

MODULE 1: COMPREHENSIVE SPECIAL EDUCATION

INTRODUCTION

WHAT IS COMPREHENSIVE SPECIAL EDUCATION?

Comprehensive special education is the provision of a variety of services designed to provide for the instructional needs of exceptional youngsters. These services range from special schools for the severely handicapped to the modification of instructional materials or methods for the moderately handicapped student. The emphasis is upon providing a sufficient variety of program alternatives to accommodate effectively the differing degrees of exceptionality which require special services.

HOW DOES COMPREHENSIVE SPECIAL EDUCATION RELATE TO THE REGULAR CLASSROOM TEACHER?

Because Comprehensive Special Education expands the concept of providing special instructional services for exceptional learner needs beyond the self-contained special class and into the mainstream of education, the regular classroom teacher becomes a member of the Comprehensive Special Education team. When specific, identifiable handicapping conditions are detected in a student, the most appropriate course of action is sought to ameliorate that condition; in many cases such a course of action may include leaving the youngster in his regular classroom for at least part of the school day. When this is done, it includes attempts to coordinate the program of special services with the regular program in which the child is enrolled and, perhaps, to modify slightly the regular program so that it can accommodate the student's exceptionality more effectively.

The regular classroom teacher has always been related to special education services in the sense that many, if not most, referrals for special services have traditionally been initiated by regular teachers who have identified potential handicapping conditions through their daily classroom activities. Comprehensive Special Education maintains such a relationship to the regular teacher and expands upon it to include the regular teacher as a member of the team which determines educational plans for the exceptional child who is assigned to mainstream education at least part of the day.

In summary, Comprehensive Special Education relates to the regular teacher by 1) recognizing that the special services required for some youngsters can be provided most effectively while maintaining them in their mainstream classrooms and 2) capitalizing upon the regular teacher's experience and observations in developing and implementing educational plans for special services.



WHAT CAN THE REGULAR CLASSROOM TEACHER DO TO MAKE COMPREHENSIVE SPECIAL EDUCATION MORE EFFECTIVE?

There are many avenues open for the regular teacher to become a more effective member of the special services team and thereby make Comprehensive Special Education a more effective program. Perhaps the most basic of these is understanding the conditions which obstruct some youngsters' school success. Such an understanding should be accompanied by the realization that some of these exceptionalities can be provided for in mainstream education.

The regular teacher may also make significant contributions by being a more effective user of appraisal information, acquiring additional insight into the nature and implications of the formal assessment devices used in the appraisal process. At the same time the regular teacher may discover ways in which more precise and concrete appraisal may be conducted informally in the regular classroom. There also appear to be possibilities in the organization of subject matter and selection of materials for more appropriate instruction of exceptional learners. In essence, whatever the regular teacher can do to identify and assist the exceptional learner will contribute to the effectiveness of Comprehensive Special Education.

WHAT IS INCLUDED IN MODULE I?

The activities of this module are intended to introduce you to the concept of Comprehensive Special Education by 1) showing you just a few of the many factors which handicap students in academic performance, 2) helping you to experience somewhat vicariously the feelings of the exceptional learner, 3) explaining some of the deficiencies which exist in traditional special education programs, and 4) outlining some of the alternatives to traditional programming which are being implemented.

Specifically, you will be asked to view a film which will review the problems encountered by learning handicapped students at both elementary and secondary levels. You will also view a sound filmstrip which will attempt to give you a close look at how it feels to be learning disabled. In conjunction with this sound filmstrip, there is a reading exercise designed to allow you to experience temporarily some frustrations which may be continuous companions of the exceptional student.

Following these activities there is a reading which suggests the reorganization of special education services to provide for the wide variety of youngsters' exceptionalities. There is also a film to view which supports this idea and outlines some possibilities.

MODULE 1

Objectives

After completing the activities of this module, you should be able to

1. Name two moderately handicapping conditions of exceptional children.
2. Describe the frustrations experienced by the student with perceptual difficulties.
3. Explain at least two reasons for the trend toward integration of moderately handicapped children into mainstream education.
4. List at least three implications which the mainstreaming trend has for regular classroom teachers.

MODULE 1

PRE-TEST

1. Comprehensive Special Education is a movement which
 - A. Seeks to classify more precisely the various conditions which handicap students.
 - B. Attempts to provide special classes for each of the exceptional groups which can be identified.
 - C. Recommends the provision of an array of educational services based upon learner needs.
 - D. Seeks the elimination of self contained special education and the integration of all exceptional learners into mainstream education.
 - E. All of the above.
2. Self contained special education classes
 - A. Are superior for the education of exceptional children.
 - B. Would disappear with the adoption of Comprehensive Special Education plans.
 - C. Are gaining rapidly in their domination of educational provisions for exceptional children.
 - D. All of the above.
 - E. None of the above.
3. In a Comprehensive Special Education program regular classroom teachers
 - A. Maintain their traditional importance in the screening and referral process for identifying exceptional learners.
 - B. Become increasingly important in the actual instruction of exceptional children.
 - C. Assume a larger role in planning and evaluating the educational programs for moderately handicapped students.
 - D. All of the above.
 - E. None of the above.

4. Exceptional children placed in self-contained special education classes
- A. Show significantly more academic achievement than their counterparts left in regular classrooms.
 - B. Demonstrate considerably more social growth than exceptional children left in regular classrooms.
 - C. Are far less likely to suffer emotional damage than similar children who remain in regular classrooms.
 - D. All of the above.
 - E. None of the above.
5. Regular classroom teachers may be able to
- A. Recognize potential cases of learning disabilities in the regular classroom.
 - B. Assist the handicapped student to develop a more adequate self image.
 - C. Modify the regular classroom curriculum to meet the exceptional learner's needs.
 - D. All of the above.
 - E. None of the above.
6. Name two learner exceptionalities which might be classified as moderately handicapping conditions.
- A. _____
 - B. _____
7. Describe two ways in which a regular classroom teacher might provide special instructional help for exceptional learners.
- A. _____

B.

MODULE 1

PRE-TEST

KEY

1. C
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5. D
6. Learning disability, moderate mental retardation (EMR), minimal brain injury.
7. The regular classroom teacher might use
 - (a) special instructional materials or adapt the regular materials so that the exceptional learner might use them more effectively. For example the teacher might try to emphasize the use of visual materials so that the learner who prefers the visual modality can use his strength.
 - (b) the teacher might shorten or otherwise modify the assignments given to exceptional learners to insure that success is possible for them. For example, the student might be allowed to do sentences by cutting and pasting rather than by writing until he can gain enough writing skill to perform adequately.

LEARNING ACTIVITY 2

- A. See at least one of the following films:
1. Early Recognition of Learning Disabilities (elementary)
 2. If a Boy Can't Learn (secondary)
 3. Adolescence and Learning Disabilities (secondary)
- B. Use the following questions as a guide either to discuss with one or more teachers or to write a brief summary of the film you see.
1. Early Recognition of Learning Disabilities
 - a. What were several indicators of learning disability discussed in the film?
 - b. As a primary teacher, could you identify one or more students who seem to fit the description of the learning disabled child in the film?
 - c. As an intermediate grade teacher, can you identify one or more students that you suspect fit the learning disability characteristics? As specifically as you can, describe the factors which suggest to you the possibility of a learning disability.
 2. If A Boy Can't Learn
 - a. What was your general reaction to the boy featured in the film?
 - b. What were some of the special instructional methods used to compensate for the learning disability of this student? Is there a place in your classroom for similar instructional activities.
 - c. What do you think of the statement, "If a boy can't learn the way we teach, then we must find a way to teach so that he can learn"? Do you consider that part of your responsibility as a teacher? If yes, to what extent is it true; does it include all children? If no, why?
 - d. What responsibility do schools have for educating youngsters such as the one featured in this film? Is your school assuming its responsibility adequately?
 3. Adolescence and Learning Disabilities
 - a. This film describes four areas of development important to the

adolescent; what are they?

