PROCEEDINGS

FIRST GOVERNOR'S CONFERENCE FOR IMPROVEMENT OF SERVICES TO THE HEARING IMPAIRED

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INTRODUCTION AND BACKGROUND

to the Proceedings of the
First Governor's Conference
for Improvement of Services
to the Hearing Impaired

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State of Minnesota

This is a prologue to express my gratitude to the many people who gave their time, thought and effort to make this conference a success. It is also an attempt to see this effort in a perspective that only a certain lapse of time can bring.

The beginning of this effort was not in Minnesota alone but goes back several years to a meeting held in Las Cruces, New Mexico. This meeting represented a nationwide concern of Vocational Rehabilitation and other agencies for the increasing need of services for the deaf and hard of hearing. The persons attending from all over the U.S. were parents, professionals, businessmen, etc. who tried to discover underlying reasons for the low level and lack of services and suggest meaningful new ways to mitigate these communications barriers.

This document is a tribute to these persons who used it as a vehicle to seek some common levels of understanding to these diverse needs and the factors that influence the solutions to these problems. This is an attempt to establish the ground rules and necessary means to seek out mutually agreed upon solutions to these problems between Rehabilitation Agencies, Special Education, Consumer groups, and a wide variety of other service agencies.

This conference demonstrated several facts very clearly:

- that the past differences are small as compared to the present and future needs of the hearing impaired population.
- that individual initiative and group activities, when realistically goal directed, can achieve positive results.
- that the time and effort to sustain this movement must come from a widely interested, diverse number of persons, agencies and groups.

More of these "facts" could be added but they seem to be apparent, and we trust will be even more evident as the reader progresses through these pages.

Further it is our hope that this effort is viewed not as a finished product of a feat perfectly accomplished but as a task only begun, merely a first step. This first step doesn't insure future success. Our valid criticisms of our past performance and participation should insure better methods, involving more persons, facilities, services, etc. which could have been used and will be used in the future.

The great challenge is still as it always has been, <u>how can positive changes be best made in the future!</u> This is the challenge and the charge. The rest is left up to what <u>you</u> can and <u>want</u> to do!

Lawrence Crouse, Consultant
Hearing Impaired Program
Special Education Section

GOVERNOR'S SPEECH

Welcome to the First Governor's Conference for Improvement of Services to the Hearing-Impaired. Speaking for all Minnesotans and especially those who suffer from a hearing impairment, it is a pleasure to see the interest in this conference.

Foreign visitors often comment that Americans are crazy about conferences. I've had foreigners tell me they were absolutely amazed so much is accomplished in this country when our people always seem to be at a conference, in a seminar, or at a committee meeting. Rarely does it occur to them that perhaps Americans do accomplish quite a bit, precisely because we believe in getting together to exchange information.

As a representative of state government, I want to give you a brief report on what the state has been doing these past few years to serve the hearing-impaired and where the state should be going for the next few years.

The state has not been unmindful of its hearing-impaired citizens. I want to use this opportunity to publicly thank the many people... a good many of whom are here today...for giving Minnesota the national reputation it has for its services to the handicapped. The credit for our leadership goes to many, public servants, private citizens, private agencies, and public councils. I only wish you who have worked so hard could be with me to hear the compliments from others.

As you know, the public school system provides a variety of supportive services to the hearing impaired. These services by and large are financed through the State School Aid Formula for the Handicapped. During my administration, we have increased that appropriation from $11 million dollars to over $28 million dollars or over a 150% increase in four years. Few concerns of state government have received such a dramatic increase. These increased funds have allowed schools to extend their services to the hearing impaired.

But our educational efforts have not been limited to the elementary and secondary schools. In the 1967 session, the legislature amended the special education act which allows for early childhood intervention. This amendment provides for home training and parent education in the pre-school years. As we learn more about the hearing-impaired child, we have discovered that these first years are absolutely crucial. We are beginning to appreciate that early sensory deprivation may be an irretrievable loss. Therefore, if we are truly committed to giving the handicapped child an equal chance, we must come to him early.

Because Minnesota has developed some experience in working with the pre-school child, we selected by the Federal Government as one of the few states to be given a demonstration project. I might add parenthetically that not only have the professionals shown leadership in this area but also the politicians. The Federal law authorizing these demonstration projects was co-authored by

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Minnesota Congressman, Al Quie.

I am also happy to report on another accomplishment which many of you have been following closely. In approximately two weeks bids will be let for the construction of a brand new primary education facility at the Faribault School for the Deaf. And there will be a request in the next legislative session for funds to build a new high school building.

I think all of us can be proud of that record. Yet I do not mean to imply that past glories should dull us to the challenge of the future. For Minnesota has a dream, a goal, to give every child an equal opportunity to learn, to enjoy, to live. No man should be forgotten or forsaken.

There are several problems we must face.

First the problem of delivering the services we have. This is a constant, nagging concern of government. How we give our people equal access to services, regardless of where they live? No family should be forced to sell their farm or gas station to move to the metropolitan area in order to care for the special needs of their child. And yet it happens.

One of the major concerns of my administration has been to bring services to people instead of making the people move to the services. We have strengthened outstate Minnesota by developing rural highways, expanding job opportunities, enlarging rural airports, expanding vocational schools and improving health services. Many smaller communities simply cannot finance the services needed to hold on to their people. However, if towns in a region cooperate, they can swing it. That's why I have constantly advocated increased cooperation among communities within a region.

I am pleased that we are beginning to develop services for the hearing-impaired on a regional basis. In every rural region, there is a special education regional coordinator from the Department of Education. These people have been instrumental in coordinating services, finding the gaps in our services and stimulating some agency to fill the gap. As we look to the future, state government must make sure this program is continued.

A second task for the future is to evaluate both our public and private programs for the hearing-impaired to make sure they provide the necessary continum of services. For example, a child should be able to move from one education level to another. We cannot afford any dead ends. The graduate should be able to move from school to employment. What services can or should be provided by public and private agencies to make sure that they will happen throughout the state?

Thirdly, I believe we must look at our educational institutions, particularly the University of Minnesota, as well as our state colleges to develop curricula both at the graduate and under-

graduate level which will give us the teachers we need for the hearing-impaired. Since we are becoming increasingly involved with the pre-school child, our lack of trained teachers for those children is a serious problem.

Fourthly, we should put new emphasis on trying to prevent hearing-impairment. I don't mean only medicines, responsibility, but society's responsibility as well. There is no doubt we moderns make a lot of racket. Jack hammers, horns, traffic, sonic booms, rock music. The Governor's residence is located on a landing pattern for the International Airport so I can appreciate the problem of noise pollution. Scientists are beginning to agree that excessive noise can be more than a nuisance, it can impair hearing. Dr. Hayes Newby, Head of the University of Maryland Speech and Hearing Clinic, says, "There is no doubt of the damage that can be done. What is deceptive is that noise levels that can cause damage are well below what is painful or uncomfortable."

Some preliminary studies to curtail excessive noise have already been taken by the state. For example, the State Highway Department is currently conducting a $50,000 study on how to set up effective noise buffers for our highway system. In addition, when new highways are being planned, the department is now taking into consideration such factors as neighborhood disruption, tax loss, pollution problems, and noise levels.

The State Department of Conservation has set regulations on the sale of new snowmobiles which regulate the amount of noise they can make.

The Governor's Advisory Committee on building codes which is just completing its work has set noise limits on construction work conducted by the state. These recommendations will be considered by the legislature.

As far as air traffic is concerned, two of our airlines...North Central and Northwest...are practicing take-off procedures which curtail noise until the aircraft is out of the Metropolitan area.

But in order to provide a central focus for our noise pollution program...in order to provide a central clearing house for research ....in order for one agency to alert all state agencies of the role they might plan in helping to combat excess noise I suggest that in the 1971 session, the legislature give the Pollution Control Agency the responsibility for noise abatement.

This agency has demonstrated its effectiveness in attacking air pollution, thermal pollution, nuclear pollution, pesticide pollution, and solid waste pollution. It is well equipped to handle noise pollution.

I am a strong believer in prevention. Wherever we can prevent hearing damage, we must act and act immediately.

GOVERNOR'S SPEECH

These are four directions in which I believe the state can move in the 70's. If we follow through after this conference, I am sure Minnesota will continue to serve as a model for all states.

ANNOUNCEMENT TO GROUP LEADERS:

SUBJECT: Rank Ordering

You must announce that:

1) You do not have to rank order all ten (10) recommendations if you do not agree with one or more.

2) All cards shall be run through the computer. After the conference we will have a hand tally to reflect the "other" vote and you will see the results in the conference Publication.

General Session I

Craig Linnell, Ph.D. chaired this session and introduced Mr. Thomas Mangan and James Garrett Ph.D. These addresses are reproduced in full or part in the following pages.

Four half-day general sessions dealt with improving service to persons who are hearing-impaired. This term applies to the entire spectrum of hearing difficulties ranging from hearing loss sufficient to cause noticeable understanding or speaking difficulty, to total deafness.

General Sessions were concerned with (1) identification, diagnois, and treatment; (2) educational programs; (3) habilitation programs; and (4) the management system and conference followup. An Action Discussion Session followed the first three General Sessions, in which the audience divided itself into ten groups meeting in separate rooms with one or more leaders. Thus the audience had ample opportunity to get further information, voice opinions, and make suggestions. The leaders were representative of various phases of professional work with the hearing-impaired such as teaching, rehabilitating, diagnosing, measuring, pastoral counseling, etc.

First General Session

As a preface to the main topic of this session, Mr. Thomas Mangan, Director of Special Education, Anoka, Minnesota gave an overview of progress in perspective regarding services to the hearing-impaired.

Mr. Mangan said that the people who have great concern for the hearing-impaired have taken strong positions in favor of training by the oral method on the one hand or the manual method on the other - possibly to the detriment of the children who need help because overzealous use of just one method may not bring about the most fruitful results.

Although Mr. Mangan had no intent of passing judgment on individuals within programs for the hearing-impaired, he did feel that the entire approach to education and service to people with hearing deficiencies warranted a thorough examination and study. He felt that changes have occurred in the needs of hearing-impaired clientele and that the professionals have not responded adequately to meet the new needs.

Mr. Mangan stated that Minnesota's overall program for the hearing-impaired is probably better than some, as good as most, and in need of improvement in some areas. He pointed out excellent progress in four specific areas, and said there were others.

General Session I

Medical Care, Surgery, and Audiology

Minnesota leads the nation. Our public health and school nursing programs have enabled screening programs in the schools to develop rapidly and well. Furthermore, disease control and prevention of hearing loss have changed the nature of the hearing-impaired population. Diseases which appeared on health records 25 years ago as causes of deafness no longer are permitted to produce this result.

Hearing Aids

Improvements in fidelity and miniaturization have made formerly deaf people function quite normally. In fact, many children have been helped to the point where they no longer require special educational services.

Pre-School Parent Counseling

Minnesota educators have shown great leadership in developing this form of counseling program under the sponsorship of the public schools. This program, coupled with the modern hearing aid permit many hearing-impaired children with relatively normal language abilities to attend regular school.

Vocational Education

Leadership capacity is being shown at St. Paul Vocational Institute where a program of vocational training for hearing-impaired students has been worked into the general program through use of auxiliary interpretive and special counseling services. Thus many hearing-impaired children receive appropriate educational service from the primary age through vocational preparation.

Mr. Mangan continued by stating that there were areas in Minnesota's overall program which needed improvement, and gave a broad recommendation on how improvement could be made.

Fractionated and Competing Services

A finely detailed classification would show as many as 85 different agencies in the state, local, and private levels actively engaged in serving the hearing-impaired. The number of agencies is of itself not the point of concern but the conflicting objectives and lack of coordination among these agencies is, since frustration, confusion, and anxiety are often the outcome. Above all, there is

General Session I

Fractionated and Competing Services

an abysmal lack of consideration for human feelings; there is much criticism of various professional personnel leveled inside and outside their circles, without apparent remedial steps being taken to indicate active response. As a result, there is public doubt about the capabilities of some of the professionals, and even a loss of efficacy of educational practice. Perhaps a code of ethical practice with a system of sanctions for infractions is needed to resolve this problem.

Slowness of Changes in Educational Practice

While studies of the medical profession's acceptance of change show that an invention is known about and accepted in general practice in three years, similar studies show that fifteen years typically elapse before an inventive process is implemented in just three percent of the schools.

Some reasons for these differences in rate of innovation introduction may be:

1. Insulation of school staff from their clientele, which avoids direct accountability. Changes in educational methods would probably be speeded up if staff salaries were dependent upon achievement and parental satisfaction.

2. A forty-year span exists between new staff and retiring staff and there is little provision for updating and stimulation of personnel. Teacher tenure increases the problem - more so in teacher training institutions than in the public schools for which these institutions train staff.

3. Educational programs for the hearing-impaired are often dysfunctional, that is, they have minimal curricular planning.

There seems to be little improvement or progress in instructional technique despite improvements in hardware. The profession as a whole has been derelict in developing its techniques, methods, and instruments.

Availability of Limited Options to the Hearing-Impaired

Instead of insisting on optimal programs, we have settled for programs that are just "good enough." There has not been even one survey made of the finished product, so we have absolutely no knowledge of the graduates who are the "finished products." A limited attempt was made several years ago via a mailed questionnaire, which fairly well restricted response to only those who

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Availability of Limited Options to the Hearing-Impaired

have been fairly successful in their learning efforts. Thus little knowledge was gained about the progress of the total population of hearing-impaired students. Unless we gain adequate knowledge about our product (the graduating student), we are in no position to plan and develop an adequate educational program for the hearing-impaired.

At present, the hearing-impaired child is locked into an educational system without regard to the appropriateness of it for that child's needs. Thus potentially educable children are often lost, not due to their innate limitations but due to those of the inflexible education system. The outcome of this is that the cards are stacked in favor of the child who has the greatest amount of residual hearing because he makes it easy for the educational system to follow the path of least resistance.

Plans for Improvement

The educational field seems to be the one which most needs improvement, although there are many related problems in the fields of rehabilitation and social welfare. The fact remains that education is the main avenue for release from many handicapping conditions arising through hearing impairment.

Some progress has been made in Minnesota over the years, this First Governor's Conference being evidence of the interest in program appraisal and change. About a decade ago, the first comprehensive joint state and local meeting of this type was held, followed by a number of similar meetings during the interim period.

Perhaps the most important single thing that everyone attending this conference can do is to listen to the "other side," without necessarily conceding his own points of view if they are more correct. However, through careful listening we become receptive to new ideas which we can integrate into our programs to provide more individual help to the hearing-impaired.

The problems under discussion at this conference are too far-reaching to be resolved in two days. This points to the need for members of this conference to organize and enlist governmental support and financing for, say, an Advisory Council on Services to the Hearing-Impaired.

General Session I

Plan for Improvement

Characteristics of this council might be:

1. Governor-appointed, with no financial renumeration.
2. Membership drawn from social welfare, speech pathology, audiology, child development, psychology, education, medicine, the hearing-impaired, parents, and public administration groups, plus participation by other appropriate groups and disciplines.
3. Appropriate funding to guarantee fiscal independence. With fiscal independence the council could hire staff or contract for services at its own discretion, appropriate research and surveys could be performed free of institutional or agency influence, and could develop and provide leadership for a coordinated research program. To be truly meaningful, the research would be cross-sectional to check on many types of hearing-impaired individuals, and longitudinal (spanning at least ten years) to determine efficacy of instruction methods as revealed by the "end product" of the services.

The main responsibility of the council would be to study, survey, and deliberate on issues and methods pertinent to education and services for the hearing-impaired. With neither administrative powers nor vested interest, the council would be unimpeded in responding to the needs of its hearing-impaired clientele. In closing, Mr. Mangan said we often turn to the past to evaluate the present because there are so few measuring tools. He suggested that his described Advisory Council could be the tool to enable us to view the present and guide us into the future.

