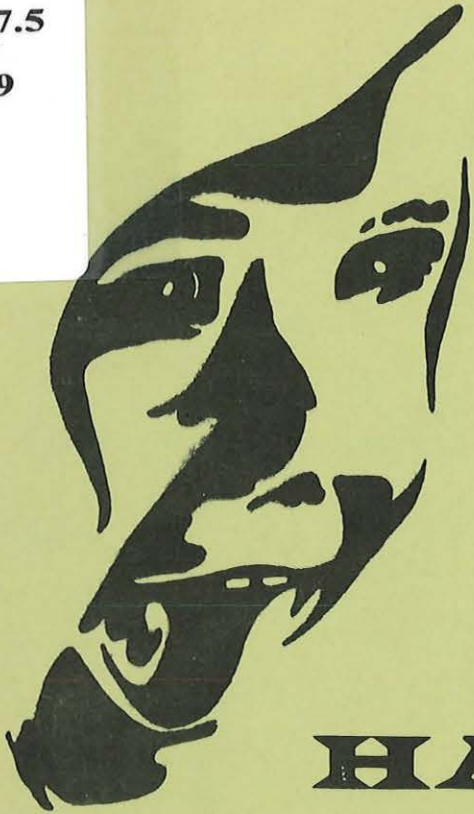


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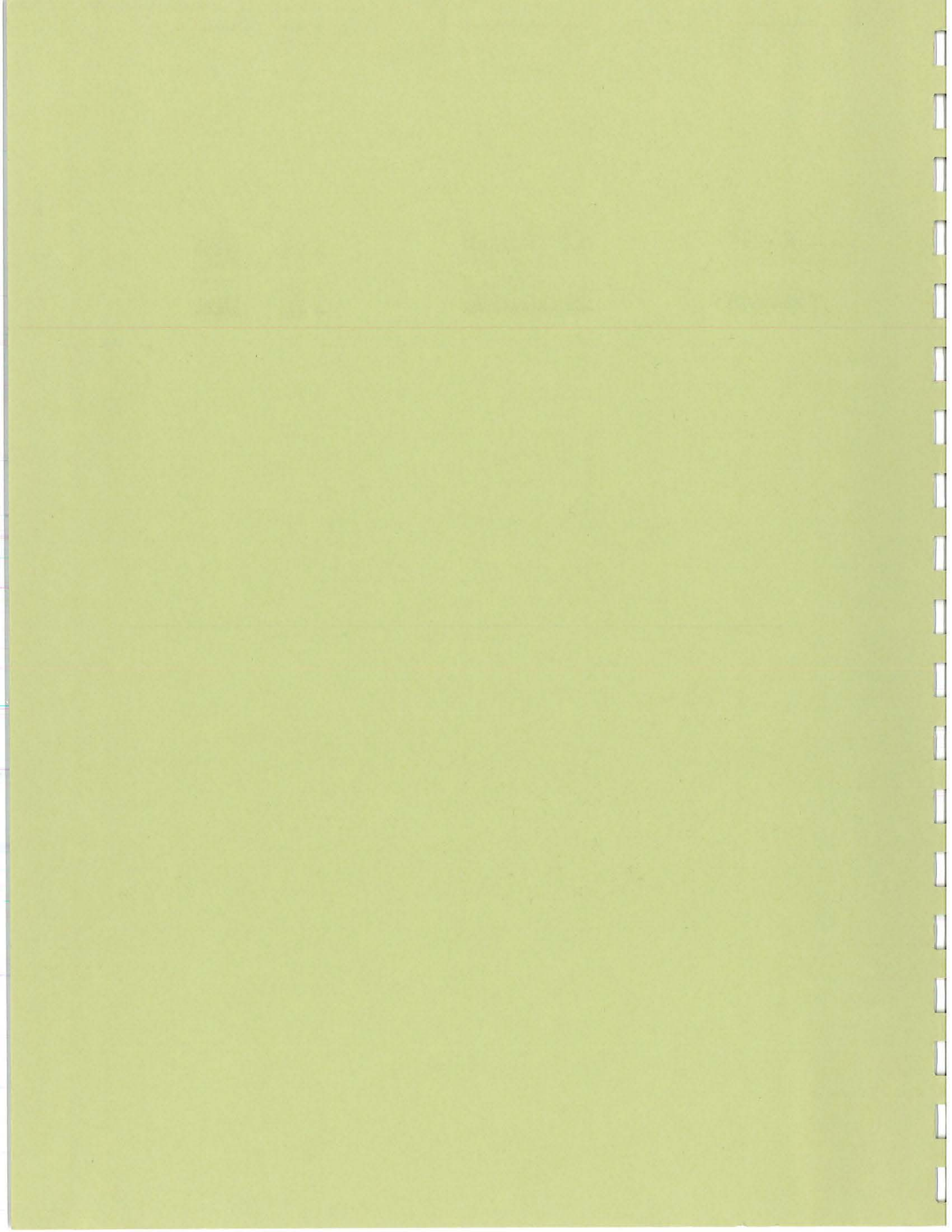


**GUIDANCE
SERVICES
for the
HANDICAPPED**

Phase 1 - IDENTIFICATION & DIRECTION

3-88

of Iowa · Department Of Public Instruction



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State of Iowa

1969

Improving Guidance Services for All Handicapped
Pupils Enrolled in Iowa's Public Schools

Phase I - Identification and Direction

(A syllabus developed as part of a Special Study Institute sponsored by the Iowa Department of Public Instruction, Division of Special Education and conducted at Drake University. This institute was supported by a grant from the U. S. Office of Education as provided by P.L. 88-164)

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-FORWARD-

"Improving Guidance Services for all Handicapped pupils enrolled in Iowa's Public Schools" was one of several special study institutes sponsored by the Division of Special Education, Iowa State Department of Public Instruction and supported by a grant from the United States Office of Education as provided for under Public Law 88-164. This institute was held at Des Moines, Iowa, February 12, 13, and 14, 1968 at Drake University and the Holiday Inn, South. Forty trainees were selected from school administrators, guidance supervisors and special education supervisors.

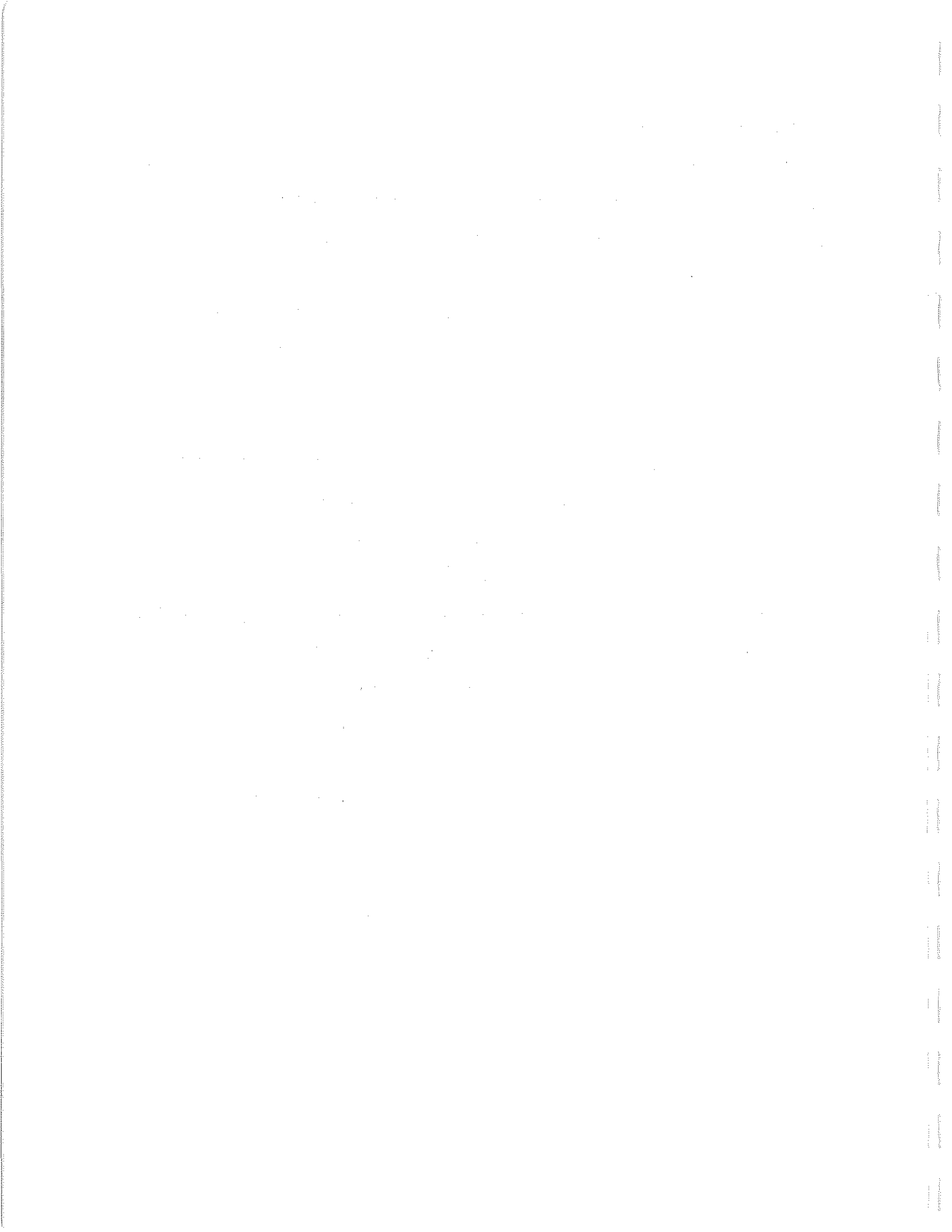
The major objective of this institute was to further promote the philosophy that educational programs and supportive services of the school and community as provided to the "regular" pupil should also be extended to the handicapped pupil, and that special education for handicapped pupils is an integral part of the total educational picture and not an entity in itself.

A follow-up institute will be offered in the Spring of 1969 for the purpose of implementing the general guidelines developed. Priority for trainees will be given to the school guidance counselors, and supportive and special instructional personnel employed by school districts whose administrative personnel attended the first institute.

The institute staff believes that this group achieved the goals intended and that this material is an appropriate base for the second institute to implement.

Dan Kroloff
Institute Director

DK/bc



PURPOSES OF INSTITUTE

Howard Traxler.

Our challenge is great!

Can we say anything in these next few days that is relevant to everyone?

With our varied backgrounds, experiences and responsibilities, this may be very difficult. Unless, of course, we are able to thoroughly focus in on our one major responsibility which is to improve the Guidance Services for the handicapped pupils in our communities.

It seems appropriate to ask ourselves why is such a conference as this one necessary to plan for better services for the handicapped? May I be more blunt than candid at this point and say:

1. We all like the bright, the healthy, the talented, the promising, etc., etc. They give us more satisfaction, more feedback, more joy, more pride, when we can point to a child and say - there goes my boy (or really, there goes something of me).
2. Our whole society, especially our economy, is geared toward the one thought "what are the returns - what are the dividends".
3. Check our schools and we find they are built for the bright, the healthy, the talented and the promising. Don't knock it, I'm for them. All we are saying here today is just add one more group - the handicapped.
4. Assess our hospitals and we find they are essentially geared to restoring the once normal child to his healthy state. This objective we are not opposed to. We should press, however, for getting the handicapped child all of the service possible to help him develop to his maximal level. This we have not done. We have failed to do this for hundreds of students in Iowa - in our communities.

In the past two and one half years - my eyes have been open - my opinions jelled - my determination resolved - to do more for the handicapped. Selected research indicates:

1. Seventy-five percent of the most severely handicapped can be trained.
2. These severely handicapped persons can be trained in groups.
3. Hundreds out in "no man's land" are being shifted from agency to agency with no one carrying the ball. No counselor hears their call.
4. Personal-social handicapping conditions develop in the majority of the physically handicapped persons.
5. Meeting the needs of the handicapped person at the earliest point is very essential if maximal growth is desired.
6. Trained, understanding and accepting personnel are good therapy for the handicapped.

7. Architectural barriers are still major in many schools and places of employment.
8. Many well-meaning persons offer sympathy but no help to the handicapped person. Professional help, concern, and hard work are needed. Guidance personnel interested in handicapped children need to assist all professionals in providing assistance-not sympathy.

NEEDS LISTED:

1. We need to help establish the fact that each child is entitled to all the services without regard to his limitations. (even an education)
2. Need to define and interpret the role of guidance in the Pupil Personnel Services.
3. Need to define and interpret the role of referral agencies to guidance services.
4. Need to identify the needs and general characteristics of the handicapped person so that all can understand and some may become more concerned. (Paul Vance says it is easier to collect money for athletes than for children who can't walk)
5. Need to discuss the opportunities for improving and adapting guidance services to the handicapped person. In short - can we build a model program for us - in Iowa. Should public school guidance close at 16 - 18 - 21, or when the person's vocational needs are met?

Rationale, and a charge are put forth exceedingly well in a film that discusses architectural barriers.

GUIDANCE PROGRAMS IN IOWA - PRESENT AND FUTURE

Giles J. Smith

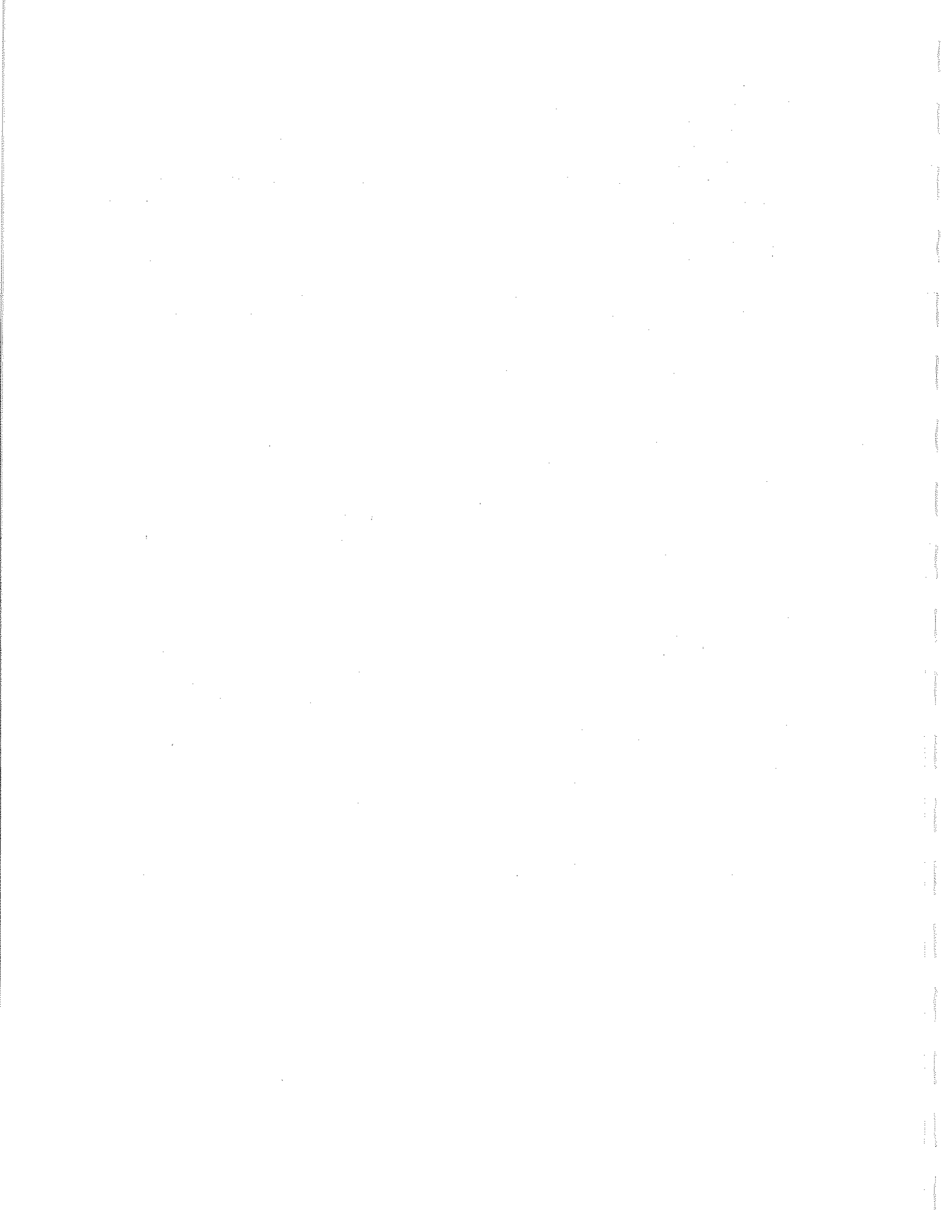
During the next minutes, I shall attempt to partially fulfill my responsibility to this distinguished group by relating some things of guidance programs in Iowa Public Schools. I shall try to integrate present and future in the presentation. The programs referred to shall be those recognized by the State Department of Public Instruction as organized and functioning (degree of effectiveness being irrelevant in the identification,) for the criterion for such recognition is currently limited to: the employment of approved guidance counselors in sufficient numbers and with adequate facilities that would provide for reasonable expectations that a program of specialized services would be available. Recent legislation (past two General Assemblies) have given legal provisions to strengthen the minimum in programs -- I shall relate this later in the presentation. We are, as I am sure you are fully aware that some percentage of the current programs are quite extensive in nature, superb in quality, and thus very effective in contributing to the development of individual potentialities, while differing percentages are mediocre in scope, in qualitative measure and in effectiveness but with a distinction of being in the majority; then, there exists still a third category of "programs" which are neither extensive in professional service or in positive effectiveness. So you see, we view the guidance programs very much as education generally is viewed by its supporters and its critics. I sincerely believe that those of us that are concerned with more than incidental guidance can observe in Iowa some of the most accepted and effective guidance programs in the nation and even more encouraging is knowing that the personnel responsible for those programs continually strive to make them even better. This institute is in evidence of that belief.

Guidance programs in Iowa have shown a substantial growth in both numbers and services provided over the past few years. One of the most contributing factors to this growth has been the resources made available through Title V of the National Defense Education Act of 1958. Title V, Part B for the preparation of school counselors and Title V, Part A for assistance (both financial and consultation) to local districts for establishing new or expanding their existing guidance programs. Title V-A was implemented in Iowa schools during the 1958-59 school year. The emphasis of the Act was apparent in its title, "The Identification and Encouragement of the Academically Able Pupil". Total effort initially was for the secondary school pupil; however in 1965 it was amended to include elementary schools and junior colleges. The Iowa plan for the implementation of the Act has continually strived to encourage local education agencies to provide organized programs of guidance, and counseling and testing which are designed to meet the guidance needs of all youth -- not just the academically able. As is, apparent then we of the Guidance Services Section are, outside of the legal restrictions, opposed to contributing to the fragmentation of even categorical aid. Guidance generally and counselors specifically have been criticized and with some justification for being of most help to those that need it the least. We admit this was all too just, but as counselors have, and continue to become more specifically specially prepared and education continues to broaden its curriculum and special services, this criticism then should not be a just one in the future. To portray the growth in Iowa, I have some data on the school year immediately prior to NDEA. It shows that in the 1957-58 school year, only

11.5% of the Iowa Public Schools had "organized and functioning guidance programs" -- all of secondary, none in elementary. These 86 programs were staffed with 234 "counselors" with only 110 of them having department approval to serve as a full-time counselor. This approval was granted on the basis of the individual having a Masters degree or the fact they had been assigned as a counselor previous to the 1956-57 school year and requested counselor approval -- thus coming under the grandfather clause. The remaining 124 were classified (approval and assignment wise) as teacher counselors, needing 15 semester hours of guidance course work, and all needing the teaching certification and at least two years of "successful teaching experience". Fortunately, a much different picture exists today in both the numbers of programs and the professional competencies of the school counselor (that is, if we can assume that there is a positive correlation between counselor education and effectiveness as a counselor). Today there are 455 secondary school districts, and 357 (or 78.5%) have organized and functioning guidance programs. We estimate that 90% of all pupils are enrolled in these districts. These programs are staffed with (as near as we can determine with data processing) 737 individuals with full counselor or temporary counselor approval. Full counselor approval being the Masters degree and the completion of an approved counselor education program, successful teaching experience and the recommendation of the preparing institution. Temporary counselor approval is granted on the basis of being on a planned graduate program in counselor education with completion of minimally 15 semester hours in sequence, teaching experience and the recommendation of the preparing institute. The individual must in addition make a commitment to complete the full program within a prescribed time. Thus, the elimination of the teacher-counselor approval. This is not to say, however, that there are not still some serving with teacher-counselor approval. Today there are 43 such individuals. Over the years, we have been encouraged by the fact that the teacher-counselor, which far out-numbered the counselors until 1962, have experienced apparent need to receive further training and have on their own gone ahead and completed the minimum for the Master's degree program. The experienced guidance counselors have found demands to perform placed on them in their job setting at a level not before demanded of them. I would without hesitation say that I see the counselor of today with only the Masters degree experiencing the same need to go beyond the Masters to do the tasks expected of them, for we are no longer in the age of no one knowing what could or should be expected of this new "specialist", the school counselor, as I am sure will be apparent from the contributions to be made by enrollees of this institute. It is also apparent that guidance for all is accepted today as an essential part of education if legislation at both the national and state level can be an indication. The approval standards of the School Laws of Iowa, Section 3.5 (13) states, "every board that operates a junior high school, a combined junior-senior high school, or a senior high school shall provide therein an organized and functioning guidance program to aid pupils with their personal, educational, and vocational planning and problems. The guidance program shall be staffed with guidance counselors who have met the professional standards established by the State Board of Public Instruction for such personnel. Their number, as specified in Chapter 257, Code of Iowa, and their manner of use shall be set out in the minutes of the board. Guidance counselors shall be provided adequate space, facilities, and materials, and they shall be allotted time in the program schedule for performing guidance services. Individual and group conferences with pupils, parents, and professional staff members shall also be provided for in the guidance program". This is the legislation I referred to as providing legal provisions to strengthen the programs. It

further states in these standards, Section 3.5 (14) that "effective September 1, 1970, the board shall institute a program of guidance services for its elementary schools. Each pupil shall have access to the minimum amount of guidance services specified by the board and recorded in its minutes". At the present time, organized guidance programs in the elementary schools of Iowa are quite infrequent in number; but very evident is acceptance and involvement in those schools that have implemented these programs. I believe that there are eight such programs in Iowa employing ten counselors. As qualified elementary school counselors become available, a much more rapid growth in programs at the elementary level will be experienced than initially at the secondary school level. In most every piece of federal legislation for assistance to education, guidance is provided for and it is apparent this trend shall become more in evidence in amended and new federal legislation.

One of the handouts (a 9-page ditto) you received this morning was taken from the 1963 Department publication, Guidance Services - Suggested Policies for Iowa Schools. I think this conveys very clearly the guidance point of view that we today feel strongly about, and that is that guidance involves a "school-wide" assistance to youth, and that while in the school setting the guidance counselor is considered the key member of the guidance team, that the team includes all professional staff members in the school, and we all have an ever-increasing awareness of the "out-of-school resources" becoming available. I feel this point of view is very important when speaking of guidance programs in Iowa. After consulting with a great number of Iowa counselors I find it very encouraging to relate that the team approach is much more in evidence today than just a few years ago. In the rather recent past when one went beyond the counselor and possibly the teacher, there existed a void and a somewhat defensive attitude and reluctance on the part of counselors to "let" others assist them in carrying out the guidance functions. Too frequently in the past and perhaps even today, when counselors were confronted with "to what extent is there a team approach to guidance in your school?", a reply was made to the effect that "they" have not made any attempt to involve themselves in "my" program. Fortunately, efforts such as this institute, and even more encouraging is the fact that counselors and other specialists are realizing that no one person representing any single discipline can be all things to all people. We can now view each other as being important in considering the needs of the total individual. Together we have the resources and skills to identify and lend assistance in meeting the needs. We can and are, I hope, becoming more willing to admit a need for assistance in our daily tasks as pupil personnel specialists in improving guidance services for all pupils. This was so very apparent in a review of the reasons you and others gave as to why you felt a need to be involved in this institute.



