

A PROPOSED PLAN TO IMPROVE THE PRESENT SYSTEM OF
ADMINISTERING SPECIAL EDUCATION FOR
EXCEPTIONAL CHILDREN ON A
COUNTY-WIDE BASIS IN
COLLIN COUNTY

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THESIS

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CHAPTER I
INTRODUCTION

The Problem

This problem sets forth a proposal whereby the children who are classified in one of the categories for Special Education for "exceptional children", in Collin county Texas, may receive the most benefits from a program that is administered on a county-wide basis.

Delimitations

The exceptional child as mentioned in this study includes the child with defective vision, the child with defective hearing, the child with speech disorders, the child with orthopedic handicaps, the child with nervous disorders, and the child that is undernourished. It does not include the normal group, the mentally bright, or mentally dull. Neither does it include the deaf or blind child who is eligible for care in state institutions. It is further limited by the experiences of the present coordinator, and to the suggested procedures as gleaned from literature on the subject which seem to be applicable to the administration of Special Education of Exceptional Children in schools of Collin county, Texas.

Definition of Special Education

There is no single term that accurately describes the group of children under consideration. The expression "exceptional" is a more inclusive term than handicapped, since it might embrace children at both extremes. The committee on Special Classes at the White House Conference on Child Health and Protection offered the following definition: The term "exceptional children" includes both the handicapped and the gifted, or children that 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.¹ The definition of "exceptional children" as defined by law includes "any child of educable mind whose bodily functions or members are so impaired that he cannot be safely or adequately educated in the regular classes of the public schools without the provisions of special services".²

¹White House Conference on Child Health and Protection
 "Special Education, The Handicapped and the Gifted", p. 4.

²Public School Laws of Texas, Article I, Section I,
 "Special Educational Services for Exceptional Children",
 pp. 210-211.

Sources of Data

The data used in this study were taken from the records in the office of the county superintendent of schools in Collin county; reports from the Collin County Coordinator of Exceptional Children; The Handbook for Exceptional Children edited by H. E. Robinson and prepared by The Division of Special Education, Austin, Texas, 1946 Edition; Handbook for Teachers of Exceptional Children, a workshop project edited by Dr. James Knight, Director of Extension, University of Texas publication; and many current books and periodicals.

Technique of Operation

An analysis was made of the present plan of administration, with some proposals, that will make the results more beneficial to the "exceptional children" group. The suggested changes have come from the study of literature available in the field of special education for "exceptional children", from results of the findings in the workshops, which were held at North Texas State Teachers College in the summers of 1946 and 1947, and from the writer's experiences in administering the program for the past two years in Collin county, Texas.

CHAPTER II

DEVELOPMENTAL STATUS OF SPECIAL EDUCATION

Collin county with an area of 897 square miles, with a population of approximate fifty thousand, (50,000) people is located in North Central Texas. The soil of the county is rich, black land but there has not been a soil conservation program in operation, the land is washing badly, and losing some of its fertility. The county is thickly populated for an agricultural section. At the outbreak of the last war there was a great migration of the farming class of people to the industrial centers to work in the war plants.

When the county was first organized, the bad roads, slow means of transportation, and prosperity of the farming class of people caused the formation of many small common and independent school districts. According to the records of Collin county schools, there were at one time 141 common schools and 14 independent districts.¹

In the last fifteen years there has been a gradual centralizing of the county's population to the various

¹Record of Collin County Schools in County Superintendent's Office, McKinney, Texas, p. 8.

towns and villages. The desire of the parents to have better school facilities for the children, the improvement of country roads, and the new methods of farming, have permitted many of the smaller schools to be consolidated into twenty-eight common and fourteen independent schools.²

Special Education for "exceptional children" is a relatively new educational movement in Texas. Texas has for a long time been interested in the children that were handicapped from a physical standpoint. There are a number of state agencies that provide services in the physical development of the handicapped children; namely, The Crippled Children's Division, in State Department of Health, Austin, Texas; The State Commission for the Blind, Austin, Texas; State Epileptic Colony, for children afflicted with epilepsy, Abilene, Texas; State Tuberculosis Sanatorium, Sanatorium, Texas, for children that have tuberculosis; The Child Welfare Department, Division of Child Care, State Department of Welfare, Austin, Texas, which aids in finding handicapped children; and other state agencies not mentioned.³

There are many non-governmental agencies that are

²Ibid, p. 150.

³Teachers Guide to Special Education for Exceptional Children 1946 Edition, pp. 115-116.

interested in the physical welfare of handicapped children, such as: Scottish Rite Hospital, Dallas, Texas which receives indigent crippled children, who need attention or physical correction and are under 12 years of age. The Children's Hospital of Texas, Dallas, receives indigent children up to 14 years of age, for almost any type of illness or physical correction; Texas Society for crippled children, Dallas, Texas, which provides medical care, crutches, braces, doctor's fees, and occupational training for crippled children. Various "service clubs" and organizations have assisted materially in supplying funds to aid handicapped children.⁴

Until 1945, very little had been done toward educating the handicapped or exceptional child. It is true that San Antonio had established the "Japhet" School for crippled children financed by Mrs. Jane Japhet, and other cities as Dallas, Fort Worth, Houston, and Port Arthur had begun a limited educational program, but on a very small scale. It was at the beginning of the 49th Legislature that convened in January 1945 that a strong state-wide educational movement led by the late S. H. Whitley, President of East Texas State Teachers College

⁴Ibid, pp. 116-117.

at Commerce, and other influential people of the state, asked that something be done by the State in an educational way for handicapped children. They found a very able and sympathetic leader in G. C. Morris, State Senator from Greenville, Hunt county, Texas. After making exhaustive study, and interviewing the leading educators in this field of special education, he introduced a bill known as Senate Bill Number 38. After little discussion the bill passed the upper house. It then went to the House of Representatives, where it passed without one dissenting vote. The bill provides Special Education for "exceptional children" in Texas, including and between the ages of six (6) and seventeen (17) for whom the regular school facilities are inadequate or not available.⁵

"The words "exceptional children" whenever used will be construed to include any child of educable mind whose bodily functions or members are so impaired that he cannot be safely or adequately educated in the regular classroom of the public schools without the provisions of special services. For the purposes of this Act, the term "exceptional children" shall not include those

⁵Public School Laws of Texas, Article I, Section II, "Special Education Service for Exceptional Children, p. 211.

children who are eligible for the State schools for the Deaf and the Blind. The term "special services" may be interpreted to mean transportation; special teaching in the public school curriculum; corrective teaching, such as lip reading, speech correction, sight conservation, and corrective health habits, the provisions of special seats, books and teaching supplies, and equipment required for the instruction of exceptional children.⁶ The law provides further that an appropriation of \$275,000 be made out of the General Revenue Fund. The sum of \$100,000 is to be used the first year and \$175,000 the second year of the biennium beginning September 1, 1945 and ending August 31, 1947.

The last session of the State Legislature which convened in January 1947, passed a new "exceptional children" law, using the same provisions of Senate Bill Number 32, but carrying an increased appropriations of \$700,000 for the biennium beginning September 1, 1947 and ending August 31, 1949.⁷ According to a statement made by H. E. Robinson, Director of Special Education, Texas had 60 districts or counties providing for special

⁶Ibid, pp. 213-214.

