MINN. DOC.
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THE TRAINABLE RETARDED CHILD IN MINNESOTA

A Report of the Advisory Board on Handicapped, Gifted and Exceptional Children

June 1958

June 18, 1958

TO: The Honorable Orville L. Freeman,
Governor, State of Minnesota

Mr. Morris Hursh, Commissioner Department
of Welfare, State of Minnesota

Mr. Dean Schweickhard, Commissioner
Department of Education, State of
Minnesota

Dr. Robert S. Barr, Executive
Secretary, Board of Health, State of
Minnesota

Transmitted herewith is a report of the Advisory Board on Handicapped, Gifted and Exceptional Children. It is concerned with certain policies and programs for Trainable Retarded Children in Minnesota. The report was approved for report by the full Board in its meeting on April 30, 1958.

The Board wishes to express its appreciation to the many individuals, agencies and departments whose cooperation and assistance aided in developing the report. Special recognition and appreciation are expressed to Mrs. Margaret Doren, Mr. Alex Bey and Mr. T. C. Engum. The aid of, several of the Associations for Retarded Children in supporting the project is gratefully acknowledged. Mrs. Myrna Berry, Mrs. Florence Lindquist and Mr. Gordon Christian of the Minneapolis Association for Retarded Children and Mrs. Kathryn Bellows and Mrs. Ethel Geary of the University of Minn. gave invaluable assistance in executing and expediting secretarial services.

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INDEX

		Page
I	Origin of the Sub-Committee on Trainable Retarded Children	
II	Who are the Trainable Retarded?	2
	1. Description of Trainable Retarded Children	2
	2. Developmental Potential of Trainable Retarded Children	3
	3. Incidence of Trainable Retarded Children	a
	4. Minimum Considerations for Group Care	6
	5. Summary of Research on the School Programs for the Trainable Child	6
III	Experience in Other States with programs for the Trainable	9
IV	Minnesota's current provisions for the Trainable Retarded	12
V	Considerations for an Expanded program of Care	13
	1. The Home and Family	13
	2. School Program	14
	3. The Community	15
	4. The Institution	15
	5. Goals for an Expanded Program	16
VI	Recommendations with regard to the Responsibility for the Trainable Retarded	17
Appendix A:	Developments of Programs for the Mentally Retarded in Minnesota	19
Appendix B:	Minnesota's Resources for an Expanded and Improved Program for the Trainable Child	21
Appendix C:	Review of Programs in Other States	28

I. Origin of the Sub-Committee on Trainable Retarded Children

In 1956, Governor Orvllle L. Freeman appointed an Advisory Committee on Exceptional Children, under the Chairmanship of Mr. Maynard Reynolds, Associate professor of Education at the University of Minnesota. Among the many problems concerning all classes of Exceptional Children which was given to this Committee was that of defining public responsibility for the Trainable Retarded and describing a suitable program of services to them. Mr. Reynolds appointed a Sub-Committee to study and report on these specific issues.

This Sub-Committee consisted of Miss Frances Coakley, Mr. Dale Harris, Mr. John Holahan, Dr. Hyman Lippman, and Mr. Maynard C. Reynolds, Chairman. In the spring the Subcommittee, with funds supplied by several local Associations for Retarded Children, a secretary for the Sub-Committee was engaged to assemble the basic documents pertinent to intensive study of programs in other states.

The 1957 legislature provided for an Advisory Board on Handicapped, Gifted and Exceptional Children. This new Board was established and mat in the fall of 1957 under the chairmanship of Mr. Reynolds to succeed The Governor's Advisory Committee. The Advisory Board, however, continued the Sub-Committee on Trainable Retarded Children.

The 1957 legislature also passed legislation which made the Trainable Retarded in public school classes eligible for state aids. Because these aids are administered by the Department of Education, and because the welfare of seriously retarded persons is the charge of the Department of Public Welfare, the need for a study of the responsibility of the State of Minnesota for seriously retarded children was in no manner decreased by this legislation.

The Sub-Committee met regularly in the winter of 1956-57. In the spring of 1957, they made visits to the public school classes for Trainable Retarded children and to several of the private child care facilities established for these youngsters. Reports on these visits were circulated to all members of the Sub-Committee, and a file of materials relevant to the subject was assembled. The report of this Sub-Committee is based on a study and collation of these materials.

Early in its deliberations the Sub-Committee found it desirable to agree on certain basic principles before proceeding with recommendations for total planning for the Train-able Retarded. The basic principles upon which this committee report is based are:

1. We believe there is a public responsibility for Trainable Retarded children. This is to say that if programs, such as special Day Care Centers and school-type programs, are feasible and appropriate for these children, the cost and responsibility for administration of such programs should be carried largely by public agencies. This is particularly true with respect to the children when they are of "school age*. There is public responsibility for the provision of fully adequate institutional facilities for those who, in the best judgment of professionals and parents, need institutional care. Although parents should properly arrange for diagnosis on private basis, in cases where

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1 St. Paul Association for Retarded Children
Northwestern Minnesota Association for Retarded Children Faribault County Association for Retarded Children Ottertail Association for Retarded Children Anoka County Association for Retarded Children Martin County Association for Retarded Children Dakota County Association for Retarded Children Minneapolis Association for Retarded Children Minnesota Association for Retarded Children

parents are unable to secure such aervices - or do not secure them - it is public responsibility to provide such services not only on request, but actively to seek, through public education and aggressive casework services, the necessary diagnosis. To state this view in another way, we recognize that Trainable Retarded children require specialized services throughout their lives and that it is a public responsibility to provide services necessary to prevent excessive burdens on the families of such children.

2. We recognize the desire of many parents and the right of all parents, except in cases of clear and gross neglect or severe social problems, to keep their Trainable Retarded children in their homes for the early periods of life and sometimes; even into the mature years. The public responsibility for the Trainable Retarded should respect this right of parents and not be predicated upon acceptance by all parents of any limited or particular plans for all children. The obvious implication of this is that there must be a broader range of community services for the Trainable Retarded.

3. We recognize that the presence of a Trainable Retarded child in a family of ten results in disturbances to the convenience, safety, health and welfare of all family members and that a fully conceived plan to meet these associa ted problems involves services for parents, siblings and other relatives.

4. We recognize that issues and problems in this field concern more than just "school age" Trainable Retarded children. Diagnosis, treatment, pre-school programs, parent education, parent counseling, leisure time and recreational activities, community opportunities for sheltered employment, community attitudes and tolerance, adult-level programs and similar items must all be considered in giving shape to plans for this group.

5. We recognize from the beginning that many aspects of this problem are too new and too little understood to allow definitive answers. This suggests that provisions for long-range evaluation and for considerable variation and flexibility in programming are desirable.

I. Who are the Trainable Retarded?

The Trainable Retarded consists of that group of mentally retarded children which ies between those of such reduced learning capacity as always to require custodial are, and those who are capable of some academic learning. In I.Q., Trainable Retarded children range approximately from 25 to 50.

A. Description of Trainable Retarded Children

In this group, as in all groups of children, we find many individual differences, and it is difficult to describe them collectively. Tredgold gives a behavorial definition: "the trainable retarded is one who by reason of mental defect, existing from birth or an early age, is incapable of earning his own living, but is capable of guarding himself against common physical dangers."1 Doll describes them as "those children who can learn to care for their physical needs and who under training can learn to perform very simple occupational tasks, but who do not progress in the academic world beyond the second grade under the best conditions of instruction. At maturity they require more or less constant supervision because they are incapable of independent social and economic adjustments except under the most favorable conditions."[2]

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[2]Tredgold, A.F., Mental Deficiency. Baltimore: Wm. Wood & Co., 1929. Doll. E. A survey and program for special types of education in Trenton, New Jersey, White House Conference on Child Health and

A more complete description had been supplied the sub-committee by a Minnesota educator and child development research worker in these term:

"In physical appearance this is a varied group. Some will be attractive and normal appearing, but a high proportion bear physical stigmata of various kinds. The majority of mongoloids and cretins, with their respective characteristics of appearance, fall into this disability level. There are also a large proportion of brain-injured children, with a scattering of epileptics. Physical conditions associated with brain injury, epilepsy, and cerebral palsy present accompanying problems of motor handicap, although in other cases a high degree of motor still may be present.

"Language retardation and speech defects are the general rule at this level of mental functioning. The first words often do not appear before the age of two, and the stage of combining words into sentences will be more in keeping with the mental age of the child than with his chronological age. It is not unusual, however, to find a child whose mental age would suggest sufficient intelligence to use speech in communicating, who speaks little nor at all. These individuals tend to be emotionally child-like even in adulthood. Since the brain-injured comprise a sizeable proportion of this group, hyperactivity and unpredictable impulsiveness are to be expected.

"Because the intellectual defects of this group are likely to have resulted from untoward accidents of development, injury, disease, or other cause of impairment of the nervous system, rather than from (dominant) heriditary factors, a high proportion of these children will have parents of normal intelligence. These factors make diagnosis and prediction of learning ability more difficult. Motor and speech handicaps, and the uneven pattern of abilities make assessment of potential difficult. Trial periods in a special situation with skilled guidance may be necessary to insure accurate evaluation of the child's ability to learn. An essentially normal appearance in some, may contribute to disbelief in the actual low potential of the child."I

B. Developmental Potential of Trainable Retarded Children

The following summary of the general potential of the Trainable child, prepared in the Illinois study (2) has been reproduced by the National Association for Retarded Children as "representative of current thinking":

1. They are capable of eventually learning self care in dressing, undress ing, eating, toileting, keeping clean, and in other necessary skills which will make them independent of their parents in the regular rou tine of living.

2. They are capable of learning to get along in the family and in the immediate neighborhood by learning to share, to respect property rights, and in general to cooperate with others.

3. They are capable of learning to assist in chores around the house or in doing a routine task for some remuneration in a sheltered environment under supervision.

4. Their mental development is approximately one-quarter to one-half that of an average child.

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1 Deno, Evelyn, Univer. of Minn., Inst. of Child Develpm. and Wel. (Extracts from communication)

2 Nickell, V.L. Report on study projects for trainable mentally handicapped children, Chicago: State of Ill., Nov., 1954.

5. They are generally not capable of learning academic skills such as reading and arithmetic beyond the rote learning of some words or simple numbers.