TEAM WORK APPROACH - FACT OR FICTION?

Paul Vance

When your institute director, Mr. Kroloff, invited me to speak to you on this topic, he charged me to "stir them up a little," "be a little controversial" and "even get them a little upset." Barging in where angels fear to tread, I accepted the invitation, and now as I face you, I'm beginning to wonder if my decision was wise. Especially as I recall similar invitations I have been extended in the past where the challenge was somewhat the same. I'm beginning to think that I'm gaining the reputation of being a negative or paranoid sort of individual and that whenever the occasion seems to call for a speaker with this kind of personality -- my friends immediately think of me!! It is kind of disconcerting, particularly since I like to envision myself as a lover rather than a fighter!!

Be that as it may, I'm here, and since I am, I don't intend to duck the challenge. Particularly, since I do have a thought or two regarding the extent to which a "team approach" is or is not truly operant between guidance personnel and those of us working in one kind of program or another in which the diagnoses, therapy, and/or education of handicapped pupils is our primary professional concern. I do realize that there are disciplines other than guidance and special education, represented in this institute, such as school administration, vocational rehabilitation, social work, health, and personnel from other agencies concerned with the handicapped. Perhaps, however, I can be forgiven if I investigate the topic primarily from the special education and guidance orientation since that is where my own training and experience lies.

Perhaps it would be wise at the outset to describe what we mean by the "team approach." I don't know that I've ever seen a precise definition of the "team approach" but I'm sure we are all pretty clear in our own minds what the cliché means. To me it implies the close cooperation and coordination of the activities of all disciplines concerned with the handicapped person in the diagnosis, treatment, therapy, education, guidance, habilitation, vocational planning, etc., of the handicapped individual. It has as its method the pooling of the knowledges and skills of the various professionals who have a contribution to make for the benefit of the handicapped and its strength lies in communicating with one another at a comprehensible level to all the participants and in working in close harmony so the mutual objectives of all are met - namely helping the handicapped individual gain the resources and skills that will permit him to live as nearly a normal life as possible. We know, too, that the team approach is an absolute necessity if the worthy objective is to be reached.

Successful "teamwork" is not easy to come by. It cannot be ordered into action, nor can one depend on the casual daily contacts of school personnel for its success. Successful teamwork requires leadership from the person in charge of the program and every member of the team must be flexible in planning for individuals or groups of disabled persons.

To the extent to which all of the above provisions are being exercised in even a cursory fashion in our work with the exceptional-at this point in time - I could answer the question implied in the title of this presentation by saying that I feel that the team approach is fiction!! I could then sit down, and I'm sure I would have given you the shortest speech you will have in this institute. I have a feeling, however, that Dan expected something more, so I'll continue!

Let me, now, give you some examples of the kinds of relationships, the kinds of policies and practices: the lack of coordination, cooperation, and communication that leads me to this negative and discouraging answer. These examples may or may not reflect any of your own situations or experiences. Unfortunately, they do some of mine. They may not all refer directly to a "team approach" as I've described above, but I think they have a relationship. I warn you, too, that I don't intend to spare anyone, including my own institution, but I should hastily add that these are my own opinions and don't necessarily reflect the "opinions or views of the sponsor". So, here goes, as I recall to memory but a few examples and give them to you in a rather random fashion:

1. A teacher refuses to refer underachievers or "problem" children to either guidance or special education because she feels it may reflect an inadequacy on her part to cope with her own classroom situation.

-or the opposite kind of situation-

2. The teacher who refers children wholesale because she can't put up with any children who deviate in any way, and then ignores those children who have been found after thorough study are then best placed with normal peers in her classroom.

3. The psychologist who has no personal contact with a teacher of a child he has seen because he is "too busy" running around with his bag of magic tricks - labeling children - to do other than send back a written report in six weeks to two months full of psychological "gobeldy-goop" which he barely understands himself and which means very little to the teacher with perhaps the exception of the ultimate in recommendations, namely, "adjust the program in the regular class". The teacher looks in vain for suggestions on how to do this - but they are not there because chances are the psychologist hasn't any to make.

4. The guidance counselor and/or the principal who refuses to let the special education worker (most often this is the school psychologist or the school social worker) confer with the teacher because they feel some vague threat that their role will be usurped so they, instead, make their own interpretation of the special educator's findings to the teacher.

5. A guidance director who refuses to refer pregnant school girls to special education because he doesn't feel it right that "this kind of girl have the privilege of a special program". It only tends to encourage others into the same kind of immorality and promiscuity.

or similarly:

6. The school administrator who doesn't refer any homebound youngster because "it is too expensive and the state doesn't pay its share of the bill."

7. The speech clinician who drops a school from his itinerary because he must conduct therapy in "a highly unsatisfactory room" (parenthetically I might add, it may be the only room available in the school.)

I leave it to you--do these examples indicate a team approach is operating? But I have more:

8. The city school administrator who rather than use available services of an intermediate unit (that his district doesn't provide) lets his exceptional children do without the needed services because he in no way wants to enhance or be dependent on, what seems to him, to be a competitive educational organization.

9. A sheltered workshop board that will not accept clients "but just those who can produce-at least to the extent of being able to contribute to the self-support of the workshop.

10. The administrator who relegates the special class to the basement or the least acceptable facility in the whole district.

11. The guidance staff whose entire time and concern is for the gifted college bound student and who assumes special education will take care of the rest with or without an invitation to special education to do so.

12. The special education staff that assumes and expects the guidance staff to take care of all the guidance needs of the handicapped - including parental contacts and vocational placement.

13. A state department which discourages and, in fact, establishes a policy which severely limits the amount of adjunct teaching its staff can do in college or university special education programs -- when, in fact, more handicapped persons could ultimately be served even though indirectly by these staff consultants bringing their knowledges and skills to the teachers who will ultimately be teaching the pupils in the special education classes of our public schools.

14. The university guidance program that nowhere in its required curriculum has the basic introductory course in the education of exceptional children so that guidance personnel could, if nothing else, at least learn the basic philosophy and the vocabulary of special education. I have heard some guidance people still refer to the educable retarded child as the "educatable", and in one instance, the "edible" retarded!

I could go on with other examples, as maybe some of you could also, but perhaps with these last two, I'd better cease--since I've still got another year or two before I go on tenure!

As I warned you, the above references sound rather bleak and negative; perhaps it isn't an entirely fair analysis. However, I do feel they do indicate some of the problems with which we are faced - as we attempt to make the team approach a fact rather than fiction.

I should hasten to add, however, that I think there are some hopeful and positive signs in the horizon - that improvement might be forthcoming. Not the least of which is the very fact that this institute itself has brought guidance and special education personnel together around the same table to investigate ways in which these two disciplines might work more effectively together in improving the guidance - services to the handicapped. In my experience, this is the first time I can remember that guidance - and special education people ever came together for any discussion more profound than to discuss why guidance people should or should not administer the binet and wechsler and/or what really the difference is between the professional roles of the two disciplines. The instigators of this institute are to be congratulated for putting it together.

Let me turn now in a little more detail to a discussion of some of the problems which I feel may be impeding the realization of a truly team approach between guidance and special education - and perhaps in a general way offer some suggestions by which these problems might be alleviated.

As I have alluded to previously, it seems to me, that in the past, guidance personnel have lived in their square brick towers operating unto themselves while special education has snatched away some of the children to submerge them in a never-never land of mysterious therapy and special educational programs only vaguely understood by guidance personnel.

It must be remembered that though training and orientation of guidance personnel often have been in the opposite direction from those of the special education professional staff. Guidance personnel have felt, and rightfully so, in many instances, that special education staffs, enamored by a clinical orientation (give witness to the fact that even speech therapists are no longer content with the title speech correctionist or even speech therapist-but now insist on being called speech clinicians). A clinical orientation which leads special educators to an unawareness and minimal concern for the special problems of the total school and general education program. Special educators on the other hand have held that guidance training is inadequate and that the school personnel either neglect totally the handicapped child or wade into problems completely beyond their professional ability, without even an awareness of what is taking place.

Some special educators believe that guidance personnel are too oriented to academic and discipline problems. However, other special educators say that though guidance personnel understand total child growth and development and adjustment, they are often pressured, presumably by teachers, administrators and parents, to deal with school failures and poor achievers or with flagrant behavior problems as though these were entities in themselves. Basically, the aim for total child adjustment seems identical for both groups, though the new emphasis in schools on academic excellence with consequent extra time and energy spent in pushing the intellectually elite, may hamper the efforts of guidance workers for overall child development-particularly for the "slow learner" and less seriously socially emotionally disturbed child when special education has identified and diagnosed such children and recommended they be kept in a "regular" classroom program or some kind of modified or adjusted school program. Here, it seems to me, is an example of where communication between guidance and special education breaks down. Perhaps just a mutual discussion of aims, an attempt on the part of guidance workers to make special educators aware of their pressures and the problems associated with total general education program within their school district may help both to relax and realize that both disciplines have the same aim-to send youngsters. Ideally, guidance and special education staffs, after mutual understandings between themselves have been reached, would arrange to meet jointly with teachers and administrators to pass on a mental health point of view and to learn of the difficulties - the limitations and the strengths - of both the general education program as well as the special education program.

You must have noted that I mentioned a mental health point of view. It is in this area, and the related one of prevention, that I feel guidance and special education could work much more cooperatively. Some special educators, particularly school psychologists and school social workers, feel that guidance workers are too insensitive to the mental health of pupils. They give witness to the schools failure to do much in the way of investigating the effect that

traditional school practices and policies have on the mental health of too many students - practices such as the competitive grading system, non-promotion, authoritarianism and the locked step curriculum. It seems to me that the talent and skills of many school psychologists and social workers are being over-looked by not calling on these people to participate in in-service training sessions with teachers to discuss child growth and development, mental health approaches to teaching, and so on. By the same token, school psychologists have got to accept this responsibility as a vital part of their role. This, of course, cannot be done if they are content to confine themselves to the role of a psychometrician, and, unless they do contribute their special psychological skills in a way more meaningful than to just individual psychological testing, then they are rapidly becoming grossly over-paid.

In order for both guidance and special education personnel to truly meet their responsibilities in the mental health and preventative aspects of their jobs, as well as to continue to develop adequate guidance services and special education programs for the pupils already handicapped--it is essential that there be a higher level of "C-C-C"--(1) Coordination, (2) Cooperation, (3) and Communication between the two disciplines than we have yet achieved.

Let me just expand a few moments on the last of these three "C's -- Communication. I know that professionals get terribly weary of the constant harangue they are exposed to about how all the problems of the world seem to stem from the lack of the complicated process of communicating. While they may get weary of it, it still seems to be the number one concern, however, and we all need to constantly look for ways where communication between individuals or groups of individuals can be improved.

In the past, one of the most common complaints of guidance departments has been that special education -- too often -- has accepted the referred child as a case, only to break off any further communication. Special education, unable to appreciate the fact that guidance personnel must continue to deal with the majority of referred children almost daily, has failed to respond to the demand for feedback. Guidance personnel often feel looked down upon by special educators as though they do not know enough to handle the information obtained by the psychologist or the social worker or the nurse or the therapist. Special Educators should know better -- for they experience the same kinds of feelings when the medical profession fails to communicate with them and withholds information that is needed by them to plan programs of special education for individuals or groups of handicapped children.

Often guidance personnel are pressed by teachers for specific suggestions on how to handle handicapped children in their classes. Guidance workers in turn may request suggestions from special education. Interestingly enough, the majority of special educators with whom I am acquainted prefer to speak directly to the teacher. Often such action leads to uneasiness on the part of the guidance personnel who feel they should be the referral source from the school and thus the go-between agent. Too often guidance counselors have felt that special education personnel pose a threat in two ways: First, they may expose their lack of knowledge, and second, they usurp some of their duties. If in fact, special education does pose a threat rather than a help, or if the special educators seems unable to be of assistance because a lack of understanding of the function of the schools, certainly here is a place where the school administrator can be of assistance by bringing the two disciplines together to establish a policy and to bring about understandings that will avoid unpleasantness and hard feelings on both sides. No one should suffer from good intentions. Perhaps the policy will be no more complicated than simply having a three way

consultation--teacher, guidance worker and special educator. In that way, all may learn from each other. Certainly this kind of communication is essential if an improvement in guidance services for all handicapped pupils is going to become a reality.

A word might be said here about the role of the teacher on the interdisciplinary team of which I am speaking. More often than any other educator, the teacher, and especially the special education teacher, is likely to be surrounded by psychologist, social worker, physician, therapist, and now, hopefully, the guidance counselor. These non-teaching professional workers provide the teacher with needed information and interpretation--but they may also attempt to teach the teacher how to use the data in her classroom. When these non-teaching specialists cease to interpret and begin to usurp the teacher's role they are not functioning as a team. In some cases the role of the teacher has been subtly whittled away until many classroom activities are the products of the judgment of non-teachers. On any team, the teacher is the specialist in teaching. She must use the data obtained from the other members of the team--but the planning of the education program and the specific content and methods used in the classroom lie within the decision making area of the special teacher, and she must not abdicate this responsibility nor allow it to be taken away from her. We would hope we will see a trend in more effective "team" functioning where the teacher's status on the team will be more clearly defined and her contributions more whole-heartedly respected.

I'm afraid I have already run past my allotted time, so I must rapidly come to a close. So, let me say again in review that it is essential that a common denominator of joint planning and coordination should be a part of all plans for services to handicapped pupils--including guidance services--if the services are to be effectively provided. Unfortunately, the very excellent word "coordination" has become hackneyed and is in danger of losing its meaning in present day practice. Coordination has now become a byword of the professional worker. But it seems everyone wants to coordinate and no one wants to be coordinated! Let us not be guilty of giving lip service to coordination. Let us not be inadequate in our attempts to truly creating harmony and close working relationships where such relationships are so essential and necessary. It is past time that we avoid the pitfalls that prevent effective intra-professional relationships and an effective "team approach". I'm speaking of the pitfalls of professional isolationism and jealousy--and of the tendency for one professional or one agency to "pick up the ball and run with it"--or for some to sluff off their basic responsibility and to let "George do it". These situations inevitably lead to incomplete and inadequate programs and services for handicapped children.

I have simply tried to say, too, this afternoon--that we need to do our utmost to communicate with each other. Let us not let our petty jealousies or our own needs for recognition and esteem stand in the way of cooperation and coordination of effort. No one discipline nor one individual can conceive, plan, or operate a total program as complex nor as vital as the programs and services needed for handicapped children and youth. It takes all the genuine cooperation and coordination that the various disciplines can muster.

Much of what I think I've been trying to say here--simply boils down to our own need to pay more attention to just plain better human relationships. We are supposed to be the experts in this field. Let us not be less ourselves than what we are expecting from those whom we teach! In this regard

Harold White wrote in the November 1958 issue of The Exceptional Child, and I quote: "The elements of human relationships are of tremendous importance in this field. Accurate concepts of self and others are much more necessary when working with people in trouble or who are handicapped. It is imperative then, that we have a point of view that will enable us to develop accurate concepts." I might add that the same elements are essential for professional, whether working with the handicapped directly or when working with other professionals, who, too, are working with the handicapped. White's summary of the essential elements for better human relationships in this field are:

1. An accurate and honest view of others which would include:
 - a. A maturity to withhold judgment, to delay evaluations until we understand the person and facts involved.
 - b. The courage to be silent and try to listen from the other person's viewpoint.
 - c. The wisdom to go behind labels to communicate with the person behind the words.
 - d. The insight to view the whole child with a handicap rather than the handicap itself, and, finally,
 - e. The skill to communicate at an operational level and to recognize and control the levels of communication.

As we lay aside self and group special interests and work together as a truly effective team for greater services to handicapped boys and girls, let us keep in mind the words of the famous poet Robert Browning, as he wrote:

"THE COMMON PROBLEM, YOURS, MINE, EVERYONE'S
IS NOT TO FANCY WHAT WERE FAIR IN LIFE,
PROVIDED IT COULD BE -- BUT, FINDING
FIRST WHAT MAY BE, THEN
FIND HOW TO MAKE IT FAIR
UP TO OUR MEANS: -- A VERY
DIFFERENT THING."

If we could but apply this sentiment in our own professional relationships, one to another, then I have no doubt but what we could then say the "team approach" is truly fact and not fiction.

If I have sounded to you today to be unduly negative and critical, I do not apologize. I guess I intended it this way. I wanted, if possible, to, as Dan asked, "stir you up a little." If I have done that, then I am satisfied. I would say, however, that as a special educator, I welcome the trend, that I must admit in all fairness, I do see--the trend toward greater participation on the part of guidance personnel in providing services to handicapped pupils. In this regard, I think a quote from the great man whose birthday we celebrate today might be appropriate--a quote, incidentally, which I'm surprised has not been brought to the attention of our citizens more frequently in these troubled times. Abraham Lincoln once wrote: "I go for all sharing the privileges of the government who assist in bearing its burdens."

I would like to paraphrase Lincoln in our setting here today by saying, "I go for all sharing the privileges of being of service to the handicapped and special education--who assist in its burden."

Guidance has a most vital role to play in giving service to handicapped pupils. I think you are all perceptive enough to infer what I think your most important guidance role might be, when I conclude by quoting again from Lincoln on this, the anniversary of his birth:

"It is difficult to make a man feel miserable while he feels he is worthy of himself and claims kindred to the great God who made him."

Thank you.

THE TEACHER DILEMMA: CHILDREN WITH SPECIFIC LEARNING DISABILITIES

Frank S. King

There has recently been a nationwide birth in interest in educational programming for children with specific learning disabilities. A few states have established policies and recommended procedures for educational programming for such children. The majority of states do not have special education provisions for children with specific learning disabilities. Fortunately, for the school children in Iowa, the State Department of Public Instruction has taken several forward steps and has established comprehensive rules and regulations through the Division of Special Education to support with State Aid, programs for this particular category of handicapped child.

For educational purposes in Iowa, children with specific learning disabilities are defined as those who manifest an educationally significant discrepancy between their estimated intellectual ability and their actual level of achievement. Their lowered achievement is believed to be a result of a basic disability in the learning processes. It may be medically possible to demonstrate that some of these children have a minimal brain dysfunction, and in some it may not. These children are not, however, mentally retarded or suffering from a severe sensory loss such as the loss of sight or hearing. Their educational deficiencies are not a result of educational or cultural deprivation. While they frequently have adjustment problems, their lowered achievement is not primarily a result of an emotional disturbance.

At present, it is conservatively estimated that five per cent of the public school population is experiencing some specific learning disability severe enough to warrant special education programming. We, in Iowa, would then have approximately 30,000 public school students in need of some special educational programming because of a specific learning disability.

Children with specific learning disabilities are well-known to teachers. They are often referred to by teachers as unpredictable in their behavior, lazy, and yet, appear to have considerable intellectual potential. Parents tend to see them as children who are normal in every way except for they have trouble learning. The same children are referred to by relatives and friends as being slight behavior problems, "but nothing to worry about." More often than not the physician will see these children as having mild incoordination problems with some hyperactivity and distractibility, but demonstrating no apparent serious neurological problems.

Typically the child with specific learning disabilities reports to the classroom ready to work but for some reason cannot apply himself. Frequently, he is a minor behavior problem in the classroom, although it is apparent that he sincerely wants to learn. Many times the teacher is extremely frustrated by her "inability" to communicate effectively with the child. The parents are usually frustrated when they know their child has average or above average intelligence and yet consistently fails to achieve academically.

The child develops serious doubts concerning his own ability when he sees how well others of equal ability do in comparison. His tendency is to feel that others do not understand him and his problem. As a result, these children frequently develop adjustment problems. The child under normal circumstances, will appear very cooperative and very friendly. However, at certain times, his behavior tends to be rather explosive. He

is normally genuinely sorry about his inability to control his behavior properly. In school he is frequently inattentive, moves about a good deal or rarely moves at all. He is quite often easily distracted by classroom activities.

Generally speaking, children with specific learning disabilities fall within four categories. They tend to have visual-perception problems, auditory-perception or language integration problems, physical-motor function problems, or varying combinations of these.

The educational training provided is designed to either ameliorate the basic learning problem, or if that is not possible, to assist the child in developing substitute skill strengths. In this regard, the programming for these children necessarily has to be of a highly individualistic nature and is dependent upon a complete and comprehensive diagnostic evaluation. The team approach is virtually a necessity in the determination of the appropriate educational program for each child.

Educational programming for children with specific learning disabilities requires the use of many different kinds of materials and methods of instruction. Some are not presently used in public schools. In addition, the terminology used by examiners and teachers of children with specific learning disabilities is somewhat foreign to many teachers and educators. Such things as "ocular pursuits", "soft neurological signs" and "perservation" are just a few terms frequently used. This necessarily means that in order to communicate effectively with other professional educators, all teachers and administrators need to have at least some general knowledge about specific learning disability problems and programs.

The instructional plan necessarily has to focus upon the basic skills in reading, writing, spelling, and arithmetic. The particular perceptual disturbances which helped to create past failures in these subject skills must be dealt with at the same time.

In working with these children, the teacher must be able to function as a therapist. Her attitude toward children in general and toward working with difficult children in particular is a most important factor to be considered in teacher selection.

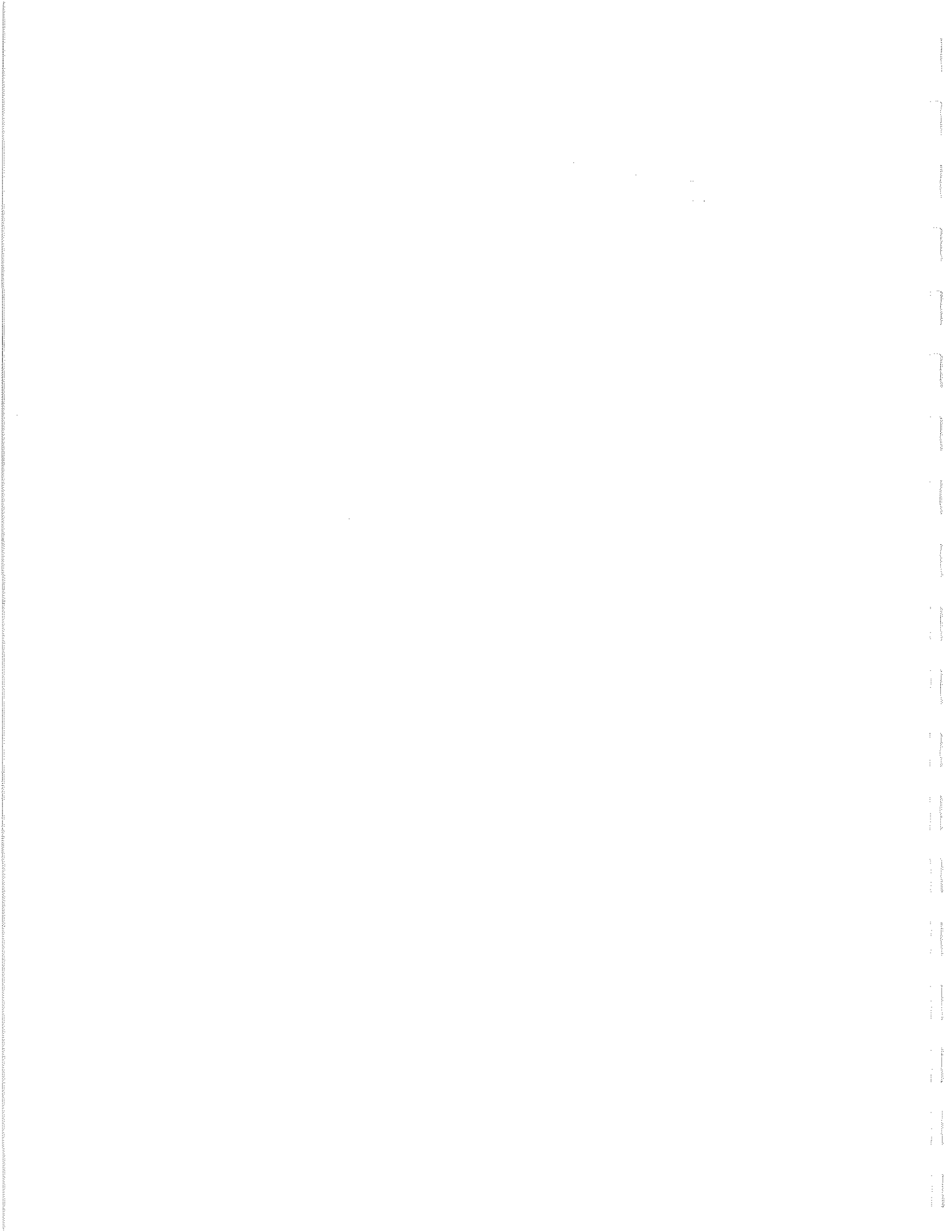
*The itinerant teacher program has perhaps greatest utility and applicability in those geographical areas which are sparsely populated or where it may be otherwise impractical to transport children to a central location for their education.

