INFORMATION TO USERS

This material was produced from a microfilm copy of the original document. While the most advanced technological means to photograph and reproduce this document have been used, the quality is heavily dependent upon the quality of the original submitted.

The following explanation of techniques is provided to help you understand markings or patterns which may appear on this reproduction.

1. The sign or "target" for pages apparently lacking from the document photographed is "Missing Page(s)". If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting thru an image and duplicating adjacent pages to insure you complete continuity.

2. When an image on the film is obliterated with a large round black mark, it is an indication that the photographer suspected that the copy may have moved during exposure and thus cause a blurred image. You will find a good image of the page in the adjacent frame.

3. When a map, drawing or chart, etc., was part of the material being photographed the photographer followed a definite method in "sectioning" the material. It is customary to begin photoing at the upper left hand corner of a large sheet and to continue photoing from left to right in equal sections with a small overlap. If necessary, sectioning is continued again — beginning below the first row and continuing on until complete.

4. The majority of users indicate that the textual content is of greatest value, however, a somewhat higher quality reproduction could be made from "photographs" if essential to the understanding of the dissertation. Silver prints of "photographs" may be ordered at additional charge by writing the Order Department, giving the catalog number, title, author and specific pages you wish reproduced.

5. PLEASE NOTE: Some pages may have indistinct print. Filmed as received.

University Microfilms International
300 North Zeeb Road
Ann Arbor, Michigan 48106 USA
St. John's Road, Tyler's Green
High Wycombe, Bucks, England HP10 8HR

THE UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

A COMPARISON OF ATTITUDES AMONG SELECTED GROUPS OF ADMINISTRATORS, SPECIAL EDUCATION TEACHERS AND REGULAR CLASSROOM TEACHERS RELATIVE TO SEVERELY/PROFOUNDLY HANDICAPPED STUDENTS

A DISSERTATION

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

degree of

DOCTORATE OF EDUCATION

BY

CURTIS W. VAN HORN

Norman, Oklahoma

1978

A COMPARISON OF ATTITUDES AMONG SELECTED GROUPS OF ADMINISTRATORS, SPECIAL EDUCATION TEACHERS AND REGULAR CLASSROOM TEACHERS RELATIVE TO SEVERELY/PROFOUNDLY HANDICAPPED STUDENTS

APPROVED BY:

GERALD KIDD

ROBERT BIBENS

GENE PINGLETON

RICHARD P. WILLIAMS

DISSERTATION COMMITTEE

ACKNOWLEDGEMENT

The author wished to express his sincere gratitude and appreciation to the dissertation chairman, Dr. Gerald Kidd, for his friendship and encouragement.

A special thanks is expressed to the members of my graduate committee: Dr. Robert F. Bibens, Dr. Richard P. Williams, and Dr. G. Gene Pingleton.

Finally a special thanks is expressed to Lloyd Graham, and the staff of the State Department of Public Instruction, State of Oklahoma.

DEDICATION

This dissertation is dedicated to the handicapped children of project SEARCH; a cooperative educational program for handicapped children between Crooked Oak Public Schools and United Cerebral Palsy of Greater Oklahoma City, Inc..

TABLE OF CONTENTS

Chapter Page

LIST OF TABLES

A COMPARISON OF ATTITUDES AMONG SELECTED GROUPS OF ADMINISTRATORS, SPECIAL EDUCATION TEACHERS AND REGULAR CLASSROOM TEACHERS RELATIVE TO SEVERELY/PROFOUNDLY HANDICAPPED STUDENTS

CHAPTER I

INTRODUCTION TO PROBLEM

Introduction

It has been said that a handicapped child produces a handicapped family and even a handicapped community. Indeed, the magnitude of the effect on the family is difficult to understand. Not so many years ago, parents out of ignorance and futility, often locked their handicapped children in the closets of their homes. While in most cases the physical closets are gone, the closets of the mind still handicap children with regard to their families and communities (Steiger, 1968).

Over 5.5 million American children are burdened with physical, mental, and emotional handicaps. Tragically, fewer than half receive special educational services to help them overcome the severe problems created by their handicaps. Too often, handicapped people must go through life in a world that underestimates their abilities. As a result, the opportunities for handicapped Americans are often limited; and limited oppor-

tunities mean limited fulfillment. If the nation is to offer handicapped citizens the opportunity to develop their potentials to the fullest, it must understand these citizens, despite physical or mental disadvantages, contain potential as great as any American (Perkins, 1968).

"With minor exceptions, mankind's attitudes toward the handicapped can be characterized by overwhelming prejudice. The handicapped are systematically isolated from the mainstream of society. From ancient to modern times, the physically, mentally, or emotionally disabled have been alternatively viewed by the majority as dangerous to be destroyed, as nuisances to be driven out, or as burdens, to be confined. Treatment resulting from a tradition of isolation has been invariably unequal and has operated to prejudice the interest of the handicapped as a minority group." (Lori v State of Califorina, 1973). Like other minority groups in America who throughout the nation's history were excluded and undervalued, the handicapped are winning recognition, at last, of their right to full participation in the mainstream of society.

The nation's policies regarding handicapped children, by and large, have cummulatively produced the negative image of these children. Society's negative view of the handicapped is developed when such children are exclud-

ed from school with other children, confined to distant out-of-sight human warehouses, and refused access to airplanes, and as adults, driver's licenses and employment, strictly on the basis of their handicaps. U. S. Senator Harrison A. Williams of New Jersey (Note 1) recently discussed his own feelings of discomfort when associating with handicapped people. When conducting hearings on the education of the handicapped, he realized that during his education he did not attend school with handicapped children. Senator Williams wondered how, without this experience, we can be expected to behave positively toward them. How can persons be asked to employ the handicapped and live with the handicapped when they grow up in an educational system where they have little or no contact with handicapped people, where they are told by the actions of society that handicapped people are different and that they should be segregated?

In attition, "public policy influences how a class or group of individuals will feel about themselves. Imagine the self-perception of a child who is repeatedly told he is different, unusual, and doesn't belong, hence is prevented from living like his peers by formidable public policies and procedures. The child in a wheelchair who must attent a special school for no other

reason than the fact that a flight of stairs bars entry to the neighborhood school is learning that this is, in fact, a very hostile society" (Weintraub and Abeson, 1974, p. 529).

A number of forces have combined in recent years to support the movement in education toward the concept of mainstreaming handicapped children. Court decisions and state and federal laws now make the public school system responsible to provide free public education in the least restrictive environment. Known as mainstreaming, this movement will affect a majority of the public classrooms in America.

The new Education of all Handicapped Children Act (Public Law 94-142, 1975) is based on the right of all Americans to an education. The aim of this law is to assure that all handicapped children have available to them a free appropriate education which emphasizes special education and related services designed to meet their unique needs. The law gives strong impetus to educating children in the least restrictive environment. It requires that children be placed in a special or separate class only when it is impossible to work out satisfactory placement in a regular class, with supplementary aids and services. This should be the basic consideration in designating appropriate programs for each child.

The objective of mainstreaming is to provide children

with an appropriate educational experience which will enable them to become as self-reliant as their handicaps will permit. It therefore seems desirable to educate handicapped children the least distance away from the mainstream of society. Hence, the strong emphasis on the movement into the regular classroom whenever possible.

The courts have upheld the constitutional right of all children, including those with the most complex and handicapping disabilities, to an education adapted to their own needs and capacities. In the case of Hairston v. Dorsick, the judge stated that "School officials must make every effort to include (handicapped) children within the regular school situation". The judge noted that a major goal of education is the "socialization process that takes place in the regular classroom" (Exceptional Child, 1976 42, 87).

This integration should be accomplished within a system based on a continuum of educational services, ranging from the total education within a regular classroom for the mildly handicapped to highly specialized services beyond those that have been traditional and outside of the public school for the severely/profoundly handicapped. Haring (1958) identified some trends that have prompted educators to provide handicapped children

with part-time and/or full-time educational programs within the regular classroom. These include:

1. the increased number of preschool programs
2. the increased number of educational specialist
3. the improvement of diagnostic procedures
4. the advancement in special and adaptive equipment for handicapped children.

> Coincident with these advances in practice, the philosophy of educators concerning the educational placement of handicapped children has evolved toward a more integrative position. This philosophy states that exceptional children should have the benefit of experiences with their non-handicapped peers whenever possible. Because these children will eventually be required to achieve a satisfactory adjustment with a predominately normal society, the experiences they have as children with this society are invaluable to them. Furthermore, normal children should be given an opportunity to understand, accept and adjust to children with exceptionalities. Although it appears that the problem with children accepting the handicapped is not as great as with adults, having continuous and constructive experiences with these children throughout their formative years may assist normal children to accept and understand handicapped individuals as adults. In light of this philosophy plus the advancements made in the education of exceptional children, educators are becoming more favorable in their attitude toward the integrated placement of exceptional children which, of course, has resulted in more children being educated in the regular classroom. (p.3)

> The knowledge teachers have concerning exceptional children has a potent influence on the social and emotional adjustment of these children, both in terms of the teacher-child interaction and in terms of the relationship between the exceptional child and other children. An adequate

> insight on the part of teachers into the potentialities, the limitations, and the problems of exceptional persons is essential to the teachers in their educational planning and interpretation. It is important for teachers to understand that the problems of basic adjustment of handicapped children are different from non-handicapped children of the same age, intelligence, and socioeconomic status. Moreover, fundamental psychological, social, and emotional needs which a handicapped individual has are the same as his nonhandicapped counterpart. The differences which occur in a handicapped individual's achievement of an adequate adjustment are a function of the additional frustrations he encounters surmounting the day-to-day barriers imposed by his limitations, the reaction of the people in his environment to his limitations, and his self-perception influenced by these frustrations and reactions (Harring,1958, p.5).

While mainstreaming is new as a movement, many schools such as Madison, Wisconsin, already have put it into practice at least on a partial basis. In schools with agreeable administrators and proper adaptive equipment, mainstreaming has been practiced. Other schools have 'mainstreamed' because of the inability of the school system to provide special teachers and equipment. Successful mainstreaming depends upon the degree to which educators believe in the inherent worth of people who are different. Does a mentally retarded student deserve the same opportunities for development as a high achieving student although it is known that the retarded individual's future contribution to society will be far less? (Paul, 1977).

The principal is a key leader in affecting attitudes. He or she usually establishes the values and areas of priority within a school. One of the best ways to insure respect for differences is to have educational leaders and decision makers demonstrate attitudes. Principals, teachers, and other educational personnel are models in the area of attitude development.

> Having discussed mainstreaming concepts and practices with a substantial number of regular education faculty, we can say that attitudinal responses have varied widely from extremely positive support and enthusiasm to a total refusal to even consider mainstreaming as a potentially beneficial alternative for some mildly handicapped students. The most common response voiced in these discussions by faculty who strongly opposed mainstreaming are serious doubts as to the efficacy of instructional and social integration of handicapped students in regular classes relative to the potential gains of both handicapped and nonhandicapped students; the fact that regular class teachers cannot be expected to take on this additional responsibility with all of their other duties; and that it is not feasible to include content on handicapped students in teacher education courses due to time constraints.
>
> On the other hand, special education faculty sometimes have difficulty giving up their ownership of content related to handicapped students. It might be difficult to acknowledge that regular education faculty can effectively prepare regular teachers to teach mildly handicapped students (Paul, 1977, p.115-116).

The mandate of mainstreaming will have great impact on the role and responsibility of regular classroom

teachers, special education teachers, and administrators. The role of a regular classroom teacher may be greatly changed by the inclusion of a handicapped child in the classroom. Teachers must have a wider range of skills, many of which have not been required in the regular classroom experience. Mainstreaming, intended to maximize social interaction with nonhandicapped students, may produce misgivings for all, particularly the regular classroom teacher. Although these teachers may have had some training in special education many may not have the training or experience to provide a learning environment for the handicapped. Conversely, special education teachers who have had extensive experience and training in helping handicapped children will now be dealing much less often with handicapped students in a segregated environment. Mainstreaming will necessitate a new relationship between the regular classroom teacher and the special education teacher. It will require a partnership based upon the sharing of experiences.

New certification requirements for beginning teachers and teachers who are renewing certificates are implying that regular classroom teachers may not be adequately prepared for the new responsibilities required by main-

streaming. Without retraining and without the provisions of supportive services regular classroom teachers may feel a sense of inadequacy when asked to provide services for handicapped children. Some of the most immediate needs in training regular classroom teachers seem to be: 1. Helping them to develop an understanding of how a handicap can affect learning. 2. Recognizing certain handicaps. 3. Learning to develop individual prescriptive teaching programs. 4. Disciplining of handicapped children. 5. Developing a new working relationship between special education teachers and administrators.

Both the Bureau for the Education of the Handicapped and the Teacher Corps are attempting to meet these needs by providing programs to study these new relationships, among special education teachers, regular classroom teachers, and administrators. It was from such an in-service training program that the data for this study were collected.

The Problem

A review of the literature revealed that there is limited research with regard to the attitudes of parents and other individuals toward physically and mentally

handicapped persons. However, it is obvious from existing studies that handicapped individuals are accepted to a lesser degree than others. Although little research has been conducted relative to the attitudes of teachers toward the handicapped child, it is assumed that teachers, too, feel less accepting toward the handicapped than they do toward typical children (Haring, 1958). A direct relation between the attitudes of special education classroom teachers and their effect on the attitudes of regular classroom teachers related to the acceptance of mainstreaming programs was found by Guerin and Szatlocky (1974). Thus, the attitudes of special education teachers in school systems toward mainstreaming may be a crucial variable in the formation of attitudes of other professional staff.

One of the arguments that has been raised against special classes for mentally handicapped children is that these children are stigmatized when segregated from others for instructional purposes. The evidence reported would indicate that even when mentally handicapped children are placed in regular classes there is little assurance of their receiving greater acceptance from other children. Johnson (1950) conducted a study concerned with social position of mentally handicapped

children in regular grades. He used the sociometric technique to study twenty-five classrooms, each having one or more handicapped children. Johnson found that mentally handicapped children were rejected by their classmates more frequently than normal children. He found also a relationship between intelligence scores and the extent of rejection. A study by Gellman (1959) found that prejudice toward the disabled existed throughout the country. He found also a relationship between the severity of the handicap and negative attitudes. Those with milder handicaps were accepted more readily than those with severe handicaps.

The problem for this study was to compare the attitudes among selected groups of administrators, special education teachers, and regular classroom teachers relative to severely/profoundly handicapped students.

Definition of Terms

1. Attitude: A relatively enduring system of affective evaluative reactions based upon and reflecting the evaluative concepts or beliefs which have been learned about characteristics of a social objective or class of social objects (Shaw and Wright, 1971).
2. Blind/Partially Sighted: Children with vision

so defective that sight cannot be used as a primary avenue of learning and print cannot be used as the primary mode of reading. Children with limited but sufficient residual vision that sight can be used as a primary mode of reading with the aid of special facilities, materials, and/or media.

3. Deaf/Hard-of-Hearing: Children whose loss of hearing either with or without a hearing aid, is not sufficient to interpret language. Children whose loss of hearing is educationally significant, but whose residual hearing is sufficient to interpret language with or without a hearing aid.

4. Emotionally Disturbed: Children whose severe and frequent maladaptive behavior seriously reduces their attention level and learning. For educational purposes, these children are grouped according to the following degrees of severity and/or frequency of maladaptive behavior - mild, moderate, and severe.

5. Mainstreaming: That students be educated with non-handicapped students to the maximum extent appropriate to their needs. Also referred to as "least restrictive environment", it requires that students be placed in special or separate classes only when it is impossible to work out a satisfactory placement in a regular class,

with supplementary aids and services.

6. Mentally Retarded: Children whose inherent capacity to learn (cognitive limits) is so limited that they can not meet the educational demands of the regular classroom.

7. Physically Handicapped: Physically involved children who require adaptive equipment to function in a classroom, but normal educational functioning/learning is not affected (Yearbook of Special Education, 1975).

8. Severely/Profoundly Handicapped: Children who are mentally retarded who have accompanying motor impairments to the extent that they cannot ambulate without the assistance or mechanical supports or who are confined to wheelchairs, who likely have severe motor impairments of the upper extremities, who may not have head control, who may have seizures, who may have varying degrees of sensory impairments, and poor speech or articulation (Foster, Note 2).

Organization of the Remainder of this Dissertation

Chapter I has directed the reader's attention to the problem to be studied in this dissertation. This chapter also includes the definition of terms. Chapter II deals with the related literature directing the reader's attention to four areas; The Development of

Special Education, The Role of Federal Government in Special Education, State Legislation and the Education of Handicapped Children, and Delivery Systems for Educational Services to Severely Handicapped Children. In Chapter III Design and Procedure, there is a discussion of the setting and population of the study. The procedures are described including the instruments used and the approach for analyzing the data. Chapter IV includes the Findings and Conclusions of this study. The Summary and Recommendations are found in Chapter V.

CHAPTER II

RELATED LITERATURE

The Development of Special Education

Historically, the beginning of special education programs can be traced to the development of state schools and institutions for the handicapped, administered by mental health departments using a medically-oriented custodial model (Weintraub, 1971). In 1832, Kentucky established the first state school for the deaf. Four years later, a state school was established in Ohio and the first state school for the blind was established in New York City and Boston in 1832. An experimental program to teach 10 specially selected mentally retarded children was begun in 1848 by the state of Massachusetts. Another experimental program to educate the 'feeble-minded' was begin in New York in 1851 when the state legislatue appropriated $6,000 for a two year program. In 1852, public funds were granted to a private institution to educate the handicapped when the Pennsylvania legislature appropriated money to what later became the Elwyn Instute in Philadelphia. While other cities during this period of time were beginning to provide services for the deaf, blind, and partially

sighted, the first public school class for the mentally retarded was created in 1896 in Providence, Rhode Island. It was primarily through state efforts that basic services for the handicapped began.

