
</tr>
<tr>
<td>3. &quot;Is the green line above the large ball, through the large ball, or below the large ball?&quot;</td>
</tr>
<tr>
<td>4. &quot;Is the ball on the right side or on the left side of the middle of the green line?&quot; (Optional question. No check mark needed.)</td>
</tr>
<tr>
<td>5. &quot;To what number does the arrow point?&quot;</td>
</tr>
<tr>
<td>6. &quot;Do you see two balls, three balls, or four balls?&quot;</td>
</tr>
<tr>
<td>7. &quot;What color are they?&quot;</td>
</tr>
<tr>
<td>8. &quot;If four balls are seen, ask, &quot;Are the little faces looking at each other or away from each other?&quot;</td>
</tr>
<tr>
<td>9. &quot;Do you see a little dot on the right side of signboard No. 1?&quot;</td>
</tr>
<tr>
<td>10. &quot;Where is the dot in signboard No. 2? In each of the other signboards?&quot; Should dot in No. 11 be read correctly, move slide holder to extreme end of shaft and ask the next question. See Note 1.</td>
</tr>
<tr>
<td>11. &quot;Move where is the dot in signboard No. 1? In each of the other signboards?&quot;</td>
</tr>
<tr>
<td>12. Should the patient not see dots in as many signboards as in TEST 5, cover the left barrel and ask, &quot;Now can you see any more dots?&quot;</td>
</tr>
<tr>
<td>13. &quot;Again tell me where the dots are in all the signboards.&quot;</td>
</tr>
<tr>
<td>14. Should the patient not see dots in as many signboards as in TEST 5, cover the left barrel and ask, &quot;Now can you see any more dots?&quot;</td>
</tr>
<tr>
<td>15. Some of the balls have clear black lines—they are called &quot;Test Balls&quot;; the others have blurred lines. &quot;Note that No. 1 of the right-eye test is clear while Nos. 2 and 3 are blurred.&quot; (On opposite page &quot;Test Balls&quot; are numbered.)</td>
</tr>
<tr>
<td>16. &quot;What is clear in the 3d row, 5d row, etc., etc.? Are blurred &quot;Test Balls&quot; completely blurred or only slightly blurred?&quot; Use same test with DB-7R and DB-7L. Occlusion of the eye not being tested is desirable. See Note 2.</td>
</tr>
</tbody>
</table>

Move slide holder to 2.50, Reading Distance, and ask for clear lines and blurred lines in the "Test Balls."

Slide holder is now in position for this test.

<table>
<thead>
<tr>
<th>To what number does the arrow point?</th>
</tr>
</thead>
</table>

Move slide holder to 00-00 or any point favored by patient.

| 1. "What do you see in the lower corners of the frame?" |
| 2. "What seems to float in front of the card in line 1? In all the other lines?" |

Check the last correct reply.

Note 1: "Can you see the dot in signboard No. 9?" If the answer is "No," move slide holder toward the eyes and say, "Tell me when you see the dot in signboard No. 9." Note position on shaft when seen and record.

Note 2: If "Test Balls" are clear at 00-00, further information may be obtained by moving the slide holder slowly toward the end of the shaft. (See back of stereographe.)

DIRECTIONS FOR SCORING

| Put a check mark (V) on the picture most nearly corresponding to the reply. Both dog and pig must be seen at the same time. |
| Put a check mark (V) on the design most nearly corresponding to the reply. If line is not through the ball, check the design in column most nearly corresponding to the position of the dog in TEST 1. |
| Put a vertical line on the figure or space between figures to which the arrow points. Should the arrow not come to rest use two lines, marking the extremes of motion with a horizontal arrow — or | or | indicating direction of motion. |
| Put a check mark on the design most nearly corresponding to the reply. The position of the face is important. The check mark as determined by the position of the face should be on the same side of the "Pass" column as the check mark in TEST 2. |
| Put a check mark on the last correct reply if signboard No. 11 is read correctly and slide holder is moved out, indicate how far out, under "Slide Holder Out to." |
| Put a check mark on last correct reply when both eyes are open. If occlusion is used, put an "O" on the correct reply, even if it is the same as the reply checked. |
| Same as for TEST 6. |
| Put a check mark on all "Test Balls" in which lines are blurred. The "Test Balls" are the numbered balls. |
| DIRECTIONS FOR SCORING |
| PASS SCORE. Lines clear in all "Test Balls" at 00-00. PASSABLE SCORE. Lines only slightly blurred in some "Test Balls" at 00-00. UNDESIRABLE TENDENCY SCORE. Lines completely blurred in some "Test Balls" (like those blurred in the card) and clear in others at 80-89 or beyond. For Near Point Test set at 2.50, Reading Distance, and score as above. |
| Put a vertical line on the figure or space between figures to which the arrow points. Should the arrow move, see directions for TEST 1. |
| Put a check mark on the design most nearly corresponding to the reply. The position of the face is important. The check mark as determined by the position of the face should be on the same side of the "Pass" column as the check mark in TEST 9. |
| Put a check mark on all correct replies. |
# APPENDIX B

## TABLE XXIV

**INCIDENCE OF TEST ADMINISTRATION**

<table>
<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>1937 revision of the Binet Scale, form L.</td>
<td>57</td>
</tr>
<tr>
<td>Wechsler Intelligence Scale for Children</td>
<td>35</td>
</tr>
<tr>
<td>(Adult) Wechsler-Bellevue Scale of Intelligence</td>
<td>4</td>
</tr>
<tr>
<td>Merrill-Palmer Scale of Intelligence</td>
<td>10</td>
</tr>
<tr>
<td>California Test of Personality</td>
<td>23</td>
</tr>
<tr>
<td>Vineland Social Maturity Scale</td>
<td>29</td>
</tr>
<tr>
<td>Durrell Analysis of Reading Difficulty</td>
<td>18</td>
</tr>
<tr>
<td>Keystone Visual Survey</td>
<td>23</td>
</tr>
<tr>
<td>Puretone audiometry</td>
<td>36</td>
</tr>
</tbody>
</table>

*Note: The frequencies above do not necessarily correspond with the frequencies in Chapter III, Section II. In some cases, although tests were given, the results were not adequately recorded.*
A SPECIAL EDUCATION BIBLIOGRAPHY

A Selection of Titles in the Library

of the

National Society for Crippled Children and Adults

Revised May 1951
Compiled and Distributed by the
Library of the National Society for Crippled Children and Adults
EXPLANATORY

The publications listed in this bibliography are in the loan collection of the Library of the National Society for Crippled Children and Adults. The library does not stock copies for sale. Persons desiring to purchase copies should order from the publisher or through their book dealers. Publications of the National Society, including reprints from the Crippled Child now in stock, are listed in a Publications Price List, a free copy of which will be sent on request.

This bibliography on special education has been compiled for education students and for all others seeking information in the subject. The titles selected were included because they are basic texts, or because they are representative of the literature in the particular aspect of the subject under which they are listed.

Although all titles listed in the bibliography are available for loan to organizations and individuals in the United States, it is urged that the resources of the local libraries and information centers be investigated first. It is understood that persons borrowing from this library will agree to pay shipping charges for sending the loan literature to them and for returning it to the library.

This bibliography is supplemented by the BULLETIN ON CURRENT LITERATURE, a monthly bibliography for workers with the handicapped, which is compiled by the library. Subscription price is $1.00 a year. A sample copy will be sent on request.

CONTENTS

Publications are listed by author and title under the subject heading by which they are cataloged and filed in the library. The subject headings are typed in all-capitl letters. The main subject headings are given below with the page in which they first appear:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind</td>
<td>1</td>
</tr>
<tr>
<td>Cerebral palsy</td>
<td>3</td>
</tr>
<tr>
<td>Deaf</td>
<td>6</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>9</td>
</tr>
<tr>
<td>Homebound</td>
<td>11</td>
</tr>
<tr>
<td>Hospital schools</td>
<td>12</td>
</tr>
<tr>
<td>Mental defectives</td>
<td>15</td>
</tr>
<tr>
<td>Nursery schools</td>
<td>20</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>20</td>
</tr>
<tr>
<td>Parent education</td>
<td>21</td>
</tr>
<tr>
<td>Parents and teachers</td>
<td>21</td>
</tr>
<tr>
<td>Physical education</td>
<td>21</td>
</tr>
<tr>
<td>Public health nursing</td>
<td>21</td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td>22</td>
</tr>
<tr>
<td>School buildings</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Special education (See also under specific disabilities, as Cerebral palsy)</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>--Bibliography</td>
<td>24</td>
</tr>
<tr>
<td>--History</td>
<td>35</td>
</tr>
<tr>
<td>--Institutions (Specific schools are listed here)</td>
<td>35</td>
</tr>
<tr>
<td>--Legislation</td>
<td>37</td>
</tr>
<tr>
<td>--Personnel</td>
<td>38</td>
</tr>
<tr>
<td>--Programs</td>
<td>40</td>
</tr>
<tr>
<td>--Study units and courses</td>
<td>41</td>
</tr>
<tr>
<td>--Surveys</td>
<td>42</td>
</tr>
<tr>
<td>Speech correction</td>
<td>43</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>43</td>
</tr>
<tr>
<td>Typing</td>
<td>44</td>
</tr>
<tr>
<td>Vocational education</td>
<td>44</td>
</tr>
<tr>
<td>Vocational guidance</td>
<td>45</td>
</tr>
<tr>
<td>Writing</td>
<td>45</td>
</tr>
<tr>
<td>Periodicals of Interest to special education teachers</td>
<td>46</td>
</tr>
<tr>
<td>Index to authors</td>
<td>46</td>
</tr>
</tbody>
</table>
Lowenfeld, Berthold, ed.

Ross, Ishbel
Journey into light, the story of the education of the blind. New York, Appleton-Century-Crofts, c1951. 390 p. $4.00.
The history of the education of the blind through the centuries is presented in terms of the persons, blind and seeing, who made the greatest contributions—including Havy, Braille, John Metcalfe, Laura Bridgeman, Maria von Paradis, Helen Keller, Francois Huber, and Samuel Gridley Howe. Bibliography and index.

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Galisdorfer, Lorraine, comp.
The listed titles are arranged under the following sections: The field of sight conservation; The health of the partially seeing; and The educational and vocational guidance of the partially sighted.
Available from the compiler, Miss Lorraine Galisdorfer, Kenmore Public Schools, Kenmore, N.Y., at $1.50 a copy.

"Publications have been listed in accordance with certain factors important in securing maximum readability for students with visual impediments. The following features have been considered in selecting suitable books for the guide: spacing between lines, words, and letters; paper without gloss; clarity of pictures; worthwhile, interesting content; and large type."
This bibliography may be ordered from the compiler, Miss Lorraine Galisdorfer, Kenmore Public Schools, Kenmore, N.Y., at $1.00 a copy.

PROGRAMS--ILLINOIS
Illinois, Department of Public Instruction.
Bibliography: p. 66

SPECIAL EDUCATION
Chatfield, Alice
Modern educators realize they must provide time for children to "integrate their experiences most effectively through work on common problems of an important area of experience - the broad unit of work." The author restates the nine characteristics of a broad unit as expressed in the philosophy of the social science classes at the University of Ohio and applies them to a unit on transportation. The author is first grade teacher at the Ohio State School for the Blind.

Clunk, Joseph F.
Residential secondary schools for the blind too often fail to educate adequately for living in a seeing society. If the student is not taught to compete socially and vocationally with the sighted, his academic education is worthless.
8. Gaffney, Emily C.
   An explanation of the role of the home teacher in the education of the newly blind.
   The home teacher not only teaches braille, typing and handicraft but also acts as an
   inspiration to the blind. It is her duty to stimulate them to a social and intellectual
   life and refer the "pupil" to the rehabilitation resources of the community to provide
   him with employment.