*The resource room program probably has the greatest flexibility in terms of pupil scheduling, number of pupils served and economy of teacher effort.

*The self-contained classroom program probably is the most appropriate program to use with children with specific learning disabilities whose behavior is so disruptive as to necessitate their removal from the regular classroom.

Fortunately, it seems that some of the more irritating symptoms of children with specific learning disabilities, particularly the hyperactivity, short attention span, etc., tend to smooth out rather spontaneously by the

time the child reaches adulthood. Damage to the child's self-concept because of misunderstanding and mismanagement may, however, remain with him forever. Through early diagnosis and use of appropriate treatment methods, many problems can be circumvented or alleviated. Through programs such as this and through wide-spread community interest in providing for these children, we soon will see a tremendous growth in programs for children with these particular "hidden" handicaps.



THE GUIDANCE NEEDS OF THE HANDICAPPED PUPIL
AS VIEWED BY THE SCHOOL NURSE

Fay Cleary

The role of the school nurse in the modern school guidance program is a team relationship with a variety of disciplines. She has to become a hybrid of the education and health professions. She will function better when she recognizes this and is comfortable in both areas. The American Nurses' Association 1966 publication of Functions and Qualifications for School Nurses lists as Function Number 5--"Provides health counseling and guidance to pupils, parents and school personnel." This statement is current, but it is not new. In some schools this counseling has been part of an established guidance program; in other schools the principal, the teacher, and the nurse are the only school personnel available for this service.

The new federally funded programs (such as Operation Head-Start, remedial reading, and cultural enrichment programs) have intensified the need for the school nurse as a part of the guidance program. Early counseling can help minimize and improve the attitudes which have formerly handicapped parents and children in the deprived or target areas. We have learned how children progress as a result of various programs, but must still guide them through the transition period toward improvement. The school nurse may be the only one in the school setting with a community-agency relationship to facilitate constructive progress.

The guidance program has three main components:

1. data collection and interpretation
2. individual interview
3. counseling process

The nurse is in a unique position to gather data about children in three areas for intelligent counseling.

1. Home--the nurse may go into the home to observe the interaction between the child and other members of the family--frequently the key to the observed classroom behavior, especially in elementary school children.
2. School--the nurse has the benefit of teacher observation, her own classroom and playground observations, and available test data which assess present achievement and predict ability for success in academic work.
3. Health--the nurse has the child's health records. She may request that the school physician examine the child if a record of private medical care isn't available.

The collection of health data for purposes of identifying deviations of behavior, coordination, or achievement may involve exploring many sources of information: the parent, the teacher, the physician or health agency, and routine screening test results. The observations of the school nurse and her interpretation and understanding of home, school, health, and test data may result in necessary or even critical adaptations both at school and at home.

The school nurse has much to offer to pupil welfare, in teacher conferences in counseling parents, and in community interaction. Recent public recognition has brought about increased interest in and understanding of student health problems and how they may be met so that every child may take full advantage of the educational opportunities offered.

Most of our schools have pupils who are handicapped by impairment of hearing, in vision, in speech, or who have cardiac or convulsive disorder involvements in varying degrees. There are pupils who are mentally retarded. Others have learning and/or behavior problems. These children need medical care and educational opportunities to meet their particular health and learning needs; the school nurse has a role to play in accomplishing this purpose.

The school nurse may help in early identification of such conditions. Some handicapping conditions are obvious; some are quickly observed by teachers or nurses; others become apparent as a result of medical, dental, and psychological appraisals. She interprets these findings to parents, encouraging them to seek medical care to correct or improve these conditions. In a liaison capacity, she can, when necessary, help the parent obtain the care through the use of public and private community facilities and to obtain financial aid. She interprets physical or mental difficulties to the teacher so the teacher is better prepared to help the child.

The nurse helps children adjust to their handicaps. Since social adjustment is particularly important to handicapped children, they should be treated as much as possible like other children.

The nurse may suggest modifications for the handicapped: preferential seating for children having vision or hearing losses, teaching aids, braille equipment, hearing aids, speech instruction, classes arranged on one floor, periods of rest instead of physical education or modifications of physical education, permission to attend school on a part-time basis, food available mid morning or mid afternoon, transportation to and from school. With appropriate modifications, most children are able to attend regular school. The child confined with a long-term illness is recommended for home teaching.

The school nurse is a key person in the effort to build sound mental health--the ability to function effectively so that satisfactions are gained and responsibilities are fulfilled. The school has a great influence in the development of the child's mental health. The individual differences and needs must be recognized and motivations understood. Anxiety, hostility, and fear are experienced in some degree by every child. Passive withdrawal, indifferent acquiescence, or acting out behavior are danger signals and are often accompanied by a diminution in learning. Searching for the cause of behavior rather than simply judging behavior at its face value is a cardinal principle of good mental health practice.

Pupils should be helped to learn acceptable ways of expressing their feelings and be given ample opportunity to express what they feel. The successful development of feelings of participation, responsibility, and accomplishment improve a child's self-image. Feelings of failure and inadequacy hinder the learning process.

The child who complains of physical discomfort or who acts (or reacts) differently from his usual norm is referred to the nurse. Emotional and physical components so interact that both physical signs and recent happenings at home or at school are significant. Every check is first made to rule out physical illness. An expression of sincere interest and a desire to help is imperative.

We know that children view time differently from adults--to a child last week was eons ago! The nurse needs to look for recent happenings when counseling children with acute emotional upsets. Was there trouble between mother and child before school? Was there a family altercation the night before?

The school nurse often has an advantage when counseling children because she can establish a new relationship. She avoids a disciplinary approach. Often when children are given opportunity and time to discuss their problems and to express their unhappy feelings, they are able to solve their own problems. Children often have more insight than we expect.

"A common conception of counseling is that it is primarily a method of solving problems or of making decisions. There are undoubtedly times when it operates in just this fashion. Tyler (1953), for example, has developed a valuable set of ideas and identified a set of practices based squarely on the notion of counseling as decision-making. In opposition to this view, however, one may set the proposition that counseling is mainly (which is not a synonym for "wholly") neither a matter of solving problems nor of making decisions; rather it is a developmental experience in which attempts to solve problems and arrive at decisions are the events out of which, through reflection and the process of "working through," personal growth takes place. The solution of problems and the making of decisions are less the aims of counseling than its raw materials."

The school nurse, with her training and the unique position in the school environment, must be the very nature of her position operate in the counseling areas of health and behavior. Many nurses need to improve their techniques of interviewing and personal conferences since these skills are increasingly in demand in the guidance program and are a significant part of all health counseling.

The counseling process is not to be confined to the child. If his total needs are to be met, it is necessary for the school nurse to work with the family, school personnel, community agencies, and medical personnel. She becomes a confidante of the school staff in order to give them support and to help reduce their tensions.

The counseling setting should provide privacy. The counselee should be assured that the material discussed will be held in confidence. Consideration and respect for the individual must be conveyed, as well as the feeling that the cause is worthy of your time and undivided attention. The counselor should find some way to support the counselee's past actions as she points the way to new and more positive actions.

An interview has an expressed primary goal which can be attained with more success if the individual being interviewed is given an opportunity to express his feelings. The use of open-end, nondirective questions provides an opening for such expression. Singleness of purpose is essential but only after the one being interviewed has had full opportunity for expression. The interviewer must be as objective as possible.

Personal prejudice or beliefs color one's interpretation, so interpretation should be delayed until the meaning and intent are clearly understood. Summation--a technique of the interview which defines the goal or purpose, the mutual understandings, and the agreed-upon action--terminates and clarifies the interview. The nurse may set the stage for a continuing

counseling relationship by suggesting a future contact to determine the success of the agreed-upon action.

Suggestions and recommendations:

1. Schools of nursing should include programs to meet the specific needs of school nurses. The school nurse in her community should make nurse educators aware of the need for courses in interview techniques in the basic nursing program. In addition, national, state, and local professional nursing organizations, as well as the National League for Nursing should be better informed regarding these needs so that both undergraduate and graduate level courses in counseling and guidance are offered to school nurses.

Maisie Wetzel (Educational Supervisor for Public Health Nurses in Portland, Oregon) in the August, 1966, R. M. says, "What I'd like to see eventually is an experience such as interview training incorporated into every nursing school curriculum. There is no doubt in my mind that it would improve the student's nursing skill." Most states have educational opportunities for school nurses at the graduate level which offer appropriate courses in sociology, psychology, education, guidance and counseling.

Because the school nurse must be prepared to apply concepts of human growth and psychological development in the milieu of the school, she is more effective if her preparation includes courses in learning theories and factors which influence learning, and in concepts of environmental, socio-economic, and cultural influences which formulate family attitudes toward education and health. These courses are included in many schools of nursing curricula.

2. That school nurses recognize that educators are not always aware of the counseling and guidance aspect of a health program. Therefore explanation and interpretation by the nurse is often indicated. A positive correlation exists between academic achievement and good health; better achievement is enhanced by the counseling and guidance process.
3. That school nurses must recognize their unique guidance role and accept the responsibility of offering services rather than waiting to be asked to give these services.
4. That the multi-disciplinary team approach brings increased benefit to the child in terms of health, happiness, and school success. The nurse is a vital member of this team since she brings significant contributions from the health area.

SPEECH AND HEARING SERVICES AND THE GUIDANCE NEEDS OF THE
HANDICAPPED PUPIL AS VIEWED BY
BY THE SPEECH AND HEARING CLINICIAN

J. J. Freilinger

A high school pupil with a hearing handicap may be deaf or deafened to a degree that necessitates obtaining an education in a special facility. However, the majority of high school pupils with a communicatively handicapping hearing loss are not deaf or deafened. These pupils should not be considered candidates for an ancillary program of special education.

If such pupils are to benefit from the educational program offered by the school, the total program must be geared meaningfully to the pupils. In such an approach, special education is not a separate entity, but instead nominally describes the total education program effort.

How to meaningfully gear the educational program to the hearing handicapped.

The philosophy of the school in identifying the educational goals for which it provides an educational opportunity for its pupils applies equally--no more and no less--to hearing handicapped pupils.

The extent to which these goals may be achieved is in the ability of the professional staff of the school to assess the capacities, abilities, skills, and interests of the hearing handicapped pupil in terms of the educational program it offers.

It is not always easy to meet effectively and adequately the needs of secondary pupils with speech handicaps. For the most part, the speech problems of secondary pupils represent some of the most severe and the most difficult problems. Another aspect of the program is the difficulty in establishing sufficient motivation on the part of the handicapped pupil to pursue a rigorous remediation program. One cannot minimize the difficulty in working out a schedule for secondary pupils. Frequently, secondary schools are crowded and an adequate facility for clinical speech services is difficult to obtain. These problems are not insurmountable but require sincere interest, concern, and action on the part of the board of education, superintendent, principal, speech clinician, the guidance counselor, teacher and the school patron.

How might these problems be approached? Because of the individual needs of speech handicapped pupils, only a competent speech clinician familiar with a pupil's problem can determine the appropriate service required and the length and frequency of remediation if such is indicated. In obtaining optimum pupil motivation, the speech clinician must enlist the assistance and support of the administration, counselors, and teachers. When working with a pupil, consideration must be given to his regularly scheduled courses and his need for speech remediation. In consultation, the speech clinician, counselor, and administration can arrange the pupil's program in order to minimize conflict between the clinical speech service and the classroom instruction.

Some schools have obtained portable classrooms to relieve crowded conditions. A small classroom might be obtained and used for clinical speech services, as well as for other special services. (However, care must be exercised to insure that the room is not over-scheduled or "open-scheduled" so it becomes unavailable for special services.)

Do we encounter, at the secondary level, many children who are speech handicapped? Experience and studies tell us that on a per capita basis we could expect fewer pupils with a handicapping speech disorder at the secondary level than at the elementary level. It should be noted, however, that in addition to the problems continuing from elementary school, new speech problems can develop at the secondary level. Problems previously not identified or ignored may become known, or result in a handicapping situation in the secondary school. Obviously, some problems may develop as a result of an accident or traumatic episode. In cases where pupils enter the secondary school from an elementary program which did not offer clinical speech services, one should expect a higher incidence of handicapping disorders.

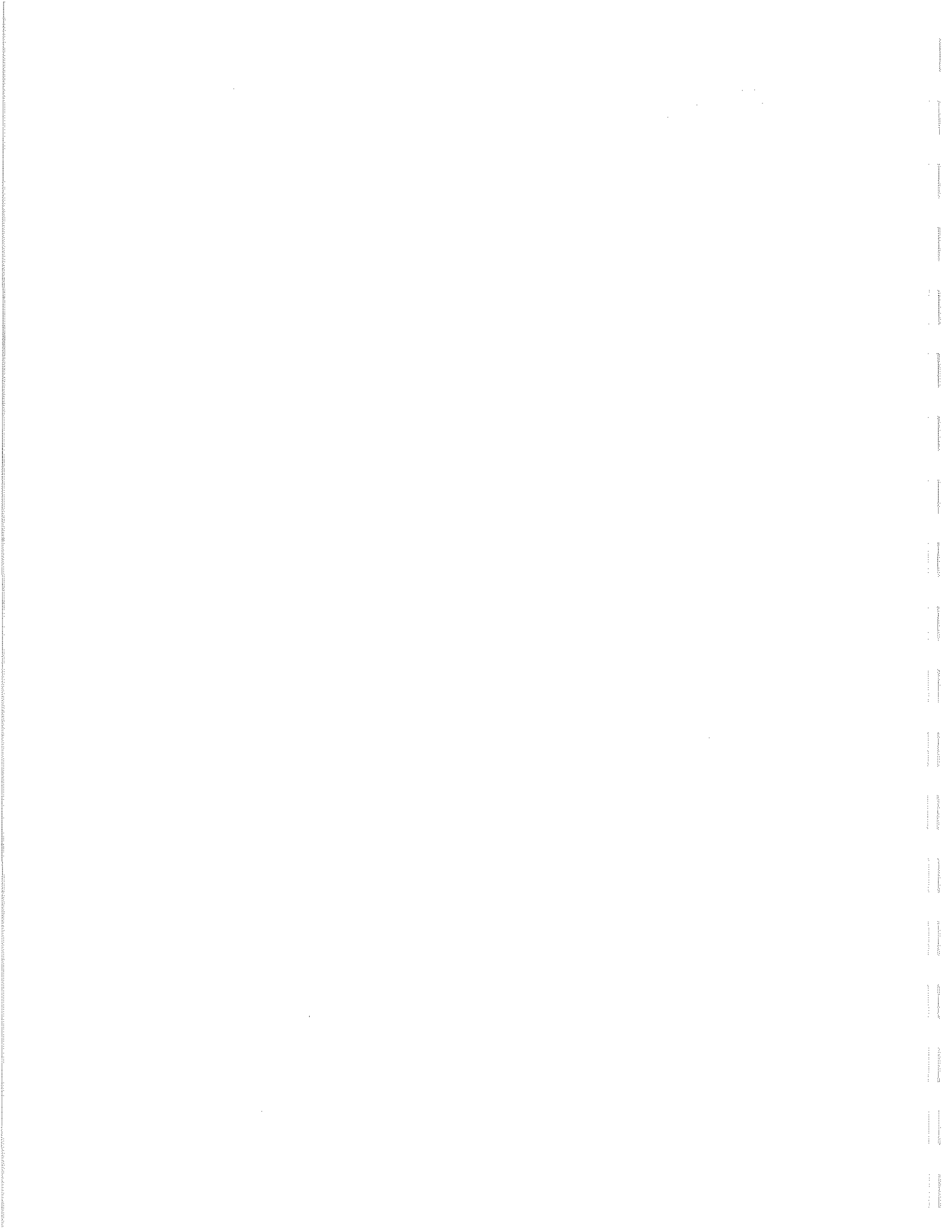
What are speech disorders? Speech disorders are frequently classified as stuttering, voice disorders, language disorders (such as dysphasia), articulatory problems, problems with a specific organic etiology and associated with cerebral palsy, cleft lip, cleft palate, mental retardation, or a hearing deficit, and other communication problems not readily classified in the aforementioned areas.

In meeting the needs of speech handicapped children, the speech clinician employs six distinct services. The degree to which each service is developed depends upon many local factors, but each is developed in accord with the needs of the pupils being served. The six clinical speech services are:

1. Identification services which consist of locating pupils with handicapping disorders of communication.
2. Remediation services with selected handicapped pupils consisting of diagnostic evaluations, direct and indirect remediation activities, conferences, and counseling with parents, teachers, administrators, and others.
3. Referral services to professionally competent specialists or agencies when a pupil's problem indicates need for additional or supportive assistance.
4. Resource services through cooperative and coordinated participation in staffings for differential diagnosis and program planning for pupils and consultative activities with respect to speech/language development/improvement programs.
5. Administrative services which consist of careful planning and organization of the total clinical speech program, scheduling of services, record keeping, case studies, and reporting.
6. Research services consisting of analytic evaluations of needs, services and programs and cooperation in studies pertinent to communication disorders.

The staff person who should assume the major responsibility for identifying and coordinating the curriculum for the hearing handicapped pupil is the school principal. He should delegate responsibility to the guidance counselor, hearing clinician, psychologist, speech clinician, homeroom, and subject matter teachers, special teachers, consultants, and others in the assessment of the pupil's handicap, educational status, and developmental, remedial, and enrichment needs. Such assessments and activities which may be initiated as a result, are not ends in themselves. They should be utilized in the structuring of that educational program which is feasible

for the school in preparing the pupil to enter the world of work, responsible citizenship, continuing development and pursuit of his talents, interests, and potential individual worth.



REFERRAL AGENCY SERVICES AND THEIR RELATIONSHIP TO THE SCHOOL GUIDANCE PROGRAM

Jerry Starkweather

The topic or area of discussion for this particular session concerns referral agency services, their identification, and the relationship to the school and the guidance program. School counselors can be expected because of differences in professional preparation, to have varying degrees of competency in both identifying and utilizing referral sources outside of the school setting. There are a multitude of referral resources which are available for and interested in providing one or more of special kinds of services to school-age handicapped youth.

One of the functions or roles of school guidance or counseling personnel is the responsibility of developing and working cooperatively with out-of-school agencies, organizations and individuals who are interested in, concerned with, and who are in a position to provide or meet some of the additional needs of school-age youth above and beyond what the school setting can provide.

It is the function just mentioned that we are interested in pursuing in this session of the program.

Specialization by fields and even within fields of practice has resulted in a multiplicity of unique and autonomous agencies operated under both public and voluntary, both sectarian and nonsectarian auspice. Because of this specialization, it is necessary that a network of well-defined and linked services be developed if each speciality or service is to function effectively without gaps or duplication.

Research has amply demonstrated, I believe, that people's problems are multiple and interrelated, and defy the neat categories of services reserved to any one profession or agency. Clearly groups, professions or agencies are dependent upon one another if they are to provide adequately for their clients or students.

In rehabilitation, as for almost any treatment organization or profession, truly effective delivery of services requires multiple and continuing exchanges with colleges, agencies, or professions.

Quite often, I'm afraid, we all become too accustomed to dealing with certain agencies, with certain groups, with certain professions. It's comfortable. We get used to the informal system involved and our staff get to know what they can expect from each other. They become friendly -- they know what cases should be referred because they know which will be accepted and which rejected. They prefer the warmth of their informal relationships with certain persons, certain professions, and certain settings to the exclusion of others; and thus so many times, they fail to select the best resource for a student or client. So often we do not use creativity in the selection of resources and yield to a "status quo inertia".

Certainly we can identify potential helpers in our communities but identity of itself is not sufficient. In addition, you need knowledge of that agency's or profession's resources, its functions, its scope, its auspices, its methods, its personnel, and its referral procedures.

In addition your staff needs to gain proficiency in the techniques of how professions and organizations can work together; and last but not least, you must become adept at maneuvering within the formal and informal structures of the various systems through such means as case conferences, committee work, sharing information, written communication, consultation, public relations, and even negotiation.

Clearly, a great many of the various types of professions and agencies contributing to services to the handicap need to more precisely interpret their own functions and to better understand the functions of others. All disciplines stand to gain by an increased understanding of: The specialized functions of a given discipline, the setting in which it is most likely to practice, the handicap its services are most intended to treat, and the extent to which differences in setting may tend to limit or change how the various practitioners will help deliver his services.

Certainly, ladies and gentlemen, there is no overall master blueprint that can be followed by every counselor or guidance person in each of our respective areas or communities in learning about resources and their specific services. Every community has some resource, and certainly some communities many more than others. How well each of you are able to identify and make use of such resources in better meeting the total needs of the handicapped students you are interested in serving is, I'm sure, pretty much dependent on your own initiative and how willing you are to give as much as you receive.

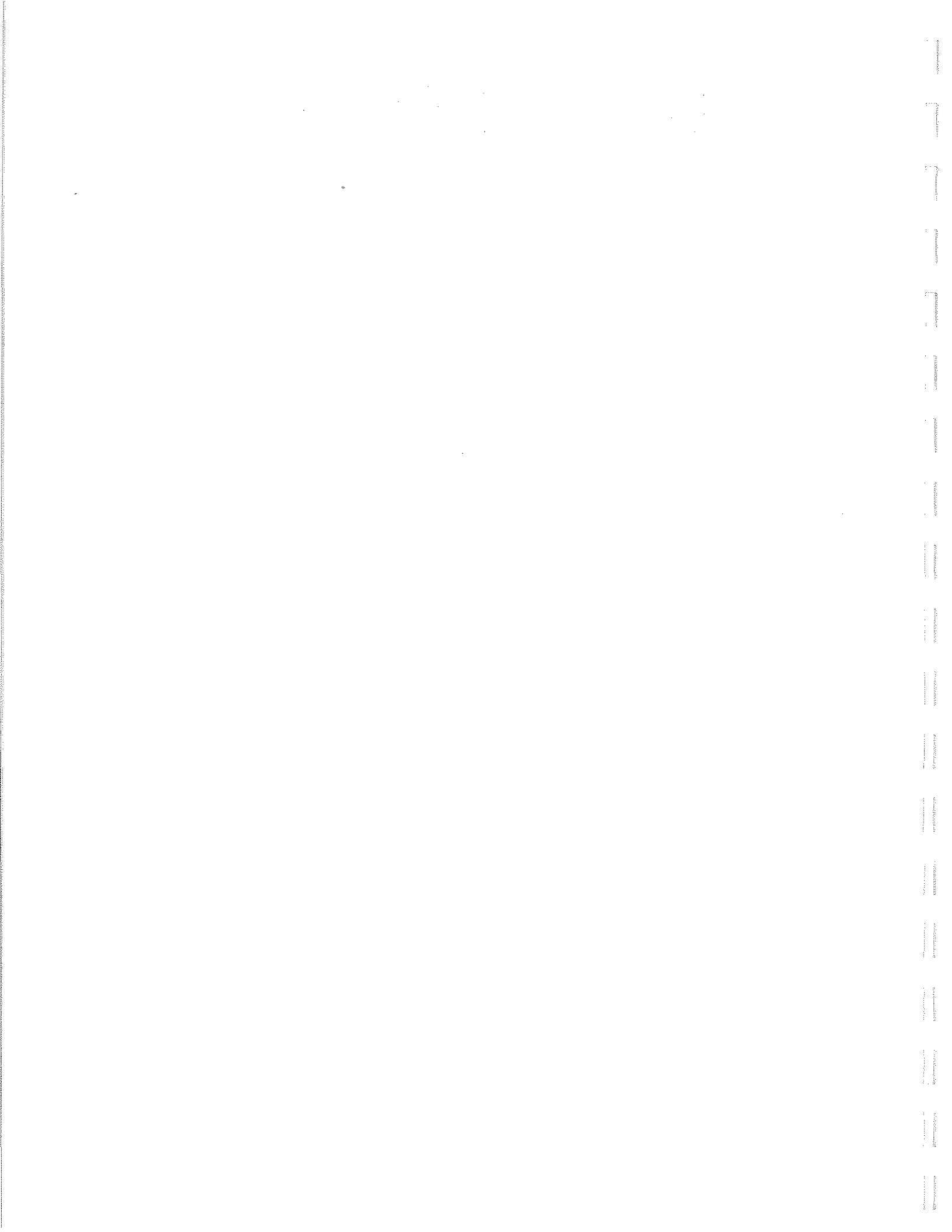
For your information and use, I have made copies of a chart or check list taken from a publication by the United States Department of Health, Education, and Welfare, Vocational Rehabilitation Administration, (now Rehabilitation Services Administration) entitled: "The Rehabilitation Agency and Community Work", published in 1966 as a result of a project supported in part by a training grant from R.S.A.