6. Their speech and language abilities are distinctly limited.

7. They can eventually learn to protect themselves from common dan gers.

8. They will require some care, supervision, and economic support throughout their lives.

Clearly, the Trainable Retarded are a group of persons of slow development, whose ultimate intellectual attainment falls short of the ability to learn number skills and the reading and writing of language. Thus reasoning and independent thinking powers are quite restricted, being at best something like those of children in the primary grades. Coupled with inadequate traits of emotional and impulse control, these individuals show considerably lens than normal degrees of social and emotional development and balance. Hence, they are incapable of independent self direction and maintenance in any open society of adults and require considerable protection and supervision.

Two important implications of these limitations are apparent to this Sub-committee:

1. Case work for the Trainable Retarded is a life-time proposition, and planning must encompass the totality of the person's experience.

2. Training of these persons must be undertaken within the framework of a total welfare plan.

C. The Incidence of Trainable Retarded Children

To obtain an accurate census of children with handicapping conditions is expensive, time consuming, and of short-lived accuracy. Although no complete survey of Trainable Retarded children has been carried on in Minnesota, the National Association for Retarded Children estimates their incidence between 2 and 4 per 1000. Surveys and studies from other states avaialble to this committee (See Appendix C for a more complete account) contain estimates varying from 1.49 to 5.0 per 1000 children. As of 1956-57, Minnesota had a total of 803,940 children ages 6 to 21 years. Applying these index figures, we would estimate between 1608 and 3216 Trainable children in this age range in Minnesota.

In 1957 a total of 1462 Trainable Retarded between 6 and 21 years were identified in the State of Minnesota. Table 1 shows where these children are now receiving care. The number at home, waiting to be admitted to institutions is actually 345, but the State Department of Welfare estimates that 75 of these children are being served by private agencies or public school classes. Of the 1462 identified Trainable Retarded children in Minnesota, 270 or about 1 in 5 are not receiving any special education or training, but are merely awaiting institutional placement (in 1956-57).

From accounting in other states it can be argued that the identified Trainable Retarded children constitute about half the actual number existing in a state (See Appendix C). From this, it could be said that there are about 2900 Trainable Retarded children in Minnesota. If a figure of

3 per 1000 (a mid-value of the figures suggested by the National Associa-tion for Retarded Children) is applied to the Minnesota population of school age children, the estimate is 2412 Trainable Retarded children, somewhat less than twice the known population. Both of these estimates fall between the suggested 1608 to 3216 above. Based on the figure of 2412, we estimate 950 children in the Trainable Retarded group for which no ser-vice is now provided.

TABLE I PRESENT CARE FOR KNOWN TRAINABLE RETARDED CHILDREN IN MINNESOTA. June, 1957

	N	%
In state institutions	623	42
Cared for in private schools and agencies	370	25
Cared for in public school special classes	199	14
Cared for at home, on waiting list for institutions	270	19
	1462	100

The state institutions for retarded children report that 105 (or 17%) of their population in the Trainable Retarded classification are multiple handicapped and presumably would fail to meet minimal requirements for special class placement. Group learning experiences would be very difficult if not impossible for them. It is reasonable to suppose that a smaller percentage of the Trainable Retarded still in their own names would be multi-ple handicapped to such a degree as to disqualify them for group experiences such as could be provided in school classes. However, using the 17% figure we could assume that as many as 788 children (950, less 105) might be eligible for school classes under the permissive legislation. Using the figure of one teacher for ten children, this would mean that 79 additional teachers might need to be employed in the state.

Table 2 summarizes these figures:

TABLE 2 ESTIMATE OF ADDITIONAL TEACHERS AND CLASSES NEEDED, BASED ON ESTIMATE OF INCIDENCE OF TRAINABLE CHILDREN

.3% of school age population	Now being served	In need of service	Possibly too handi-capped	Possibly eligible for public school	Classes and Teachers
2412	1462	950	162	788	79

1 Of these 623 children, 335 were in Faribault State School and Hospital, 187 in the Cambridge State School and Hospital, 75 in the Lake Owasso Children's Home, and 26 in the Shakopee Home for Children. These figures are based on communications to the Sub-committee from E.J. Engberg on June 25, 1957, G.L. Tadsworth on July 25, 1957, Dorothy E. Jarchow on June 14, 1957, and Clara Thune on June 25, 1957, respectively.

Furthermore, this computation is made on the assumption that the 270 children presently committed and awaiting placement, not being served by a private agency, will be placed in an institution and not counted for public school classes. In reality many who wait three years or more for placement could use public school facilities during that waiting period, so the estimate of need remains minimal at these figures.

D. Minimum Considerations Suggested for Group Care

The following criteria have been suggested as minimal conditions for admission to group care in which training programs are offered.

1. Vision sufficient to react to classroom activities.

2. Hearing sufficient to respond to directions.

3. Toilet trained.

4. Ability to walk without much difficulty.

5. Ability to communicate needs.

E. Summary of Research on Learning of the Trainable

Following the experiments to educate retarded children according to early scientific theories of the learning process (e.g., Itard, Decroly) most of the efforts directed to the Trainable group have had to do with humane care. It was early recognized and is commonly accepted that Trainable Retarded persons will not learn to handle printed symbols, even with patient, persistent, and skillful instruction.

More recently, with broader definitions of Mental retardation to include personality aspects as well as skills and abilities, or, 2 to recognize cultural factors in definition or etiology, there has arisen a new emphasis on the learning potential of the Trainable child in areas of self-help, temperament and disposition, tractability, direction of interest and activity. As illustrative of the emphasis on learning potential of the Trainable Retarded child, we cite a paper presented at the State meeting of the Minnesota Association for Retarded Children in 1957 which affirmed, based on experience in a demonstration center, that the Trainable child can be profitably handled in a school situation. Specifically, he is reported to make progress in group adjustment, in interest development, in ability to communicate with other children and with adults. There is little evidence of development in intellectual skills, but clear evidence of improvement in general behavior.

Published research studies on the Trainable group which offer evidence of gains for instruction, together with the instruments wherewith those gains were measured are very few. Sarason and Gladwin 4 cite no group

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1 Hutt, M.L. and Gibby, R.G. The Mentally Retarded Child, Boston: Allyn and Bacon, 1958.

2 Sarason, S.B. and Gladwin, T. psychological and cultural problems in mental subnormality: a review of research. Genet. Psychol. Mongr.,1958, 57, 3-289.

3 Blodgett, Harriet. The program at the Sheltering Arms school. Paper presented at the State Convention of the Minnesota Association for Retarded Children, May 16, 1957.

4 Sarason, S. B. and T. Gladwin, Op. cit.

studied and describe at length only the classic Itard[1]- and Witmer[2] cases, in both of which individualized instruction of heroic proportions was attempted over a long period of time, and in both of which rather remarkable progress was observed. Astrachan[3] reported to the American Association for the Advancement of Science in 1953 the effectiveness of one year's intensive nursery school training in promoting the social and intellectual growth of a group of Trainable Retarded children. Her findings were entirely negative; despite the most intensive training in simple motor acts, following directions, and relating themselves to others, the children did not exceed the small behavior improvements which could be expected from growth alone.

In the last three or four years, a number of research projects have been directed to the evaluation of training programs.[4] The first to be reported fully, that by Johnson and Capobianco[5] with 17 classes of Trainable children, is essentially negative, importing that behavioral gains measured are essentially parallel with the mental growth changes which occur with time. There are no fundamental changes which can be attributed to the special training. The authors conclude;

> "Despite the fact that some small improvements will occur in general habit development and social skills, the problems of the severely retarded remains one of training for self care and socialization to the maximal extent possible. It is not sufficient to plan for a partial solution to the problem of the severely retarded by providing public school classes during the period of physical and intellectual growth. A total solution must involve life planning for the severely retarded individual."

Several reviews of the status of severely retarded persons have been made some years after initial study. Delp and Lorenz[6] reviewed the post-school experience of 84 St. Paul children who had attended "Beta" classes. Of this group 32 were institutionalized immediately after leaving school. At the time of the follow-up, 18 were deceased or had moved out of the state, 26 were in institutions and 40 were at home. Of those at home 27 were well accepted in their neighborhood and 7 more traveling the city freely. Of the 40 at home, only 10 needed help with dressing, though 18 required some help with personal care. Ten had some gainful employment at one time or another, though only 6 were employed at the time of the survey (several worked in family businesses). Twenty-five were said to perform useful tasks around their home.

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1 Itard, J.M.G. The Wild Boy of Aveyron (Trans. by G. and M. Humphrey). New York: Appleton-Century, 1932.

2 Witmer, L. (orthogenic cases) - XIV. Don: a curable case of arrested development due to a fear psychosis the result of shock in a three year old infant. Psychol. Clinic, 1919-22, 13, 97-111.

3 Astrachan, Myrtle. Nursery school training for retarded children. American Association for the Advancement of Science Program 1953. Boston, Mass., p. 264.

4 See Research Relating to Children, issued irregularly by the Children's Bureau, U. S. Dept. of Health, Education, and Welfare. Washington, D. C.

5 Johnson, G. O. and Capobianco, R. J., Research project on severely retarded children. Summary of Special Report to the New York State Interdepartmental Health Resources Board, Albany, New York, 1957.

6 Delp, H. A. and Marcella Lorenz. Follow-up of 84 public school special class pupils with IQ's below 50. Am. J. Ment. Def., 1953, 58, 175-82.

Of the 26 in institutions, 11 were working usefully in the sheltered environment provided there. A restudy of the Delp and Lorenz cases by Reynolds[1] found that only four of those still at home could be said to be employed, two of these working part-time only. The two who were employed full-time, as dishwasher and as janitor initially had I.Q.'s above 50.

The Channing[2] follow-up of children from seven major cities, based only on non-institutionalized cases, found a number of trainable children making good community adjustments; some were working part-time. The likelihood of employment, however, was very closely related to I.Q., even in the limited range observed.

District of Columbia retarded children, mostly below 50 I.Q., were studied by Jewell[3]. Of 190 persons, 80 were still in the community; of these, 63 were rated "good" in home adjustment, and 46 were rated "good" in community adjustment. Only 14 were described as "never leaves home alone."

Kiland's study[4] was concerned with the experience of parents with severely retarded children in public school special classes. This study shows that the parents' problem becomes acute about the age of the child's school entrance. It underscores the limited help which parents are getting and, as the youngster grows older, the parents' great need for more sad more adequate assistance with the care of the child. More parents were satisfied than dissatisfied with the special class experience of the child. About half would not consider institutionalization under any circ-circumstances. Most of these expect that their children will eventually be helpful around the house or partially self-sufficient economically. Twelve expect them eventually to become fully self-sufficient. With regard to future care for the children, there is much uncertainly and some unrealistic thinking revealed in this group of parents. Ellis' questionnaire study? of parents in the same locality whose children were not in public school classes reports much the same findings and conclusions.