9. Galisdorfer, Lorraine
   An emerging program for improving reading in sight conservation classes. J. of
   "This discussion of an evolving reading program in the sight conservation field is
   summarized briefly for re-capitulation: 1) Reading activities for partially seeing
   pupils are the same as those experienced by normally-seeing pupils, the differences
   being in the emphasis of adaptation only, according to the kinds and degrees of the
   visual impairment of the individuals. 2) Partially sighted children are guided to
   achieve in an enjoyable manner, an optimum of reading growth in a minimum of time
   and amount of close eye work. 3) The sight conservation teacher, through an understan-
   ding of individual growth needs, mental and reading abilities, interests, and environ-
   mental conditions and backgrounds, sets the stage for an adaptable reading program so
   that the pupils achieve confidence and success in terms of their capacities to grow and
   develop."

10. Hathaway, Winifred
    Education and health of the partially seeing child; rev. ed. New York, National
    Society for the Prevention of Blindness, 1947. 216 p., illus., tab.

11. Hughes, Bernice
    Materials and equipment for the partially seeing child. J. of Exceptional
    The education of the blind and partially seeing child differs not in method of
    instruction, but primarily in need of special materials, equipment, furniture, etc.
    Author discusses types of supplies and apparatus used in the Oregon program of special
    education.

12. Langan, W.
    The education of the blind mental defective. Am. J. of Mental Deficiency. Jan.,
    52:3:272-277.

13. Long, Elinor H.
    Group dynamics; a new approach to instruction and its practicability in the educa-
    tion of the blind, by Elinor H. Long and Mac Davidow. Outlook for The Blind.
    An explanation of what group dynamics is, and how it may be applied as an improve-
    d educational technique over traditional and progressive school methods. Its practical
    application at the Overbrook School for the Blind is described.

14. Marantz, R. Bivkin
    Bestowing the gift of sight; how sight saving classes teach the partially blind to

15. School, Geraldine
    Condensed from "The major functions of education applied to residential and day
    schools for the blind," unpublished Masters thesis, Wayne University, Detroit, Michig
SPECIAL EDUCATION—CALIFORNIA
California. Los Angeles City School District, Los Angeles.

SPECIAL EDUCATION—GREAT BRITAIN
Great Britain. Scottish Education Department.
"The following Report...submitted to the Secretary of State by the Advisory Council on Education in Scotland, is published in order that it may be available to all those who are interested. The recommendations in the Report have still to be considered by the Secretary of State, and in the meantime he should not be regarded as in any way committed to accepting them."

SPECIAL EDUCATION—JAPAN
Konagaya, T.
A brief history of the education of the blind in Japan since ancient times until the passage of the Physically Handicapped Welfare Law, April 1, 1948, which provides compulsory education for the blind.

SPECIAL EDUCATION—STUDY UNITS AND COURSES
Hood, Jane E.

SPECIAL EDUCATION--BIBLIOGRAPHY
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Carlson, Earl R.

Fouracre, Maurice
The education of cerebral palsied children should be scaled to their abilities and limitations, if it is to be of practical value. Academic education is useless as such, if it deprives the cerebral palsied of an opportunity to take his place as a useful member of society.

Hansen, Ruth

Loviner, Della Griffith
The cerebral palsied child goes to school, by Della Griffith Loviner and Edith Carey Nichols. Columbus, O., Ohio Society for Crippled Children, 1946. 37 p., illus. 25¢

McIntire, J. Thomas.

Miller, Melba M.


Curriculum planning for the cerebral palsied should be realistic so that it will consider the assets as well as the liabilities of each child. Training along vocational lines should begin at the fourth grade to allow time to determine the most suitable field for each individual, but the child should also be educated for happiness and to take as great a part as possible in social, cultural and civic activities.


A teacher of a special class for young cerebral palsied children at the Randall J. Condon School, Cincinnati, Ohio, describes the methods she uses in her teaching program to develop healthy social instincts and tendencies in her pupils.


Describes the special class for the cerebral palsied at the Condon School for Crippled Children, Cincinnati, Ohio, and the special devices and methods of its teacher in presenting units of study.


The most essential factor in teaching the ataxic child is to "know your child". In sincere desire to accomplish this end it is necessary to have a coordinated program, taking into consideration the total child--his physical characteristics, educational potentialities, and emotional needs.


A plan for the establishment of a special cerebral palsy education program. Staff, medical care, classroom facilities, equipment, and academic training are evaluated.


Preparation of a child for a vocation begins at an early age, almost from the time he is born. Parents of cerebral palsied children should be made to realize this even more than others and should be ready to face, realistically, the limitations of the child and train him to do the same. A child must be taught to live and assume such responsibilities which will make him vocationally acceptable. So often the "c.p. personality" includes traits that present problems in vocational guidance and placement. "Many people deal only with the physical disability and do not appreciate the frequently devastating effects of psychological handicaps. The situation requires vigilance on the part of all who guide the child to avoid the creation of vocational handicaps and serious personality deviations. We must not lose sight of the fact that we are preparing a child for life.
Whitehouse, Frederick A. (continued)

longer the period he lives dependently, and unrealistically, the more difficult it will be to fit him into society through the medium of work."

---

**RAL PALSY--SPECIAL EDUCATION--CALIFORNIA**

Jensen, Carol M.


Schulz, Lois R.


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**RAL PALSY--SPECIAL EDUCATION--ILLINOIS**

Linc, Lawrence J.


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**RAL PALSY--SPECIAL EDUCATION--NEW YORK CITY**


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A bibliography of books for schools for the deaf. Books are starred and double-starred according to their popularity at the Wisconsin School for the Deaf in Delavan where the author teaches. Reprints are available from the author at 15¢ each.

Higgins, Francis C.

The education of the deaf; the book mart, being a list of books on the deaf, speech and speech-reading, the language of signs, etc., now in print, part II. Am. Annals of the Deaf. May, 1950. 95:3:315-319.

"The first list was published in the American Annals of the Deaf, Vol. 92, No. 2, March, 1947, pp. 151-168. The information for this second list was collected soon after the publication of the first list. Therefore, the writer makes no claims that any or all of the books in the second list are still available. It is suggested that the readers write to the publishers to determine if the books can still be obtained."
MacDonald, Nellie V.
"The teacher in charge of the pre-school for the deaf at the King Edward School in Toronto offers a list, supplementary to the one published in the February 1950 issue of the Volta Review, of books for the pre-school deaf or hard of hearing child from three to five years of age. These books are also suitable for the deaf child in primary school who did not attend nursery school."

National Society for Crippled Children and Adults.
A selection of titles in the library of the National Society for Crippled Children Adults. Single copies free.

DEAF--PARENT EDUCATION
California. California School for the Deaf, Berkeley.
A well-prepared handbook for the parents with most helpful suggestions as to the care and training of the young deaf child.

DEAF--PROGRAMS--ILLINOIS

DEAF--PROGRAMS--OHIO
48. Irwin, Ruth Beckey

DEAF--PROGRAMS--Pennsylvania
49. Morley, D. E.

DEAF--SPECIAL EDUCATION
50. DiCarlo, Louis M.
Presentation of a comprehensive classroom program for the rehabilitation of deaf or hard of hearing school children. Historical background and requisites for an educational program are given.

51. Doctor, Powrie V.
Observation of language work at Gallaudet College shows that the teaching of the abstract to the deaf is the most difficult phase of their education. The author suggests the following methods of approach: 1) Teach more by comparison, contrast, and analysis; 2) teach more ideas and less facts; 3) do not give all the answers in class, and even let some questions go unanswered. Reading of plays and fiction should be encouraged, so that familiarity with speaking vocabularies be acquired.

52. Elstad, Leonard M.
A description of Gallaudet College. The author emphasizes the academic program, testing to maintain a standard of achievement comparable with colleges for hearing students and the social and campus activities at the college. There is a discussion of the vocations and professions into which the students go and the need for a college solely for deafened students.
Fitzgerald, Margaret
"A well-balanced plan of procedures should result in bringing greater knowledge of words to the children, thereby contributing to every phase of their school program. Greater skill in vocabulary will serve also to prepare for vital activities of adulthood in building toward greater enjoyment of reading and providing an enduring learning process."

Ford, Catherine
Condensed from a paper presented before the Section on Problems of the Deaf at the 23rd annual meeting on the International Council for Exceptional Children, Ottawa, May 1947

Herrick, Helen
A description of an auditory training program for nursery school age children which stresses teaching through the tactile sense and building confidence and interest in the deaf and hard of hearing child. The object is to salvage the hard of hearing child from schools for the deaf where he is likely not to be trained in the art of hearing. Useful games and activities are suggested.

Lane, Helen Schick

Lassman, Grace Harris
Language for the pre-school deaf child. New York, Grune & Stratton, 1950. 263 p., illus. $5.50.
A book for parents, students and for teachers on the guidance of the young deaf child. It stresses the importance of language in the deaf child's world and of the teaching of this language to the child. Emphasis is placed on patience and understanding of the problems of hard of hearing child and of each individual case. Specific instructions are given. Excellent bibliography.

MacDonald, Nellie V.
"This home-made sense material has been used in conjunction with commercially made educational toys and puzzles....Various games can be initiated with the younger children. Once a child can complete an item he should go on to the next....Although this material was planned especially for very young deaf children, it is also useful for any child who needs a readiness program. I don't use any of this long. It is never used for drill. It is merely a beginning and it paves the way for the concentration for all other things a deaf child must learn." A description of the material and how it is used is given.

Myklebust, Helmer R.


The staff of the Department of Child Study of Vassar College and the staff of Junior High School 47 met in conference to discuss a new method of teaching the pre-school, deaf child. Topics discussed include basic teaching philosophy, equipment and hearing.

2. Pugh, Gladys


Supplementary recreational reading supplies the deaf child with a broad enrichment and contact with large quantities of materials. This material aids the child in developing a feeling of self-satisfaction and confidence. Techniques for supervision of the reading by the teacher are presented.

3. Sheldon, William


4. Sprunt, Julie W.


Report of a study made of 692 school children between the grades of 3-7 in five elementary schools of Louisa County, Virginia, to determine the relationship between hearing disability and scholastic progress. Non-verbal test results seem to indicate that the hard of hearing child will progress more slowly than the normal hearing child.

5. Stone, Mary E.


Thesis in partial fulfillment for B.A. of Arts, Gallaudet College, May, 1948. Theology presents historical development of the first Catholic school in America to the present day. Catholic interest in schools for the deaf and its work in behalf of the deaf is treated fully.

3AF--SPECIAL EDUCATION--CALIFORNIA


Schools and classes for exceptional children: The child with impaired hearing. Los Angeles, The School District, 1942. 47 p., illus. (School publication no. 380)

3AF--SPECIAL EDUCATION--GREAT BRITAIN

7. Great Britain. Scottish Education Department.

Pupils who are defective in hearing; a report of the Advisory Council on Education in Scotland. Edinburgh, H. M. Stationery Off., 1950. (72) p. (Cmd. 7866) Is 3d (35¢). The following report on pupils who are defective in hearing submitted to the Secretary of State by the Advisory Council on Education in Scotland, is published in order that it may be available to all who are interested. The recommendations in the report have still to be considered by the Secretary of State, and in the meantime he should not be regarded in any way committed to accepting them. Discusses the problem of deafness and the organization and administration of an educational program for the deaf in Scotland.

3AF--SPECIAL EDUCATION--ILLINOIS

8. Illinois. Department of Public Instruction.

The Illinois plan for special education of exceptional children: those with impaired hearing. (Springfield) The Dept. (1949) 57 p. (Circular series "C" no. 12.) "This circular is prepared to assist school boards, administrators and teachers in providing the essential educational services for deaf and hard of hearing children under the Illinois Plan."

Available from The State Superintendent of Public Instruction, Springfield, Illinois.
Menz, Fred H.


A description of the program at Francis W. Parker High School, Chicago, to bring to the deaf and hard of hearing students as near to a normal social life as is possible. For the first three years, these acoustically handicapped children have special teachers and classes; for the last year, they are in regular classrooms to acquaint them better with living and working with the normally hearing world.