⁷Report from Legislative Committee of 25 TA.

education for exceptional children. At the close of the 1946-47 school term a report which was sent out by the Special Education Department of Austin, Texas, lists the districts and counties, the number of eligible pupils, the number of teachers and amount of funds tentatively approved for each. This information is shown in Table I.

TABLE 1
TENTATIVE APPROVAL FOR REIMBURSEMENT TO CLASSES
OF SPECIAL-EDUCATION

County	District	No. of Eligible Pupils	No. of Teachers	Tentative Approval	
Bell	Temple	21	1	\$2,040	
Bell	Belton	80	1	3,000	County-Wide
Bexar	San Antonio	120	8	7,304	
Bowie	Hooks	31	1	2,200	
Burnet	Burnet	30	1	2,000	
Cameron	Brownsville	27	1	2,040	
Cass	Avinger	36	1	1,800	
Cass	Linden	43	1	1,800	
Cherokee	Gallatin	16	1	1,441	
Collin	Wylie	170	1	3,800	County-Wide
Comal	New Braunfels	16		1,200	
Dallas	Dallas	261	6	11,126	

TABLE 1--Continued

County	District	No. of Eligible Pupils	No. of Teachers	Tentative Approval	
Dallas	Irving	71	1	\$2,400	
Dallas	Grand Prairie	48	2	3,400	
Delta	East Delta	20	1	2,000	
Denton	Argyle	30	6	600	
Donley	Clarendon	13		1,200	
Ector	Odessa	52	1	3,000	
El Paso	El Paso	181	12	9,551	
Erath	Stephenville	113	2	3,231	
Fannin	Leonard	97	1	3,600	County-Wide
Gonzales	Gonzales	40	1	2,700	
Gregg	Gladewater	39	1	2,800	
Gregg	Kilgore	31	1	1,500	
Harris	Houston	170	9	8,241	
Harrison	Marshall	30	1	2,200	
Hopkins	Miller Grove	10	1	100	
Hunt	Greenville	35	1	2,245	
Hunt	Commerce	97	1	2,600	County-Wide
Hunt	Lone Oak	100	1	3,600	
Hutchinson	Borger	16	1	2,200	
Jasper	Jasper	22	1	1,025	

TABLE 1--Continued

County	District	No. of Eligible Pupils	No. of Teachers	Tentative Approval	
Jefferson	Beaumont	25	3	\$3,035	
Jefferson	Port Arthur	102	2	4,750	
Jim Wells	Alice	8	1	100	
Johnson	Alvarado	25	1	1,800	
Lamar	Cunningham	36	2	959	
Lamar	Petty	318	2	5,600	County-Wide
Lampasas	Lampasas	38	3	300	
Lubbock	Lubbock	19	2	3,025	
Madison	Midway	16	1	2,400	County-Wide
McLennan	Waco	60	3	3,781	
Milam	Cameron		1	125	
Milam	Rockdale	284	1	1,800	
Milam	Thorndale	12	1	1,450	
Nueces	Corpus Christi	77	3	500	
Potter	Amarillo	183	3	6,960	
Red River	Fulbright	22	2	1,400	
San Patricio	Taft	8	1	100	
San Saba	Richland Springs	34	1	2,509	
Smith	Tyler	42	1	2,700	
Tarrant	Fort Worth	100	9	7,910	

TABLE 1--Continued

County	District	No. of Eligible Pupils	No. of Teachers	Tentative Approval	
Tom Green	San Angelo	35	1	\$2,700	
Travis	Austin	232	6	4,620	
Wharton	East Bernard	23	1	2,200	
Wichita	Wichita Falls	74	2	3,640	County-Wide
Wise	Boyd	22		250	
Wise	Bridgeport	31		300	
Wise	Decatur	68	1	3,900	County-Wide
Wood	Mineola	75	1	2,000	
		<u>4,035</u>	<u>123</u>	<u>\$168,148</u>	

The law provides for the following: The purposes of the act, the definition of "exceptional children", the eligibility requirements for a school to qualify to receive these services, qualifications for teachers, courses of study, the personnel for administering and supervising the program and the allocation and appropriations of funds.⁸

The Special Education Department was created by the 49th State Legislature as a part of The State Department

⁸Handbook from teachers of Special Education for Exceptional Children 1946, pp. 103-107.

of Education. L. A. Woods, State Superintendent of Public Schools when the law passed, immediately appointed H. E. Robinson of Austin as Director of Special Education. Robinson began a very active and ambitious Special Education Program for exceptional children in Texas. He studied in the University of Texas, traveled throughout the United States observing special education classes, having conferences with special education teachers, and interviewing the leaders in Special Education in order to activate an effective program in Texas. He began to hand pick his teachers for Special Education. He also set up a special training program for teachers especially interested in this work in the Summer of 1946. There were six workshops at various colleges and universities over the state with over 200 teachers in attendance. According to a report from the Director of Special Education there will be 12 workshops held during the Summer of 1947, with an expected enrollment of over 300 teachers.

In August 1945, Lyman D. Robinson, County Superintendent of Collin county and the State Director of Special Education, discussed the possibility of setting up a Special Education Program on a county-wide basis in Collin county, thereby assuring the exceptional children from small schools the same advantages as the children from the

larger schools. After some planning, this was done. The original application carried Wylie Independent School, as the "mother" school. The board of education and K. F. Hartman, Superintendent, accepted this responsibility with the understanding that the coordinator was to work on a county-wide basis. On October 15th, 1945, G. C. Haralson was selected by the Collin County School Board as Collin County's first coordinator of Special Education.⁹

The coordinator, after spending six weeks of studying and interviewing various educators decided that he would work only in the category of defective vision for the first year. A telebinocular machine was purchased to check children to find out if they were suffering from defective vision. During the last five months of the school term of 1945-'46, the coordinator checked 1300 children for defective vision, with the telebinocular; out of this group there were 260 whose eyes needed some form of correction. To help support the Special Education program The McKinney Lion's Club agree to help by paying expenses for all visual corrective work for all needy children in Collin county. They

⁹Minutes of Collin County School Board, County Superintendent's office, McKinney, Texas.

raised \$3600 during 1946 to take care of these needs, and have gone on record as being willing to support the program permanently.