Chicago established the first state class for the 'crippled' in 1899 and the first class for the blind in 1900. Sightsaving classes for the partially sighted were begun in Roxbury, Massachusetts, and in Cleveland, Ohio in 1913 (Weintraub, 1971).

While complete records are not available regarding the extent to which education programs for the handicapped had developed by the early 1920's, a study conducted by the U. S. Bureau of Education indicated that all but seven states had state schools for the deaf and all but eight had schools for the blind. There were 133 public school programs for the mentally handicapped by 1922 (Wallin, 1955).

Massachusetts, in 1920, made it mandatory for each local school board of education to determine the number of handicapped children within the school district and, in the case of mentally retarded, to provide special classes when there were ten or more such children. This was apparently the first instance of any state requiring a 'search and find' procedure to identify handicapped

children.

In 1923, Oregon enacted permissive statutes which provided classes for educationally exceptional children Such legislation was intended for gifted as well as handicapped children. By the mid-1920's, special education was a governmental function well established both legally and functionally. However, the number of participants was relatively small and most programs were available only in larger cities (Weintraub, 1971).

For the next 25 years growth of state programs for special education could be characterized as slow but determined. The rapid growth of special education since about 1950 can be attributed primarily to the fact that as educational programs for the handicapped grew and achieved a certain level of public visibility, interest groups that represented them brought them more clearly into political focus. New approaches, both legal and administrative, were instituted to overcome deficiencies that existed in the relationship between special education and government. The development of national, state, and local lay and professional organizations which were concerned with education of the handicapped brought social pressures upon the political system (Weintraub, 1971).

These pressure groups utilized several techniques

for effecting change in the local educational system. They used the standard political approach of letter-writing campaigns and mass media publicity to influence local decisions in their favor. They made the state rather than the local district the prime agent of change. State laws providing for special education increased rapidly during the 1960's as a result of the efforts of special education pressure groups. A study conducted by the Council for Exceptional Children (Ackerman, 1966), noted that the volume of special education legislation considered in state legislatures in 1966 increased 115 percent over that of 1965 (Weintraub, 1971).

Many individuals and groups sought to bring about change in the educational systems treatment of handicapped by seeking judicial relief for what they believed to be discrimination. The judicial branch of government gave strong impetus to the executive and legislative branches to provide certain services to the handicapped. The introduction of another partner, the federal government, in the special education sector had a catalytic effect on the field.

The Role of Federal Government in Special Education

The federal role in providing services to the handicapped was limited and dealt primarily with specific

disability groups such as the blind and deaf. The first federal law was passed in 1827 and while it did not provide for services it did provide for a grant of land. One part of the law pertained to lands reserved for a "seminary of learning" in East Florida and another part to the location of the 'Deaf and Dumb' Asylum of Kentucky.

The first major federal law was passed in 1855 and established in the District of Columbia a government hospital for the insane. The first federal law that provided for the education of the handicapped (P.L. 34-35 and P.L. 34-46)became law in 1857. This was an act to establish the Columbian Institute for the 'Deaf and Dumb'. A part of this law, "an act to incorporate the Columbian Institute for the Instruction of the Deaf and Dumb, and Blind", was important because for the first time it authorized the federal government to grant tuition payments to an institution that was established solely to provide education to the handicapped. The law further required that a survey be made to identify 'Deaf and Dumb' and Blind persons and report the findings to the institution for appropriate services. It was not until 1974, with the passage of the Education for All Handicapped Children Act, that guidelines were outlined for conducting a search and find procedure for handicapped

persons (Weintraub, 1971).

In 1859, P. L. 34-154, an act making appropriations for sundry civil expenses of the government, was the first bill that provided appropriations for the handicapped. In 1864, President Abraham Lincoln, signed the law that created Callaudet College in Washington, D. C., a national institution of higher education for the deaf. Fifteen years later, Congress authorized $10,000 to the American Printing House for the Blind to produce braille material for the education of blind persons. These two institutions represented the extent of federal involvement in special education until 1918.

The first major efforts to help the handicapped in the 20th century came when Congress passed the "Soldiers Rehabilitation Act" in June, 1918. This plan provided for the physical and vocational rehabilitation of veterans. The Smith-Fess Act of 1920, also known as the Civilian Rehabilitation Act extended the programs which had been established by the Soldiers Rehabilitation Act to disabled civilians (Weintraub, 1971).

In 1931, the U. S. Office of Education (USOE) established the Section on Exceptional Children and Youth. This section, while having no specific legislative or fiscal authority, laid the foundation for future federal

involvement in special education.

World War I and World War II provided impetus for expanding opportunities and services to disabled military personnel. In 1943, the original Citizens Rehabilitation program was expanded to provide services not only for the physically handicapped but for mentally ill and mentally retarded. This legislation was amended in 1954 and in 1965 was expanded to include services to a large number of disabled persons (Weintraub, 1971).

While the Social Security Act of 1935 was not designed for the disabled, it has evolved into a program that provides income and rehabilitation services for several categories of disabled people.

Congress in 1958, following their long-term interest in the deaf, passed the first legislation authorizing programs for the handicapped to be administered by the USOE. This legislation included the establishment of a nationwide loan service of caption films for the deaf and the provision of fellowships through grants to colleges and universitites to train personnel to teach deaf. This legislation was amended in 1963 to include the training of educational personnel for all disability groups. The 1963 law also provided for research grants to explore the problems relating to the education of

exceptional children (Weintraub, 1971).

The Medicare program of 1965 was expanded to include disability insurance beneficiaries by 1972. Various public assistance programs were consolidated within the Supplementary Security Income (SSI) program of 1972. Later the SSI was rewritten to consolidate several titles into Title XX, a federal-state program of social services to aid Dependent Children as well as the SSI population.

Legislation for the handicapped has traditionally come about because of social pressure from a specific disability group and/or because of a particular individual need. "Possibly the biggest assist the handicapped received in terms of public acceptability, and stimulus for further legislation, was the fact that President Kennedy had a retarded sister and Vice-President Humphrey had a retarded grandchild. As a result of personal commitments on the part of both men, in 1961 the President appointed the 'President's Panel on Mental Retardation' with a mandate to develop a national plan to combat mental retardation. Two years later legislation was passed that implemented several of the panel's recommendations" (LaVor, 1974, p. 99).

In 1965, P. L. 89-313 became law, amending Title I of the Elementary and Secondary Education Act (ESEA) to

establish grants to state agencies responsible for providing free public education for handicapped children. The new legislation assisted children in state operated or supported schools who were not eligible for funds under the original act (Wallin, 1955).

In 1966, ESEA was amended to provide assistance for the education of handicapped children. In 1967, ESEA was amended again to include additional programs for handicapped children (Wallin, 1955).

The Handicapped Children's Early Education Assistance Act became law in 1968 and was designed to establish experimental preschool and early education programs for the handicapped (Wallin, 1955).

During the 1970's attention to the handicapped escalated dramatically. In 1972, Congress extended the Vocational Rehabilitation Act of 1940. In doing so it directed for the first time state rehabilitation agencies to give priority to those individuals with the most severe handicaps.(Wallin, 1955).

In. P. L. 93-380, the Education Amendments of 1974, Congress approved a massive increase in authorization levels for the basic state grant program (ESEA, Title VI B), increasing the appropriation from $100 million to $660 million. These amendments included guarantees of

the educational rights of exceptional children and their parents, such as assurances of due process procedures as well as assurances of education in the least restrictive environment. This act was a dramatic shift from the historical record of institutionalization and isolation of handicapped children. This act required also that each state establish a goal for providing full educational services of all handicapped children within each state.

> "Section. 2. (a) The Congress finds that --
> (1) there are more than seven million handicapped children in the United States today.
> (2) close to 60 per centum of these children do not receive appropriate educational services which would enable them to have full equality of opportunity.
> (3) one million of these children are excluded from the public school system and will not go through the educational process with their peers" (Williams, Note 1).

Recognizing this lack of necessary services Congress has made education of the severely handicapped a major priority through the passage of Public Law 94-142. On November 12, 1975, the President signed into law a measure that superseded the provisions of P. L. 93-380, the Education of All Handicapped Children Act (P. L. 94-142). This most comprehensive act could be characterized as legislation of landmark dimensions. P. L. 94-142 committed the federal government to a substantial financial contribution toward the education of America's

handicapped children. P. L. 94-142, which is a comprehensive rewrite of the old Part B of the Education of the Handicapped Act, is permanent legislation with no expiration date, a stark contrast to normal Congressional procedure. The most recent federal regulation that has important implications for education became effective in 1977. On April 28, 1977, Joseph A. Califano, Jr., Secretary of Health, Education, and Welfare, released the following statement which in part said:

> "For decades, handicapped Americans have been an oppressed and, all too often a hidden minority, subjected to unconscionable discrimination, beset by demoralizing indignities, detoured out of the mainstream of American life unable to secure their rightful role as full and independent citizens.
>
> Today I am issuing a regulation, pursuant to Section 504 of the Rehabilitation Act of 1973, that will open a new world of equal opportunity for more than 35 million handicapped Americans--the blind, the deaf, persons confined to wheelchairs, the mentally ill or retarded, and those with other handicaps.
>
> The 504 Regulations attacks the discrimination, the demeaning practices and injustices that have afflicted the nation's handicapped citizens. It reflects the recognition of the Congress that most handicapped persons can lead proud and productive lives, despite their disabilities. It will usher in a new era of equality for handicapped individuals in which unfair barriers to self-sufficiency and decent treatment will begin to fall before the force of law....
>
> Every handicapped child will be entitled

> to free public education appropriate to his or her individual need, regardless of the nature or severity of the handicap. In those unusual cases where placement in a special residential setting is necessary, public authorities will be financially responsible for the tuition, room, and board.
>
> Handicapped children must not be segregated in the public schools, but must be educated with the nonhandicapped in regular classrooms to the maximum extent possible" (Califano, 1977 p.1-4).

State Legislation and the Education of Handicapped Children

A survey was conducted by the U. S. Office of Education (Mackie, 1965), which focused upon quantitative advances in three areas of special education: 1. The local public school system which offered special education programs. 2. Enrollment of pupils by type of exceptionality. 3. The number of special education teachers and speech and hearing specialist. These findings when compared to surveys conducted in 1948 and 1958 showed marked progress in providing educational opportunities for exceptional children. About 5,600 school systems had special programs in 1963 which represented an increase of more than 4,000 since 1948. In addition about 8,000 systems arranged for instruction for some or all of their exceptional children through cooperative programs with other schools. Both public and private residential schools

also play an expanded role in the nation's efforts to provide educational opportunities for the handicapped.

Pupil enrollment in special education programs increased 280 percent between 1948 and 1963. The enrollment figures for 1963 were approximately 1,666,000. It is believed that about 10 or 12 percent of the school age population needs some form of special education. In 1963, approximately 27 percent of the estimated 6.1 million school age children who needed special education had the advantage of special programs. Fifteen years earlier only 12 percent of the 3.8 million children who needed special education received this help.

The number of teachers and therapists who work directly with handicapped children increased by about 350 percent between 1948 and 1963. Of the approximately 71,000 special education teachers working directly with handicapped, approximately 60,000 were employed by public schools and about 11,000 in residential schools. These figures do not include homebound teachers, supervisors of programs at the state and local level, or those in teacher education.

Thirty special educators, some of whom have worked in the field for over 50 years, were interviewed by the staff of the Council of Exceptional Children (CEC) by

the telephone. Each was ask to identify milestone events and pioneers in special education and to describe the development and role of teacher education, research, and the CEC over the years. Samuel Kirk perceived milestone events that include: 1. The initial efforts which heightened public awareness. 2. The development of public programs. 3. The current stage of public enlightenment (Aiello, 1976). Eugene Doll felt that the training of the deaf was the first emergence of special education. Lloyd Dunn noted the development of publicly supported special education programs which was the first time educators were faced with the question of what to do with the less able youngster. William Cruickshank stated that, "Although it may seem peculiarly related to special education, the Second World War was a significant milestone for our field" (p.245).

> As opposed to the First World War which was a killing war, the Second World War was a maiming war. Tens of thousands of young men and women who left their communities as normal persons returned as disabled citizens. But the fact that they spent their childhood as normal people resulted in an interesting change on the part of people in the community. For example, someone might think, "Joe left as a good guy when he went into the army. Although he's missing his legs, we knew him as a normal person". Society became more aware of and more accepting of people with disabilities, and this change of attitude

> was very significant (Cruickshank and Johnson, 1958, p. 15).

After the Second World War, parents were more willing to admit publicly to the presence and the needs of their handicapped children. Consequently, the late forties gave rise to parent organizations for handicapped children (Aiello, 1976).

William Geer reported that the development of parent groups was especially significant.

> The National Association for Retarded Citizens, the United Cerebral Palsy, and the American Foundation for the Blind - up to and including the Association for Children with Learning Disabilities and the parent groups for the gifted children have provided national visibility for exceptional children. Parent groups are also responsible for the direct political pressures which resulted in the special education legislation of the 1960's and 70's (p. 248).

Although Cruickshank felt there had been an improvement in the public attitude after World War II, a study by Gellman (1959) found that prejudice towards the disabled existed at all socioeconomic levels throughout the country. He found also that a relationship between the severity of the handicap and the negative attitude. Those with milder handicaps were better accepted than those with severe handicaps.

"In part, the cycle of labels and definitions assigned to the handicapped reflects the manner in which these

persons have been perceived. Those who are concerned about handicaps use labels which suggest normalcy and thus greater acceptance" (Cruickshank, et al, 1971).

Edgar A. Doll (1955) said:

> Changes are reflected in new models of expression which indicate the alteration in thinking and values. As the term "feebleminded" gave place to "Mentally deficient, so this in turn has changed to mental retardation" (p. 19).

The terminology has moved away from the clinical toward a more general appraisal of the handicapped as a person in "softer" words and with more generally descriptive evaluation of total aptitudes (Weintraub, et al, 1971). Terminology relating to mentally retarded is described by Dybwad (Rothstein, 1965).

> Until recently the terms moron, imbecile, and idiot were used to denote degrees of impairment. Because of the unhappy connotations these words had assumed, the terms mildly retarded, moderately retarded, and severely retarded have been substituted. Another new terminology speaks functionally of these groups as marginally independent, semidependent, and totally dependent. With the increasing emphasis on educational programs the mildly retarded are often referred to as educable, the moderately retarded as trainable. The term feeble-minded has fallen into disuse altogether (p. 6).

The term learning disabilities has replaced many of the earlier classifications of children who had major learning problems. Public Law 91-230, Elementary and

Secondary Education Act Amendments of 1969, Title VI, the Education of the Handicapped Act defines learning disabilities as follows:

> The term "children with specific learning disabilities" means those children who have a disorder of one or more of the basic psychological processes, involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasis. Such term does not include children who have learning problems which are primarily the result of visual, hearing or motor handicaps, of mental retardation, or emotional disturbances, or of environmentally disadvantage (p. 3).

Weintraub believes this definition reflects a movement to considerations of behavior. The defintion of mental retardation reinforces this trend. "Mental retardation refers to subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior" (Heber, 1961). One purpose the definition serves is to present a point of reference which can be used to determine the various categories of specific handicaps. Because labels and definitions change, estimates of the numbers of children with certain handicaps cannot be considered completely accurate.

Generally, a handicapped child is described as one" .. who deviates from the average or normal child in mental, physical, or social characteristics to such an extent that he requires a modification of school practices or special educational services, in order to develop to his maximum capacity" (Kirk, 1963). Handicapped children are generally said to represent about 10 to 12 percent of the total school age population. The growing trend to serve the handicapped as early as possible will increase the total number of children to be served. This results in the addition of about one million children (Martin, 1973). Steiger (1968) uses the figure of one and one-half million children in the preschool years, age 3 to 6.

Weintraub, et al, (1975) discuss four patterns of state law used to indicate children eligible for special education programs. A major difference in the laws is the degree of specificity in the descriptions of the various categories of handicapped children. The most specific laws create and define specific disability categories. Weintraub cites the following statutes from various states:

South Carolina:

> Emotionally handicapped children means children of legal school age with demonstrably adequate intllectual potential, who because

> of an emotional, motivational, or social disturbance are unable to benefit from or participate in the normal classroom of the public schools, but who may be expected to benefit from special instructional services suited to their needs.(Sec. 421-295 S.C. Stats: cited in Weintraub, et al, 1975).

The most common state laws list categories of children who are eligible. While these laws mention categories, they do not attempt to define them operationally. The following law from Kansas is an example:

> "Exceptional children" means children who (a) are cripple; or (b) have defective sight; or (c) are hard of hearing; or (d) have an impediment in speech; or (e) have cerebral palsy; or (f) by reason of emotional maladjustment or intellectual inferiority or superiority do not profit from ordinary instructional methods; or (g) are unable to attend regular public school classes with normal children by reason of any physical or mental defect. (KAS 72-5334: cited in Weintraub, 1975).

A similar type of law exists in West Virginia. In addition to categories, the law also provides the power for the state superintendent of schools to make any other exceptional child eligible for special education services. This section of the West Virginia law is as follows:

> . . . visually impaired, hearing impaired, physically, or orthopedically handicapped, multiple handicapped, autistic, intellectually gifted, or socially or emotionally maladjusted including the delinquent, learning disabilities both physical and psychological, and any other areas of

> exceptionality which may be identified and approved by the state superintendent of free schools. (Sec. 18-20-1 WVAC: cited in Weintraub, 1975).