Special Education--New York City


Report of the Sub-committee on Acoustically Handicapped Children.

Special Education--Ohio

Irwin, Ruth Beckey


A presentation of legislative provisions of Ohio for the deaf and hard-of-hearing school child and of the special education program that has evolved from these laws.

Psy


Title of issue: Epilepsy in childhood.

Entire issue devoted to articles on the subject, including: Residential schools for epileptic children in England, by J. Taylor Fox. -The care of the epileptic child in residential schools in America, by Herman Yannet. -The epileptic child in the public school, by Olive A. Whildin. -The vocational problem of the epileptic child, by Joan Pinansky

Psy--Programs--Illinois


Psy--Special Education

(Bowditch, Henry L.)


Himler, Leonard E.


(International Council on Exceptional Children. Special Committee on Epilepsy.)


Joint publication of the Council and the American Epilepsy League.

Proposal for educational and medical program for the epileptic child, so that he, too, may have equal opportunity in our democratic society.

Price, Jerry C.


A report of the successful epilepsy program in Ohio, sponsored by the Ohio Society for Crippled Children. Of 50 school-age children studied, 40 are in school, 2 receive home instruction, and 3 are out of school. Of the 40, 28 are in regular classes and 12 in ungraded classes. "The study indicates that seizures are less bothersome than mental retardation, malbehavior and social adjustments to the school authorities...Placement of children in school is found to be largely a result of cooperation of the relatives, teacher and family physician. Clinical criteria are offered with the hope that, by using them, malplacement of epileptic children in school may be minimized."

Distributed in reprint form by the Ohio Society for Crippled Children, 5 W. Broad St., Columbus 15, Ohio.
EPILEPSY--SPECIAL EDUCATION--CALIFORNIA

78. Randall, Harriett B.


A report on the school program for epileptics in Los Angeles. There are 333 epileptic children in the school system, and 267 are attending regular classes. The remaining 66 are in special schools for handicapped children. 267 of the 333 are under treatment, and 54 are under the supervision of the School Guidance Clinic which helps children and their parents in their medical, social and family adjustments. When it is advisable for the older student to discontinue his schooling or has completed it, the State Rehabilitation Service assists in guidance and finding of employment.

EPILEPSY--SPECIAL EDUCATION--NEW YORK CITY


GIFTED CHILDREN

80. American Association for Gifted Children.


This book, consisting of papers by members of the Association, discusses what we know about gifted children and their special problems.


HANDICAPPED--PROGRAMS

81. Lee, John J.


82. U. S. Children's Bureau.


Report of the Committee, Section IV A.


Report of the Committee, Section IV B.
SPECIAL EDUCATION

Darlington, Meredith W.
Discusses the administration of supervised home study courses for children unable to attend school.

Parr, Muriel
It can be serious business, this being too ill for school. One child may fret himself weak at the interruption; another may regard his enforced vacation as an unexpected gift from Heaven. Either attitude may have troublesome repercussions. In this article the reader will find a sensible approach to a crisis that cannot be left to chance and the child."

Jean, Sally Lucas
A brief report of how school instruction in Iowa is brought to the child in the hospital or in the home. In the Iowa Department of Public Instruction a state supervisor in special education administers the work of 36 field supervisors in special education, active in helping local communities and schools to provide teaching facilities to the homebound and hospitalized.

Oettinger, Katherine Brownell.
A report of a four-year project of the Scranton Public Schools in the home teaching of physically handicapped children, as made possible by W.P.A. funds.

Parker, Jessie M.
An explanation of the School-to-Home telephonic communication system, used in the last ten years in Iowa, where approximately 1000 homebound children have received regular classroom instruction.

Sanders, James M.
Offers useful suggestions for aids in teaching science to the homebound and bedfast student. "From the foregoing suggestions it is evident that unlimited opportunities offer themselves in teaching bedside science to those children who need stimulus and inspiration along with guidance and a chance to do something for themselves where possible.

U. S. Office of Education
Bulletin discusses briefly the extent of school programs for the homebound. Recommends adequate standards for the administration of home classes and ways of meeting the problems and limitations inherent in this type of instruction. Single copies free from the U. S. Office of Education, Washington 25, D. C.

Walsh, Grace
A brief account of the use of the "teach-a-phone" equipment at Eau Claire State College Wisconsin.

Willoughby, Miranda G.
HOMEBOUND--SPECIAL EDUCATION--INDIANA
"This little booklet aims to set forth briefly the Hammond (Indiana) Schools plan of education for homebound children. It is believed that parents concerned will find it useful and that the general public will be interested in the information presented. Distributed by the Hammond Public Schools, Lee L. Caldwell, Superintendent, Hammond.

HOMEBOUND--SPECIAL EDUCATION--IOWA
Describes Iowa's use of the telephonic home-and-school communication system.


HOMEBOUND--SPECIAL EDUCATION--NEW YORK CITY

HOMEBOUND--SPECIAL EDUCATION--WEST VIRGINIA

HOSPITAL SCHOOLS

100. Greenberg, Harold A. The emotional problems and education of hospitalized children. J. of Pediatrics. Feb., 1949. 34:2:213-218. The convalescent and hospitalized child requires education as a part of his normal development. His proper adjustment to hospitalization and new groups (staff, children etc.) will further child's chances for emotional and educational growth. The teacher has the responsibility of providing education with methods and techniques largely original, since the field is still new and concrete programs are as yet undeveloped.

101. Jean, Sally Lucas Mental windows for hospitalized children. Child. June, 1949. 13:12:182-185, 189. Stresses need for providing an educational program for hospitalized children, so that they will not suffer social and mental setbacks because of their illness. Programs of various hospitals are offered as models.


The school curriculum for the hospitalized child too often consists solely of academic subjects. With some extra effort and planning, art and dramatics can be brought to hospital-school children. Music, hobbies, clubs and even the facilities of the hospital can be utilized to enrich the curriculum which will bring normal and happy growth and prevent the development of negative personality traits.

This article is adapted from Bulletin 1949, no. 3, "School in the Hospital," prepared by the U. S. Office of Education.

National Foundation for Infantile Paralysis


The condensed proceedings of a conference of national leaders in special education and rehabilitation who met to discuss the various phases of a good program for education of hospitalized children.


U. S. Office of Education.


U. S. Office of Education


"This bulletin has been prepared in the hope that it will stimulate school superintendents, hospital administrators, parents, and laymen to work for an educational program in every hospital where there are children of school age." Offers guidance in the organization and administration of a hospital school and the adaptation of the school program and curriculum.


ITAL SCHOOLS-- GREAT BRITAIN

Moore, Mary F.


ITAL SCHOOLS-- ILLINOIS

Boyles, Iva Field.


Eddy, Richard


"The widespread interest in the care of crippled children has led to many inquiries from different parts of the country about the 'Children's Hospital-School,' which has been in operation for nearly four years...A unit in the State Department of Public Welfare, it is a residential center offering facilities for physical rehabilitation, an educational program, and experience in group living for educable children with physical handicaps so specialized and severe that other resources are unsuited to their needs."

Illinois. Illinois Children's Hospital School, Chicago


A detailed report of the year's accomplishments. Distributed by the Hospital-School, 2551 North Clark St., Chicago, Ill.
HOSPITAL SCHOOLS--IOWA
114. Iowa. Iowa Hospital School for Severely Disabled Children, Iowa City
   Iowa Hospital School for Severely Disabled Children, State University of Iowa, Iowa
   "This brochure tells the story of the Hospital-School since its beginning in 1948. You'll find explained here the services which have been developed in limited space as well as increased services to be provided with completion of the new school. The school has three aims: to assure expert diagnosis and evaluation for all handicapped children in Iowa so proper planning can be initiated; to provide the best of care, education and treatment to children who are educable and can be admitted; and to provide practical training to teachers, technicians, nurses, physicians and workers in the field to better prepare them to serve the handicapped in their respective communities."
   Available from the Hospital-School, University of Iowa, Iowa City, Iowa.

HOSPITAL SCHOOLS--MASSACHUSETTS
115. Brayton, Margaret R.
   26:5:8-10.
   "Miss Brayton...is an advocate of segregation of physically handicapped children during their period of training. She believes that the handicapped child can later make an easier adjustment to normal ways of living if he is a product of the hospital school. This article presents her viewpoint."

HOSPITAL SCHOOLS--MICHIGAN
116. McComb, Ellen
   To learn to laugh; use of visual and auditory materials in story telling. Recreati
   Describes the educational and recreational program for sick children in the University Hospital School, University of Michigan, Ann Arbor.

117. Walton, Mildred H.
   The play and school program at the University of Michigan Hospital, carried out by hospital teachers, student nurses, and trained recreation workers, is described.

HOSPITAL SCHOOLS--NEW YORK CITY

HOSPITAL SCHOOLS--DESIGNS AND PLANS
119. Schoenbohm, W. B.
   A description, accompanied by drawings, of the new building for the Iowa Hospital School for Severely Handicapped Children to be constructed at the University of Iowa, Iowa City.
SCHOOLS--PERSONNEL
Massachusetts. Massachusetts Hospital School, Canton.
Welcome to the Massachusetts Hospital School. (Canton) The School (1950?). (2h) p. illus.
An orientation manual for employees of the Massachusetts Hospital School, Canton, Mass., an institution devoted to the corrective, restorative, and educational care of crippled children.

NATIONAL CONFERENCE OF EXPERTS ON THE EDUCATION OF ORTHOPEDICALLY HANDICAPPED CHILDREN--PROCEEDINGS.
Lee, John J.
"At the last session the conference adopted these resolutions and recommendations which will be transmitted to UNESCO and the United Nations Organization and through those organizations to the respective governments and free peoples of the world as appropriate basic policy and procedure for finding their crippled children and meeting their needs for care, treatment, education and vocational rehabilitation."

LIBRARY SERVICE
Methven, Mildred L.
Discusses the need of special library services to institutionalized children handicapped mentally or physically.

DEFECTIVES
Doll, Edgar A.

Kirk, Samuel A.

DEFECTIVES--INSTITUTIONS
Engberg, Edward J.
Abstracts of selected papers published in the Journal since 1938.
In the same issue are the following articles of special interest: "Resume of papers published in the American Journal of Mental Deficiency on social problems dealing with the mentally deficient, 1938-1949," by Helen F. Hill, pp. 67-75; "A world survey of facilities for the institutional care of mental defectives," by Benjamin Nalsberg, pp. 119-127; "A decade of psychology; a review based on reports in the American Journal of Mental Deficiency," by Harry V. Bice, pp. 57-66.

DEFECTIVES--MEDICAL TREATMENT
Waelsch, Heinrich.
DEFECTIVES--MENTAL HYGIENE

127. Michal-Smith, Harold


"Vocational guidance directors should select students for the various classes carefully, so that they may receive the best training that they are capable of assimilating. Personal attractiveness is necessary only for jobs that involve meeting the public but physical normality is necessary for all workers. Deficients who are not cautious may trained for certain social types of work if they fill all other requirements; but cautiousness is an essential for work in the other three job areas. An even disposition is highly important for social, repetitive, and machine operative types of work, and less important for manual. Responsibility, as well as the lack of a tendency to question orders, is of major importance only for manual and repetitive work. Low levels of fatigability is acceptable only for social jobs. The manual laborer may be forgetful, but not the machinist or the repetitive type of worker. The repetitive worker and the machinist cannot afford to be clumsy. The ability to look after one’s own health is of great importance only to the manual laborer, and a feeling of loyalty only for the sales type of worker. The other characteristics are not considered vital for any of the work areas. Consideration of emotional as well as mechanical aptitudes will result in the better training of the mental deficient to fit specific jobs in industry."

DEFECTIVES--PARENT EDUCATION


The purpose of this attractive booklet is to help parents in the care and training of the backward or mentally retarded child in the home.