THE FOLLOWING IS AN EXACT REPRODUCTION OF THE TOPICS RANKED IN SESSION I

ITEM A - Early Identification

A system should be developed to identify hearing impairments below one year that will be sensitive enough to detect conductive as well as sensori-neural losses. Such an identification system could include any or all of the following: a) high risk register, b) neonatal screening, c) routine otoscopic exams, d) professional and public education as to need for early case finding, and e) other.

ITEM B - School Screening

A standard system of screening in schools should be established on a statewide basis. Hearing losses which occur during the school age can then be identified and monitored. This type of case finding will prevent confusion and assist treatment continuity and educational placement.

ITEM C - Registry of all Hearing - Impaired

A central bureau should be established that includes a registry of all hearing-impaired individuals. The registry can be used to establish priorities based on current trends and project future needs of the hearing-impaired population.

ITEM D - Definition of Professional Roles

A system should be devised whereby clear and concise definitions and duties are delineated regarding services of agencies and roles of professionals who relate to the hearing-impaired. Referral, diagnosis and treatment responsibilities can then more efficiently be handled.

ITEM E - Professional Education

Expanded professional educational programs regarding the hearing-impaired should stress information on the physical and behavioral symptoms of hearing impairment in infants, children, and adults, so that proper identification, diagnosis, and treatment can be initiated.

ITEM F - Geriatric Population

The high incidence of hearing loss and its consequences in the geriatric population should be considered by: a) adequate diagnostic workups, b) medicare policy formulation, c) program planning in rehabilitation, d) public education of the problems of the hearing-impaired senior citizen, and e) appropriate acoustical consideration included in the design of geriatric accomodations.

THE FOLLOWING IS AN EXACT REPRODUCTION OF THE TOPICS RANKED IN SESSION I

ITEM G - Hearing Aid Dealers

A method should be devised whereby a hearing aid dealer can be held responsible for ethically presenting a reliable product whose electro-acoustical and practical qualities are well understood and clearly represented to both the concerned consumer and professional.

ITEM H - Amplification

Amplification, such as hearing aids and auditory trainers, etc., should be made available to all, infancy through senior citizens, with recommendations for such devices based upon the medical (otological) and audiological evaluation. Considering the cost of amplification devices, sources of financial assistance should be expanded by welfare agencies, private agencies and schools.

ITEM I - Recheck System

Periodic re-evaluations (medical-audiological) should be available to all the hearing-impaired. This type of long-range habilitation program evaluates the current changes in the patient's hearing loss, such as a progressive sensori-neural or a fluctuating conductive loss, and monitors the progression in terms of current medical and technological advances.

ITEM J - Noise Pollution

The problem of noise pollution should be investigated and the people of Minnesota should be informed of the hazards of noise and its relation to hearing loss. Proper steps must be initiated toward protection and control from noise.

First Action Discussion Sessions:

After the first General Session, the listeners separated into groups headed by group leaders for an intimate discussion about the morning's session topic. An important part of these discussion sessions was individual ranking of a list of ten recommendations according to their importance. Each group convened in a different meeting room to maximize the benefits of the small-group discussion and environment.

Group Leaders:

Group 1 - LeRoy Hedgecock, Ph.D., Consulting Audiologist Mayo Clinic, Rochester.
Group 2 - Richard B. Carley, M.D., Otolaryngologist, St. Paul
Group 3 - Richard Bonheyo, Instructor, Minnesota School for the Deaf, Faribault
Group 4 - Cheryl Kloer, Audiologist, Crippled Childrens Services, St. Cloud College
Group 5 - Barbara Drolet, Interdistrict Coordinator of Special Education, Wayzata
Group 6 - Raymond Stassen, Asst. Director, Audiology Clinic University of Minnesota, Minneapolis
Group 7 - Dr. and Mrs. Terrel Yeager, Anoka
Group 8 - Lucinda Jansen, Executive Director St. Paul Hearing and Speech Center
Group 9 - Susan Maimstadt, Parent and Teacher Aide Tilden School, St. Paul
Group 10- Leon Klein, President, Friends of the Hearing Handicapped, St. Paul

Recommendations:

The suggested list of recommendations was distributed for evaluation by the members of each group. The list shown prior is in its original context and sequence.

Space was provided for other suggestions on the original list. These suggestions were not rank-ordered by the computer.

Voting Results:

These recommendations are arranged in order from the most to the least important according to the evaluation of the returns.

Rank	Item
1	A. Early Identification
2	E. Professional Education
3	D. Definition of Professional Roles
4	B. School Screening
5	C. Registry of All Hearing Handicapped
6	H. Amplification

VOTING RESULTS:

Rank	Item
7	I. Recheck System
8	F. Geriatric Population
tie 9	G. Hearing Aid Dealers
10	J. Noise Pollution

As would be expected, different categories of people had different preferences. Some of these are shown below.

Category	Upper Preferences
Deaf, parents, hard-of-hearing teachers of the deaf, otologists and social workers	A. Early Identification D. Definition of Professional Roles
Clergy	A. Early Identification E. Professional Education
Public Health Registered Nurses	E. Professional Education A. Early Identification (third choice; no second choice made.)
Hearing Aid Dealers	A. Early Identification D. Definition of Professional Roles (tied with item A)
Special Education	A. Early Identification D. Definition of Professional Roles
Special Education Administrators	A. Early Identification
Speech therapists	
Classroom teachers	E. Professional Education
Counselor and researchers	A. Early Identification
Psychologist	A. Early Identification E. Professional Education (tied with item A)

KEYNOTE ADDRESS

This address was delivered by James F. Garrett, Ph.D. Dr. Garrett is Assistant Administrator, Research, Demonstrations and Training, Social and Rehabilitation Service, Department of Health, Education and Welfare, Washington, D.C.

This address was not available for publication at the time this document was produced.

the editor.

MORNING TOPIC: Identification, Medical and Audiological Diagnosis Treatment of the Hearing-Impaired

Robert Goldstein, Ph.D., covered this topic. Dr. Goldstein is a Professor in the Department of Communication Disorders at the University of Wisconsin, Madison.

Dr. Goldstein began by saying that "hearing-impaired" conveys several meanings and implications. He stated four ways in which hearing impairement could be defined or considered. The most direct definition is that it is an interference with oral-verbal communication. If the impairment is congenital (existing at birth), then consideration must be given to how it will interfere with the child's learning and education. The impairment may be symptomatic of a disease of the auditory system in which case medical or surgical attention would be required. Or the impairment may be part of a disease or handicap creating other disorders or impairments of equal or greater consequence than the hearing impairment.

Due to the breadth of the topic, Dr. Goldstein concentrated on the oral-verbal communication disorder and the learning/education impediment aspects of hearing impairment. He also touched on hearing impairment as a symptom of a disease that could cause further hearing loss if unchecked.

He noted that although it would seem simpler to define services instead of impairment, such is not really the case. As an example he named diagnosis, and showed that this term for a service could be interpreted as identifying the causative disease or defining the communication impairment. He explained that although the same tests and materials may be used, interpretation of observations and results must be taken along different lines for each purpose. He added that interpretive distinctions are not always adequately considered.

Dr. Goldstein stated the need for prevention of hearing impairment (for example, noise control, although noise has not been a major problem for young children). He stressed the need for early detection of hearing impairment in children to minimize later social and educational problems that arise as a consequence of this condition. He explained that there are other important aspects of prevention such as guarding against diseases or medical abnormalities that may produce hearing impairment; rubella or German measles, and Rh blood factor complications are examples.

According to Dr. Goldstein, probably the largest single category of early deafness is genetic or hereditary. Thus he feels that genetic counseling may be one of the best preventive measures, although it is seldom exercised.

EVALUATION OF RECOMMENDATIONS

Dr. Goldstein continued his presentation by giving his own amplification and evaluation of the ten recommendations that were listed and explained on a printed sheet. (The recommendations are detailed after this summary of Dr. Goldstein's presentation.)

Evaluation of Recommendations

He grouped three items and gave them the top three priorities: Definition of Professional Roles, Hearing Aid Dealers, and Professional Education. He felt there is a strong need to define and clarify the roles of professionals, because even the very best of persons cannot render the very best of professional services without adequate guidelines of definition and clarification. In addition, he felt that under clarification, professional guidelines possibly added to the confusion already suffered by the hearing-impaired patient.

Dr. Goldstein said that although no single professional group has sole responsibility for providing or managing service for the hearing-impaired, certain unique aspects help to identify categories of clinicians. Some of the aspects which are attributable to the different types of professionals are:

- Physician - health management of the hearing-impaired
- Audiologist, speech pathologist, or language pathologist - communications problems of the patient
- Communicologist - combined talents of the audiologist, speech pathologist, and language pathologist in one person
- Teacher - education of the hearing-impaired

Dr. Goldstein felt that all categories of professionals must work together, and in the management of large numbers of hearing-impaired patients the professionals should work with the hearing aid dealer. He also felt that coordination of the professional services often is needed, and that the social worker might be the best person for this task; furthermore, the social worker could contribute directly to the management and understanding of the patient's problems.

Regarding hearing aid dealers, Dr. Goldstein believed mistrust of their practices arose from confusions because the dealer was asked to do more than he was trained to do, and he had no way to gauge his capabilities. He had the obligation of running a small-volume business and was persecuted for applying a profit markup adequate to cover his expenses. To compound the hearing aid dealer's problem he had to deal with customers who had great difficulty understanding conversational speech, and he received the blame for misunderstandings between him and his customers. Dr. Goldstein said that hearing aid dealers should be helped, not hindered, by other professional groups to become self-regulating. (At present, states have enacted restrictive and punitive legislation for hearing aid dealers while other professional groups set their own standards and are certified by their own peers.)

Dr. Goldstein felt there should be two intervening steps before a patient became a hearing aid dealer's customer. First, the patient should see his physician for evaluation and possible treatment. Second, the patient should consult an audiologist to determine his communication problem and whether amplification via a hearing aid would provide improvement. Then the patient could present the audiologist's hearing aid performance recommendations to the dealer for a suitable instrument. The dealer, in turn, would keep in touch with the physician and audiologist, and with the teacher in the case

of a young child.

Regarding Professional Education, Dr. Goldstein stressed its importance and urged exposure of each specialty group to the practices of the other specialists. In this way cooperating professionals would be developed, improving communication and interaction among themselves.

Dr. Goldstein then took three other items and gave them a fourth, fifth, and sixth priority rating: School Screening, Recheck System, and Early Identification. He said that there is a strong desire for screening newborn children because mild and moderate hearing losses are often undetected until their detrimental effects are detected through faulty speech and language development. However, he had a strong conviction that late recognition of hearing losses (ages 1, 2, or 3) occurred because hearing deterioration started after the baby left the hospital nursery. He also believed that since hearing tests for the newborn are fairly coarse, the child who passed them and developed hearing problems later ran the risk of having the problems attributed to something else. Dr. Goldstein said that hearing screening in the hospital nursery might be improved in the future, at which time he would interchange the priorities of School Screening and Early Identification.

Seventh in importance to Dr. Goldstein was Amplification. He felt that amplication via hearing aids and auditory trainers should be made available generally to all who might benefit from it. He pointed out that past attitudes and experiences might have created some doubt about the desirability of having hearing aids universally available, and added that newer technology and newer educational approaches should be allowed to be proved before new restraints are put on the expectations from amplification.

Geriatric Population was rated eighth in Dr. Goldstein's priority scale. He said that in terms of numbers of elderly patients, this recommendation might warrant an even higher priority. Then he suggested that the content of the recommendation could have been expanded to include the provision of aid from other professionals, expecially those in social services. As an example of inter-professional aid he mentioned a cataract operation to improve vision could often improve communication efficiency more than dozens of lessons in speech reading.

Ninth on Dr. Goldstein's priority scale was Registry of All Hearing-Impaired. He said this recommendation would seemingly take first place if the idea were to provide or arrange for services to the hearing-impaired on the basis of the number of those people and their different needs. However, Dr. Goldstein believed that the population and needs of hearing-impaired people could not be identified before the categories of hearing impairment and the kinds of services were defined. He believed that our present state of knowledge could yield little more than numbers through a statistical study of the hearing-impaired population. Needs could be determined more by the consequences of impairment than by population numbers alone.

Evaluation of Recommendations

The lowest priority recommendation according to Dr. Goldstein was Noise Pollution. He said that while noise is an important item today, it does not rank highly in the context of this list of recommendations. He felt this way because the noise to which most people are exposed involuntarily is more an annoyance than a hazard. Furthermore, he mentioned that most noise-induced hearing losses were not communicatively disruptive. He did not condone noise pollution, however, and suggested that the millions of dollars being spent to develop a supersonic transport plane (which will produce both noise and air pollution) could go a long way toward accomplishing the ten recommendations of this session.

SUPPLEMENTARY RECOMMENDATIONS

Dr. Goldstein praised the quality of the list of ten recommendations, and suggested additional ones which could be thought of as expansions or elaborations of the original list. He made recommendations for avenues of research which would possibly result in improved services. His recommendations follow, without regard for relative importance.

1. Intensive study into the causes of early hearing disorders, with stress on the genetic aspects of deafness.

2. Development of methods for early detection of multiple disorders in young children being examined primarily for hearing loss.

3. Determination of how the deaf hear with their limited residual hearing, to find out whether hearing distortion is actually what it sounds like on records having certain audio pitches filtered out and whether ear distortion interacts with amplifier distortion.

4. Study into the vestibular function of deaf children, to gain better understanding of unsteadiness (lack of balance) in children suffering from deterioration of the nerve system associated with the equilibrium control center in the ears (vestibular labyrinths). At present this local nervous system problem so often misinterpreted as a disorder of the central nervous system.

5. Integration of other specialists in the evaluation and treatment of the hearing-impaired. Here the emphasis is on service rather than research, with stress placed on the importance of the social worker to coordinate the diagnostic specialists and to coordinate follow-up evaluation and therapy. In addition the social worker can make a direct contribution to the understanding of the total problems of the hearing-impaired patient.

Dr. Goldstein ended by saying that although he was rather positive and dogmatic, he was not absolutely secure about his opinions; in fact, he looked forward to the action discussion sessions for information feedback from the participants.

Second General Session

Afternoon Topic: The Educational Program: Pre-School, Elementary School and Secondary Programs for the Hearing Impaired.

Dr. Withrow, the Keynote speaker, was unable to attend the conference. Dr. Moores, the session chairman, asked Mrs. Winifred Northcott to deliver Dr. Withrow's address. Mrs. Northcott is the Director of the Preschool Hearing Impaired Program, Unistaps.

Frank B. Withrow, Ph.D., covered this topic. Dr. Withrow is the Director of the Division of Educational Services, Bureau of Education for the Handicapped, Office of Education, Washington, D.C. Topic: "Should Deaf Children Be Educated?"

To open the topic, Dr. Withrow quoted sociologist Marvin Sussman who asked, "Why educate deaf children?" Dr. Withrow explained that Sussman raised this question as a result of a study he made of the schools, organizations and institutions serving deaf people.

Furthermore, Sussman concluded that these interest groups tend to direct much effort toward justifying specific methodologies: oralism, manualism, finger spelling, simultaneous methods.... and now "cued speech" and total communications. From here, these groups pervade schools and go on to evangelize parents of deaf children to enroll them in the particular type of education currently being promoted for these children. After the child has survived the educational system, he must be prepared to be a pawn in the chess game played by the rehabilitational professional on the one hand, and the educational professional on the other!

To show how paternalism is carried even further, Dr. Withrow again referred to Sussman who said that the adult who emerges from a deaf childhood may be lured into competition for membership in polarized adult groups which frequently test his loyalty by measuring his willingness to fight for the doctrine of his group.

Dr. Withrow agreed with Marvin Sussman's question and justification because he feels that education of deaf children does not serve the child; instead the deaf child serves the systems of methodology, institutions, government and organizations.