The check list was presented to give rehabilitation counseling practitioners some perspective on the uses to which the broad spectrum of community services may be put on behalf of the agency's clients. The check list, I am sure, is only suggestive of the scope and coverage and yet may offer a guide to the network of restoration and adjustment services available to handicapped pupils that you as guidance people will find available to some extent in each of your communities.

For purposes of this check list or document, the following terms are defined:

- (1) Physical adjustment: Processes concerned with removing or alleviating physical disabilities, through medical and paramedical therapies, in order to permit the maximum adjustment of the individual to normal living conditions.
- (2) Social Adjustment: Processes concerned with alleviating certain unfavorable conditions in the life of the individual which affect his ability to undertake or complete his rehabilitation, involving such factors as living arrangements, financial support, inter-personal relationships, and other environmental or emotional problems.

(3) Vocational adjustment: Processes concerned with maximizing the individual's capacity for productivity (usually but not exclusively in return for earnings) involving training, work evaluation, job finding, job engineering, and placement.



REHABILITATION NEEDS OF HIGH SCHOOL STUDENTS:
AM I A BARRIER OR A BRIDGE?

Harlan Watson

When we talk about the broad approach to inter-agency cooperation, I think that each of us must feel a little like the mosquito in a nudist colony who knew what he was there for but didn't quite know where to begin. How do we as school administrators and guidance personnel, and rehab counselors for that matter, know where to begin when we face specific problems with specific students? Most of us in the business of serving people recognize that we are not dealing with a problem entity related just to our specific orientation, but rather with a total person. We also recognize that the manner in which we help to handle a given problem segment of this total entity, has some very direct relationships to the balance of the life adjustment of this person.

Vocational selection is the basic problem for almost every single student in your high school population. You as an administrator and as a counselor want to see each one of these people take their appropriate niche in future society. With some, the problem isn't too difficult. But with others? How well do your students with special needs of a physical or medical nature fare when it comes to competing for your time in vocational selection and program planning for their post high school work? Who helps Johnny with the kidney problem to realize his limitations, and to face the reality that it's highly unlikely that heavy equipment school will prepare him for a job he can actually perform.

The odds are that most of you would not have to go through the procedure of looking up the Iowa Division of Rehabilitation Education and Services in a brochure of cooperative resources. The activities of our local district counselors are structured so that they should be in contact with every high school in the state on an itinerant basis to explain and provide services, to take referrals, and to insure that follow-up is provided to the students who have special needs. What we need to remember is that when the rehabilitation counselor visits a local high school, he is there to be of all possible assistance to the specific individuals that you may have identified. It should go without saying however, that in order to be of best assistance, like other cooperating representatives of agencies outside the school, you can do a great deal to help expedite his work. It should be borne in mind that this counselor from the Iowa Division of Rehabilitation Education and Services is employed by the State of Iowa, Department of Public Instruction, and that the more information you can make available to him from the respective cumulative records on students whom you refer, the better the quality of work which our counselor can provide. High school transcripts, individual test reports, health records, and social information are all important to the casework which is done on each individual by the rehabilitation counselor. If you can share some of your own counseling experiences with a given student, they may be of substantial assistance to our counselor in effective approaches. To put it bluntly, only you in the local schools can lower the barriers to the rehabilitation counselor. Acceptance of this "outsider" who is really an "insider" is the first step. The rehab counselor will proceed with medical diagnostic work-ups on each student to determine the precise medical nature of his disabling condition or to at least reduce the condition to improve the student's potential in the world of work. One axiom which the experienced rehabilitation counselor follows in every case is to "never work around a condition which can be

improved or corrected through medical treatment". Based on objective medical findings and a thorough familiarity with each client's medical condition, his physical capacities, as well as limitations, the counselor attempts to identify the individual's attitudes towards his disability and through the counseling process to help him adjust the realities of his condition toward an effective training or vocational plan. He brings to such problems a special body of knowledge and set of skills which equip him to deal with them.

We know that approximately 10% of the school population has either a visible or invisible medical impairment which is apt to cause difficulty in selection and preparation for an adequate vocational field. We also are aware that our past efforts in service to this population have resulted in service to only about 10% of those who have the need, under our former pattern of service. Early referral and service can help this group to avoid their disability related failure, floundering, and the misdirected waste of attempted vocational preparation which is ultimately learned to be inappropriate.

Regardless of student problem, the basic approach of the rehabilitation counselor remains essentially the same. His effectiveness can be negated by such things as a communication breakdown, personality conflicts, mutual overprotectiveness or lack of suitable facilities in which to carry on the program. At the same time, his approach can be effective if we all adopt a positive, problem-solving, professionally cooperative attitude. I believe we can look forward to increased availability of rehabilitation services on an area basis in the future. Quality services provided at the proper point in time will do much to combat the future costs of dependency in our social system. Let's all be bridges rather than barriers.

THE GUIDANCE NEEDS OF THE HANDICAPPED CLIENT
AS VIEWED BY THE EMPLOYMENT COUNSELOR

Edward K. Kelley

One of the concerns of those of us responsible for the employment of youth, and particularly handicapped youth, is the fact that, in too many cases, counseling and guidance services are given almost exclusively to the college-bound, high ranking student--to the detriment of the young people who are, perhaps, much more in need of that kind of help, and I refer specifically to the physically handicapped and retarded students. As I understand it, school counselors say that they are uncomfortable working with this group and that in many instances, they do not feel that they are qualified to do so. This may well be, but it is not an irreparable situation.

In fairness to school counselors, I should mention that we are aware of the fact that many of them, or should I say most of them, carry case loads all out of proportion to their available time: that many of them are inundated in a sea of paper work, requiring time that could be spent far more profitably. This, however, is the problem of administration and one which should be resolved.

But the point I hope to make is that guidance is most important to the non college-bound and particularly to the handicapped and the retarded, and may I emphasize, vocational guidance. Every young person who terminates his education at the twelfth grade should have established a vocational goal of some sort. Perhaps not a specific job choice, but there should have been some determination of his aptitudes and interests. All too frequently, our vocational counselors encounter handicapped young people, just out of school - seeking employment - without the foggiest notion of what they are capable of doing or interested in doing. Too often, the academic training they have received is of little value in the world of work that they are entering. This is entirely unnecessary. Granted that school counselors are overloaded and unable to give time to vocational counseling. Services are available to them if they will take advantage of them. For example, students who appear to need vocational counseling can be referred to employment service counselors for vocational counseling and/or testing. May I mention that if there is any question in your mind as to the competency of employment service counselors, the majority of them are now master counselors and the others are within a few semester hours of their masters degrees. The employment service program has been expanded to include most of the psychological tests pertinent to our objectives. To those school guidance people who are interested in developing their own competency in the area of vocational guidance, we offer a wealth of materials. Our training materials on vocational counseling of the handicapped is yours for the asking. We will gladly make available to you our interview techniques for specific disabilities. We can supply you with labor market information as to the job shortages and surpluses in your area - materials on counseling the mentally retarded, working with epileptics or orthopedic disabilities can be given to school counselors. Our techniques on group counseling or creative job search can be made available to you or you can refer students to us for these services.

You've heard of the team approach, which we, in the employment service, have discovered to be most effective. You too will discover its worth, if you will use it.

We have heard rumors that, in some instances, school guidance people were inclined to regard employment service counselors with a degree of suspicion, fearing that the E.S. Counselors were intent upon supplanting them. This couldn't be further from the truth - but I can tell you this, surely and sincerely, that the E.S. Counselor can be a valuable member of your team. By enlisting his support and assistance, by utilizing the materials available through him, you can make your own job easier and more effective.

The emphasis today is upon employability; through education and training, developing the individual so that he can work at his highest potential. This is of particular importance to the physically and the mentally handicapped. Development of employability must begin early in life and who is more logically responsible for this development than educators and guidance people. To repeat a previous statement, it is our contention that every young person should have established some vocational objective by the time he completes the twelfth grade. Can you disagree with that?

If I have seemed to be critical, it is only that we, as an agency, will, in many instances, be responsible for the vocational future of the handicapped young person entering the world of work. We hope that the schools will contribute substantially to his success in life by helping him to make the necessary decisions that will determine the degree of that success.

SERVICES PROVIDED BY COUNTY DEPARTMENTS OF SOCIAL WELFARE

Ross T. Wilbur

I. Provision of Social Welfare Services to Any Child in the Community

- A. Functions of the County Departments of Social Welfare in relation to needs of children and youth.
1. Provision of child welfare services to any child.
 2. Provision of financial assistance to families of children in need.
 3. Statewide coverage in terms of staff.

One hundred and five persons devoting more than one-half of their time to child welfare services in 50 Iowa counties as of March, 1967 (See Table X)

One or more public assistance workers in each county serving children in financial need (ADC)

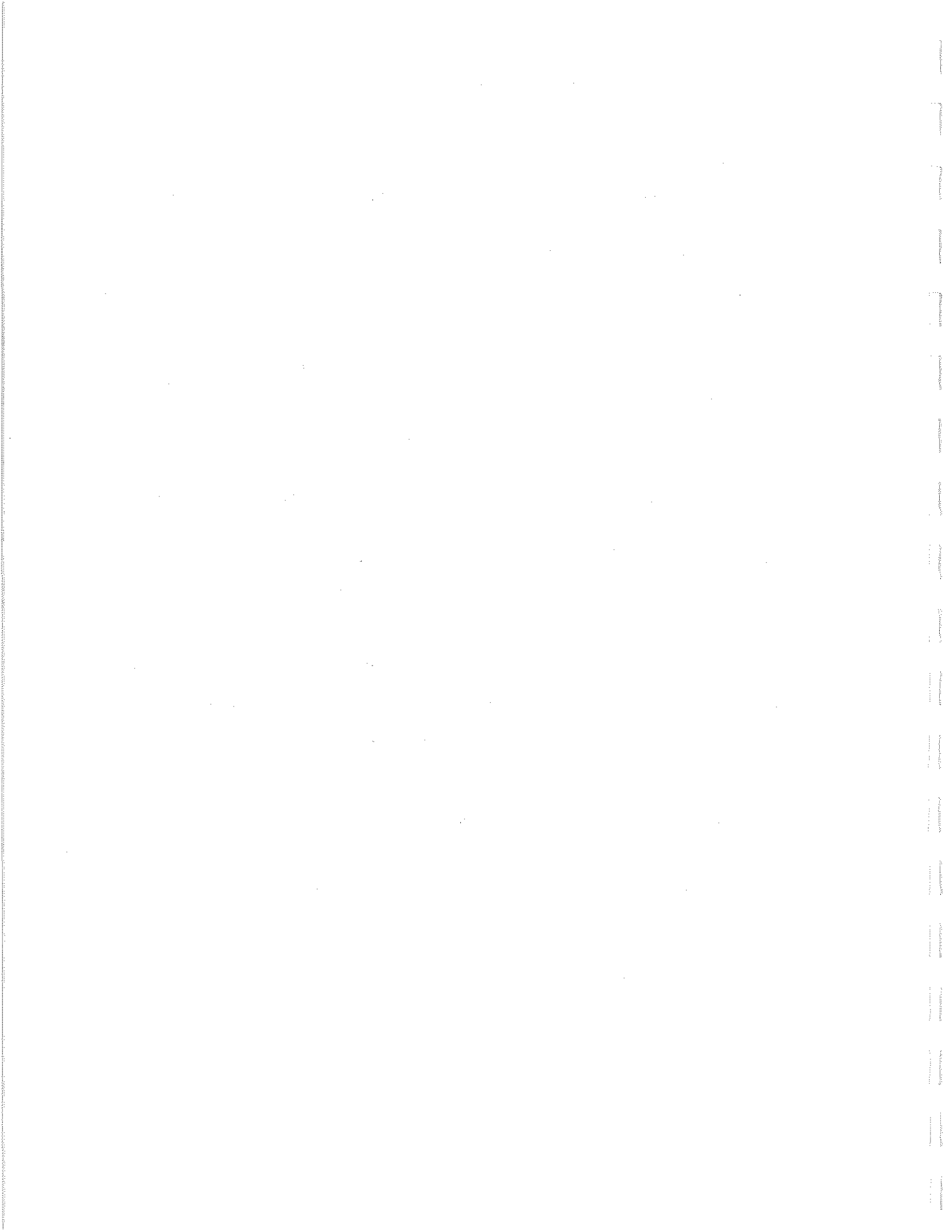
Specialized personnel supervising children's services in each of nine regions (See regional map)

II. Kinds of Services Provided Handicapped Children

- A. Case finding, diagnostic evaluations and case planning.
- B. Implementation of case plan through direct services and case referrals.
- C. Availability of foster care including special treatment facilities.
- D. Exploration and utilization of community and state resources.
- E. Assistance in problem of financing care and treatment needed.
- F. Variation in ability to deliver services as between counties.

III. Inter-Departmental and Agency Planning at the State Level

- A. Intent to coordinate programs.
- B. Losing children in between "the slats" from one agency to another.



GUIDANCE SERVICE NEEDS AS SEEN BY COMMUNITY PLANNING COUNCIL
IN THE SOCIAL WELFARE FIELD

Marguerite Cothorn

Before discussing the Guidance Service needs for handicapped children in the public schools, I should define Social Welfare Field and give you a description of a Planning Council.

As currently used, the term "social welfare" denotes the full range of organized activities of voluntary and governmental agencies that seek to prevent, alleviate, or contribute to the solution of recognized social problems, or to improve the well-being of individuals, groups, or communities. The system which seeks to function in the area of social welfare is complex and intricate; and not only includes social workers but also health workers, educators, teachers, lawyers, ministers, home economists, nurses, doctors and may we be more specific and include guidance counselors. The services which are of concern in the field of social welfare are poverty, ill health, maladjustment, recreational and educational needs. Within these broad areas are many sub-groups such as housing, juvenile delinquency, cultural deprivation, family breakdown and many others. These problems tend to converge in one combination or another on the individual, the family and the community, each problem intensifying the consequences of the other.

Planning Councils, or Health and Welfare Councils as they are called in many communities, have as their goal that of bringing a balance between services and needs. The community is the client. Prior to 1930, there were only 25 local councils in the United States. The Greater Des Moines, Council, formerly Council of Social Agencies, was formed in 1936. The Council functions through four general types of activities;

- Community Policy Planning
- Problem-Solving Planning
- Inter-Agency Program Development and Coordination
- Agency Administrative Planning

The greatest amount of time is spent in the first two areas. Community policy planning involves the identification of current and emerging health welfare and recreation needs, development of both short and long range plans to meet the needs and a plan for implementation. In this type of planning we are concerned with stimulation of public welfare programs, support and preparation of legislation and adoption of positions or issues affecting the community.

Problem solving planning is involved in attacking a specific problem, and many times results in redirection of existing agency services and the development of new designs of service.

With this background, let us move into the area of how the Planning Council serves handicapped pupils. The identification of needs is one way; planning taking place in any one of the four areas mentioned. For example, the Council is currently making a study of Services to Unmarried Parents. These are some of handicapped pupils you are concerned about. The study committee includes representatives from all agencies either who are serving or should be serving this group. Previous community reports in this area have been reviewed, new data gathered, three students from

Iowa University School of Social Work have developed a research project with respect to Unmarried Mothers served at Broadlawns County Hospital. Conclusions have been reached and recommendations made. One recommendation is a redesign of casework services at Booth Maternity Home. Another is development of a new service perhaps at Broadlawns or elsewhere in the community which will provide health, education, recreation and casework services at one setting, however, tailored to meet the needs of each individual girl.

Another example is work being done in developing a plan of services for the mentally retarded. As many of you may know, the state institution, Woodward has for several years been releasing patients in the local communities with release plans of varying degrees being made for them. At present time some of these individuals are in Nursing Homes without adequate activity, work adjustment or evaluation programs. We are trying to develop an adequate community program for mentally retarded persons of every age. Handicapped persons, need the same quality and quantity of guidance from school counselors as every non-handicapped pupil. I am sure that in your counseling services, you consider the strengths and weaknesses, aptitudes, as well as the individuals' capabilities and interests. Whatever, the handicap then becomes one of the factors to be considered.

But beyond the individual I am sure there are family and community problems which either need to be solved or the system changed. It is at this point that all other social agency programs including the Community Planning Council can be brought to bear. Referrals to agencies for specific services, or referral of a community problem to the Council for study, developing a plan and implementation of the plan which changes the community services or situation.

How do you do this? I suggest the following:

1. Use of the Information and Referral Center:
The Center can answer your questions as to where you can receive the agency services needed. The Council also uses this as a planning tool to note gaps in community services and areas of study.
2. Use of Council to call case conferences regarding specific students; involving agencies and groups that have interest in cases.
3. Formal request through proper school channels for Council services. You know these better than I.
4. Participation in the Council general meetings, which is an avenue of communication from the social welfare area to you.
5. Communication works both ways, so inviting Council staff and membership participation in appropriate Guidance-Teacher's meetings and activities.

A PARENT'S VIEW IN PROVIDING FOR THE ACADEMIC, SOCIAL AND VOCATIONAL NEEDS
OF HIS CHILD

Mr. & Mrs. Lawrence O. Hutchison

Our son, Lon, is 16, has cerebral palsy as well as being visually handicapped, and is in 8th grade at Smouse School in Des Moines. When we realized we had a handicapped child, our first reaction was to seek help. We were worried about the degree of his handicap, which is not apparent at an early age. We were also concerned about his potential, how he and the family would adjust, hopeful that he would become at least a self-sufficient individual and perhaps a useful member of society--and well aware that what he would become would be largely due to what we and his teachers, counselors, therapists and doctors might be able to accomplish. His educational potential was really the key to everything else, we felt--but we soon learned not to look very far ahead, but to work at the problem day by day and take satisfaction in small gains.

We were fortunate in living in Des Moines, with the Easter Seal Center for diagnosis and outpatient therapy. Eventually Lon went to the nursery school there; and when he was seven years old, we hoped he might be able to enter Smouse. But we discovered Lon was not ready either emotionally or intellectually for Smouse. Now it is at this point that parents need some real guidance, but we were on our own in finding a school for Lon. We went to Iowa City, but were told he was "not handicapped enough" for the University Hospital School for severely handicapped children. The only guidance offered was that we might explore the possibilities of two schools. One was a Quaker college-preparatory boarding school, and the other a school for emotionally disturbed--not physically handicapped--children!

We had both been reading everything we could about handicapped children and what was being done for them. Things have certainly changed since that time--for not very much was being done then. In fact, there wouldn't have been anybody to come to a conference like this ten years ago. We found a Porter-Sargent manual on special education facilities over the country, and wrote a number of letters to schools listed in it. We finally settled on the Walter D. Matheny School in Peapack, New Jersey. It was expensive. The costs even then ran something like \$5,000 a year including our travel expense and long-distance telephone calls. However, they would take Lon, and it was his only chance.

Lon did very well, comparatively, at Matheny's. He started there before his eighth birthday and remained until after his eleventh. By this time Smouse had begun its upgraded program and Lon was accepted there. Although he is now in their eighth grade, he is not doing 8th grade work in most subjects. Next year he likely will go into the special program at Weeks Junior High School, leading up to the Work-Study program at North High.

On the basis of our experience at being our own guidance counselors, we feel that all children need more guidance, and the handicapped probably need twice as much as normal children. This guidance should start largely between counselor and parents when the child is in the beginning years in school, and gradually change to being largely between counselor and child as he grows older.

The paper you sent out in advance of this conference says guidance begins in the kindergarten. We wish it did! The normal child can usually do pretty well in school and in life even when he doesn't achieve up to his potential, but the handicapped must achieve. Lon probably has already achieved more compared to his potential than we have.

We have had help from the school psychologist since Lon has been at Smouse, but it would have been helpful to have a guidance counselor at the elementary level. This could be a way of preventing gaps in a child's education, or diagnosing and curing any that may develop.

We were told at the Matheny School, "Don't look too far into the future." This was valid advice when Lon was there, but it no longer is. The time arrives when parents must realistically assess the child's prospects for the rest of his schooling, and beyond that. However, guidance is of no value today when it points to a special education facility on the secondary level--and none exists in Iowa. That is a gap that really needs to be filled.

The questions on page 5 of the paper on guidance services: "Who am I? What am I really like? What opportunities are available to me? What contributions can I make to society? What kind of person do I want to become? How can I best make use of my opportunities?" take on a poignancy and an urgency for the handicapped, because for them the answers are not always satisfactory. The value of the guidance counselor can be tremendous in making the handicapped child feel his worth.

The social development of a handicapped child contains problems. He is likely to be lonely if physical limitations keep him out of active games and neighborhood play. School programs can be important in filling the social gap with his age group. There have been helpful things for Lon, such as the Junior Achievement company sponsored by United Cerebral Palsy. Also, we try to make a point of taking him out in public to expose him to all manner of experiences. We take him to concerts, restaurants, movies, and we invite families over and are invited to their homes. We've been ambivalent about his early interest in music, because although it was a way of giving him something he enjoyed, he's always been in danger of withdrawing into it.

The saddest day of our lives was not the day we learned he was handicapped, but the day others his age started to kindergarten, and he just returned to nursery school. With your help, and more special education programs around the state, children in the future will have a place to go to school.

IDENTIFICATION, CHARACTERISTICS AND GUIDANCE NEEDS
OF HANDICAPPED CHILDREN

Frank Vance

Our panel today is charged with the responsibility of discussing with you some factors relating to identification, characteristics and guidance needs of handicapped children.

As I am sure all of you realize, this is a very broad topic to cover in the amount of time allocated, particularly when you consider that we are talking about all handicapping conditions, not just those of higher incidence, such as the mentally retarded. Most of the specific ideas in relation to this assignment will be presented by those who are to follow. As I see it, my task as panel moderator is to attempt to set the stage with some general considerations in regard to the identification process, characteristics and the guidance needs of handicapped children. What I am going to say is not new, and I hope not redundant, but I do feel it is important that we remind ourselves of some of the too often forgotten considerations that are apropos in dealing with handicapped children.