- b. How might a learning disability affect an adolescent's development in each of the four areas?
- c. As a regular classroom teacher, how can you include consideration for the adolescent's developmental tasks as a part of your instructional responsibility?
- d. What instructional modifications might you make for a student with a learning disability in your classroom?

LEARNING ACTIVITY 1

- A. See the filmstrip, "Alternative Instructional Arrangements.
- B. Discuss this filmstrip.
 - 1. What are the implications of these trends for schools in general and for regular classroom teachers in particular?
 - 2. What are your personal reactions to these trends. Is special education moving in the right direction, the wrong direction, or is any real movement occurring?

LEARNING ACTIVITY 3

- A. Attempt to translate Diane Rokenetz's essay on perceptual problems.
- B. If reading were normally this difficult for you, what would your reaction to reading be? What would be some other likely reactions?
- C. How would other people react to you if they were reading "normal" print while you were trying to cope with the distortions of this essay?

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FROM: DIANE ROKETENETZ

INDEPENDENT LEARNING ACTIVITY 1

- A. Read at least two relevant articles on mainstreaming.
1. Lloyd Dunn, "Special Education for the Mildly Retarded--Is Much of It Justified?" Exceptional Children, Volume 35, September 1968.
 2. M. Stephen Lilly, "Special Education: A Teapot in a Tempest." Exceptional Children, September 1970.
- B. Summarize your personal reactions to these articles.

SPECIAL EDUCATION FOR THE MILDLY RETARDED -

IS MUCH OF IT JUSTIFIABLE?*

Lloyd M. Dunn

A better education than special class placement is needed for socioculturally deprived children with mild learning problems who have been labeled educable mentally retarded. Over the years, the status of these pupils who come from poverty, broken and inadequate homes, and low status ethnic groups has been a checkered one. In the early days, these children were simply excluded from school. Then, as Hollingworth (1923) pointed out, with the advent of compulsory attendance laws, the schools and these children "were forced into a reluctant mutual recognition of each other." This resulted in the establishment self contained special schools and classes and as a method of transferring these "misfits" out of the regular grades. This practice continues to this day and, unless counterforces are set in motion now, it will probably become even more prevalent in the immediate future due in large measure to increased racial integration and militant teacher organizations. For example, a local affiliate of the National Education Association demanded of a local school board recently that more special classes be provided for disruptive and slow learning children (Nashville Tennessean, December 18, 1967).

The number of special day classes for the retarded has been increasing by leaps and bounds. The most recent 1967-1968 statistics compiled by the U.S. Office of Education now indicate that there approximately 32,000 teachers of the retarded employed by local school systems - over one-third of all special educators in the nation. In my best judgment, about 60 to 80 percent of the pupils taught by these teachers are children from low status backgrounds - including Afro-Americans, American Indians, Mexicans, and Puerto Rican Americans; those from nonstandard English speaking, broken, disorganized, and inadequate homes; and children from other non-middle class environments. This expensive proliferation of self contained special schools and classes raises serious educational and civil rights issues which must be squarely faced. It is my thesis that we must stop labeling these deprived children as mentally retarded. Furthermore we must stop segregating them by placing them into our allegedly special programs.

The purpose of this article is twofold: first, to provide reasons for taking the position that a large proportion of this so called special education in its present form is obsolete and unjustifiable from the point of

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view of the pupils so placed; and second, to outline a blueprint for changing this major segment of education for exceptional children to make it more acceptable. We are not arguing that we do away with our special education programs for the moderately and severely retarded, for other types of more handicapped children, or for the multiply handicapped. The emphasis is on doing something better for slow learning children who live in slum conditions, although much of what is said should also have relevance for those children we are labeling emotionally disturbed, perceptually impaired, brain injured, and learning disordered. Furthermore, the emphasis of the article is on children, in that no attempt is made to suggest an adequate high school environment for adolescents still functioning as slow learners.

REASONS FOR CHANGE

Regular teachers and administrators have sincerely felt they were doing these pupils a favor by removing them from the pressures of an unrealistic and inappropriate program of studies. Special educators have also fully believed that the children involved would make greater progress in special schools and classes. However, the overwhelming evidence is that our present and past practices have their major justification in removing pressures on regular teachers and pupils, at the expense of the socioculturally deprived slow learning pupils themselves. Some major arguments for this position are outlined below.

Homogeneous Grouping

Homogeneous groupings tend to work to the disadvantage of the slow learners and underprivileged. Apparently such pupils learn much from being in the same class with children from white middle class homes. Also, teachers seem to concentrate on the slower children to bring them up to standard. This principle was dramatically applied in the Judge J. Skelly Wright decision in the District of Columbia concerning the track system. Judge Wright ordered that tracks be abolished, contending they discriminated against the racially and/or economically disadvantaged and therefore were in violation of the fifth Amendment of the Constitution of the United States. One may object to the Judge's making educational decisions based on legal considerations. However Passow (1967), upon the completion of a study of the same school system, reached the same conclusion concerning tracking. The recent national study by Coleman, et al. (1966), provides supporting evidence in finding that academically disadvantaged Negro children in racially segregated schools made less progress than those of comparable ability in integrated schools. Furthermore, racial integration appeared to deter school progress very little for Caucasian and more academically able students.

What are the implications of Judge Wright's rulings for special education?

Clearly special schools and classes are a form of homogeneous grouping and tracking. This fact was demonstrated in September, 1967, when the District of Columbia (as a result of the Wright decision) abolished Track 5, into which had been routed the slowest learning pupils in the District of Columbia schools. These pupils and their teachers were returned to the regular classrooms. Complaints followed from the regular teachers that these children were taking an inordinate amount of their time. A few parents observed that their slow learning children were frustrated by the more academic program and were rejected by the other students. Thus, there are efforts afoot to develop a special education program in D. C. which cannot be labeled a track. Self contained special classes will probably not be tolerated under the present court ruling but perhaps itinerant and resource room programs would be. What if the Supreme Court ruled against tracks, and all self contained special classes across the nation which serve primarily ethnically and/or economically disadvantaged children were forced to close down? Make no mistake - this could happen! If I were a Negro from the slums or a disadvantaged parent who had heard of the Judge Wright decision and knew what I know now about special classes for the educable mentally retarded, other things being equal, I would then go to court before allowing the schools to label my child as "mentally retarded" and place him in a self contained special school or class." Thus there is the real possibility that additional court actions will be forthcoming.¹

Efficacy Studies

The findings of studies on the efficacy of special classes for the educable mentally retarded constitute another argument for change. These results are well known (Kirk, 1964) and suggest consistently that retarded pupils make as much or more progress in the regular grades as they do in special education. Recent studies such as those by Hoelke (1966) and Smith and Kennedy (1967) continue to provide similar evidence. Johnson (1962) has summarized the situation well:

¹Litigation has now occurred. According to an item in a June 8, 1968, issue of the Los Angeles Times received after this article was sent to the printer, the attorneys in the national office for the rights of the indigent filed a suit in behalf of the Mexican-American parents of the Santa Ana Unified School District asking for an injunction against the District's classes for the educable mentally retarded because the psychological examinations required prior to placement are unconstitutional since they have failed to use adequate evaluation techniques for children from different language and cultural backgrounds, and because parents have been denied the right to hearing to refute evidence for placement. Furthermore, the suit seeks to force the district to grant hearings on all children currently in such special classes to allow for the chance to remove the stigma of the label "mentally retarded" from school records of such pupils.

It is indeed paradoxical that mentally handicapped children having teachers especially trained, having more money (per capita) spent on their education, and being designed to provide for their unique needs, should be accomplishing the objectives of their education at the same or at a lower level than similar mentally handicapped children who have not had these advantages and have been forced to remain in the regular grades (p. 66).