Available from the Supervisor of Government Publications, Department of Public Printing and Stationery, Ottawa, Canada, at 25¢ a copy.

129. Ciand, Vicentz


130. Minnesota. Division of Public Institutions

Teach me; a guide for parents and others who have the care of subnormal children. St. Paul, Minn., The Division, 1945. 31 p.

Available from the Division at 25¢ a copy.

DEFECTIVES--PROGRAMS

131. Haskell, Robert H.


DEFECTIVES--PROGRAMS--ILLINOIS

132. Illinois. Commission for Handicapped Children


Bibliography: p. 36-37.

DEFECTIVES--SPECIAL EDUCATION

133. Birch, Jack W.


A review of the manner in which mental deficiency is handled in the Pittsburgh public school system. Type of education offered to educable group and procedures followed in cases of uneducability are given.
Borrega, Frank (and others)

Eight curriculum cores comprise the program of occupational education developed for retarded children in New York City. One year is devoted to each core. The general form of the lesson plans are presented including the standard aim, motivation, development, application, and summary.

Buchan, Dorothy

Cianci, Vincentz

Miss Cianci is supervisor of home teaching, working out of the North Jersey Training School at Totowa. The type of retarded child she works with is that sometimes labeled "institutional" and not acceptable in the public school. Working with the parent and the mentally deficient child in the home, the home teacher can be most helpful in creating better home and family adjustments and a better community understanding of the problem of mental deficiency.

This type of home training program, begun first in Massachusetts where it was conducted by trained social workers, is being developed in New Jersey by a person trained in education, psychology, and guidance.

Featherstone, W. B.
Teaching the slow learner. New York, Teachers College, Columbia University (c1941). 100 p. (Practical suggestions for teachers, no. 1)

This monograph, covering both theoretic and practical considerations, has been reprinted five times.

Contents: I. The slow learner--who he is and what he is like.-II. How to locate the slow learner.-III. How to organize for teaching the slow learner.-IV. How to guide the activities of slow learners.-V. How to teach the "Fundamental processes."-VI. How to help the slow learner with his personal problems.

Available from Bureau of Publications, Teachers College, Columbia University, 525 W. 120th St., New York 27, N.Y. at 75¢ each.

Goldstein, Irwin

An overview of the instructional cores for retarded adolescents in the New York public schools. The cores described are intended to acquaint the child with types of employment open to him and of the social skills he needs in order to maintain himself in the work-day-world.

Harms, Ernest.

Hollinshead, Merrill T.

A discussion and evaluation of the method used in Newark, N.J., in selecting mentally retarded students for schooling at the high school level, following pre-vocational school experiences.
Illinois. University. College of Education


"The references in this publication are confined primarily to educational articles or to articles which have a direct application to educational procedures. Purely medical or psychological literature has not been included."

Johnson, G. Orville


Varying opinions were expressed in the panel discussion on segregation versus nonsegregation at the 1946 annual meeting of the International Council of Exceptional Children, although no supporting evidence other than personal experience and observation was offered. A survey of the literature failed to show that any comprehensive, scientific study has been made. To obtain some concrete facts, the authors at the University of Illinois made a series of studies to determine the social position of mentally handicapped children in regular grades of school systems that do not have special classes.

In 25 classes, grades 1 to 5, containing at least one mentally handicapped child, it was found that 69.23% of the mentally handicapped children were isolates and 46.15% were rejectees as compared with 39% and 4.10% respectively of the typical group. The reasons given by children for segregating the other children in their midst were on a basis of undesirable personality traits rather than because of mental slowness in the classroom. The authors state that it must not, therefore, be assumed that these findings support a policy of segregation in special classes.


"This study was designed to determine the social position of the mentally-handicapped child in the regular grade. It was conducted in two communities in which there were special classes for the mentally handicapped."

Results from tests and investigation show that the mentally handicapped children as compared with children in the typical group were more rejected, less accepted. Reasons given for their rejection were their unacceptable behavior and apparent inability or desire to conform to group standard of behavior. Their age or socio-economic status not determine their social status as much as their lack of mentality. The author believes that the regular classes are not meeting the needs of the mentally-handicapped children, but that other studies of special classes, modified curricula, and social adjustment in the community and home are needed. 52 references.

Nash, Alice Morrison.


New York. Association for New York City Teachers of Special Education.


Contents: Job area analysis, by Willia F. Peach; Job area observations, by Committee on Job Area Requirements of New York City; Auto and garage service trade, by Louis Scharf; Women's garment industry, by Louis Scharf; Food preparation and service, by James A. Giggleman, and others; Motor vehicle operation and maintenance, by Rosalynde Vail.

This pamphlet, together with the two listed below and four issues of the magazine which outline sequences in social, arithmetic, and language-art skills, is available as a packet at $3.65 from the Association for New York City Teachers of Special Education, 224 E. 28th St., New York 16, New York.


Reprints from the magazine: Occupational Education.

Contains sections on pupil analysis, special education, educational guidance, vocational guidance, and social guidance.

Ohio. Division of Special Education, Columbus.

Let us look at slow learning children; suggestions for identification, setting up special education programs, organizing curriculum materials, and teaching slow learning children, by Amy A. Allen. Columbus, Ohio, State Dept. of Education, 1947. 35 p.


"This manual is written for classroom teachers working with slow learners in the schools of Ohio." Offers practical information concerning teacher attitudes, educational goals, and the methods and subject content of the academic program.

Distributed by the Division of Special Education, State Department of Education, State Office Bldg., Columbus, Ohio.

Pennsylvania. Department of Public Instruction.

Meeting the needs of the mentally retarded, by Lester K. Ade. Harrisburg, The Dept., 1939. 158 p., illus. (Bulletin no. 420)

Rosenweig, Louis E.


The present and future status of education in the field of mental deficiency is built on the following principles: 1) Contribution to society is the motivating factor; 2) the retarded constitute a heterogeneous group; 3) the retarded need special developmental programs; 4) the majority of retarded can be trained to work in the unskilled employment areas.

Stevens, Harvey A.


Strauss, Alfred A.

This bulletin "does not offer a curriculum ready-made, nor even part of a curriculum. Rather its purpose is to present the fundamental principles involved, to point out desirable bases for the selection of curriculum content, to suggest a variety of activities in keeping with these bases of selection, and to illustrate how such activities can be coordinated into units of experience."
Available from the U. S. Superintendent of Documents, Washington 25, D. C., at 35¢.


156. Wallin, J. E. Wallace
References: p. 369-378.

157. Whitney, E. Arthur

MENTAL DEFECTIVES--SPECIAL EDUCATION--BIBLIOGRAPHY
58. California. San Francisco State College. Special Education Department.
A classified bibliography compiled by Leo F. Cain, Professor of Education, and Jerome H. Rothstein, Assistant Professor of Education. Available from the College Bookstore, San Francisco State College, San Francisco 2, Calif., at $1.15 a copy.

MENTAL DEFECTIVES--SPECIAL EDUCATION--STUDY UNITS AND COURSES
59. Illinois. Illinois State Normal University, Normal
Conference on curriculum planning for the mentally retarded, July 7-11, 1947.

NURSERY SCHOOLS
60. Peck, Eleanor Burnham

NURSERY SCHOOLS--ILLINOIS
61. Illinois. Department of Public Instruction.
The pre-school exceptional child in Illinois; a report on a study in Macon and Effingham counties, compiled by Mary S. Boynton and Genevieve J. Drennen. Springfield, The Dept., 1949. 78 p. (Circular series "G" no. 12)
"The result of a year's study of the problem is presented in this pamphlet...It points out the need as one much greater in number of children than is generally thought to exist. It clearly demonstrates the need for teamwork between educational, family, medical, and social resources of the community. It indicates ways that the school may help meet the problem by furnishing individual services and consultation even where organized nursery school programs are not yet possible."
Available from the Superintendent of Public Instruction, Springfield, Illinois.

ORTHOPEDICS
62. Boorstein, Samuel W.
Bibliography: p. 118-120.

Is your child exceptional, different; for parents and groups interested in the exceptional child, comp. by Genevieve Drennen. (Springfield) Supt. of Public Instruction, 1950. 86 p., illus. (Circular series H, no. 12).

"This booklet is intended for parents--all parents, not only those thinking of their child who has a handicap, but for parents of all children...The material included in this booklet has been sent for the past year in leaflet form to every president and exceptional child chairman of a local Illinois Parent-Teacher Association. The leaflets were a serious attempt to study the problem as to what can be done when parents and schools work together for a better understanding of all children."

Distributed by Superintendent of Public Instruction. Springfield, Illinois

Martens, Elise H.


National Society for Crippled Children and Adults.


EDUCATION

Laycock, S. R.


Dobbins, Eleanor C.


Parker, Rose E.


Points out the place of physical education in an educational program for exceptional children.

Stone, Eleanor B.


PHYSICAL EDUCATION

Emberton, Mary E.


The place of the public health nurse in the educational program of the exceptional child, particularly her relationship between family and school.
RECREATION—BIBLIOGRAPHY

172. National Society for Crippled Children and Adults.


With Supplement, January–August, 1950.

Compiled for distribution by the Library, National Society for Crippled Children.

Single copies free.

RHEUMATIC FEVER—PREVENTION

173. American Academy of Pediatrics


Special report from the Committee on School Health and the Committee on Rheumatic Fever. Report prepared for the purpose of serving as a guide to school authorities in building a program for the care and prevention of rheumatic fever. Recommends the improvement of school medical examinations, daily observation of students for symptoms of the disease, establishment of a diagnostic service, and greater cooperation with community and health agencies.

RHEUMATIC FEVER—PROGRAMS

174. U. S. Children’s Bureau


RHEUMATIC FEVER—SPECIAL EDUCATION

175. Carleton, Sara H.


176. Connor, Charles A. R.


177. De Graff, Arthur C.


178. Kohn, Kate H.


179. Levitt, Jacob


180. Robinson, H. C.


RHEUMATIC FEVER—SPECIAL EDUCATION—NEW YORK CITY


Report of the Sub-committee on Cardiac Classes and the Care of Cardiac Children.

SCHOOL BUILDINGS

182. Frazier, Corinne Reid

BUILDINGS--DESIGNS AND PLANS

Gauerke, Warren

A study of the architectural factors to be considered in the construction of suitable
and functional school buildings for crippled children.

Keefe, (Mrs.) Billie Vliet

Building facilities for physically impaired children in public school systems.

Keene & Simpson

(Architectural drawings of the R. J. Delano School, Kansas City, Mo.) Kansas City,
Contents.-Letter from Nelle Cummins, Principal, dated June 25, 1945.-Drawings:
3 Ground Floor plan.-4 First floor plan.-5 Second floor plan.-8 Miscellaneous details.

(Architectural drawings of Oakman School, Detroit, Mich.) Detroit, Mich., The Board,
1927. 29. 10 leaves. (Drawings 1-10) Blueprints.
Contents.-Drawings: 1 Heliotherapy room.-2 Tank room.-3 Dressing room.-4 Typical
class room.-5 Physiotherapy room.-6 Diagnostic group.-7 Misc. Details.-8 Cot. room.-9
Play room.-10 Medical Unit.

Otto, Henry J.

Demonstration center for elementary education in Texas is joint project of public
A description of the Casis Elementary School under construction for occupancy January
1951, a joint project of the Austin Public Schools and the University of Texas. The
School is designed for use by the University for observation and student teaching. It
will serve about 550 children from kindergarten through Grade 6, plus about 100
exceptional children in the Special Education Laboratory Unit.

Woodruff, C. H.

Plan and equipment standards for orthopedic units. School Board J. Jan., 1948. p. 28
Reprint.
Describes the orthopedic gymnasium facilities, Public Schools, Long Beach, California.

Yardley, R. W.

Reprint.