Reynolds[6] assembled the Delp and Lorenz material, and the Kiland and Ellis studies in 1953. This report develops the case for and against public school classes for severely retarded children and essentially takes the position that such classes provide a workable but not necessarily ideal solution for some severely retarded children.

The above data suggest that long-time follow-up studies find more hopefully for severely retarded persons than evaluations of specific training programs limited to a year or two in duration.

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1 Reynolds, M.C., Rachel Ellis, and J.H. Kiland. A study of public school children with severe mental retardation. Research Project No.6, Statistical Division, Minnesota State Department of Education, St. Paul, 1953.

2 Channing, Alice. Employment of mentally deficient boys and girls, Washington; U. S. Government Printing Office, 1932.

3 Jewell, Alice M. A follow-up study of 190 mentally deficient children, excluded because of low mentality from the public schools of the District of Columbia, Divisions I-IX, Sept. 1929 to Feb. 1940. Am. J. Ment. Defic., 1941, 45.

4 Kiland, J. R. A study of parents of severely retarded children. Unpublished M.A. Colloquium paper, University of Minnesota, 1953.

5 Ellis, Rachel. Public school education for children with I.Q.'s below fifty. Unpublished M.A. Colloquium paper. University of Minnesota, 1952*

6 Reynolds, M.C. op. cit.

Undoubtedly there are resources of ability in some children and values accruing from continued training over long periods, which make the life situation itself rather different from the experimental school program, no matter how carefully devised. More research, conducted over longer periods, is obviously needed to demonstrate the real possibilities of good training. Yet the data which already exist suggest that gains which may be demonstrated in such longer and more adequate studies will not be uniform for all children, and will reveal dramatic or miraculous improvement in very few. The justification for expensive training programs must in all likelihood be sought in a philosophy of humane care, in relief to parents and the betterment of their thinking and planning for such children, and in the fullest possible social and personal development of the children themselves which group life can bring, rather than in complete self-sufficient, independent life for severely retarded persons. Moreover, as Di Michael[1] suggests, the group of the "more marginally independent" with more training and continuing guidance services, may demonstrate as yet unrecognized capacities for independence. This hope certainly invites examination.

III Experience in Other States with Programs for the Trainable.

In the preparation of this report, the committee assembled and reviewed a variety of documents, reports and correspondence, much of it not published in regular journals. So new are developments in this field that the primary documents are still for the most part the working papers of committees, commissions and departments of various states. Much of this material in more detailed form appears in Appendix A to this report. In the present section a few outstanding points are summarized.

A. Care for Trainable Retarded Children is Urgently Needed

There is no question concerning the urgency of the problem. A rapid growth in population has increased the total number of children requiring special facilities far beyond present capacity to provide the usual or conventional type of assistance for such persons. The lack of facilities has forced a philosophic and practical re-examination of our situation. Coming at a time when mental health education and psychological understanding are greater than ever before in our history, the problem of special education for the Trainable is seen as part of our general obligation in education to provide equality of opportunity for all persons, regardless of type or level of talent. Throughout many of the reports one finds the position that the severely retarded child is an individual with potentialities that deserve to be developed to their fullest.

B. What Can Be Taught the Trainable Retarded Child

It is recognized that academic goals are beyond most of the Trainable and discussions of goals are virtually entirely restricted to personal, social, and vocational aims. Under personal goals, the following are frequently mentioned; table manners,general behavior on public transportation, learning to participate in group activities, proper health and safety habits, learning to share, respect for property and minimizing objectionable habits. Under vocational goals, almost all statements are limited to very simple chores or vocational skills ana abilities to perform routine tasks with super-

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1 Di Michael, S. G. The problem of post-adolescence, pp. 24-38 in Proceedings of the 1955 Spring Conference of the Woods Schools, Langhorne, Pennsylvania

C. The Problem of Supervision is Life-Long

There is widespread recognition that the problem of supervision for the Trainable is a life-time problem, in that these people will never find a completely independent role in complex society. Most writers assert that ultimately institutional care is the answer for many, and that the remainder will require the care that might be provided in a sheltered workshop and by a sympathetic family home. The recognition of this need for continuing supervision throws light on the basic question of where ultimate responsibility for such training programs may lie. There is frequent recognition of the fact that the care and training of these individuals should come under the perview of a department of welfare, although other departments of government might certainly expect to participate.

D. The Problem of Allocating Responsibility for Training Programs is a Difficult one.

There are many who think that the care of Trainable Retarded children, during the school age years at least, is logically an assignment of a state's department of education. Often the crux of the argument for placing the training of Trainable children in a department of education is that it is part of public education. Such arguments are illustrated by Hill's statement:[1]

"From time to time questions have been raised relative to how far the public school should go in extending school services to severely handicapped children, for special educational programs are both costly and difficult to maintain. Nevertheless, it has been pointed out that neglected human resources are also costly to society in terms of the resulting depen-dencies and losses of valuable contributions in services and personal worth. In view of this, many educators of handicapped children subscribe to the thesis that school services should be made available to every child who possesses potentials for contributions to family and social living."

This statement has both ethical and economic implications. With regard to the humanitarian and ethical consideration there can be little argument that all individuals are entitled to fullest development of their potentialities. With regard to the economic consideration that the trainable can be made productive, the evidence is not sufficiently clear to make this a telling position. There is some evidence to suggest that no person of the Trainable group could ever be fully economically self-sufficient, at least in the Trainable group as we now understand it.

The question of ultimate responsibility is a knotty one and a perennial one, as well. Often the public school is the one agency which is available with an organization for action. Furthermore, it has available to it a pattern of state economic aids and the necessary physical buildings for some type of program. The question of what can be achieved with Trainable persons and whether this task should be a part of education remains a problem. No one would wish to limit the goals of education to skills with symbolic materials, such as reading, writing, and numbers. Yet whether one can have education in the broad sense in the absence of ability to perform in these symbolic areas is questionable in the minds of many persons.

1 Hill, A. S., The severely retarded child goes to school. Bulletin 1952, No. 11, Federal Security Agency. Pages 23.

From many reports, it is indicated that parents of Trainable children would prefer to see programs of care and training developed within the schools. They recognize the ability of the schools to do a good job; and they recognize moreover, the status which the educational program of the public school carries with it. Cruickshank takes one of the more extreme positions against the public schools' assuming responsibility in this training area[1]. In defining his argument, he states, "Twenty years from now the public day school education is going to be struggling to free itself from the legislation of 1954-55, which has placed this non-educational responsibility in its offices," referring to the education of Trainable in public school classes. His solution would be day-care centers under the auspices of residential schools, which would give the necessary relief to parents and basic training to children without heavily obligating the public schools in an area which up to recently has not been recognized as part of the public school's mission.

In a report of the family and child welfare division of the Community Council of Hennepin County[2], Mr. Joseph R. Kingman, III, speaking for his committee, recommends that in view of the longtime problem presented by these persons, responsibility for the Trainable should be lodged with the Department of Public Welfare. This complete statement is as follows:

> "It is recommended that a concerted effort be made by all agencies of the county concerned with The retarded to obtain a state-level clarification as to full responsibility for the Trainable retarded. The committee realizes there is some basic difference of opinion on this, but above all else is the need for clarification of responsibility. In the best judgment of the committee, it is recommended that attempts be made to obtain legislation which will assign to the State Department of Welfare, and through that department to the County Welfare Boards, the basic responsibility for Trainable children. This responsibility should include coordination of all types of services; diagnosis, continuing parent consultation, day-care, school programs, sheltered workshops, etc. The committee believes that state aids, including school aids, should be made available to communities of the state to support the variety of services needed. The committee feels a certain reticence in making this recommendation, but does so in view of the urgency of the situation. It has also taken into consideration the fact that the only official state committee to make a specific recommendation on this problem has recommended a similar pattern of services. Although the committee is aware that some parents feel strongly that responsibility should be placed with the public schools, it has appeared that the parents generally are more concerned that a basic policy decision be made than that the matter remain unresolved." (pp. 37-38)

It is the view of the committee that the legislation should authorize the schools to participate in a total program for the Trainable, but also that there should be public support for day-care programs, sheltered workshops, etc., outside the school setting. The committee recommends the "Ohio" plan (See Appendix C) but with features which take advantage of the unique strengths afforded by our County Welfare Board services. However, a report of the Citizens' Professional Committee entitled "Minnesota Mental Health

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1 Cruickshank, W. Planning for the severely retarded child. Amer. J. Ment. Def.,' 1956, 61, 3-9.

2 Kingman, J. R. III, Our Mentally Retarded. A committee report of the Family and Child Welfare Division, Community Welfare Council, Minneapolis, Dec, 1956.

Survey," published in 1956, on pages 51-57 says: "In the committee's opinion education of Educable and Trainable is clearly the responsibility of educational authorities." The committee also comes to the conclusion that it is cheaper to conduct a public school program than to place the Train-able in an institution.

In the literature reviewed, there is some difference of opinion as to relative costs of care. It is suggested that the relatively low cost of care for the Trainable child within the public school framework is due in part to the fact that many hidden costs are absorbed by the existing school structure. A report by Nickell[1] on the Illinois experience, which gives figures on actual costs, shows a very wide range of cost per program involved and reveals that differences in accounting methods are directly related to the costs reported. A good deal more attention must be given to the factors which are to be included in any formula for computing costs and to careful cost accounting by comparable methods before any definitive statement as to costs of various methods of care can be made.

IV Minnesota'a Current Provisions for the Trainable Retarded

Minnesota's concern for its retarded persons dates back to the days of its territorial legislature. There has been a long history of enlightened public welfare polity which has grown steadily through the years. A brief summary of this history is presented in Appendix A, attached to this report.

Among the numerous resources and facilities which now exist and which can be utilized in an expanded program of care and training for Trainable Retarded children are: Minnesota's excellent system of County Welfare Boards organized under the Commissioner of Public Welfare; the Guardianship Plan, which is regarded by many as a model in the Nation; the program of psychological services under the Commissioner of Public Welfare, one of the first such agencies organized in the United States; the several progressive private agencies, which have long interested themselves in this task; pilot programs for the Trainable Retarded in a number of the public schools; and several well managed state Institutions for the mentally retarded. In addition, there is a rapidly growing and vigorous parent education movement concerned with these problems among lay citizens. These available resources are discussed in some detail in Appendix B. The reader is urged to refer to them, to understand the basis for the expanded program of services and care which this report envisages.