Efficacy studies on special day classes for other mildly handicapped children, including the emotionally handicapped, reveal the same results. For example, Rubin, Senison, and Betwee (1966) found that disturbed children did as well in the regular grades as in special classes, concluding that there is little or no evidence that special class programming is generally beneficial to emotionally disturbed children as a specific method of intervention and correction. Evidence such as this is another reason to find better ways of serving children with mild learning disorders than placing them in self contained special schools and classes.

Labeling Processes

Our past and present diagnostic procedures comprise another reason for change. These procedures have probably been doing more harm than good in that they resulted in disability labels and in that they have grouped children homogeneously in school on the basis of these labels. Generally, these diagnostic practices have been conducted by one of two procedures. In rare cases, the workup has been provided by a multidisciplinary team, usually consisting of physicians, social workers, psychologists, speech and hearing specialists, and occasionally educators. The avowed goal of this approach has been to look at the complete child, but the outcome has been merely to label him mentally retarded, perceptually impaired, emotionally disturbed, minimally brain injured, or some other such term depending on the predispositions, idiosyncracies, and backgrounds of the team members. Too, the team usually has looked for causation, and diagnosis tends to stop when something has been found wrong with the child, when the why has either been found or conjectured, and when some justification has been found for recommending placement in a special education class.

In the second and more common case, the assessment of educational potential has been left to the school psychologist who generally administers - in an hour or so - a psychometric battery, at best consisting of individual tests of intelligence, achievement, and social and personal adjustment. Again the purpose has been to find out what is wrong with the child in order to label him and thus make him eligible for special education services. In large measure this has resulted in digging the educational graves of many racially and/or economically disadvantaged children by using a WISC or Binet IQ score to justify the label "mentally retarded." This term then becomes a destructive, self fulfilling prophecy. What is the evidence against the continued use of these diagnostic practices and disability labels?

First, we must examine the effects of these disability labels on the attitudes and expectancies of teachers. Here we can extrapolate from studies by Rosenthal and Jacobson (1966) who set out to determine whether or not the expectancies of teachers influenced pupil progress. Working with elementary school teachers across the first six grades, they obtained pretest measures on pupils by using intelligence and achievement tests. A sample of pupils was randomly drawn and labeled "rapid learners" with hidden potential. Teachers were told that these children would show unusual intellectual gains and school progress during the year. All pupils were retested late in the school year. Not all differences were statistically significant, but the gains of the children who had been arbitrarily labeled rapid learners were generally significantly greater than those of the other pupils, with especially dramatic changes in the first and second grades. To extrapolate from this study, we must expect that labeling a child "handicapped" reduces the teacher's expectancy for him to succeed.

Second, we must examine the effects of these disability labels on the pupils themselves. Certainly none of these labels are badges of distinction. Separating a child from other children in his neighborhood - or removing him from the regular classroom for therapy of special class placement - probably has a serious debilitating effect upon his self image. Here again our research is limited but supportive of this contention. Goffman (1961) has described the stripping and mortification process that takes place when an individual is placed in a residential facility. Meyerowitz (1965) demonstrated that a group of educable mentally retarded pupils increased in feelings of self derogation after one year in special classes. More recent results indicate that special class placement, instead of helping such a pupil adjust to his neighborhood peers, actually hinders him (Meyerowitz, 1967). While much more research is needed, we cannot ignore the evidence that removing a handicapped child from the regular grades for special education probably contributes significantly to his feelings of inferiority and problems of acceptance.

Improvements in General Education

Another reason self contained special classes are less justifiable today than in the past is that regular school programs are now better able to deal with individual differences in pupils. No longer is the choice just between a self contained special class and a self contained regular elementary classroom. Although the impact of the American Revolution in Education is just beginning to be felt and is still more an ideal than a reality, special education should begin moving now to fit into a changing general education program and to assist in achieving the program's goals. Because of increased support at the local, state, and federal levels, four powerful forces are at work:

CHANGES IN SCHOOL ORGANIZATION. In place of self contained regular classrooms, there is increasingly more team teaching, upgraded primary departments, and flexible groupings. Radical departures in school organization are projected - educational parks in place of neighborhood

schools, metropolitan school districts cutting across our inner cities and wealthy suburbs, and, perhaps most revolutionary of all, competing public school systems. Furthermore, and of great significance to those of us who have focused our careers on slow learning children, public kindergartens and nurseries and becoming more available for children of the poor.

CURRICULAR CHANGES. Instead of the standard diet of Look and Say readers, many new and exciting options for teaching reading are evolving. Contemporary mathematics programs teach in the primary grades concepts formerly reserved for high school. More programmed textbooks and other materials are finding their way into the classroom. Ingenious procedures, such as those by Bereiter and Engelmann (1966), are being developed to teach oral language and reasoning to preschool disadvantaged children.

CHANGES IN PROFESSIONAL PUBLIC SCHOOL PERSONNEL. More ancillary personnel are not employed by the schools - i.e., psychologists, guidance workers, physical educators, remedial educators, teacher aids, and technicians. Furthermore, some teachers are functioning in different ways, serving as teacher coordinators, or cluster teachers who provide released time for other teachers to prepare lessons, etc. Too, regular classroom teachers are increasingly better trained to deal with individual differences - although much still remains to be done.

HARDWARE CHANGES. Computerized teaching, teaching machines, feedback typewriters, ETV, videotapes, and other materials are making autoinstruction possible, as never before.

We must ask what the implications of this American Revolution in Education are for special educators. Mackie (1967), formerly of the U.S. Office of Education, addressed herself to the question: "Is the modern school changing sufficiently to provide (adequate services in general education) for large numbers of pupils who have functional mental retardation due to environmental factors (p. 5)?" In her view, hundreds - perhaps even thousands - of so called retarded pupils may make satisfactory progress in schools with diversified programs of instruction and thus will never need placement in self contained special classes. With earlier, better, and more flexible regular school programs many of the children should not need to be relegated to the type of special education we have so often provided.

In my view, the above four reasons for change are cogent ones. Much of special education for the mildly retarded is becoming obsolete. Never in our history has there been a greater urgency to take stock and to search out new roles for a large number of today's special educators.

A Blueprint for Change

Two major suggestions which constitute my attempt at a blueprint for change are developed below. First, a fairly radical departure from conventional methods will be proposed in procedures for diagnosing, placing, and teaching children with mild learning difficulties. Second, a proposal

for curriculum revision will be sketched out. These are intended as proposals which should be examined, studied, and tested. What is needed are programs based on scientific evidence of worth and not more of those founded on philosophy, tradition, and expediency.

A THOUGHT

There is an important difference between regular educators talking us into trying to remediate or live with the learning difficulties of pupils with which they haven't been able to deal; versus striving to evolve a special education program that is either developmental in nature, wherein we assume responsibility for the total education or more severely handicapped children from an early age, or is supportive in nature, wherein general education would continue to have central responsibility for the vast majority of the children with mild learning disabilities - with us serving as resource teachers in devising effective prescriptions and in tutoring such pupils.

A Clinical Approach

Existing diagnostic procedures should be replaced by expecting special educators, in large measure, to be responsible for their own diagnostic teaching and their clinical teaching. In this regard, it is suggested that we do away with many existing disability labels and the present practice of grouping children homogeneously by these labels into special classes. Instead, we should try keeping slow learning children more in the mainstream of education, with special educators serving as diagnostic, clinical, remedial, resource room, itinerant and/or team teachers, consultants, and developers of instructional materials and prescriptions for effective teaching.

The accomplishment of the above modus operandi will require a revolution in much of special education. A moratorium needs to be placed on the proliferation (if not continuance) of self contained special classes which enroll primarily the ethnically and/or economically disadvantaged children we have been labeling educable mentally retarded. Such pupils should be left in (or returned to) the regular elementary grades until we are "tooled up" to do something better for them.