During the school year 1946-'47, the coordinator worked principally with three categories: children with defective vision, children with defective speech, and children with defective hearing. There were more than 600 children screened for defective vision, with 60 children found who needed some form of correction. An individual audiometer was used in screening for the auditory defects, out of this group there were 29 that had as much as 40 decibel loss. The coordinator conducted a survey of children with speech defects in 23 schools and found 47 with some form of speech defects. Some attention was given to the other three fields of Special Education; which are, children with orthopedic handicaps, children who have nervous disorders, and children with lowered vitality. The table below shows the number of children in each category who were eligible for special services according to the 1947 report of exceptional children in Collin County. These are grouped by schools

TABLE 2

A LIST OF EXCEPTIONAL CHILDREN IN COLLIN
COUNTY FOR 1946-47

Name of School	Defective Vision	Defective Hearing	Defective Speech	Orthopedic Handicap	Nervous Disorder	Lowered Vitality
Alla		2	3			
Allen	2	4	5			
Altoga	1		3		2	
Ass Walker			1			
Arnold		1	1			
Bloomdale	1	1	2			
Blue Ridge	2					
Celina	8	6	2	2		1
Culleoka	4		1			
Farmersville			2			
Frisco	3					
Lone Star			1			
Lovejoy		1	1			
Lucas			1			
McKinney		1	9	1		
Melissa	1	2	3	1		
Nevada	1				1	2
Plano	2	4	2		2	
Princeton		2	7		1	1
Prosper	1		2			2
Viney Grove						

TABLE 2 --Continued

Name of School	Defective Vision	Defective Hearing	Defective Speech	Orthopedic Handicap	Nervous Disorder	Lowered Vitality
Winning-koff Wylie	1	4	1 1			
	<u>27</u>	<u>25</u>	<u>43</u>	<u>4</u>	<u>6</u>	<u>6</u>

The coordinator discussed the problems with classroom teachers and superintendents, and in many instances discussions were held with parents, referrals were made to specialists for children with defective vision and defective hearing, various conferences were held with children with defective speech, and drills were given to the teacher to train these children for speech correction. A special teacher was employed from Melissa to go to the home of one child who was "home bound". She went twice a week and gave him 1½ hours instruction each time. The child was a wheel chair patient, but was able to gain promotion to the fourth grade. Special recommendations were made for rest periods for the children with nervous disorders, and special diet and rest periods for children with lowered vitality. A total of 119 pupils who were eligible to receive special services for exceptional children in Collin county for the

school year of 1946-'47 were reported to the Department of Special Education.

CHAPTER III

A SURVEY OF CHILDREN TO DETERMINE THE NUMBER THAT NEED PARTICULAR ATTENTION THROUGH THE SPECIAL EDUCATION PROGRAM

The Texas Plan of special education for exceptional children provides educational opportunities and services for the six categories of handicapped children as mentioned in the introduction. This chapter explains methods for the discovery of the exceptional child.

I. Eligibility of Pupils

- A. The term "exceptional children" is defined by law to include "any child of educable mind whose bodily functions or members are so impaired that he cannot be safely or adequately educated in the regular classes of the public schools without the provisions of special services."¹ To be eligible for special classes, children must have a minimum general mental ability equivalent to that of a child with a Stanford-Binet intelligence quotient of 50-70, and in no case is the mental age of a child to be less than six. This is not a program for the feebleminded. If there is a doubt concerning the I. Q., such a child must be able to profit from regular academic instruction to the point of being able to master such fundamental processes as reading, writing, and number relationships. Children eligible for the state schools for the deaf or the blind are specifically excluded. The Division of Special Education interprets the law to include children who are suffering from any of the six disorders listed below and sufficiently handicapped to make them clearly a misfit in,

¹White House Conference .

or unable to profit from the ordinary class-room environment. In selecting such children for special classes, the judgment of the teacher, family physician, and school psychologist should be sought.

B. Divisions of Special Education as Provided for in the Texas Law.

1. Children with Deficient Vision. Although the distinction between the blind and partially seeing is a matter for professional determination, if the vision is between 20/200 in the better eye after it is corrected, or if the defect is of a lesser degree but certified as progressive by the family physician or a qualified eye specialist, the child will be regarded as within the range to be served by special classes in sight conservation.

2. Children with a Deficient Hearing. Again, the distinction between the deaf and the hard-of-hearing is a matter for professional determination. The general rule is that children having a hearing loss of at least one-third in the better ear but capable of correction through hearing aids to the point of understanding speech will be regarded as eligible for special classes for deficient hearing.

3. Children with Orthopedic Handicaps. These children have defects that interfere with the normal use of muscles, bones, or joints.

4. Children with Speech Disorders. Speech may be considered abnormal when it attracts unfavorable attention or is not easily audible and intelligible to the group of which the child is a part. This includes such articulatory disorders as baby talk, lisping, cleft-lip speech, and cleft-palate speech; such voice disorders as defects in pitch, volume, and quality; such rhythm disorders as stuttering and cluttering; symbolization disorders, such as aphasia; and delayed speech.

5. Children of Lowered Vitality. In this group are children who suffer from cardiac disorders, tuberculosis, malnutrition, etc.

6. Children with Nervous Disorders. These disorders include chronic convulsive attacks, encephalitis, and motor nerve disorders.

II. Participation, of all Public Personnel—includes teachers, welfare workers, physicians and all interested civic-minded citizens.

A. Teachers— Each regular grade teacher should take the initiative in the survey of her own pupils and submit a report to the principal or superintendent.

B. Welfare Worker—

1. County Social Worker
2. County co-ordinator
3. County Nurse
4. County Physician

C. Physicians—

1. Family physician
2. Specialist in the various fields

D. Civic-Minded Citizens—

1. Clubs

- a. Shriners
- b. Kiwanis
- c. Rotary
- d. Lions

2. Assistance

- a. Diagnostic Clinics
- b. Transportation-out-patient-cases.
- c. Special Hospital equipment- iron lungs, oxygen tents, ambulances, endowed hospital rooms, etc.

III. Screening Survey - To determine the nature and degree of the handicap.

- a. The Snellen Chart - (Such eye disorders as astigmatism and faulty fusion are not detected by the Snellen Chart.) The use of a Snellen Chart will indicate whether the child can see clearly at the right distances, and even the tester will have to rely on the answer the child gives as to whether or not he sees clearly.

The Snellen Chart is merely a means of inspection rather than examination and its use should aid in confirming any suspicion aroused by the symptoms of eye trouble mentioned above. Such children who do not see clearly when the Snellen E. Chart is used should be referred to their family physician or an eye specialist for complete examination and treatment.

- b. The Telebinocular- This is a measuring instrument that is useful in the hands of one who has been trained. It covers such problems as distance of effective vision, the ability of fusion of the two images, and the dominance of one eye's vision over the other.

The use of the Telebinocular is not to be considered as adequate or final but a child having defective vision should then be sent to his family physician or a competent eye specialist for a complete diagnosis and treatment.

- c. Massachusetts Vision Test. The Massachusetts Vision Test is a rather comprehensive test developed by the Division of Child Hygiene of the Massachusetts Department of Public Health. (The necessary equipment for giving the test is designed and manufactured by the Welch Allyn Company of Auburn, New York) This test checks for vision acuity as well as other defects which are common causes of eye strain. The Snellen Illiterate E. Chart is used and also this method provided for standard illumination in its administration.

Besides containing the vision acuity test it contains the Plus Sphere Test, and Maddax Rod Test.

This test has fewer objectionable features than either of the other two mentioned above. It is a more effective use of the Snellen Chart. Children found having deficient vision should be referred to their family physician or eye specialist for complete examination and treatment.