HYGIENE

National Tuberculosis Association

Children with special health problems; educational adaptations in school, home and
Report of the Committee on Educational Adaptations for Children with Special Health
Problems.
"Attention here will be concentrated on the problems of children suffering from
tuberculosis, malnutrition, rheumatic fever and other cardiac disabilities, diabetes,
allegy, epilepsy, as well as those convalescent following illness or operation."
Replaces an earlier pamphlet entitled "The Physically Below-par Child" issued in 1940.

U.S. Office of Education

What every teacher should know about the physical condition of her pupils, by James
193. American Association of School Administrators


Condensed from the 26th (1948) yearbook of the American Association of School Administrators.

Problems relative to educating the exceptional child are evaluated with respect to extent, cost of educating, locating the child, and age range to be served. The specific needs of each of the four groups of exceptional children are reviewed.

194. Baker, Harry J.


195. Dolch, Edward William

Helping handicapped children in school. Champaign, Ill., Garrard Press, 1948. 349 p., illus. $3.75.

A manual for parents and teachers on the special education needs of the various types of handicapped children. Written to avoid technical discussion, the text presents a broad view of the field of special education and does not attempt to provide a pattern for ideal methods and programs.


Partial contents.-General problems of philosophy and administration in the education of exceptional children, by Charles Scott Berry.-The mentally handicapped, by Norma Cutts.-The mentally gifted, by T. Ernest Newland.-The socially maladjusted, by J. Harold Williams.-The auditorily and the speech handicapped, by Christine P. Ingram, Rudolph Pintner, and Sara Stinchfield Hawk.-The visually handicapped, the delicate and the crippled, by Christine P. Ingram.

Review of the literature for the period ending December, 1940.


Review of the literature for the three year period since the issuance of volume 11 no. 3, June, 1941.

198. Ellis, Vivian.


A discussion of the problems, both past and present, inherent in the education of the physically handicapped child, and the means by which an intelligent program can be established, one of which is absorbing children with minor handicaps into the regular school program.
Fernald, Grace M.
Dr. Fernald's book is regarded as the standard text on remedial techniques with children suffering from alexia (inability to read). Included in the book also is an account of her methods of treating disability in arithmetic.

Frampton, Merle E.
Bibliography at end of each volume.

Heck, Arch O.
Bibliography at end of chapters.

Hilleboe, Guy A.
(Teachers College, Columbia University contributions to education, no. 423.)
Bibliography: 155-171.

Horn, John Louis
The education of exceptional children; a consideration of public school problems and policies in the field of differentiated education. New York, Century Co. (1924) 343 p.
Bibliographies at end of chapters.

Ingram, Christine P.

Lee, John J.

...The education of the crippled child; his social and economic adjustment. Crippled Child. Dec., 1940. 18:4:104-107.

Linck, Lawrence J.

Mackie, Romaine Prior

McAlister, Gladys M.

National Congress of Parents and Teachers
Children who are exceptional. Chicago, The Congress, 1945. 63 p., illus.
A compilation of articles on the special needs of children with various handicaps, and the responsibility of parents and the public in their education.
Meeting special needs of the individual child. National Elementary Principal.
Nineteenth yearbook.

National Society for the Study of Education
The forty-Ninth Yearbook of the National Society for the Study of Education, Part.
An important publication for the year covering all areas of special education.
Partial contents: I. Basic facts and principles underlying special education, by
the Yearbook Committee; II. Administering the special services for exceptional child
by Ray Graham and Anna M. Engel; III. Identifying and diagnosing exceptional child
by Harry J. Baker and Mildred E. Stanton; IV. Growth patterns of exceptional child
by Willard D. Olson and Byron O. Hughes; V. Guidance for the exceptional child, by
Finch and Velma Yowell; VI. Education of teachers of special classes, by Francis E.
Lord and Samuel A. Kirk; VII. Parents' problems with exceptional children, by Samuel
Laycock and George S. Stevenson; VIII. Teaching the visually handicapped, by Winif.
Hathaway and Berthold Lowenfeld; IX. Teaching the acoustically handicapped, by
Clar. D. O'Connor and Alice Strang; X. Teaching children with speech handicaps, by Wendel
Johnson; XI. Teaching the orthopedically handicapped and the cardiopathic, by
Lawrence J. Linck, Jayne Shover, and Eveline E. Jacobs; XII. Special education for
epileptic, the tubercular, and children with glandular disorders, by William M. Cruic.
shank and William G. Peacher; XIII. Special education for the mentally handicapped,
by Elizabeth H. Kelly and Harvey A. Stevens; XIV. Special education for the gifted
child, by Merle R. Sumption, Dorothy Norris, and Lewis M. Terman; XV. Special school
and classes for the socially maladjusted, by Edward H. Stullken; XVI. The prevention
of handicaps in children, by Christine P. Ingram and Henry C. Schumacker; XVII. New
projects and research in special education, by Samuel A. Kirk.

Proceedings of the...Institute. Langhorne, Pa., The Schools, 1934-
Read at the annual institutes sponsored by the Schools are papers on the education
psychological, and social problems of the exceptional child - the slow child, the
problem child with reading and speech difficulties, and the mentally defective child.

Proceedings of the ... Spring Conference. Langhorne, Pa., The Schools, 1935 -
Published annually.

Rautman, Arthur L.
A discussion of the principles to be considered in assigning children to the special
classroom.

Reeves, Edith
Care and education of crippled children in the United States; introduction by
Sage Foundation)

Shands, A. R.
"It is inevitable that the teacher can be truly effective only if she understands the
physical needs of the child and can help him toward the best use of his abilities. It
is their duty to know what to do, or to seek help if the solution is not known, and to
be certain that everything possible is done for the physically handicapped children in
their classroom."
A talk given before a meeting of classroom teachers at a conference on the handicapped
child at the Florida Education Association Annual Meeting, Miami, April 14, 1950.


Suggestions for the regular classroom teacher in helping the exceptional child to adjust to the regular school program.


Title of issue: Special Education

Partial contents: Freising the handicapped for a free society, by E. B. Whitten; Education for emotional and economic security, by Edward H. Stulken; Educational needs of exceptional children, by Elizabeth McCain; The hard-of-hearing child at home and in school, by Mary Martin; Organizing a special class for slow-learning children, by Mary Maude Birmingham.

An important pamphlet that deals with all phases of a program for the handicapped school child. Written especially for teachers of special classes and those who have crippled children in their regular class. Bibliography.


"This book attempts to supply the need for an up-to-date reference book for the intelligent lay reader and particularly for the professional workers in the field of special education, handicapped children, mental defect, clinical and abnormal psychology, and pediatrics."

229. Wishik, Samuel M.


A panel discussion presented at the 76th annual meeting of the American Public Health Association, Nov. 11, 1948, between the Chief of the Program Planning Section, Health Services, of the U. S. Children's Bureau and the Specialist for Schools for Physically Handicapped, of the U. S. Office of Education. Clarifies the administrative principles involved in planning a public school program for the handicapped child.

SPECIAL EDUCATION—CALIFORNIA


Education of the physically handicapped. Los Angeles, The School District, 1939. 35 p. (School publication, no. 281.)

231. ——.


232. California. State Department of Education, Sacramento

State apportionments for the education of physically handicapped children in California; (rev. ed.). Sacramento, Calif., The Dept., 1939. 36 p. (Bulletin no. 9, 1939)

SPECIAL EDUCATION—CONNECTICUT


Meeting special needs of the individual child; handbook for all elementary and secondary school teachers. Greenwich, Conn., The Board, 1941. 66 p. Mimeo.


"Unto one of the least of these"; a report on the education of the handicapped. Hartford, Conn., The Dept., 1942. 53 p. (Bulletin 22, March, 1942)

SPECIAL EDUCATION—DELAWARE

235. Delaware. Department of Public Instruction


Bibliography: pp. 1-11 at end of pamphlet.

Laws pertaining to the education of handicapped children, pp. 22-23.

A description of present educational facilities available to exceptional children in Delaware schools and a proposal for an extended program to meet the needs of special education for such children.

236. ——.


SPECIAL EDUCATION—DISTRICT OF COLUMBIA


At the Second Session of the General Conference held in Mexico City in November 1947, Unesco was made responsible for the survey with which the present report deals. The resolution defining it runs as follows: ... The Director-General is instructed to draw up a plan of study and action on the educational problems of war-handicapped children, in collaboration with the national and international organizations concerned; to obtain from experts in different countries information and factual reports, and to institute a field survey of the most significant experiments made in that connection; to analyse the documents and draft a report."

Types of children surveyed include displaced children, orphans and homeless children, children deprived of schooling, and children with physical, emotional, and ideological handicaps.

Available from Columbia University Press, 2960 Broadway, New York 27, N.Y. at 50¢ each

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Illinois. Department of Public Instruction.

The Illinois plan for children who are exceptional. (Springfield, The Office, 1950). Folder, illus. (Special education leaflet no. 1)

An illustrated leaflet with brief text designed for general distribution.

Available from the State Office of Public Instruction, Springfield, Illinois.
SPECIAL EDUCATION--INDIANA


Title of issue: Special education issue.

Partial contents: Special education in action, by Dale V. Swanson.-Editorial, by Jeanette Riker. Services for handicapped persons at Indiana University, by Robert Milisen.-Special education at Ball State Teachers College, Muncie, by Allen W. Huckleberry.-Special education at Indiana State Teachers College, by Rutherford B. Porter.-Special education-Purdue University, by M. D. Steer.-Pioneering in preschool programs, by V. Jones.

245. Indiana. Board of Education, South Bend.

Special education in South Bend; a handbook for parents and teachers. South Bend: The Board, 1949. 49 p., illus.

The function of this booklet is to explain the methods followed in South Bend in teaching children who have physical, visual, auditory or speech handicaps. Among points upon are: location of the schools in question; facilities and equipment; transportation methods of administration within the building; samples of forms used; therapy; results.

Booklet available from Superintendent of Schools, School City of South Bend, South Bend, Indiana. Free.

246. Indiana. State Dept. of Public Instruction, Indianapolis.


Entire issue devoted to special education and the Indiana program for the physically handicapped.

Contents.-Status of education for handicapped children in Indiana, by Dale V. Swanson.-The physically handicapped and the school health and physical education program, by I. J. Yoho.-Public welfare services for crippled children, by Carl F. King.-Special education facilities, by Alan W. Huckleberry.-What is available through vocational rehabilitation, by Ort L. Walter.-Results of survey on physically handicapped children, by Aaron And...
"The following bulletin suggests ways of detecting children who are entitled to the services of the division. The various agencies that assist in the work are listed. Chapters are included on the crippled child, the child with impaired hearing, the child with visual handicaps and the one with speech defects."

EDUCATION--MICHIGAN
Education of the handicapped in Detroit public schools. Detroit, The Board, 1937. 3 p., illus.

Michigan. Superintendent of Public Instruction.
Helping the exceptional child in the regular classroom. Lansing, Mich., The Supt., 94l. 55 p. (Bulletin no. 315)

L EDUCATION--NEBRASKA
Nebraska. Dept. of Public Instruction, Lincoln.
Special education; meeting the needs of handicapped children in Nebraska; prepared under the supervision of R. L. Fredstrom and LeRoy T. Laase. Lincoln, Neb., The Dept., 1947. 94 p., illus.

L EDUCATION--NEW JERSEY
The classroom teacher can help the handicapped child. Trenton, The Dept., 1947. 62 p. (School bulletin, no. 12)

L EDUCATION--NEW YORK CITY
Handicapped and underprivileged children; special schools and special care; instruction in homes and hospitals. New York, The Board, 1944. 287 p., illus.
A special report submitted with the thirty-sixth annual report of the superintendent of schools, City of New York, school year 1933-34.

-----. Committee for the Study of the Care and Education of Physically Handicapped Children.

----- -----.
Report of the Sub-committee on Orthopedically Handicapped Children.

----- -----.