Regardless of the painfulness of the following questions about the educational plight of the deaf child, Dr. Withrow felt the attendants at the session had to search for the answers if a unified program of education for the deaf is to result. Some further points that he made were as follows:

- Will society continue to educate deaf children at an average expense of $3,600.00 per child per year if that education serves our needs and not the child's? (This cost is approximately six times greater than that for a hearing child.)

Second General Session

- Can education of deaf children pay off in dollars and cents in adult life?
- Does education of the deaf child yield positive results in terms of human potential realized?
- Is it possible to eliminate either hearing world paternalism or deaf world paternalism within the combined efforts of education of the deaf?

Purpose of Educating Deaf Children

Dr. Withrow went on to question for what purpose the deaf child is educated:

To get a job and become a tax payer;
To discover who he is;
To know his self;
To know family, to know community;
To speak, to sign, to love, to hate;
To work, to play, to be a person -
To be a deaf person?

He said that a young deaf child's education is unique because the beginning teacher has so much power, influence, and responsibility. He added that the deaf child's first teacher will determine his life style, by opening or shutting the door through which he may gain access to man's past experience and knowledge. Dr. Withrow said that the deaf child can develop inadequate skills in communication even though different teaching methods are used, if the educational atmosphere is one of paternalistic patronizing.

Dr. Withrow brought up the point that deaf people must be educated in a way that will make them worthy in our society as deaf people who understand themselves and who understand a community encompassing the total world. The deaf person potential in our world must not be restricted to a subculture of deaf people only or any smaller community. He added that a major objective of education for the deaf is to have them realize that deafness is only an obstacle to achieve, not a handicap that prevents achieving human potential.

Educational Equality

In continuing, Dr. Withrow said that the American dream of equality of educational opportunity for all has remained unrealized in many ways: the cities' poor cry their education has not been first class, the disenchanted youth of our nation rightly or wrongly has found the educational process irrelevant to their needs, and deaf children have been "given" an education, but frequently it has been paternally protected by educational and ideological ghettos.

EDUCATIONAL EQUALITY

Dr. Withrow said that educational opportunity for deaf children can become truly equal if we unshackle ourselves from yesterday's thinking and use our acquired knowledge about people, learning, and deafness. He said the same training techniques can be applied to deaf children as which have enabled us to train astronauts to go to the moon and return safely. Dr. Withrow suggested the following:

- Application of complex technology to the learning needs of deaf children.
- Provision of services to deaf infants and their parents upon detection of the deafness.
- Education of deaf children in their home community, with separation only when necessary and then for minimum time periods.

According to Dr. Withrow, deaf children can and should achieve academic skills comparable to those of their hearing peers.

EDUCATIONAL SHORTCOMINGS

Dr. Withrow said he has reviewed records of deaf children who, although bright and capable, became virtual dropouts from our educational system after only one or two years in school. He noted that the children's teachers usually detected this failure and made annual entries in the cumulative files that the children were not achieving at their expected rates, despite changes in system from oral to a combined program or from a day program to a residential program. As a result, he felt perhaps a note should have been entered saying that the teachers or the school failed the child.

To amplify the point Dr. Withrow was making, he drew the following analogy:

> It is almost as if we were doctors treating a patient for a high fever and found that after bathing him in ice water his fever came down, but went back up shortly after we stopped the ice water baths. After the ice water bath we prescribed that the patient be kept in a refrigeration unit and found that his fever reacted in the same way to this treatment. However, being good doctors interested in our patient and noble saints of the healing profession, the next year (we wouldn't want to give up on the treatment without a long enough trail) we wrapped the patient in ice cold sheets for a year or so, just to make sure the treatment had a fair chance. Of course there was only one problem for this patient, he died during the first month of our inadequate treatment, because he had a massive infection that caused the fever in the first place.

Future Objectives

Dr. Withrow indicated some positive directions in which education for the deaf child could move, such as scientific examination of the learning processes the children are to enter in, and realization that failure signifies a fault in the system rather than the child. He stressed that pursuing these tasks and going even beyond will crumble bias and ignorant superstitions about the deaf.

Human and non-human technologies are available to us in this space age and, according to Dr. Withrow, they must be used as instructional resources.

He divided education into two categories, content learning and human learning:

Content Learning

It is cost effective for us to bring the best of all teachers into the lives of all pupils through media. The pupil can be provided the Technology that will expand his learning life away from the priesthood of his teacher, away from the restrictions of classroom and into his home in a manner that will allow him to call upon individualized sessions of learning.

Human Learning

Much of his content learning will be achieved in this manner. The school will be reserved for human learning which will enable the child to find self....to understand and feel comfortable with his own worthiness...so that he can find a spirit of community of purpose within his life style.

Dr. Withrow insisted that these two categories are what education really means, whether applied to deaf children or hearing children. He said that oralism, modern math, total communications, residential schools, deaf power, and computer assisted instruction are all only enabling tools to provide every deaf child with dignity and worth as a person.

In his concluding remarks he said that parents, deaf adults, teachers, administrators, deaf children, and society as a whole have a vested interest in seeing that each deaf child reaches his human potential. In addition, Dr. Withrow asked whether the deaf would achieve dignity through conflict and emotional outbursts of fanatic evangelists or through systematic examinations of the learning process---the goals being to develop individual worth and a sense of community of man. As a final gesture, he said to the audience:

> "Only you can answer whether your programs for the deaf child will be comprehensive and include all of the activities within your state. Reach out to one another for you have a common goal. The system must serve the child."

Educational Shortcomings

Dr. Withrow believe that although ice water or various methods of chilling may have been valid for treating fever, as a class of treatments they were ineffective against the root cause---the infection.

Running parallel to his analogy, Dr. Withrow claimed we were using variations of classes of approaches toward education of the deaf--with unpromising results---instead of typing new methods until successful results were produced. He added that this basic problem exists with normal children as well: In America nearly 30 percent of these children have reading difficulties by the time they reach fourth grade, despite the arguments of experts over phonic versus sight reading, learning methods---without these experts trying to find out the faults in both methods. Some progress is being made. The Pitman initial teaching alphabet, ITA, gives the child a better association of sound with modified letter symbols, and thus does not assume the child has a problem with learning how to read.

Emphasis on Visual Communication

Dr. Withrow emphasized that we should develop the attitude that all deaf people are visual communicators whether they are using speech reading, signs, finger spelling, or total communications. He explained that with this attitude we may be led to realize that the most significant thing about deafness is the uniqueness of visual communication systems. Thus he felt that today's educational methods for the deaf must assume that most deaf children can and should achieve at the same level as their hearing peers.

Dr. Withrow explained that visual-verbal communication in written form is most receptive to the deaf person, although it has the disadvantage of not being instantaneous as are lip reading or sign language which have their own disadvantages of not being permanent to enable rethought. He added that unfortunately most deaf people have a reading rate considerably below that for the average hearing person, and that in many instances it is even slower than the normal rate of speech.

Consequently Dr. Withrow urged educators of the deaf to become acutely aware of education areas which can be rethought, with the objective of being able to push deaf pupils to higher achievements.

Second Action Discussion Session

After the Second General Session, the participants separated into groups with group leaders for further discussion of the afternoon topic, in the same manner as for the morning's General Session. During the Second Action Discussion Sessions, a list of ten recommendations was given individual ranking according to their importance.

Group Leaders

Group I	Charles Hagen, Director of Special Education, St. Paul
Group 2	Al Esterline, Principal, Minn. State School for the Deaf, Faribault
Group 3	James Jones, Instructor, St. Paul Technical Vocational Institute
Group 4	Dennis LaRoque, Director of Special Education Duluth
Group 5	Elsie Logman, parent, St. Paul
Group 6	Gloria Gross, Audiologist, Audiology Clinic, University of Minnesota
Group 7	Janet Proehl, Coordinator Pre-School Hearing Impaired Program, Tilden School
Group 8	Ann Kennedy, Instructor, Dept. of Special Education Unversity of Minnesota
Group 9	Dennis Paulson, Coordinator, Centers and Services for Deaf-Blind Children, Department of Public Welfare, St. Paul, Minnesota
Group 10	Dorothy Hedgecock, Teacher of Hearing Impaired Rochester

Recommendations

The following list of recommendations was passed out for individual evaluation to the members of each group. The list is shown here in its original content and sequence.

RECOMMENDATIONS

ITEM A - Evaluation

Standard procedures should be developed and implemented to annually evaluate the educational progress of all hearing-impaired children in the State of Minnesota.

ITEM B - Guidelines

Educational guidelines covering program objectives, content, curriculum, and certification standards should be established and applied to all systems serving hearing-impaired children.

ITEM C - Role of Hearing-Impaired Adults

The role of hearing-impaired adults must be investigated. At present there is not one hearing-impaired adult in an educational leadership role in the State. (Only one program has hired the hearing-impaired as teachers.) With the exception of multiply-handicapped children, no hearing-impaired teachers have been allowed to work with preschool or elementary school aged children.

ITEM D - Metropolitan Program

Given the population base, programs in the Twin Cities will be representative in name only until the two major programs are closely coordinated. As a first step investigations concerning the sharing of resources and limited transfer of students should be initiated.

ITEM E - Minnesota School for the Deaf

The placement of a child in a program too often is dictated by geographical rather than educational considerations. A committee should consider the role of the Minnesota School for the Deaf in relation to the total state program.

ITEM F - Counseling and Guidance

There are an inadequate number of professionally trained counseling and guidance personnel in education programs for the hearing-impaired. (Teachers are not qualified to perform this function.) A committee should establish standards for training and certification of counseling and guidance personnel in the area of the hearing-impaired.

RECOMMENDATIONS

ITEM G - Preschool Programs

High quality preschool language and academic programs should be available to every hearing-impaired child. More efficient means of providing programs to rural hearing-impaired children and their families must be developed.

ITEM H - Communication Skills of Teachers

Teachers of the hearing-impaired must be prepared to function in a variety of educational programs. They must not only be aware of the different methods of educating the hearing-impaired but should demonstrate competency in them.

ITEM I - Multiply-Handicapped Children

Provisions for multiply-handicapped hearing-impaired children presently are inadequate in the State. A committee consisting of parents; educators, representing both education of the hearing-impaired and other disciplines; and psychologists should establish basic goals, operational procedures, and instructional techniques needed to educate multiply-handicapped hearing-impaired children.

ITEM J - Equalization of Educational Opportunities

The State of Minnesota is committed to the concept of a cascade of services ranging from completely integrated education to placement in residential settings depending on the need of the individual child. Means of making the ideal a reality must be explored. Included in the exploration should be considerations of state aid formulas, regionalization of programs, and combined residential day facilities.

Space was provided for other suggestions on the original list. These other suggestions were not rank-ordered by the computer but were read, considered and are on file.

RESULTS OF VOTING:

Rank	
1	G - Preschool Programs
2	A - Evaluation
3	D - Cooperative School District Program/(Regional Services System)
4	H - Communication Skill of Teachers
5	J - Equalization of Educational Opportunity

RESULTS OF VOTING:

Rank	
6	I - Multiply-Handicapped Children
tie	F - Counseling and Guidance
7	B - State Guidelines
8	C - Role of Adult Hearing Impaired
9	E - Minnesota School for the Deaf

SATURDAY MORNING TOPIC III: The Habilitation Program: Educational, Vocational, Psychological and Social Aspects for the Post-Secondary Hearing-Impaired Adult

This session was chaired by Mr. Robert Lauritsen, Project Coordinator, Technical Vocational Program for Deaf Students, who introduced the keynote speaker Mr. Larry D. Stewart, Ed. D.; Dr. Stewart is the Director for the Project of the Deaf, Arkansas Rehabilitation Research Center, Hot Springs, Arkansas.

Dr. Stewart defined habilitation as a process designed to qualify an individual for an important area of functioning. His concern was to explain what deaf people need in order to become qualified educationally, vocationally, psychologically, and socially for productive as well as satisfying roles as adults.

He said that professionals in the area of deafness tend to talk about "deaf" in a way that implies all deaf persons are alike. Dr. Stewart said he would use the term only for convenience and asked the audience to keep in mind that the deaf have individual needs and problems.

He said these differences among the deaf are an important point because the planning of too many service programs for deaf people has been done on the premise that only certain types of services are required to meet the unique needs of these people. He continued by saying that deaf people have a serious and complex communications handicap which imposes important limitations in their ability to function in most areas of life. He said that setting up a community service center for the deaf would not meet the needs of all deaf people. He added that although we do not operate in this manner when considering the needs of all senior citizens, all culturally deprived people, or all disturbed individuals, we do not give a second thought to doing so when it comes to deaf people.

Dr. Stewart emphasized that deafness can be a tremendous educational, personal, vocational, and social handicap due to its disruption of the normal communications process. He said that the deaf person has an even greater need for the same range of services needed by other people because, generally, these needs were unfulfilled during his developmental years.

EDUCATIONAL HABILITATION

Dr. Stewart gave, as an example, a statistic to demonstrate that education of the deaf child is one of the most difficult and complex tasks in the education field: The typical graduate of a school for the deaf attains a reading achievement level of the sixth month in the fifth grade. Compared with the typical starting level of a seven-year old deaf child being the sixth month of the first grade, this represents a gain of four grade levels---over a period of twelve years. Thus he felt that the deaf person has never truly been given the education he needs.

EDUCATIONAL HABILITATION

Dr. Stewart said that the deaf adult must communicate primarily via an unmastered language and that because of this, only a small proportion of young deaf people can qualify for Gallaudet College and the National Institute for the Deaf (NTID). He said that many can qualify for post-secondary educational programs because of their low verbal skills. Since existing adult education programs do not have special provisions to facilitate communication with the deaf, he said that many employed deaf adults are unable to take advantage of these programs.

To Dr. Stewart, these problems suggested two basic needs:

1. Regional training facilities designed to serve each one out of every two persons who leave schools for the deaf and are unqualified for existing training programs due to limited communications skills.

2. Opportunities for deaf adults in the community to participate in on-going adult education programs.

Dr. Stewart said that meeting the second need will require the extensive use of interpreters, along with a concerted effort to acquaint members of the deaf community with the types of adult education courses available.

He pointed out that adult education programs have failed in the past because they have offered limited coverage (such as language, reading, and mathematics), supposedly at the request of the deaf population. Instead, Dr. Stewart felt that making the deaf well informed about the courses available, or providing high motivation, such as pay increases for successful completion of a wider variety of difficult courses might be a step in the right direction.

Dr. Stewart said that graduate or professional education for the deaf is another deficient area. He explained that there are excellent opportunities for these people in rehabilitation work, educational counseling, psychology, and dormitory counseling. He added that our colleges and universities are not producing the required number of these types of graduates. He posed the question of whether Minnesota has a college or university offering specialization in counseling deaf people and said that if not, starting this program would be an excellent step toward upgrading employment of capable deaf people.

VOCATIONAL HABILITATION

Dr. Stewart said that much of what he stated about education also applies to vocational habilitation. He felt that deaf people need opportunities to prepare themselves for a vocation. He felt it was fortunate that the following institutions offer excellent opportunities for the deaf:

Vocational Habilitation

* Gallaudet College
* National Technical Institute for the Deaf
* St. Paul Area Technical Vocational Institute (technical-vocational programs for the deaf as well as the hearing) similar programs are offered in New Orleans and Seattle
* San Fernando Valley State College (programs for the deaf as well as the hearing)

Although Dr. Stewart believed that the continued growth and expansion of these programs should meet the vocational training needs of a large segment of the deaf population, he felt there were at least three critical points to be considered regarding vocational training opportunities for the deaf.

1. Deaf people with seriously limited communication skills have almost no vocational training opportunities at present. The few rehabilitation centers which are trying to provide this training are hampered by manpower limitations, insufficient appropriate instructional materials and techniques, and limited facilities. Until these training facilities are readily available, we will remain unable to provide vocational training to fifty percent of the total deaf population.