2. Hearing

- a. The Whisper Test. The Whisper Test is a practical method of screening for those who have deficient hearing, for an entire classroom can be checked at the same time. While this test is being given, the children remain at their desks and face the front of the room while the entire test is being given. The normal classroom environment as nearly as possible should be produced. Procedure is as follows:

- (1) Each pupil should have a piece of paper and a pencil.
- (2) Have the pupil mark off his paper into four columns. At the top of the first column write the word "Front;" at the top of the second column, "Left Side"; third column, "Back"; and the fourth column, "Right Side".
Like this:

Front	L. Side	Back	R. Side
-------	---------	------	---------

- (3) Explain to the pupils that you will whisper four numbers from 1 to 10 to be written in each column. The first group of four numbers you will give from the front of the classroom, the second group from the left side of the room, the third group from the back, and the last group from the right side.
- (4) Explain to the pupils that they are to write down the numbers in the column corresponding to your position in the classroom.
- (5) The tester should have arranged her groups of numbers before she starts to administer the test, for example:

Front	L. Side	Back	R. Side
2	3	5	10
5	8	1	2
1	6	9	5
4	10	3	3

- (6) The tester should stand in front of the room, cover her face with a book and whisper the numbers that she has selected to give from that position. Allow the pupils enough time to write the first number down before giving the next. The reason for the holding of a book in front of the face is so they will not have a chance to lip-read.
- (7) Next the tester goes to the left side of the classroom and whispers the four numbers selected to be given from that position.
- (8) Follow the same procedure and give the numbers from the back of the room and then from the right side of the room.
- (9) Collect their papers and check against your chart.

The results cannot be converted into any elaborate calculations, but they can be interpreted to determine whether or not the pupils heard you from the four positions in the classroom.

- B. The Watch Tick Test. This test should be given to the children detected as having a hearing loss when given the Whisper Test. In administering the Watch Tick Test, an Ingersol Watch is used. Only one ear is tested at a time. The child holds his finger on the other ear while being tested. The watch is placed at the child's ear and is slowly withdrawn until he ceases to hear it. If he ceases to hear it at 24 inches, his hearing is recorded at 24/48. The reverse procedure is then tried, and two scores averaged to secure the child's apparent degree of hearing loss.

This method is slow for the reason that only one child can be tested at a time.

C. The Audiometer - Audiometers provide the most objective hearing tests known. Several types have been invented by Seashore, Fletcher, and Fowler. Those of Fletcher and Fowler developed in the Bell Telephone laboratory are widely used.

3. Orthopedic Handicaps - Types, Descriptions, and Causes

A. Infantile Paralysis or Poliomyelitis - This is one of the most common causes of crippling conditions. It is caused by a virus which causes infection to spread quickly to the spinal cord where it sets up an extreme inflammation, particularly in the anterior or front horns from which nerves lead to various parts of the body. The Paralysis which results is due to toxemia, congestion, and hemorrhage in the substance of the spinal cord. It affects the muscles of the legs more than those of the arm. The muscles become limp, weak, flabby, and helpless.

B. Spastic Paralysis or Cerebral Palsy - This type of paralysis is a disturbance of the motor function resulting from damage to the brain before, during, or after birth. Meningitis is sometimes a cause. The child afflicted with it moves the affected muscles with great difficulty and awkwardness. It is impossible to overcome spasticity fully; however, operative procedure may balance the muscle pull so that the deformity is lessened and the gait is improved. Speech disorders are usually prevalent. The muscles of the face are usually affected so that when making an effort to speak, the face draws and appears distorted, and saliva escapes from the uncontrolled mouth.

C. Osteomyelitis - This is an acute inflammation of the bone. It usually involves the structure of the bone so that a deformity or defect will eventually occur. Much damage may be done to the marrow of the bone and will endanger loss of life.

D. Tuberculosis of Bone and Joint - The disease attacks the tissues of the bones and joints and may affect any portion of the skeleton. The joints themselves become deformed or enlarged, and the hips or the spine is often affected.

It may result in a person becoming a "hunchback". Then the hip is the center of infection, one short leg with a limp usually results. This disease is an infection and is communicable. It is a disease of childhood in which the germs gain entrance into the blood stream and lodge in the growing portion of the bone, known as the epiphysis, resulting in pain, limp, muscle spasm, deformity, swelling, tenderness, and progressive weakness.

- E. Congenital Deformities - Deformities existing at birth
1. Talipes or club foot
 2. Dislocation of the hip joint is another frequent type
 3. Wry neck
 4. Harelip
 5. Cleft palate
 6. Hydrocephalus

Such congenital deformities as club foot, harelip, and cleft palate are remedial if corrected early enough.

- F. Cardiac Disease - Muscle weakness of the heart
- G. Obstetric Paralysis - Results from an injury to the nerves of the arm. Children with this defect cannot turn the palm of the hand upward because the forearm muscles are contracted.
- H. Progressive Muscular Dystrophy - This is a slow, progressive weakness in the muscles.
Symptoms - A gradual decrease in muscular power in all of the extremities, together with the enlargement of the calf muscles. The weakness is first seen in the form of a limp, or the child becomes awkward and falls easily.
- I. Friedreich's Ataxia - Progressive disease of the spinal cord, causing a weak, staggering gait and uncertain motions. The feet become contracted, giving a claw-foot or hollow-foot deformity.
- J. Rheumatism - Pain in joint and muscles. If it is a pain in the joint it is called arthritis. If it is an inflammation in the muscles, it is called myositis.
- K. Accidents - An increased number of deformities are due to accidents.

- L. Perthes' Disease - A disease of the hip joint. The head of the thigh bone at the hip joints becomes flattened and distorted. This disease begins with a limp and sometimes pain and night cries.
- M. Syphilis - A hereditary disease. It produces a deformity of the bone and joints, causing a general weakness of the extremities. This disease is responsible for some of the congenital deformities.
- N. Rickets - Caused in infancy by defective nutrition of which the most noticeable effect is a distortion of the bones and joints. This distortion is due to a softening of the bones, resulting from a lack of lime and mineral salts. Also the muscles become flabby. The fundamental cause of rickets is a lack of sunlight, improper food, and overcrowding.

Symptoms -

1. Restlessness at night and impaired appetite.
2. Wrists are sometimes enlarged.
3. Chest occasionally becomes distorted and forms what is called pigeon breast; sinks inward to cause the hollow breast.
4. The abdomen is prominent and is called pot belly.
5. Back is very weak and the spinal column bows backward very severely.
6. Bow legs
7. Knock-knees
8. Flat feet
9. Spinal curvature

4. Children with Speech Disorders

- A. Medical and Physical Examination and Case History
 Through the watchful attention of the classroom teacher who realizes the significance of speech disorders, the child in need of speech correction can be detected. Before any corrective work is started, the child should be given an examination by a competent physician or clinical staff to determine whether or not there is a serious physical cause for his speech difficulty. A thorough study should be made of the individual. Since factors in a child's environment or personality frequently are the cause of speech difficulty, it is well to make a detailed case

history of the individual including birth and developmental history, family history (background and environment), school history (mental, educational, and general achievement; behavior in the classroom and on the playground), psychological condition (attitudes and interests, social and emotional responses), and physical condition. This step requires the cooperation of the patient, the parents, and the physician.

- B. For specific speech tests for the four types of disorders, see Speech in Education by Backus, The Defective in Speech by Berry and Eisenson, Principles and Practices of Speech Correction, by Binder and Fields.