L EDUCATION--NORTH CAROLINA
Medlin, Luther R.
SPECIAL EDUCATION--NORTH CAROLINA

261. North Carolina. Division of Special Education.
Contents: Special education in North Carolina, Dr. Clyde A. Erwin.-Plans for the
training program at the North Carolina Cerebral Palsy Hospital, Edna M. Blumenthal.-
Fitting the curriculum to meet the needs of exceptional children, Dr. J. Henry High.-
This thing called intelligence, Dr. R. M. Fink.-A mental hygiene clinic demonstrating
Leslie B. Holman.-The education of exceptional children, Dr. Elise Martens.-Demonstrating
School-to-home electrical teaching device, Southern Bell Telephone Co.-Our common problem
Dr. Ellen Winston.-Problem of light and color in classroom, William F. Credle.-Speech
correction: problems of diagnosis and therapy, Marcus Boulware.-The education of children with
retarded mental development, Dr. Richard B. Hungerford.-Organizing a program of special
Problems of teaching visually defective children, Glen Ward.
Available from Felix S. Barker, Director, Division of Special Education, State Department of Public Instruction, Raleigh, North Carolina.

A report on special education, prepared by Annie M. Cherry. Raleigh, N. C., The State
1941. 100 p. (Bulletin no. 233)

SPECIAL EDUCATION--OHIO

263. Hadley, Hazel C.
Evaluating crippled children; presenting the Ohio plan. Columbus, Ohio, F. J. Heer.
Print Co., 1927. 134 p., illus., map.

Opportunities for the handicapped in the special schools and classes; report of the Superintendent, 1947-1948. Cincinnati, Cincinnati Public Schools, 1948. 40 p., illus.
An attractive brochure describing with text and illustrations the special provisions in the Cincinnati public schools for the various kinds of handicapped children. Available from Office of the Superintendent, 216 E. Ninth St., Cincinnati 2, Ohio.

265. Ohio. Department of Education.
The open doors. Columbus (The Dept.) 1946. 37 p., illus.
Describes the special education program in Ohio as provided by state statutes.

SPECIAL EDUCATION--OREGON

266. Lundberg, Ruth W.
A survey of the physically handicapped children taught in the disabled department

Special education; your question answered. (Salem, The Dept., 1948) (24) p. Mime.
Pamphlet designed to inform school personnel and parents with the nature of the Department's work and the facilities available to help the handicapped child. Appendix lists Oregon state laws concerning the education of handicapped children.

268. Third biennial report of the program for the education of handicapped children as provided for by Chapter 480, Oregon Laws 1941 and amended in 1943 and 1945, to the Fortieth Legislative Assembly. (Salem, The Dept., 1948) 34 p., tables. Mime.
Description of program between 1941-1949, proposed budget for 1949-1951 and recommendations for a more adequate program.
EDUCATION—PENNSYLVANIA


Bibliography: p. 111-112.

A report of a study made under the auspices of the trustees of the Wiedner Memorial School for Crippled Children and the Board of Public Education.

EDUCATION—TENNESSEE

Mellmann, Dortha Meador, and others.

Education for crippled children in Tennessee. (Knoxville, Tenn., Tennessee Division for Crippled Children) 1942. 53 p., illus.

Issery, Florence V.


A report on the 1948 cooperative workshop held June 1h-July 12 and sponsored by the Tennessee Departments of Education, Public Health and Public Welfare with the College of Education of the University of Tennessee.

Tennessee. Tennessee Congress of Parents and Teachers, Nashville.

Care and education for exceptional children in Tennessee; special education project report of progress, 1939-1942. (Nashville, Tenn., The Congress, 1943) 299 p., illus.


A teaching task for Tennessee; a report to the state of special provision and needs for the education of physically handicapped children in Tennessee. Nashville, Tenn., The Society, 1945. 35 p., illus.

Tennessee. University, College of Education.


"This publication is the first report on a broad program of special education for the handicapped carried back to a rural county in Tennessee and put into practice in the training of teachers... In Marion County, the superintendent, supervisor, and teachers joined together in a four weeks' workshop in the summer of 1946 to study their own problems in connection with the education of handicapped children and to set up a program in public education that would help the teachers do a better job with this group."

Partial contents: Meeting the needs of physically handicapped children discovered by the state census.-Exploring the community for better understanding of needs and resources in Marion County.-Relating school needs of children and their community.-Evaluating the workshop activities.

EDUCATION—TEXAS

Texas. Department of Education, Austin.


Texas. University of Texas, Austin.


EDUCATION—WASHINGTON


Title of issue: Special education.

Entire issue devoted to articles on the subject.

SPECIAL EDUCATION--WASHINGTON (continued)

Special care needed by the cerebral palsied, by Susan Brazier. We call it educational therapy, by Bessie-Jean Glaster. The slow-learning child is interesting, by Rose Johnson. Responsible citizens aim of prevocational program, by Lela Haugen. Helping each child move to normal speech, by Alice Medill.

SPECIAL EDUCATION--WEST VIRGINIA

278. West Virginia Department of Education, Charleston.


SPECIAL EDUCATION--ADMINISTRATION

279. Strauss, Marian


"Some special schools keep their pupils a long time. Others, such as the Elias Michael School in St. Louis, have a policy of early return to the child's home distress over the comparatively small school population. The Michael and Turner School are the oldest special schools serving the orthopedically crippled child in Missouri." This article, by one of the most experienced teachers at Michael, gives the philosophy under which Michael operates.

SPECIAL EDUCATION--BIBLIOGRAPHY

280. Lindenau, Dorothea.


281. Lord, Francis E.


A guide to sources of information, as bibliographies, abstract journals, and periodicals.

282. Robinson, Helen M.


283. U.S. Office of Education.


284. ———.


SPECIAL EDUCATION--DIRECTORIES--GREAT BRITAIN


A directory of boarding special schools for blind and partially sighted pupils, deaf and partially deaf pupils, educationally sub-normal pupils, epileptic pupils, delicate and physically handicapped pupils, maladjustment pupils, physically handicapped pupils suffering from speech defects and boarding homes for handicapped pupils attending ordinary schools; hospital special schools and institutions for the further education and training of disabled persons.

EDUCATION--HISTORY


Donaldson, Alice Anna.


Wallin, J. E. Wallace


AL EDUCATION--INSTITUTIONS

Mayfield, Fay C.


U. S. Office of Education.


AL EDUCATION--INSTITUTIONS--CALIFORNIA


Washington Boulevard Orthopaedic School, Los Angeles.

Mullany, George C.


Sunshine School for Crippled Children, San Francisco.


Title of issue: The education of exceptional children in San Francisco. A brief description of the various special education services and facilities available to the handicapped school child in San Francisco. Bulletin was prepared for distribution at the annual meeting of the International Council for Exceptional Children.

AL EDUCATION--INSTITUTIONS--ILLINOIS


Title of issue: Life more abundant for crippled children; the story of Chicago's orthopedic schools, told in picture and in print by Richard M. Page.
SPECIAL EDUCATION--INSTITUTIONS--INDIANA

295. Evans, William A.
The James E. Roberts School; a unique organization. Am. School Board J.

SPECIAL EDUCATION--INSTITUTIONS--IOWA

296. Des Moines Public Schools, Des Moines.
Hope is our stronghold. Des Moines, Ia., The Dept., 1948. (64 p.) illus., ports.
A very attractive brochure, distributed at the annual convention of the International Council of Exceptional Children, Des Moines, Iowa, which describes in text and pictures the special education facilities of the Des Moines public schools.

SPECIAL EDUCATION--INSTITUTIONS--MARYLAND

297. Latshaw, Harry F.
How Baltimore provides for the physically handicapped. Nation's Schools.
William S. Barr School, Baltimore.
In the same issue: Architectural features of the school, by John K. Cross.

SPECIAL EDUCATION--INSTITUTIONS--MICHIGAN

298. Childs, Frank A.
Pearl School, Jackson, Michigan.

299. Dunning, Neal M.
Charles H. Oakman School, Detroit; Robert Trombley School, Grosse Pointe.

300. Kahn, Albert
A school based on the ideal of the White House Conference; at the Ann J. Kellogg School, Battle Creek, Mich., exceptional children are given every opportunity to develop in proportion to their abilities and in spite of physical handicaps. Nation's Schools. May, 1932. 9:5:33-38. Reprint.

301. Koepfgen, Beatrice E.


SPECIAL EDUCATION--INSTITUTIONS--MISSOURI

304. Miller, Nadine
R. J. Delano School, Kansas City.

The address delivered on the 25th anniversary of the founding of the Charles Henry Turner School for Physically Handicapped Children in St. Louis, by the Director of Elementary Education and for five years Principal of Turner School.

In the same issue are two brief articles in tribute to George Owens, bus driver at Turner for 25 years, and Miss Beatrice Sydnor, physical therapist for 25 years.

GAL EDUCATION---INSTITUTIONS---NEW YORK


Thesis for Master of Science in Education, Syracuse University, August, 1941. Unpublished.

GAL EDUCATION---INSTITUTIONS---NORTH DAKOTA


GAL EDUCATION---INSTITUTIONS---OHIO


William S. Barr School, Cincinnati, Ohio.

GAL EDUCATION---INSTITUTIONS---WISCONSIN


GAL EDUCATION---INSTITUTIONS---DIRECTORIES


GAL EDUCATION---LEGISLATION


This document contains the statements of persons who spoke before the
Subcommittee in the consideration of the bill sponsored by the National Society for Crippled Children and Adults. Many of the presentations given are valuable in that they offer basic data on the educational needs of exceptional children in the United States.

For a copy of this publication, write to Senator Lister Hill, U. S. Senate, Washington 25, D. C.

The purpose of this bulletin is to present the highlights of state legislative provisions for the education of exceptional children, to analyze and interpret them, and to suggest basic elements that should be included in any state legislative program of this type.
Available from U. S. Superintendent of Documents, Washington 25, D. C., at 20¢ each.

SPECIAL EDUCATION--LEGISLATION--NEW JERSEY

SPECIAL EDUCATION--LEGISLATION--OHIO
316. Ohio, Division of Special Education.
Ohio laws governing special education under the state subsidy for handicapped children. Columbus, The Bureau, 1949. 10 p.
A compilation of state laws specifically covering education of exceptional children. Pamphlet available from Hazel C. McIntire, Director, Division of Special Education, State Department of Education, Columbus, Ohio.

SPECIAL EDUCATION--PERSONNEL
317. Angove, Percy.

318. DeRidder, Lawrence M.
This article discusses the growth and trends of teacher-training programs, the impetus received from public schools and from the White House Conference, the co-operative relationships between collegiate institutions and residential schools for a particular type of handicapped child. 35 references.

319. Lord, F. E.
Report of a questionnaire submitted to teachers of special education. Replies indicated that the majority were satisfied with their work and had become interested in the field because a relative or friend was either exceptional or employed in the field of special education.

320. National Society for Crippled Children and Adults.
A cooperative study sponsored by NSCCA and U. S. Office of Education. This booklet serves as a directory of teacher-education institutions in the U. S. offering work in the education of exceptional children and as a guide to students
who wish to know where such facilities are available. Contains sections listing by
state the colleges and universities offering a general course or a sequence of
courses in one or more of the following areas: the blind and partially seeing, the
defaith and hard of hearing, the crippled, the delicate, the speech defective, epileptic,
the mentally deficient, the gifted, and the socially or emotionally maladjusted. Brief course descriptions are given.
Available from the National Society for Crippled Children and Adults, 11 S. La
Salle St., Chicago 3, Illinois, at 50¢ a copy.

Parker, Rose E.
Undergraduate preparation for teachers of exceptional children. New York,
Reprinted from Sight-Saving Rev. 18:2.
The need for qualified candidates and special educational training for
teachers of exceptional children is stressed. Pamphlet available from the
National Society for the Prevention of Blindness, 1790 Broadway, New York 19,
N. Y., at 5¢.