2. A large number of existing vocational training programs for the deaf offer only "tokenism" for these people. The programs are integrated with ongoing ones for the hearing, and too often the special services of interpreting, counseling, and tutoring for the deaf are not provided. Some administrators rationalize these shortcomings by saying that the deaf must function in a hearing world and therefore should not be given special treatment. What these administrators do not realize is that deaf people must first develop the skills they need to function in a hearing world, and that these skills are <u>not</u> acquired merely by exposure to such a world.

3. Adequate vocational training for deaf people must reach beyond the walls of a training center. The public must be informed and the community educated to provide greater acceptance of its deaf population. It is useless to provide the deaf individual with training if employment opportunities do not exist.

Psychological Habilitation

Dr. Stewart said that to him psychological habilitation meant the process of qualifying the deaf person for satisfactory personal adjustment in his world. For his purposes, Dr. Stewart said that a psychologically habilitated deaf person is one who:

Psychological Habilitation

a. understands and accepts himself and others, and

b. gets along with himself and others.

Dr. Stewart added that achievement of these goals would certainly contribute to the successful adjustment of the deaf man in his world. Then Dr. Stewart raised the question, "How can we help the deaf adult to achieve a successful adjustment?"

Dr. Stewart explained that the deaf man needs a chance to relate to others and to learn of his impact on them in order to understand himself. He said that in order for the deaf man to live and accept himself he needs:

a. to feel that deafness is only an inconvenience, not something that causes unworthiness or inferiority,

b. to experience success in education, interpersonal relationships, employment, and

c. to relate to people he likes and who like him.

Dr. Stewart emphasized that educational, vocational, and social programs for the deaf should be carried out with the above needs in mind. He said that deaf people must be treated as worthy and capable of meeting any reasonable demands placed on them. He said that these people need to communicate in a manner comfortable to them, and need training that will promote self-confidence. Beside these needs, Dr. Stewart said the deaf need a full voice in activities carried out in their behalf, and service workers who treat them as individuals having worthiness and dignity.

Dr. Stewart pointed out that many deaf individuals have not received the respect due them and thus have grown up feeling inferio to hearing people, while others have received paternalistic and condescending treatment. He said that far too many deaf people have been made dependent by others in their environment.

According to Dr. Stewart, deaf people have the same range of adjustment problems as hearing people but the treatment resources for hearing people (such as counseling centers, service agencies, mental health clinics, and even mental institutions) have omitted provisions for meeting the communication needs of the deaf. He believes the way to assist deaf people in getting better psychological adjustment is to develop appropriate counseling services for them.

Social Habilitation

Dr. Stewart described social habilitation as "...a process of preparing the individual for effective and satisfying relations with other people." He was concerned with how this habilitation could be fostered among the deaf. He said that since deaf people are similar to other people, except for the common characteristic of deafness, enabling them to function effectively in social encounters, entails exposure to the kinds of developmental experiences provided the hearing population. He stated that deafness disrupts the developmental process; this implies that the hearing should help the deaf develop qualities that will provide some compensation for their hearing loss, and help others accept and communicate with the deaf. With these steps taken, Dr. Stewart believed that the deaf man and deaf woman could achieve social habilitation.

According to Dr. Stewart, deaf people frequently are cut off from their environment and thus naturally socialize primarily among themselves. He made the following suggestions to encourage social satisfactions for the deaf that extended beyond their unique population:

* Television shows and films with captions
* Presence of interpreters at meetings of such groups as the Lions Club, Rotarians, and professional associations
* Effort on the part of the hearing to meet the deaf at least halfway in social situations

Summary

Dr. Stewart concluded his address with the following statement.

> The successful habilitation of deaf people in the areas of educational, vocational, psychological, and social adjustment can be effected through the provision of a broad range of services that enable the deaf individual to compensate for his communication handicap. These services must be of top quality, staffed and administered by trained and experienced individuals who can communicate with deaf people in the manner preferred by the deaf individual. Deaf people themselves should be involved in planning, developing, and operating service programs that serve them. Further, these services must be based upon a philosophy that deaf people are worthy and deserving of respect and dignity.

Third Action Discussion Sessions

After the third General Session the participants separated into groups with group leaders for further discussion of the Saturday morning topic, in the same manner as for the previous General Sessions. During the Third Action Discussion Session a list of ten recommendations was given each individual participant so that they could rank order them in order to their importance. Leaders were as follows:

Group 1 - Henry Etten, Instructor, Highland Park, St. Paul and Judy Grimm, Special Tutor for the Hearing-Impaired, St. Paul

Group 2 - Richard Walker, Ph.D., Rehabilitation Counselor Training Program, St. Cloud State College

Group 3 - Francis Crowe, President, Minnesota Association for the Deaf

Group 4 - Richard Helgeson, Program Director, Easter Seal Society, St. Paul

Group 5 - Gerhard Nelson, Coordinator, St. Paul Technical Vocational Institute

Group 6 - Ann Seltz, Audiologist, Audiological Clinic University of Minnesota, Minneapolis

Group 7 - Rev. Larry Bunde, Pastor for the Deaf, Bread of Life Lutheran Church, Minneapolis

Group 8 - John Buzzell, Assistant Director, Rehabilitative Services, Department of Public Welfare

Group 9 - John Bachman, Instructor, Deaf Program St. Paul Technical Vocational Institute

Group 10 - Earl Brunberg, Regional Supervisor, St. Paul Regional Division of Vocational Rehabilitation

The following list of recommendations was passed out for individual evaluation by the members of each group. The list is shown here in its original content and sequence.

Item A - Leadership

Hearing-impaired persons should be more involved in planning, participation and leadership activities in areas of dealing with hearing-impairment. Inherent in this statement is: 1) Potential hearing-impaired leadership currently live in Minnesota, and 2) hearing-impaired persons should participate in leadership training programs to assist in development of their potential contributions.

THIRD ACTION DISCUSSION SESSIONS

ITEM B - Educational Evaluation

An inter-agency committee comprised of parents, educators, rehabilitation and industrial personnel should be established to study curriculum content, needs, and statement of objectives/goals of vocational education/industrial education at the secondary level. Well defined secondary goals are particularly important with the advent of increased post-secondary training opportunities.

ITEM C - Research on Hearing-Impaired Adults

Meaningful research data is needed on hearing-impaired adults. As a minimum, this information should include basic demographic, educational and vocational information on all graduates and school drop-outs of known secondary education programs for hearing-impaired students. A special effort should be made to gather the same information on hearing-impaired students who graduated from high school programs as fully integrated students. Finally, similar data should be gathered on hearing-impaired students who graduated from programs outside of Minnesota, such as St. John's, Milwaukee, and St. Mary's, Rochester, New York, etc. (Note: C.I.D. graduates at 8th grade. These students should be located as well and the same data gathered.)

ITEM D - Realistic Counseling

Hearing-impaired adolescents and young adults should receive realistic counseling for daily living and vocational guidance. Counseling activities should also include the development of higher aspiration levels and the development of independence and social competence. Parents should be involved as an integral part of the counseling process.

ITEM E - Multi-Handicapped

There are increasing numbers of multi-handicapped hearing-impaired persons who require special services beyond high school. These special needs can be best met in: 1) Local (Minnesota) rehabilitation centers with special units for the multi-handicapped hearing-impaired, and 2) a national free-standing rehabilitation facility serving only multi-handicapped hearing-impaired person. Such a facility should include special education; personal, social and vocational evaluation; vocational skill training; and longterm sheltered work stations.

Minnesota should develop its own local resource and, in addition, cooperate on the development and establishment of a National Center.

Third Action Discussion Sessions

Item F - Technical Vocational Programs

There are currently three federally funded regional technical vocational programs for hearing-impaired students. These programs currently are funded on five year Research and Demonstration Grants from the United States Department of Health, Education and Welfare. These three programs, which include the Program at the St. Paul Technical Vocational Institute, must be continued if hearing-impaired young adults are to continue receiving post-secondary technical vocational education.

Item G - Supportive Educational Services

The use of supportive educational services at the post-secondary level have proven to be effective. These services include interpreting, note-taking, counseling and tutoring. The use of similar services in secondary education, industry and community services should be investigated.

Item H - Feedback System

A meaningful feedback system from post-secondary training facilities, social-rehabilitation agencies, parents and industry should be developed and maintained. This information should be provided to both elementary and secondary education programs. Such a system might include the use of advisory committees.

Item I - Expanded Services

There is a need for expanded vocational rehabilitation services on a variety of fronts. Ideally vocational rehabilitation services should be expanded to include social-welfare services as well. The DVR requirement for closure criteria should be carefully examined. Vocational rehabilitation services to hearing-impaired persons in Minnesota could be greatly expanded by addition of counselors to: 1) Serve specifically graduates of secondary programs throughout the state, including the residential school, 2) Serve specifically patients/clients of the Hearing Societies and Medical, Paramedical clinics including the University Clinics, Mayo Clinics, University of Minnesota at Duluth and private otolaryngological-audiological clinics and, 3) Mental health centers, state hospitals and day care centers.

THIRD ACTION DISCUSSION SESSIONS

ITEM J - Adult Education Programs

There is a need for meaningful adult education programs. Such programs should be flexible in terms of content and programming and designed to up-grade the social-vocational status of hearing-impaired persons.

Space was provided for other suggestions on the original list. The suggestions were not rank ordered, they have been condensed as follows:

*Hearing-impaired persons knowledgeable in the areas should be employed, used on advisory committees etc. whenever possible.

*Counseling services must have people well versed in manual communications and preferably a hearing-impaired person.

*There should be technical vocational programs aimed at all levels and handicapping conditions for integrated and other students.

*There should be counselors who know more about the needs of the hearing-impaired in the vocational and social areas.

*There should be tutors and/or note-takers for hearing-impaired who wish to go the colleges other than Gallaudet.

*All are equally important each in their own way and should be ranked number 1 if possible and put in a perspective of needs.

*The problem of discrimination against the hearing handicapped as a minority should be dealt with under this heading.

* Those persons with minimal or moderate hearing-impairment should be included in all of these proposals without limitations or consideration of "the degree of handicap."

*There should be a better more complete "follow-up" or "case finding" by agencies.

*There should be more classes in sign language for professionals and others who have contacts with deaf people. This conference should include more of the problems of the hard of hearing and follow-up should be devoted to this topic more thoroughly.

*More young hearing-impaired adults should be included in meetings like this conference.

Third Action Discussion Sessions

*Parent education on the problems included here should be more extensive especially through television and films.

*Additional counselors in DVR (three or four more) and increased funding for these programs.

*A more in depth study of these problems is needed in every way that is feasible to set the problem forth clearly.

*There is need for federal funding to help the hearing-impaired capable of attending regular college programs.

Results of Voting:

Rank

1. (D) - Realistic Counseling

Groups ranking D first: Parents, Hard of Hearing, Social Workers, Hearing Aid Dealers, Special Educators, Deaf, Clergy, Classroom Teachers.

2. (A) - Leadership

Groups ranking A first - Deaf, Teachers of the Deaf, Public Health Nurses, Speech Therapists, and Clergy.

3. (F) - Technical - Vocational Programs

Groups ranking F first - None

4. (B) - Education Evaluation - Groups

Groups ranking B first - Clergy and Others.

5. (I) - Expanded Services

Groups ranking I first - Special Educators, Deaf, and Hard of Hearing, Counselors, Researchers and Relatives.

6. (E) - Multi-Handicapped

Groups ranking E first - Special Education Administrators.

7. (C) - Research on Hearing-Impaired Adults

Groups ranking C first - None.

8. (G) - Supportive Educational Services

Groups ranking G first - None

Third Action Discussion Sessions

Results of Voting:

8. (H) - Feedback System

Groups ranking H first - Special Educators-Deaf,

9. (J) - Adult Education

Groups ranking J first - None.

Some groups (categories) may have ranked several groups first due to tie vote in their selection of priorities.

Fourth General Session

Saturday Afternoon Topic IV: The Management System for Conference Follow-up.

This session was chaired by Evelyn Deno, Ph.D.; Chairman of The Governors Advisory Board on Handicapped, Gifted and Exceptional Children.

The purpose of this session was to focus attention on the need for a more systematic approach to educational management and to plan action for the recommendations that had been drawn up by the Follow-up Committee, discussed in this session and rank-ordered. After computer ordering of the previous sessions recommendations, they were evaluated and trends noted. Then there were discussions from the floor on the six listed recommendations (see # 1-6 on page) and their meaning for the future action. These resolutions were then accepted by the chair and recommended to the Conference Follow-up Committee for future consideration.

Dr. Deno then introduced Mr. Lappagaard, the keynote speaker, who gave the following talk entitled the "Management Function".

The vital importance of definable and describable goals or objectives as a means of setting the base for a management system has been put forth in many different ways and in many different fields for quite a long time. It seems to be well accepted as a fundamental necessity to get a good organization structure or a good management system with regard to services to people. "The concept that the underlying goal of our principal Health and Welfare Services should be to solve problems. The fact is that most community planners, administrators, and workers actually conceive their purpose to be the provision of needed service. "The concept of simply providing service is open ended, it evades responsibility for form and direction, and especially evades responsibility for results."
The above quotes are taken from Bradley Buell 1959.

Design for Flexibility

Today's organization theory places an emphasis on the design for flexibility and response. Rigidity of structure is no longer appropriate for organizations in a world of rapid technological and social change. If we seriously wish to make a contribution, we must reflect our concerns by building organizations for an inherently uncertain future.

There appears to be three principle approaches to organizational design, in this case for a management system. They are 1) the engineering approach, 2) the behavioral approach, and 3) the system approach. The engineering stragedy stems from the rational bureaucratic type of organization:

The engineering approach has these several features:

1. A clear cut division of labor into job positions along functional lines.

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Design for Flexibility

2. A hierachy of managerial positions structured in a pyramid.
3. Work activities governed by a consistently applied system of formal and informal rules.
4. An impersonal approach to the performance of job requirements. (example omitted)
5. A career progression that provides for moving upward through the organization as increased experience is acquired. (example and further description omitted)

The engineering strategy draws on industrial engineering and operations analysis. Its focus is on organization structure and evaluation with emphasis on operational goals. The most appropriate strategy for this type of organization is an authoritarian organization.

The behaviorial strategy tries to change organizations by changing the individuals within an organization's structure. It pays more attention to individual commitment and individual participation than it does to efficiency and effectiveness, or to operational goals as defined by top management. It is more of an inside-out approach to organizational design. It draws on the behaviorial sciences. It focuses on diagnosis of the organization and the implementation of change. It emphasizes maintenance of goals, by which we mean, the survival and the expansion of the organization is employee centered.

The systems strategy consists of a mix of both the engineering and the behaviorial strategy. It gives a consideration to both structural and interpersonal variables. The systems strategy of organization design draws on both industrial engineering and behavioral sciences in terms of systems theory. It focuses on the structure and the diagnosis and the implementation of change, in the evaluation of the organization. This strategy focuses on these four elements to be considered in the development or design of a management system.

1. The diagnosis of organizational problems
2. The structuring of the organization
3. The implementation of organizational designs or planned changes
4. The evaluation of the effectiveness of the organization

All of the forgoing presupposes that we have satisfactorily analyzed the goal or mission which the management system is expected to achieve and the major problems that will affect our ability to achieve these goals. In this sense the organizational goal is a definition of the overall purpose of the organized activity in relation to which all roles, functions and policies within the entity for organization are ultimately evaluated.