PRESCRIPTIVE TEACHING. In diagnosis one needs to know how much a child can learn, under what circumstances, and with what materials. To accomplish this, there are three administrative procedures possible. One would be for each large school system - or two or more small districts - to establish a "Special Education Diagnostic and Prescription Generating Center." Pupils with school learning problems would be enrolled in this center on a day and/or boarding school basis for a period of time - probably up to a month and hopefully until a successful prescription for effective teaching had been evolved. The core of the staff would be a variety of master teachers with different specialties - such as in motor

development, perceptual training, language development, social and personality development, remedial education, and so forth. Non-educators such as physicians, psychologists, and social workers would be retained in a consultative role, or pupils would be referred out to such paraeducational professionals, as needed. A second procedure, in lieu of such centers with their cadres of educational specialists, would be for one generalist in diagnostic teaching to perform the diagnostic and prescription devising functions on her own. A third and even less desirable procedure would be for one person to combine the roles of prescriptive and clinical teacher which will be presented next. It is suggested that 15 to 20 percent of the most insightful special educators be prepared for and/or assigned to prescriptive teaching. One clear virtue of the center is that a skilled director could coordinate an inservice training program and the staff could learn through, and be stimulated by, one another. In fact, many special educators could rotate through this program.

Under any of these procedures, educators would be responsible for the administration and interpretation of individual and group psychoeducational tests on cognitive development (such as the WISC and Binet), on language development (such as the ITPA), and on social maturity (such as the Vineland Social Maturity Scale). However, these instruments - with the exception of the ITPA which yields a profile of abilities and disabilities - will be of little use except in providing baseline data on the level at which a child is functioning. In place of these psychometric tests which usually yield only global scores, diagnostic educators would rely heavily on a combination of the various tools of behavior shapers and clinical teachers. The first step would be to make a study of the child to find what behaviors he has acquired along the dimension being considered. Next, samples of a sequential program would be designed to move him forward from that point. In presenting the program, the utility of different reinforcers, administered under various conditions, would be investigated. Also, the method by which he can best be taught the material should be determined. Different modalities for reaching the child would also be tried. Thus, since the instructional program itself becomes the diagnostic device, this procedure can be called diagnostic teaching. Failures are program and instructor failures, not pupil failures. In large measure, we would be guided by Bruner's dictum (1967) that almost any child can be taught almost anything if it is programmed correctly.²

²By ignoring genetic influences on the behavioral characteristics of children with learning difficulties, we place responsibility on an inadequate society, inadequate parents, unmotivated pupils, and/or in this case inadequate teachers. Taking this extreme environmental approach could result in placing too much blame for failure on the teacher and too much pressure on the child. While we could set our level of aspiration too high, this has hardly been the direction of our error to date in special education of the handicapped. Perhaps the sustained push proposed in this paper may not succeed, but we will not know until we try it. Insightful teachers should be able to determine when the pressures on the pupil and system are too great.

This diagnostic procedure is viewed as the best available since it enables us to assess continuously the problem points of the instructional program against the assets of the child. After a successful and appropriate prescription has been devised, it would be communicated to the teachers in the pupil's home school and they would continue the procedure as long as it is necessary and brings results. From time to time, the child may need to return to the center for reappraisal and redirection.

Clearly the above approach to special education diagnosis and treatment is highly clinical and intuitive. In fact, it is analogous to the rural doctor of the past who depended on his insights and a few diagnostic and treatment devices carried in his small, black bag. It may remain with us for some time to come. However, it will be improved upon by more standardized procedures. Perhaps the two most outstanding, pioneering efforts in this regard are now being made by Feuerstein (1968) in Israel, and by Kirk (1966) in the United States. Feuerstein has devised a Learning Potential Assessment Device for determining the degree of modifiability of the strategies by which he can best learn, and the areas in which he needs to be taught. Also, he is developing a variety of exercises for teaching children with specific learning difficulties. Kirk and his associates have not only given us the ITPA which yields a profile of abilities and disabilities in the psycholinguistic area, but they have also devised exercises for remediating specific psycholinguistic disabilities reflected by particular types of profiles (Kirk, 1966). Both of these scientists are structuring the assessment and remediation procedures to reduce clinical judgment, although it would be undesirable to formalize to too great a degree. Like the country doctor versus modern medicine, special education in the next fifty years will move from clinical intuition to a more precise science of clinical instruction based on diagnostic instruments which yield a profile of abilities and disabilities about a specific facet of behavior and which have incorporated within them measures of a child's ability to learn samples of units of materials at each of the points on the profile. If psychoeducational tests had these two characteristics, they would accomplish essentially the same thing as does the diagnostic approach described above - only under more standardized conditions.

ITINERANT AND RESOURCE ROOM TEACHING. It is proposed that a second echelon of special educators be itinerant or resource teachers. One or more resource teachers might be available to each sizable school, while an itinerant teacher would serve two or more smaller schools. General educators would refer their children with learning difficulties to these teachers. If possible, the clinical teacher would evolve an effective prescription for remediating the problem. If this is not possible, she would refer the child to the Special Education Diagnostic and Prescription Generating Center or to the more specialized, prescriptive teacher who would study the child and work out an appropriate regimen of instruction for him. In either event, the key role of the resource room and itinerant

clinical educators would be to develop instructional materials and lessons for implementing the prescription found effective for the child, and to consult and work with the other educators who serve the child. Thus, the job of special educators would be to work as members of the schools' instructional teams and to focus on children with mild to moderate school learning problems. Special educators would be available to all children in trouble (except the severely handicapped) regardless of whether they had, in the past, been labeled educable mentally retarded, minimally brain injured, educationally handicapped, or emotionally disturbed. Children would be regrouped continually throughout the school day. For specific help these children who had a learning problem might need to work with the itinerant or resource room special educators. But, for the remainder of the day, the special educator would probably be more effective in developing specific exercises which could be taught by others in consultation with her. Thus, the special educator would begin to function as a part of, and not apart from, general education. Clearly this proposed approach recognizes that all children have assets and deficits, not all of which are permanent. When a child was having trouble in one or more areas of learning, special educators would be available to devise a successful teaching approach for him and to tutor him when necessary. Perhaps as many as 20 to 35 percent of our present special educators are or could be prepared for this vital role.

TWO OTHER OBSERVATIONS. First, it is recognized that some of today's special educators especially of the educable mentally retarded - are not prepared to serve the functions discussed. These teachers would need to either withdraw from special education or develop the needed competencies. Assuming an open door policy and playing the role of the expert diagnostician and the prescriptive and clinical educator would place us in the limelight. Only the best will succeed. But surely this is a responsibility we will not shirk. Our avowed *raison d'etre* has been to provide special education for children unable to make adequate progress in the regular grades. More would be lost than gained by assigning less than master teachers from self contained classes to the diagnostic and clinical educator roles. Ainsworth (1939) has already compared the relative effectiveness of the special class versus itinerant special educators of the retarded and found that neither group accomplished much in pupil progress. A virtue of these new roles for special education is that they are high status positions which should appeal to the best and therefore enhance the recruitment of master regular teachers who should be outstanding in these positions after having obtained specialized graduate training in behavior shaping, psychoeducational diagnostics, remedial education, and so forth.

Second, if one accepts these procedures for special education, the need for disability labels is reduced. In their stead we may need to substitute labels which describe the educational intervention needed. We would thus talk of pupils who need special instruction in language or cognitive development, in sensory training, in personality development, in vocational training, and other areas. However, some labels may be needed for administrative reasons. If so, we need to find broad generic terms such

as "school learning disorders."