Speech Tests

1. Articulatory Tests

- a. Spontaneous production tests - naming of pictures and the answering of questions-riddles.
- b. Repetition tests - nonsense material - tho, othe, cthe to determine if a child can follow a model when the effects of training are minimized.
- c. Oral reading tests - spontaneous production of various speech sounds and the student's ability to repeat them after stimulation can be tested.
- d. Discrimination tests - whether the child can discriminate the correct from the incorrect production of the word when they are made by the examiner. The examiner imitates the error as exact as possible and matches it with the correct sound.
- e. Recording - results of 4 tests should be summarized on a blank (The Articulatory Test Report).

2. Voice Tests -

- a. Ability to discriminate pitch - whistling pairs of notes as low, middle and high pitches and requesting the subject to tell whether the first is higher or lower.
- b. Ability to produce a given pitch - humming the nasal m at a low, middle, and high

level and continue to hum for at least five seconds.

- c. Ability to carry a tune in unison or alone - tunes chosen should be simple and familiar. Use the unison test first. Use same tune for both.
- d. Ability to follow inflections - pronounce each syllable.
- e. Normality of inflections in speech - use phrases or sentences which ask questions, make statements, give commands, indicate surprise and express disgust, and have the subject repeat them after the examiner.
Examples are:
What's that noise?
I liked that movie.
You get out of here!
- f. Relation between pitch and stress - notice in giving sentences whether stress changes are used instead of pitch changes. Underline certain words in sentences and ask subject to emphasize them.
- g. Determination of pitch range - hum a middle-pitched note as a model for the case to imitate. Then gradually hum down the scale until the case cannot phonate at any lower pitch. Locate this note, on a piano or pitch pipe.
The importance of pitch-range tests is that they help us determine whether the speech defective is using a habitual pitch which is too near the bottom or top of his pitch range.
- h. Determination of habitual pitch - This involves the disregard of inflections and process of mental averaging of the pitch changes which exist in prepositional speech. Have the subject to repeat over and over, ten times or more, the sentence: Now is the time for all good men to come to the aid of their country. Disregarding the first and last words, the examiner hums softly up and down the scale until he finds his voice synchronizing with the pitch, of the subjects' voice.

Continuing to hum this pitch, he goes to the piano and finds its notation, which he records. Through similar technique it is also possible to determine the extent of habitual pitch range used by the subject.

1. Determination of natural pitch - ask the subject to close his eyes, to begin with a low pitch, and to hum slowly and continuously up the scale, attempting to keep the intensity constant. Hum the pitch until it can be identified on the piano and recorded. Repeat the process while humming a descending scale. Give three ascending and three descending trials, and consider the place at which these pitches seem to cluster as the natural pitch. A range of three or four semitones about this note may be considered as optional for performance.

3. Intensity tests - Disorders due to too loud a voice are referred to the speech correctionist, most of these are due to defective hearing. The majority of defective voice intensity cases are of pathological or neurotic origin, or are caused by overstrain and overuse. A laryngoscopic examination is usually required, and when the disorder is complicated by excessive breathiness an oto-laryngologist should be consulted. In cases of aphasia, or total loss of voice, the services of this specialist, and occasionally those of a psychiatrist, are recommended.

4. Tests for Voice quality - Disorders of voice quality, with the exceptions of nasality and denasality, have always been difficult to classify because of multidimensional nature of timbre.

Check

- a. hoarse, husky, strident, guttural, breathy, throaty, noisy, pectoral, nasal, and denasal.
- b. an auditory analysis should be made to

determine which vowels are most defective.

- c. make a phonetic placement analysis to determine position of lips, jaws, tongue, and velum.
- d. study the effect of pitch change on voice quality. Use isolated vowels at many different pitch levels, and also use continuous speech.
- e. study the effect of relaxation, both general and specific, on voice quality. Use the vocalized yawn for the worst vowels.
- f. determine the quality of whispered vowels.
- g. study the effect of distraction and imitation of other voices.

5. Auditory tests - All of these cases should be given audiometer tests.

- C. Examination by Teacher - Although the physician's examination should have already been made, it is well for the teacher before beginning the corrective work, to examine the child to familiarize herself with any organic defects. This is particularly important for articulatory and voice disorders. Some of the organic defects which may be causing or contributing to the speech disorders are short lingual frenum which ties the tip or the blade of the tongue to the floor of the mouth; thin, short, thick or immobile lips or hare lip; undershot, overshot or overbite jaws; irregularities in teeth; and extremely wide, high or narrow hard palate with the aid of a head mirror or a laryngoscope the teacher may further conduct an examination of the pharynx, the larynx, and the nostrils and find certain abnormalities which are further contributing to the speech difficulty. Below are some additional suggestions for further examination by the teacher:

1. Lips

In examining the lips have the child purse and retract them, smile broadly move each corner of the lips alternately.

2. Jaws

Malformed jaws may be detected by examining them in relaxed occlusion. They may further be examined during the performance of S, Z, l, p, f, v, th. It is possible that the tongue will make compensatory movements during the performance of these

sounds; if so, regardless of the organic disorders, there will be no necessity for speech correction on these sounds.

3. Teeth

Note any irregularities in the teeth and whether the malocclusion is due to the upper lower or of both sets of teeth and further examine any space between the teeth and note the functioning of the tongue in relationship to that space during the performance of s, z, sh, zh, ch, and j.

4. Tongue

Note the position of the tongue in a relaxed position to determine whether or not it lies within the lower dental border. Extend the tongue and touch the upper part of the upper lip with the tongue-tip to determine the proximity of the frenum. Have the child touch the right and left corners of the mouth alternately with the tongue-tip, and dot the upper and lower lips alternately in order to note any possible sluggishness of the organ. Note the operation of the tongue for t, d, k, g, th, s, l, r,. Observe whether or not the child can groove the tongue at will and perform a lapping activity. Also, examine the tongue for any cleft or tumors.

5. Soft Palate

Examine the soft palate for cleft. Examine for infected tonsils, scar tissue, or inflammation of the soft palate or surrounding tissues. Have the child say a, as you watch the action of the uvula and the pharynx. Have him blow a horn, a whistle, or a balloon to determine whether the breath is correctly coming out through the mouth.

6. Hard Palate

Examine the hard palate to note any abnormality in width and height to determine the ease of contact with the tongue against the palate for l, r, k, g, y,. Examine it for evidence of cleft.

7. Pharynx

Examine the pharynx as the child vocalizes the a correctly, then as he nasalizes the "a". Have him alternate ma and ba as rapidly as possible about ten times. Note the presence and condition

of adenoids, also any nasal drip.

8. Larynx

If you are equipped with a good laryngoscope, examine the larynx.

9. Nostrils

In order to examine each nostril, spread the walls and flash a beam of light into the cavity. Note whether the septum is crooked or straight. Note whether the walls of the nasal cavity contract when the child makes p,b,t,d,k,g,f,v,th,. Hold under the child's nostrils a mirror which has been cooled and wiped dry. Have him repeat a sentence which does not contain any nasal sounds. (Jack saw several other boys play ball.) If the mirror becomes cloudy, the breath is coming out through the nose rather than through the mouth. To determine whether nasal resonance is withheld from nasal sounds, give the same mirror test, this time having the child read a sentence containing nasal sounds (Now is the time to name the child.) Unless the mirror clouds, there is an obstruction in the nasal cavities or in the postnasal passage.