Legislation enacted by the 1957 State Legislature (Chapter 803) established special instruction for Trainable children between the ages of 5 and 21 on a permissive basis in any school district or unorganized territory of the state.

Eligible children are defined as follows:

"Section 2. Every child who is handicapped to such degree that he is not edu-eable as determined by the standards of the state board of education but, who can reasonably be expected to profit in a social, emotional or physical way from a program of teaching and training is a Trainable child.

Instruction and services are made available in a number of ways :

(a) The establishment and maintenance of special classes.
(b) Instruction and services in other districts.
(c) Instruction and services in a state teachers college laboratory school or
a University of Minnesota laboratory school.

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1 Nickell V. L. op. cit.

(d) Instruction and services in a state residential school or a school department of a state institution approved by the state department of education;
(e) By a program of homebound training, teaching and services; or by any other method approved by the state board of education."

The law provides that the rules and standards pertaining to such instruction shall be established by the state board of education. It further provides for state aids in the employment of essential personnel up to 2/3 of their salaries and not to exceed $3600, for supplies, and for transportation in an amount not to exceed $160 annually.

V. Considerations for an Expanded Program of Care

The evidence which this Sub-Committee has reviewed points to the fact that the Trainable Retarded need care and supervision all their lives. This Sub-Committee is concerned with the need to formulate a total program of services to the mentally retarded and to their families - a program which will encompass services during the years prior to special classes in the public schools and which will continue beyond the years of the schools' formal responsibility.

The fact of this continuing dependency places the final responsibility squarely in the area of public welfare. It would seem that the Department of Public Welfare should carry the ultimate responsibility in coordinating the services of various agencies and resources to the mentally retarded. In Minnesota, state services are now provided under three departments: The State Department of Education, which includes vocational rehabilitation, the State Department of Welfare, which includes mental health services, and the State Department of Health.

In an earlier report of the Minnesota State Department of Education) a comment was made on the large number of parents who fail to secure early and adequate diagnostic information concerning their retarded children. Many of these parents become aware of their problem only upon the child's entrance in school, and about one-third of the parents report they receive inconsistent diagnosis from professional people. The report also commented on the many indications that few parents have had the advantage of adequate professional help to work out passible plans for their children.

This earlier statement can be well reaffirmed. An early and accurate diagnosis is of importance to the child because he can benefit from understanding treatment during even his first few years, and his physical handicaps, which may complicate his condition, are discovered and treated sooner; to the family, because they are helped toward acceptance and realistic planning for the child's future; and to the community, because it can plan more effectively for a long range program suited to needs of its citizens.

A number of aspects of the problem present themselves for consideration.

A. The Home and Family

A retarded child in the home creates many problems. Often these become too great for the family and extend into the neighborhood and community. A review of written reports and the experience of social workers we have consulted suggests that in the home of a mentally retarded child there exist in varying degrees many of the following conditions:

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1 Reynolds, M. C. op. cit.

1. parental non-acceptance; parents reproach themselves or each other for the child's condition,

2. Sibling embarrassment and resentment; too much responsibility for care and supervision of the retarded child given to older children; sometimes excessive indulgence of normal brothers and sisters.

3. Economic strain when constant efforts are made to seek special medical care or "cures".

4. Neighborhood non-acceptance, which creates tension within the fam ily unit.

5. Serious emotional tension and disturbance from lack of understand ing and acceptance of the problem by the family, neighbors, friends and relatives.

6. Physical fatigue from continuous care of the child, especially the hyperactive, non-predictable type.

7. Pre-occupation with the retarded child, leading to loss of adult contribution to the other members of the family and to the commu nity.

8. An isolated situation for the retarded child in a home where there are no others of his mental age with whom he can share companion ship.

9. Training problems among younger normal children.

10. Isolation of the family and other children in the family from normal social visiting and entertaining in the home.

A study made of fifty homes on the effects of a subnormal child on the family stated) "It is strikingly clear that the effects may be far-reaching, intensely restrictive and disruptive in nature." Emphasis in the conclusion of this study is placed on the effects on the mother, "whose mental health is in constant jeopardy, and who has no normal social intercourse or holiday relief."[1]

B. School Program

The assumption that education and academic learning are synonymous is not universal. Learning to respond, to behave, to develop independence, to follow directions, to participate in group activities - these are also educational in a broad sense. The possibility of the limited learnings in these areas which are within the potential capacity of the Trainable Re- tarded child are denied him when he is excluded from group learning exper- iences which could be provided by schools. But because there is clear evidence that children's dependency status does not change materially be- cause of special training, the fundamental responsibility of such care and training therefore, must lie with an agency of the state which has a legal obligation for life-time care.

1 Schonnel, F.J., & Watts, B.H. A first survey of the effects of a subnormal child on the family unit. Amer. J. Ment. Def., 1956, 61, 210 - 219

It seems clear that group experiences should be provided these children where it is possible to arrange such experiences. These arrangements should grow out of the community's awareness of need and should not be made mandatory. Such training should continue to be an out-of-home, group experience, and not an aspect of the "homebound" program.[1] All experience suggests that a nursery-school or kindergarten type program is most appropriate for these youngsters. It is clear, also, that because one of the major, immediate benefits of such training is to the parents and family, such a program must include the concept and obligation of parent education. While case work activities are clearly the responsibility of Welfare personnel, some continuing parent education must be the function of teachers who are intimately concerned with the learning of children.

C. The Community

Because the problem inevitably extends into the community, there are broader aspects to be considered in planning a program for the mentally retarded, Since retarded individuals need some degree of care and supervision throughout life, it is necessary to consider the lifespan needs of these people. Aspects of a total program must include previsions for early diagnosis, parent education and counselling, community acceptance and cooperation, occupational training (however limited), sheltered workshops for the adolescent and adult retarded, continued guidance and follow-up for the maximum potential development, and facilities for leisure time activity and recreation. Although many Trainable Retarded will ultimately be placed in institutions, for those who continue to live at home opportunities must be provided for useful occupation or socially desirable investment of their leisure. Few, if any, communities have solved these problems, and both public and private agencies must work toward solutions. Sheltered workshops where some of the adult retardates can be employed at simple useful tasks under supervision are needed as well as specific services of parent education and counselling.

D. The Institution

Residential care for the seventy mentally retarded must continue to play an important part in the expanded and improved program of services to the mentally retarded. For some exceptionally difficult children, group care in public school classes is not feasible. For many Trainable children, the institution becomes the solution following care in special classes, which may extend only to the late adolescent years. As respiratory diseases have been brought under control, the number of severely retarded living into "middle age" has increased sharply. If, as earlier studies attest, there is a decline in intellectual efficiency of a substantial minority of mentally retarded persons in the "adult" years, we can expect that successful community adjustment will not always be maintained. Families who have provided adequate supervision may find themselves unable to do so indefinitely. With a continued high standard of living and mechanization of industrial operations of all hinds, the sheltered workshop may have only limited possibilities on an economically productive basis. For these and other reasons we do not look to closing the public institutions which care for the severely retarded. Rather, we believe every effort should be made to expand facilities now overcrowded and to maintain a highly qualified staff.

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1 See also note in Appendix C. p. 28 of this report.

A study should be made of staff positions in these institutions to discover what possibilities there may be for vocational placements for selected educable retarded, thus recognizing officially what has been unofficial for many years in some institutions.

The state institutions at present operate only a limited school program for the Trainable. Faribault has classes for only 98 of the 304 children in their Trainable group who are of school age. Cambridge conducts school classes 10 months each year for two and one-half hours daily. All 121 Trainable children at Cambridge participate in this program. The Shakopee Home for Children is supervised by a registered nurse; the training program is actually conducted by selected inmates of the Shakopee Women's Reformatory. Although this program could scarcely be defined in school terms, the goals of the training program are much in keeping with those of a school program for Trainable children. The Lake Owasso Children's Home under the administration of the Faribault State School and Hospital, has no teacher or classes.

As public school programs for Trainable children develop, the question arises as to comparable classes within institutions for children of the Trainable group. To provide half-day classes for the eligible Trainable children between 6 and 21 years in the state institutions would require 15 additional teachers.

E. Goals for an Expanded program

The 1957 legislative action, which provided for expansion of public school facilities to include classes for the Trainable Retarded children, would serve these needs:

1. Provide a very needed relief to the parents of the Trainable Retarded child.

2. Provide a more normal home situation to the brothers and sisters of the retarded.

3. Provide training in simple work habits and skills which may be useful in the home or other sheltered environment.

4. Permit parents who wish to do so to keep their retarded child at home.

5. Provide companionship for the child who is to be kept at home, or who is awaiting a vacancy in an institution.

6. Provide opportunities to assist parents continuously with day to day problems and long range planning through both counselling services and parent education programs.

7. Improve adjustment of retarded individuals to their home and com munity by encouraging a feeling of group belongingness, and of personal worth, by assisting them to become participants in hone and community activities.

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1 All these data as of spring, 1957

8. Discharge the state and community responsibility to these children, in cooperation with the home, in a manner which is economically and socially advantageous.

VI. Recommendations with Regard to the Responsibility for the Trainable Retarded

The sub-committee is not fully agreed as to the wisdom of legislation now in force in Minnesota which permits the organization of special classes for the Trainable under the jurisdiction of public schools. It is fully agreed, however, that under existing legislation there is need for a plan of coordination among the Departments of Public Welfare, Education, and Health, to insure the best services possible to Trainable children.

The major recommendation of the Sub-Committee on the Trainable Retarded is that continuous public responsibility for all Trainable Retarded individuals be charged to the Department of Public Welfare, and that during the period of time the child is in school all features of group classes for Trainable Retarded children -the specifications to class size, entrance requirements, curriculum, and other considerations - be determined by the Department of Education. More specifically this recommendation may be expressed as follows:

a. We recommend that the life-time program for Trainable Retarded be placed explicitly under the supervision of the State Department of Welfare.

b. We recommend that an Advisory Council composed of the Executive Secretary of the County Welfare Board or one of his social workers} the county nurse as a representative of the State Department of Health; and the school administrative head, or his representative, such as the special class teacher,
school psychologist, school social worker, or supervisor of special classes, be appointed in each community (or county) to assist in the development and operation of school programs for the Trainable Retarded.