A third type of law discussed provides a definition which is flexible, as typified by New York law which defines the handicapped child as 'one who, because of mental, physical or emotional reasons cannot be educated in regular classes but can benefit by special services...' (Sec. 4401 N.Y. Stats: cited in Weintraub, 1975). This law, passed in 1967, was designed for multiple handicapped children who, under traditional categories definitions, can be declared ineligible for program participation. For example, a deaf-blind child, because of a double handicap may be ineligible for programs as he does not fit into any one category.

The fourth type of law discussed established authority for special education and designates a state agency to develop definitions of children who are eligible for services. The following Maryland law is an example:

> "It shall be the duty of the State Board of Education to set-up standards, rules and regulations for the examination, classification, and education of such children in the counties of the state who can be benefited under the provisions of this subtitle." (Sec. 7u-521 ACM: cited in Weintraub, 1975).

The degree of flexibility provided with this type of law is totally dependent on the manner in which the rules and regulations are developed and followed.

Determination of eligibility of handicapped children for educational programs is not made solely on the basis of categorization. Traditionally, educational programs for the handicapped have been primarily limited to children of legal school age. Within recent years however, marked changes have occurred to increase the range of ages. The impact of research demonstrating the value of preschool programs has motivated many states to lower the school "entry age" for the handicapped. Some states have extended the age limit to 21 and in at least one case, to age 24. (KAS 72-5342: cited in Weintraub, 1975).

In response to the mounting evidence of the successes of early education for the handicapped, some states have passed laws which specifically remove minimum age requirements. Idaho has this kind of law. "Every public school district in the state may provide instruction and training for persons within the various school districts of the state to the age of twenty-one (21) years who are exceptional children." (Sec. 33-2201 Idaho Code: cited in Weintraub, 1975).

Connecticut law provides no minimum age but indicates that special education programs may be conducted for children, "Who have not attained school age but whose educational potential will be irreparably diminish-

ed without special education at an early age." (Sec. 10-76 Conn. Stats: cited in Weintraub, 1975).

California law permits the operation of experimental programs for deaf and severely hard of hearing children from 18 months to three years. (Sec. 681-5. Stats.) Similarly in Indiana, experimental programs may be established for deaf children as young as six months. (CH. 395 cts. of Indiana, 1969: cited in Weintraub, 1975).

More than half of the states presently authorize programs for the handicapped until age 21. In Kansas, handicapped youth who are unable to complete their education by age 21 are eligible to continue to receive special education services until age 24. Students at the state school for the deaf in Iowa may have the usual age limit of 21 extended to age 35 if special circumstances exist. Oklahoma has no minimum age. A maximum age of 26 is stated for the provision of special education services for certain disabilities. The Oklahoma law states:

> "Provided that there shall be no set minimum age for children who are blind and partially blind children, deaf and hard-of-hearing children and low incident severely multiple-handicapped children, i.e., deaf-blind, retarded-cerebral palsied, autistic, and other children failing to thrive from birth."
>
> "Any child determined to be eligible shall

> be permitted to receive such special education for a minimum period of twelve (12) years." (Okla. 70-13-101, 7-13-102, 1971)
>
> Any person who is of legal age and a resident of Oklahoma over the age of twenty-one (21) and under the age of twenty-six (26), and who has not completed the twelfth grade in school shall be given the same educational privileges and opportunities provided by law for children over the age of five (5) and under the age of twenty-one (21), upon submitting to the board of education of the school district in which said person resides evidence satisfactory to that board showing that during the time before he was twenty-one (21) years of age he was unable to attend school for a definite period or periods of time because of physical disability, or service in the United States Armed Froces..." (Okla. 70-5-132, 1971)

Handicapped children are children with differences. It is the business of educators working with these children to recognize and assess their learning differences, and to develop techniques and strategies to enable them to learn to their greatest potential. Because of variations in many types of disabilities, "It is essential that these differences be carefully evaluated to ascertain to what extent special education facilities are required." (Cruickshank and Johnson, 1958, p. 20) The purpose of providing special educational assistance to handicapped children is to enable them to achieve to their full potential. To achieve this objective, effective systems of census taking,

identification, screening, placement, evaluation, and re-evaluation need to be implemented.

In the schools, screening techniques and instruments help to locate children who may experience learning difficulty and need special assistance. At an early stage of the total evaluation process, behavior of the child is observed and inferences are made as to what Newland (1971) describes as "learning-processes, emotionality, achievement or aptitudes" (p. 84). Newland points out that group intelligence tests "have their major value for the initial identification of the mentally superior; have decreased screening value for the initial (but still practical) with respect to the mentally retarded; and are of still less screening value in reflecting verbal learning capacity as we go from the socially and emotionally maladjusted to the speech-impaired, the sensory handicapped and the seriously involved orthopedically handicapped" (p. 84).

In some states, the process of identifying and maintaining records of handicapped children begins shortly after birth. Although the responsibility may be assigned to various agencies, it is most often located within the state health agency. For example, Massachusetts assigns this responsibility to the department

of public health.

> Within ten days after the date of birth of any child in the Commonwealth with a congenital deformity or birth injury which may lead to an incapacity or disability, the hospital wherein such birth occurred shall report such cogenital deformity or injury to the department of a form to be furnished by said department. The contents of such report will be solely for the use of the department and such report shall not be open to the public inspection or constitute public records. (Ch. 111 Sec. 673. Mass. Gen. Laws: Weintraub, 1975).

Many states have school health laws which contain a standard provision requiring every local administrative unit to identify and report children suffering from various physical defects and to report such defects to the parents or guardians for "correction" or for further evaluation. The following Main law is a good example:

> The superintendent, the school committee, or school directors of administrative units shall cause every child in public schools to be separately and carefully tested and examined at least one in every school year to ascertain whether he is suffering from defective sight or hearing or from any other disability or defect tending to prevent his receiving the full benefit of his school work or requiring a modification of the school work in order to prevent injury to the child or to secure the best educational results. The committee, or school directors, shall cause notice of any defect or disability to be sent to the parent or guardian of the child, and shall require a physical record of each child be kept in such form that the commissioner shall prescribe after consultation with the department of health and welfare, (RSM Sec. 41062: cited in Weintraub, 1975).

The chief variation among laws of this type is the assignment of who identifies and reports the child. In most states, this responsibility is given to the classroom teacher. Colorado law provides:

> Every teacher in the public schools shall report, the mental, moral and physical defectiveness of any child under his supervision as soon as such defectiveness is apparent, to the principal, or where there is no principal, to the county superintendent. (Sec. 123-23-17 CRS: cited in Weintraub, 1975).

In West Virginia, the teacher is given even more specific responsibility:

> A State-wide school census of ...mental and physically handicapped persons of all ages shall be made during the first week of the school term...and at a corresponding time each five years thereafter. The school census shall be taken by the teachers under the direction of the county superintendent. (Ch. 18 Sec. 1814 WVCA: cited in Weintraub, 1975).

Oklahoma law requires that teachers receive some training in the identification of the handicapped children:

> After July 1, 1976, no person shall be granted a standard certificate of license to teach in the public schools of this state unless he has satisfactorily completed a course of two or more semester hours in the education of exceptional children.
>
> The course shall include instruction on identification of children with learning disabilities caused by neurological disorders, mental retardation and sociological factors. The course shall provide information on methods and techni-

> ques for teaching exceptional children, sources of referral and assistance to teachers and parents. (Okla. 70-6-128 Stats.)

Oklahoma law also requires that the State Board of Education maintain a register of educable mentally handicapped children, trainable mentally retarded children, speech defective children, emotionally disturbed, perceptually handicapped children and other handicapped children and to use all means and measures necessary to meet the physical needs of all educable and trainable such children, as provided by law, and to stimulate all private and public efforts to relive, care for, cure, or train handicapped children, and to coordinate such efforts with the work and function of governmental agencies. (73-13-111 Okla. Stats.)

Virginia law also places the responsibility on "the principal or teacher" but restricts identification to the children with vision and hearing problems.

Some states have created specific provisions for identification within their special education laws. The following is an example from Alabama:

> Each school board in the state of Alabama shall take a careful and thorough survey of persons who (if thereafter certified by a specialist) would probably qualify as exceptional children residing in its' school district, which survey shall show

> the name, age, sex and type of exceptionality of each exceptional child found by it. All such data descriptive of an individual person (as contrasted with compilations made therefrom which do not reveal information about specific individuals) shall be maintained in strict confidence and shall not be made available to anyone except to the survey-takers (in connection with those individuals reported by them, the appropriate superintendent and his staff, the appropriate school principal, the individual child's parent or guardian, and such other persons as may be designated in regulations adopted by the State Board of Education and under such conditions as may be provided therein. (SB 13 Acts of 1971: cited in Weintraub, 1975).

Massachusetts law is noticeably different, as it involves the collection of census data by the commissioner of education with assistance from other agencies:

> The commissioner of education shall conduct an annual survey with the cooperation of the supervisor of special schools and classes and the director of the division of the blind, and with such other assistance as he may deem necessary to determine the number of blind children in the commonwealth. (Ch. 69 Sec. 33 Mass. Gen. Laws: Weintraub, 1975).

The laws of the states do not have uniform provisions for the frequency of census taking of handicapped children. While Massachusetts requires an annual census, Alabama census is taken on a periodic basis. The following Delaware law provides for continuous census taking:

> The principals, superintendents, teachers, and visiting teachers in every school district, in accordance with the rules of procedure

> prescribed by the State Board of Education, as it may direct, on or before the 15th day of May of each year, and thereafter through the year as new cases are discovered, every child within any school district between the chronological ages of 4 and 21, who because of apparent exceptional physical or mental condition, is not now being properly educated and trained, and thereafter the State Board of Education, as it may direct with the aid of cooperating agencies, shall examine such child and report whether the child is a fit subject for special education and training. (Sec. 3105 DCA: cited in Weintraub, 1975).

An analysis of evaluation and placement statutes reveals a number of different elements which need further consideration. In many state laws, evaluation and placement are discussed in the same section of the law. An example of this type of law is the following from Alaska:

> 1. The parent or guardian of the child or the local administrator of special education may submit the application. If the administrator submits the application, he must have full knowledge and consent of the parent or guardian.
> 2. The application is submitted on forms provided by the department of education to the governing body of the local district. The school board shall forward the application to the commissioner of education.
> 3. After the child has undergone an evaluation that is defined by the regulations of the department by qualified personnel to determine whether or not the child is capable of benefiting from enrollment in special education, the commissioner is responsible for final certification of a child for special education services. (Sec. 14. 30. 330 Alas. Stats: cited in Weintraub, 1975).

A common element in evaluation and placement laws is the designation that personnel must be qualified. Florida law, states: "The term exceptional child as used in Florida school code means any child or youth who has been certified by specialist qualified under regulations of the State Board of Education to examine exceptional children..." (Weintraub, 1975, p. 45). Under Michigan law physically handicapped and emotionally disturbed children may not be enrolled in a special education program except with a certified diagnosis "by competent and appropriate professional authorities acceptable according to the standards of the superintendent of public instruction." (Sec. 340.711 and Sec. 340.775A CLM: cited in Weintraub, 1975).

Other states specify the type of specialists who will certify. Oklahoma regulations require:

> 1. Individuals qualified to administer tests and recommend placement in classes or programs for the mentally handicapped, programs for children with learning disabilities, and programs for the academically gifted are: Psychiatrists, licensed psychologists, certified school psychologists, certified school psychometrists, certified school counselors*, and certified teachers.*
>
> *They must have on file with their L.E.A. a certificate of competency issued by the professor who taught the course or the college official authorized to make such recommendations stating the specific tests they are qualified to administer.

> 2. For placement in classes or programs for the emotionally disturbed: Psychiatrists, licensed psychologists, certified school psychologists.
> 3. For placement in a class or program for the blind or partially sighted: Medical doctor, ophthalmologist, and optometrists.
> 4. For placement in a class or program for deaf or hard-of-hearing: Medical doctor or audiologist.
> 5. For placement in a class or program for physically handicapped: Medical doctor or osteopaths.
> 6. For placement in a class or program for speech impaired: Augiologists or certified speech therapists.
>
> In the case of a child whose primary home language is other than English, the following conditions must be met:
> 1. The examiner is fluent in both English and the primary language of the home, or
> 2. There is available to the examiner an interpreter fluent in the primary language of the home and
> 3. The test used must contain sufficient nonverbal material to enable a valid, reliable decision to be made as to the individual probable level of educational functioning. (Okla. State Board of Education Regulations Sec. C 1 (d), 1975)

Louisiana law is somewhat unique regarding evaluation and placement as it assigns partial responsibility for these activities to special education centers located in state colleges and universities:

> Special education centers located in state colleges and universities are designated as the competent authorities for the evaluation of handicapped and other exceptional children in the public school.
> In parish and city school systems served by one or more college special education centers

> are designated as the competent authorities for psychological and educational diagnosis and evaluation of handicapped and other exceptional children, and that pupils may be assigned to such special classes for facilities only upon the recommendation of said special education centers or other persons or agencies approved by the State Department of Education.
> In parishes or city systems not served by a college or university special education center, pupils may be assigned to special classes of facilities only upon recommendation of other competent authorities approved by the State Department of Education. (LRS Sec. 1950: cited in Weintraub, 1975).

Some states specify that periodic re-evaluation of children placed in special programs must occur. Arizona law, as an example, provides:

> The placement of a child in a special education program shall be reviewed by the chief administrative official of the school district or county or such person as designated by him as responsible for special education once each semester, if requested by the parent or guardian of the child or recommended by the person conducting the special education program. A copy of the results of the person making such request or recommendation for review. (Sec. 14-1014 ARSA: cited in Weintraub, 1975).

Similarly California law provides that an annual review must occur of the placement of "educationally handicapped" children:

> The admission committee shall annually (1) review the appropriateness of the placement of minors in special education programs under the provisions of this chapter and (2) submit recommendations as to the return of such minors to the regular school program, continuance in the program for educationally handicapped,

> transfer to other special education programs, or referral to other agencies, (Sec. 6755.1 Cal. Stats: cited in Weintraub, 1975).

Oklahoma regulations state:

> There will be a continuous review of a child's placement or progress. An annual review of his/her educational status will be made to determine whether the child should; a. Remain in his present program using the instructional pattern set for the child originally; b. Remain in his present program with a restructured instructional pattern; c. Be placed with a different special service unit to meet educational and/or social needs; d. Be totally integrated into the regular classroom; or e. Be offered services elsewhere in or out of the community. (Okla. State Board of Education Regulations Sec. C 5, 1975)

Another provision in some states pertains to placing children in special programs for trial periods to determine if such placements are appropriate. The following Colorado statute is an example:

> The final approval of the enrollment of any eligible handicapped child in a special education program shall be made by the board of education of the school district providing such program and such child may be enrolled for a trial period not to exceed nine months. (Sec. 123023-7 CRS : Weintraub, 1975).

Having mandated educational services to handicapped children, the states found that compared to the average cost of educating a normal child, education of the handicapped is expensive. A recent study (Rossmiller et al, 1970) of 24 School districts in five states indicated the cost of special programs for handicapped children

ranges from 1.18 times the normal cost for speech handicapped children to 3.64 times the normal cost for physically handicapped children. The higher costs are due primarily to lower teacher-pupil ratios, auxiliary personnel, and transportation. The study also notes that most classes for handicapped with low teacher-pupil ratios were housed in rooms designed for over 30 students, thus inflating unrealistically the per pupil cost for facilities, operations and maintenance.

The Analytic Study of State Legislation for Handicapped Children (Ackerman and Weintraub, 1971) found that special programs for handicapped children tend to become a "fiscal football" in times of local educational austerity. These programs, according to the study, are often perceived by general school administrators as "frills", resulting in their demise or curtailment at the first attack on the local school budget. In addition the study rated a strong positive relationship between the degree of program development and the level of support.

Ackerman and Weintraub point out that characteristics of the programs developed also reflect the type of state support provisions. State funding on the basis of a teacher unit allocation for a determined number of pupils

tend to stimulate heavy domination of special classes. State support for facility rental but no capital outlay usually results in handicapped children receiving their education in inadequate facilities. The study also found that in states where funding is allocated on a fixed per pupil or unit basis, only a portion of the money was absorbed or diverted into the general school or community coffers.

Weintraub et al, (1975) found that generally there are three types of state support to local schools for services to the handicapped. The unit reimbursement, per pupil reimbursement, and special reimbursement. An example of a unit support program is the state of Louisiana which provides one unit for each class of special education students:

> Each parish and city school board is hereby authorized to include in it's cost program the salaries, according to the Official Louisiana Teachers Salary Schedule, of each special education teacher and therapists who is qualified according to the requirements of the State Board of Education and who is engaged in the teaching or training of any one type of handicapped or other exceptional children who are eligible to receive such education or training according to the rules and regulations of the State Board of Education. (LRS Sec. 1946: cited in Weintraub, 1975).

The per pupil reimbursement plan provides in addition to the general state per pupil reimbursement, speci-

fic reimbursement for children on the basis of their disability. An example of this is Idaho's law which uses a multiplier in determining reimbursement. The foundation program:

> 4b. Handicapped Child Factor. — A handicapped child factor shall be calculated for the state and also shall be calculated for each school district to provide for the education of handicapped pupils as set forth in sections 33-2001, 33-2004. To obtain said factor, multiply 300 percent by the average daily attendance of handicapped children for either the state or school district as the case may be. (Sec. 33-1002 Idaho Code: cited in Weintraub, 1975).

The special reimbursement method provides funds for specific supplemental aspects of the special education program such as instructional materials and media, transportation, facilities, research, and personnel training.