New Curricular Approaches

Master teachers are at the heart of an effective school program for children with mild to moderate learning difficulties - master teachers skilled at educational diagnosis and creative in designing and carrying out interventions to remediate the problems that exist. But what should they teach? In my view, there has been too great an emphasis in special classes on practical arts and practical academics, to the exclusion of other ingredients. Let us be honest with ourselves. Our courses of study have tended to be watered down regular curriculum. If we are to move from the clinical stage to a science of instruction, we will need a rich array of validated prescriptive programs of instruction at our disposal. To assemble these programs will take time, talent, and money; teams of specialists including creative teachers, curriculum specialists, programmers, and theoreticians will be needed to do the job.

What is proposed is a chain of Special Education Curriculum Development Centers across the nation. Perhaps these could best be affiliated with colleges and universities, but could also be attached to state and local school systems. For these centers to be successful, creative educators must be found. Only a few teachers are remarkably able to develop new materials. An analogy is that some people can play music adequately, if not brilliantly, but only a few people can compose it. Therefore, to move special education forward, some 15 to 20 percent of our most creative special educators need to be identified, freed from routine classroom instruction, and placed in a stimulating setting where they can be maximally productive in curriculum development. These creative teachers and their associates would concentrate on developing, field testing, and modifying programs of systematic sequences of exercises for developing specific facets of human endeavor. As never before, funds are now available from the U.S. Office of Education under Titles III and VI of PL 89-10 to embark upon at least one such venture in each state. In fact, Title III was designed to support innovations in education and 15 percent of the funds were earmarked for special education. Furthermore, most of the money is now to be administered through state departments of education which could build these curriculum centers into their state plans.

The first step in establishing specialized programs of study would be to evolve conceptual models upon which to build our treatments. In this regard the creative teachers would need to join with the theoreticians, curriculum specialists, and other behavioral scientists. Even the identification of the broad areas will take time, effort, and thought. Each would require many subdivisions and extensive internal model building. A beginning taxonomy might include the following eight broad areas: (a) environmental modifications, (b) motor development, (c) sensory and perceptual training, (d) cognitive and language development including

academic instruction, (f) speech and communication training, (f) conative (or personality) development, (g) social interaction training, and (h) vocational training. (Of course, under cognitive development alone we might evolve a model of intellect with some ninety plus facets such as that of Guilford (1967), and as many training programs.

In the area of motor development we might, for example, involve creative special and physical educators, occupational and physical therapists, and experts in recreation and physical medicine, while in the area of language development a team of speech and hearing specialists, special educators, psychologists, linguists, and others would need to come together to evolve a conceptual model, to identify the parameters, and to develop the specialized programs of exercises. No attempt is made in this article to do more than provide an overview of the problem and the approach. Conceptualizing the specific working models would be the responsibility of cadres of experts in the various specialties.

ENVIRONMENTAL MODIFICATIONS. It would seem futile and rather unrealistic to believe we will be able to remediate the learning difficulties of children from ethnically and/or economically disadvantaged backgrounds when the schools are operating in a vacuum even though top flight special education instructional programs are used. Perhaps, if intensive around the clock and full calendar year instruction were provided beginning at the nursery school level, we might be able to counter appreciably the physiological weaknesses and inadequate home and community conditions of the child. However, the field of education would be enhanced in its chances of success if it became a part of a total ecological approach to improve the environments of these children. Thus special educators need to collaborate with others - social workers, public health officials, and other community specialists. Interventions in this category might include (a) foster home placement, (b) improved community conditions and out of school activities, (c) parent education, (d) public education, and (e) improved cultural exposures. For optimal pupil development, we should see that children are placed in a setting that is both supportive and stimulating. Therefore, we must participate in environmental manipulations and test their efficacy. We have made a slight beginning in measuring the effects of foster home placement and there is evidence that working with parents of the disadvantaged had paid off. The model cities programs would also seem to have promise. But much more human and financial effort must be invested in this area.

MOTOR DEVELOPMENT. Initial work has been done with psychomotor training programs by a number of persons including Delacato (1966), Oliver (1958), Cratty (1967), Lillie (1967), and others. But we still need sets of sequential daily activities built around an inclusive model. Under this category, we need to move from the early stages of psychomotor development to the development of fine and large movements required as vocational skills. Programs to develop improved motor skills are important for a variety of children with learning problems. In fact, one could argue that

adequate psychomotor skills constitute the first link of the chain of learning.

SENSORY AND PERCEPTUAL THINKING. Much of our early efforts in special education consisted of sensory and perceptual training applied to severe handicapping conditions such as blindness, deafness, and mental deficiency. Consequently, we have made a good beginning in outlining programs of instruction in the areas of auditory, visual, and tactual training. Now we must apply our emerging technology to work out the step by step sequence of activities needed for children with mild to moderate learning difficulties. In this regard, visual perceptual training has received growing emphasis, pioneered by Frostig (1964), but auditory perceptual training has been neglected. The latter is more important for school instruction than the visual channel. Much attention needs to be given to this second link in the chain of learning. Children with learning problems need to be systematically taught the perceptual processes: they need to be able to organize and convert bits of input from the various sense modalities into units of awareness which have meaning.

COGNITIVE AND LANGUAGE DEVELOPMENT INCLUDING ACADEMIC INSTRUCTION. This is the heart of special education for slow learning children. Our business is to facilitate their thinking processes. We should help them not only to acquire and store knowledge, but also to generate and evaluate it. Language development could largely be included under this caption - especially the integrative components - since there is much overlap between the development of oral language and verbal intelligence. However, much of receptive language training might be considered under sensory and perceptual training, while expressive language will be considered in the next topic.

A major fault of our present courses of study is failure to focus on the third link in the chain of learning - that of teaching our children systematically in the areas of cognitive development and concept formation. A major goal of our school program should be to increase the intellectual functioning of children we are now classifying as socioculturally retarded. For such children, perhaps as much as 25 percent of the school day in the early years should be devoted to this topic. Yet the author has not seen one curriculum guide for these children with a major emphasis on cognitive development - which is a sad state of affairs indeed!

Basic psychological research by Guilford (1959) has provided us with a useful model of intellect. However, little is yet known about the trainability of the various cognitive processes. Actually, Thurstone (1948) has contributed the one established set of materials for training primary mental abilities. Thus, much work lies ahead in developing programs of instruction for the training of intellect.

We are seeing more and more sets of programmed materials in the academic areas, most of which have been designed for average children. The most exciting examples today are in the computer assisted instruction studies.

Our major problem is to determine how these programmed exercises need to be modified to be maximally effective for children with specific learning problems. Work will be especially needed in the classical areas of instruction including written language and mathematics. Hopefully, however, regular teachers will handle much of the instruction in science and social studies, while specialists would instruct in such areas as music and the fine arts. This will free special educators to focus on better ways of teaching the basic 3 R's, especially written language.

SPEECH AND COMMUNICATION TRAINING. This area has received much attention, particularly from speech correctionists and teachers of the deaf. Corrective techniques for specific speech problems are probably more advanced than for any other area, yet essentially no carefully controlled research has been done on the efficacy of these programs. Speech correctionists have tended to be clinicians, not applied behavioral scientists. They often create the details of their corrective exercises while working with their clients in a one to one relationship. Thus, the programs have often been intuitive. Furthermore, public school speech therapists have been spread very thin, usually working with 75 to 100 children. Many have been convinced that only they could be effective in this work. But remarkable changes have recently occurred in the thinking of speech therapists; they are recognizing that total programs of oral language development go far beyond correcting articulation defects. Furthermore, some speech therapists believe they could be more productive in working with only the more severe speech handicaps and devoting much attention to the development and field testing of systematic exercises to stimulate overall language and to improve articulation, pitch, loudness, quality, duration, and other speech disorders of a mild to moderate nature. These exercises need to be programmed to the point at which teachers, technicians, and perhaps teacher aides can use them. Goldman (1968) is now developing such a program of exercises to correct articulation defects. This seems to be a pioneering and heartening first step.