This procedure would provide a team approach to planning for school age Trainable children which would consider all factors and contribute to a more thorough diagnostic and counselling service. This council would be a continuing body, responsible for recommending to the school and County Welfare Boards the best placement for each Trainable school age child. Other individuals concerned with a child may be invited to participate in discussion and contribute pertinent information, hat they would not act as members of the Advisory Council.

This council would be commissioned at stated intervals to develop current information and evaluate the progress and placement of each school-age Trainable Retarded child. A continuing case history should be maintained in the County Welfare Board office for all Trainable Retarded, whether or not they are presently under guardianship so that information is available for the best future planning for each individual. During the school years the teacher and the school psychologist will be expected to contribute reports toward these continuous case records. Records of the school will be submitted to the welfare agency at intervals during the child's term in school or at the time of his discontinuance in the school program. Our present legislation provides a precedent for this procedure!

Sec. 252.12. "All school authorities of the state are hereby required to give access to their records and to furnish information to the director of social welfare (Commissioner of Public Welfare) or the state department of education regarding the name, age, residence, and antecedents of all children within his control believed to be feebleminded and to give access to all children within his control for the purpose of examination."

Also sec. 260.35

"Thereafter it shall be the duty of the director of social welfare (Commissioner of Public Welfare) through the bureau of child welfare (County Welfare Boards) to arrange for such tests, examinations, and investigations as are necessary for the proper diagnosis, classification, treatment, care and disposition of the child as necessity and the best interests of the child shall from time to time require....."

We recognize that it is not the province of this Sub-Committee, nor indeed within its competence, to specify the detail of standards and practices which might obtain in the case of Trainable Retarded children. However, we offer a number of supporting recommendations, farther to specify how this Advisory Council might aid in the task of Welfare, Education, and Health officials to work constructively in this area where their responsibilities join:

1. We recommend that within the range of admission requirements specified by the State Board of Education, the Advisory Council determine eligbility and make recommendations concerning placement of Trainable children in special classes.

2. We re~~e~~ommend that admission to such special classes be for a trial period, initially, subject to further study and recommendations by the Advisory Coun cil.

3. We recommend that the State Department of Education review and revise certi fication standards for teachers of Trainable children, and that it look toward establishing liberal policies to permit teacher aides to be employed in lieu of certified teachers, in schools where a teacher certified to teach the Trainable Retarded is already employed.

4. We recommend that provisions for state reimbursement of local school district!
for transportation costs should be changed to allow an upper limit of $225 rather than $160. The larger figure is the aid given for transportation of other categories of handicapped children.

5. We recommend that home-bound instruction, presently permitted in the law, should not be offered to Trainable children.

6. We recommend that schools lacking psychological services and all other agencies authorized to receive services submit requests for state psycholog ical services to the local County Welfare Board.

7. We recommend that the Commissioners of Welfare, and of Education and the Executive Secretary of the State Board of Health arrange a program of inter departmental action whereby County Welfare Boards, and local school boards be informed of and encouraged to establish the Advisory Councils described in our major recommendation.

8. We recommend that the Commissioner of Welfare, through his department and staff, undertake a program of public education to insure a wider understand ing of the Minnesota guardianship plan, a continued advocacy of commitment to guardianship of all Trainable individuals at an early age, regardless of whether or not the child is living at home and attending public schools.

APPENDIX A.

THE DEVELOPMENT OF PROGRAMS FOR THE MENTALLY RETARDED IN MINNESOTA

1. Growth of Institutions and Social Welfare

As early as 1851, the Territorial Legislature delegated to the Judge of Probate Court the care and custody of the "idiots, lunatics, and persons of unsound mind." The asylum for the deaf and dumb was established at Faribault in 1858. In 1866, the Faribault institution was designated to accept the blind. In the same year (1866) a State Hospital for the "insane" was established in St. Peter. The term "insane" was defined as including "idiots, lunatics and distracted persons." Thus many mentally deficient persons were placed in the St. Peter Hospital.

Since these early days there has been in Minnesota a steady growth in the understanding of human disabilities, in the legal definitions of such and in the state's provisions for them. In 1879, the legislature, recognizing the unsuitabil-ity of the State Hospital at St. Peter for mental defectives, arranged that "feebleminded" children who were proper subjects for "training and instruction" be transferred to the Faribault institution.

In 1881, an act was passed to organize a special division in the school at Faribault for the mentally defective, to be called the "School for Idiots and Imbeciles." In 1887, the direction of the several schools at Faribault was placed under the "Minnesota Institute for Defectives."

As early as 1883, the legislature established the Board of Corrections and Charities as a general investigative body to review the work of the seven existing state institutions in the Social Welfare field. In 1901, the Board of Control was established in charge of all state institutions, replacing the Board of Correction and Charities and the individual administrative board for each institution. This legislature also provided a sum of $500 for scientific research for the keeping of statistical records. Ten years later under this act, Dr. Frederick Kuhlmann was employed at Faribault to begin a scientific mental testing program. In 1905, a separate institution for the feebleminded and epileptic, the present Faribault State School and Hospital, was created.

In 1913, it was recognized that teachers of the mentally deficient needed special training, and a summer course was established at Faribault. In 1914, the Attorney General ruled that a feebleminded child could be excluded from public schools. As a result of these two developments, which directed attention to the need for special provisions for the retarded who are not in institutions, the 1915 Legislature enacted a law providing for the establishment of special classes in the public schools for handicapped children, including the "mentally subnormal." If conditions were met as to age, number in class (5 was set as a minimum in 1915), teacher qualifications, and length of school term, the state would pay $100 additional state aid for each pupil. [1]

In 1937, the legislature created a County Welfare Board in each county of the state, incorporating the County Child Welfare Board which had existed since 1917.

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1 Minnesota Division of Public Institutions, Bureau for the Mentally Deficient and Epileptic. A review of the laws of Minnesota relating to the mentally deficient and epileptic. St. Paul Dept. of Welf., Nov., 1952.

The boards were charged with "the duties of administration of all forms of public assistance and public welfare, both of children and adults." To them also was given the responsibility for "enforcement of all laws for the protection of defective, illegitimate, dependent, neglected, and delinquent children" under general supervision of the State Board of Control.

In 1939, the Board of Control was replaced by a Department of Social Welfare, and Employment and Security. The directors of these three divisions constituted the Social Security Board. In 1953, the legislature consolidated the Division of Social Welfare and the Division of Public Institutions into the Department of Public welfare. The County Welfare Boards remain the direct channels of administration of welfare legislation to the people of the state.

2. Development of School Programs for the Mentally Retarded

Under the early legislation in 1915, the lower limits of intelligence admit, ted to special classes was not defined, but it was generally expected that the children should be able to learn school subjects and that those who made no academic progress were excluded or carried, depending upon the action of local school authority.

Because this early provision for special classes did not include Trainable children, only a small number of classes were developed for them by individual action of local school districts. In 1934, under a WPA project, classes for the so-called "Beta" children were begun at the Hill school in St. Paul. In 1937 the City of St. Paul incorporated these classes into its special class program and moved to the Crowley School. In early years of the program and again in more recent years the state's special aids have been made available to St. Paul in partial support of these classes. Duluth similarly has had special classes for the Trainable group for about 20 years.

In 1951 a Committee appointed by the Commissioner of Education undertook a survey of the status of classes for the Trainable in Minnesota. This report, published in 1953) summarized existing plans for educating severely retarded children, described classes then operating, and reviewed follow-up studies of Trainable retardates. In August of 1951, the State Department of Education established procedures and standards for the organization of public school classes for Trainable mentally retarded children. These standards defined the separation of the Educable and Trainable groups and states "there shall be no overlap in the types of classes unless specifically approved by the Commissioner of Education." [1]

The 1957 legislature further defined the areas of retardation and made school programs mandatory for the Educable (Chapter 667, Minnesota Law 1957). It authorized aid for the Trainable when classes for them were established. The law pertaining to the Trainable (Chapter 803, Minnesota Law 1957) is permissive in character, but it opens the way for a much more extensive participation of the public schools in the care and education of this group of children.

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1 Reynolds, H., Rachel Ellis, and J. R. Kiland. op. cit.

APPENDIX B.

MINNESOTA'S RESOURCES FOR AN EXPANDED AND IMPROVED PROGRAM FOR THE TRAINABLE RETARDED

The State of Minnesota with its early and continued social concern for the mentally handicapped in Minnesota has a firm basis for an expanded and improved program of education and care for Trainable children. Although the state is 18th in order of its total population among the states of the Union, it is third in the proportion of its mentally retarded for whom it provides institutional care. There are 145 persons in its public institutions for the mentally retarded per 100,000 in the population. [1] This figure does not speak of an excessive proportion of defective persons among the population at large, for the state ranks among the very best in the Nation in measures of literacy and education. Rather, say Hutt and Gibby 2, "it is probable that the differences in rates reflect the relative extent of facilities that are provided, and are not all due to the fact that there are relatively more retarded individuals in some states Than in others."

One of the Nation's first research programs on mental retardation was established by Dr. Frederick Kuhlmann, a psychologist who pioneered in mental test methods. The St. Paul classes for Trainable children represent one of the Nation's first experiments in school programs for those of very limited abilities. Following a suggestion offered by the American Association for Mental Deficiency in 1949, the National Association for Retarded Children was organized in Minneapolis in 1950, in part because local parent groups had developed a vigorous program which had attracted national attention.

1. The County Welfare Boards.

The County Welfare Board structure in this state provides a well organized, encouraging framework for sound action in a program for the Trainable child. The Children's Code Commission drew up the legislation for Child Welfare which was enacted in 1917 and which has been a model to the Nation. The County Welfare Board structure recognizes that "regardless of variety and complexity of assistance and service programs, the family remains the basic unity for case work" and keeps administrative responsibility closely tied to the local situation.

Through the 87 County Welfare Boards, the Commissioner of Public Welfare assumes responsibility for the welfare of retarded persons. According to Minnesota statutes:

> "Sec. 247.175. It shall be the duty of the director of social welfare to pro mote the enforcement of all laws for the protection of defective, ille gitimate, dependent, neglected, and delinquent children, to cooperate to this end with juvenile courts and all reputable child-helping and child-placing agencies of a public or private character, and to take the initi ative in all matters involving the interests of such children where adequate provision therefore has not already been made.... . ....*

1 Sloan, W. Some statistics in institutional provision for the mentally handicapped. Am. J. Ment. Defic, 1955, 59, 38-87.