Texas provides the following "special service allowance" to each school district (cited in Weintraub, 1975):

> (a-4) To each school district operating an approved special education program there shall be allotted a special service allowance in an amount to be determined by the State Commissioner of Education for pupil evaluation, special seats, books, instructional media and other supplies required for quality instruction. (VACT Art. 2992.13)

Delivery Systems for Educational Services to Severely Handicapped Chidren

Delivery systems for educational services to severely handicapped children are currently being developed to meet

the requirements of Mainstreaming these children. One model developed by the Institute for the Study of Mental Retardation and Related Disabilities at the University of Michigan is composed of several components:

1. Classroom instructional skills
2. Maladaptive behaviors
3. Social skills
4. Motor skills
5. Daily living skills
6. Communication skills
7. Pre-academic skills

These components were selected because they represent the most inclusive terms and concepts to prepare the severely handicapped for the higher order functions.

The components, described below, also represent the major modes in a decision-making system for teachers of the severely handicapped. The components provide a set of major categories for systematically monitoring and reviewing the priority needs of a student. In order to facilitate this function, a set of definitions are offered for each component. These definitions are offered to provide a conceptual framework for decisions of the teaching staff. The objectives contained in the program statements constitute the sequence of program objectives for the students as they progress.

1. Classroom instructional skills are those functional behaviors needed by a student to obtain maximum benefit from the classroom setting. They include the behaviors which involve instructional interaction with the teaching staff and appropriate responses to stimuli, teaching materials, and instructional settings. Essentially, instructional skills are behaviors related to performing tasks and discriminating the appropriate responses expected in the setting. Furthermore, acquisition of these skills by a student provides a foundation for teaching prompts (correction procedures) in the content aspects of the programs.

Included in this category are the following skills:

1. The ability to maintain oneself in the instructional setting;

2. The ability to imitate the motor, vocal, and verbal patterns of the instructional staff.

3. The ability to match stimuli upon the command of an instructor;

4. The ability to follow the directions of an instructor.

5. The ability to discriminate the appropriate stimulus in a learning situation, i.e., to attend to a task.

6. The ability to respond to a model of an adult, to refine one's own responses.

These skills can be summarized as the basic discrimination skills and social responsiveness needed by a student in a classroom setting. From the perspective of the teaching staff, acquisiton of these skills indicate that a student is under instructional control for the purposes of implementing curricular programs.

Attainment of all or some of these skills are considered prerequisites, or inherent aspects of the other curriculum components. Depending upon the functional level of the student, they can comprise the entire curriculum in the student's daily schedule or they can be considered the initial phase of implementation of the programs for other components. For the severely retarded or significantly developmentally delayed student, the major portion of the student's day will be committed to these skills. For the higher functioning student who exhibits maladaptive behaviors or problems related to performing the task in the teaching situation for functional behaviors in the content area, the instructional skill programs are sequenced within the flow of the programs or curricular programs.

2. Maladaptive behaviors are divided into two categories:

1. Interfering behaviors – Those behaviors which consistently interfer with the student's functioning on specific classroom task, social interactions with others, or with the instructional staff's attempt to conduct the classroom.

2. Inappropriate behaviors – Those behaviors which draw attention to the youngster (e.g., temper tantrums), are self-injurious, or verbally/physically aggressive towards others, or are potentially injurious to others (Turton, 1976).

The intervention strategies emanate from the classification system in that the first group are handled principally through strategies which are utilized during the programs whereas the inappropriate behaviors require procedures specific to the behavior and a constant monitoring system. The precepts of the classroom staff are also critical in the categorization and treatment of behaviors. Although this component is labeled "Maladaptive behaviors," the responses of the students are viewed as 1) his/her mode of adapting to the environment and 2) as behaviors which are not unlike those found in a non-handicapped group for this age.

The presence of either (or both) categories of behaviors are considered to be signs that the student is in need of programs to enhance the acquisition of instructional skills and a developmentally-based program, principally cognitive and communication skills. That is, the most important intervention strategy for any maladaptive behavior includes an individualized curriculum for the developmental and educational needs of the student.

3. Social skills are culturally appropriate behaviors and skills found in a student's interactions with peers, siblings, and parents, and instructional staff. They define the student's ability to live in his/her culture and immediate environment. The priority social skills for a severely handicapped student are as follows:

1. Play skills
2. Social communication skills
3. Sharing and cooperation
4. Decision-making
5. Emotional affect skills
6. Human sexuality

These six categories are not totally inclusive of all possible social and community skills. They represent a core set of social skills for students to be served

by this model. Inherent in each category are subsets of behaviors and natural interrelationships. For example, under cooperative play are subsumed the behaviors of planning together, sharing activities and toys, communicating intent, and displaying appropriate emotions.

Play activities and/or leisure time activities have been the most difficult to select for the severely handicapped. Most children's games available on the public market require cognitive, perceptual, and linquistic skills above the level of these students. The extremely simple toys and games are, quite often, inappropriate for the physically handicapped student or they involve a repetitive, stereotyped behavior which envokes maladaptive like behaviors. Paradoxically, the absence of play behaviors and leisure time activities fosters conditions for maladapting because the student simply has nothing else to do. Consequently, social skills will become one of the areas of emphasis for future curriculum development.

4. Daily living skills includes the behaviors which are frequently described as self-core, independent living skills, or activities for daily living. In this curriculum, the term daily living skills, is used because the behaviors in this category permit the student to function independently on a day-to-day basis with consistency and appropriateness. They include more than the attainment of isolated behaviors. The student must display the behaviors in an integrated sequential fashion regardless of the setting (home, school, etc.) or the task. Thus the instructional program must sequence the student from attainment of the criterion level of the behavior to consistent and appropriate usage in any social context. The following list constitutes the basic categories in this component:

1. Dressing and undressing skills
2. Eating and food preparation skills
3. Care of oneself
   a. Body hygiene
   b. Toilet care and needs
   c. Dental care
   d. Menstrual and other forms of sexual hygiene
4. Care of personal property
   a. Clothing
   b. Rooms (bedroom, play areas, etc.)

c. Toys and play articles
d. Instructional materials

These categories can and should be modified according to the student's developmental and functional level. For the young, severely handicapped student, eating skills will probably involve learning to chew, swallow, and use eating utensils. For the intermediate age student, the skills of eating with a group, using restaurants or cafeterias, and table setting and clearing may be the primary goals. Eventually, the student should be considered for placement in programs to learn food preparation skills. The same type of developmental chronology is appropriate for the other three categories.

Program implementation for this component is predicated upon the assumption that a combined home and school program is the only way to effect changes in a student's skill level. Furthermore, the home is the primary teaching site and the school is the complementary site for initiating or refining tasks. This assumption has been derived for two reasons: 1) the home is the center of the student's community life and is the principal place in which these skills will be used; and 2) the shift of programming in this area from the school frees the staff for an emphasis on other curriculum components. Eventually, the coupling between social skills, and daily living skills should lead to a series of strategies wherein the classroom becomes a site for training consistency and appropriateness of the behaviors.

5. Motor skills are classically defined as the use of small and large muscles for a variety of tasks. Preambulatory and ambulatory skills, mobility, catching, throwing, and manipulation are examples of tasks taught in this category. A definition of motor skills, however, can be refined into two functions: movement and application. The student must be taught to move the muscles of the body appropriately and then to apply the movement within ght context of a specific task.

Fine motor responses are an excellent example of the simplicity and complexity of this definition. There are three basic components to all fine motor tasks; 1) grasp of an object, 2) movement of the object; and 3) release of the object (or termination of the movement), brushing teeth, writing, and picking up toys are all fine motor tasks which utilize these basic components in differ-

ent contexts. The developmental aspects of learning the three components of fine motor responses must be integrated into social, behavioral, and educational programs of the other curriculum areas.

6. Communication skills, for the purposes of this model is defined as the systematic use of a response model (surface structure) to transmit and receive messages (functional relations) according to the standards of the student's culture. This definition is designed to be as broad and inclusive as possible so that multiple forms of programs can be made available as alternatives for the student. The critical decision for initiating communication programming for the severely handicapped is the selection of the appropriate response mode. The content cannot be taught until this decision is made. Fortunately, a variety of alternatives are now available to the instructional staff when this decision is being considered for a student. Among these alternatives are the following:

1. Normal phonological system; the use of the sound system of English.

2. Manual communication; the use of finger-spelling and/or sign language.

3. Touch and/or point responses; the use of motor responses in conjunction with communication boards, Bliss Symbols, or other alternative symbolic systems.

4. Automated and/or electric devices; the use of mechanical, electronic instrumentation to replace or supplement muscle-based responses.

Once a decision has been made to adopt a particular response mode with a student, it must be periodically reviewed to allow for changes commensurate with the changes in the student's functional level.

The content of the communication program is derived from the literature on normal language acquisition and language training with the handiapped. However, the content is not and cannot be taught solely under the guise of language or communication therapy. The therapy component of the program consists of teaching the student 1)

the surface structure, i.e., the topography of the response mode, 2) the grammatical relations or patterns of the system generally known as syntax and morphology, and 3) the process of integrating knowledge attained in other programs into the surface structure or the grammatical relations.

The cognitive (or sematice) base of the communication system is taught throughout the day in other programs and in specific vocabulary acquisition programs. A natural integration occurs between communication in the daily schedule that is so obvious that it is often disregarded. The numerosity concept programs found in the pre-academic component provide one type of cognitive content for noun phase development in a child's repertoire. At the same time, vocabulary development is an inherent feature of motor programs, daily living activities, and other programs. Classroom strategies can easily be devised which utilize time periods other than communication programming for teaching new content or effecting generalization.

7. Pre-academic/academic skills are those developmental and educational programs which address 1) the cognitive perceptual aspects of the child's development and prepare him/her for more formal academic programs, and 2) entry level academic programs. This component of the curriculum is the exit point in that the assumption is made that attaining the terminal objectives contained herein will allow the student to function either in a formal academic program or have the basic congitive prerequisites for (pre-) vocational and community living programs.

The majority of the cognitive aspects of this component are sequenced in a pre-mathematics program because the literature indicates that these skills are necessary for basic addition and subtraction. Other cognitive tasks are presented in essentially the same teaching format. Included in the format are the basic match-to-sample, discrimination based upon verbal label (recognition), and labeling steps.

Two communication modes, reading and writing, are treated differently in the curriculum model. Reading is presented in a combined communication-reading curriculum wherein the major phases of the program follow relatively similar steps. This "approach" was followed to facilitate

integration of all communication modes and to provide for a generalization system for the acquisition of the task format and the content. Like the math program, the reading program is actually a pre-reading activity in that it is designed to move the students into commercially available reading curricula for the handicapped.

Pre-writing is presented as a separate program initially with an emphasis upon the teaching of the basic movements and strokes for the act of writing. Stimuli used in the pictorial and graphs sections of the communication-reading program are available to the student in later stages of the program. These stimuli which the student should be able to match, recognize, and label; thus, simplifying the task of learning to produce the graphics only and not the dual task of learning the words and the motor movements.

In the pre-academic/academic component, tasks such as rote counting and learning the alphabet are not taught as phases of the learning sequence. This decision was based upon two factors. The normal development literature indicated that children can perform these tasks relatively early in life. However, little evidence exists that they are necessary prerequisites to learning the conceptual tasks of mathematics and reading. Furthermore, teaching of these tasks to the severely handicapped creates the problem of generating another rote, ritualistic behavior for them which can actually hinder rather than assist in the learning of more complex tasks. These tasks are available as prompts when needed but they do not constitute sub-objectives for the mathematics or reading sequences (Turton and Smith, 1976).

D. Bricker, W. Bricker, R. Iacino, and L. Dennison (1976) discuss two intervention strategies for the severely and profoundly handicapped child.

> Experience during the past several years (D. Bricker, 1967; W. Bricker, & D. Bricker, 1970; 1972; 1974; D. Bricker & W. Bricker, 1971; 1972; 1973) has indicated instruction for profoundly handicapped children can and must be extended beyond the usual expectations of behavior management and training in self-help skills into the areas of cognitive and linquistic development if the

> children, their parents, and the community are to benefit fully from the training efforts.

One intervention strategy for use in structuring an educational intervention program for severely and profoundly retarded children is a corrective approach.

> This strategy focuses primarily on the deceleration of a socially maladaptive or inappropriate behavior and the substitution of more desirable targets. Most programs that concentrate on the profoundly handicapped child have by necessity employed a corrective approach. Traditionally the profoundly retarded child is offered no opportunity for educational intervention until after age five and by that time his repertoire is often replete with a variety of unacceptable and difficult to extinguish responses. Observation of this target population in most institutional settings makes the accuracy of this statement agonizingly apparent.

A second intervention strategy which the authors call a constructive approach focuses on arranging antecedent adaptive skills.

> A constructive approach has rarely been used with the profoundly retarded child because until recently educational programs for these children simply did not exist. Once a diagnosis of severe or profound retardation was made, parents were generally counseled to take the child home until the child was admitted to an institutional setting. Because no educational facilities existed for young children, the parent was left with little professional support to provide any environmental stimulation until the child was admitted to a residential facility.
>
> While the corrective approach is often necessary to produce important and often necessary changes in behavior, we believe that the

> basic solution to the problem lies in placing all children with significant development problems into a constructive intervention system at the moment of detection.

The authors have developed a corrective strategy termed the Problem Orientated Educational Record (POER).

> After the major behavioral problems have been resolved with a child, this corrective strategy is integrated with a constructive educational program which is based on the constructive interaction adaption position.

> The POER is still in the pilot stage of development and will undoubtedly undergo change as the approach is employed and information is gathered concerning its usefulness. The system is predicated on a format that places demographic and programmatic variables on a five by eight inch card. Each child admitted into the program has his own set of POER cards that are filled out in conjunction with the parents after the teaching personnel have had ample time to observe the child. We have found it useful to video tape several individual sessions of the teacher-child interaction. These tapes are then used to analyze the child's response patterns to various training materials and settings. After the initial observation period, followed by an analysis of the child's performance taken from the video tape, the POER cards are completed. The information placed on these cards should guide and direct the individual training routines for each child in the program.

> The POER has been used with only a few profoundly retarded children. The teaching personnel have indicated that they are finding the system to be useful in targeting responses, generating intervention programs and monitoring these approaches across time.

The construction approach to intervention is an extension of the early intervention system the authors have been evolving during the past few years (D. Bricker & W. Bricker, 1971, 1972, 1973; W. Bricker & D. Bricker, 1974).

> Data and experience generated from this early intervention project for developmentally delayed children have led us to establish six major objectives:
>
> (1) To demonstrate that services and research components can be successfully blended into a single project.
>
> (2) To demonstrate that early intervention with young developmentally delayed children is not only desirable, but also necessary and feasible.
>
> (3) To demonstrate that thoughtful integration of children with a variety of developmental disabilities can result in an effective program for all children.
>
> (4) To demonstrate that assessment can be more useful for structuring intervention programs when linked directly to training procedures.
>
> (5) To demonstrate that parents or caretakers can and should be included as integral parts of an intervention program.
>
> (6) To train various levels of professionals to provide effective educational intervention services to a wide range of low functioning children.
>
> Meeting these objectives necessitates a program composed of four major components: classroom demonstration programs, parent involvement, activities research, and training of

teachers and allied professionals.

The demonstration component is composed of infant, toddler, and preschool classrooms as well as special public school units for language disorder, autistic, and profoundly retarded school-age children. Each unit is staffed with a minimum of two teachers and a teacher assistant. Their basic responsibilities are to develop and implement an individualized educational program for each child enrolled in their class. The research conducted in these units focuses on classroom training procedures and content, particularly in the areas of language and cognitive development.

Parent involvement in the program occurs both within the research and service units. The research unit is designed to generate data that will be used to develop effective training programs for parents and/or caretakers of developmentally delayed children. Often the problems studied have been generated by the difficulties encountered by the program personnel involved in service delivery. The service unit is divided into three basic intervention areas for parents: the presentation of information which exposes the parents to strategies for seeming community and state resources available to handicapped children and their families; the development of effective teaching strategies; and the provision of special counseling services for particularly involved problems or difficult family situations. Intervention is implemented through the use of individual sessions and small or large group meetings with a specially trained cadre of full-time parent advisors. The parent program personnel includes parent advisors who do the individual and small group training, a social worker who handles social service needs, advanced clinical and social work students who provide special counseling and a coordinator who supervises these varying activities.

The research activities have focused on the investigation of the various parameters of linguistic and cognitive development. The

> information derived from these investigations has been used to develop effective training programs for handicapped children. A second important research activity has been to explore techniques for training parents to become more effective teachers. Communication between service, research and training components is of particular importance in order to ask and answer the complex questions that have direct relevance to education of the parents and children. When a specific training procedure breaks down, the research component is consulted concerning the existing options. The problem can be studied under more carefully controlled conditions, modifications can be made within the present setting, or the procedure can be tried with a different population. The research component makes these judgments in cooperation with the classroom and parent components.
>
> The final component which we feel is necessary, not only for reaching our goals but also for providing excellence in programs for severely and profoundly handicapped children, is personnel preparation. A program of intervention for a parent or child can only be as effective as the interventionists. Not even the most adequately programmed curricular materials can completely offset a poorly trained teacher. In the constructive approach to intervention, well trained personnel are clearly the critical variable in maximizing the child's developmental progress.

The structure of this intervention approach which the authors call constructive interaction adaption, is derived from two major sources. Cognitive formulations describe the form and organizational patterns of the structures, schemes, and operants which developed from

an infant's reflexive behavior. The behavioral approaches to human development which emphasizes the mechanism for changing behavior and altering patterns of behavioral control exhibited by antecedent stimulus events in the second source.