CONNATIVE (OR PERSONALITY) DEVELOPMENT. This emerging area requires careful attention. We must accept the position that much of a person's behavior is shaped by his environment. This applies to all aspects of human thought, including attitudes, beliefs, and mores. Research oriented clinical psychologists are providing useful information on motivation and personality development and before long we will see reports of research in shaping insights into self, the effects of others on self, and one's effects on others. It is not too early for teams of clinical psychologists, psychiatric social workers, creative special educators (especially for the so-called emotionally disturbed), and others to begin developing programs of instruction in this complex field.

SOCIAL INTERACTION TRAINING. Again we have an emerging area which overlaps considerably with some of those already presented, particularly cognitive development. Special educators have long recognized that the ability of a handicapped individual to succeed in society depends, in large measure, on his skill to get along with his fellow man. Yet we have done little to develop his social living skills, a complex area of

paramount importance. Training programs should be developed to facilitate development in this area of human behavior.

VOCATIONAL TRAINING. Closely tied to social interaction training is vocational training. Success on the job for persons that we have labeled educable mentally retarded has depended on good independent work habits, reliability, and social skills, rather than on academic skills. Consequently, early and continuing emphasis on developing these traits is necessary. In fact, it is likely to be even more important in the years ahead with fewer job opportunities and increasing family disintegration providing less shelter and support for the so-called retarded. Therefore sophisticated programs in instruction are especially needed in this area. Even with our best efforts in this regard, it is likely that our pupils, upon reaching adolescence, will continue to need a variety of vocational services, including trade and technical schools, work study programs, and vocational training.

ANOTHER OBSERVATION. It seems to me to be a red herring to predict that special educators will use these hundreds of specialized programs indiscriminately as cookbooks. Perhaps a few of the poor teachers will. But, the clinical teachers proposed in this article would be too sophisticated and competent to do this. They would use them as points of departure, modifying the lessons so that each child would make optimal progress. Therefore, it seems to me that this library of curriculum materials is necessary to move us from a clinical and intuitive approach to a more scientific basis for special education.

EPILOGUE

The conscience of special educators needs to rub up against morality. In large measure we have been at the mercy of the general education establishment in that we accept problem pupils who have referred out of the regular grades. In this way, we contribute to the delinquency of the general educations since we remove the pupils that are problems for them and thus reduce their need to deal with individual differences. The entente of mutual delusion between general and special education that special class placement will be advantageous to slow learning children of poor parents can no longer be tolerated. We must face the reality - we are asked to take children others cannot teach, and a large percentage of these are from ethnically and/or economically disadvantaged backgrounds. Thus much of special education will continue to be a sham of dreams unless we immerse ourselves into the total environment of our children from inadequate homes and backgrounds and insist on a comprehensive ecological push - with a quality educational program as part of it. This is hardly compatible with our prevalent practice of expediency in which we employ many untrained and less than master teachers to increase the number of special day classes in response to the pressures of waiting lists. Because of these pressures from the school system, we have been guilty of fostering quantity with little regard for quality of special education instruction. Our first responsibility is to have an abiding commitment

to the less fortunate children we aim to serve. Our honor, integrity, and honesty should no longer be subverted and rationalized by what we hope and may believe we are doing for these children - hopes and beliefs which have little basis in reality.

Embarking on an American Revolution in Special Education will require strength of purpose. It is recognized that the structure of most, if not all, school programs becomes self perpetuating. Teachers and state and local directors and supervisors of special education have much at stake in terms of their jobs, their security, and their programs which they have built up over the years. But can we keep our self respect and continue to increase the numbers of these self contained special classes for the educable mentally retarded which are of questionable value for many of the children they are intended to serve? As Ray Graham said in his last article in 1960: (p. 4.)

We can look at our accomplishments and be proud of the progress we have made, but satisfaction with the past does not assure progress in the future. New developments, ideas, and facts may show us that our past practices have become outmoded. A growing child cannot remain static - he either grows or dies. We cannot become satisfied with a job one-third done. We have a long way to go before we can rest assured that the desires of the parents and the educational needs of handicapped children are being fulfilled (p. 4).

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Special Education: A Teapot in a Tempest*

M. Stephen Lilly

The purpose of this article is to examine present policies and practices in the field of special education and to determine the extent to which present behavior patterns in the field are educationally based and relevant to school learning and behavior problems. The focus of this paper is on the child whose problems can be seen as relatively mild, those children traditionally labeled as educable mentally retarded, emotionally disturbed, behaviorally disordered, educationally handicapped, learning disabled, or brain injured. The one common characteristic among all these children is that they have been referred from regular education programs because of some sort of teacher perceived behavioral or learning problem. The ideas presented herein also apply to children with physical or sensory deficits, though the application is not as direct nor the problems as immediate as with the traditional groups mentioned earlier.

This article does not refer to children who have been called trainable mentally retarded, severely emotionally disturbed, multiply handicapped, or to children who are so obviously deviant that they have never been enrolled in any kind of normal school program. It must be recognized, however, that such children constitute a very small percentage of exceptional children, and that the real focus of the present controversy in special education is on that large group of children traditionally labeled mildly handicapped. It is with regard to these children that we as special educators have trouble justifying our practices both socially and morally, and this is the area in which we must spend considerable time and energy examining both our actions and our motives.

It is the position of this writer, based upon consideration of evidence and opinion from many and varied sources, that traditional special education services as represented by self contained special classes should be discontinued immediately for all but the severely impaired as delineated above. Supporting data from the various efficacy studies will not be reviewed in detail here, since these data are readily available to the concerned reader from several other sources. These studies have produced conflicting evidence concerning special class programs, with the weight of the evidence suggesting that special programs have produced little that is superior to what is produced in the regular class setting. To avoid exhaustive argument with regard to research design and confounding variables in these efficacy studies, let us accept the statement that they are inconclusive to date. It must be added, however, that in the true spirit of research they will be inconclusive forever.

Notwithstanding the integrity of the efficacy studies, concern with the adequacy of the traditional special education model has grown over the last

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decade. There are deficiencies in logic as well as product in our present practices, and once the efficacy studies cued professionals to the possible existence of problems, the logical inconsistencies of the model became more and more apparent. The question of logic in our special education model is examined in some detail by Reger, Schroeder, and Uschold (1968).

Let us share at this point a series of statements, dating from 1960 to 1969, all of which are statements of concern with the practices which are still most prevalent in the field of special education today. Most of these statements are from known and respected special educators, and one is from a federal judge in Washington, D. C. The latter statement served to abolish the track system in the schools of the District of Columbia, on the basis that it was by its very nature discriminatory. These are only eight of many such statements, both oral and written, which could have been chosen to represent what must be considered a bona fide movement in special education. The statements which follow are representative of the feelings of a large body of professionals and have yet to be seriously heeded by the majority of special education policy makers and practitioners.

In a rare moment of candidness, a distinguished special educator recently remarked, during a meeting in which this writer participated, that special education isn't special nor can it, in many instances be considered education. Studies find that, insofar as measurable abilities are concerned, mentally handicapped children in special classes are very similar in development to those in regular grades. In fact, the earlier studies of Bennett and Pertsch found that retarded children in special classes did poorly in physical, personality, and academic areas as compared with retarded children in regular classes. Later studies by Blatt and Cassidy found few significant differences between those children in the regular classes and those in special classes. Notwithstanding the many obvious and valid criticisms of studies comparing special vs. regular class membership, it has yet to be demonstrated that the special class offers a better school experience for retarded children than does regular class placement (Blatt, 1960, pp. 53-54).