First of all, may we focus our attention as to just who we are talking about in this grouping of children we call handicapped, and how many of them exist. This information in fairly standard form, is covered in the handout material that you have just received. But to quickly go through it with you, we are considering basically today those children who are physically handicapped, and have special health problems. Included in this are the orthopedically handicapped, as well as children with low vitality, including the child with rheumatic heart, etc. In this category we find approximately one or two in each one hundred school age children. A frequently used incidence figure is 1.5 per cent. Another category that we are considering in our discussion of the handicapped, are the educable mentally retarded. Conservatively, we say there are two educable retarded children in each one hundred school age children, for an incidence of 2 per cent. As far as the trainable mentally retarded are concerned, it is estimated on national norms that there is one in each three hundred school age children, or approximately .33 per cent. The partially sighted constitute approximately one in each five hundred, for an incidence figure of .2 per cent. The blind child may be one in three to four thousand with an estimated figure of about .03 per cent. In the deaf category, we estimate one in each two thousand school age children, for incidence of .1 per cent. The hearing handicapped represent two in each one hundred, or about 2 per cent. The speech handicapped, at least five in each one hundred, quite possibly more, a figure very often used is 6 per cent. And of the emotionally disturbed, approximately three children in each one hundred school age population, for an incidence of about 3 per cent. Children with specific learning disabilities constitute one of the newer categories of handicapped children, incidence estimates nationally range from two up to as high as ten per cent. At any rate, when the total handicapped school population is taken into consideration, we can readily see we are dealing with a great many children who in turn are very much in need of guidance services if they are to make as adequate an educational, social and vocational adjustment as they are capable of making.

In this introductory presentation into the guidance needs of handicapped children, I think it would be well to discuss for a moment the rationale behind our concern for handicapped children. First of all, as

I hope we all realize we have a commitment to an educational philosophy that states every child although not equal in their ability or capability should have an equal opportunity for an educational program. To meet this commitment, therefore, requires modification in the traditional school program, sometimes very minor, and other times necessitating a total restructuring of the educational environment. Our educational goal for handicapped children, therefore, is to do all that we can to help each child develop to the maximum of his potential up to the point where, as an adult, if at all possible he is a self-sufficient, self-supporting, contributing member of society.

While we are dwelling for a few moments on philosophical considerations, I would like to mention a few more that I feel are critical in our discussion of educational services to handicapped children. All too often, unfortunately, school people have a tendency to relinquish their responsibility for their handicapped child, once this child is referred to a specialist for help. This all too often means that handicapped children are placed in inadequate programs, if in any program at all. Even though a school district may not be directly providing an educational program or services to a handicapped child, as long as the child resides in that school district, they never relinquish their responsibility for that child, and the responsibility to insure that each youngster is getting the best type of services available.

Of paramount importance then, as I see it, is the role that the school counselor plays as a part of the total personnel services team, to insure that all handicapped children are given consideration in the educational program. The role of the counselor is a coordinative role, when it comes to handicapped children, one of referring the child for specialized services that might be available in his community, and then continuing on a liaison role between the special services provided and the regular school program. The counselor plays the key role because he is probably the only one in a typical school situation who is knowledgeable about special services available in a community, and also completely informed of the structure and program within the regular school. He, therefore, can look at recommendations of the specialist and know if they are possible or reasonable in the light of the school program. I would go so far as to say that I think the counselor plays the most important role in his strategic position in the school setting.

I want to turn then to some basic general considerations regarding characteristics of handicapped children. The first consideration, and certainly one that is now new to us, but unfortunately we forget it occasionally, is that the handicapped child is basically a normal child. The label that we give to them does not describe the child in any way, it merely describes a condition that exists within that child. Many critical errors are committed in dealing with handicapped children when it is assumed that, because a child has a handicap, he is handicapped in every way, not recognizing that he is mostly normal and his handicap affects normalcy only in a few situations. It also should be recognized that handicapping conditions are on a continuum and all in relation to normalcy. It's not an all or nothing at all proposition. The important factor is the degree away from normalcy, or the severity of the handicap. All of you in the room at the present time that wear glasses are handicapped to a certain extent, although I am sure most of you never considered yourself handicapped. A child with an I.Q. of 99 is handicapped to a very limited degree, but of course certainly not as severe as a child with an I.Q. of 50.

When a certain degree of severity is reached along the handicapping continuum certain program adaptations must be made, if the child is to profit from his educational program. These adaptations may be in the form of individual devices such as hearing aids, eye correction, etc., or may require the modification or the complete revision of school programs. In winding up this discussion of a few of the general considerations relating to characteristics of the handicapped, let me stress again that the handicapped child's goal and greatest desire is to be just as normal as possible, and to be treated as much as possible like a normal individual.

Let's turn then to some considerations regarding the identification process of handicapped children. First of all, the regular classroom teacher is the key individual in the early detection of high risk children within her classroom. She has a wealth of comparative data, and if given the opportunity and if the total educational program is within a proper climate and environment, she can pick the high risk youngsters out of her class. These youngsters will show up to her as deviations in achievement, in social development, in emotional development and in general school progress of all kinds. The deviation may be quite obvious to her, as in some physical handicaps, or very subtle and require very close observation, as in the case of the hard of hearing child. If the teacher is trained to look for them, deviations will show up in routine assessment techniques regularly employed in the school setting. It is of course, not the teacher's role to diagnose, but it is her role to look for signs of high risk children or children in trouble, and refer then to the proper authorities for special evaluations at the earliest possible time.

Finally then in this introduction to our topic, let us dwell a minute on some general considerations as far as the guidance needs of handicapped children. I am sure everyone here has their own pet definition of guidance, and I am no exception. When it comes to the definition of guidance, as far as its adaptability to handicapped children is concerned, I like the one by Donald E. Super that appeared in Occupations in 1951, and I quote "The process of helping a person to develop and accept an integrated and adequate picture of himself and of his role in the world of work, to test this concept against reality and to convert it into a reality with satisfaction to himself and benefit to society".

The handicapped child needs a full spectrum of guidance services, including appraisal, counseling, placement and evaluation. They need counseling in all adjustment areas including academic, social, emotional and vocational adjustments. I guess it could be stated that their guidance needs are the same as those for normal children, but more intensive and extensive. Emphasis needs to be placed on the situations that their handicap creates and how these situations can be handled by the handicapped child, so he can adjust to a normal society. He doesn't need any help or any emphasis placed on what he can expect the normal society to do to adjust itself to him.

I am sure it goes without saying also, that there is a different emphasis in the guidance needs in the elementary school and in the high school. But, at any level, there is a requirement for a great deal of flexibility in programming and a total school climate that will permit adjustments as necessary in the regular school routine. Most of all, they need as much integration and a chance to test their abilities and their performances in relationship to non-handicapped children in the more controlled structured environment we call the school. If we don't allow them

the freedom to do this with our help in the school, it will be necessary for them to do it on a hit or miss basis without our help outside of the classroom. As we put more and more emphasis on group counseling as a guidance procedure within our school, I think we could try more and more to integrate the handicapped child into the regular groups because it is practical, realistic and chances are the levels of both the handicapped and the non-handicapped will be enriched as a result of their association with each other.

IDENTIFICATION, CHARACTERISTICS, AND GUIDANCE NEEDS OF EMOTIONALLY
DISTURBED CHILDREN

F. Beth Stone

Fritz Redl, in the foreword to Conflict in the Classroom¹, observed that "emotional disturbance is a portfolio term that has come to cover a multitude of traits, behaviors, and personality patterns." He also pointed out the important distinction between the "emotionally disturbed" child and the child who is in a state of emotional disturbance. Most children have disturbed emotional states at some time or other (it is at these times that guidance services may be most helpful). Definitions of "emotionally disturbed" children are usually definitions by exclusion and, as a result, are often arbitrary. The speaker's own definition is: Those children who have persistent or severe behavior and learning problems, with-
out or in addition to problems associated with mental retardation and/or physical defect.²

The definition of "emotionally maladjusted" children in the 1966 Code of Iowa rules relating to special education of handicapped children simply states that they are commonly identified as emotionally disturbed or socially maladjusted and emphasizes that they "display an inability to develop or

1. An excellent, comprehensive book on the education of emotionally disturbed children, edited by Long, Morse and Newman, and published by Wadsworth Publishing Company in Belmont, California (1965) - and worthy of purchase for your teachers' library.

2. Definitions by exclusion are particularly troublesome when other entities or conditions, which are presumed to be different from the one being defined, are also defined by exclusion. Of relevance here is the definition given of "specific learning disabilities," which is also by exclusion. The problem is further complicated by the fact that "emotionally disturbed" children may have learning disabilities and children who have "specific learning disabilities" not infrequently display deviant behavior. In theory the distinction lies in the assumed etiology of the two disorders and in the presumed salience of the symptoms. Emotional disturbance is usually assumed to be a functional disorder due to environmental influences, and defective interpersonal relationships with their consequent deviant social behavior are assumed to be the primary disorder, while learning disability is assumed to be secondary. "Specific learning disability" is frequently assumed to be due to organic causes (brain damage, neurological impairment), the learning disability is assumed to be specific rather than general, and other behavioral disturbances are assumed to be secondary to the primary learning deficit. In practice, the distinction may not be clear-cut or easily made. Furthermore, the theory may prove to be inadequate to the facts. Nonetheless, the problem of distinguishing between the two groups is one that merits our best appraisal efforts - bearing in mind, however, that diagnosis should be made not to exclude a child from a program, but to plan an effective program for him.

maintain satisfactory intrapersonal or interpersonal relationships." The important point is that the emotionally disturbed child must be defined in terms of the extent or duration and the degree of seriousness of his deviant behavior - in the context of the child's age, his mental ability, and his socio-economic level.

Estimates of the incidence of emotionally disturbed children vary from 1 to 12 percent (the State Department's estimate of 3 percent would result in some 20,000 Iowa school children being so classified). It is clear that the incidence of emotional disturbance is not randomly distributed: boys are affected far more frequently than girls (estimated ratios vary from 3-to-1 to 6-to-1); mentally retarded and slow-learning children are more likely to be emotionally disturbed than average or bright children; and the economically disadvantaged are more likely to be so identified than middle-class children.

The identification of the emotionally disturbed can be viewed in two steps or phases: screening and diagnostic evaluation or appraisal. Teachers, by almost everybody's criteria, are excellent screeners. Repeated studies have shown that teachers can identify emotionally disturbed children quite reliably (i.e., they agree with themselves over time, with other teachers, and with other professionals such as psychologists and psychiatrists). There are structured instruments for screening, such as Bower and Lambert's device³ which has the merit of a threefold approach to the problem: teachers' ratings, peers' perceptions, and the child's own perception of himself are obtain. Other (less expensive and time consuming) devices are Rutter's questionnaire⁴ and Peterson's checklist⁵. One interesting aspect about teachers' identification of emotionally disturbed children is that while they do well in recognizing all types of these children, at least one study has demonstrated that they tend not to refer those children that they think they understand - perhaps thereby depriving those children of the additional services they might need.

The guidance needs of emotionally disturbed children are no different in kind from the guidance needs of other children. Following the State Department publication, "Guidance Services: Suggested Policies for Iowa Schools," we may view these needs being met by the following services:

1) The Appraisal Service. The statement "It is impossible to provide intelligently for individual differences until accurate information concerning the extent of individual differences is known" is especially relevant as far as emotionally disturbed children are concerned. It is essential that we obtain information regarding the duration and severity of the individual's

3. A Process for In-School Screening of Children with Emotional Handicaps. Educational Testing Service, Princeton, N. J.

4. J. Child Psychol. Psychiat., Vol. 8, 1967, pp. 1-11.

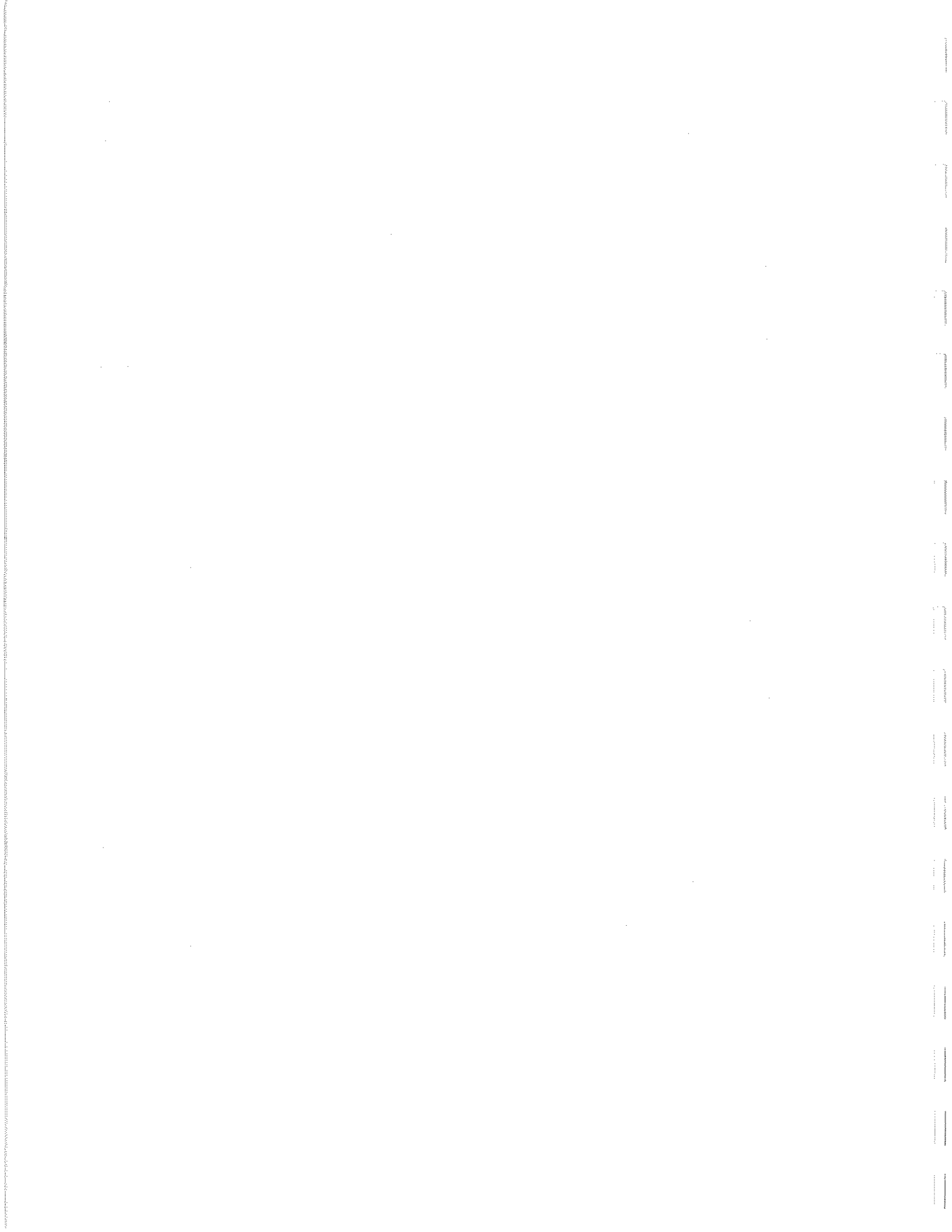
5. J. Consult. Psychol., Vol 25, 1961, pp. 205-209. (The problem types identified by this checklist have particular relevance in terms of educational programs for the emotionally disturbed. Cf. H. C. Quay, Exceptional Children, Vol. 30, 1963, pp. 27-31.)

disturbance, as well as the type or direction in which the disturbance is manifested. The entire armamentarium of appraisal procedures should be utilized. (Cumulative records, for example, are an unparalleled source of information on a child's long-term behavior.)

2) Environmental Information Service. In addition to providing the usual kinds of information that students need about their present and future educational and vocational opportunities, guidance personnel should have available information on the many facilities that serve emotionally-disturbed children. This information should involve more than knowing the names and locations of these facilities - it should include knowledge of how referrals should be made (e.g., whether physician referral is required), knowledge of the facility's intake and admission procedure (e.g., whether "state papers" are needed and how to go about obtaining them), knowledge of the facility's ability to offer service (e.g., whether there is a waiting list or whether they limit admission to certain kinds of disturbed children), knowledge of the family's ability and willingness to use the facility's service (e.g., their ability to pay, their willingness to make repeated contacts).

3) Counseling. The position is usually taken that school guidance personnel should not undertake psychotherapy with seriously disturbed children, but should refer them for psychiatric treatment. Regardless of one's position on the controversies regarding the difference between counseling and psychotherapy or the admissibility of school counselors' doing psychotherapy, it is clear that emotionally-disturbed children - regardless of how much psychotherapy or other psychiatric treatment they may get elsewhere - still need counseling by school guidance personnel. A vital part of the referral process is counseling with the student and his parents about the need for referral. The emotionally-disturbed child who is receiving out-patient psychiatric treatment may still need educational and vocational counseling (e.g., the borderline schizophrenic youngster who is agonizingly indecisive needs help in choosing his high school courses and in making vocational plans). It is important, of course, for guidance personnel to work with others who are working with these children and to be aware of what others are attempting to do.

4) Follow-up. We should remember that referring a child elsewhere for treatment is not the end of our obligation to him. The temptation to "dump" these troubled and troublesome children should be guarded against. Guidance personnel should try to maintain contact with the agency to which the child has been referred (of course, the agency should try to work with the school, but it may be necessary for school personnel to take some of the initiative). It is particularly important to be prepared to help the child who is returning to school after a period of hospitalization or institutionalization. Instead of the architectural barriers which hinder the physically-handicapped youngster, there are invisible barriers which the emotionally-disturbed child needs our help in overcoming.



GUIDANCE SERVICES FOR THE PHYSICALLY
AND VISUALLY HANDICAPPED

Don Pickering

In the last few years little emphasis has been placed on providing guidance services for some of the "low incidence" handicapped students. This is probably due in part to the feeling that the physically handicapped child required a different, even "special" approach than would be normally used. How do you tell the blind eight-year-old boy that he can not be the command pilot of an airplane or even drive a car when he gets older? How do you assist the star athlete of the school through the adjustment period to a wheelchair following a severe car accident? Isolated cases yes, however, more and more of the severely handicapped students who have average or above intelligence are attending their own community school.

Earlier in the institute the parents of a cerebral palsied youngster presented a very typical story of the frustrations, concerns, and anxieties which they have experienced. I am sure the need of early guidance was seen far more accurately than might be presented here. The point which should be made here is that planning cannot begin too early.

The method which has been most successful is, of course, the team approach in establishing comprehensive guidance services. When one examines characteristics of the cerebral palsy it is not difficult to see why various disciplines can assist each other. Since cerebral palsy is a neuro-motor handicap resulting from a cerebral dysfunction and in many instances is associated with many other handicaps such as vision, hearing, and mental retardation as well as associated learning disabilities, staff could consist of medical, physical and occupational therapist, speech clinician, psychologist, social workers, in addition to all school personnel.

A trend has developed in this state as it has across the nation, that of blind students receiving part of their education in the public schools. Where local programs staffed by qualified teachers are not available young blind should attend the state residential school. This allows the development of early sound educational tools such as the use of braille which will be necessary throughout their lives. However, if the student wants and is able to profit, placement in the local school is recommended. This allows for continued growth and development with his seeing counterparts.

Since it is virtually impossible for guidance personnel to have more than a working knowledge of the different handicapping conditions in the area of special education it is recommended that a survey be undertaken to locate referral agencies and their services for assistance. In addition to local agencies, the following partial list of state wide services are available:

- State Services for Crippled Children
- United Cerebral Palsied
- Crippled Children's Society
- Facilities of University of Iowa
- Child Development Center, Hospital School, etc.
- Division of Rehabilitation - Education and Service
- Division of Special Education, Department of Public Instruction

The guidance counselor plays a major role in that early identification of need can be established. Contacts with parents and the various other services available can be brought into focus to provide in depth action.

GUIDANCE SERVICES FOR THE MENTALLY RETARDED

James P. Ziolkowski

For years, special class teachers who instruct the mentally retarded have essentially been forced to function as guidance counselors. Even at the present time most mentally retarded pupils in special classes within the public school structure in Iowa are not provided guidance services by qualified guidance counselors.

The denial of such services to the mentally retarded is difficult to accept since the basic framework upon which guidance services in the public schools is founded implies that all pupils have a right to, and a need for, some form of guidance service. Guidance counselors, as well as most educators, regard the guidance counselor as the center or key to guidance services within the school structure. It is inconceivable, therefore, that professionals holding to this belief can so readily turn over this responsibility to the special class teacher with regard to the mentally retarded student.

We contend that guidance programs are an integral part of a sound educational program. Special educators also contend that programs for the mentally retarded should also be considered an important part of the total school program. Unfortunately, many educators apparently do not share this belief as evidence by the number of special programs housed in previously abandoned country schools, the number of segregated, self-contained special classes, and the number of cases resulting in the denial of regular supportive service from which mentally retarded students can benefit and of which guidance service is an example.

How can programs for the mentally retarded ever be a part of public instruction if such services are denied as a regular policy and without consideration to the individual? The very fact that guidance services and all other supportive services which are vital to the total educational growth of all pupils are not freely available to retarded pupils labels them as "outsiders". Until guidance services, appropriate housing, adequate administration, and all other supportive and enrichment services rendered to regular pupils are freely and equally available to the retarded, special education programs serving the retarded will remain an educational entity rather than an important phase of the total educational system.

To determine how we can improve or extend guidance services for the mentally retarded, we must first focus on the causative factors contributing to the lack of such services.

There are probably many such factors, but the five most significant are:

1. Philosophical Indifference: While the administration and the guidance counselors of most school districts theoretically hold to a philosophy that all pupils are entitled to an equal and free education, in practice many of these "educators" restrict their school programs to those who can meet certain academic requirements. Some of these "educators" firmly feel that the mentally retarded are the responsibility of welfare rather than education.

2. Geographical Location: In many cases, supportive services such as guidance services are not available to mentally retarded pupils simply because of the location of the class. If a special class is housed in a "country school" or in another segregated facility, the possibility of getting the guidance counselor to extend services to the pupils housed in such facilities is slim.

Generally, the greater the distance between the schools, the greater the segregation and denial of supportive services.

3. Feelings of Inadequacy: In some cases, guidance services are not available to the mentally retarded because the counselor feel unprepared to deal with such a child. In cases such as these, the counselor frequently does provide consultative service to the teacher, but generally does not extend direct service to the pupil.

Generally, such feelings are unfounded since mentally retarded pupils will respond to the same general guidance techniques as do "normal" pupils. While certain considerations should be given to the learning characteristics of the mentally retarded in a guidance program the basic concepts and principles of guidance apply to the mentally retarded.

4. Personnel Shortage: Probably the greatest single factor affecting the availability of guidance services to mentally retarded students is the shortage of personnel. As in most specialty areas in education, the college preparation programs are unable to keep up with the growing needs of the school systems. The area of guidance is no exception. For example, the average pupil load of counselors presently functioning in the schools in Iowa today is approximately 350 pupils to one counselor. The recommended maximum pupil-counselor load is 300 to one.

Guidance services for the mentally retarded are vital to their successful adjustment to a society. As previously mentioned, guidance services for such pupils should be provided through the regular school guidance program. The counselor should assume the responsibility to coordinate guidance services that may be provided by other personnel including the special class teacher. School boards must employ ample guidance personnel to accomplish this.

A very brief overview of the field of mental retardation is provided in the remaining portion of this article.

Mental retardation means different things to different people. To some, the mentally retarded child is a "dumbbell", to others he is a "little devil", but to the school personnel he should be regarded as a special person with a special problem. The official definition accepted by the State Department of Public Instruction as proposed by the American Association on Mental Deficiency reads as follows: "Mental retardation refers to the subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adoptive behavior."

In terms of this definition "sub-average general intellectual functioning" refers to performance which is greater than one standard below the population mean on an approved individual test of general intelligence administered by an approved examiner.

Developmental period refers generally from birth through 16 years. Impairment in adaptive behavior is generally reflected in three areas; maturation, learning, and social adjustment.

Before a child can be placed in a special class, a thorough diagnosis of the child is required. This means that psychological, social, personality and educational achievement information must be collected. Such information may be collected from various sources. However, the school psychologist must assume the responsibility to personally collect the psychological data and obtain information in the other areas from psychologists, doctors, parents, teachers, and peers. Upon collection of this data, the school psychologist must obtain information concerning the medical aspects of the child's problem as well as determine the nature of hearing, vision, and speech as it relates to the child's inability to learn.