Other delivery models currently in use include the following:

The Portage Guide to Early Education (Shearer, 1972) was developed primarily to use as a guide in teaching handicapped children in early childhood education programs and designed for those children whose mental ages are birth to five years. It has been fairly widely replicated throughout about one-half of the United States. It consists of five developmental areas, cognitive, motor, language, self-help, and socialization. While the directions of The Portage Guide to Early Education does not specify the basis for selecting the specific content or the sequences of a task, the content is compatible with typical child development.

The Mid-Nebraska Mental Retardation Services has produced a curriculum which includes the Basic Skills Screening Test and the Basic Skills Remediation Manual (Schalock, Ross, & Ross, 1974). The manual and the screening test provide: An objective screening test to

evaluate each target behavior; a developmentally sequenced list of target behaviors which, when remediated or present, combine to produce functional behavior; specific teaching objectives, remediating techniques, and materials for each target behavior; and a suggested movement cycle for each teaching objective.

The Zero Reject Project Curriculum (Brown, Scheuerman, Cartwright, & York, 1973) is directed by Louis Brown, University of Wisconsin, Madison, Wisconsin. This curriculum, interrelated with behavioral procedures, is entitled "Design and implementation of an empirically based instructional program for young severely handicapped students: Toward the rejection of the exclusion principal". This is a curriculum designed more for children from five to ten years of age. It is an instructional program which embraces curriculum content and skills within the program. The programs include Basic Language Skills (direction following program, location concept, receptive language, and expressive language); Reading Skills (initial sight work reading, color program, basic alphabet skills, and chart story program); Mathematical Skills (number discrimination and labeling; basic counting and quantity concept, and rudimentary mathematical concepts including quantity and size); Adjunctive Pro-

grams (pre-writing, shape discrimination and labeling, behavior management problems).

The Washington State Cooperative Curriculum Project (WSCC, Edgar, Sulzbacher, Swift, Harper, Alexander, & McCormick, 1975) is a computerized tracking system of sequenced skills and criterion tests. The WSCC is designed to be teacher administered and can be used both to assess handicapped children and provide ongoing evaluation data. The curriculum items consists of two parts, Objective Statements and Criteria Test. The Objective Statements (OS) are a catalog of student performances in sixteen instructional areas. These OS's provide an evaluation of the student's repertoire of skills and behaviors and are presented in a format that (a) facilitates communication to all those concerned with the student and (b) provides a framework for the teacher's sequencing of instruction. Criteria Tests (CT) are the second part of the curriculum, providing (a) the operational definitions of the behaviors listed in the Objective Statements (OS) and (b) specifying the standards for assessment.

The Right-to-Education Child (A Curriculum for the Severely and Profoundly Mentally Retarded) (Meyers, Sinco, & Stalam, 1973). This curriculum for the severely/pro-

foundly mentally retarded is fundamentally based behavioral objectives and is competency based, with a competency checklist included in each instructional unit. It is divided into four curriculum units: Sensory Development, Motor Development, Self-Care Development, and Language Readiness Development. Each unit includes instructional objectives; information about readiness for instruction, procedures, task evaluation; and materials and equipment lists.

The Perceptual Motor Development Curriculum Guide (Ronayne, Wilkinson, Bogotay, Manculich, Sieber & McDowell, 1975) is a highly cognitive approach. This curriculum includes eight skill areas: Body image, gross movement experiences, specific coordination skills, visual-motor perceptual training, auditory perceptual training, hapic perception, olfactory-gustatory perceptions, and perceptual integration-conceptualization. The curriculum includes specific objectives, experiences, and activities, and resources.

Systematic Instruction for Retarded Children: The Illinois Program (Chalfant and Silikovitz, (1972) is divided into four parts: Teacher-Parent guide, Systematic language instruction, Self-help instruction, and Motor performance and recreation instruction. This curriculum

is organized into lesson plans which include teaching procedures, reinforcement procedures, and corrective procedures.

Integrating the Severely Handicapped Children

Due to recent legislation more states have begun to recognize and provide services for a group of children loosely referred to as 'severely handicapped'. The exact composition of this group is often difficult to ascertain. "In viewing programs across the nation supposedly designed specifically for the 'severely handicapped', one can readily conclude that there is little consensus regarding the parameters of this population" (Justen III, Brown, 1977, p. 8). In a broad sense, the term severely handicapped has probably been most often used to refer to any child excluded from public school in the past, because of a handicapping condition. Thus, the term severely handicapped is synonymous with the unserved handicapped.

A recent study (Justen III, Brown, 1977) has shown relatively few states have attempted to develop a definition (s) of the severely handicapped in both functional and operational terms. Even more surprising was the finding that over one-half of the states surveyed said

they had no definition for the severely handicapped and yet 56.5 percent of these states claim to have legislation mandating services to all exceptional children. Thus, these states are in the position of serving children they have not even defined.

Before the national Education for All Handicapped Children Act (P. L. 94-142) was passed, no specific agency assumed responsibility for the education of severely handicapped children. In a few instances, school districts carried on experimental programs. Other programs were conducted by special facilities operated by county and local associations for handicapped. For the most part, "education" fell to large, understaffed, ill-equipped state institutions for retarded children, where young adults were maintained. As a result of the often very primitive assessment, diagnosis, and classification systems available, many severely and multiple handicapped children — who were functionally retarded — were diagnosed as mentally retarded and placed in these institutions.

Pilot programs such as project SEARCH, a cooperative educational program for handicapped children, between United Cerebral Palsy of Greater Oklahoma City, Inc., and Crooked Oak Public Schools, Oklahoma City, have

shown that severely/profoundly handicapped children can benefit from public instruction. The extent and speed of gain can depend in part on supplementary services such as physical therapy, occupational therapy, speech therapy, and on educational follow-through in the home with family members. The closer the ties between parents and school the greater the educational impact on these children.

> The time the severely/multiple handicapped child enters the school is the time to stop feeling sorry for him. What has happened has happened. What will happen next is up to the teaching staff and family. Children, handicapped or not, learn by having demands made upon them and by experiencing the positive consequences of succeeding in meeting those demands.
>
> Parents who have cuddled and over-protected their severely/multiply handicapped child must be encouraged to "toughen up" and treat that child as a learner, not as an invalid. Handicapped children are human beings, equal under the law.
>
> Many parents of severely/multiply handicapped children fear the placement of their child in regular school situations. They fear their child will be ridiculed by normal children, or even by the less retarded or handicapped children. These parents should somehow see the public schools of Madison, Wisconsin, where severely/multiply handicapped children have been associated with regular education students for several years now. Regular education children benefit significantly in positive ways from the close association with severely handicapped children. They learn to assist these children when appropriate

> and they learn tolerance for differences. The severely handicapped children learn from the normal peers as role models. It is mutually beneficial integration of programs which could be effected where feasible and where the public school building constitutes the least restrictive environment for the child (Sailor, Harring, 1977, p. 5).

Mainstreaming the severely/profoundly handicapped child will require schools to purchase many items of special adaptive equipment and to eliminate architectural barriers. It will require the development of new technology and curriculum for the handicapped. New diagnostic procedures are needed for early detection of handicapping conditions as early intervention can prevent later severely handicapping conditions (Ayers, 1968).

While the laws require that children be educated in the least restrictive environment a review of the literature fails to reveal studies relative to the concept of mainstreaming the severely/profoundly handicapped and the attitude of special education teachers, regular classroom teachers, and administrators.

A telephone interview survey of all of the State Directors of Special Education, the District of Columbia, and 40 administrators of local school districts taken in 1973 found that the most controversial issue was mainstreaming and labeling or categorizing the disabilities of children (Nazzardo, 1973).

A 1972 study compared positive or negative perceptions of 10 exceptionalities in children by 20 regular and 20 special education teachers (Panda, Bartel, 1972). Also, a cooperative instructional services program for improving educational personnel to teach special education in the regular classroom was devised to meet the needs of teachers in areas where handicapped and educationally disadvantaged children were placed in a regular classroom. The subjects were 18 experienced teachers and 36 teacher aids. Participants improved their knowledge of and attitude towards special education (Farr, Guest, Note 4).

A study conducted at the California State University to determine if a course of instruction could change the attitude of graduate special education students towards handicapped persons supports the contention that an instructor can effect a positive change in the attitude of his students toward disabled persons through the use of a well planned, consistently applied program (Lazar, Note 5).

Chapter II has discussed some of the pertinent literature for this study. In Chapter III there is a description of the setting, population, and the procedure used in data collection and analysis.

CHAPTER III

DESIGN AND PROCEDURES

The problem for this study was to compare attitudes among selected groups of administrators, special education teachers, and regular classroom teachers relative to severely/profoundly handicapped students.

Setting and Population

The setting was taken from eight in-service training programs held throughout Oklahoma (see Appendix B). The population for the study consisted of those administrators, special education teachers, and regular classroom teachers who were selected by their local educational agencies to attend an in-service training program conducted by the Oklahoma State Department of Education, section for Exceptional Children and funded by a grant from the Bureau for the Education of the Handicapped (BEH), U. S. Office of Education (USOE), the Teacher Training Corps (TTC), and the Oklahoma Center for Continuing Education (OCCE). The population was geographically representative of the State of Oklahoma.

Seventy-four special education teachers participated in this study. Sixty-three percent had five

years or less teaching experience and 56 percent were between 20-30 years of age. Seventy-seven percent were elementary teachers and 54 percent held a Master's degree. Ninety-three percent were white and 93 percent were female.

Sixty-six regular classroom teachers participated in this study. Thirty-four percent had five years or less teaching experience. Twenty-seven percent had between 6 and 10 years teaching experience. Thirty percent were between 20-30 years of age and 30 percent were between 31-40 years old. Eighty-three percent were elementary teachers and 34 percent had a Master's degree. Ninety-three percent were white and 95 percent were female.

Of the 30 administrators who participated in this study, forty percent had 16 years or more in the field of education. Twenty-three percent had between 1-5 years experience and 23 percent had 6-10 years in the field. Twenty-three percent were between the ages of 20-30 and 40 percent were between the ages of 31-40 years. Ninety percent were administrators of elementary schools. All of this group were white and held a Master's degree. Seventy-six percent were males.

Procedure

Federal law has mandated that every exceptional student have the opportunity for quality education in the least restrictive environment. One purpose of the in-service programs throughout the state of Oklahoma was to prepare teachers to mainstream exceptional students in their local community. The subjects of this study were 170 educators which included regular classroom teachers, special education teachers, and school administrators who were selected by their local educational agencies to participate in the in-service training program conducted by the section for Exceptional Children, Oklahoma State Department of Education. The following instruments were administered by this researcher at the beginning of each of the eight in-service programs mentioned previously.

Instruments Used

Subjects of this study were given a social distance scale. This instrument was designed by the researcher to measure social distance for six categories of exceptionalities in children and follows the format of the Social Distance Survey (Bogardus, 1933). Also, the sub-

jects were given an augmented version of the Attitude Toward Disabled People Scale (Yuker, Block, and Campbell, 1960), (see Appendix E) which was designed to measure attitudes toward severely/profoundly handicapped children.

Analysis of Data

The Attitude Toward Severely/Profoundly Handicapped People Scale (see Appendix C) consists of 30 statements relating to severely/profoundly handicapped people. The subjects of this study were asked to indicate their level of agreement or disagreement. Subjects chose from a six-point response: I agree very much, I agree pretty much, I agree a little, I disagree a little, I disagree pretty much, I disagree very much. These alternatives are weighted +3, +2, +1, -1, -2, and -3 respectively. Agreement with items 1, 3, 4, 6, 7, 10, 12, 13, 22, 26, and 28 indicated a favorable attitude; agreement with other items indicates an unfavorable attitude.

The scale was scored as follows: 1) change the signs of the weights of positive items 1, 3, 4, 6, 7, 10, 12, 13, 22, 26, and 28; 2) add all the responses algebraically; 3) change the sign of the algebraic resultant and add 90. High scores were interpreted as a

favorable attitude toward severely/profoundly handicapped people.

Comparisons were made of the responses of this instrument for the three groups participating in this study.

The Social Distance Scale (see Appendix D) is also a six-point scale. On this scale only those responses relating to the severely/profoundly handicapped were scored. The alternatives are weighted 6, 5, 4, 3, 2, and 1 respectively for the choices: 1. in my classroom, 2. in my building, 3. on my campus, 4. public school in district not on campus, 5. kept home with parents, 6. kept in state supported residential institutions. A high score was interpreted as a favorable attitude in that it is the closest social distance the subject could choose. The response "one" was the lowest score possible and represented the highest degree of social distance that subjects could select.

The responses of administrators on the Social Distance Scale were compared to the responses of special education teachers and regular classroom teachers. The responses of regular classroom teachers on the Social Distance Scale were compared to the responses of special education teachers.

The responses of administrators on the Attitude To-

wards Severely/Profoundly Handicapped People Scale were compared to the responses of special education teachers and regular classroom teachers. The responses of regular classroom teachers were compared to the responses of special education teachers on the Attitude Towards Severely/Profoundly Handicapped People Scale. The mean scores and standard deviation for each group were computed. The "Student's 't' Test" for significant difference between two means was computed for each of the three groups on the Attitude Towards Severely/Profoundly Handicapped People Scale and the Social Distance Scale. The following null hypotheses were tested at the Alpha level of confidence:

Ho_1 There is no significant difference between the mean score of administrators and special education teachers on the Attitude Towards Severely/Profoundly Handicapped People Scale.

Ho_2 There is no significant difference between the mean score of administrators and special education teachers on the Social Distance Scale.

Ho_3 There is no significant difference between the mean score of administrators and regular classroom teachers on the Attitude Towards Severely/Profoundly Handicapped People Scale.

Ho_4 There is no significant difference between the mean socre of administrators and regular classroom teachers on the Social Distance Scale.

Ho_5 There is no significant difference between the mean score of special education teachers and regular classroom teachers on the Attitude Towards Severely/Profoundly Handicapped People Scale.

Ho_6 There is no significant difference between the mean score of special education teachers and regular classroom teachers on the Social Distance Scale.

The findings and conclusions of this investigation are presented in Chapter IV.

CHAPTER IV

FINDINGS AND CONCLUSIONS

Findings

A comparison of responses on each of the 30 items contained in the Attitude Towards Severely/Profoundly Handicapped People Scale revealed that there were certain items of strong agreement and disagreement among the three groups that participated in this study (Table 1).

Item: 1. Severely/Profoundly handicapped people are usually friendly.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	16%	16%	20%
-2	I disagree pretty much.	52	50	42
-1	I disagree a little.	13	15	24
+1	I agree a little.	6	5	9
+2	I agree pretty much.	13	11	2
+3	I agree very much.	0	3	3

Agreement with this item represented a favorable attitude toward handicapped people. Nineteen percent of the administrators, 19 percent of the special education teachers, and 14 percent of the regular classroom teachers disagreed with this statement to some extent. A majority of all groups agreed with this item. The percentages were 81, 81, and 86 respectively for administrators, special education teachers, and regular classroom teachers.

Item: 2. People who are severely/profoundly handicapped should not have to pay income taxes.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	13%	9%	1%
-2	I disagree pretty much.	3	4	9
-1	I disagree a little.	10	19	9
+1	I agree a little.	16	18	21
+2	I agree pretty much.	26	19	30
+3	I agree very much.	30	31	28

Agreement with this item indicated an unfavorable attitude toward handicapped people. There was close agreement on this item by the three groups. Seventy-two percent of the administrators, 68 percent of the special education, and 79 percent of the regular classroom teachers agreed with this statement to some extent.

Item: 3. Severely/profoundly handicapped people are no more emotional than other people.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	9%	3%	1%
-2	I disagree pretty much.	23	20	14
-1	I disagree a little.	23	7	14
+1	I agree a little.	16	21	33
+2	I agree pretty much.	13	38	30
+3	I agree very much.	16	11	7

Agreement with this item indicated a favorable attitude toward handicapped people. Seventy percent of the special education teachers and 70 percent of the regular teachers agreed with this statement. Fifty-five percent

of the administrators disagreed with this statement, thus indicating an unfavorable attitude.

Item: 4. Severely/profoundly handicapped people can have a normal social life.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	9%	5%	2%
-2	I disagree pretty much.	13	12	14
-1	I disagree a little.	13	15	21
+1	I agree a little.	30	27	24
+2	I agree pretty much.	30	23	18
+3	I agree very much.	6	18	21

Agreement with this item represented a favorable attitude toward handicapped people. Sixty-six percent of all subjects agreed with this statement to some extent. Eighteen percent of the special education and 21 percent of the regular teachers chose to agree "very much" with this item.

Item: 5. Most severely/profoundly handicapped students have a chip on their shoulder.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	20%	24%	19%
-2	I disagree pretty much.	36	35	28
-1	I disagree a little.	30	32	24
+1	I agree a little.	10	7	22
+2	I agree pretty much.	3	0	3
+3	I agree very much.	0	1	1

Agreement with this item represented an unfavorable attitude toward handicapped people. Thirteen percent of the administrators, 8 percent of the special education, and 26 percent of the regular classroom teachers chose to agree with this statement. A majority of all subjects

indicated a positive attitude through disagreement with this statement. The percentages were 86, 91, and 71 for the groups respectively.

Item: 6. Severely/profoundly handicapped workers can be as successful as other workers.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	6%	7%	10%
-2	I disagree pretty much.	13	19	17
-1	I disagree a little.	23	23	27
+1	I agree a little.	19	16	18
+2	I agree pretty much.	29	15	14
+3	I agree very much.	10	20	14

Agreement with this item represented a favorable attitude toward handicapped people. Forty-eight percent of the administrators, 51 percent of the regular classroom teachers chose to agree with this statement. Fifty percent of all subjects agreed with this statement.