10. Breath

To determine the child's breath control, have him blow a lighted candle, which has been placed about six inches in front of his lips, in such a way as to make the flame flicker mildly without going out. He should be able to sustain the breath through about three seconds.

5. Children with Lowered Vitality - Causes - Symptoms

- a. Pellagra - The disease is most likely to occur where the diet is low in such foods as milk, lean meat, and green and yellow vegetables.

Symptoms

1. Loss of appetite and weight
2. General weakness
3. Sore mouth
4. Digestive disturbances
5. Inflammation of the skin on the hands, arms, legs, and feet

- b. Rheumatic Fever and Other Cardiac Disorders
Rheumatic heart disease accounts for about 95% of the abnormal heart conditions of childhood.

Symptoms

1. Repeated nose bleeds
2. Rapid heart action
3. Low persistent fever
4. Frequent complaint of pain in the arms, legs, or abdomen.

Any child suspected of having any type of heart disorder should be referred to a competent physician for diagnosis and treatment.

- c. Tuberculosis - If a child has a persistent cough or even a slight hemorrhage from the respiratory tract, tuberculosis should be suspected. The child should be given a complete examination by the physician.
- d. Malnutrition - Special attention should be given to the diet of children who are undernourished. The classroom environment should be as near ideal as possible
- e. Disorders of Physical Growth - Disorders of physical growth resulting in biological extremes should have the attention and treatment of a competent physician. Undue attention or embarrassment should be omitted.

6. Children with Nervous Disorders
Different Types of Nervous Disorders

A. Epilepsy

1. Symptoms of petit mal

- a. A brief lapse of consciousness in which the patient ceases doing whatever is at hand and appears to stare. Occasionally there is a rhythmic twitching of the eyelids or eyebrows. "Absences" may occur many times a day.
- b. As the disorder progresses, the area around the mouth appears pale because of slight contraction of muscles in the face, and later on the muscles

contract still more, causing the head to be pulled backwards lightly.

2. Symptoms of the grand mal

- a. An "aura" or warning, which may take almost any form. Such forms as:
 1. dilated pupils
 2. sudden pallor or turning blue in the face
 3. unusual irritability
 4. tingling or twitching of any muscle group
 5. dizziness
 6. numbness
 7. sudden urges to run have been recorded
 8. generally a sudden loss of consciousness and falling
- b. Stiffening of the muscles followed by violent spasms and jerks which may last from one to five minutes.
- c. The muscles then relax and the patient passes into a state of stupor, confusion, or irritability which may last from several minutes up to several hours.
- d. Headaches and a feeling of general depression, fear, and dizziness.

3. Less Common Types of Epilepsy Are:

- a. Jacksonian epilepsy, which begins with uncontrollable jerking on one side of the body. This may be due to brain damage or disturbance of the body chemistry. The patient remains conscious.
- b. Psychic epilepsy - Patient has amnesic or confused periods in which he performs peculiar actions not characteristic of his normal personality.

B. Encephalitis - This is the result of an acute infection inflaming the brain, which may occur over a prolonged period of from two to twelve weeks.

1. Symptoms -

- a. The disease may attack suddenly or take the form of general drowsiness.
- b. It may cause headaches and nausea.
- c. It may produce double or blurred vision.
- d. Portions or all of the face may become paralyzed.
- e. The muscles of the neck may become very rigid.

2. Behavior Symptoms -

- a. Listlessness, memory defects, irritability, and tantrums.
- b. Emotional instability, including spells of crying, cruelty, restlessness, and destructiveness.

C. Motor Nerve Disorders - Motor Nerve disorders may result from several causes.1. Symptoms -

- a. A tic, or a muscle spasm of short duration affecting the muscles in any part of the body.
- b. If such spasm becomes widespread and persists for a longer period, it is known as Chorea.
- c. Children become uneasy and restless and uninterested in classroom environment, very sensitive, and prone to disturb.
- d. Children that appear different from the normal or average child, should be referred to the family physician or a competent psychiatrist for complete examination and treatment.

IV. Evaluation -

To secure the best results of a program of special education in the public schools, each individual teacher must take a part in helping the handicapped child find its place in the classroom and prepare it as best she can for normal life.

In testing use tests which will locate the needs, problems or defects of each individual child.

CHAPTER IV

THE PLAN OF ADMINISTERING SPECIAL EDUCATION FOR EXCEPTIONAL CHILDREN IN COLLIN COUNTY

At the beginning of the school year 1946-47, the coordinator decided to conduct a survey in two additional categories; namely, defective hearing and defective speech. The work that had been started with defective vision was to be continued with the survey. He screened about 1600 children for these handicaps. Some attention was given to the three other categories of handicapped children; namely, children with orthopedic handicaps, children with nervous disorders, and children with lowered vitality. One fallacy of the plan was that he tried to cover too much territory. Almost all the time was spent in finding the handicapped; consequently, very little time was left for remedial work.

Under the improved plan The Department of Education is to select another county coordinator to assist the present coordinator of Collin county. The scholastic population is to be divided as evenly as possible between the two coordinators. The plan further provides for the help to all superintendents, principals, teachers, and parents in becoming conscious of the fact that there are exceptional children in their midst and that something

can be done for them. The aim is to have at least one teacher trained in special education, who may be able to direct the activities and to help the regular classroom teacher in planning and working with these children, in every elementary school and high school. Every exceptional child in Collin county will be reached if possible. It is planned further for the child to receive the type of guidance and instruction that will equip him as nearly as possible to fit into a normal group. The plan, which is similar to the State Wide Plan in Virginia, is to allow the exceptional child to remain in the normal group.

The segregation of "exceptional children" does not seem to offer the best opportunities for optimal development with the large social group. This requires continuous study of the interests, abilities, needs, and experiences of the child and a knowledge of his environment.¹ In a few instances where it is not possible for the child to be with the normal or regular classroom group, arrangements or plans are to be made with local school personnel as to the best procedure to take in caring for the exceptional child. A cumulative record of every exceptional child in Collin county, which

¹Bulletin, State Board of Education, Richmond, Virginia,
Vol. XXII, p. 101.

shows his "intelligence quotient", his achievement record, his health record, and his behavior record as obtained from anecdotal recordings will be kept.

The financing of the program for instruction will be no different from the original plan. An application for instructional aid is made for the county by the county superintendent to the division of Special Education of the State Department of Education. The Director of Special Education approves this application and distributes funds that are appropriated by the State Legislature. (The first grant to Collin County in 1945-46 was for \$3000, and in 1946-47 was \$3900, and with the beginning of 1947-48, an application will be made for \$8000, for Collin county.)

In following through the findings of the survey for exceptional children when a child is found with a handicap every effort will be made to help the child. For illustration, if the child has a serious visual defect, and comes from a family, which is unable financially to take care of the needs, this child will be referred by the county coordinator to the chairman of the visual conservation of the Lion's Club of McKinney, where he will be given every consideration. After investigation is made by the club, and it is found that the parents are not able financially to take care of his

needs then the club will bear the expense. (The club has done an outstanding job in the past, having raised \$3600 in 1946-47 to support the visual program in Collin county.)