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Diagnosis of our Problems

Social Environment:

1. There has been a constant skimming off of the most treatable cases from institution populations which leaves institutions with more and more difficult cases to care for. This takes place with regard to other agencies and institutions as well.
2. The sharp increase in costs which has resulted in a lessening of support by the public and the raising of questions relative to where this program stands in relation to others is most important. There is, and there is going to be, an increasing competition for funds.
3. There has been a serious slippage of confidence in what the professionals can really deliver on the part of the public.
4. There is a growing belief that a number of professions and programs actually depend upon a common basis of knowledge and rationale health, education, welfare, rehabilitation, corrections etc. psychiatry, psychology, social work, behavioral sciences. This results in less respect for the narrow specialization that seems to be continually put forth.
5. A growing belief that attempts at prevention may be more productive socially than the treatment of problems.

Structuring

The structure of an organization is the skeleton. It is the framework that supports the organization and enables it to achieve its goals. It's like the steel skeleton in a physical structure. Some kind of bonding agent is also needed to weld the framework together. In an organization which we develop this would be the management system. Authority is the essential bonding substance that welds individual actions into common purpose. Authority is legitimate power used in this sense.

This is particularly pertinent to our discussion because of the wide variety of agencies, the several levels of government involved in bringing the services we feel necessary to those who need these services. However, authority is not force. Authority has two defining characteristics. One, it is a form of power that is dependent upon acceptance of those subject to it; and two, it is limited in scope, limited by commonly recognized and accepted definitions. Authority is normally diffuse in most organizational entities. It takes many different forms.

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Structuring

It is certainly impossible to describe in simple minded ways. Attempts have formerly appeared in many management textbooks, such as "Every Man Should Have Only One Boss". This principle of the unity of command never worked out in practice, even in the most rigidly structured organizations. Employees or members have always been subject to a variety of kinds of authority then impinge on them from different individuals performing different roles.

Authority becomes expressed in three major components of organizational structure. These are organizational roles, functions, and policies. More will be said of this later. In considering the relationships that we would seek to develop between the many agencies interested in this single subject of services for the hearing impaired, it would be important to consider the contribution each can make, and especially those contributions which are unique in nature and are best done by a specialized agency. There is a need in developing this system then to provide for what might be called bonds and barriers. Bonds to bring about the fullest possible measure of cooperation and teamwork to the benefit of the clients being served. Barriers tend to prevent the misuse of skills and talents and abilities by well meaning, well intentioned but not necessarily well informed individuals.

Implementation

Warren Bennis has written, "What we know least about - and what continually vexes those of us who are vitally concerned with the effective utilization of knowledge - is implementation. As I use the term "implementation" encompassing a process which includes the creation in a client-system of understanding of, and commitment to, a particular change which can solve problems and devices thereby it can become integral to the client-systems operations. It bears to organizational theory the same relationship that the term "internalization" does to personality theory; i.e...."it is a process which leads to automatic self generation and integral functioning."

Manpower

With regard to the question of the need for manpower, or additional people to work in the services that we recognize must be provided and expanded, there are a few simple truths which support very strongly the concept of using para-professionals, sub-professionals or technical people. The following truths seem to be emerging:

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Manpower

1. Every position in the organization is an essential position or we should not have it (non-contributors get in the way of others).

2. Lack of professional training does not preclude possession of basic skills in establishing rapport and communicating effectively with others.

3. The body of knowledge in the behavioral sciences include pre-professional skills, techniques, and methods which are teachable and alienable.

4. As far as an objective eye can see, there isn't going to be any other way to do the job.

The professionals have gained their knowledge through hard study, intensive effort and the thoughtful objective analysis of sometimes painful experience. They constitute the hard core we view with pride. The professionals knowledge, their skills, their abilities must be extended and can only be extended through others. It seems that the time is right to sieze this concept to enlarge the demand on all positions in keeping with our fundamental purposes, make it possible for non-professionals to take a greater part in the process with due regard for the need to expand skills before expanding responsibilities. If in truth we believe our work calls for a team effort, we must ensure that everyone on the team knows where our goal is and how we plan to get there.

Essential components of professional roles:

1. Systematic body of theory that underlies professional practice.
2. Clients recognition the professional authority based on certified expertise rather than ones position in an administrative organization.
3. Wider community sanction of the right of the profession to organize itself and to control access into professional roles.
4. A professional code of ethics that emphasizes universal access of all potential clients to professional services, objectivity in the manner in which services are performed in confidentiality in regard to the professional client relationship.
5. A professional culture, including a set of characteristic values, norms, that surround professional practice.

It seems obvious that we could achieve much more mileage than we have in terms of problem solving by using the following steps.

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Manpower

1. If the many organizations endeavoring to serve people were properly related to each other so they work together as a team.
2. If their resources were directed toward clear and specific problem solving goals.

Implementation

The possibility of a worker from a public welfare department, a probation department, a foster home placement agency, etc. visiting a home all at the same time, seldom happens in practice. It might be a good thing if it did. These workers seldom meet together about the problems of this family at any other time.

For the administrator or the designer of a management system, the problem of coordination lies at two levels. The first and most important is the case level. When all the organization is stripped away, this is where service is actually delivered and the problem here is simple and basic. With very few qualifications, no agency makes a complete diagnosis of the individual's and the family's total assets and liabilities. Therefore, there is no overall family plan into which each worker from the different specialized agencies can fit his particular service resources and competence. Therefore, there almost never is any real coordination of their efforts.

At the administrative level, the problem is quite different. Almost every conceivable form of consolidation of parts of the service spectum has been put together to solve the problem of coordination - it never has. The reason is fundamental, the Director needs to be more than just an administrator or more than just a specialist. He must be able to unify and give direction to a team of specialists. He should be able to make the whole greater than the sum of all its parts.

In most social service programs, the operational unit is the individual. The family context or the environment in which the individual lives is seldom identified in the assets or the liabilities of these relationships and seldom seen. A traditional case record is an unstructured, chronological diary. It records contacts, events, observations, and the person or persons involved in the case. Many times it is highly personalized and reflects the agencies goals and not the individual needs. The record ends when the case is closed for whatever reason.

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Implementation

Very little data is available about the significant characteristics of the cases themselves, the problems which they present, the functional assets and liabilities which they bring to the solution of those problems or the outcome when service is concluded.

Evaluation:

Accountability is becoming a word with increasing popularity. In its simplest form with reference to a corporation it means an annual report which tells what products the company is producing, the dollar amount of business it has done, the cost of doing that business, the resulting profit or loss, and distribution per share, if any, to its stockholders. The problem posed for social service administration is to devise a system that will produce a comparable accountability for social service operations. This is difficult, however, it is not unsolvable. For end products we could substitute defined and measurable social problems. For dollar volume, the number of families or individual cases served: For the cost of doing business, the dollar sign is adequate: for profit or loss, substitute problems status improved, not changed or deteriorated.

In the people business we do need to provide for a number of items in order to improve our performance, such as order and system, uniform procedures, uniform reporting, continual and continuous measurement of progress, accountability, defined goals, clarification of basic problems, coordination of programs, administrative cooperation, and finally prevention and control.

General

Mr. Mangan, in his comments, mentioned four categories as potential problem areas of program development for services of the hearing impaired. They were:

1. "Fractionated and competing services pointing up the great need for coordination of such services in the relatively high number and variety of agencies involved." The possibility of achieving coordination by imposing some higher authority on these agencies is doomed to failure from the outset. Because, first, it will be difficult to find any agency or individual who would seek to impose such authority, and secondly, the possibility of the various agencies and services accepting such authority is extremely remote. Here is a situation where the persuasive force of a better idea or a better solution will have to supplant the use of organizational based authority.

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GENERAL

2. "The change in educational practice proceeds extremely slowly." I am sure this is true and perhaps could be speeded up somewhat with the development of a larger organizational entity which would have some influence on the various units and agencies that provide the variety of services now available.
3. "That limited options are available to the hearing impaired." Here Mr. Mangan pointed out in particular the lack of data about the results of attempts to provide education to the hearing handicapped.
4. "Pragmatic research to test the validity and reliability of the services being provided now. In short, he was making a plea for the need to measure accountability of the services provided, and finally put forth a suggestion that the conference consider organizing in such a way as to obtain governmental support and financing for an advisory council on services to the hearing impaired.

One of the most intriging aspects of my assignment was to respond and describe a management system, and perhaps an organizational structure to support that system in relation to the priority of concern expressed by you at this conference and analyzed by the computer. While this assignment offers a considerable opportunity to me to make a fool of myself by having to respond off the cuff as it were, but also provides a wonderful opportunity to make the point that organization structure and a management system should be responsive to the needs it was set up to serve. The management system and the organization should be responsive to the needs it is intended to serve and it should remain responsive, which means it must be periodically updated, its direction changed, its energies refocused to fit the changing needs.

In his keynote speech, Robert Goldstein made several perceptive comments on the management problems of services to the hearing impaired. As he pointed out, no one professional group, and I might add, no one administrative unit has sole responsibility for providing or even managing services for the hearing impaired. As one example, he mentioned the various professional services provided by the physician, the audiologist, the speech therapist, the teacher of the hearing impaired, and the resulting need for coordination of all professional services. He then suggested that the social worker might be the best person to manage the coordination. This could well be the case,however, increasingly it seems to me social work has also tended to develop a speciality of casework and oftentimes a speciality within specific areas of handicap.

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General

As one aspect of a management system, there is the need for the administrator or the manager. The question of professional preparation of this person should be left open. Consider that it must be a person with management abilities, good administrative talent, and some leadership qualities. But also, hold the option open as to his particular professional preparation in terms of training. While I do feel administration or management is a teachable and learnable skill, I am also convinced that there are individual characteristics, preferences, and interests that would tend to make one individual equal in preparation to an other an outstanding administrator and another a very poor one. Mr. Goldstein's final suggestion was very impressive as it outlined a management system, an organization structure. It was a direct recommendation for service and research, and reflected his great desire that there be an integration of specialists in the evaluation and treatment of the hearing impaired.

From the standpoint of governmental levels and agencies the most realistic level for providing for the overall type of survey, overview, coordination, services that are required in improving the services to the hearing impaired, would be at the state level. It has long been my hope that there would be a resurgence of confidence and activity on the part of our state government in many areas. It is the level of government most involved with the provision of services to people and organizationally provides the most opportunity for an overview of the entire state's needs, resources and the means of bringing them together. The next immediate problem, if this is accepted, is what specific unit, agency, or department of state government would be involved. Currently, we have a division or defusion of responsibility and accordingly authority between several departments-Welfare, Education, Health, Manpower-Training.

Looking ahead, we might see some hope in view of bringing together of all departments and agencies which have as there local point services to people under a broadly based department of human resources. (State Planning Agency) An optimistic view would hold that such a department would have the potential of providing the kind of overview that we have seen as necessary and desirable in the conference that was held. One significant advantage of the larger departmental concept, is its ability to organize either along functional lines of professional competence, such as medical, education, social work, rehabilitation, psychological or conversely along lines of handicap - visual impaired, hearing impaired, orthepedic handicaps, mental handicaps, etc., or utilize both methods of organization at the same time, dependent upon the nature of the needs. This appears to me to be a significant advantage since, as has been pointed out, we are dealing with problems which are often multiple caused and therefore will yield only to mulitple responses. Another advantage to looking to the state level of government for

performance of this role of centralization, and coordination, is the likelihood of developing a legislative act which would provide for the service which this conference would like to have performed, and specifying what agencies or what individual positions would be responsible for performing these services. If legislation were adopted, it would then very likely come about. The advantage here is that legislation can be made or drawn which is specific and it provides also a specific subject or cause to which a number of individuals or a variety of agencies can lend their efforts and support, and try to aid in bringing about its enactment into law.

CONFERENCE FOLLOW-UP COMMITTEE

The Conference Follow-Up Committee, cochaired by Dr. Deno and Dr. Northcott, was appointed in August 1970 to consider what organized units existed within Minnesota that the Conference participants might ask to assume as the following responsibilities:

- Periodic assessment of the extent to which conference recommendations of the 1970 Governor's Conference were being put into effect

- Reporting of findings to Conference participants and agencies or groups regarding who can assume responsibility for acting upon particular recommendations

- Stimulation of action on priority recommendations of the Conference, to the extent permitted by available resources

The Conference Follow-Up Committee was asked to report the following to Conference participants:

1. The names of existing mechanisms to which responsibility for follow-up on conference recommendations might be assigned.
2. An estimate of the strength of the described mechanisms, to help Conference participants decide responsibility assignments for follow-up according to the degree to which Conference recommendations are implemented in the period ahead.

OPTIONS

After reviewing the alternatives, the Conference Follow-Up Committee recommended that conferees indicate which unit they felt would be given responsibility for follow-up, and/or suggest any other possibilities they may see were not included on the response sheet passed out to them. The Conference Follow-Up Committee analyzed the results of this opinion poll and submitted a summary of the results to the Conference Advisory Committee. The Conference Advisory Committee is the solicitor of aid from the unit viewed as the most likely candidate for assumption of the follow-up responsibility.

A description of the five existing units and the set of criteria used by the Conference Follow-Up Committee, to help the conferees make additional choices of suitable units included below:

1. Minnesota Association for the Hearing-Impaired and Minnesota Association for the Deaf (M.A.H.I. & M.A.D.)
   These organizations have advocacy for the needs of the hearing-impaired as their primary reason for being which would make them seem logical groups with which to leave advocacy responsibility. However, reports indicate that their limited memberships do

CONFERENCE FOLLOW-UP COMMITTEE

OPTIONS

not reflect the total range of hearing-impaired people with whom this Conference is concerned. It is questionable whether either group or both together can master the leadership and financial resources necessary to assume follow-up responsibility.

2. Minnesota Council for Exceptional Children
Membership of this organization is comprised mainly of teachers of handicapped children. Not all such teachers are members of this organization; some are affiliated with the Special Education Division of the Federation of Teachers and some with neither. Its members are concerned mainly with special education services for school age children. Teachers of the deaf constitute a small proportion of the membership. It is unlikely that this organization has or could muster the leadership and financial resources required to act as follow-up advocate for this 1970 Governor's Conference.

3. Advisory Committee on the Governor's Conference
This group has no "official" status. Having started as an ad hoc group of people asked to help develop this conference, their task is completed once the 1970 Conference is over. However, conferees could ask this committee to continue to function as a follow-up monitoring agent. It is possible that some members who accepted conference program planning responsibility would not be able to continue on as members if such an additional, longer-range follow-up task was assigned to this group. Also it presently has no financial resources for implementing such a responsibility.

4. Governor's Advisory Board on Handicapped, Gifted and Exceptional Children
This is a statutory board established by the Minnesota legislature in 1957. Its twelve members are appointed by the Governor, one from each of the state's congressional districts, at large, as the law requires. It is charged to the advisory to the Departments of Health, Education and Welfare and maintain constant surveillance of the degree to which the needs of the state's exceptional children are being met. The Board acts as a public ombudsman mechanism to which a citizen or group may bring concerns for review. The Board then communicates the problem and, in some cases, its recommendations for problem amelioration to the appropriate service agency or to the Governor's office.

CONFERENCE FOLLOW-UP COMMITTEE

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This unit presents the advantages of being a recognized, statutory body familiar with the service problems of the hearing impaired. (It initiated the Governor's study of needs of the hearing-impaired and other studies.) Its membership reflects statewide citizen interests, it has legally established communication channels with three state agencies, the Governor's office and, through these channels to the legislature. Its meetins are open to the public and the press. It is an inadequate vehicle for performing the extensive function charged to it because 1) it is not financed by the legislature so it can employ staff to carry out its action recommendations between sessions. Busy volunteers, and Board members do not have the amount of time to do the communicating needed to act as effective advocates for the inadequately served. The Board needs an executive secretary and secretarial help if it is to function effectively as charged. 2) Its Advisory functions does not include, as a minimum, the Department of Corrections and the State Planning Agency. 3) The charge of this Board extends only to handicapped children; this Conference is concerned with the entire age range.