The chart in appendix presents the AAMD classification and the present school classification. Note the bell shaped curve and the distinction between the classification proposed by the AAMD that indicates what currently represents the basis for school programs for the retarded. This is an area that indicates some concern. Originally, the term educable applied to a group of pupils who scored approximately between the 75-50 I.Q. range. As time progressed and special education began to prove itself, the upper limits for placement into such programs were raised permitting pupils with I.Q. 79 to be placed in the educable program at the will of the school administrator and the school psychologist. To further complicate this situation, a provision called the "waiver procedure" was initiated which permitted the placement of students with I.Q.'s above 79 in the educable program at the request of the school administrators and upon recommendation of the school psychologist. Such waivers were issued on an annual basis. The result of this growth or movement has created a monster that we call educable programming.

To alleviate this problem, a noticeable interest is being given to the establishment of an area or phase of programming that could be labeled "developmental" in terms of the school classification or "borderline" in terms of the AAMD classification. Such a program would provide a merger between the so-called regular and the special education programs. This merging would provide the missing link for an open ended school program which could allow movement of students from one level to another as based on needs and abilities.

TO IMPROVE OR DEVELOP GUIDANCE SERVICE FOR THE MENTALLY RETARDED

It is important for school administrators and guidance counselors to visualize the total secondary school program as it relates to handicapped individuals. The chart presented on the following pages of this publication offers a schematic representation of a total school program that includes programming for handicapped pupils. The following discusses the various aspects of school programming for the handicapped as presented on the chart.

TOTAL SCHOOL POPULATION

Emotionally, physically, and culturally handicapped pupils should be found at all levels of the total school program. The pupil's emotional, cultural, or physical handicap in itself should not be used to determine the program for which he is best suited. The assignment to the most appropriate level of instruction should be based on the achievement and

intellectual potential of each pupil as determined by individual psychological and group achievement examinations.

SUBJECT DISCIPLINES

Pupils placed into the various levels should be provided programs in the basic curricular areas that are designed commensurate with the pupils potential. Each program should utilize different methods and should have long range objectives that are different than those of the other levels of instruction.

Pupils diagnosed as mentally handicapped may be assigned to either the borderline, educable, or trainable phase of the school program. Any pupil showing varied ability may move from one level to another depending on his ability in the various curricular areas and the progress he makes in the level originally assigned.

ENRICHMENT EXPERIENCES

The term enrichment is used to describe the school experiences that reflect broad areas of living useful to any pupil regardless of academic or intellectual ability.

Some pupils may incorporate the enrichment experience into their specific vocational training which may, in essence, be a basic or vocational subject. To others, these experiences may serve only as a means to a successful social adjustment.

Opportunities should be provided for pupils assigned to the borderline, educable, or trainable groupings and those with other handicaps to flow into areas of enrichment based upon the individual's functional ability, progress, and adjustments.

SUPPLEMENTAL SERVICES

Services in addition to actual classroom instruction but valuable in assisting pupils make optimum adjustment to school, home, and community, are considered supplemental services. Related services of this nature should be available through both the school and the community and are provided to all pupils based on his individual need.

Supplemental services can be made available on a district or community basis or can be provided through a county or merged county agency.

VOCATIONAL EDUCATION

All pupils should be exposed to some form of vocational education. Since there is wide variance in the vocational potential of the pupils in the school structure, a varied vocational education program is necessary.

The content of the vocational program should develop the pupil's skills so he can make satisfactory adjustment to the vocational level for which he is best suited.

Pupils assigned to the borderline and educable levels can benefit from some of the regular vocational education courses. Special vocational education courses for educable and trainable pupils who have potential for future sheltered employment should also be available. Diagnostic and

evaluative services to determine the suitability or need for this direction can be provided by the rehabilitation counselor.

Responsibility for vocational education is generally a function of the school. However, in many cases other community agencies also have delegated responsibility for vocational training, education, and evaluation. In such cases, schools and agencies should work cooperatively to provide the best possible program on a shared basis.

VOCATIONAL ADJUSTMENT

Each level of instruction has a vocational goal. The sequence of vocational adjustment ranges from professional to basic activity.

Regardless of the intellectual ability, the school graduate should have the potential to be placed at a level of employment within this sequence.

If the school program is oriented toward vocational training for all students, each child will make satisfactory adjustment to some form of work.

The characteristics commonly associated with mental retardation and affecting the learning process should be known by the guidance counselor as these characteristics may also affect the success of the guidance counselor services offered them. Listed below are characteristics that should receive consideration by the counselor along with the modifications that may be necessary to effectively guide the retarded. It should be pointed out that the following are general characteristics and that a child may exhibit all or very few of the characteristics and in varying degrees.

<u>Characteristics</u>	<u>Modification</u>
Difficulty perceiving abstract concepts.	Use concrete concepts; break down concepts into parts; use practical examples to emphasize concepts.
Short attention span	Sessions should be brief and to the point. Variety of techniques should be applied to maintain interest and control.
Requires repetition.	Frequent contact in short sessions may be necessary. Variety of techniques directed toward one objective may be necessary.
Tends toward either aggression or withdrawn behavior.	Techniques must be adjusted toward the nature of the child's behavior tendencies.
Craves attention.	Child may visit the counselor just to say "hi." Be prepared to accept the child and direct the visit toward a guidance objective.

Lacks organizational skills.

Counselors must use a systematic technique toward developing the child's awareness toward organization, starting with simple requirements and moving toward the more complex skills or organization.

Tends to devalue self-needs security.

Continual failure destroys the retardate's self image resulting in devaluation of self worth. Realistic appraisal of his potential and value can be fostered by an understanding counselor.

Lack ability to form associations in the learning process.

The counselor should assist in the formation of associations to promote recall of important concepts. He should utilize such techniques as the case study approach, concrete clues, fiction stories, and jokes to promote the formation of the necessary association.

Tends to be overly sensitive.

Counselors must be prepared to cope with the extra sensitiveness of the retardate to determine the appropriate techniques to be applied. Once the counselor is aware of the child's feelings, he may utilize the various sensitivities to achieve desirable objectives.

While the basic content of the presentation has been directed toward encouraging the provisions for guidance services for the mentally retarded in the form of direct service, there are continuous types of services the guidance counselor can provide within the school structure that will assist the cause of mental retardation and the philosophy of integration. These are: (1) the guidance counselor plays a significant role in establishing and maintaining proper attitudes among the student body. Probably no other staff member has the opportunity for direct one-to-one pupil relationship to other faculty members as does the guidance counselor. Probably no other staff member has a direct relationship to other faculty members as does the guidance counselor. In this position, therefore, the guidance counselor can influence the attitude students have toward the mentally retarded children on the campus, the attitude other teachers have regarding the special class teacher and her pupils, and the attitude the administrators have regarding the policies governing programs, housing, and the like. The role, therefore, of the guidance counselor in promoting mental retardation for a realistic concept among the student body and the faculty members is of great importance.

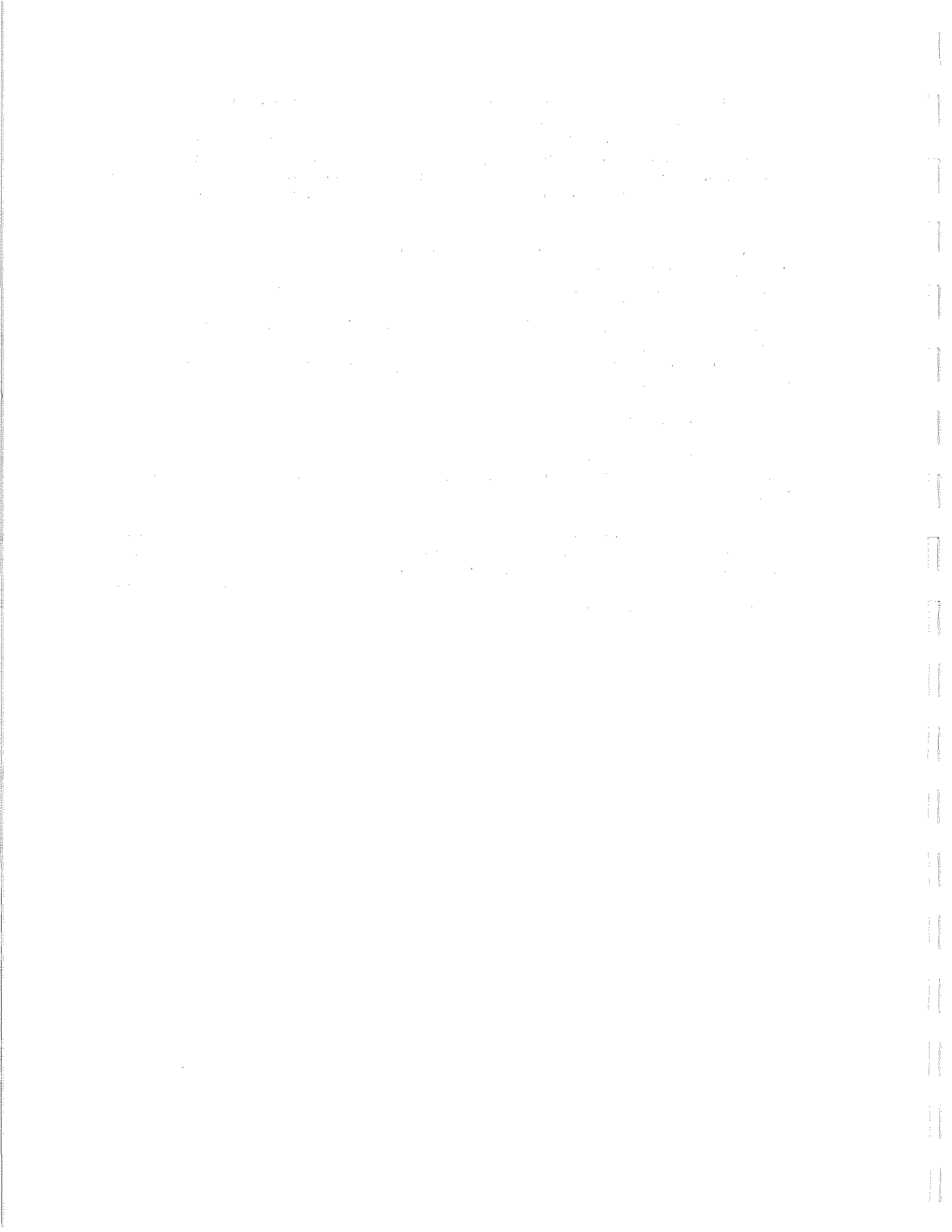
Guidance counselors should be familiar with the goals and objectives of the special education program and be prepared to provide information to the pupils, teachers, and the administration that could improve the relationship between mentally retarded pupils and the total school structure.

(2) One of the greatest problems facing the development in special education throughout the country is the shortage of adequately trained special education personnel. Because of the nature of the counselor's job, he frequently has opportunity to discuss vocational and occupational planning with students. The guidance counselor can assist in the recruitment of special personnel by providing career opportunity information in the specialty areas.

(3) The guidance counselor has the responsibility to counsel with the parents of the mentally retarded. The parents who happen to give birth to a mentally retarded child have no preparation for the task of rearing such a child. Such parents are continually faced with problems not encountered by parents of a normal child. Parents of children enrolled in special education classes within a school structure should feel secure in knowing that they can seek guidance from the guidance personnel employed by the schools.

(4) The guidance counselor should assume the role of a resource consultant for special class teachers. Not only can they provide information that would be helpful to the special class teacher, but they can demonstrate the application of counseling techniques through group dynamics.

In summary, mentally retarded pupils should be considered a part of the total school body and should be eligible to all supportive services available to regular pupils. The school nurse generally has demonstrated equal concern for students by extending services to all children regardless of intellectual ability. We feel the guidance counselor should do the same.



THE DISADVANTAGED PUPIL - WHAT IS HE?

James Bowman

The challenge of the disadvantaged child is indeed a formidable topic. The various euphemisms used to describe the disadvantaged child range from the culturally deprived, the socio economically deprived, the black child, the poor child, the minority group child, and indeed the handicapped child and many others. Characteristically the disadvantaged child is beset with many deficiencies from the physical, physiological, psychological, social, emotional and other standpoints. More often than not, when we speak of the disadvantaged child, we are thinking of the child deprived of the same opportunity for healthy growth and development as is available to the vast majority of the other members of the large society in which he lives. More specifically, the public schools feel, for the most part, that the child of the most serious concern is the child born into a poor family, most of whom ultimately drop out of school and most of whom reject traditional school programs. The disadvantaged child is you or me given a different set of circumstances. I point this out to suggest to this group that the set of conditions to which I refer are no farther away from any of us than one or two missed or unoffered opportunities or a slight restructuring or the prevailing conditions. The experiences of many suggest that one thin layer of skin can often make the difference.

There are certain psychological and physiological phenomena that are rather clearly delineated in a recently published volume entitled, "The Disadvantaged Child". The publication is by Bernie Straub and Jerome Halmon, C 1967 series of Special Child Publications. Some references to this volume tend to characterize the disadvantaged child as one influenced largely by improper child rearing methods that often result in the extremes of maternal deprivation which affects physiological growth and distortion of motor development, occasionally permanent impairment of personality formation and even death. They are also considered high risk babies, which are pretty much common among the poor. There is a greater rate of prematurity than there is in the general population. Much of this, of course, has resulted from inadequate prenatal care. And then, such children often are the offsprings of families who are given to what is considered "magical thinking", which more often not results from the feelings of helplessness and frustration that are occasionally dealt with by disavowing of the present set of facts or circumstances. A given example is not wanting that which we feel we may be unable to obtain. Also, another good example is the lack of acceptance of the unwanted pregnancy though the fact is evident. Another characteristic alluded to in this volume is the concept of dependency, such as striving for direct gratification of dependent needs and the relative inability to meet the needs of others; for example, those of a child. Children from low class families are often affected by inadequate mothering relationships because the mother is so overwhelmed by her own needs she feels incompetent or unable to meet the needs of the child. Sadly enough, there are those among us who are quite prone to suggest that such a mother "does not really care" what happens to a child. I would submit to you that this is often a serious miscalculation as it regards the poor. Most poor mothers do have every bit as much concern for their child as mothers in better social-economic strata. Their expression of love might be far too seldom or it might be unique and different. However, their concern for the young is indeed there more often than not.

The disadvantaged child as an infant is felt to often fall victim to inadequate perceptual stimulation, resulting, perhaps, from being left in the crib for long periods of time with nothing but a depressing set of conditions and cracked walls to look and the absentee mother who is caught up in the demands of other children or responsibilities of the family that results in a level of neglect to the child. This often affects the process of selfawareness which is considered to be mediated through the differentiation of oneself from his environment. It can lead to retardation or distortion on the basis of perceptual as well as personality dysfunctioning. On the other hand, the slum child is said to live in a set of conditions with a lot of noise and with a lot of people coming and going and other such conditions as shouts and continuous operation of the TV, stereo, or other kinds of vocalizations and sounds as to result in his learning to block out certain kinds of stimuli.

There are many other factors that affect the growth and development of the slum or the disadvantaged child from the psychological and physiological standpoint, resulting in unusual attitudes toward authority and diminution of the development of verbal skills. Probably one of the more important characteristics developed of the lower class slum child is copability. Copability, of course, is a kind of survival technique that the slum child develops as protection against violence of his environment just as he can block out noxious stimuli of his slum environment, he develops system of controls that can be applied for his own survival. He can usually play in heavily traveled streets, he knows how to deal with drunks, he knows how to deal effectively with the police at a very early age, and perhaps as important as anything, he develops strong perceptions about the establishment; and a lot of the time this results, of course, in his being diametrically opposed to the establishment or any arm of it. The school, more often than not is considered an arm of the establishment.

I was asked to make mention of some of my experiences working in the Southeast Bronx, New York City, in the year 1963-64, while at NYU. It has been interesting to me that Dan Kroloff, like many others have probably forgotten that this experience was four years ago now and the details of many of the things that occurred to me while working there are sort of dim memories other than the children which I do remember very vividly. Probably every bit as important as the contact I had with the largely Puerto Rican and Negro section there as a field work experience at New York University was the preparation we got prior to going to work in this high school of 3300 predominately slum population.

The experience was supposed to be related to serving what we loosely call disadvantaged or slum children. As a member of a minority group myself, I think probably I may have had some previous disposition toward wanting to help children quite like those with whom I was raised and those that I much of the time thought had great potential that far exceeded my own, only to find out upon achieving manhood that some of these same persons are no farther along than they were in the 30's or 40's, having been stifled or defeated by the establishment or the system. So, it is my own feeling going into this that there must be ways by which we can look at the set of conditions and determine ways by which to help people rather than to have this country go in want for undeveloped talent that is there! This, by the way, was the name of one of the more important seminar courses that we experienced, Problems of Undeveloped Talent. The upshot of the entire course was based on the fact that the use of the human cerebrum in performing mental tasks, academic or otherwise, of the nature common in our

world today is but minimal in terms of the ability of this organ to cope with adaptive responsibilities of an exceedingly more complex world of the future. So, it would be assumed that mental processes, even in our so-called slow learner, (barring brain damage and other physiological disorders) should be developed well beyond what we are able to accomplish today if we could just find ways to do it. We further assume that if this be true, that it might be possible if we could manipulate environmental and other kinds of conditions for every child to achieve, let's say, 160 IQ. I certainly know that antennas will go up all over this audience with the mere mention of this great anachronism. But whether this be true or not we proceed on this assumption that each child had the potential to develop, let's say 160 IQ. Now it is indeed amazing how one views his changes if you can truly believe that this is indeed a possibility providing significant persons in the lives of children; such as, counselors, teachers, parents and members of the extended family who are able to maneuver and manipulate environmental and other kinds of circumstances to the degree that a great part of this phenomenon is indeed a possibility.

Coupled with this somewhat questionable approach to dealing with disadvantaged children was some extended sensitivity training for personnel involved in this overall effort; training, of course, would lead to a greater awareness of one's needs, one's motives and how one communicates or comes through to others. This entire package resulted in our developing a kind of dedication or commitment to the idea that the impossible perhaps was possible. An ingredient that would certainly revolutionize public education today if we would establish this as an acceptable concept. Even in our own community we could hear the statements by professional educators suggesting that certain of our youngsters are so limited in their ability to jump through the hoops that we have set up for them that it is a waste of professional talent and time to even bother with "those kids." The lack of enthusiasm on the part of many of our educators who work with the disadvantaged to me is perhaps the most serious indictment of public education and the profession. I would suggest that our entire educational establishment is guilty of neglect in this category for the following reasons:

1. There is considerable evidence to support the notion that is espoused by J. McVay Hunt in Intelligence and Experience, which suggests that the degree to which we are able to regulate or govern the encounters of children with their environment will have a considerable amount to do with their development of intellectual processes. So we are saying, in effect, that if given a healthy set of equipment, most children can develop intellectual processes that far exceed those we are able to develop under present conditions and efforts.
2. There is little evidence to support the notion that there are racial differences in our children's abilities.
3. Increasingly, studies suggest that teachers' expectations along with certain skills are major factors in the learning process for children.

So it would seem that herein lies a challenge of the disadvantaged child to educators. I made reference some time back to the fact that we were all guilty or remiss in terms of the attitudes and feelings which we bring to dealing with the phenomena of the disadvantaged. I suggested also that in my own experience in New York City in dealing with this category that we made certain assumptions, be they valid or invalid; so the message that I would hope to bring to you today would be something like this.

It has been evident for some time that our teacher training institutions have not seriously addressed themselves until just very recently to the problem of training teachers to serve the total population. More recently it was gratifying to learn that many of our institutions, including Drake University, have begun to design courses that focus on the problems of the disadvantaged. Certainly it is important to have the professional preparation of a teacher involve as complete an understanding as possible of the socio psychodynamics of the various sub-cultures of this and other metropolitan areas of this country. The myriad forces acting on the lives of these children; such as, law enforcement agencies, welfare agencies, the ghetto conditions in which many of our children live, the depressing environment which communicates to the child that he is zero, the unemployed male or absent males in his midst and the completely decimating physical surroundings in which he finds himself make this a different world, indeed, for him than for his middle-class counterparts. Having been raised in this city within one block of Slinker School, I would suggest to you to drive casually through this most depressing neighborhood with its dilapidated housing and its foreignness to what most of us are accustomed to seeing when we get up in the morning. Now take a child who sees this kind of situation in the morning or wakes up to view the dirt roads of our southeast bottoms, or the impacted situation in the area of our Forest Hills or Walnut Hills area, add to this the condition of being black and therefore different, again think in terms of the meals composed of commodities from the welfare office and one has a different kind of child than that for whom he is trained to teach in the traditional teacher preparation program. Numbers of these children in schools result in the labeling of schools as being a target school or undesirable school as opposed to the good and more acceptable institutions of the farther reaches of the city. So I would submit to you that everything about the life of a child in these conditions communicates to him and to those who serve him that the cause is indeed a lost one and he is not likely to result in anything of real worth. One can easily be lead to believing that those who inhabit this kind of situation live under such conditions almost deserve what they have because "if they were really initiative, they would pull themselves up by their boot straps and both escape the conditions and resolve a certain amount of their difficulties. I would submit to you the Horatio Alger conditions of some years past are no longer in existence and that the pulling of oneself up by ones bootstraps is indeed a much more formidable task today than existed a generation or more ago. In addition, I would submit that the condition of race merely compounds the difficulty of the situation. This unaccepting world in which we place this child can be often reinforced by an unaccepting teacher or an unaccepting school. Probably one of the most depressing remarks I have heard in my years in this city as an educator was from a school principal who told me that our children do pretty well considering conditions under which they live and who they are. The statement, of course, had a measure of truth in it, but it also communicated to me that no more was expected of these children than they were presently able to obtain under the existing circumstances at that school. It communicated, indeed, a lack of commitment to intervene and meaningful ways that would reverse this cycle of poverty and deprivation for these children who so desperately need to break this cycle. It omitted the desire to involve the families of these children to the extent that we need to in order to reinforce the efforts of the school and the home to the degree that is vitally necessary. And more important, it suggested to me on one hand a lack of acceptance of the fact that little was to be expected of them. Needless to say, it is little enough to condemn the educator, but more especially important that we condemn the system which

allows any of us to look upon human beings as not deserving the best of our efforts and the highest of our expectations.

So it would seem that it will become increasingly the responsibility of our teacher training institutions to sufficiently prepare the beginning and in-service teachers to understand the dynamics of the ghetto and to understand the culture of poverty to the degree that we can enlist teachers to address themselves seriously to this problem with a Peace Corps type of commitment that is so vitally necessary to its solution. Teachers need sufficient support and preparation from the college and public school level to make a meaningful impact on this problem. Secondly, the public school, from the Board, Superintendent, administration, on to the beginning teacher, must be committed to this notion that meaningful change in the lives of children is possible as well as vitally imperative. There are directions for some groups in the East to take the public schools away from the wilderness. It is their feeling that the lack of genuine concern on the part of the establishment as it regards the disadvantaged and ghetto child has resulted in a decimating effect on that child's desire for education and his inability to acquire it. Indeed the notion of equality in educational opportunity today is one of the more vital issues of our time; and for us as educators, it is important that we recognize that there are many who question the ability of the schools to provide quality education for all. Black Power! What youngster wouldn't want a power concept?

It is indeed interesting that this whole category of children has gone largely unnoticed by professional teacher organizations as have the federally sponsored programs, designed to meet special educational needs of these children. It would seem quite appropriate that the professional organizations would begin to pick up the challenge of the disadvantaged to the degree that they would charge memberships with the responsibility of attacking and resolving this problem in public education. This would seem imperative in response to those who question our ability to seriously meet the challenge of the disadvantaged.

Since this conference is concerned with guidance services for these children, I should make mention of the fact that the role of the counselor as it relates to the disadvantaged might indeed be a changing one as it relates to this category. I would submit to you that the counselor who views himself as providing college information and scheduling courses for college bound youngsters has never been appropriate for the disadvantaged. He might find himself of much greater service to both teachers and students if he could become more seriously concerned with the same forces alluded to earlier in this message that affect the lives of these children and the limited opportunity structure that faces them, both within and without their own environment. Secondly, they might be of greater service by planning and providing in-service institutes and meetings for teachers concerned with the dynamics of the disadvantaged, acting not as an authority but as a resource for these sessions. Thirdly, rather than sitting in his office and practicing what can often be seen as low level psychiatry, it may be worth it to do a little home visiting and become more familiar with the parents of children who do not come before their tenth grade conference. Fourth, and perhaps as important as any, is the expanded development of the group conference involving psychological, social work, instructional and guidance services. It has been my experience to find that the role as counselors we too often spend most of our time talking to other counselors rather than applying the inner disciplinary approach to the resolution of problems.