Needs of the "hard of hearing" group will next get attention. Suggestions will be given to teachers as to the seating of the partially deaf child. The referral to a specialist, and the follow-through of the directions of physicians will be observed. In some instances, recommendations made by specialists for the use of hearing aids will be carried out. This category has been financed for needy children through local Parent Teachers' Associations. (During 1946-47, the Parent Teachers' Associations of the county raised funds to provide for the professional treatment of this group.)

In the speech defective group, it is proposed that there be at least one teacher in every school in the county who will know how to help in speech correction. Collin county has teachers from twelve different schools taking special training in various workshops throughout the state during the summer of 1947, to help carry out the plan.

In the other three categories are children with orthopedic handicaps, with nervous disorders, and with lowered vitality. (Not so much space will be given to the

discussion of these as they are fewer in number, and, too, each case is more of an individual problem from the standpoint of treatment and behavior. Attention will be given to a child who is found in one of these categories, and the teacher and parent will be assisted in every known way in helping the child. In case there is an expense in caring for the child's needs, the schools should assume the responsibility to see that the money for this is available without any embarrassment to the parent or the child. In some instances it will be necessary to send the child to some institution, in which case the coordinator will help him gain admission.

CHAPTER V

THE EVALUATION, RECOMMENDATIONS, AND CONCLUSION OF THE IMPROVED PLAN OF ADMINISTERING SPECIAL EDUCATION IN COLLIN COUNTY

The major objectives in the special education program for exceptional children in Collin county are to help the individual in taking his place in the social and economic world and to train him to apply his ability and knowledge to the highest degree of efficiency of which he is capable. Some criteria were set up on the program as carried out and a special committee composed of three members was appointed to evaluate it.¹ The committee members were asked to check it on three levels; namely, excellent, average, and poor. They were also requested to justify their markings by comments following each evaluation. Below are the criteria with the composite evaluation indicated by an x on each statement. The individual evaluation sheets of each individual and his comments are found in Appendix A of this thesis.

¹The Committee was composed of three men of Collin County: Lyman D. Robinson, County Superintendent of Schools, Roy R. James, County School Supervisor, and W. H. Mosely, Superintendent of Allen Public Schools.

Criteria	Evaluation		
A			
(1) The program of special education in Collin county includes teachers that are well trained in procedures and techniques. (2) They seem to be genuinely interested in the child's welfare. (3) The teacher possesses wholesome personality traits and abilities. (4) They are of good moral character	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
		x	
		x	
		x	
		x	
B			
(1) The curriculum of the public schools in Collin county offers a good guidance program. (2) Exploratory courses are taught in the upper elementary grades or in junior high school grades. (3) Vocational guidance receives increasingly more attention as the child progresses into the high school grades. (4) The students are allowed to take vocational subjects, such as typing, shorthand, shopwork, home economics and agriculture. (5) The exceptional child is allowed to participate with slight modifications	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
			x
			x
			x
			x
		x	
C			
(1) The special education program includes a well rounded physical development program. (2) It ties in with the program that is administered for the normal child in such a way that the exceptional child participates to his fullest ability.	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
		x	x

Criteria	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(3) The teacher arranges the seating of children who have weakness in vision and hearing so they may receive the most benefits.		x	
D	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) The special education program discourages segregation of the exceptional child from the normal group.		x	
(2) "The plan is to have all pupils placed continuously in groups in which no pupil feels out of place and is grouped according to maturation levels in such a way as to give each pupil opportunities to excel in some things and to have his talents challenged in others." ²		x	
E	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) The schools should have a plan of evaluating the progress of the exceptional children in academic subjects.			x
(2) This is done through various types of diagnostic and achievement tests and appraisal by the teacher.			x
F	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) Accumulative records are kept on every child in the school system. (2) These		x	

²Handbook for Self-Appraisal and Improvement in Elementary Schools. Try-out Edition p. 56.

Criteria	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
records also show the child's health record and his behavior pattern through anecdotal recordings.			x

RECOMMENDATIONS

In setting up the recommendations for an improved plan of administering Special Education for exceptional children in Collin county, the only consideration is the welfare of the children. It is hoped through this study that the proposal discussed will offer the exceptional children a better opportunity to develop physically, mentally, economically, and socially so they will be able to fit into society and be useful people, taking their places with the normal citizen where their handicaps will be only of passing notice.

The recommendations for the improved plan are as follows:

1. That Collin county have two county coordinators to administer the program of Special Education.
2. That a well rounded teacher-training program be continued in Collin county until every school in the county has at least one trained teacher in the system.

3. That all superintendents and principals in Collin county have an understanding of the plan for taking care of the exceptional children in his system.
4. That schools throughout the county have buildings, equipment, and supplies to meet the needs of the handicapped child. That superintendents and school boards see that rooms are properly lighted, and that the furniture is adequate for the needs of the exceptional group, as well as the normal group.
5. That the exceptional children's group be included with the normal group and not be segregated.
6. That an adequate accounting be kept of each child.
7. That parents become educated through group study to the best ways that they can help their children with handicaps.
8. That the tests mentioned be given and that an accumulative record system be kept on each child that is receiving special services from Special Education.
9. That a well rounded guidance program be conducted for all children based on the child's needs and abilities and organized in terms of his experiences and maturation.

CONCLUSION

The goal will have been reached when every child that belongs to the exceptional children's group in Collin county

has been given the opportunity to develop to the fullest those abilities that he possesses and has been administered to in terms of his individual needs and abilities.

APPENDIX

You have been chosen to evaluate the following criteria on Special Education in Collin county. After you have checked each statement in every criterion, please justify your markings under comments.

Criteria	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
A			
(1) The program of special education in Collin county includes teachers that are well trained in procedures and techniques.	x		
(2) They seem to be genuinely interested in the child's welfare.	x		
(3) The teacher possesses wholesome personality traits and abilities.	x		
(4) They are of good moral character	x		

Comment on your checking.

We are pleased with our teachers. We need more well trained teachers, both to direct our program, and to assist in the various schools. This program cannot be operated successfully unless the teachers are of good moral character, well trained and love their work.

Criteria	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
B			
(1) The curriculum of the public schools in Collin county offers a good guidance program.		x	
(2) Exploratory courses are taught in the upper elementary grades or in junior high school.		x	
(3) Vocational guidance receives increasingly more attention as the child progresses into the high school grades.		x	
(4) The students are allowed to take vocational subjects, such as typing, shorthand,		x	

Criteria	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
shopwork, home economics and agriculture. (5) The exceptional child is allowed to participate with slight modifications.		x	
Comment on your checking.			

This program is not as well developed as we want it to be.

C	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) The special education program includes a well rounded physical development program. (2) It ties in with the program that is administered for the normal child in such a way that the exceptional child participates to his fullest ability. (3) The teacher arranges the seating of children who have weakness in vision and hearing so they may receive the most benefits.	x		
	x		
	x		
Comment on your checking.			

Our teachers (classroom) respond splendidly to these ideas when their attention is called to them. Pupils are offered every incentive to do their best.

D	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) The special education program discourages segregation of the exceptional child from the normal group.	x		
(2) "The plan is to have all pupils placed continuously in groups in which no pupil feels out of place and is grouped according to maturation levels in such a way as to give each pupil opportunities to excel in some things	x		

Criteria	Evaluation		
and to have his talents challenged in others. ¹	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
	Comment on your checking.		