Item: 7. Very few severely/profoundly handicapped persons are ashamed of their disabilities.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	3%	5%	6%
-2	I disagree pretty much.	16	14	18
-1	I disagree a little.	19	27	19
+1	I agree a little.	32	18	32
+2	I agree pretty much.	23	28	18
+3	I agree very much.	6	8	7

Agreement with this item represents a favorable

attitude toward handicapped people. Fifty-seven percent of all subjects agreed that very few severely/profoundly handicapped people are ashamed of their disabilities. More special education teachers disagreed with this statement than either administrators or regular classroom teachers.

Item: 8. Most people feel uncomfortable when they associate with severely/profoundly handicapped students.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	6%	1%	1%
-2	I disagree pretty much.	0	4	1
-1	I disagree a little.	6	1	4
+1	I agree a little.	33	11	21
+2	I agree pretty much.	36	57	47
+3	I agree very much.	16	26	24

Agreement with this statement represented an unfavorable attitude toward handicapped people. Eighty-five percent of the administrators, 94 percent of the special education teachers, and 92 percent of the regular classroom teachers agreed with this statement to some extent.

Item: 9. Severely/profoundly handicapped students show less enthusiasm than non-handicapped students.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	16%	24%	12%
-2	I disagree pretty much.	36	46	30
-1	I disagree a little.	23	13	22
+1	I agree a little.	13	11	21
+2	I agree pretty much.	10	5	10
+3	I agree very much.	0	0	3

Agreement with this statement represented an unfavorable attitude toward handicapped people. Twenty-three percent of the administrators, 16 percent of the special education teachers, and 34 percent of the regular classroom teachers agreed with this statement.

Item: 10. Severely/profoundly handicapped people do not become upset any more easily than non-handicapped people.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	6%	1%	0%
-2	I disagree pretty much.	6	7	11
-1	I disagree a little.	16	9	15
+1	I agree a little.	35	38	21
+2	I agree pretty much.	26	30	39
+3	I agree very much.	10	15	14

Agreement with this item represented a favorable attitude toward handicapped people. Seventy-seven percent of all subjects agreed with item 10. There was close agreement between administrators and regular classroom teachers on this statement. The percentages were 71, 82, and 74 for administrators, special education, and regular classroom teachers respectively.

Item: 11. Most severely profoundly handicapped students get married and have children.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	23%	28%	36%
-2	I disagree pretty much.	26	36	27
-1	I disagree a little.	26	19	21
+1	I agree a little.	16	8	6
+2	I agree pretty much.	3	5	9
+3	I agree very much.	3	1	0

Agreement with this statement was representative of a favorable attitude toward handicapped people. Twenty-two percent of the administrators agreed with this statement. There was close agreement to this statement between the special education teachers and the regular classroom teachers. Fourteen percent of the special education teachers and 15 percent of the regular classroom teachers agreed with this statement to some extent.

Item: 12. Severely/profoundly handicapped students are often less aggressive than normal students.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	6%	8%	0%
-2	I disagree pretty much.	13	24	28
-1	I disagree a little.	23	31	27
+1	I agree a little.	26	26	25
+2	I agree pretty much.	16	10	15
+3	I agree very much.	13	1	3

Agreement with this statement indicated an unfavorable attitude toward handicapped people. Fifty-five percent of the administrators agreed with this statement. Seventy-three percent of the special education teachers and 55 percent of the regular classroom teachers disagreed with this statement.

Item: 13. Most severely/profoundly handicapped students do not worry any more than anyone else.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	13%	4%	4%
-2	I disagree pretty much.	13	17	18

-1	I disagree a little.	22	27	20
+1	I agree a little.	25	16	38
+2	I agree pretty much.	13	33	18
+3	I agree very much.	13	3	2

Agreement with this statement indicated an unfavorable attitude toward handicapped people. A majority of all subjects agreed with this statement to some extent. The percentages were 52, 52, and 58 for administrators, special education teachers, and regular classroom teachers respectively.

Item: 14. Employers should not be allowed to fire severely/profoundly handicapped employees.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	30%	20%	10%
-2	I disagree pretty much.	36	39	39
-1	I disagree a little.	20	32	33
+1	I agree a little.	6	4	12
+2	I agree pretty much.	3	1	3
+3	I agree very much.	0	3	1

Agreement with this statement indicated an unfavorable attitude toward handicapped people. Nine percent of the administrators, 8 percent of the special education, and 16 percent of the regular classroom teachers agreed with this statement.

Item: 15. Severely/profoundly handicapped students are not as happy as non-handicapped students.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	10%	12%	7%
-2	I disagree pretty much.	13	31	36
-1	I disagree a little.	40	28	22
+1	I agree a little.	16	20	24
+2	I agree pretty much.	16	8	4
+3	I agree very much.	3	0	4

Agreement with this item indicated an unfavorable attitude toward handicapped people. Thirty-five percent of the administrators, 28 percent of the special education, and 32 percent of the regular classroom teachers agreed with this statement to some extent.

Item: 16. Severely/profoundly handicapped students are harder to get along with than are those with minor disabilities.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	16%	13%	12%
-2	I disagree pretty much.	20	32	14
-1	I disagree a little.	40	27	28
+1	I agree a little.	13	18	13
+2	I agree pretty much.	6	9	9
+3	I agree very much.	3	0	24

Agreement with this statement indicated an unfavorable attitude toward handicapped people. Twenty-two percent of the administrators, 27 percent of the special education, and 46 percent of the regular classroom teachers agreed with this statement to some extent.

Item: 17. Most severely/profoundly handicapped students expect special treatment.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	16%	12%	7%
-2	I disagree pretty much.	23	30	19
-1	I disagree a little.	30	40	27
+1	I agree a little.	13	15	30
+2	I agree pretty much.	16	3	13
+3	I agree very much.	6	0	1

Agreement with this statement indicated an unfavorable attitude toward handicapped people. Twenty-nine percent of the administrators, 18 percent of the special education, and 34 percent of the regular classroom teachers agreed with this statement.

Item: 18. Severely/profoundly handicapped students should not expect to lead normal lives.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	20%	13%	7%
-2	I disagree pretty much.	30	20	21
-1	I disagree a little.	30	35	36
+1	I agree a little.	13	23	22
+2	I agree pretty much.	3	9	6
+3	I agree very much.	3	1	6

Agreement with item 18 indicated an unfavorable attitude toward handicapped people. Eighty-one percent of the administrators, 67 percent of the special education, and 66 percent of the regular classroom teachers agreed with this statement.

Item: 19. Most severely/profoundly handicapped students tend to get discouraged easily.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	13%	1%	3%
-2	I disagree pretty much.	6	19	12
-1	I disagree a little.	10	16	18
+1	I agree a little.	36	28	33
+2	I agree pretty much.	20	28	27
+3	I agree very much.	13	7	6

Agreement with this statement indicated an unfavorable attitude toward handicapped people. There was close agreement among the three groups on this statement. A majority of the administrators, special education, and regular classroom teachers agreed with this statement. Sixty-nine percent of the administrators, 67 percent of the special education, and 66 percent of the regular classroom teachers agreed with the statement.

Item: 20. The worst thing that could happen to a student would be for him to be very severely injured.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	23%	26%	18%
-2	I disagree pretty much.	23	26	27
-1	I disagree a little.	26	19	23
+1	I agree a little.	6	13	11
+2	I agree pretty much.	10	11	15
+3	I agree very much.	10	5	6

Agreement with this item indicated an unfavorable attitude toward handicapped people. There was close agreement among the three groups on this item. A majority of all three groups disagreed with this statement. The percentages were 72, 71, and 68 for administrators, special education, and regular classroom teachers respectively.

Item: 21. Severely/profoundly handicapped children should not have to compete with non-handicapped children.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	10%	8%	0%
-2	I disagree pretty much.	6	11	14
-1	I disagree a little.	23	22	18
+1	I agree a little.	23	19	18
+2	I agree pretty much.	23	23	23
+3	I agree very much.	13	18	26

Agreement with this statement indicated an unfavorable attitude toward handicapped people. Fifty-nine percent of the administrators, 60 percent of the special education, and 67 percent of the regular classroom teachers agreed with this statement.

Item: 22. Most severely/profoundly handicapped students do not feel sorry for themselves.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	6%	1%	11%
-2	I disagree pretty much.	3	8	35
-1	I disagree a little.	32	35	30
+1	I agree a little.	29	28	15
+2	I agree pretty much.	16	24	7
+3	I agree very much.	13	3	2

Agreement with this statement indicated a favorable attitude toward handicapped people. Fifty-eight percent of the administrators and 55 percent of the special education teachers agreed with this statement. Seventy-six percent of the regular classroom teachers disagreed with the statement. This indicated an unfavorable atti-

tude on the part of a majority of the regular classroom teachers.

Item: 23. Most severely/profoundly handicapped students prefer to work with other handicapped students.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	3%	1%	1%
-2	I disagree pretty much.	10	11	11
-1	I disagree a little.	23	19	21
+1	I agree a little.	46	38	38
+2	I agree pretty much.	3	27	18
+3	I agree very much.	13	4	11

Agreement with this item indicated an unfavorable attitude toward handicapped people. Sixty-two percent of the administrators, 69 percent of the special education, and 67 percent of the regular classroom teachers agreed with this statement.

Item: 24. Most severely/profoundly handicapped students are not as ambitious as other students.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	20%	18%	3%
-2	I disagree pretty much.	20	30	31
-1	I disagree a little.	40	23	25
+1	I agree a little.	6	20	18
+2	I agree pretty much.	6	8	18
+3	I agree very much.	0	0	0

Agreement with this statement indicated an unfavorable attitude toward handicapped people. Sixty-two percent of the administrators, 69 percent of the special education, and 67 percent of the regular classroom

teachers agreed with this statement.

Item: 25. Severely/profoundly handicapped students are not as self-confident as physically normal students.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	6%	4%	0%
-2	I disagree pretty much.	10	11	16
-1	I disagree a little.	6	19	16
+1	I agree a little.	40	26	30
+2	I agree pretty much.	20	35	30
+3	I agree very much.	16	5	6

Agreement with this statement indicated an unfavorable attitude toward handicapped people. Seventy-six percent of the administrators, 66 percent of the special education, and 66 percent of the regular classroom teachers agreed with this statement.

Item: 26. Most severely/profoundly handicapped students don't want more affection and praise than other students.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	6%	4%	0%
-2	I disagree pretty much.	10	11	16
-1	I disagree a little.	6	19	16
+1	I agree a little.	40	26	30
+2	I agree pretty much.	20	35	30
+3	I agree very much.	16	5	6

Agreement with this statement indicated a favorable attitude toward handicapped people. Forty-two percent of the administrators, 19 percent of the special education teachers, and 32 percent of the regular classroom

teachers agreed with this statement.

Item: 27. It would be best if a severely/profoundly handicapped person would marry another disabled person.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	26%	36%	0%
-2	I disagree pretty much.	16	28	14
-1	I disagree a little.	33	18	18
+1	I agree a little.	10	13	20
+2	I agree pretty much.	6	3	23
+3	I agree very much.	6	1	26

Agreement with the above statement indicated an unfavorable attitude toward handicapped people. Seventy-five percent of the administrators and 82 percent of the special education teachers disagreed with this statement. Sixty-nine percent of the regular classroom teachers agreed with the statement that indicated a negative attitude toward handicapped people.

Item: 28. Most severely/profoundly handicapped persons do not need special attention.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	35%	42%	11%
-2	I disagree pretty much.	23	40	35
-1	I disagree a little.	26	9	30
+1	I agree a little.	6	4	15
+2	I agree pretty much.	10	4	7
+3	I agree very much.	0	0	2

Agreement with this statement indicated a favorable attitude toward handicapped people. Sixteen percent of the administrators, 8 percent of the special education,

and 24 percent of the regular classroom teachers agreed with this statement.

Item: 29. Severely/profoundly handicapped persons want sympathy more than other people.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	20%	19%	1%
-2	I disagree pretty much.	30	34	11
-1	I disagree a little.	43	32	22
+1	I agree a little.	6	13	38
+2	I agree pretty much.	0	0	18
+3	I agree very much.	0	1	11

Agreement with this statement indicated an unfavorable attitude toward handicapped people. Six percent of the administrators, 14 percent of the special education, and 67 percent of the regular classroom teachers agreed with this statement.

Item: 30. Most severely/profoundly handicapped students have different personalities than normal students.

		Admin.	Special Teachers	Regular Teachers
-3	I disagree very much.	20%	13%	3%
-2	I disagree pretty much.	20	32	32
-1	I disagree a little.	20	24	26
+1	I agree a little.	23	16	21
+2	I agree pretty much.	16	11	18
+3	I agree very much.	0	3	0

Agreement with this statement indicated an unfavorable attitude toward handicapped people. Thirty percent of the administrators, 39 percent of the special education, and 39 percent of regular classroom teachers agreed with this statement.

The Attitude Toward Severely/Profoundly Handicapped People Scale was completed by 30 administrators participating in this study. The maximum score for this instrument is 180. Scores ranged from a high of 134 to a low of 65. The mean score was 94.833 with a standard deviation of 12.459.

The Social Distance Scale was administered to these subjects. The maximum score for the Social Distance Scale on the exceptionality under study was 6. Scores ranged from a high of 6 to a low of 1. The mean score for these subjects was 3.633 with a standard deviation of 2.008 (Table 2).

The Attitude Toward Severely/Profoundly Handicapped People Scale was administered to 66 regular classroom teachers that participated in this study. The scores for these subjects ranged from a high of 114 to a low of 51. The mean score for this group was 88.485 with a standard deviation of 13.190.

The Social Distance Scale was also administered to this group. The scores on this instrument for the exceptionality under study ranged from a high of 6 to a low of 1. The mean score was 4.000 with a standard deviation of 1.651 (Table 3).

The Attitude Toward Severely/Profoundly Handicapped People Scale was administered to 74 special education

teachers participating in this study. The score on this instrument ranged from a high of 143 to a low of 69. The mean score for this group was 94.459 with a standard deviation of 6.907 (Table 4).

The Social Distance Scale was also administered to these subjects. The scores on this instrument for the exceptionality under study ranged from a high of 6 to a low of 1. The mean score for these subjects was 5.014 with a standard deviation of 1.692 (Table 4).

The mean score for administrators on the Social Distance Scale was 3.633 compared to a mean score of 5.014 for special education teachers on this instrument (Table 5). The mean score for administrators on the Attitude Toward Severely/Profoundly Handicapped People was 94.833 compared to a mean score of 95.459 for special education teachers (Table 6).

The mean score for administrators on the Social Distance Scale was 3.633 compared to a mean score of 4.000 for regular classroom teachers (Table 5). The mean score for administrators on the Attitude Toward Severely/Profoundly Handicapped People Scale was 94.833 compared to a mean score of 88.485 for regular classroom teachers (Table 6).

Results of the hypotheses tested are described below:

Ho_1 There is no significant difference between the mean score of administrators and special education teachers on the Attitude Toward Severely/Profoundly Handicapped People Scale. This hypothesis was tested at the Alpha level of confidence by using the "Student's 't' Test" for significant difference between two means and yields an observed 't' score of .260. The critical 't' score for 103 df is 1.984. Therefore, this hypothesis was accepted.

Ho_2 There is no significant difference between the mean score of administrators and special education teachers on the Social Distance Scale. This hypothesis was tested and yields an observed 't' score of 3.328. The critical 't' score for 103 df is 1.984. Therefore, this hypothesis was rejected.

Ho_3 There is no significant difference between the mean score of administrators and regular classroom teachers on the Attitude Toward Severely/Profoundly Handicapped People Scale. This hypothesis was tested and yields an observed 't' score of 2.272. The critical 't' score for 95 df is 1.987. Therefore, this hypothesis was rejected.

Ho_4 There is no significant difference between the mean score of administrators and regular classroom teachers on the Social Distance Scale. This hypothesis was tested and yields an observed 't' score of 1.099. The critical 't' score for 95 df is 1.986. Therefore, this hypothesis was accepted.

Ho_5 There is no significant difference between the mean score of special education teachers and regular classroom teachers on the Attitude Toward Severely/Profoundly Handicapped People Scale. This hypothesis was tested and yields an observed 't' score of 3.851. The critical score for 139 df is 1.980. Therefore, this hypothesis was rejected.

Ho_6 There is no significant difference between the mean score of special education teachers and regular classroom teachers on the Social Distance Scale. This hypothesis was tested and yields an observed 't' score of 3.592. The critical 't' score for 139 df is 1.980. Therefore, this hypothesis was rejected (Table 7).

Conclusions

An analysis of the findings of this study led this researcher to the following conclusions:

1. The administrators who participated in this study seemed to be reluctant to integrate these students into the public schools of Oklahoma. The finding that these administrators did not feel comfortable working closely with severely/profoundly handicapped students can make the implementation of the concept of educating severely/profoundly handicapped students in the least restrictive environment difficult to accomplish.

2. The finding that the attitudes of special education teachers who participated in this study were more positive toward the severely/profoundly handicapped student than either the administrators or the regular classroom teachers has important implications for bringing about positive changes in the attitudes of administrators and regular classroom teachers. It may become necessary to use these positive attitudes to effect changes in the negative attitudes of the administrators and regular classroom teachers in order to accomplish the objectives of P. L. 94-142 (Education of All Handicapped Children Act of 1975).

3. The regular classroom teachers who participated in this study seemed to be reluctant to accept the inte-

gration of severely/profoundly handicapped students into their classrooms. The finding that regular classroom teachers had more negative attitudes toward severely/profoundly handicapped students than the administrators or the special education teachers, that they did not feel comfortable in close relationships with severely/profoundly handicapped students can cause serious problems with regard to mainstreaming severely/profoundly handicapped students. This lack of acceptance can be detrimental to the education of these students.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

Summary

The problem for this study was to compare the attitudes of selected groups of administrators, special education teachers and regular classroom teachers relative to severely/profoundly handicapped students.