5. A Governor's Commission on the Handicapped

Such a unit does not yet exist in Minnesota, but a similar one was recently established in Indiana to:

- -compile and distribute information on the incidence of handicaps in the state;
- -review all programs, budget requests and proposed legislation concerning rehabilitation of the handicapped;
- -develop a plan for diagnostic and evaluative services for the handicapped.

It has been suggested that perhaps Minnesota should establish a Commission for the Handicapped as an alternative to its present inadequately charged and inadequately financially supported Governor's Advisory Board on Handicapped, Gifted and Exceptional Children. The unit does not exist. Legislation has not been written to establish such a unit and no group is as yet actively promoting establishment of such a unit.

6. Other

The Conference Follow-Up Committee has other suggestions to make especially from the responses from this session but believed the conferees opinion should be presented.

CONFERENCE FOLLOW-UP COMMITTEE

OPTIONS

The Committee applied the following criteria as tests in judging the merits of a unit as a follow-up vehicle.

a. Is the unit one which all special interest groups among those who are concerned with the needs of the hearing-impaired would support?
b. Is it a unit which would be acceptable to a variety of organizations and individuals within both the private and public sectors?
c. Does it have the manpower and financial resources needed to carry out an effective follow-up function?
d. Is its range of influence likely to be broad enough to help the hearing-impaired achieve their rightful place in society?

VOTING RESULTS: A population of 139 voting conferees rank-ordered the units as follows:

Rank	Unit
1.	"Other" (see explanation)**
2.	Advisory Committee on the Governor's Conference
3.	Governor's Advisory Board on Handicapped, Gifted, and Exceptional Children
4.	A Governor's Commission on the Handicapped
5.	Minnesota Association for the Hearing-Impaired or Minnesota Association for the Deaf
6.	Minnesota Council for Exceptional Children

The voting population broke down into the following categories and percentages:

Category	Number of Persons	Percent of Total Voting (approx)
Deaf	4	2.8%
Parents	39	27.7%
Hard of Hearing	5	3.6%
Teachers of Deaf	23	16.3%
Social Workers	2	1.4%
Nurses	3	2.1%
Special Educators of the Deaf	3	2.1%
Special Education Administration	5	3.6%
Speech Therapist	4	2.8%

CONFERENCE FOLLOW-UP COMMITTEE

VOTING RESULTS:

Category	Number of Persons	Percent of Total Voting (approx)
Clergy	4	2.8%
Classroom Teachers	4	2.8%
Counselors	9	6.4%
Researchers	9	6.4%
Houseparents & others so categorized	7	5.0%
Relatives	3	2.1%
No code # or category	15	10.7%

Since teachers of the deaf and parents were the two largest categories of voters a combined 54 percent of the voting conferee total, it might be of interest to note what their preferences were. Both of these categories agreed on the unnamed "other" unit for first place, and the Advisory Committee on the Governor's Conference for second place. Complete ranking information for these two categories is illustrated below. The plain numerals represent the ranks on a scale of 1 through 6; the numerals in ( ) are the number of raw first place votes. If there were no first place votes rank was determined by sequential place votes or if necessary a tie could be determined by cumulative votes.*

Unit / Category	Teachers of deaf Rank / Votes		Parents Rank / Votes	
Minn. Assoc. for Hearing-Imp. and Minn. Assoc. for Deaf	3	(2)	3*	(1)
Minn. Council for Esc. Children	6	(0)	6	(0)
Adv. Comm. on Gov. Conf.	2	(8)	2	(5)
Gov. Adv. Board on Handicapped, Gifted, and Exc. Children	5*	(1)	4*	(0)

CONFERENCE FOLLOW-UP COMMITTEE

VOTING RESULTS:

Unit / Category	Teachers of deaf Rank / Votes	Parents Rank / Votes
A Gov. Comm. on the Handicapped	4* (2)	5* (0)
"Other" (see explanation below)	1 (10)	1 (25)

* Cumulative place totals might rearrange these rank orders.

** "Other" was an unnamed unit for which criteria were established. Most of the voters felt this unit should be similar to A Governor's Commission on the Handicapped, but oriented specifically to the Hearing-Impaired.

Summary Analysis and Comments

This address was delivered by Frank M. Lassman, Ph.D., Professor, Departments of Otolarynogoloty, Physical Medicine and Rehabilitation and Communication Disorders.

SUMMARY ANALYSIS AND COMMENTS

Thank you, Mr. Chairman, for allowing me the privilege of summarizing your meeting and permiting editorial license in the process. This has been a most unusual conference in that partial achievement of conference objectives was accomplished through planned conference methods. A wide range of professionals, adult deaf, and parents of deaf were brought together to work, to talk, to share, to think through ways to improve services for the hearing impaired. The very process of confering was an example of effective, constructing cooperation, that is an inevitable bi-product of understanding and respecting the other guy's point of view. The Governor's Conference of 1970 will be remembered, I think, as a pivotal moment in the search for cooperative effort, for open thoughtful, critical communication between disciplines, agencies, parents and the hearing impaired.

Special commendation, then, must go to this audience, to these participants in a process so dependent upon audience participation, especially to those who stayed through the entire two days. Each deserves to have his own name on the program for a unique, critical contribution to the success of this venture.

Our gratitude is extended to the keynote speakers who crystalized philosophy and issues so clearly and effectively. Their inspiration and example serve to move us, at least for this meeting, to throw off the shackles of almost two centuries of tradition and inbred bias.

Finally, commendation to the planning committee and especially the steering committee of Crouse, Nelson, Deno and Wilson who, with many hours of effort, put this all together.

The many ideas and recommendations of our invited speakers will be in the record and summary of this conference. I am impressed by some of the common threads among the speakers. Withrow and Mangan, and indirectly, the Governor, expressed concern for a modern orientation to the education of the hearing impaired. Every where else in education, this has become a time of educational alternatives, innovation, experiment rethinking and redesign, relevance and mobility. There is a new technology to invigorate the educational process. Why not in the education of the hearing impaired in Minnesota? Withrow sees this direction through media and related technology, as a weaning process, away from the "priesthood" of teacher and classroom.

A specific educational priority for Stewart and Withrow appears to be the need for development of reading skills. Here there would seem to be rather universal agreement. But we must come to this committment aggressively and with all modern skill and technology. A fifth grade reading achievement for high school seniors who are deaf can not be tolerated any longer.

Summary Analysis and Comments

Stewart, Withrow and Mangan all recognized that "the deaf" are not all alike, are not a homogeneous group (except for certain political interests) are impressively diverse in intellect, personality, interest, attitudes, talents and goals as well as in hearing. Educational planning and practice, social and emotional habilitation, and vocational rehabilitation must all reflect a sensitivity to these individual differences.

Indeed, if any message comes through the entire meeting, in words and actions, it is the importance of the individual, of individual strength and ego, of personal worthiness in the larger society. Our services must be guided by this frame of reference.

The audience-participants did not always see eye-to-eye with the priorities of our guest speakers. Early identification and diagnosis received very high inter-group agreement, perhaps more than either Goldstein or Mangan would have predicted. The latter support for efforts in the preschool years was thus not surprising. Realistic counseling, expanded services, and the new technical-vocational post-graduate programs (e.g. St. Paul T.V.I.) were well supported. On the appropriate vehicle for follow-up, there seem to be some greater support for a separate, new planning and monitoring mechanism responsible to the governor and not the use of other, presently existing vehicles.

Otherwise, there were not strong priorities among the audience-participants. Certainly, they did not echo the concern of the keynote speakers for an up-dating of educational goals, methodology and technology. Perhaps the preconceived propositions in which group discussions were cast also limited a direct relating to any other propositions not included in the list.

Inevitable, the recommendations of this conference will be evaluated by internal and external observers. Can its recommendations be regarded as expressions of wisdom and truth and representative of general and professional and lay opinion?

It must be recognized by all participants that the highly structured nature of the conference was both its strength and its weakness. It seemed to be assumed in this conference that majority opinion was also the best opinion;even I have done this during this summary. But we know this has not always been so in the history of man, knowledge and service do persons need. Participants were required to consider pre-established propositions. Mechanisms were not readily available, despite the program committee's attempt to solicit them, to generate original or fresh ideas during the conference.

The rating scale method, seemingly standardized and giving all the same things to talk about, was lock-step and confining and diverted many participants from other considerations. Order (sequence) of propositions was not balanced nor was equal time given each proposition. Wording sometimes diverted attention from the main idea, e.g. research on the adult deaf, and resulted

Summary Analysis and Comments

in lower priority despite general support for the main idea. The extreme dependence upon scaling methods in this conference justified a scaling expert on the planning committee.

Were the participants representative of the professional and lay community? This conference was allegedly devoted to improving services for all hearing impaired, yet "deaf" participants outnumbered the "hard-of-hearing" by a factor of four at times. Granting the wisdom of planning "with, not for, the hearing impaired population", how can we presume to have considered the relative needs of the "geriatric population" (Session I, item F), when they were hardly represented? Control of Noise pollution (Session I, item 4; Governor's message) seemed out of place without any advocates in this conference and so it was rated that way by participants and by Goldstein. Clearly, there were categories absent from the conference. In addition to the hard-of-hearing, parents and teachers of hard-of-hearing were not present in representative numbers. The medical profession was almost nonexistent. Speech therapists and day school teachers were confronted with schedule conflicts when this conference was planned for the same dates as their annual professional conferences.

On the other hand, the combined voting recovery rate for the adult deaf, teachers of the deaf, and parents of the deaf during the conference comprised more than one-third to almost half of all votes cast. This was clearly their conference.

Post-Script

Minnesota's record of achievement has been uneven but clearly contains much that reflects leadership and outstanding example. Its audiology has pushed case-finding closer to the neonatal period, successfully used amplification to make hard-of-hearing out of the previously deaf, (see Mangan), and pioneered in parent counseling. Preschool education and pre-nursery school education have had outstanding leadership (Northcott & others) and implementation drawing national attention. Minnesota legislation has frequently been ahead of other states in supporting and implementating early education for the hearing impaired. The St. Paul Technical & Vocational Institute program is numbered among the most interesting experiments of its kind.

But we cannot rest there. There's more work to be done as this conference attests. We must get beyond paternalism, evangelistic zeal for a method, and petty jealousy. The next decade must see us raise our sights for education and rehabilitation standards.

Traditional strait-jackets must be discarded. There must be further appreciation of individual differences, of the diverse problems of all hearing impaired, including the hard-of-hearing and the geriatric. There must be renewed dignity and personal realization for the individual deaf adult in society.

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-Special Education Section
Minnesota Department of Welfare
-Division of Rehabilitative Services
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-Minnesota School for the Deaf

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APPENDIX OF -

- EXPLANATION OF RAW DATA
- TABLES AND STATISTICS
- COMPUTER RAW DATA
- HAND TALLY OF VOTING RESULTS
- GRAPHS OF RANKINGS

EXPLANATION AND COMPILIATION OF RAW DATA

The following tables and graphs are a pictorial representation of the voting that the conference participants submitted at the end of each session. The raw data for Sessions I, II, and III were fed to the computer program and tallied by this method to give a rank order to the items of each session. The rank order or each session can be found in column 1 of the total vote tally on the last page of the statistical tables for the first 3 sessions; i.e.

> In session 2, column 1 of the place vote total we find of 268 voters, 51 placed G - Preschool programs, first 45 placed A - evaluation second, etc. This is a rank order by first place vote only. The cumulative totals on the last table were obtained thru addition and in column 1 - 10, Session 2 also show G - first. A second, D third, etc. This is rank order in consideration of all place votes by all categories.

The raw data was printed out on computer paper in much the same manner as it is presented here, except due to the desire to concise the data some what, each category (deaf, parents, counselor, etc.) is shown on the right hand side and the tally of these groups voting patterns are shown for each of the sessions I, II, III.

The fourth session - the "Management System" was set apart as it had to be hand tallied, recounted, checked, etc. to assure as valid data as possible. 135 voting sheets were submitted, 4 of these counted as double votes (2 parents, etc.) The session also did not have as many variables but did present it's own unique problems due to the individual voter's prerogatives on how to fill in the form sheet they were presented; as recall will have it, there were many recommendations from the floor, by the speakers etc. during this session which led to much latitude in the voters selections.

The graphs merely reflect the total outcome of their corresponding sessions. They show the rank order of each item by the totals found in column 1 of the place-vote total and the corresponding column 1 - 10 of the cumulative total found in the last page of the tables.

The following few examples will assist the reader in the use of the tables:

> Mr. Smith, a parent, ranked item B, School Screening first, E - Professional Education second, and A - Early Identification third, as his top three concerns for Session 1. He goes to page 1 of the tables, his vote is tallied there under the category of parents and he can compare his major three concerns with those of all the other parents in his category. He

Explanation and Compiliation of Raw Data

sees only 2 placed A third. However, 42 cumulative votes for A and 30 first place votes by parents made this the primary concern of this category. Mr. Smith may also compare his vote with all other categories in the same manner. He may also compare his concerns with the two totals given on the last page of the tables for the first 3 sessions.

Miss Jones, a Social Worker, ranked D - Definition of Professional Roles, first E - Professional Education second and G, Hearing Aid Dealers, third. Under the category of Social Workers, of 10 voters, 4 placed G third. In comparing with the totals, she will find A - first, E - second, B - third, D - fourth and G - eighth and ninth.

The tables presented are duplicated data from the computer printouts. It will be noted by some that vertical addition of some of the columns may exceed the total voters of that category. This may be attributed to voters finding difficulty in making one (1) choice, voters selecting and ranking more than one item in the same column or perhaps some voters changing their category from session to session. It may be further noted that a horizontal addition of column 1 - 10 of specific items never exceeds the total number of voters and in most cases is less than this number so that some items did not receive any vote in some instances.