2 Hutt, M.L. and R. G. Gibby, op. cit., p. 15.

The County Welfare Boards are staffed by an Executive Director, and one or more social workers. The offices of the County Welfare Board are usually located in the county court house, and available for service to the residents of the county. Their responsibility extends in all areas of public social service such as Aid to Dependent Children, Old Age Assistance, and others.

In some areas of County Welfare services there is admittedly a discrepancy between plan and performance. Turnover and scarcity of trained social workers make realization of objectives difficult. One expert, commenting on the Minnesota Department of welfare, states: "While there is no question that Minnesota has all the potentialities for a sound child welfare program, such potentialities will be realized only when transformed into more adequate services.... as in other welfare services, personnel is always the crux of the problem." [1] It is to be expected that any extension of services to the retarded will create an accompanying need to increase the staff of social workers in the County Welfare Boards, teachers and psychologists in the schools, and others.

2. The Guardianship Plan

An important and distinctive feature of Minnesota's existing provisions for mentally retarded persons is a guardianship plan. Under provision of state law, mentally deficient individuals are committee to the guardianship of the Commisioner of Public Welfare rather than to an institution. This plan offers to parents or guardians assurance that their child will be cared for if an emergency arises, and yet assumes that the child may remain in his home as long as he is well cared for and no hazard to himself or others.

The unique features of the Minnesota program have been described as follows: "In most states the mentally deficient are committed directly to an institution, and when paroled, are supervised by social workers from the institution or from the central state office* When discharged from parole, all responsibility for their welfare terminates. Minnesota's program is significantly and uniquely different. Since 1917, our law has provided that the local Probate Court may commit the mentally deficient, not to an institution, but rather to the guardianship of the state. Once established, this guardianship remains in effect for life, unless it is discharged by subsequent court action, and gives the Commissioner of Public Welfare authority to plan for the ward in whatever way he deems best,
in the institution or in the community.. Although the mentally deficient are committed to the guardianship of the state, the responsibility for their supervision in the community remains by law that of the local county welfare board; in all matters relating to the mentally deficient, the welfare board serves as the local agent of the Commissioner of Public Welfare." [2]

The guardianship plan insures that if a child creates unanticipated problems too severe for the family to cope with, or if the parents are suddenly deceased, the Commissioner of Welfare promptly accepts the responsibility which the parents vested in the state at the time of commitment and makes provisions for the child's care. Delaying oommitment until urgent need of relief arises is clearly unwise.

1 Ma, Gio-Fang Dju. One hundred years of public services for children in Minn.
Chicago: Univer. of Chicago Press. 1948.

2 Michelson, Phyllis. Minnesota's guardianship program as a basis for commu nity supervision. Amer. J. Ment. Def., 1951; 56; 313-325.

The individuals in charge of the child at the time of such an emergency are frequently under cumulative or sudden tensions and pressures; the state cannot act on commitment procedures over night (and some emergencies are that urgent); and the best possible placement of the child cannot be obtained at once because the case history, interviews, and diagnoses have not been accomplished in advance of the need.

There are real advantages in promoting early commitment for the Trainable Retarded. The parents are in partnership with the County Welfare Board and receive diagnostic and counselling service. They are aided to an understanding and accept-ance of the reality of the child's situation, and in making plans for the child. Through the welfare agency they are often encouraged to become acquainted with other parents with similar problems and to join or help establish parent organizations in their communities. They become acquainted with all the available facilities for day care and residential placement.

Parents of Trainable Retarded children are now encouraged to proceed with commitment to guardianship to insure the child's care, but much public education is needed to achieve full understanding and use of his plan. With the likely increase in school services it becomes important that school personnel be educated to this plan of guardianship, so they can assist the parents in their conferences to arrive at an appreciation of the advantages of guardianship. One authority wrote the Sub-committee: "I have always considered that the Minnesota guardianship program was twenty years ahead of most other states in recognition of these basic concepts (of responsibility). Most states will confuse the question of institution-allzation with guardianship (i.e., responsibility for the incompetent mentally retarded)." 1

3. State Services and Facilities for Diagnosis of the Trainable Retarded

Eligibility for all special education classes requires that the child be examined by a certified psychologist.

The Medical Division of the State Department of Welfare maintains a Bureau for Psychological Services which employs five itinerant psychologists whose services are available, on call, to county welfare boards and schools. The demands for these services has risen sharply, and there is now a three to six months' waiting period after requests are received. Except for the three cities of the first class and certain of their suburbs, where schools and social agencies employ their own psychologists, the responsibility for diagnostic services to the mentally retarded has fallen on these itinerant psychologists. A few parents, on their own initiative, week out child guidance services in the larger centers. As regional Mental Health clinics are established, the pressure on the Bureau for Psychological Services will be lessened somewhat.

In those counties where the Welfare Board office acts as a center of referrals for all county schools and agencies to the Bureau of Psychological Services, the efficiency of service is improved. This observation suggests that more use of the County Welfare office be made by school districts in obtaining prompt, efficient services of the Bureau of Psychological Services.

Diagnostic services at the University of Minnesota, available to state residents, exist for training purposes and therefore are selective and cannot meet all

1 Boggs, Elizabeth. MARC Vice President in charge of programs and services. Communication. July 23. 1957.

requests. The Psychiatric Clinic for Children at the University Hospitals requires a medical referral. The diagnostic service is thorough and given on both an in-patient and out-patient basis. The Institute of Child Development and Welfare studies selected children in the younger age groups referred by parents or schools, and the Psycho-educational Clinic addresses itself to problems of school learning and adjustment. All of these services are on the University Campus in Minneapolis.

Free, state supported Mental Health Clinics are located at Albert Lea, Fergus Falls, and Minneapolis. The latter does not offer diagnostic services to children. Clinics supported in part by state funds are located at Rochester and Duluth, and a third is being established at Austin. These latter clinics charge a fee baaed on a sliding scale. With four of these six clinics located in the southern third of the state, there is obviously need for more centers in other areas.

It is possible that as this development comes, the pressure on the Bureau for Psychological Services may become less, and this group may constitute itself as an "itinerant clinic" bringing psychological services to the smaller and more remote communities of the state.

A number of schools now employ school psychologists, but these are for the moat part in the Twin Cities area. The school psychologist can bring expert knowledge and skill to special problems, and provide a continuing evaluation where it is needed. The school psychologist is trained in parent consultation and knows local and state resources. He can and should establish a working relationship with the social workers. Ordinarily his work lies with the Educable Retarded, other handicapped, and children who have educational and learning difficulties. When school programs for the Trainable develop, the psychologist's services will become increasingly significant to the more severely retarded. Insofar as his services are employed for handicapped children, his salary is now reimbursable from state aids in the same manner as teachers of special classes.

Private Agencies

Because private agencies develop from strongly felt needs, arise from local initiative, and frequently pioneer in new areas of service, there continues to be an important place for private agencies. The present Minnesota law requires the Commissioner of Public Welfare to cooperate with "all reputable child-helping agencies of a public or private character." Such private agencies are licensed under The Department of Welfare.

Although the sub-committee did not make a comprehensive study of private agencies, it is evident that there is unevenness in the services provided. Some do not provide for study and evaluation; in some untrained staff members pursue sincere but unrealistic goals, for both children and parents. Some provide excellent services by fully qualified staff members. Because some private agencies serve children of a wide range of ages and disabilities, and because diagnostic records are seldom available, it is impossible to obtain an accurate accounting of how many serve Trainable retardates. As accurately as can be determined, the private facilities in Minnesota, both residential and day care, in June of 1957 enrolled about 370 Trainable Retarded children between the ages of 5 and 21. These private institutions are much needed and deserve encouragement. The Bureau of Standards and Licensing of the Department of Welfare should be encouraged to extend its studies, to improve the minimal standards of personnel and services offered in private agencies.

5. Public School Programs for the Trainable

At present there are 19 classes for Trainable Retarded children in Minnesota. All these are considered pioneering efforts, and there is much variety in the facilities, programs, goals, and quality of supervision in the several communi-ties. All are operated under local Boards of Education. Table 3 show5 their location.

Table 3. LOCATION OF CLASSES FOR TRAINABLE IN MINNESOTA
School Year 1957-58

Size of city	Number of classes	Location
Below 500	1	Bingham Lake
1500-2000	1	Lakefield
2000-5000	1	Redwood Falls
5000-10,000	3	Thief River Falls, Hopkins, Pipestone
10,000-20,000	3	Albert Lea, So. St. Paul, Fergus Falls
20,000-50,000	1	Austin
50,000-100,000	0	(no cities of this population in
100,000-300,000	1	Duluth
300,000-500,000	3	St. Paul
Over 500,000	3	Minneapolis

Twenty teachers serve these 19 classrooms. The average number of pupils per teacher is 10. One group of 16 children in Fergus Falls is directed by two teachers. Three classes in St. Paul operate with an enrollment of 18 each be-cause they have a teacher-aid in each room. In Minneapolis and Duluth, all classes carried the maximum of ten pupils per teacher. [1]

In the other areas there are three classes with seven children and six classes with eight. Ten communities outside the three cities of the first class have initiated school programs for the Trainable Retarded.

The children in these classes range in age from 5 to 21. In any one class, the largest span observed was 14 years, the average being 8 years. Intelligence quotients ranged from 17 to 57 with the range in class of about 22 IQ points. Of these who reported mental age values, the average range was three years of M.A.

Among the points made most often in the reports of the committee members making visits, the following appear:

1. Classes for Trainable Retarded are not well equipped and are likely to be older or less well maintained facilities if housed in schools.

2. The teachers tend to be "on their own"; usually they do not communicate easily or frequently with other teachers in the system and may seem "closer" to the parents of the children than to other teachers or to the regular channels of supervision, whereas in the regular grades the reverse is likely to exist.

1 Eight children was the maximum per class except where more than two classes operated in one school system. Under regulations adopted in 1957, ten are permitted in a class only when two classes operate in the same building.

3. Parents of the retarded children are interested and active though this is likely to be expressed outside the regular P.T.A. organization.

4. This interest is not likely to appear in the case of parents whose hildren are transported into the community where the special class is located.

5. Except in the largest cities, in most cases the parents themselves transport the children.

6. Although the retarded children may meet in a public school building they almost invariably eat and play by themselves.

7. Programs tend to be of a modified nursery-school-kindergarten type.

8. Among the particular problems mentioned were those of the difficult-to-control child, the child with multiple handicaps, and the child whose cosmetic appearance was unusual and who thus attracts the attention of other youngsters in the building in their infrequent contacts.