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It is indeed paradoxical that mentally handicapped children have teachers especially trained, having more money (per capita) spent on their education, and being enrolled in classes with fewer children and a program designed to provide for their unique needs, should be accomplishing the objectives of their education at the same or at a lower level than similar mentally handicapped children who have not had these advantages and have been forced to remain in the regular grades (Johnson, 1962, p. 66).

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We seem to be possessed with categories and organizational designs which entrench the categories. Are we so sure that special classes, broken down into categories--slow learners, neurologically impaired, etc. are doing the job? While the process may be administratively convenient, there is no doubt that the procedure has made special education special, isolated it and in so doing perpetuated the isolationism and attending mysticism which has stood in the way of special education development (Fisher, 1967, p. 29).

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As to the remedy with respect to the track system, the track system simply must be abolished. In practice, if not in concept, it discriminates against the disadvantaged child, particularly the Negro. Designed in 1955 as a means of protecting the school system against the ill effect of integrating with white children the Negro victims of de jure separate but unequal education, it has survived to stigmatize the disadvantaged child of whatever race relegated to its lower tracks--from which tracks the possibility of switching upward, because of the absence of compensatory education, is remote (Wright, 1968, p. 210).

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We are saying that grouping children on the basis of medically derived disability labels has no practical utility in the schools. Children should be grouped on the basis of their education needs, and these needs may be defined in any number of ways. The notion that simple labels, applied by high-status authorities from outside the school, should serve as a basis for grouping children is basically nothing more than a refusal to accept responsibility for making educational decisions. It is educational laziness (Roger et al., 1968, p. 19).

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In my view, much of our past and present practices are morally and educationally wrong. We have been living at the mercy of general educators who have referred their problem children to us. And we have been generally ill prepared and ineffective in educating these children. Let us stop being pressured into continuing and expanding a special education program that we know now to be undesirable for many of the children we are dedicated to serve (Dunn, 1968, p. 5).

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Special Education is part of the arrangement for cooling out students. It has helped to erect a parallel system which permits relief of institutional guilt and humiliation stemming from the failure to achieve competence and effectiveness in the task given to it by

society. Special education is helping the regular school maintain its spoiled identity when it creates special programs (whether psychodynamic or behavioral modification) for the "disruptive child" and the "slow learner," many of whom, for some strange reason, happen to be Black and poor and live in the inner city (Johnson, 1969, p. 245).

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There has been no reliable evidence produced to indicate that differential benefits, either social or academic, accrue to regular students as a result of either the exclusion or inclusion of exceptional students in regular classes. However, even if differential effects were found favoring the former, a democratic philosophy would dictate that the most justifiable course of action in dealing with exceptionality would be the altering of classroom practices whenever possible, rather than the segregation of the deviant individuals. The rapid growth of special classes, in the fact of lack of either supporting evidence or acceptable democratic social philosophy, has but limited justification (Christoplos & Renz, 1969, p. 373).

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It has been stated above that the majority of policy and decision makers in the field of special education have paid little heed to those straightforward statements of dissatisfaction with the status quo. As evidence for this statement, let us look briefly at the structure and operation of the two most powerful agencies in the field, the Council for Exceptional Children (a professional agency) and the Bureau for Education of the Handicapped (a government organization).

The Council for Exceptional Children is the largest professional organization in the field of special education. Its membership consists primarily of special education teachers, administrators, and college teaching and research personnel. It cannot be said that the Council is unaware of the 1970 Convention program and recent activities of the CEC Policies Commission attest to the fact that the Council is paying attention to the concerns of its membership. This raises somewhat of a problem in itself, since the perennial top concern of the membership, as expressed in Delegate Assembly at the Convention, is more efficient and effective means of processing membership forms and renewal notices. Quite a far cry from the children we purport to serve.

While the Council is willing to consider the controversy over appropriate models for special education services, it operates in some areas as if the field were united and no disagreement existed. One such area, of crucial importance, is federal legislation. Consider the following four statements, made in congressional testimony last year with regard to appropriations for special education:

Of the 6,000,000 handicapped children in the nation only 1/3 are receiving special education services. Handicapped children are legally defined as "mentally retarded, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired. . . ." it is difficult to imagine that \$50 per child is too much to ask for. We hope that we will not have to tell the six million handicapped children of this country and their families that the federal government was unable to make this small investment (Geer, 1969, p. 176).

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It is expected that many of these children without appropriate educational services may require institutionalization at a cost of over \$200,000 per child as opposed to an anticipated cost of \$20,000 for a complete educational program (Geer, 1969, p. 197).

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Each year that a learning handicapped child is denied the services that are presently available to others, that child is being denied his right to equal educational opportunity. No argument, however well phrased, can avoid this conclusion. To the extent that failure of the Congress to act now (on the Children with Learning Disabilities Act of 1969) deprives even one child of the utilization of his learning capabilities, Congress is derelict (McCarthy, 1969, p. 35).

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We have delayed long enough. It is time that acceptance be given to the learning disabled child as a legitimate handicapping condition and that procedures be created to extend educational services to such children (Geer, 1969, p. 33).

* * *

It is thus clear that while CEC is attending to the controversy in its ranks on some fronts, it is ignoring it on others. While IMPACT sessions are held in Chicago, legislative lobbying takes place which encourages hardening of the categories and proliferation of services of dubious value. At the same time, the categorical approach to CEC Divisional structure is strengthened and expanded. While it is difficult to argue with some of the emotional appeals made in the testimony cited above, the logic is altogether refutable. With the seemingly sure rise in stature of educational reckoning is fast approaching, and when that roll call is taken, emotional appeals will suddenly lose their longstanding credibility. If we are to change our approach and our practices, as we must, the most opportune time is yesterday and the next most opportune today.

The situation is much the same in the Bureau of Education for the Handicapped (BEH). BEH is in a rather awkward position in that it was created

by an act of Congress, after much Congressional lobbying concerning the distinctly differing needs of handicapped children. Likewise, the Division of Training Programs in particular has leaned heavily on traditional special education categories for building its funding base. A change at this time to a different framework would introduce two problems of considerable potential impact. First, a change in the basic structure of special education could indicate that the present funding system is inadequate and inappropriate, and that this inadequacy was apparent even while programs were being established and strengthened. The second concern is that such a move would introduce uncertainty into a reasonably stable system. At this time, educational accounting in BEH is fairly straightforward in terms of numbers and teachers and researchers trained, areas in which they are trained, and numbers of children needing and receiving special education services. Some of these accounting data are seen in the testimony of Geer cited above. When the system is changed however, and new special education models are put forward, the old accounting methods will be inappropriate and it will become more difficult to count numbers of children waiting and teachers needed.

While BEH certainly has problems in a changing education world (any governmental agency does), it is felt that the same conclusions apply here as were drawn in the discussion of CEC. That is, if change is needed, the time to change is now. More water under the bridge can only further pollute the stream. If changes are needed in the underlying structure of special education services--and that is the urgent message of this article--then these changes should be made as quickly and completely as possible. Further, the changes should not involve moving from one rigid system to another, but rather the new structure should be supportive of broad experimentation with a variety of new approaches to children with problems in school.

The most often heard remark in opposition to basic changes in special education says something to the effect that "You are trying to destroy the old system, and do not have anything adequate with which to replace it." This is closely allied to the familiar "throwing the baby out with the bath water" argument. These arguments ignore the growing body of literature on appropriate educational practices for children encountering problems regardless of their specific classroom setting. Reger, Schroeder, and Uschold (1968) have written a curriculum and materials book which can rival the older, traditional texts, but which advocates an overhaul of the self contained special education program and replacement with an approach which stresses each individual's learning and behavioral needs. These authors point out:

The label applied to the child serves as a sanction for administrative action, meaning placement into a special class or into some other special program. The whole procedure tells us nothing about a child that we did not already know because nothing was added to our fund of knowledge about the child, and we have no information about what to do

with the child after placement changes are made. Moving a child from one classroom to another is an administrative action; it is not an act of understanding or explanation (p. 16).