TABLE OF COMPUTER DATA REDUCTION OF STATISTICAL RANK ORDER ANALYSIS

A Compilation of the UNIVAC Program Print-outs of First Place and Cumulative Rank-order Voting

	ITEM \ RANK	DEAF										PARENTS									
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
I	A. Early Identification	15	3	1	1	1		1				30	10	2	5	3				1	1
	B. School Screening	3	7	4	3	2					1	2	8	13	6	6	8	3	1	3	
	C. Registry of all H.I.	2	3	6	3	1	2		2	1		1	2	9	5	1	6	8	7	5	4
	D. Def. of Professional Roles		1	2	5	4	1	1	1		2	1	9	5	11	6	6	4	5	2	2
	E. Professional Education	4	2	4	4	3	1	2				14	13	7	5	7		1	5		
	F. Geriatric Population		1	1	2		6	2	2	3	1		1	2	1	8	7	7	7	12	4
	G. Hearing Aid Dealers					2	5	3	4		4	1	3	3	4	9	6	7	6	8	2
	H. Amplification		1	2	1	2	2	3	4	1	1	3	6	4	7	4	2	12	9	4	
	I. Recheck System	1	2	1	1	4	1	2		5	1	1	1	7	9	6	11	6	4	4	1
	J. Noise Pollution	1			1		1		1	6	8			1		1	3	2	4	7	31
II	A. Evaluation	2	1	4		4	2	1	2		3	7	9	4	2	3	1	5	1	2	3
	B. State Guidelines	1	5		1	2	1	5	2	1		5	7	6	5	6	4	2	2	3	
	C. Role of H.I. Adults	2	4	4	1	2	2	2		1	3	1	3	4	3	3	6	5	5	3	3
	D. Cooperative School Dist. Prog. Regional Service Systems	2	2	2	1	2	2	2	3	1	2	7	5	6	7	5	3	1	2	2	2
	E. Minnesota School for the Deaf	5	1		3	2	4	1		1	1	1	3		3	1	2	3	5	4	12
	F. Counseling and Guidance	2	3	1	3	2	1	1	2	2	1	3	10	8	4	5	3	5		1	1
	G. Preschool Programs	3	3	5	3	2	1		1	1		16	1	5	4	8	3	3	1		1
	H. Communication Skill of Teachers	10	3		2	3	1			1		2	4	4	9	5	4	5	1	1	
	I. Multiply-Handicapped Children	2			1	1	2	2	6	3	1	1	2		3	4	6	2	9	9	1
	J. Equalization of Educational Opportunity		1	2		2		2	1	4	4	5	3	3	3		4	2	7	4	7
III	A. Leadership	10	5		2	1	1				1	10	7	6	5	4	1	4		1	
	B. Educational Evaluation	3	6	4	2		2	1	1	1	1	6	5	2	3	4	8	3	3	1	1
	C. Research on H.I. Adults	2	3	1	4	3	2	1		2		2	6	4	3	5	3	2	2	2	7
	D. Realistic Counseling	9	1	3		3	1	2	1		1	17	8	3	5	1	2	1	2	1	
	E. Multi-Handicapped	3	2		3	1		1	1	1	4	1	2	5	2	2	2	4	8	2	8
	F. Technical Vocational Programs	4	2	1	4	2	1		2	1	2	3	6	8	7	5	2	8	1		
	G. Supportive Educational Services	2		2	2	3	5	3	1	1	1	4	4	6	5	5	3	3	4	7	
	H. Feedback System		1	1		3	2	3	2	3	1		3	2	5	5	3	6	3	6	3
	I. Expanded Services	2	1	4	1	1	1	4	3	1	2	2	3	5	1	4	8	3	6	3	1
	J. Adult Education Programs	1	2	2		1		1	1	4	6	1			3	3	3	2	5	11	10

TABLE OF COMPUTER DATA REDUCTION OF STATISTICAL RANK ORDER ANALYSIS

A Compilation of the UNIVAC Program Print-outs of First Place and Cumulative Rank-order Voting

	ITEM \ RANK	HARD OF HEARING 1	2	3	4	5	6	7	8	9	10	OTOLOGIST 1	2	3	4	5	6	7	8	9	10
I	A. Early Identification	5		1								1									
	B. School Screening	1	3		2								1								
	C. Registry of all H.I.			3			1				2										1
	D. Def. of Professional Roles				1	2	1		2								1				
	E. Professional Education		2	2	1	1												1			
	F. Geriatric Population				1	1	1	1	1	1						1					
	G. Hearing Aid Dealers					1	2	1	1	1									1		
	H. Amplification		1		1			2	2					1							
	I. Recheck System					1	1	2		2					1						
	J. Noise Pollution									2	4									1	
II	A. Evaluation	3		1					1					1							
	B. State Guidelines		2		1	1				1					1						
	C. Role of H.I. Adults	1		1			1	2									1				
	D. Cooperative School Dist. Prog. Regional Service Systems				1		1	2	1											1	
	E. Minnesota School for the Deaf					1			1	2	1					1					
	F. Counseling and Guidance	1	1	1		1	1					1									
	G. Preschool Programs		1		1		2	1					1								
	H. Communication Skill of Teachers		1	1	1				1										1		
	I. Multiply-Handicapped Children					1			1	1	2							1			
	J. Equalization of Educational Opportunity			1	1					1	2										1
III	A. Leadership	2	1		3				1	2											
	B. Educational Evaluation			2		1		1	2	1	1				NO						
	C. Research on H.I. Adults	2	1			1	1		1	2	1										
	D. Realistic Counseling	3		4			1			1					VOTERS						
	E. Multi-Handicapped		1		1	2		3	1		1										
	F. Technical Vocational Programs		1		1	1	1	2		1											
	G. Supportive Educational Services					2	3	1	2	1											
	H. Feedback System		2	2	1	1	1				1										
	I. Expanded Services	3	2	1	1	1		1													
	J. Adult Education Programs				2				2	1	4										

TABLE OF COMPUTER DATA REDUCTION OF STATISTICAL RANK ORDER ANALYSIS

A Compilation of the UNIVAC Program Print-outs of First Place and Cumulative Rank-order Voting

	ITEM \ RANK	TEACHERS OF DEAF										SOCIAL WORKERS									
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	0
I	A. Early Identification	27	8	5	2	2	2	1	2	2		3	1	4	1					1	
	B. School Screening	3	11	9	6	9	4	6		2		2	2		1	5					
	C. Registry of all H.I.	4	1	4	7	7	4	5	8	6	4			1	1		2		4	2	
	D. Def. of Professional Roles	6	8	11	4	7	5	4	2	2	1	4	1		1	2				1	1
	E. Professional Education	12	14	7	8	5	2	1	2	1		2	5	1						1	1
	F. Geriatric Population	1	3	1	2	3	13	11	6	9	3				1		3	2	1	3	
	G. Hearing Aid Dealers	1	3	3	6	6	6	7	8	8	4			1	1	1	1	4	1		1
	H. Amplification	2	7	3	7	7	4	1	11	7	2		1	1	3	1		2	1	1	
	I. Recheck System	2	4	7	6	5	7	8	6	5	2			1	1		4	2		1	
	J. Noise Pollution	1	2		2	1	2	4	2	5	31					1			2		7
II	A. Evaluation	6	3	3	7	2	1	2	4	3	1	1	1		1	2				2	
	B. State Guidelines	1	5	2	2	5	3	3	5	2	6		1	1	1	1	2	1			
	C. Role of H.I. Adults	2	3	3	6	5	2	5		2	3				1			2	1		2
	D. Cooperative School Dist. Prog. Regional Service Systems	5	2	8	1	4	4	1	6	2	4	1	1				2			1	1
	E. Minnesota School for the Deaf	1	3	5	5	4	1	6	2	3	4								4	1	2
	F. Counseling and Guidance	3	5	8	3	5	4	4		3	1	1	1	1	1	1		1			
	G. Preschool Programs	5	10	2	8	1	3	1	3	2		1	2	1	2					1	
	H. Communication Skill of Teachers	8	2	2	2	4	7	4	2	1	1			4	1		1				1
	I. Multiply-Handicapped Children	7	3	5	3	4	4	2	4	4	2	3	1			1				1	1
	J. Equalization of Educational Opportunity	3	4	3	1	4	5	4	4	4	3					2	1	2	1		
III	A. Leadership	12	2	9	3	1		2	1	3	2			2	1	1					
	B. Educational Evaluation	2	4	3	6	3	5	4	4	1	2	1	1				2				
	C. Research on H.I. Adults	3	2	4	4	2	4	3	3	6	3	1		2						1	
	D. Realistic Counseling	8	7	1	7	4	4	1	2	1	1	2			1		1				
	E. Multi-Handicapped	4	6	2	1	6	2	3	4	3	4		2			1		1		1	
	F. Technical Vocational Programs	11	4	2	4	2	5	5	1						1			2			1
	G. Supportive Educational Services		4	8	3	2	4	6	2	4	2						1	1	2		
	H. Feedback System	2	1	1	3	3	2	4	6	5	6				1	1			1		1
	I. Expanded Services	1	3	5	3	9	3	3	4	4	1		2	1						1	1
	J. Adult Education Programs	1	2	1	1	2	4	3	7	6	8	1				1			1	1	1

TABLE OF COMPUTER DATA REDUCTION OF STATISTICAL RANK ORDER ANALYSIS

A Compilation of the UNIVAC Program Print-outs of First Place and Cumulative Rank-order Voting

	ITEM \ RANK	NURSES										HEARING AID DEALERS									
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
I	A. Early Identification	3	2		1							3	1	1						1	
	B. School Screening		3	2	1	1							1	2	2						
	C. Registry of all H.I.					2		1	1	1	2							1	1	1	1
	D. Def. of Professional Roles			2	2			1		1		3		1	1		1				
	E. Professional Education	4	1						1			1	1				1	1	1		
	F. Geriatric Population				1	2	3					1				1		2	1		
	G. Hearing Aid Dealers		1	1		1			1	1	2	1	1		2	1					
	H. Amplification				2		1	3		1		1				1				1	
	I. Recheck System			2		1	1	1	1				1			2	2	1	1	1	1
	J. Noise Pollution						1		2	2	1									2	2
II	A. Evaluation	2	1	1			1					3						1			
	B. State Guidelines	1	2			1						1	2		1		1				
	C. Role of H.I. Adults		1				1	1	1	1	1	1				2					1
	D. Cooperative School Dist. Prog. Regional Service Systems			3		1						1	1				1	1		1	
	E. Minnesota School for the Deaf				1		1		2							2	1	1			1
	F. Counseling and Guidance		2	1	1			1				2			1						
	G. Preschool Programs	1		1	3	1						1	1	1						1	
	H. Communication Skill of Teachers				1		3		1	1			1	2						1	
	I. Multiply-Handicapped Children					1		2		1		1	1		1	1					
	J. Equalization of Educational Opportunity	2				1				1	2			2	1				2		
III	A. Leadership	2		1	1		1					1	1	1			2				
	B. Educational Evaluation			1		1		1		1		1	1	2					1		
	C. Research on H.I. Adults	1			1	1			1		1		1		1	1		1		1	
	D. Realistic Counseling		1			2	1		1			2	1		1			1			
	E. Multi-Handicapped			1				1		2								1	3	1	
	F. Technical Vocational Programs	1		1	1		1				1	1		2	1						1
	G. Supportive Educational Services		2		1		1	1							1	2			1	1	
	H. Feedback System							2		2						1	1			1	2
	I. Expanded Services		1			1	1	2					1			1	1	2			
	J. Adult Education Programs	1	1	1	1					1					1		1			1	2

TABLE OF COMPUTER DATA REDUCTION OF STATISTICAL RANK ORDER ANALYSIS

A Compilation of the UNIVAC Program Print-outs of First Place and Cumulative Rank-order Voting

	ITEM \ RANK	SPEC. EDUCATORS OF THE DEAF										SPEC. EDUCATION ADMINISTRATORS									
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
I	A. Early Identification	7		2	1			1				13	4	1	3	2					
	B. School Screening	1	2		2	4	1	1				1	5	5	2	2	4	1	1		
	C. Registry of all H.I.	1	1		1		1	1	2	3	1	1	2	1	3	3	4	4	2	1	
	D. Def. of Professional Roles		4	2	2	2					1	2	2	7	2	3	2	1	2	1	
	E. Professional Education	2	1	1	1	3	1	1	1			4	6	3	2	1	2	1	1	1	1
	F. Geriatric Population					1	3	3		3	1	1	2		1	2	2	4	3	3	4
	G. Hearing Aid Dealers		1			1	2	1	3	1	1			1	1	1	2	3	5	7	2
	H. Amplification		2	5	1		1	1	1					1	3	4	3	5	4	1	1
	I. Recheck System			1	3		2	2	2	1		1	1	3	5	2	2	2	3	3	
	J. Noise Pollution								2	3	6					2		1		5	14
II	A. Evaluation	1	1	1	1	1	1					3	2	2	3	2	3	2	2	1	1
	B. State Guidelines		1	1	1	3						1	3	5	3	2	3	2	1		1
	C. Role of H.I. Adults					1				3	2					1	2	1	3	6	7
	D. Cooperative School Dist. Prog. Regional Service Systems	2	1	1	1			2				6		8	2	1		1		1	2
	E. Minnesota School for the Deaf				1		2		2	1					3	5	1	2	4	5	1
	F. Counseling and Guidance	1	1		1			1	1			1	2		1		3	4	3	4	2
	G. Preschool Programs	2	2	1		1			1				10	3	2	2	2	2	1		
	H. Communication Skill of Teachers		2				1		1	1	2	2	2	3	1	1	4	2	2	2	1
	I. Multiply-Handicapped Children			3	1		1	1	1			4		1	2	3	3	2	2	2	2
	J. Equalization of Educational Opportunity	1			1		1	2		1	1	4	2	1	4	4		3	3		1
III	A. Leadership							1		1	2	1	1	3	1	2		2			1
	B. Educational Evaluation		1	2							1	2	2	1	3		1	1		1	
	C. Research on H.I. Adults		1	1				1			1		1			2	1	3	2	1	1
	D. Realistic Counseling	1			1				1	1		2	2	2		2		1	2		
	E. Multi-Handicapped	1			1			1	1			4		1	2				1	2	1
	F. Technical Vocational Programs		2		1	1						2	1	2	1		3				2
	G. Supportive Educational Services				1	2	1						1	2	1	3		1	2	1	
	H. Feedback System	1		1				1	1			1			1	1	1	3	2	2	
	I. Expanded Services	1					2			1			2	1	1	1	3		1	2	
	J. Adult Education Programs					1	1		1	1							2		1	2	6

TABLE OF COMPUTER DATA REDUCTION OF STATISTICAL RANK ORDER ANALYSIS

A Compilation of the UNIVAC Program Print-outs of First Place and Cumulative Rank-order Voting

	ITEM \ RANK	SPEECH THERAPISTS										CLERGY									
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	0
I	A. Early Identification	11	1	2	1	1	1						2		1	1					
	B. School Screening		6	5	4	2	1										1		2	1	
	C. Registry of all H.I.		1		3	3	2	2	3	2	1	1		1		1				1	
	D. Def. of Professional Roles	2	6	2	3				2	3		1	2								1
	E. Professional Education	5	2	3	2	4				1		2		1	1						
	F. Geriatric Population			1		2	1	2	4	5	2			2	1						1
	G. Hearing Aid Dealers		1		1	1	2	8	1	1	2				1		1	1	1		
	H. Amplification		1	3	1	2	6		4	1						1	1	1		1	
	I. Recheck System			2	1	2	4	4	1	4						1	1	1	1		
	J. Noise Pollution				1			1	2	1	11							1		1	2
II	A. Evaluation	2	1	1	2	1	4	3	2	1			2		1					1	
	B. State Guidelines	1		1	1	1	2	2		3	1	2		1		1					
	C. Role of H.I. Adults		2	1		1		2	1	2	3			1				1			2
	D. Cooperative School Dist. Prog. Regional Service Systems	3	5	1	1	1	1	1	2							1		1		1	1
	E. Minnesota School for the Deaf			1	1		1	2	1	2	5						1		2		
	F. Counseling and Guidance	1		2	4	2			4				2			1		1			
	G. Preschool Programs	6	3	2	2	1						1		1		1				1	
	H. Communication Skill of Teachers	1		1		3	4	1	2	1	1				1		2		1		
	I. Multiply-Handicapped Children		2	2	2	2	1	1	1	1	1			1					1	1	1
	J. Equalization of Educational Opportunity		1	2	1	2		2		3	2	1			2		1				
III	A. Leadership	4		1	1	2	1	1	1			1									1
	B. Educational Evaluation		1	3		2	1	1	2	1		1							1	1	
	C. Research on H.I. Adults		2		2			2	2	1	2			1		1	1				
	D. Realistic Counseling	2	4	2	3							1	1			1					
	E. Multi-Handicapped	1			3	1	3	2	1						1		1	1			
	F. Technical Vocational Programs	3	1	1	1	1	1		1	2				1	1					1	
	G. Supportive Educational Services		1	1	1	1	2	1	2		1					1			1		1
	H. Feedback System		1				2	1	1	2	3			1	1					1	
	I. Expanded Services	2		4		1	1	1	2				2		1						
	J. Adult Education Programs		1	1		2		2	2	2									1	1	1

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A Compilation of the UNIVAC Program Print-outs of First Place and Cumulative Rank-order Voting