Schleier, Louis H.
Problems in the training of certain special-class teachers. New York,
Columbia Univ., 1931. 138 p. (Teachers College, Columbia University con-
tributions to education, no. 475)
Bibliography: p. 79-91.

Wilson, Charles C.
Preparation of teachers for the education of the exceptional. J. of Ex-

EDUCATION--PERSONNEL--CALIFORNIA
California. State Department of Education, Sacramento.
Teacher personnel and enrollment in special schools and classes for excep-
tional children in California public schools. (Sacramento, Calif., The Dept.)
1938. 28 p. (Bulletin no. 6, June 15, 1938)

EDUCATION--PERSONNEL--ILLINOIS
Illinois. Department of Public Instruction.
(Kit of information on career opportunities in special education. Spring-
field, Ill., The Dept., 1949) 1 envelope.
Contents: Here's a job for your future (pamphlet, 26 p.); Suggestions to
schools for using career material; Occupational briefs, no. 51: Teachers of
exceptional children; 6 posters.
A kit of publicity materials developed to recruit students for a career in
the teaching of handicapped children.
Available from the Department of Public Instruction, Springfield, Illinois.

Illinois. Illinois State Normal University, Normal.
35 p. (Teacher Education, V., 11, no. 2)
Contents: An open letter to school administrators, by Rose E. Parker.-
Institutional services for children, by John A. Kinneman.-The reading labora-
tory, by Waneta S. Carey.-The psychological counseling center, by Stanley S.
Marzolf.-The primary special aid room, by Winifred Farlow.-The speech re-edu-
cation clinic, by Dorothy Eckelmann.-Summer school teaching in special education
at Illinois State Normal University, by John W. Carrington.-Professional activi-
ties of the faculty.
SPECIAL EDUCATION--PERSONNEL--WYOMING

   Report to all those who helped make possible the workshop on education and
care of handicapped children at the University of Wyoming, Laramie, Wyoming,
Mimeo.
   Included in this report are an account of the planning, the resources used,
   and the summaries of the lectures presented.
   Available from the Wyoming Society for Crippled Children and Adults, P. O.
   Box 1443, Casper, Wyoming.

SPECIAL EDUCATION--PROGRAMS

328. Channing, Alice.
   Student studies of state programs for crippled children. Crippled Child.

329. (International Union for Child Welfare)
   Education as part of the total plan for the orthopedically handicapped child;
   The International Conference of Experts on the Educational Problems of Ortho-
   pedically Handicapped Children, convened in Geneva February 20-25, 1950, under
   the auspices of and in co-operation with UNESCO. The conference was attended
   by 65 experts from 17 countries, as well as by representatives from 10 inter-govern-
   mental and voluntary international organizations.

   This issue summarizes the work of the Conference reporting its conclusions, and
   reprints the following papers presented: Psychological and moral needs of war-crip-
   pled children, by Brother Benianino, Milan; Education and medical treatment, their
   co-ordination, by Miss M. M. Lindsay, London; and A comprehensive program of services
   for the handicapped, by Lawrence J. Linck, Chicago.

330. Jacobs, Eveline B.
   Special education projects of state units of the National Society for
   Crippled Children, by Eveline B. Jacobs and Jayne Shover. Bul., Missouri

331. Martens, Elise H.
   Toward life adjustment through "special education." School Life.
   A discussion of the needs for special education facilities for the
   mentally, emotionally and physically handicapped high school age student.
   Dr. Martens relates what is being done for these students in various high
   schools throughout the country and reports the project of the San Francisco
   State College for the mentally retarded. In spite of the advances which
   have been made in special education at the high school level, there is a
   need for the development of a 12 year school program directed toward life
   adjustment for every youth.

332. -
   Where does your state stand? Crippled Child. Feb., 1948. 25:5:10-11,
   28-30. Reprint

333. National Association of State Directors of Special Education.
   Special education and its general implications, prepared by Felix S. Barker.
   "The purpose of this report is to attempt to show the nature and purpose of
   Special Education as it is related to the focus of the Midcentury White House
   Conference on Children and Youth. The information contained in this report has
been assembled from the reports submitted by the 18 of the 35 states having a supervisory program of special education..." Distributed by Felix S. Barker, Director, Division of Special Education, State Department of Public Instruction, Raleigh, North Carolina.

U. S. Office of Education.


This publication was first presented as a paper at the Inter American Conference on the Rehabilitation of the Crippled and Disabled which was held in Mexico City, July 18 to 24, 1948. "The public schools in the United States through special education try to serve the crippled child wherever he is—in day schools, hospital and convalescent home classes, or in his own home."

Available from the U. S. Superintendent of Documents, Washington 25, D. C., at 10¢ a copy.


Supplements 1-6


Public school classes for crippled children, by Edith Reeves Solenberger. Washington, Govt. Print. Off., 1918. 52 p., illus. (Bulletin 1918, no. 10)


EDUCATIONAL STUDY UNITS AND COURSES

Athearn, Clarence R.

344. Bryne, May E.  
Curriculum planning for exceptional children. *J. of Exceptional Children.*  
Discusses how curriculum planning for the special school and classroom is  
different from that for the general school and classroom. Indicates by whom it  
should be done and how best implemented.

345. Kelly, Elizabeth M.  
Curriculum planning for exceptional children. *J. of Exceptional Children.*  

346. Lee, Grace E.  
105-108, 120.

347. McAlister, Gladys.  

348. Manfredi, Lenore A.  

SPECIAL EDUCATION--SURVEYS

349. U. S. Office of Education.  

SPECIAL EDUCATION--SURVEYS--NEW YORK

350. Cruickshank, William M.  
A study undertaken to ascertain the number and distribution of exceptional children in a given county, and to determine the number of these children who legally do or do not attend school, and the conditions permitting either status.

SPECIAL EDUCATION--SURVEYS--TEXAS

351. Texas. State Department of Education.  
"This study of special education for exceptional children in Texas was  
chosen in order to ascertain the scope of the educational needs of handicapped  
children in the state, to determine to what extent the needs are being met, and  
to formulate specific suggestions for organizing and providing special class­  
room assistance for such handicapped children." A survey conducted and report  
submitted by H. E. Robinson, State Director of Special Education for Exceptional  
Children.  
A program of special classroom assistance recommended for the following  
handicaps: deficient vision, deficient hearing, orthopedic handicaps, lowered  
vitality, speech disorders, and nervous disorders.

SOCIAL SERVICE--CASEWORK

352. Pool, Florence  
The social worker's contribution to the problems of the classroom  
Children handicapped physically, mentally or emotionally generally require special help to overcome their problems. Often even an understanding teacher cannot give the help and support needed, and the school social worker plays a vital part. In addition to working with the child and his parents, she must establish rapport with the teacher and the two must coordinate their programs. "Schools which are using the service recognize that children can be helped with social and emotional problems which might otherwise seriously handicap them in their educational experience."

CH CORRECTION—BIBLIOGRAPHY
National Society for Crippled Children and Adults
Distributed by the Library, National Society for Crippled Children and Adults. Single copies free.

CH CORRECTION—PROGRAMS—ILLINOIS
Illinois. Department of Public Instruction, Springfield.

CH CORRECTION—PROGRAMS—NEW YORK CITY

CH CORRECTION—PROGRAMS—OHIO
Ohio. Division of Special Education, Columbus.
Special education for children with speech and hearing disorders, by Ruth Beckey Irwin. (Columbus) Ohio, The Division, 1948. (65) p.
"This bulletin...has been written to serve the following purposes; 1) To assist school administrators in organizing special services for children with speech and hearing disorders; 2) To show how the speech and hearing program may supplement present educational procedures; 3) To assist speech and hearing therapists in developing satisfactory programs; 4) To acquaint classroom teachers and others of the facilities for the special education of children with speech and hearing disorders; 5) To serve as a reference for public school therapists in training at university centers; 6) To function as a reference manual for classroom teachers." Bibliography.

Sanderson, Virginia Somes
What should I know about speech defects?; a handbook for the classroom teacher. Columbus, O., Ohio State Univ., 1946. 38 p.

TUBERCULOSIS—SPECIAL EDUCATION
Gordon, Edward E.
"At whatever educational level or with whatever complexity of purpose work activity be administered, the educational therapy unit, as an integral part of the rehabilitation program, provides a therapeutic means of aiding in the prevention of relapse. It assists the patient to restore himself to that degree of complete personal and economic security which will be within the limits of his physical capacity. It enables him to attain through achievement that self-confidence which makes for a useful and active life. In short, to paraphrase Plato, his disease may 'prove an unexpected benefit' if the lesion in his lung compels him to reorganize his life."
TUBERCULOSIS--SPECIAL EDUCATION--NEW YORK CITY


TYPOGRAPHY

360. Dvorak, August


361. Haas, Louis J.

Typewriting with one hand. Occupational Therapy & Rehabilitation. Apr., 1948. 27:2:121-123.
Describes an adaptation of a standard typewriter by the addition of a knee lever for spacing and for the capital shift and by an adjustment of the keys for a one-handed touch system.

362. Richardson, Nina K.


363. Type with one hand. Chicago, South-western Publishing Co., c1946. 15 p.

VETERANS (DISABLED)--SPECIAL EDUCATION

364. Boyle, Robert W.

Education can make a valuable contribution to the mental health of a patient by helping him overcome a feeling of social inferiority and by developing other talents.

365. Heldberg, Loren A.

A report of the policies and procedures observed by the Bureau of Veterans Affairs, University of Minnesota, in counseling 1100 students at the University in 1948-49, enrolled under Public Law 16. The counseling program outlined here suggests a way of conducting a similar program for other students that requires cooperation among the university, outside agencies and the individual student.

366. Van Schoick, Joseph H.

A summary of the VA educational therapy program started in 1946 as a part of medical therapy. The educational opportunities and facilities available under this program are described. Case histories of rehabilitation are given.

VOCATIONAL EDUCATION


368. Elton, Frederick G.

Vocational Training for the crippled; the methods by which vocational training of the handicapped is adapted to the needs and potentialities of the individual are discussed by a specialist in this field. Public Health Nursing. Oct., 1940. 41:10. 4 p. Reprint.

U. S. Office of Education


VOCATIONAL GUIDANCE

Boylan, Laurence C.
A brief outline of the objectives and procedures of a guidance counselor as presented by the Guidance Director, Public Schools, Gloversville, N.Y.

Gange, Harold
Vocational guidance of the physically handicapped. (Detroit) The Author, 1942.
125 p. Typed.

Martens, Elise H.

Thompson, Caroline Goss

U. S. War Manpower Commission

Whitehouse, Frederick A.

Probably no group of handicapped persons needs more counseling before undertaking a college career than the c.p. He must learn to face realistically his problems and limitations. College should be the place where he learns to face life independently and prepares for life. If he can not take notes, recite in class or make reports, he is not ready for college. A well-trained vocational counselor familiar with cerebral palsy should advise and direct him and his parents in choosing a college and a vocation.

Gardner, Warren H.
A manual of instructions for left handed writing; prepared for use in psychological and speech clinics and for penmanship teachers. (Bloomington, Ind., Indiana University Bookstore). 1936. 25 p. Mimeo. 60¢
Periodicals of Interest to Special Education Teachers

AMERICAN ANNALS OF THE DEAF. Gallaudet College, Washington 2, D.C. $2.00 a year; 50¢ a copy. Bi-monthly (5 issues).

AMERICAN JOURNAL OF MENTAL DEFICIENCY. American Association on Mental Deficiency, 224 E. 28th St., New York 16, New York. $7.00 a year. $2.00 a copy. Quarterly.

AMERICAN JOURNAL OF OCCUPATIONAL THERAPY. American Occupational Therapy Association, 1313 E. Elmdale Court, Milwaukee 11, Wisc. $5.00 a year. $1.00 a copy. Bi-monthly.