6. The Institutions

The state's present institutional facilities are over burdened. The Faribault School and Hospital, which the Board of Health Standards says has a capacity population of 2466, had 3203 residents on June 30, 1957* Applicants for placement have been filled only through 1953, which means that the present waiting period, except for emergency admissions, is about four years in length.

TABLE: 4. MINNESOTA INSTITUTIONS FOR THE MENTALLY RETARDED

Institution	Established	Population 1956
Faribault School and Hospital	1905	3255
Cambridge State School and Hospital	1926	1346
Lake Owasso Children's Home	1955	86
Shakopee Home for Children	1952	30

Beyond patient care, these institutions perform many valuable services to groups and individuals in consultative and in-service programs. Training work-shops are held, observations and demonstrations for visiting groups are arranged, and staff members frequently participate in training programs elsewhere in the state.

Commitment to guardianship in Minnesota does not mean nstitutionalization. But for many, the institution is an eventuality, and parents of retarded children should be encouraged to visit the state schools and consult with the staff concerning their own retarded youngster before deciding for or against placement. Much of the prejudjice against institutions is quite unfounded. Nor can institutions be judged in terms of what normal adults would wish for themselves. Retarded children do not aspire to the same standards and are often happier in an environment where demands are more appropriately scaled to their abilities.

Minnesota's institutions do, however, face severe problems in giving humane care to their charges. Each person accepted over the maximum recommended enrollment increases the work load excessively all along the line. Food services at

Faribault alone prepare 3,600 meals three times a day, including grinding food for 800 persons who do not chew. Clothing, laundry, medical and dental services, warmth, sanitation, shelter, and supervision for so many require extensive planning.

There is a very real need for more staff. In a dormitory for 100 Trainable children, there is one aide in charge through the night. She has six to eight "details" (patient helpers) to assist her, but they are essentially under supervision, too. The institution could not manage without these "details," chosen for their responsibility, who undoubtedly benefit in experience and in a sense of usefulness from their tasks. Put the forward looking policy which rehabilitates the Educable retarded to their communities draws off the more skilful patient-helpers. As the proportion of the Custodial and severely retarded Trainable increases, the problem of help to the staff becomes acute, indeed.

APPENDIX C

REVIEW OF PROGRAMS IN OTHER STATES

Nineteen states were listed by a United States Office of Health, Education and Welfare report as having passed legislation pertaining to school programs for the Trainable Retarded throughout 1956.[1] While this report was in progress, five more states, including Minnesota, passed legislation pertaining to the Trainable Retarded. At the beginning of this study inquiries were directed to the nineteen states which had established programs. Seventeen of the states replied.2 In most instances they supplied much supplementary material which was helpful in evaluating the specific regulations and problem areas of this field of special education.

In compiling comparative data from these state reports, there were few areas in which all information was available at this time. However, a table showing some of the provisions and regulations was devised from the information obtained. Time did not permit a re-inquiry for the missing information, but it was felt that what had been gathered was of interest and worth presenting in its present form. What is included was excerpted from committee reports, curriculum guides, pamphlets, and legislative copy which were received from the states. Sufficient information is available here on a number of items to provide a basis for comparison. The absence of data may indicate that no regulation exists, or it may indicate that the information was not included in the material received by this committee. Table 6, following page 35, summarizes the data obtained.

Legislation

Legislation in twelve states is on a permissive basis. In five states the law requiring establishment of classes for the Trainable is mandatory.3 From the number of classes established it does not appear that the terms of legislation are significant to the progress of the program. Kentucky, with a Mandatory law, had three classes operating in 1956-57, and "expects to establish three more this next year." New Jersey and Pennsylvania, with Mandatory legislation, have developed extensive services. Under permissive legislation, California and New York programs are well advanced.

Thirteen of the states which reported their enrollment represent a total of 726 public school classes with 7,952 children enrolled. This does not include Ohio, which had 113 state approved classes, with 1007 children last year. Ohio is the only one of the nineteen states -which does not operate its program under the Department of Education. Its entire program for the Trainable is under the Division of Mental Hygiene.

State Aid

The extent of state aid may bear directly on the impetus given the program of public school classes for Trainable. There is much variation here in legislation. The assistance in one state is $8,250 per class plus transportation costs on an individual child basis up to twenty mile distance. In another state, aid consists of one half the teacher's salary up to $1,500 per teacher.

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1 U.S. Office of Educ. A report on state school law: special education of exceptional children. School Life, Nov., 1956. Washington, D. C.

2 No information received from Connecticut and Rhode Island.

3 The U.S. Office of Education report lists California and New York as having mandatory legislation. However the direct report from these states quotes their laws as permissive. Kentucky which is listed by the U.S. report as permissive, reports that its law is interpreted as mandatory.

Another factor which may influence the effectiveness of the program is the relative ease of establishing classes. In some states the laws or Board of Education regulations pertaining to formal arrangements are almost prohibitive; they require pre-arrangement of complete facilities, established enrollment, testing, and physical examinations recorded before an application to establish a case can be filed. In one state the formula for computing state aid is involved; a child's hours of attendance are divided by the number of hours in a class day, and ADA subsequently reduced by part day attendance. Even in homebound instruction this state requires a daily hour for five days, to equal one ADA full-time equivalent. By contrast some states consider two home calls of an hour each per week as constituting full ADA for a homebound child. By contrast, the new terms of assistance in Minnesota are relatively simple as well as favorable. State Aid is extended in the amount of two-thirds of the salary for teacher and other personnel up to $3,600 and the law does not require a maximum enrollment for maximum aid. Furthermore, excessive absence of one or more children (which is likely in this group), is not a serious penalty to the local school district, because it does not reduce the state support to the class.

IQ Range

In the age and IQ range figures which are given, the upper IQ limits quoted are consistently at 50, while the lower limits vary from 20 to 35 and frequently are not explicitly stated. There is a tendency in regulations toward arbitrary statement of limits, with little recognition of the need for individual determination of placement on the basis of other than intellectual factors. It is probable that the upper limit of 50 IQ should be open-ended, so that children who are multiple handicapped, or who lack educabillty for reasons other than low IQ, will be given the training benefits of enrollment in the Trainable class when their aptitude for the Educable group is inadequate. In some communities where a class for each group is maintained, there may be a single individual in the 50 IQ range in a class with upper level Educable children. His placement might fall more naturally in the Trainable class, with individuals in the 40 IQ range. Any arbitrary division prohibits placement which is adjustable to the needs of the individuals and the groups for which they are eligible.

Dr. Ignacy Goldberg, Research Consultant for the National Association for Retarded Children, in conferring with this committee, suggested that occasionally a child of as much as 80 IQ might be incapable of profiting from attendance in an Educable class, but might be much in need of the social adjustment and training offered in a class for Trainable children. Dr. Harriet Blodgett, Director of the Sheltering Arms School in Minneapolis, suggests that the Trainable class may have as one of its functions to give preliminary training and preparation to children with questionable potential who may be studied further in the Trainable group and prepared to move on into an Educable group. This function can be increased in effectiveness if the division of groups is kept flexible with placement made in terms of individual need.

Age Range

The age ranges included as eligible for classes varied from a nine year range (7-16) in one state to a sixteen year range (5-21) in two states. Five states include five-year-olds and one state has eight as the lower age limit. Three states carry the children to sixteen. Six quote twenty-one as their upper age limit, but indicate that few are carried to this age. The Maryland study recommends that the entrance age of six chronological years be amended, particularly for the Trainable child, in order to provide preschool facilities. The study goes on to say: "The more severely retarded child has a definite need for education before the age of six.... this would enable both private and public schools now operating under the State aid

law to organize nursery school classes and accept such children before the age of six."[1] Preschool programs provide opportunity for early training and parent guidance and counselling. However, under existing school laws in most states the extension of services into the preschool area would become the responsibility of community agencies or parent groups.

Mental Age

A stated minimum of 3.0 years mental age (required in three states) means that those with IQ's of less than 50 would have to wait until they were older than six before beginning school. Indiana regulations define eight years as entrance age, thus allowing the 50 IQ level to attain an MA of 4.0 before beginning school. A child with an IQ of 25 would have to be twelve years old before attaining an MA of 3.0 and such a minimum requirement would preclude early training at this IQ level.

In a study made at Southern Colony in Wisconsin to evaluate the program of the Trainable classes "it was found that chronological age seemed to influence effectiveness of training. The 7-10 age group learned more with greater ease. The 12-16 age group had fixed habit patterns and did not respond readily. Their behavior was not noticeably altered in six months."[2] The minimum Mental Age for this experimental group was 3.0 with a minimum IQ requirement of 35*

If such requirements are established for public school classes it should be recognized that children with IQ 35 would not be admitted until they were eight and a half years old chronologically.

Age Range Within a Class Croup

Six states designate some limits to the age range permitted within one classroom. Four of these suggest four years as a minimum. Illinois states that exceptions are allowed by the Admissions Committee, but never for the sole purpose of enrolling enough children to create a minimum class. Ohio has a maximum five year range. Indiana recommends that the 8-12 year olds be in a separate class from the adolescent retarded.

It seems that some restriction on age range is desirable. In one existing Minnesota class the teacher has a child of seven and erne of twenty-one, making a fourteen year range in the ages of the children. She states that this difference creates problems. Retarded children resemble normal children more in physical development than in mental ability. The retarded adolescent develops physically much the same as his normal counterpart, and does net fit socially into a group of 6-10 year olds, even if his mental age or intelligence quotient is much the same. Edgar Taylor discusses the problems of the adolescent retarded and makes this observation: "Growing into adolescence, physically, can be a severe embarrassment to them, if they are grouped in school with children who are of their same mental age but physiologically much younger."[3] When two groups are possible, the age division should probably recognize the pre-adolescent and adolescent levels, with an approximate age range in either group of not more than 5-6 years.

1 Committee appointed to Study Educational Needs of Atypical Children in Maryland. Special education of atypical children in Maryland. Baltimore) State Bd. of Educ.,

2 Roewer, W. E. A program for the trainable mentally deficient child. Am. J. Ment. Def., 1952, 56, 551 - 556.

3 Taylor, E., Jr. Problems of mentally retarded children in the upper grades and junior high school. Am. J. Ment. Def., 1954, 59, 40-43.

In some smaller communities where only one group is possible it may be necessary to exclude an individual because his age is too discrepant to the rest of the group. The welfare of the group must be considered as well as the needs of the individual.