If one is interested in new models to work from, the following are offered as only a few of a growing number of "less special" education models that are beginning to develop: The Educational Modulation Center (Adamson, 1969;; Adamson & Shrago, 1969), Diagnostic/Prescriptive Teaching (Prouty & Prillaman, 1967; Vinogradoff, 1969), Project PLAN (Flanagan, 1967; Weisberger & Ramlow, 1968), Guaranteed Performance Contracting (Blam, 1970). Individually Prescribed Instruction (Glasser, 1966; Bolvin & Glaser, 1968), Teacher Moms (Donahue & Nichtern, 1965). These approaches are not meant to be inclusive, nor do they necessarily represent an ultimate system, either in isolation or in combination. They are listed here only to indicate that the "we don't have anything to substitute" argument no longer represents an adequate reason to postpone the rather frightening task of redefining our roles as special educators and tightening both the logical basis for and the accountability of our educational practices.

The remainder of this article will not outline an alternate model for special education services; this has been and is being done by educational practitioners with more expertise in program development than this writer. In addition, it is felt that this activity would not serve to convince dubious readers that we as special educators need to be concerned with internal change. Thus, an alternate model presented at this time would tend to reinforce the ideas of those readers who agree with the article thus far, and would be skipped over rather quickly by those who are not in agreement. In short, it would produce little or no positive action.

Instead of presenting an alternate model, the remainder of the article will present a new approach to defining exceptionality, an approach which in the opinion of this writer will, if accepted, begin to lead us out of the categorical web which we have spun. Traditionally, definitions of exceptionality have been child based, aimed at identifying basic deficits in children. Dunn (1963) offered a typical definition:

Exceptional pupils are those (1) who differ from the average to such a degree in physical or psychological characteristics, (2) that school programs designed for the majority of children do not afford them opportunity for all round adjustment and optimum progress, (3) and who therefore used either special instruction or in some cases special ancillary services, or both, to achieve at a level commensurate with their respective abilities (p. 2).

Kirk (1962) spoke of the exceptional child as having "discrepancies in growth" which make him different from the normal child only in terms of certain characteristics.

Once defined, exceptional children seemed to fall "naturally" into

specified categories of deviance, though not so naturally that all authorities agreed on the exact nature of such categories. Nor did all categories share a common frame of reference. Mental retardation, for instance, was based on a supposed psychological deficit in the area of learning, while emotional disturbance and/or social maladjustment were said to have been a function of other psychological processes. In searching for commonalities among the categories of mild handicap, two emerged: (a) all were stated in terms of "problems within the child," and (b) all referred to less than adequate situations within the school setting. In short, it can be said that exceptionality is a psychological construct, created to make order out of chaotic classroom situations. The causative agents of such chaos were posited in children, and special education programs ensued. Eventually, as is often the case with psychological constructs, we ceased to regard exceptionality as an explanatory concept and it became as real as the mumps in children.

In order to return exceptionality to its rightful status as an explanatory concept, it must be made to adhere more closely to real school situations, that is, it must be removed from the child. Thus, it is suggested that we move from defining "exceptional children" to defining "exceptional situations within the school." The following represents a beginning in developing such a definition:

An exceptional school situation is one in which interaction between a student and his teacher has been limited to such an extent that external intervention is deemed necessary by the teacher to cope with the problem.

This definition takes into account the actual procedure by which children have been labeled exceptional in the past. It posits as the basic problem a breakdown in the student teacher relationship, with resulting disruption of normal routine. It does not specify the basic nature of the problem, nor does it specify the child (or the teacher) as the causative agent in any given situation. In essence, it demands a complete analysis of the classroom situation before statements are made concerning the nature of the problem and steps necessary to bring about a solution.

The implications of this definition of exceptionality are numerous, and must be explored in determining its viability. Acceptance of the definition would set new priorities for research, training, and school practices in special education. Most likely, it would signal the end of special education as we have known it. In its place, however, would emerge a system in which it is not assumed that all school problems are centered in the child and that removal of children from problem situations will be beneficial for everyone involved. Just what the new system would assume is negotiable, but at least it would be built upon a definition of exceptionality which is both truthful and realistic. Let us remove the onus of inadequate educational settings from the shoulders of its victims.

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MODULE 1

SELF EVALUATION CHECKLIST

	YES	NO
1. Do I know two handicapping conditions which are considered moderate?	_____	_____
2. Did I experience frustration in translating the Roketenetz essay?	_____	_____
3. Do I know the major characteristics of Comprehensive Special Education?	_____	_____
4. Do I know the characteristics of learning disabled students?	_____	_____
5. Can I name three ways in which regular classroom instruction can be modified for exceptional students?	_____	_____
6. Do I know the reasons behind the movement toward mainstreaming moderately handicapped students?	_____	_____
7. Do I know of several ways in which the regular classroom teacher can contribute to a Comprehensive Special Education program?	_____	_____

MODULE 1

POST TEST

1. Learning disabled students with perceptual difficulties
 - A. Cannot function in the regular classroom.
 - B. May be severely impaired in reading performance.
 - C. Will only be handicapped in performance activities such as working puzzles, handwriting or physical education.
 - D. All of the above.
 - E. None of the above.
2. The normal adolescent is faced with the developmental task(s) of
 - A. Achieving a realistic and positive self image.
 - B. Acquiring sufficient academic tool skills.
 - C. Establishing vocational preferences and goals.
 - D. Both a and b.
 - E. Both b and c.
3. The adolescent with a learning disability
 - A. Should remain in elementary school until the disability has been corrected.
 - B. Is usually incompetent on almost all tasks expected of him.
 - C. Must delay accomplishing the normal developmental tasks of adolescence until the disability has been remediated.
 - D. Should be placed in a special school for vocational education.
 - E. Will probably find the learning disability a handicap in his outside school development as well as his in school development.
4. Mainstreaming exceptional learners
 - A. Puts educationally handicapped children into regular classrooms for the first time.

- B. Is primarily an attempt to maintain small self-contained classes for retarded children.
 - C. Might best be viewed as recognizing the individual differences which are customarily a part of most classrooms.
 - D. All of the above.
 - E. None of the above.
5. Arizona's Plan for Special Education
- A. Is similar to the national trends in special education.
 - B. Provides special instructional services for language/learning disabled youngsters.
 - C. Both of the above.
 - D. Neither of the above.
6. Describe two frustrations which a student with perceptual difficulties could be expected to experience.

A. _____

B. _____

7. List three characteristics included in the concept of Comprehensive Special Education.
- 1. _____
 - 2. _____
 - 3. _____

MODULE 1

POST TEST

KEY

1. B
2. D
3. E
4. C
5. C
6. (a) The student with perceptual difficulties might experience frustration in such academic tasks as reading, where sequence and spatial relationships are essential to accurate performance.
(b) The student with perceptual difficulties might experience frustration in such physical activities as games in which speed and precise movement are important to adequate performance.
7.
 1. Provision for all learners
 2. Provision of a large variety of special programs
 3. Retention of learners in mainstream education when that is educationally best
 4. Coordination of special and regular education
 5. Provision of education based upon learner needs

M2, T1, T2, W1, W2/as/01's/10.14

NEEDS FOR PROJECT SERT

To assist each participant in achieving the optimum benefit from involvement in SERT, it will be necessary to plan ahead.

1. Select a student whose:
 - a. skill and behavioral needs you would like to identify
 - b. records would be available to you
 - c. behavior you would be able to observe and chart

2. Have access to and some knowledge of:
 - a. the local district's curriculum guides
 - b. instructional materials available within the district
 - c. test instruments available within district

You will be given assignments involving the use of the above material in appropriate modules.