A review of the literature revealed that there is limited research with regard to the attitudes of parents and other individuals toward physically and mentally handicapped persons. However, it is obvious from the existing studies that handicapped individuals are accepted to a lesser degree than others. Although little research has been conducted relative to the attitudes of teachers toward the handicapped child, it is assumed that teachers, too, feel less accepting toward the handicapped than they do toward typical children (Harring, 1958). A direct relation between the attitudes of special education teachers and their effect on the attitudes of regular classroom teachers related to the acceptance of mainstreaming was found by Guerin and Szatlocky (1974). Thus the attitudes of special education teachers toward mainstreaming can be a cruical variable

in the formation of attitudes of other professional staff.

The setting was taken from eight in-service training programs held throughout Oklahoma. The population for the study consisted of 30 administrators, 74 special education, and 66 regular classroom teachers who were selected by their local educational agencies to attend these programs conducted by the Oklahoma State Department of Education and funded by a grant from the Bureau for the Education of the Handicapped, U. S. Office of Education, the Teacher Training Corps, and the Oklahoma Center for Continuing Education. The population was geographically represented of the State of Oklahoma.

The procedure consisted of the researcher administering two instruments at the beginning of each of the eight in-service programs mentioned previously.

Subjects of the study were given a social distance scale. This instrument was designed by the researcher to measure social distance for six categories of exceptionalities in children. Also, the subjects were given an augmented version of the Attitude Toward Disable People Scale (Yuker, Block, and Campbell, 1960) which was designed to measure attitudes toward severely/profoundly handicapped children. High scores on these instruments were interpreted as indicating a positive

attitude.

The "Student's 't' Test" was used to test the following null hypotheses at the Alpha level of confidence:

Ho_1 There is no significant difference between the mean score of administrators and special education teachers on the Attitude Toward Severely/Profoundly Handicapped People Scale.

Ho_2 There is no significant difference between the mean score of administrators and special education teachers on the Social Distance Scale.

Ho_3 There is no significant difference between the mean score of administrators and regular classroom teachers on the Attitude Toward Severely/Profoundly Handicapped People Scale.

Ho_4 There is no significant difference between the mean score of administrators and regular classroom teachers on the Social Distance Scale.

Ho_5 There is no significant difference between the mean score of special education teachers and regular classroom teachers on the Attitude Toward Severely/Profoundly Handicapped People Scale.

Ho_6 There is no significant difference between the mean score of special education teachers and regular classroom teachers on the Social Distance Scale.

An analysis of the findings led this researcher to the following conclusions:

1. The administrators who participated in this study seemed to be reluctant to integrate these students

into the public schools of Oklahoma. The finding that these administrators did not feel comfortable working closely with severely/profoundly handicapped students can make the implementation of the concept of educating severely/profoundly handicapped students in the least restrictive environment.

2. The finding that the attitudes of special education teachers who participated in this study was more positive toward the severely/profoundly handicapped student than either the administrators or the regular classroom teachers has important implications for bringing about positive changes in the attitudes of administrators and regular classroom teachers. It will be necessary to use these positive attitudes to affect changes in the negative attitudes of administrators and regular teachers.

3. The regular classroom teachers who participated in this study seemed to be reluctant to accept the integration of severely/profoundly handicapped students into their classrooms. The finding that regular classroom teachers had more negative attitudes toward severely/profoundly handicapped students than the administrators or the special education teachers and that they did not

feel comfortable in close relationships with severely/profoundly handicapped students can cause serious problems in regard to mainstreaming severely/profoundly handicapped students. This lack of acceptance can be detrimental to the education of these students.

Recommendations

Having considered the findings and conclusions that resulted from this study the researcher makes the following recommendations:

1. Training programs for school administrators and regular classroom teachers should include knowledge and experience concerning severely/profoundly handicapped students. Experience should be developed to permit administrators and regular classroom teachers to feel more comfortable in close relationship with severely/profoundly handicapped students.

2. The State Department of Education should sponsor or conduct a series of in-services workshops for school administrators and regular classroom teachers to develop experiences which would permit them to feel more comfortable in close relationships with severely/profoundly handicapped students.

3. It is recommended that special education

teachers participate in the planned experiences for the regular classroom teachers and administrators in-service training.

4. This study should be replicated for regional or national comparison with the scores found in Oklahoma.

REFERENCES

Ackerman, Paul R. "Strategies for Change". Paper presented at the meeting of the Council for Exceptional Children, St. Louis, Mo., March 1966.

Ackerman, Paul R., & Weintraub, F. J. "State Law for the Handicapped". Compact, 5, 4 August 1971, 19-22.

Aiello, Barbara "Especially for Special Educators: A Sense of Our Own History". Exceptional Children 42 February 1976, 244-252.

Ayers, Carl Congressional Record, 114, Part 20, September 16, 1968, 27007.

Bricker, D., Bricker, W., Iacino, R., & Dennison, L. "Intervention Strategies for the Severely and Profoundly Handicapped Child". Mailman Center for Child Development, University of Miami, Miami, Florida, 1976.

Bogardus, E. S. "Social Distance Scale". Sociology and Social Research, 17, 1937, 265-271.

Califano, Joseph A. Jr. "Statement by Joseph A. Califano Jr., Secretary of Health, Education, and Welfare". Health, Education,and Welfare News, April 28, 1977. United States Department of Health, Education, and Welfare, 1977, 1, 2, 4.

Cruickshank, William M., et al, Education of Exceptional Children and Youth. Englewood Cliffs, New Jersey: Prentice Hall, 1971.

Cruickshank, William M. & Johnson, G. Orvill (Eds) Education of Exceptional Children and Youth. Englewood Cliffs, New Jersey: Prentice Hall 1958, 15.

Chalfant, J. C., & Silikovitz, R. G. Systematic Instruction for Retarded Children: The Illinois Program. Danville, Illinois: The Interstate Printers and Publishers Inc., 1972.

Doll, Edgar A. "The Second Decade". The Training School Bulletin, 52 April 1955, 19.

Edgar, E., Sulzbacher, S., Swift, P. E., Harper, C. T., Alexander, B., & McCormick, G. "Washington State Cooperative Curriculum". Exceptional Children, 1977 in press.

Exceptional Children, 42, 1976, 8.

Gellman, W. "Roots of Prejudice Against the Handicapped". Journal of Rehabilitation 25, 1959, 46.

Guerin, G. R. & Szatlocky, L., "Integration Programs for the Mildly Retarded". Exceptional Children, 41, 1974, 173-179.

Harring, Norris G. Attitudes of Educators Toward Exceptional Children. Syracuse University Press: Syracuse, New York, 1958.

Heber, R. A. "Manual of Terminology and Clarification on Mental Retardation". Monograph Supplement to the American Journal on Mental Deficiency, 2nd ed., September 1961.

Johnson, G. Orvill "A Study of Social Position of Mentally Handicapped Children in the Regular Grades". American Journal of Mental Deficiency, July 1950, 60-80.

Justin, Joseph E. III, & Brown, Gregory E. "Definitions of Severely Handicapped: A Survey of State Departments of Education". American Association for the Education of Severely/Profoundly Handicapped Review, 1977, 2 8, 9, 13.

Kirk, Samuel A. Educating Exceptional Children. Boston: Houghton Mifflin Company, 1962, 4.

LaVor, Martin L. "Federal Legislation for Exceptional Persons: A History". Public Policy and the Education of Handicapped Children. The Council for Exceptional Children, 1973, 90-102.

Lori v State of California, Civil No. 13127, Court of Appeals, Fourth District, California, December 1973, Brief of Amicus Curiae, p. 1a.

Mackie, Romaine P. "Spotlighting Advances in Special Education". Exceptional Children, 32, October 1965, 77-81.

Martin, Edwin W. "Bureau of Education for Handicapped Commitment and Program in Early Childhood Education". Exceptional Children, 37, May 1971, 661-663.

Meyers, D. G., Sinco, M . E., & Stalma, E. S. The Right-to-Education Child (A Curriculum for the Severely and Profoundly Mentally Retarded). Springfield, Illinois: Charles C. Thomas, 1973.

Nazzardo, Jean "Second Dimensions: Special Education Administrators View the Field". Information Center on Exceptional Children. Council for Exceptional Children, 1973, 20.

Newland, T. Ernes "Psychological Assessments of Children and Youth". Psychology of Exceptional Children and Youth. (William Cruickshank, Ed) Englewood Cliffs, New Jersey: Prentice Hall, 3d ed., 1971, 84.

Panda, Kailas, C. & Bartel, Nettie R. "Teacher Perceptions of Exceptional Children". Journal of Special Education. 6, 1973, 261-266.

Paul, J. L., Turnbull, A. P., & Cruickshank, William M. Mainstreaming A Practical Guide. Syracuse University, Syracuse, New York: University Press, 1977.

Perkins, Carl Congressional Record, 114 Part 20, September 16, 1968, 27005.

Ronayne, A. M., Wilkerson P. A., Bogotay, N., Manculich, K., & McDowell, N. Perceptual-Motor Development Curriculum Guide. Pittsburg, Pennsylvania: Allegheny Intermediate Unit, 1973.

Rossmiller, Richard Educational Programs for Exceptional Children: Resource Configurations and Cost. New York: Holt, Rinehart, and Winston, 1964.

Rothstine, Jerome H. (Ed.) Mental Retardation: Reading Resources. New York: Holt, Rinehart, and Winston, 1964, 6.

Sailor, W. & Harring, Norris G. "Some Current Directions in Education of Severely/Multiply Handicapped". American Association for the Education of the Severely/Profoundly Handicapped Review, 2, 1977, 2, 3-6.

Schalock, R., Ross, B. E., & Ross, I. Basic Skills Remediation and Basic Skills Screening Test. Hastings, Nebraska: Mid-Nebraska Mental Retardation Services, 1974.

Shaw, Marvin E., & Wright, Jack M. Scales for the Measurement of Attitudes. McGraw-Hill Company, New York, 1972, 11.

Shearer, D. Portage Guide to Early Education. Portage, Wisconsin: Cooperative Educational Service Agency # 12, 1972.

Steiger, William Congressional Record, 114 Part 20, September 16, 1968, 27006.

Turton, Lawrence J. & Smith, Judith M. A Curriculum for Severely Handicapped Students: First Draft. Institute for Study of Mental Retardation and Related Disabilities, University of Michigan: Ann Arbor, Michigan, 1976.

Wallin, J. E. Wallace Education of Mentally Handicapped. Harper and Brother, New York, 1955, 21.

Weintraub, F. J., The Encyclopedia of Education, 8, New York: Macmillian & Free Press, 1971, 351-352.

Weintraub, F. J., & Abeson, Allan "New Educational Policies for the Handicapped: The Quiet Revolution". Phi Delta Kappa, 8, 1974, 529.

Weintraub, F. J., & Braddock, David State Laws & Education of Handicapped Children: Issues & Recommendations. The Council for Exceptional Children, Arlington, Va.: 1975, 19-63.

Yearbook of Special Education. Marquis Academic Media, Chicago, Illinois, 1975, 69-70.

Yuker, Harold E., Block, J. R., & Campbell, W. J. "A Scale to Measure Attitudes Toward Disabled Persons". Human Resource Study 5, 1960, Albertson, N. Y.: Human Resources Foundation.

REFERENCE NOTES

1. Williams, Harrison, A., U. S. Senator (D) New Jersey, "Hearings before the Subcommittee on Handicapped of the Committee on Labor and Public Welfare, United State Senate on S. 896, S. 6, S. 34, S. 808, Washington, D. C., March 20, 21, 23, 1973, Education for All Handicapped Children Act 1973-74 Part I. 86-87.

2. Foster, Ray W. "A Model Educational Program for Severely/Handicapped-Orthopedically Impaired". Unpublished Mimeograph paper, 1977, 5.

3. Brown, L., Scheuerman, N., Cartwright S., & York, R. The Design and Implementation of an Empirically Based Instructional Program for Young Severely Handicapped Students: Toward the Rejection of the Exclusion Principle. Madison, Wisconsin, Unpublished manuscript, 1973.

4. Farrer, Kenneth, & Guest, Elizabeth "A Cooperative Instructional Services Program for Improving Educational Personnel to Teach Special Education Students in the Regular Classroom". Directors Final Report, 1970, 8.

5. Lazar, Alfred L. "The Impact of Classroom Instruction in Changing Student Attitudes". California State University, Long Beach, California, Department of Educational Psychology, California Educational Research Association, 1973, 9-10.

APPENDIX A

NEWS RELEASE

News Release: Immediately

Contact: Norma Buswell
Section for Exceptional Children
405-521-3351

"Least Restrictive Environment"

More than 300 educational personnel comprising teams of a special education teacher, a regular classroom teacher and an administrator will be better qualified to mainstream and instruct students with special needs, as a result of a Title VI Traineeship program awarded the State Department of Education and a cooperative effort with Teacher Corps, as announced by Dr. Leslie Fisher, State Superintendent of Public Instruction.

The grant, from the Bureau of Education for the Handicapped of the U.S. Office of Education, was made to the Section for Exceptional Children, Oklahoma State Department of Education, to fund a series of in-service programs at eight various university campuses throughout the state to prepare teachers to mainstream exceptional students in their local community.

The Teacher Training Program developed by the Education Service Center, Region XIII, Austin, Texas, will be the training material used for the in-service training.

Consultant, Don Roy Hafner, from Austin, Texas, will be engaged to train twenty (20)facilitators who will be chosen from a select group of higher education faculty members, Teacher Corps personnel, Regional Education Service Center personnel, and local education agency Directors of Special Education.

The teachers will learn how to identify educationally handicapped students and become more familiar with instructional methods and materials available to help in their instruction. Eight components, (Introduction to Mainstreaming, Communication, Instruction Management, Learning Styles, Learning Environments, Grading, and Recording, Assessment and Evaluation, and Influencing Behavior) comprise the Teacher Training Program of instruction offered in four full-day days of training session-two days in February and two days in March. These four days of training will be followed in the months to come by program implementation, feed-back information and evaluation. Participanting teams will be selected by the directors of the Regional Education Service Centers with consideration given to geographical re-regions and various areas of responsibility to exceptional children.

"This federal grant will greatly assist our state's efforts to identify, mainstream and provide individualized instruction to exceptional children," Dr. Fisher said. Public Law 94-142 has mandated that every exceptional student have the opportunity to quality education in the 'least restrictive environment'. Our goal is to know and provide the educational needs of every child. We want to identify any student with a learning problem of an exceptional nature and serve that student with the needed support services.

APPENDIX B

STATE DEPARTMENT OF EDUCATION

MEMORANDUM

J. D. GIDDENS
ASST SUPERINTENDENT
INSTRUCTION

JACK STRAHORN
ASST SUPERINTENDENT
STATE FEDERAL

TOM CAMPBELL
ASST SUPERINTENDENT
FINANCE

State Department of Education

LESLIE FISHER, Superintendent
LLOYD GRAHAM, Deputy Superintendent
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105

February 2, 1977

M E M O R A N D U M

TO: Participants, TEACH Project

FROM: Norma Buswell, Section for Exceptional Children

RE: Special Project, TEACH

Because of your outstanding ability as an educator and professional leadership, you were chosen to participate in the Teaching Educators About Children with Handicaps (TEACH) Project. This project is a cooperative effort between the State Department of Education, Section for Exceptional Children, Teacher Corps, and the Oklahoma Center for Continuing Education. The State Department of Education is able to offer this training as a result of a grant from the Bureau of Education for the Handicapped.

The Teacher Training Program (TTP) developed by the Education Service Center, Region XIII, Austin, Texas, will be the training materials used for the in-service training.

The following will host the training programs:

College or University	Building	Dates
Northeastern State Univ. Tahlequah, Oklahoma	Library Building, Audio Visual Auditorium	February 11 and 12 March 4 and 5
Panhandle State Univ. Goodwill, Oklahoma	Student Union Building, Ball Room	February 18 and 19 March 11 and 12
East Central State Univ. Ada, Oklahoma	Administration Building, Room 1010 A	February 11 and 12 March 4 and 5
Oklahoma State University Stillwater, Oklahoma	Student Union Building, Room B-4	February 11 and 12 March 4 and 5
Cameron University Lawton, Oklahoma	Shepler Center	February 18 and 19 March 11 and 12
Southeastern State Univ. Durant, Oklahoma	Student Union Building, Ball Room	February 11
	Student Union Building, Blue and Gold Room	February 12
	Administration Building, Room A-100	March 4
	Student Union Building Blue and Gold Room	March 5

College or University	Building	Dates
Southwestern State Univ. Weatherford, Oklahoma	Weatherford City Hall, Community Room, (West end of Main Street)	February 18 and 19 March 11 and 12
University of Oklahoma	Physical Science Building, Room 1105 (4 buildings south of Boyd Street on Elm Street, East Side)	February 18 and 19 March 11 and 12

Registration is scheduled from 8:30 to 9:00 a.m. and the training from 9:00 to 3:30 p.m.

Congratulations for being selected to participate in the TEACH Project. You will make a positive contribution to the group.