I do not like the "segregation" idea. One of our biggest accomplishments may be to enable a child to "feel at home" even if he knows that he is an exceptional child.

E	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) The schools have a plan of evaluating the progress of the exceptional children in academic subjects.		x	
(2) This is done through various types of diagnostic and achievement tests and appraisals by the teacher.		x	
	Comment on your checking.		

Our ambition is to do something about this in 1947-48. It is a good idea. We have barely started a program which might be considered good enough to report.

F	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) Accumulative records are kept on every child in the school system. (2) These records also show the child's health record and his behavior pattern through anecdotal recordings.		x	
		x	
	Comment on your checking.		

We have started this program. We note certain improvements that follow special attention.

¹Handbook for Self-Appraisal and Improvement in Elementary Schools. Try out edition, p.56.

You have been chosen to evaluate the following criteria on Special Education in Collin county. After you have checked each statement in every criterion, please justify your markings under comments.

Criteria	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
A			
(1) The program of special education in Collin county includes teachers that are well trained in procedures and techniques. (2) They seem to be genuinely interested in the child's welfare. (3) The teacher possesses wholesome personality traits and abilities. (4) They are of good moral character.		x	
		x	
		x	
		x	

Comment on your checking.

On a basis of the program as a whole in the state and in view of the fact that the program is comparatively new, Collin County teachers are as well prepared as those of other counties. They are genuinely interested and possess good personalities and character.

Criteria	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
B			
(1) The curriculum of the public schools in Collin county offers a good guidance program. (2) Exploratory courses are taught in the upper elementary grades or in junior high school grades. (3) Vocational guidance receives increasingly more attention as the child progresses into the high school grades. (4) The students are allowed to take vocational subjects, such as typing,			x
			x
		x	
		x	

Criteria	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
shorthand, shopwork, home economics and agriculture. (5) The exceptional child is allowed to participate with slight modifications.		x	
	Comment on your checking.		

The curriculum offers practically no guidance and very few courses are offered which could be classified as exploratory. More guidance is given, however, as the child progresses into the high school. Vocational subjects are offered and the exceptional child participates according to his ability.

C	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) The special education program includes a well rounded physical development program. (2) It ties in with the program that is administered for the normal child in such a way that the exceptional child participates to his fullest ability. (3) The teacher arranges the seating of children who have weakness in vision and hearing so they may receive the most benefits.			x
		x	
		x	

Comment on your checking.

No special physical development program has been developed yet for exceptional children. There is no differentiation between the regular program and that for exceptional children. Arrangement of seating for exceptional children has been accomplished.

D	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) The special education program discourages segregation of the exceptional child from the normal group. (2) "The plan is to have all pupils placed continuously in groups in which no pupil feels out of place and is		x	

Criteria	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
grouped according to maturation levels in such a way as to give each pupil opportunities to excel in some things and to have his talents challenged in others." ¹		x	
	Comment on your checking.		

No segregation has been made of exceptional children, and pupils are allowed to excel in some things while their talents are challenged in others.

E	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) The schools should have a plan of evaluating the progress of the exceptional children in academic subjects.			x
(2) This is done through various types of diagnostic and achievement tests and appraisal by the teacher.			x
	Comment on your checking.		

No system has been set up as yet for checking on the progress of exceptional children other than the conventional pupil accounting.

F	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) Accumulative records are kept on every child in the school system.	x		
(2) These records also show the child's health record and his behavior pattern through anecdotal recordings.			x
	Comment on your checking.		

Very few schools keep any records other than academic grades but all schools do keep permanent records.

¹Handbook for Self-Appraisal and Improvement in Elementary Schools. Try out edition, p.56.

You have been chosen to evaluate the following criteria on Special Education in Collin county. After you have checked each statement in every criterion, please justify your markings under comments.

Criteria	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
A			
(1) The program of special education in Collin county includes teachers that are well trained in procedures and techniques.			x
(2) They seem to be genuinely interested in the child's welfare.		x	
(3) The teacher possesses wholesome personality traits and abilities.		x	
(4) They are of good moral character.	x		
	Comment on your checking.		

Since only 16 teachers out of approximately 300 teachers of Collin County have not had even the survey course in college on Special Education, very little is known at the present time about procedures and techniques of Special Education.

Since Special Education was started in the county, several of the teachers have shown interest in the program by discussions and questions. Collin County has the highest type of teachers who are willing and will be efficient in providing special education on the exceptional child when they become well trained.

Criteria	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
B			
(1) The curriculum of the public schools in Collin county offers a good guidance program.			x
(2) Exploratory courses are taught in the upper elementary grades or in junior high school.		x	
(3) Vocational guidance receives increasingly more		x	

Criteria	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
attention as the child progresses into the high school grades. (4) The students are allowed to take vocational subjects, such as typing, shorthand, shopwork, home economics and agriculture. (5) The exceptional child is allowed to participate with slight modifications.		x	

Comment on your checking.

There are too many schools in Collin County. If there were larger school units, some teachers would be allowed time for guidance. Limited amount of semi-vocational and vocational subjects are allowed in which the handicapped child can participate as far as provisions for him have been to the present time.

C	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) The special education program includes a well rounded physical development program. (2) It ties in with the program that is administered for the normal child in such a way that the exceptional child participates to his fullest ability. (3) The teacher arranges the seating of children who have weakness in vision and hearing so they may receive the most benefits.		x	
			x
			x

Comment on your checking.

The failure for not making the above provisions adequately is not due to lack of interest but is due to the limited knowledge in the part of school personnel and laymen.

D	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) The special education program discourages segregation of the exceptional child from the normal group.			x

Criteria	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(2) "The plan is to have all pupils placed continuously in groups in which no pupil feels out of place and is grouped according to maturation levels in such a way as to give each pupil opportunities to excel in some things and to have his talents challenged in others." ¹			x

Comment on your checking.

Many exceptional children are not segregated physically but in the attitude and thinking of teachers and students, they are segregated. A proper attitude of treating the child as a child has not been properly developed at the present time. Too much emphasis is still placed on the outstanding children in competitive activities.

E	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) The schools have a plan of evaluating the progress of the exceptional children in academic subjects.			x
(2) This is done through various types of diagnostic and achievement tests and appraisals by the teacher.			x

Comment on your checking.

The old grading system, which is composed of numerals or letters, is still used. Satisfactory provisions have not been made to measure the growth and development of the child.

F	Evaluation		
	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
(1) Accumulative records are kept on every child in the school system. (2) These records also show the child's health record			x

¹Handbook for Self-Appraisal and Improvement in Elementary Schools. Try out edition, p.56.

Criteria	Evaluation		
and his behavior pattern through anecdotal recordings.	<u>Excellent</u>	<u>Average</u>	<u>Poor</u> x
	Comment on your checking.		

Progress has been made for the past two years in setting up a record system for the exceptional children, but since the county is so large and since there has been only one special teacher for exceptional children, there is still much to be done.

It is hoped that through the presentation of these evaluations in Collin county administrators and teacher may be benefitted in setting up programs for exceptional children in other counties.

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