BULLETIN ON CURRENT LITERATURE, a Monthly Bibliography for Workers with the Handicapped. National Society for Crippled Children and Adults, 11 S. LaSalle St., Chicago 3, Ill. $1.00 a year. Monthly.

CEREBRAL PALSY REVIEW. 2100 Jardine Drive, Wichita, Kan. $2.00 a year; 25¢ a copy. Monthly. (Formerly called Spastic Review)

THE CHILD. U. S. Children's Bureau, Washington, 25, D.C. $1.00 a year; 10¢ a copy. 10 issues (Order from U.S. Superintendent of Documents)

CHILD DEVELOPMENT ABSTRACTS. Dr. Samuel S. Herman, Federal Security Agency, Public Health Service, Room 3062(South), Washington 25, D.C. $5.00 a year. 6 issues.

CRIPPLED CHILD. National Society for Crippled Children and Adults, 11 S. LaSalle St., Chicago 3, Ill. $2.00 a year; 35¢ a copy. Bi-monthly.


JOURNAL OF EXCEPTIONAL CHILDREN. International Council for Exceptional Children, 1201 16th St., N.W., Washington, D.C. $1.00 a year; 50¢ a copy. 8 issues.


JOURNAL OF SPEECH AND HEARING DISORDERS. American Speech and Hearing Association, Dept. of Speech, Wayne University, Detroit, Mich. $3.50 a year; $1.00 a copy. Quarterly.

NERVOUS CHILD. Child Care Publications, 30 W. 58th St., New York, N.Y. $5.00 a year. Quarterly.

OUTLOOK FOR THE BLIND AND THE TEACHERS FORUM. American Foundation for the Blind. 15 W. 16th St., New York 11, N.Y. $2.00 a year; 25¢ a copy. 10 issues.


PSYCHOLOGICAL ABSTRACTS. University of Illinois, 1209 W. Illinois St., Urbana, Ill. $7.00 a year. Monthly.

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Author Index

A number that is underlined indicates that the item is a book or thesis.

Abt, Henry E., 192
American Academy of Pediatrics, 173
American Assn. for Gifted Children, 80
American Assn. of School Administrators, 193
Angove, Percy, 317
Assn. for New York City Teachers of Special Education, 115, 116, 117
Ather, Clarence R., 313
Baker, Harry J., 194
Bauer, Alexander H., 309
Berkowitz, Bertha, 41
Birch, Jack W., 133
Boorstein, Samuel W., 162
Borrega, Frank, 131
Bowditch, Henry L., 74
Boylan, Lawrence C., 371
Boyle, Robert W., 364
Boyles, Iva F., 110
Brayton, Margaret R., 115
Brossé, Thérése, 238
Bryne, May E., 344
Buchan, Dorothy, 135
California School for the Deaf, 46
California State Dept. of Education, 232, 234
Canadian Dept. of National Health and Welfare, 128
Carleton, Sara H., 175
Carlson, Earl R., 21
Channing, Alice, 328
Chatfield, Alice, 6
Chicago Public Schools, 240
Childs, Frank A., 298
Cianci, Vincentz, 129, 136
Cleveland Public Schools, 264
Clunk, Joseph F., 7
Connecticut State Dept. of Education, 234
Connor, Charles A. R., 176
Crosby, Laura L., 42
Cruickshank, William M., 350
Darlington, Meredith W., 65
De Graff, Arthur C., 177
Delaware Dept. of Public Instruction, 235, 236
Denman, G. E., 310
DeRidder, Lawrence M., 318
Des Moines Public Schools, 296
Detroit Board of Education, 186, 251
Di Carlo, Louis M., 50
Dignay, Beryl Irene R., 306
Dobbins, Eleanor C., 167
Doctor, Powrie V., 51
Dolch, Edward W., 195
Doll, Edgar A., 123
Donaldson, Alice Anna, 287
Dunning, Neal M., 299
Dvorak, August, 360
Eddy, Richard, 111
Edelmann, Dortha Meador, 270
Ellis, Vivian, 198
Elstad, Leonard M., 52
Elton, Frederick G., 368, 369
Emberton, Mary E., 171
Engberg, Edward J., 125
Essery, Florence V., 271
Evans, William A., 295
Farr, Muriel, 86
Featherstone, W. B., 137
Fernald, Grace M., 199
Fitzgerald, Margaret, 53, 99
Florida State Dept. of Education, 239
Ford, Catherine, 54
Fouracre, Maurice, 22
Frampton, Merle E., 200
Frazier, Corinne R., 182
Gaffney, Emily C., 8
Galisdorfer, Lorraine, 3, 4, 9
Gange, Harold, 372
Gardner, Warren H., 377
Gauerke, Warren, 183
Glick, Sara L., 98
Goldstein, Irwin, 138
Gordon, Edward E., 358
Great Britain Ministry of Education, 285
Greenberg, Harold A., 100
Greenwich (Conn.) Board of Education, 233
Haas, Louis J., 361
Hadley, Hazel C., 263
Hannaford, H. Eldridge, 308
Hansen, Ruth, 23
Harms, Ernest, 139
Hathaway, Winifred, 10
Haskell, Robert H., 131
Heck, Arch O., 201
Heldberg, Loren A., 365
Herrick, Helen, 55
Higgins, Francis C., 43
Hilleboe, Guy A., 202
Himler, Leonard E., 75
Hollinshead, Merrill T., 110
Hood, Jane E., 19
Horn, John L., 203
Hoyer, Louis P., 269
Huber, Mary, 40
Hughes, Bernice, 11
Illinois Children's Hospital School, Chicago, 112
Illinois Commission for Handicapped Children, 117, 73, 132
Illinois Congress of Parents and Teachers, 163
Illinois Dept. of Public Instruction, 5, 68, 161, 241, 243, 325, 354
Illinois Div. of Education for Exceptional Children, 242
Illinois State Normal Univ., 159, 326
Indiana, Hammond Public Schools, 91
Indiana Society for Crippled Children, 244
Indiana State Dept. of Public Instruction, 246
Ingram, Christine P., 204
International Conference of Experts on the Education of Orthopedically Handicapped Children, 121
International Council for Exceptional Children, 76
International Union for Child Welfare, 329
Iowa Dept. of Public Instruction, 248
Iowa Hospital School for Severely Disabled Children, 114
Irwin, Ruth B., 48, 71
Jacobs, Eveline E., 330
Jean, Sally L., 87, 101
Jensen, Carol M., 36
Johnson, G. Orville, 142, 143
Kahn, Albert, 300
Keefe, (Mrs.) Billie V., 184
Keene and Simpson, 185
Kelly, Elizabeth M., 345
Kentucky Dept. of Education, 249
Kirk, Samuel A., 121
Koepfgen, Beatrice E., 301
Kohn, Kate H., 178
Konagaya, T., 18
Lane, Helen S., 56
Langan, W., 12
Lassman, Grace Harris, 57
Latshaw, Harry F., 297
Laycock, S. R., 166
Lee, Grace E., 346
Lemier, Maxine, 102
Levandowski, Rhea, 103
Levitt, Jacob, 179
Linck, Lawrence J., 38, 207
Lindemuth, Dorothea, 280
Long, Elinor H., 13
Los Angeles City School District, 16, 66, 230, 231
Loviner, Della G., 24
Lowenfeld, Berthold, L
Ludberg, Ruth, 266
McAllister, Gladys, 209, 347
McComb Ellen, 116
MacDonald, Nellie V., 144, 58
McIntire, J. Thomas, 25
Mackie, Romaine P., 101, 208, 311
Maine State Dept. of Education, 250
Manfredi, Leonore A., 348
Manz, Fred M., 69
Marantz, R. Bivkin, 14
Martens, Elise H., 164, 312, 331, 332, 373
Massachusetts Hospital School, 120
Mayfield, Fay C., 289
Medlin, Luther R., 250
Methven, Mildred L., 122
Michal-Smith, Harold, 127
Michigan Dept. of Public Instruction, 302
Michigan Sup't. of Public Instruction, 252
Miller, Melba, 26
Miller, Nadine, 304
Minnesota Div. of Public Institutions, 130
Moore, Mary F., 109
Morley, D. E., 49
Mullany, George C., 292
Myklebust, Helmer R., 59, 60
Nash, Alice M., 144
National Assn. of State Directors of Special Education, 333
National Congress of Parents and Teachers, 210
National Education Assn., 211
National Foundation for Infantile Paralysis, 105
National Society for Crippled Children and Adults, 20, 27, 45, 165, 170, 172, 320, 353
National Society for the Study of Education, 212
National Tuberculosis Assn., 190
Nebraska Dept. of Public Instruction, 254
Nemours Foundation, 367
New Jersey Dept. of Education, 255
New Jersey State Dept. of Institutions and Agencies, 315
New York City Board of Education, 70, 79, 118, 181, 256, 257, 258, 259
New York Service for the Orthopedically Handicapped, 39
North Carolina Division of Special Education, 261
North Carolina State Superintendent of Public Instruction, 262
North Dakota Crippled Children's School, 307
Oettinger, Katherine B., 88
Ohio Dept. of Education, 265
Ohio Division of Special Education, 148, 149, 316, 365
Oregon State Dept. of Education, 267, 268
Otto, Henry J., 187
Palmer, Martin F., 28
Parker, Jessie M., 89, 95
Parker, Rose E., 168, 321
Peck, Eleanor B., 160
Pennsylvania Dept. of Public Instruction, 150
Perry, Virginia, 29
Phelps, Winthrop M., 30
Pool, Florence, 352
Price, Jerry C., 77
Pugh, Gladys, 62
Randall, Harriet B., 78
Rautman, Arthur L., 215
Reeves, Edith, 216
Richardson, Nina K., 362, 363
Robinson, Helen M., 282
Roe, F. Hall, 113
Rosenzweig, Louis E., 151
Ross, Ishbel, 2
San Francisco State College, 158
Sanders, James M., 90
Sanderson, Virginia Sones, 357
Schleier, Louls M., 322
Schoenbohm, W. B., 119
School, Geraldine, 15
Schulz, Lois R., 37
Scott, James A., 305
Scottish Education Dept., 17, 67
Seattle Public Schools, 277
Shands, A. R., 217
Sheldon, William, 63
Sheridan, Jennie A., 218
South Bend Board of Education, 245
Spielman, Esther, 97
Sprunt, Julie W., 64
Stevens, Harvey A., 152
Stoetling, Frances, 31, 32
Stone, Eleanor R., 169
Stone, Mary E., 65
Strauss, Alfred A., 153
Strauss, Marian, 220, 279
Taibl, A. B. C., 33
Tennessee Congress of Parents and Teachers, 272
Tennessee Crippled Children's Service, 106, 273
Tenny, John W., 221
Texas Dept. of Education, 275, 351
Thompson, Caroline Goss, 374
Tudyman, Al, 31
U.S. Children's Bureau, 82, 174
U. S. Congress, Senate, 313
U. S. Office of Education, 91, 107, 108,
154, 155, 191, 223, 224, 225, 283, 284, 290,
314, 334, 335, 336, 337, 338, 339,
340, 341, 342, 349, 370
U. S. War Manpower Commission, 375
University of Illinois, 141
University of Tennessee, 274
University of Texas, 276

Van Schoick, Joseph H., 366
Waelsch, Heinrich, 126
Wallace, Cora J., 226
Wallin, J. E. Wallace, 156, 227, 288
Walsh, Grace, 92
Walton, Mildred H., 117
Washington, D. Co., Board of Education, 237
West Virginia Dept. of Education, 278
White House Conference on Child Health and Protection, 83, 84, 228
Whitehouse, Frederick A., 35, 376
Whitney, E. Arthur, 157
Willoughby, Miranda G., 93
Wilson, Charles C., 323
Winters, S. R., 96
Wishik, Samuel M., 229
Woodruff, C. H., 188
Woods Schools, 213, 214
Wyoming Society for Crippled Children and Adults, 327
Yardley, R. W., 189
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