	ITEM \ RANK	PSYCHOLOGISTS										CLASSROOM TEACHERS									
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
I	A. Early Identification	1		1								1	3	1							
	B. School Screening					2						1	1	1			1		1		
	C. Registry of all H.I.		1				1					1							3	1	
	D. Def. of Professional Roles		1	1										1	2	1		1			
	E. Professional Education	1			1							2		1		1	1				
	F. Geriatric Population				1		1									1		1		1	1
	G. Hearing Aid Dealers									2			1			1	2		1		
	H. Amplification								2						1		1	1		1	1
	I. Recheck System							2							2	1		2			
	J. Noise Pollution										2			1						1	3
II	A. Evaluation		1									1	1						2		
	B. State Guidelines							1				1	1					1			1
	C. Role of H.I. Adults			1													1		1	1	1
	D. Cooperative School Dist. Prog. Regional Service Systems						1						1	1	1				1		
	E. Minnesota School for the Deaf								1						1	1			1		1
	F. Counseling and Guidance	1												1			2			1	
	G. Preschool Programs					1							1		1						
	H. Communication Skill of Teachers				1							2						2		1	
	I. Multiply-Handicapped Children										1			1		1	1	1			
	J. Equalization of Educational Opportunity									1				1	1	2					
III	A. Leadership						1											1		1	
	B. Educational Evaluation				1								2								
	C. Research on H.I. Adults							1									2				
	D. Realistic Counseling										1	2									
	E. Multi-Handicapped			1												1					1
	F. Technical Vocational Programs								1						2						
	G. Supportive Educational Services	1												2							
	H. Feedback System					1										1			1		
	I. Expanded Services		1															1	1		
	J. Adult Education Programs																			1	1

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A Compilation of the UNIVAC Program Print-outs of First Place and Cumulative Rank-order Voting

	ITEM \ RANK	FRIENDS										COUNSELORS									
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
I	A. Early Identification	1										12	3	2	2	4	2	1		1	1
	B. School Screening				1							3	9	4	5		1	1			
	C. Registry of all H.I.							1				1	1	1	4	2	3	1	4	2	5
	D. Def. of Professional Roles					1						2	3	6	3	4	3	2	2	3	
	E. Professional Education		1									6	4	3	3	3	4	2	1	1	
	F. Geriatric Population									1		1	3	4	1	2	5	1	4	1	1
	G. Hearing Aid Dealers						1					1	1	1	2	1	5	1	2		2
	H. Amplification								1			1	1	3	4	4	3	4	1		
	I. Recheck System			1									3	4	4	5		3	2	2	
	J. Noise Pollution										1	1				2	2	1	1	7	7
II	A. Evaluation											4		1	4	3	1	1		1	3
	B. State Guidelines											1	2	2	1	6	2	3	1		
	C. Role of H.I. Adults											2	3	2	2		3	2	2	2	1
	D. Cooperative School Dist. Prog. Regional Service Systems											3	2	3	2	3	1	2	2		1
	E. Minnesota School for the Deaf											1	1		3	1	3	2	5	1	1
	F. Counseling and Guidance											2	2	3	3	1		1	2	2	1
	G. Preschool Programs											1	4	4	2	1	3	1			1
	H. Communication Skill of Teachers											1	2	1			3	3	1	4	2
	I. Multiply-Handicapped Children											2	2		1	4		2	2	4	1
	J. Equalization of Educational Opportunity											2	1	4	1		3	1	2	2	2
III	A. Leadership					1						2	4	1	2	2		3	3	1	
	B. Educational Evaluation	1										2	1	4	1	1	3	2	3		
	C. Research on H.I. Adults			1								1	3	1	3	1	3	2	1	3	
	D. Realistic Counseling		1									4	3		2	1	3	1		2	1
	E. Multi-Handicapped										1		1	2	3	3	1	1	3	2	1
	F. Technical Vocational Programs				1							2	1	3	3	4	1	1	1	1	
	G. Supportive Educational Services						1						3	1	2	4	2	3	2	1	
	H. Feedback System									1		1		1	1	1	1	2	1	3	6
	I. Expanded Services							1				7	2	5	2	1	1		1		
	J. Adult Education Programs								1				1	1			2	2	2	3	7

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	ITEM \ RANK	RESEARCHERS										OTHER									
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
I	A. Early Identification	8	3	1	2	1	1	1		1	1	24	7	5	2	1	2	2	1		
	B. School Screening	2	2	3	4	3	2	1				6	14	13		3		1			
	C. Registry of all H.I.			1	2	1	1	1	4	2	5		7	1	5	4	1	2	8	7	9
	D. Def. of Professional Roles	1	5		2	1	1	2	2	3		5	1	5	4	9	7	4	3	3	2
	E. Professional Education	7	1	1	1	3	1	2	1	1		8	7	9	5	7	3	3	1	2	
	F. Geriatric Population		2		3	3	3	1	4	1	1	1	3	4	5	5	7	9	4	6	1
	G. Hearing Aid Dealers			4	1	2	5	1	2		2		2	1	2	6	9	4	9	3	6
	H. Amplification	1	4	3	1	2	3	4	1			1		3	3	5	8	14	7	3	
	I. Recheck System		3	4	2	2		3	2	2		1	4	3	10	5	2	4	5	7	2
	J. Noise Pollution						1	1	1	7	7			1		2	1	1	3	1	2 2 3
II	A. Evaluation		1	2	3		1			1		6	3	4	4	6	5		3	2	
	B. State Guidelines		1	1		2	1	2		1		4	4	3	6	3	3	6	2		2
	C. Role of H.I. Adults			1	2	2		1	1	2		2	4	2	3	2	2	1	4	6	6
	D. Cooperative School Dist. Prog. Regional Service Systems	1	3		1	2	1	2				4	5	4	4	3	4	3	2	2	2
	E. Minnesota School for the Deaf							1		3	3	1	2	5	1	7	3	2		4	8
	F. Counseling and Guidance		1	3		2	1		1			5	2	4	4	2	6	4	3	3	2
	G. Preschool Programs	8	1		2				1			4	9	7	5	1	3	3	3		
	H. Communication Skill of Teachers		1	1	1			2	1		1	3	2	3	2	4	4	5	6	2	2
	I. Multiply-Handicapped Children		4	1	1		2			1	1	4	2	2	2	4	2	7	7	5	1
	J. Equalization of Educational Opportunity	3			1	1	1	1	2			3	3	2	5	2	1	3	5	6	5
III	A. Leadership	1	3	2	2	1		1	1	1	3	4	5	4	3	2	3	1	2		3
	B. Educational Evaluation	2	1	1		2	4			2	1	7	2	2	3	1	4	2	2	1	2
	C. Research on H.I. Adults	1	3	3	1		1		2	1	1	1	3	4	3	2	3	7	1	1	1
	D. Realistic Counseling	2		3	4	1		2		1		6	2	5	2	6	1	2	1		1
	E. Multi-Handicapped	2	1	1		1			2	2	3	3	2	2	1	2	7	1	5	1	2
	F. Technical Vocational Programs	2	2	2	2	4		1				3	3	2	4	4	2	2	3	2	1
	G. Supportive Educational Services	1	2		2	1	3	2	1		1		1	3	2		4	6	4	4	2
	H. Feedback System	1	1	1	1	1	1	2	1	1	3		2	1	4	2	1	1	5	9	2
	I. Expanded Services	3	2	1	2	1		3	1	1		3	7	1	3	6	1	1		3	1
	J. Adult Education Programs						3	1	4	3	1			3	1			3	3	5	11

TABLE OF COMPUTER DATA REDUCTION OF STATISTICAL RANK ORDER ANALYSIS

A Compilation of the UNIVAC Program Print-outs of First Place and Cumulative Rank-order Voting

	ITEM \ RANK	RELATIVES 1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
I	A. Early Identification	1	1								1										
	B. School Screening		1	1																	
	C. Registry of all H.I.	1							1												
	D. Def. of Professional Roles	1	1				1														
	E. Professional Education			1	1			1													
	F. Geriatric Population			1	1	1															
	G. Hearing Aid Dealers									1											
	H. Amplification					1		1													
	I. Recheck System	1			1				1												
	J. Noise Pollution									1	1										
II	A. Evaluation						1														
	B. State Guidelines			1				1													
	C. Role of H.I. Adults	1							1												
	D. Cooperative School Dist. Prog. Regional Service Systems	1	1																		
	E. Minnesota School for the Deaf					1															
	F. Counseling and Guidance		1																		
	G. Preschool Programs				1					1											
	H. Communication Skill of Teachers			1						1											
	I. Multiply-Handicapped Children				1		1														
	J. Equalization of Educational Opportunity					1					1										
III	A. Leadership			1	2																
	B. Educational Evaluation	1																			
	C. Research on H.I. Adults		1				2														
	D. Realistic Counseling			2	1																
	E. Multi-Handicapped							2			1										
	F. Technical Vocational Programs					2	1														
	G. Supportive Educational Services							1		2											
	H. Feedback System		1	1					1												
	I. Expanded Services	2								1											
	J. Adult Education Programs					1			2												

TABLE OF COMPUTER DATA REDUCTION OF STATISTICAL RANK ORDER ANALYSIS

A Compilation of the UNIVAC Program Print-outs of First Place and Cumulative Rank-order Voting

ITEM	RANK	FIRST PLACE VOTE TOTAL									
		1	2	3	4	5	6	7	8	9	10
I	A. Early Identification	168	49	30	22	16	8	9	3	7	5
	B. School Screening	26	76	63	45	40	26	16	8	7	1
	C. Registry of all H.I.	13	20	29	35	25	29	27	50	39	37
	D. Def. of Professional Roles	29	44	46	44	43	30	21	21	16	12
	E. Professional Education	75	60	45	37	39	15	18	13	8	3
	F. Geriatric Population	5	15	16	21	34	57	51	35	49	22
	G. Hearing Aid Dealers	4	15	15	21	34	49	41	52	41	29
	H. Amplification	10	25	29	35	36	37	55	52	24	7
	I. Recheck System	7	19	37	46	35	36	46	33	37	10
	J. Noise Pollution	4	3	3	4	9	11	12	21	65	167
II	A. Evaluation	45	29	25	28	24	20	17	17	14	12
	B. State Guidelines	21	40	26	25	34	24	30	14	12	11
	C. Role of H.I. Adults	12	20	21	18	20	23	26	21	33	38
	D. Cooperative School Dist. Prog. Regional Service Systems	37	31	38	23	25	21	20	19	13	17
	E. Minnesota School for the Deaf	11	10	13	23	27	21	21	31	30	41
	F. Counseling and Guidance	24	34	38	28	23	23	24	16	17	8
	G. Preschool Programs	51	49	33	38	23	17	13	12	8	3
	H. Communication Skill of Teachers	31	20	25	23	21	35	22	23	17	12
	I. Multiply-Handicapped Children	24	18	17	22	29	24	24	35	33	16
	J. Equalization of Educational Opportunity	25	16	22	23	21	20	24	29	28	32
III	A. Leadership	54	30	31	29	17	11	17	9	11	13
	B. Educational Evaluation	31	28	32	20	16	30	17	19	10	9
	C. Research on H.I. Adults	15	31	22	23	19	25	23	15	22	18
	D. Realistic Counseling	61	32	26	28	24	16	12	11	7	5
	E. Multi-Handicapped	20	18	17	18	22	18	23	32	18	28
	F. Technical Vocational Programs	35	23	26	37	27	19	21	13	8	8
	G. Supportive Educational Services	8	19	25	22	26	30	31	24	27	8
	H. Feedback System	8	14	12	18	22	16	24	28	34	32
	I. Expanded Services	28	31	29	16	28	22	23	19	19	6
	J. Adult Education Programs	6	7	9	9	11	17	16	31	44	65

TABLE OF COMPUTER DATA REDUCTION OF STATISTICAL RANK ORDER ANALYSIS

A Compilation of the UNIVAC Program Print-outs of First Place and Cumulative Rank-order Voting

	ITEM \ RANK	CUMULATIVE VOTE TOTAL									
		1	2	3	4	5	6	7	8	9	10
I	A. Early Identification	168									
	B. School Screening	26	102	165							
	C. Registry of all H.I.	13	33	62	97	122	151	178	228	267	
	D. Def. of Professional Roles	29	73	119	163						
	E. Professional Education	75	135								
	F. Geriatric Population	5	20	36	57	91	148	199			
	G. Hearing Aid Dealers	4	19	34	55	89	138	179	231		
	H. Amplification	10	35	64	99	131	168				
	I. Recheck System	7	26	63	109	144					
	J. Noise Pollution	4	7	10	14	23	34	46	67	132	299
II	A. Evaluation	45	74								
	B. State Guidelines	21	61	87	112	146					
	C. Role of H.I. Adults	12	32	53	71	91	114	140	161	194	
	D. Cooperative School Dist. Prog. Regional Service Systems	37	68	106							
	E. Minnesota School for the Deaf	11	21	34	57	84	105	126	157	187	228
	F. Counseling and Guidance	24	58	96	124						
	G. Preschool Programs	51									
	H. Communication Skill of Teachers	31	51	76	99	120	155				
	I. Multiply-Handicapped Children	24	42	59	81	110	134	158			
	J. Equalization of Educational Opportunity	25	41	63	86	107	127	151	180		
III	A. Leadership	54	84								
	B. Educational Evaluation	31	59	91							
	C. Research on H.I. Adults	15	46	68	91	110	135				
	D. Realistic Counseling	61									
	E. Multi-Handicapped	20	38	55	73	95	113	136	168		
	F. Technical Vocational Programs	35	58	84	121						
	G. Supportive Educational Services	8	27	52	74	100	130	161			
	H. Feedback System	8	22	34	52	74	90	114	142	176	
	I. Expanded Services	28	59	88	104	132					
	J. Adult Education Programs	6	13	22	31	42	59	75	106	150	215

TABLE OF SESSION IV - THE "MANAGEMENT SYSTEM" FOR CONFERENCE FOLLOW UP

A Hand Tallied Compilation of Voting on the Recommended Vehicles and Floor Discussion

VOTERS		RANKING ORDER FOR CONFERENCE FOLLOW-UP VEHICLE																																	
		I M.A.H.I. or M.A.D.						II Council on Exceptional Children						III Advisory Comm. of Gov. Conf.						IV Governor's Advisory Board						V Proposed Commission on the Handicapped						VI Others					
NO.	CATEGORY	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
4	Deaf	3	1								1				1	1								1				1				1	2				
39	Parents	1	4	3	6	3	4			2	2	9	5	5	11	5	2	2			5	4	6	3	1		4	6	3	3	3	25	3				
5	Hard of Hearing	2	1	1		1					2	1	1	2		1			1		1	1	1	1				1	1	1			1				
23	Teachers of the Deaf	2	5	8	2	3					6	2	6	8	5	5	1	1		1	6	3	3	5		2	3	1	4	4		10	3	6			
2	Social Workers			2								1	1		1		1				1			1		1			1			1				
3	Nurses			1	1					1		1		1	1			1		1		1	1				1		1	1		1	1				
3	Special Educators			1	1							1	1		2						1	1				1			1			2		1			
5	Spec. Ed.-Administration			1	2	2					2	1		1	2	2				1	1	2	1			1	1		1			3					
4	Speech Therapists			2		1	1					2	2	2			1				2		2			1		2		1		1	2		1		
4	Clergy		2		1		1					3	1	1		2	1					1	1	1		1	1	1	1			2	1				
4	Classroom Teachers	1	2				1			1	1	1			2	1	1					1		2				1	1		1	3					
9	Counselors	2		1	2	1				1	1	2		3	2	1		1			1	1	1		1	1	1	1	1			2	5	1			
9	Researchers				2	3					1	1	2	1	2	1	1		1		1	4	1			3	2			1		5	1	1			1
7	Other (Houseparents, etc)			2	4	1				1	1	3	1	2	1		1	2	1		3	3	1			2	2	1		1		3	1				
3	Relatives	1	1	1							1	1		1	1	1							1	1							1	1					
15	Uncategorized	7	2	3		1			2		4	3	1		3	6		2			1	1	4	3		2	1	3	1		3	5	3				
139	TOTAL	19	18	26	21	16	7	0	2	6	22	32	21	27	34	27	9	9	3	3	23	23	23	18	2	15	16	18	16	12	7	65	24	9	1	0	1
139	CUMULATIVE TOTAL	19	37	63				0	2	8	30	62	83	27	61					32	64	87	72			15	31	49	65	77		65					