APPENDIX C

ATTITUDE TOWARD SEVERELY/PROFOUNDLY HANDICAPPED PEOPLE SCALE

TITLE VI TRAINEESHIP PROGRAM
OKLAHOMA STATE DEPARTMENT OF EDUCATION

Dr. Leslie Fisher
State Superintendent of Public Instruction

INSTRUCTIONS: Please complete the following

This form was completed by:
( ) Special Education Teacher
( ) Regular Classroom Teacher
( ) School Administrator

Teaching Experience:
( ) 1-5 years teaching experience
( ) 6-10 years teaching experience
( ) 11-15 years teaching experience
( ) 16-or over years teaching experience

Teaching Assignment:
( ) Elementary
( ) Secondary

Degree Held:
( ) Bachelors
( ) Masters
( ) Doctorate

Age Range:
( ) 20-30 years old
( ) 31-40 years old
( ) 41-50 years old
( ) 51- over years old

Gender:
( ) Female
( ) Male

Race:
( ) Black
( ) Indian
( ) White
( ) Other

Church Preference: _____

Definitions: For the purposes of this survey the following handicapping conditions are defined as follows:

Severe/Profoundly Handicapped . . . Persons who are mentally retarded, who have accompanying motor impairments to the extent that they cannot ambulate without the assistance of mechanical supports or who are confined to wheelchairs, who likely have severe motor impairment of the upper extremities, who may not have head control, who may have seizures, who may have varying degrees of sensory impairments, and who likely have no speech or poor articulated speech.

Emotionally Disturbed . . . Children whose severe and frequent maladaptive behavior seriously reduces their attention level and learning. For educational purposes these children are grouped according to the following degrees of severity and/or frequency of maladaptive behavior-mild, moderate, and severe.

Physically Handicapped . . . Classrooms may require special equipment, but normal educational functioning/learning is not affected.

Blind/Partially Sighted . . . Children with vision so defective that sight cannot be used as a primary avenue of learning and print cannot be used as the primary mode of reading. Children with limited but sufficient residual vision that sight can be used as a primary avenue mode of reading with the kind of special facilities and/or media.

Deaf/Hard-of-hearing . . . Children whose loss of hearing, either with or without a hearing aid, is not sufficient to interpret language. Children whose loss of hearing is educationally significant, but whose residual hearing is sufficient to interpret language with or without a hearing aid.

Mentally Retarded . . . Children whose inherent capacity to learn (cognitive limits) is so limited that they cannot meet the educational demands of the regular classroom.

ATTITUDE TOWARD SEVERELY AND PROFOUNDLY HANDICAPPED PEOPLE SCALE

1. Severely/profoundly handicapped students are usually friendly.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

2. People who are severely/profoundly handicapped should not have to pay income taxes.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

3. Severely/profoundly handicapped students are not more emotional than other students.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

4. Severely/profoundly handicapped students can have a normal social life.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

5. Most severely/profoundly handicapped students have a chip on the shoulder.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

6. Severely/profoundly handicapped students can be as successful as other students.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

7. Very few severely/profoundly handicapped students are ashamed of their disabilities.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

8. Most people feel uncomfortable when they associate with severely/profoundly handicapped students.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

9. Severely/profoundly handicapped students show less enthusiasm than non-handicapped students.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

10. Severely profoundly handicapped students do not become upset any more easily than non-handicapped students.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

11. Severely/profoundly handicapped students are often less aggressive than normal students.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

12. Most severely profoundly handicapped persons get married and have children.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

13. Most severely profoundly handicapped students do not worry any more than anyone else.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

14. Employers should not be allowed to fire severely/profoundly handicapped employees.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

15. Severely profoundly handicapped students are not as happy as non-disabled students.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

16. Severely/profoundly handicapped students are harder to get along with than are those with minor disabilities

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

17. Most severely/profoundly handicapped students expect special treatment.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

18. Severely/profoundly handicapped students should not expect to lead normal lives.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

19. Most severely profoundly handicapped students tend to get discouraged easily.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

20. The worst thing that could happen to a student would be for him to be very severely injured.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

21. Severely/profoundly handicapped children should not have to compete with non-disabled children.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

22. Most severely/profoundly handicapped students do not feel sorry for themselves.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

23. Most severely/profoundly handicapped students prefer to work with other handicapped students.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

24. Most severely/profoundly handicapped students are not as ambitious as other students.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

25. Severely/profoundly handicapped students are not as self-confident as physically normal students.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

26. Most severely/profoundly handicapped students don't want more affection and praise than other students

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

27. It would be best if a severely/profoundly handicapped person would marry another disabled person.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

28. Most severely/profoundly handicapped persons do not need special attention.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

29. Severely/profoundly handicapped persons want sympathy more than other people.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

30. Most severely/profoundly handicapped persons have different personalities than normal persons.

I agree very much	I agree pretty much	I agree a little	I disagree a little	I disagree pretty much	I disagree very much
( )	( )	( )	( )	( )	( )

APPENDIX D

SOCIAL DISTANCE SCALE

SOCIAL DISTANCE SCALE

Below are listed several types of disabled persons. You are to indicate on the scale below the CLOSEST type of relationship you would feel comfortable in having with such a person.

CHECK ONLY ONE BOX FOR EACH OF THE SIX DISABILITIES LISTED:

DISABLED CHILDREN	IN MY CLASSROOM	IN MY BUILDING	ON MY CAMPUS	PUBLIC SCHOOL IN DISTRICT NOT ON CAMPUS	KEPT HOME WITH PARENTS	KEPT IN STATE SUPPORTED RESIDENTIAL INSTITUTION
SEVERELY PROFOUNDLY HANDICAPPED						
SEVERELY EMOTIONALLY DISTURBED						
PHYSICALLY HANDICAPPED						
BLIND PARTIALLY SIGHTED						
RETARDED						
DEAF HARD OF HEARING						

APPENDIX E

ATTITUDE TOWARD DISABLED PEOPLE SCALE

ATTITUDE TOWARD DISABLED PEOPLE (ATDP) SCALE

Mark each statement in the left margin according to how much you agree or disagree with it. Please mark every one. Write +1, +2, +3, or -1, -2, -3; depending on how you feel in each case.

+3: I agree very much.
+2: I agree pretty much.
+1: I agree a little.
-1: I disagree a little.
-2: I disagree pretty much.
-3: I disagree very much.

FORM B

____*1 Disabled persons are usually friendly.

____ 2 People who are disabled should not have to pay income taxes.

____*3 Disabled people are not more emotional than other people.

____*4 Disabled people can have a normal social life.

____ 5 Most physically disabled persons have a chip on their shoulder.

____*6 Disabled workers can be as successful as other workers.

____*7 Very few disabled persons are ashamed of their disabilities.

____ 8 Most people feel uncomfortable when they associate with disabled people.

____ 9 Disabled people show less enthusiasm than non-disabled people.

____*10 Disabled people do not become upset any more easily than non-disabled people.

____11 Disabled people are often less aggressive than normal people.

____*12 Most disabled persons get married and have children.

____*13 Most disabled persons do not worry any more than anyone else.

____14 Employers should not be allowed to fire disabled employees.

____15 Disabled people are not as happy as non-disabled ones.

____16 Severely disabled people are harder to get along with than are those with minor disabilities.

____ 17 Most disabled people expect special treatment.

____ 18 Disabled people should not expect to lead normal lives.

____ 19 Most disabled people tend to get discouraged easily.

____ 20 The worst thing that could happen to a person would be for him to ve very severely injured.

____ 21 Disabled children should not have to compete with non-disabled children.

____*22 Most disabled people do not feel sorry for themselves.

____ 23 Most disabled people prefer to work with other disabled people.

____ 24 Most severely disabled persons are not as ambitious as other people.

____ 25 Disabled persons are not as self-confident as physically normal persons.

____*26 Most disabled persons don't want more affection and praise than other people.

____ 27 It would be best if a disabled person would marry another disabled person.

____*28 Most disabled people do not need special attention.

____ 29 Disabled persons want sympathy more than other people.

____ 30 Most physically disabled persons have different personalities than normal persons.

*Agreement with items marked with an asterisk indicates a favorable attitude; agreement with other items indicates an unfavorable attitude.

TABLES

TABLE 1

COMPARISON OF RESPONSES BY PERCENTAGE:
Attitude Toward Severely/Profoundly Handicapped People Scale

	N=30 ADMINISTRATOR						N=74 SPEC ED TEACHER						N=66 REG CLASS TEACHER					
	-3	-2	-1	+1	+2	+3	-3	-2	-1	+1	+2	+3	-3	-2	-1	+1	+2	+3
*1. Severely/profoundly handicapped students are usually friendly.	16	52	13	6	13	0	16	50	15	5	11	3	20	42	24	9	2	3
2. People who are severely/profoundly handicapped should not have to pay income taxes.	13	3	10	16	26	30	9	4	19	18	19	31	1	9	9	21	30	28
*3. Severely/profoundly handicapped students are not more emotional than other students.	9	23	23	16	13	16	3	20	7	21	38	11	2	14	14	33	30	7
*4. Severely/profoundly handicapped students can have a normal social life.	9	13	13	30	30	6	5	12	15	27	23	18	2	14	21	24	18	21
5. Most severely/profoundly handicapped students have a chip on their shoulder.	20	36	30	10	3	0	24	35	32	7	0	1	19	28	24	22	3	1
*6. Severely/profoundly handicapped students can be as successful as other students.	6	13	23	19	29	10	7	19	23	16	15	20	10	17	27	18	14	14
	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much

COMPARISON OF RESPONSES BY PERCENTAGE:

Attitude Toward Severely/Profoundly Handicapped People Scale

	N=30 ADMINISTRATOR						N=74 SPEC ED TEACHER						N=66 REG CLASS TEACHER					
	- 3	- 2	- 1	+ 1	+ 2	+ 3	- 3	- 2	- 1	+ 1	+ 2	+ 3	- 3	- 2	- 1	+ 1	+ 2	+ 3
*7. Very few severely/profoundly handicapped students are ashamed of their disabilities.	3	16	19	32	23	6	5	14	27	18	28	8	6	18	19	32	18	7
8. Most people feel uncomfortable when they associate with severely/profoundly handicapped students.	6	0	6	33	36	16	1	4	1	11	57	26	1	1	4	21	47	24
9. Severely/profoundly handicapped students show less enthusiasm than non-handicapped students.	16	36	23	13	10	0	24	46	13	11	5	0	12	30	22	21	10	3
*10. Severely/profoundly handicapped students do not become upset any more easily than non-handicapped students.	6	6	16	35	26	10	1	7	9	38	30	15	0	11	15	21	39	14
11. Severely/profoundly handicapped students are often less aggressive than normal students.	6	13	23	26	16	13	8	24	31	26	10	1	0	28	27	25	15	3
	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much

COMPARISON OF RESPONSES BY PERCENTAGE:
Attitude Toward Severely/Profoundly Handicapped People Scale

	N=30 ADMINISTRATOR						N=74 SPEC ED TEACHER						N=66 REG CLASS TEACHER					
	- 3	- 2	- 1	+ 1	+ 2	+ 3	- 3	- 2	- 1	+ 1	+ 2	+ 3	- 3	- 2	- 1	+ 1	+ 2	+ 3
*12. Most severely/profoundly handicapped students get married and have children.	23	26	26	16	3	3	28	36	19	8	5	1	36	27	21	6	9	0
13. Most severely/profoundly handicapped students do not worry any more than anyone else.	13	13	22	25	13	13	4	17	27	16	33	3	4	18	20	38	18	2
14. Employers should not be allowed to fire severely/profoundly handicapped employees.	30	36	20	6	3	0	20	39	32	4	1	3	10	39	33	12	3	1
15. Severely/profoundly handicapped students are not as happy as non-handicapped students.	10	13	40	16	16	3	12	31	28	20	8	0	7	36	22	24	4	4
16. Severely/profoundly handicapped students are harder to get along with than are those with minor disabilities.	16	20	40	13	6	3	13	32	27	18	9	0	12	14	28	13	9	24
	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much

COMPARISON OF RESPONSES BY PERCENTAGE :
Attitude Toward Severely/Profoundly Handicapped People Scale

	N=30 ADMINISTRATOR						N=74 SPEC ED TEACHER						N=66 REG CLASS TEACHER					
	- 3	- 2	- 1	+ 1	+ 2	+ 3	- 3	- 2	- 1	+ 1	+ 2	+ 3	- 3	- 2	- 1	+ 1	+ 2	+ 3
17. Most severely/profoundly handicapped students expect special treatment.	16	23	30	13	16	0	12	30	40	15	3	0	7	19	27	30	13	1
18. Severely/profoundly handicapped students should not expect to lead normal lives.	20	30	30	13	3	3	13	20	35	23	9	1	7	21	36	22	6	6
19. Most severely/profoundly handicapped students tend to get discouraged easily.	13	6	10	36	20	13	1	19	16	28	28	7	3	12	18	33	27	6
20. The worst thing that could happen to a student would be for him to be very severely injured.	23	23	26	6	10	10	26	26	19	13	11	5	18	27	23	11	15	6
21. Severely/profoundly handicapped children should not have to compete with non-handicapped children.	10	6	23	23	23	13	8	11	22	19	23	18	0	14	18	18	23	26
	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much

COMPARISON OF RESPONSES BY PERCENTAGE:
Attitude Toward Severely/Profoundly Handicapped People Scale

	N=30 ADMINISTRATOR						N=74 SPEC ED TEACHER						N=66 REG CLASS TEACHER					
	-3	-2	-1	+1	+2	+3	-3	-2	-1	+1	+2	+3	-3	-2	-1	+1	+2	+3
*22. Most severely/profoundly handicapped students do not feel sorry for themselves.	6	3	32	29	16	13	1	8	35	28	24	3	11	35	30	15	7	2
23. Most severely/profoundly handicapped students prefer to work with other handicapped students.	3	10	23	46	3	13	1	11	19	38	27	4	1	11	21	38	18	11
24. Most severely/profoundly handicapped students are not as ambitious as other students.	20	20	40	6	6	0	18	30	23	20	8	0	3	31	25	21	18	0
25. Severely/profoundly handicapped students are not as self-confident as physically normal students.	6	10	6	40	20	16	4	11	19	26	35	5	0	16	16	30	30	6
*26. Most severely/profoundly handicapped students don't want more affection and praise than other students.	6	32	19	10	19	13	28	32	19	9	9	1	18	27	23	11	15	6
	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much

COMPARISON OF RESPONSES BY PERCENTAGE:

Attitude Towards Severely/Profoundly Handicapped People Scale

	N=30 ADMINISTRATOR						N=74 SPEC ED TEACHER						N=66 REG CLASS TEACHER					
	- 3	- 2	- 1	+ 1	+ 2	+ 3	- 3	- 2	- 1	+ 1	+ 2	+ 3	- 3	- 2	- 1	+ 1	+ 2	+ 3
27. It would be best if a severely/profoundly handicapped person would marry another disabled person.	26	16	33	10	6	6	36	28	18	13	3	1	0	14	18	20	23	26
*28. Most severely/profoundly handicapped persons do not need special attention.	35	23	26	6	10	0	42	40	9	4	4	0	11	35	30	15	7	2
29. Severely/profoundly handicapped persons want sympathy more than other people.	20	30	43	6	0	0	19	34	32	13	0	1	1	11	22	38	18	11
30. Most severely/profoundly handicapped students have different personalities than normal students.	20	20	20	23	16	0	13	32	24	16	11	3	3	32	26	21	18	0
	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much

*Agreement with items marked with an asterisk indicates a favorable attitude, agreement with other items indicates an unfavorable attitude.

TABLE 2

ADMINISTRATORS

	N	Mean Scores	Standard Deviation
Attitude Toward Severely/Profoundly Handicapped People	30	94.833	12.459
Social Distance Scale	30	3.633	2.008

TABLE 3

REGULAR CLASSROOM TEACHERS

	N	Mean Scores	Standard Deviation
Attitude Toward Severely/Profoundly Handicapped People	66	88.485	13.190
Social Distance Scale	66	4.000	1.651

TABLE 4

SPECIAL EDUCATION TEACHERS

	N	Mean Scores	Standard Deviation
Attitude Toward Severely/Profoundly Handicapped People	74	95.459	6.907
Social Distance Scale	74	5.014	1.692

TABLE 5

SOCIAL DISTANCE SCALE

	N	Mean Scores	Standard Deviation
Administrators	30	3.633	2.008
Special Education Teachers	74	5.014	1.692
Regular Classroom Teachers	66	4.000	1.651

TABLE 6

ATTITUDE TOWARD SEVERELY/PROFOUNDLY HANDICAPPED PEOPLE SCALE

	N	Mean Scores	Standard Deviation
Administrators	30	94.833	12.459
Special Education Teachers	74	95.459	6.907
Regular Classroom Teachers	66	88.485	13.190

TABLE 7

STUDENT'S 't' TEST FOR SIGNIFICANT DIFFERENCE BETWEEN TWO MEANS

Attitude Toward Severely/Profoundly Handicapped People Scale

Administrators		Special Education Teachers	
Mean: 94.833		Mean: 95.459	Ho_1
Observed 't' score		Critical 't' score	
0.260	df=103	1.984	Accepted

Social Distance Scale

Administrators		Special Education Teachers	
Mean: 3.633		Mean: 5.014	Ho_2
Observed 't' score		Critical 't' score	
3.328	df=103	1.984	Rejected

Attitude Toward Severely/Profoundly Handicapped People Scale

Administrators		Regular Classroom Teachers	
Mean: 94.833		Mean: 88.485	Ho_3
Observed 't' score		Critical 't' score	
2.272	df=95	1.987	Rejected

Social Distance Scale

Administrators		Regular Classroom Teachers	
Mean: 3.633		Mean: 4.000	Ho_4
Observed 't' score		Critical 't' score	
1.099	df=95	1.987	Accepted

Attitude Toward Severely/Profoundly Handicapped People Scale

Special Education Teachers		Regular Classroom Teachers	
Mean: 95.459		Mean: 88.485	Ho_5
Observed 't' score		Critical 't' score	
3.851	df=139	1.980	Rejected

Social Distance Scale

Special Education Teachers		Regular Classroom Teachers	
Mean: 5.014		Mean: 4.000	Ho_6
Observed 't' score		Critical 't' score	
3.592	df=139	1.980	Rejected