In conclusion, I would like to offer the following suggestions, perhaps in the form of a challenge to us all today. First, I sincerely believe that we as educators must explore new concepts in education in the use of paraprofessionals for home visitation and total involvement in neighborhood people in the educative process, not in menial roles, but in meaningful roles to demonstrate our increased and continuing concern for children in all categories. Secondly, we are indeed in search of more educators who want to seek the target population or disadvantaged population and be adventurous enough to explore new ways of serving people in general and children in particular. We need more expansion on the team teaching approach and the use of programmed material and much innovation in methodology. I have long felt that there is nothing sacred about a 1 to 15 or 1 to 30 pupil-teacher ratio. So it would seem that all of us as counselors and teachers must begin to redefine our roles in terms of how to get the job done rather than reinforcing our firm grip on the past and being concerned about not rocking the boat. Three, and every bit as important as any of the others, is the demand for greatly expanded in-service opportunities for teachers. The new Educational Professions Development Act will certainly move us rapidly in this direction but it is my sincere hope that we as educators, counselors, psychologists, social workers and others will begin to employ more fully the inter disciplinary approach or mix as its often called, rather than this old business of elementary separated from secondary, psychological separated from social work and professionals separated from paraprofessionals. There is certainly enough work of a monstrous task to demand the talents of all who wish to help. Thank you and good-day.

SOME VIEWS ON CURRENT TRENDS IN GUIDANCE

Stuart C. Tiedeman

While it is difficult (and dangerous!) to attempt to predict what "will be" in the area of guidance and counseling, the following trends and conditions give us a few clues as to "what's in the offing - (in some cases far away; in others just around the corner)".

1. Guidance will become a bigger and more "respectable" part of the total educational enterprise as more people recognize the critical need for counseling to help youth adopt to and live with a rapidly changing world.
2. Counseling and guidance will be better integrated with other school services and program, i.e., psychological, social and health services; special education for the gifted and the handicapped; etc.--to create a genuine pupil personnel services team.
3. Certain counselors in each school or school system will be given responsibility as "specialists" or consultants in specific areas, such as career counseling and educational counseling, in which the rapidity of change and the large amount of material that must be "mastered" makes it extremely difficult, if not impossible, for every counselor to "keep up".
4. There will be a sharper and more realistic definition of the role and function of the school counselor to differentiate him more clearly from the social worker, the psychologist, the psychometrist, the teacher, and the administrator (not to mention the secretary, the clerk, the substitute teacher, and the custodian!). This will lead to a more effective and efficient use of the counselor's professional skills.
5. Potential counselors will be more carefully selected and more adequately prepared for their jobs by:
 - (a). application of more refined selection procedures; and by
 - (b). increasing the breadth as well as the depth of the counselor education program to include more psychology, sociology, anthropology, child development, and economics. These changes, plus more time devoted to practicum and internship experiences, will require a minimum of 2 years of graduate work before full certification for counseling is achieved. Counselors will need to "know more" about things in order to do their job effectively. More stress will be placed upon the "why" and upon the "how" of counseling.
6. Counselors will be expected to have or acquire on-the-job experience in business and industry to make them more effective in providing job assistance to the non-college bound youth, the deprived, the handicapped, and the disadvantaged.
7. More occupational information will be made available specifically for girls, the handicapped, and the disadvantaged. Occupational materials will be made more usable by improving its "readability", its interest and its relevance to various groups and individuals.

8. More use will be made of counselor aides, group activities, computers, data processing, and electronic information retrieval systems to free the counselor from busy work and give him more time to practice his profession--counseling!
9. The junior high school age student will be recognized as having special, unique guidance needs, thus giving rise to a junior high school guidance program which will more adequately "fit" the requirements, needs, problems, and goals of the pre and early adolescent.
10. It will finally become obvious to all concerned that merely employing counselors in a school does not make a guidance program. It requires total involvement of teachers, students, administrators and other specialists to develop the necessary philosophy, guidelines, and goals to make it function effectively.
11. Guidance will continue to move both "up" and "down" the educational ladder--into the elementary school (or even below) and into the area of adult education. Retirement counseling will come into its own. Pre-school programs will utilize the elementary guidance staff as part of a team of psychologists, social workers, nurses, pediatricians, dentists, and allied professional workers, to examine incoming pupils, seeking indications of potential difficulty in physical development, social adjustment, perception, and readiness for learning. Parental (family) counseling will take on greater significance, as the school and the home become more intimately involved in the total guidance of the child.
12. Diagnostic techniques will be refined and more use will be made of them in the primary grades for early detection of incipient problems.
13. Greater efforts will be made, through research, to "prove" that guidance and counseling are necessary and effective in helping the school achieve its overall objectives.

INSTITUTE CONCLUSIONS:

1. Counselor's role includes providing services to every area of exceptionality. Without exception - each speaker emphasized the fact that every child is entitled to these services.
2. It is concluded that guidance personnel should play a direct role between the student and other pupil personnel workers. Some of the effectiveness of the services is lost if the counselor refers but fails to remain the active agent in the case. This position is due in part to the fact that guidance personnel remain in the school while other pupil personnel workers may be itinerant.
3. Guidance workers need to know, relate to and work directly with the various community agencies set up to serve handicapped children. To the degree that these relationships are effectively developed - will the counselor find their services helpful in meeting the guidance needs of all students.
4. There was general agreement among both the presenter and the participants that needs of the handicapped students could be identified. There were obvious differences in how and to what extent it should be done. Some common understandings may have been retarded because dialogue was discouraged.
5. Every presenter offered ways for improving and adopting guidance services to the handicapped person. This total acceptance of guidance by the other disciplines may have a shock to some. There appeared to be a romance flaring where only a dialogue was thought to be developing. It would appear from the remarks made that the model program develops - that the counselor will be directly and centrally involved in the services provided the handicapped child in both the school and the community.

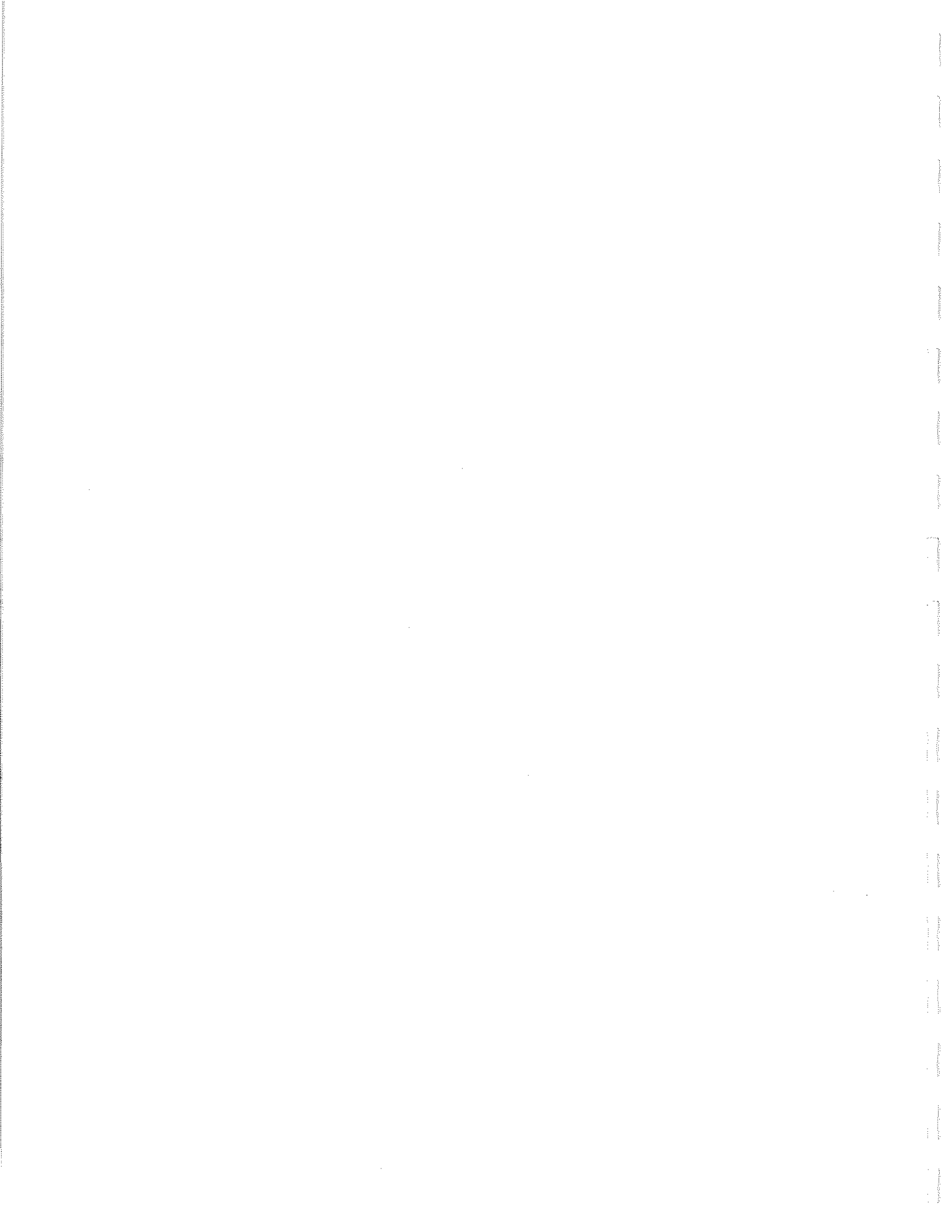
OTHER CONCLUSIONS AND REFERENCES

6. Guidance training institutions need to review their requirements to encourage greater counselor understanding and competencies; in:
 - a. breadths and depths of the various areas of exceptionality.
 - b. referral agencies and how to deal effectively with these helping organizations.
7. The team work concept needs to be expected, encouraged and practiced at every opportunity so it becomes fact rather than fantasy.
8. Though the guidance and educational needs are being met for many children - there are still thousands in Iowa who are not having their needs met as well as the group expects. This is to say the job is well started but needs to grow, become better perfected and directed downward to the elementary and preschool level.
9. Parents of the handicapped need guidance before the child is of school age and certainly as he progresses in the educational system. Much parental counseling is indicated here.

- 10. Organizations and service agencies are willing and anxious to offer guidance to handicapped children through the school. Understanding the working relationships, personnel shortages and job load may prevent effective guidance practices.
- 11. Schools have the responsibility to help each child (student) to take his next step forward.

12. The school should be a center of information and resources for the community. It should be a place where the community can find help and support for its members.

APPENDICES



INSTITUTE AGENDA

MONDAY, FEBRUARY 12

<u>Time</u>	<u>Area</u>
8:30	Registration - Administration Building, Drake University
9:15	Opening of Institute -- Mr. Dan Kroloff
9:30	Greetings -- Dr. Alfred Swartz, Mr. Drexel Lange, Mr. Richard Fischer
10:00	Purpose of Institute -- Dr. Howard Traxler
11:00	Guidance Programs in Iowa -- Mr. Giles Smith Present and Future
11:45	Luncheon - Solar Room - Hubbell Dining Hall
12:30	The Team Approach--Fact or Fiction -- Mr. Paul Vance
1:00	Pupil Personnel Services and Its Relationship to the School Guidance Program -- Mr. Drexel Lange, Chairman
	Psychological Mr. Frank King
	Social Work Mr. Larry Pool
	Health Mrs. Fay Cleary
	Speech & Hearing Mr. J. J. Freilinger
	Remedial Miss Lucretia Story
3:15	Coffee
3:30	Referral Agency Services and Their Relationship to the School Guidance Program -- Mr. Jerry Starkweather, Chairman
	Rehabilitation Mr. Harlan Watson
	Employment Mr. Ed Kelley
	Welfare Mr. Ross Wilbur
	Community Mrs. Marguerite Cothorn

TUESDAY, FEBRUARY 13

8:15	Breakfast - Middle Dining Room, Holiday Inn South
8:45	A Parent's View in Providing for the Academic, Social and Vocational Needs of His Child -- Mr. & Mrs. Larry Hutchison
9:15	Identification, Characteristics, and Guidance Needs of Handicapped Pupils -- Mr. Frank Vance, Chairman
	Emotionally Disturbed Dr. Beth Stone
	Specific Learning Disabilities Mr. Frank King
	Physically Handicapped Mr. Don Pickering
10:30	Coffee
10:45	Mentally Handicapped -- Mr. James P. Ziolkowski
11:45	Luncheon - Middle Dining Room
12:30	The Challenge of the Disadvantaged Pupil -- Mr. James Bowman Who Is He?
1:15	Group Work (Assigned)
2:00	Buzz Session Dr. Howard Traxler, Chairman Mr. Drexel Lange Mr. Frank Vance Mr. Giles Smith

W E D N E S D A Y, F E B R U A R Y 14

8:30 Announcements -- Mr. Dan Kroloff
8:45 Examples of Guidance Programs -- Report from the field
10:15 Coffee
10:30 A Model Guidance Program -- Guidance staff
11:45 Luncheon - Middle Dining Room
12:30 The Need for Vocational Education for Handicapped Pupils --
Mr. Dan Kroloff
1:00 Current Trends in Development of Guidance Services in Elementary
and Secondary Schools -- Dr. Stuart Tiedeman
1:45 Conclusions and Summary -- Dr. Howard Traxler
2:30 Adjournment

P R O G R A M P A R T I C I P A N T S

Institute Director

Dan Kroloff, Consultant, Vocational Education for the Handicapped
Iowa State Department of Public Instruction

Institute Coordinator

Howard W. Traxler, Ed.D., Associate Professor of Education
Drake University, Des Moines, Iowa

James Bowman, Coordinator of Federal Programs, Des Moines Public Schools
Fay Cleary, Consultant, School Health, Department of Public Instruction
Marguerite Gothorn, Associate Director, Community Planning Council
Erik Eriksen, Consultant, Guidance, Department of Public Instruction
Richard Fischer, State Director, Special Education, Department of Public
Instruction
James Forsyth, Consultant, Guidance, Department of Public Instruction
J. J. Freilinger, Consultant, Clinical Speech Services, Department of
Public Instruction
Larry Hutchison, Assistant to the Managing Editor, Des Moines Register and
Tribune
Edward Kelley, Selective Placement Supervisor, Iowa Employment Security
Commission
Frank King, Consultant, Psychological Services and Specific Learning Dis-
abilities, Department of Public Instruction
Drexel Lange, Associate Superintendent, Pupil Personnel Services, Department
of Public Instruction
Don Pickering, Consultant, Visually and Physically Handicapped, Department of
Public Instruction
Larry Pool, Consultant, School Social Work Services, Department of Public
Instruction
Munro Shintani, Ph.D., Special Education Curriculum Development Center,
Department of Public Instruction
Giles Smith, Chief, Guidance Services, Department of Public Instruction
Jerry Starkweather, Director, Rehabilitation Education and Services
Lucretia Story, Staff, Drake University
Alfred Swartz, Ph.D., Dean, College of Education, Drake University
Stuart Tiedeman, Ph.D., Professor of Education, Drake University
J. Frank Vance, Assistant Director, Special Education, Department of Public
Instruction
Paul Vance, Assistant Professor of Education, Drake University
Harlan Watson, Chief of Casework Services, Rehabilitation Education and Services
Ross Wilbur, Director, Family and Children Services, Department of Social
Welfare
Windol Wyatt, Associate Superintendent, Vocational Education, Department of
Public Instruction
James Ziolkowski, Consultant, Mentally Retarded, Department of Public Instruction



Institute Trainees

SCHOOL ADMINISTRATORS

Richard Armstrong
Keosauqua, Iowa

Van Buren Community

Leonard Crawford
305 North Lincoln
Mt. Ayr, Iowa

Mt. Ayr Community

John Dulin
804 Brookside Drive
Audubon, Iowa

Audubon County

GUIDANCE PERSONNEL

Harold Brown
John Adams Junior High
Mason City, Iowa

Mason City Community

William Britson
116 South Tenth Street
Marshalltown, Iowa

Marshalltown Community

Ronald Sterrett
3905 - 83rd
Des Moines, Iowa

Saydel School

Donald Tupper
1001 Harrison Street
Davenport, Iowa

Davenport Schools

Myron Varley
1209 North 16th
Clarinda, Iowa

Clarinda Community

Donald Eades
504 Taylor Street
Ida Grove, Iowa

Ida Grove Community

Donald Bloss
1001 Harrison Street
Davenport, Iowa

Davenport Community

Richard Eichacker
2320 Royal Drive
Cedar Falls, Iowa

Bremer County

Charles Hillgren
1010 Iowa Street
Sioux City, Iowa

Sioux City Community

Merle Houser
Centerville, Iowa

Centerville Community

William Pratt
216 Glen Drive
Iowa Falls, Iowa

Iowa Falls Community

Dallas Hannah
R. R. #1
Corning, Iowa

Corning Community

Charlene Linderwell
712 First Street S.E.
Independence, Iowa

Independence Community

James McNeal
1129 Duff
Ames, Iowa

Ballard Community

Mary Veline
Osage High School
Osage, Iowa

Osage Community

SPECIAL EDUCATION PERSONNEL

Richard Jordan
1607 West Main
Marshalltown, Iowa

Marshalltown Community

Michael Mitchell
R. R. #2
Iowa Falls, Iowa

Iowa Falls Community

Philip Tetzloff
215 North 11th
Adel, Iowa

Adel Community

Vernon Vance
c/o Court House
Davenport, Iowa

Muscataine-Scott Counties

Alvin Patterson
1708 Wilson
Ames, Iowa

Story County

Carl Grosland
1936 South Jefferson
Mason City, Iowa

Joint County School System

Robert Meir

West Des Moines Schools

Morris Spence

Des Moines Public Schools

Richard Morris

Polk County School System

Robert Gibson

Polk County School System

Melvin Newton
807 South Sixth Avenue W.
Newton, Iowa

Newton Community

Richard Nystuen
903 Washington Street
Cedar Falls, Iowa

Cedar Falls Community

Guy Olson
Court House
Allison, Iowa

Butler-Franklin Counties

Wendell Osorno
Logan Apts. #8
Humboldt, Iowa

Humboldt Community

Miss Claire Powell
620 East Tenth Street
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Spencer Community

Rex Shaffer
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Linn County

Blaine Shupe
Bedford High School
Bedford, Iowa

Bedford Community

Kenneth Smith
1107 State
Guthrie Center, Iowa

Guthrie Center Community

Russell O. Smith
Fairfield, Iowa

Van Buren Community

Charles Valley
1100 Madsen Avenue
Webster City, Iowa

Webster City Community

Gerald Van Arkel
1011 Crest Drive
Creston, Iowa

Creston Community

Norman Ashby
1221 Pierce Street
Sioux City, Iowa

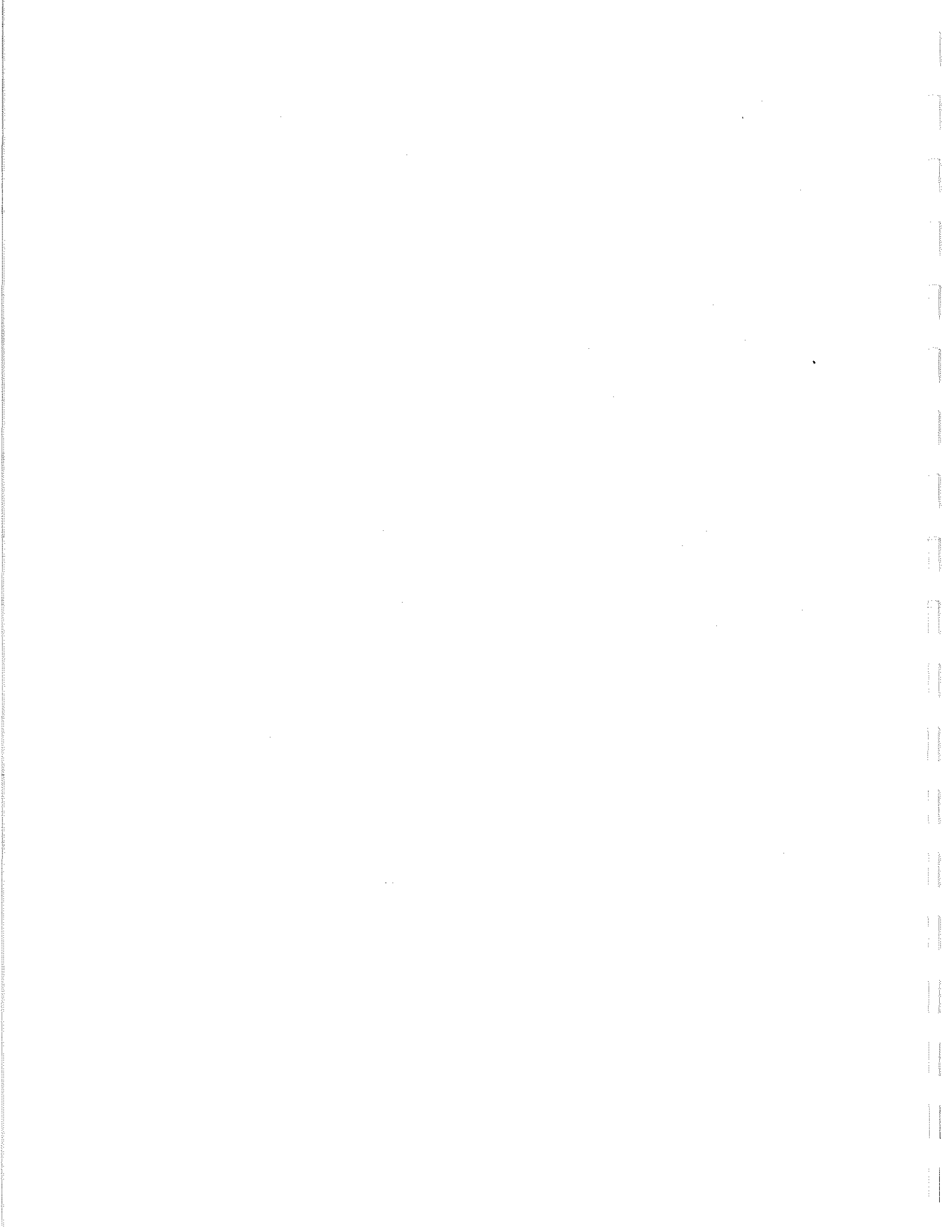
Sioux City Community

Arnold Paulsen
2737 Teresa Drive S.W.
Cedar Rapids, Iowa

Cedar Rapids Community

Larry Fain
New Hampton, Iowa

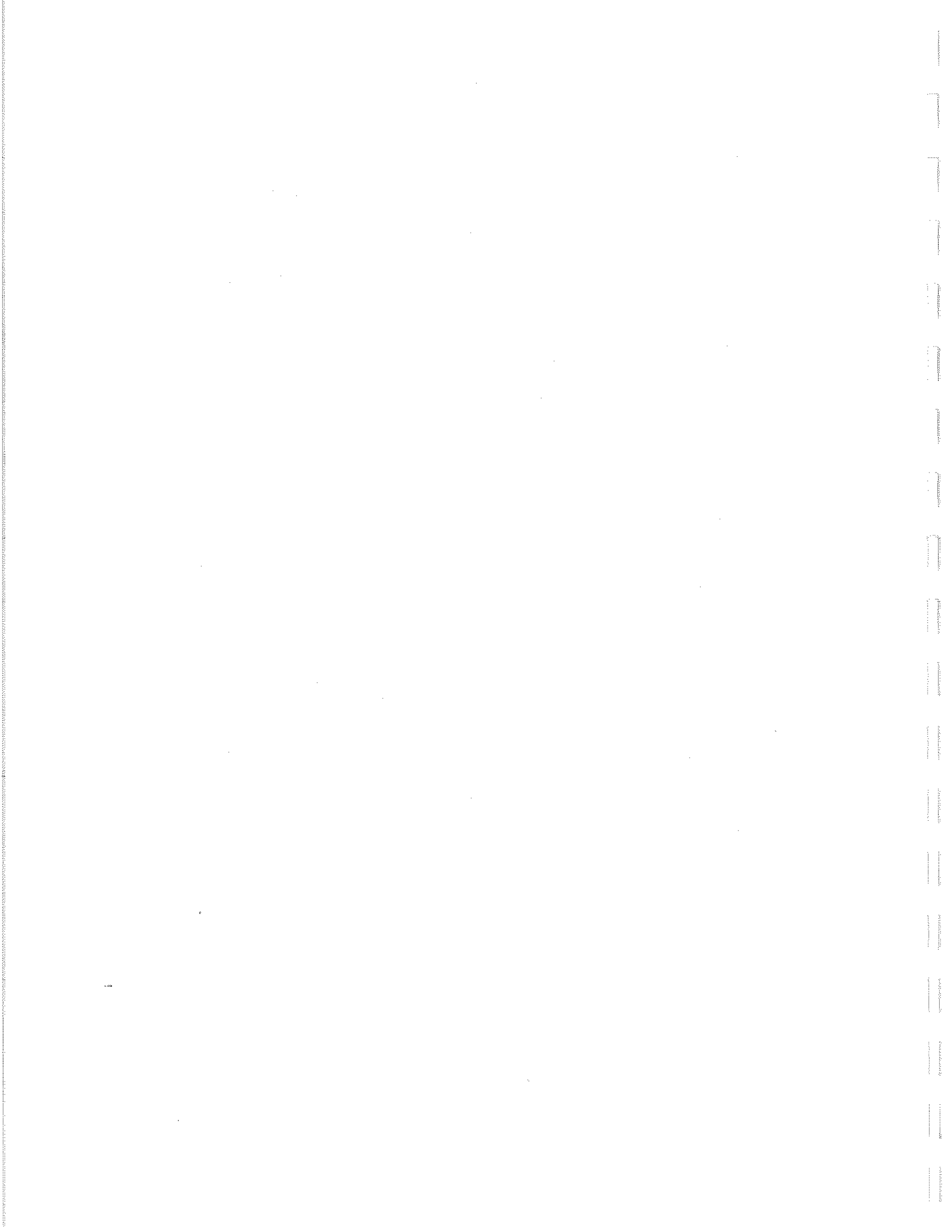
New Hampton



TRAINEE RESPONSE

The following areas are ranked in order as indicated by the trainees for implementing ideas and plans to improve guidance services for the handicapped pupil in their respective educational setting:

1. Develop a team effort to meet the needs of the handicapped pupil.
2. Plan in-service training programs for administrative and instructional staff in understanding the handicapped pupil.
3. Investigate and locate referral agency structures and the services they provide within their geographical location.
4. Communicate more with parents for the purpose of interpreting needs of their handicapped child.
5. Develop a referral agency handbook.
6. As a guidance counselor, concentrate on improving one's personal philosophy and objectives toward providing better guidance services to the handicapped pupil.
7. Suggest a school planning committee for better guidance services and programming.
8. Strive toward improved identification and evaluation of the needs of handicapped pupils.
9. Encourage and provide directions for guidance personnel to communicate with other personnel who can provide assistance.
10. Develop and locate materials for guidance counselors in order to assist them in working with handicapped pupils.
11. Promote information programs to improve the image of the handicapped pupil in eyes of the school administrator, instructional staff, and general public.
12. Utilize the knowledge of the Department of Public Instruction staff to evaluate and to provide directions.
13. Encourage and relate to elementary guidance. Finding out the needs of handicapped pupils early.
14. Promote the employment of proper personnel in the pupil personnel structure.



COMMUNITY SOCIAL SERVICES RELATED TO REHABILITATION

Classified by Use in Restoration and Adjustment Processes

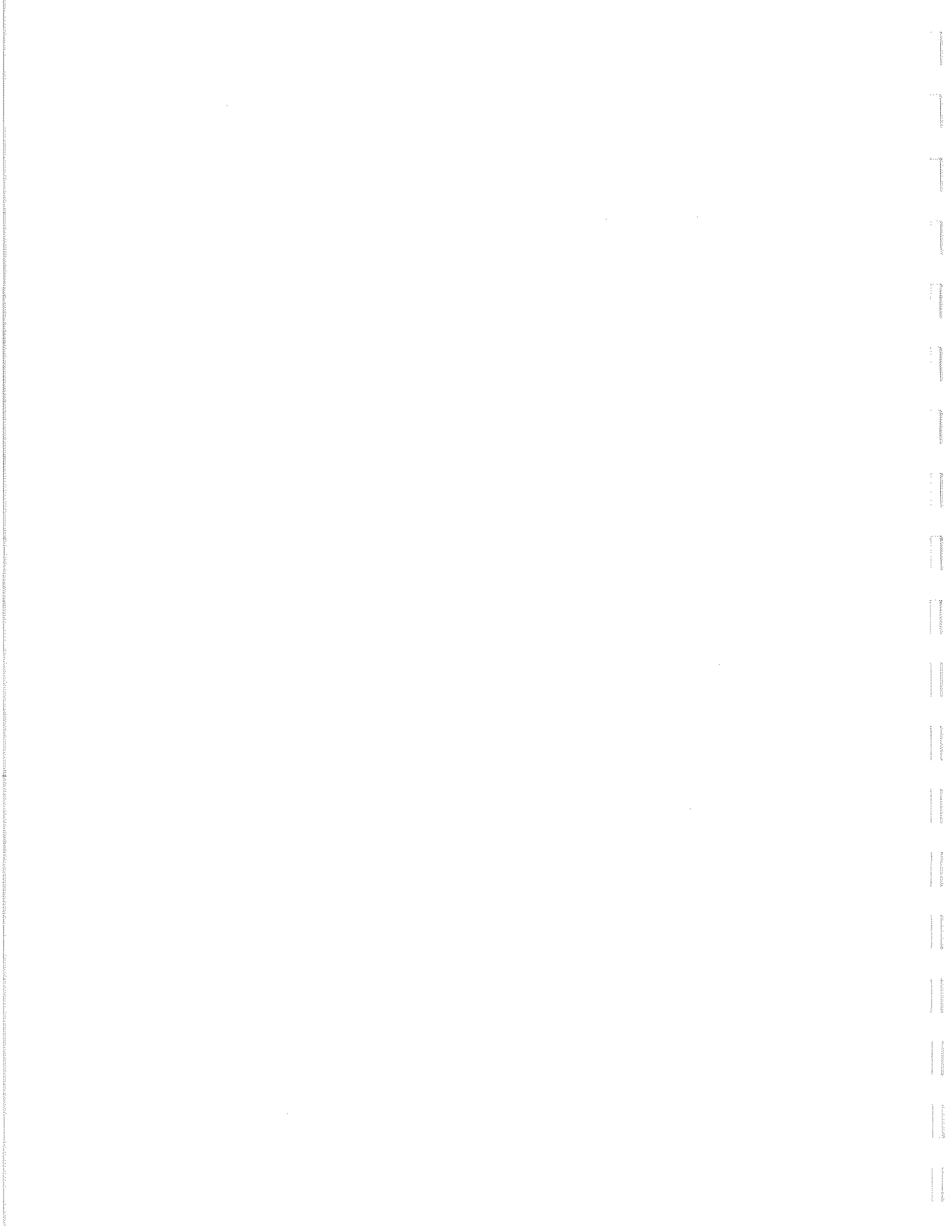
A Check List

<u>Types of Service</u>	<u>Processes of Restoration and Adjustment</u>		
	<u>Physical Adjustment</u>	<u>Social Adjustment</u>	<u>Vocational Adjustment</u>
CORRECTION			
Court social services		x	
Probation		x	
Parole		x	
Protective after-care		x	
EDUCATION			
Formal education			
elementary		x	
secondary		x	x
technical			x
higher			x
School social work		x	
School guidance		x	x
Health services	x		
EMPLOYMENT			
Job finding			x
Employment counseling			x
Psychological testing		x	x
Vocational rehabilitation		x	x
Job engineering			x
Placement and follow-up			x
HEALTH			
Physical health (in-patient and out-patient)			
Dentistry	x		
Medicine and surgery	x		
Nursing	x	x	
Occupational therapy	x	x	x

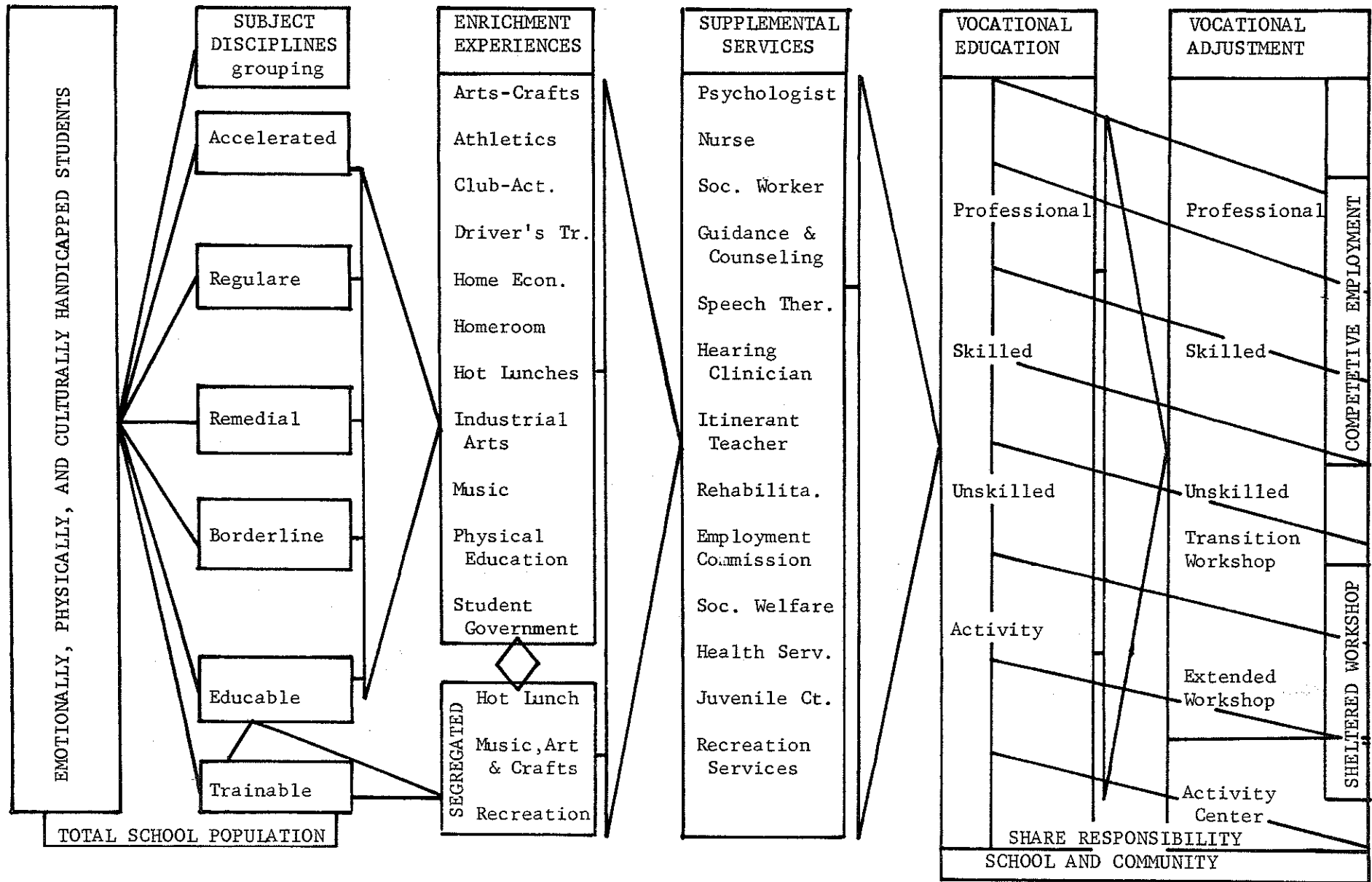
<u>Types of Service</u>	<u>Processes of Restoration and Adjustment</u>		
	<u>Physical Adjustment</u>	<u>Social Adjustment</u>	<u>Vocational Adjustment</u>
HEALTH (cont.)			
Orthotics-Prosthetics	x		
Physical therapy	x	x	
Mobility instruction		x	x
Speech pathology and audiology	x		
Social work			
Casework		x	
Mental health			
In-patient			
Nursing		x	
Psychiatry	x	x	
Psychology		x	
Social work		x	
Therapeutic recreation		x	
Other hospital services	x	x	
Out-patient: Community mental health			
Private practice of psychiatry	x	x	
Treatment centers	x	x	x
Clinic services	x	x	
After care centers		x	
PUBLIC HEALTH			
Treatment facilities and convalescent and nursing home care	x	x	
HOUSING			
Residential facilities			
Housing for those with special disabilities	x	x	
Housing for the aged	x	x	

<u>Types of Service</u>	<u>Processes of Restoration and Adjustment</u>		
	<u>Physical Adjustment</u>	<u>Social Adjustment</u>	<u>Vocational Adjustment</u>
HOUSING (cont.)			
Public facilities for use of the disabled (schools, theatres, stores, etc.)	x	x	
SOCIAL WELFARE*			
Child welfare			
Adoption services		x	
Crippled children's services	x	x	
Foster home placement		x	
Maternal and child health services	x	x	
Protective service	x	x	
Residential treatment		x	
Homemaker and housekeeper service	x	x	
Public assistance			
Aid to the blind		x	
Aid to the disabled		x	
Aid to families with dependent children		x	
General assistance		x	
Medical assistance	x	x	
Medicaid--Title XIX	x	x	
SOCIAL INSURANCE			
Health insurance for the aged (Medicare)	x	x	
Old-age survivors and disability insurance		x	
Public employees' retirement		x	
Railroad retirement, unemployment, and disability		x	
Temporary disability insurance		x	x
Workmen's compensation		x	

*To varying degrees the services listed under "Health," above, are offered in conjunction with these social welfare services. Social casework or group work is usually offered in conjunction with all of them.



TOTAL PROGRAM STRUCTURE FOR ALL PUPILS



A.A.M.D.

Level:

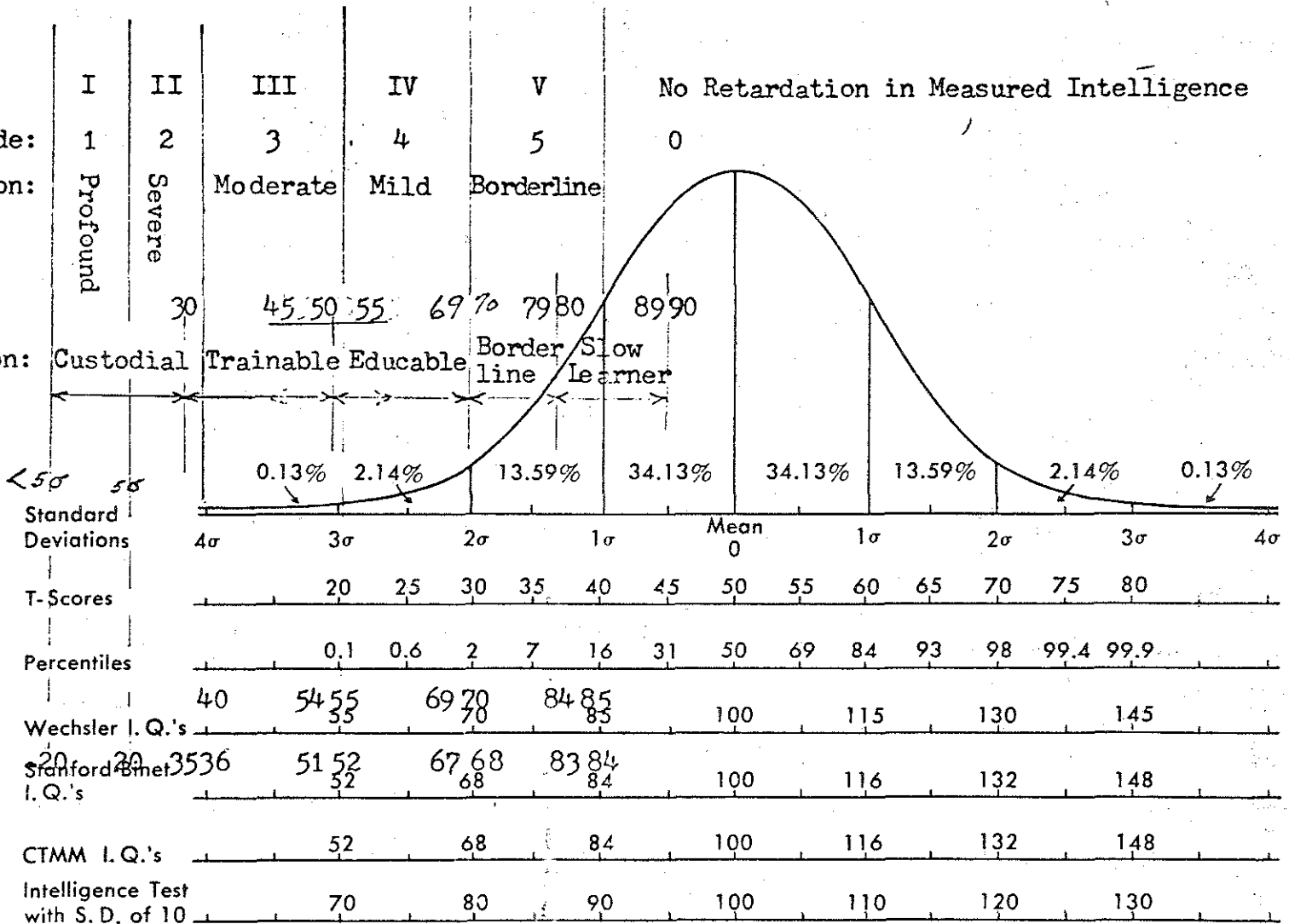
Stat. Code:

Classification:

SCHOOLS

IQ Limits:

Classification:



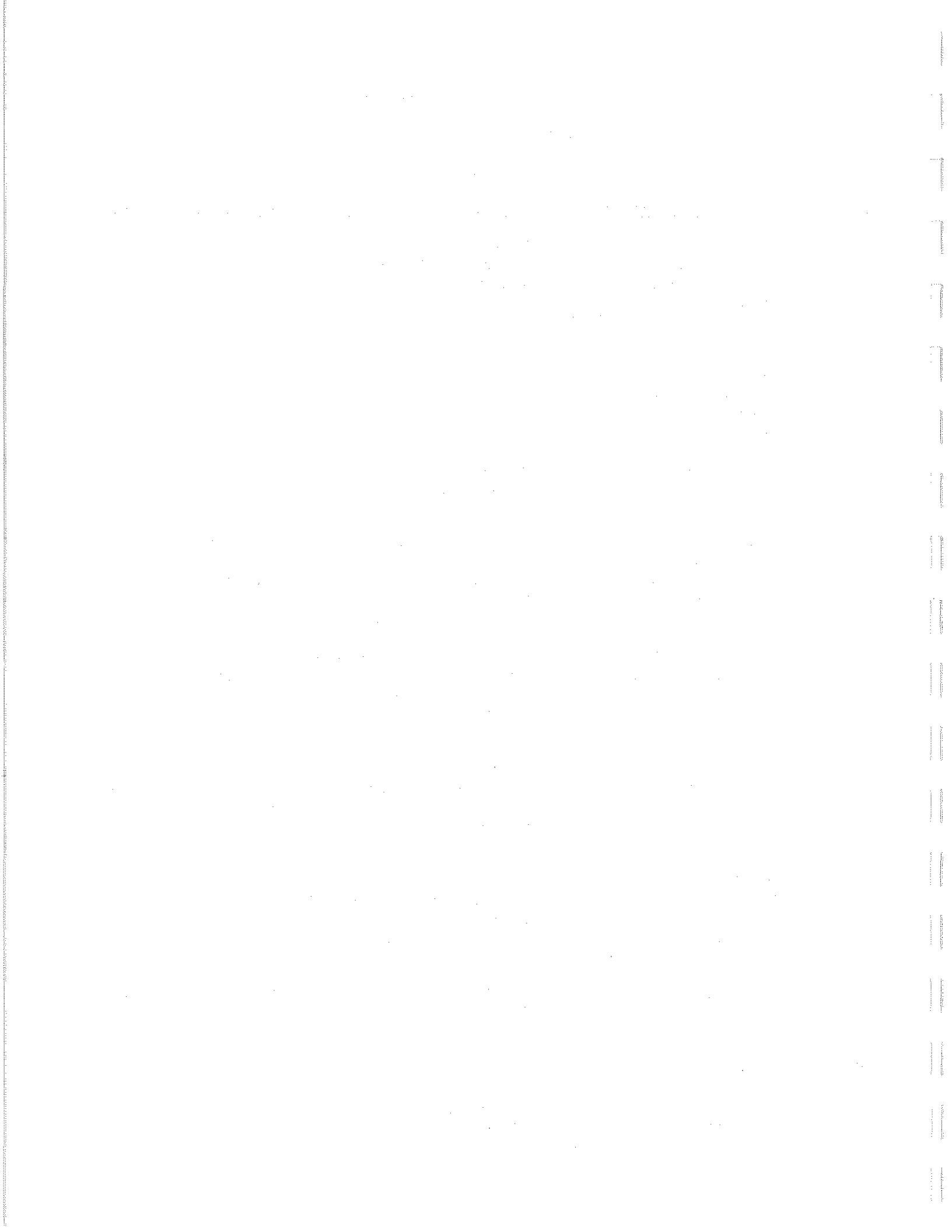
NORMAL CURVE

BUREAU OF LOCAL ADMINISTRATION

George W. Shove, Chief

REGIONAL STAFF

<u>Region</u>	<u>Regional Representative</u>	<u>Supervisor of Services</u>	<u>Foster Care Consultant</u>
I	Harry White Regional Welfare Office 1911 Morningside Sioux City Tele. AC 712 - 276-8196	Lloyd Remer Regional Welfare Office 1911 Morningside Sioux City Tele. AC 712 - 276-8196	
II	Lawrence Sogard Regional Welfare Office 304½ Main Street Clear Lake Tele. AC 515 - 357-5138		
III	George Scofield Box 413 Elkader	Julius Garwin 2614 Neola Street Cedar Falls	
IV	Mildred Whipple Regional Welfare Office 525 Main Street Davenport Tele. AC 319 - 323-5241	Jerry McCartney Regional Welfare Office 525 Main Street Davenport Tele. AC 319 - 323-5241	Eugene Fitzsimmons 407 Douglas Iowa City
V	William H. McCurdy, Jr. Regional Welfare Office Executive Plaza Building 4403 First Avenue S.E. Cedar Rapids	Regional Welfare Office Executive Plaza Building 4403 First Avenue S.E. Cedar Rapids	Eugene Fitzsimmons 407 Douglas Iowa City
VI	Everett Daggett Regional Welfare Office 407 N. Ash Ottumwa Tele. AC 515 - 682-3141	Richard Davis Regional Welfare Office 407 N. Ash Ottumwa, .. Tele. AC 515 - 682-3141	Rita Bickert Regional Welfare Office 407 N. Ash Ottumwa Tele. AC 515 - 682-3141
VII	Max Clark Regional Welfare Office 608 Bennett Building Council Bluffs Tele. AC 712 - 323-8491	Regional Welfare Office 608 Bennett Building Council Bluffs Tele. AC 712 - 323-8491	
VIII	E. J. Hurley State Office Building Des Moines	Ronald Troy State Office Building Des Moines	State Office Building Des Moines
IX	Frank Woods Regional Welfare Office 112 South Third Street Fort Dodge Tele. AC 515 - 576-3193	Regional Welfare Office 112 South Third Street Fort Dodge Tele. AC 515 - 576-3193	



A. BOOKS

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