Diagnosis

In some states medical diagnosis is required, but in most the psychological examination is the chief diagnostic requirement. This examination is undoubtedly our most reliable single measure of deficiency at this time, but it is evident that the more thorough and inclusive the information available on each child, the more adequate his placement can be for his individual needs.

Trial Period

Several states have a trial period of placement. In two instances this is six weeks. In three others it is "a reasonable time." In one it is "child excluded if no progress is shown." The trial period appears to be necessary for the protection of the class and the school administration. Some parents might vigorously protest exclusion, and an understanding in pre-placement conference concerning a trial period would make exclusion easier when it is necessary. However, an arbitrary limit of six weeks is probably too short. Some children need much more time than that to make the most elementary adjustments to a group situation. The length of a trial period might be left for recommendation on an individual basis.

Admission Requirements

There is a trend toward stating specific requirements for admission. Occurring most often in the several state reports are the prerequisites that the child be "ambulant" and "toilet trained." "Ability to communicate," "respond to direction," and "no hazard to himself or others" also occur frequently. These are all reasonably basic to admission to a group, but exceptions should be possible where individual placement is desirable and all requirements are not present.

Class Size

Thirteen states have set class size limits, which vary from nine to fifteen. Seven of this group have twelve as the maximum number of children per teacher. Several do not cite a minimum number, but five is the most commonly selected as the minimum number for which a class may be organized. The present Board of Education regulations in Minnesota have set five as a minimum number for a Trainable class, with eight as a maximum, unless there are two classes in a building, in which case there may be ten children in one room. This is a lower maximum number than set by any of the other states. In Pennsylvania the upper limits may be adjusted by the supervisor with consideration for the severity of the handicaps which are presented. Such a policy seems worthy of consideration. The competency of the teacher might also be a factor in determining the number of children in one room.

Homebound Instruction

Four states specify that homebound instruction is not available to the Trainable level. Pennsylvania is the only one, from information obtained, which gives home-bound instruction to the Trainable. The new Minnesota law provides this service;[1] however, the goals of this special education cannot be achieved by homebound instruction. A school situation offers broadened experiences to the child whose contacts

1 M.S.A. Section 126.63. Sec. 3e.

are apt to be limited, provides companionship for the child, and helps him develop social skills and group acceptability. The relief from around-the-clock care of the retarded, for the mother, would be only partially provided by homebound instruction. Her concern and responsibility would continue if she were in the home during these periods of training. One of the factors contributing to an improved relationship with brothers and sisters in the home is provided when the retarded child goes to school. It creates a more natural atmosphere for them and helps in their adjustment to the presence of a retardate in the home. This advantage would not be secure through homebound instruction. If homebound instruction is made available for the Trainable Retarded, it will become necessary to re-evaluate the goals of the program.

Exceptions

Illinois does not allow enrollment of the Trainable Retarded until provision has been made for all Educable children in the community. They give as reasons for this that schools are more prepared for Trainable classes if they have had experience in instructing the Educable; also that there are many more Educable, and they should be provided services first. Indiana recommends the same, but it is not a regulation. They make this observation: "Parents of children with very low ability are always anxious to have their children enrolled in the new class, and in some eases are the motivating forces in getting a program started. Sometimes when motivation comes chiefly from parents, the entire emphasis is placed on the lowest level or Trainable group. If this happens, not only are those most likely to profit by a special program left out, but frequently the entire community gets the idea that the only exceptional child designated as mentally retarded is the Trainable Retarded.... Therefore from the beginning care should be taken to have a program for the Educable mentally retarded children as well as for the Trainable."[1]

Transportation

Almost all programs rely for transportation upon a variety of means - bus, taxi, station wagons, parents. There is very limited use of public carriers. A few children ride on regular school buses, but generally if the school bus is the means of transporting them it is a bus used exclusively for the retarded children in areas where a large enough number are attending one school. It is almost necessary to provide such buses with an attendant, because some children need more supervision than the bus driver can give. Transportation in rural areas is a problem, because the children are scattered over large areas. New Jersey points out, however, that they can cover five times the distance in rural areas that they do in urban communities in the same length of time. This is a factor of some benefit in planning classes in rural areas. It is not the distance so much as the time spent on the bus which needs to be considered when making transportation arrangements, When establishing a class it is necessary to give serious consideration to the transportation problems which the drawing area of the class may present.

Admissions Committee

Eight states have formed a Committee on Admissions to determine placement for the child after evaluating the ease history and test reports. Six of these eight have committees made up of various combinations of: teacher, superintendent, supervisor, principal, psychologist, nurse and physician. Just two, Michigan and Ohio, specify including representatives from the local departments of Welfare, Health, and

[1] Porter, R. B. and R. H. Rayburn, How to organize a special program for mentally retarded children in Indiana. Teachers Coll. J., 1956, 27) 56-7, 69.

Education. Ohio includes the parents in its conference group. Several make membership in this committee non-restrictive, by including "other professional personnel concerned with the case." There is merit in having a committee to determine admission and dismissal procedures. The decisions for the child are not the responsibility of any one school official. It also offers an opportunity to gain broader information about the child, so that placement and planning can be individualized to his needs.

Periodic Diagnosis

Six states require periodic diagnosis and re-evaluation of each child, recommended at two or three year intervals. This is needed to assure that each individual is receiving the best service for his changing needs. If periodic diagnosis could be obtained at one year intervals, it would provide a basis for evaluating the entire program, as it relates to individual progress. It would also serve as a fund of information for continued research in this field of special education.

Supervision

In a number of states the supervisory responsibility is assigned to particular authority. In some instances it is to the school administrator, the special education supervisor (if there is one), or the regular principal. Unless there is a source of supervision and help, the teachers of the Trainable are apt to be set apart, and left quits alone. Their problems are in may respects unique, and regular school administrators sometimes feel they do not know enough about this area of special education to be helpful. Oklahoma commissions its principals and supervisors to give "cooperative and helpful service." Massachusetts, which has been working for several years on a continued program of increasing and improving its services, has a State Supervisor for the Trainable. Its committee study in 1957 (one has been issued each year since 1953) says this, in recommending four additional supervisors in special education: "Let us not jeopardize enlightened legislation for the handicapped by failing to provide the personnel who will translate the intent of the legislature into fact."[1] It is important to provide supervisory help to assist communities in developing programs, keep teachers informed of new methods and materials, and coordinate the work being done.

Building Facilities and Equipment

There is quite a divergence of opinion as to the equipment and facilities best suited to a class for the Trainable. Ten states make some recommendation. These vary from a general form such as in Tennessee, which says it "must meet state requirements," to a very detailed specification in Kansas which requires "playground facilities available, a room set up specifically for the Trainable, running water, both hot and cold are essential, toilet and lavatory adjacent to the room, open and closed storage space, bins and closets are necessary, chalkboard and display space conveniently located."

The question of whether or not classes should be in a building apart from the regular school seems unresolved. Kansas recommends a cottage type facility. California says that decentralized classes reduce transportation costs. Indiana says a separate building should be considered because these children are much less capable than the others and there is little of regular school routines that can be used. On the other hand, Kentucky says that the classroom should be in the regular school

1 Mass. Special Comm. Report of an investigation and study relative to training facilities available for retarded children. April, 1957.

to provide maximum contact with the non-handicapped.

There is insufficient evidence to determine which is best. The views of both poles of thought have merit. Wishek writes: "Only by living with handicapped people can we learn to understand and accept them, (the strong argument in favor of having handicapped children educated with the non-handicapped is that the non-handicapped children will gain. They will come to understand that there is a child behind the other difficulty."[1] Thirty years ago, Gesell wrote: "Normal children will see much of the exceptional and subnormal humanity when they are grown up. Let them learn what they can as they grow. The presence of a deficient pupil in a school offers the opportunity for social education in a real sense?"[2] Both these writers stress the advantage to the normal child. Those who advocate integration as beneficial to the retarded child do so mainly on assumption. There is little research to prove its positive value for the retarded.

In opposition to integration, Hill makes this statement: "Many unrealistic measures are being adopted in the name of 'integration'. In some places integration means the assignment of handicapped to one or more classes of non-handicapped. Were this occurs the result may be the disintegration of their learning experiences, unless the planning is undertaken carefully according to the needs of each child, and the interests of the receiving teachers. Integration may also mean the location of special classes in ordinary school buildings, but such a class may be more isolated that a program maintained in a special building."[3]

The United States Office of Education recommends a modified integration! "Opportunity should be afforded for all types of exceptional children to participate with normal children in those activities in which they can do so without detriment to either group?"[4] Elizabeth Boggs writes in this respect also. She says: "Association with normal children has value, but I do not believe it is valuable to have heterogeneous grouping in the school situation...no objection to free association on the playground, provided they are not expected to interact socially or in games."[5] Communities will differ in their attitudes and acceptance. School administrators and teachers of normal children set a pattern for the non-handicapped by their degree of acceptance of the retarded in the school. "Attitudes in a community and among professional workers toward deviates, if negative and rejecting, can be more crippling than the handicap itself."[6]

If the children are happily received by the other children and adults, the Trainable classes can be a part of the regular school. If there is an atmosphere of non-acceptance, a room rented in a church, home, or public building may be more desirable. There are no physical facilities which can supersede in importance the development of attitudes of acceptance in the community as a prerequisite to success in this area of special education.

1 Wishek, S. M. How to Help Your Handicapped Child. New York: Public Affairs Committee, Inc., 1955.
2 Gesell, A. The Retarded Child, How to Help Him. Bloomington. Ill.) Publ. Sch. Publishing Co., 1925.
3 Hill, A. S. A critical glance at special education. Excep. Child, 1956, 22, 317, 344.
4 Martens, Elise H. State supervisory programs for the education of exceptional children. Wash. D. C; U.S. Office of Educ, 1940.
5 Boggs, Elizabeth. Communication. January 3, 1957.
6 Kvaraceus, W. C. Acceptance-rejection and exceptionality. Excep. Child., 1956. 22, p. 328-331.

Common Problems

Since the program of special education for Trainable Retarded children is in a developmental process, there are many unsolved problems. The state reports listed a number of areas which present difficulty, and need further study. If the areas of concern are weighted in the order and frequency of mention, it is evident that "se-curing trained personnel" is by far the greatest problem. The next three are at about the same level of concern: securing space and building facilities, developing community acceptance, and obtaining adequate diagnostic services. Listed as comparatively minor problems are: establishing responsibility for the program, providing a future program for young adults, transportation, and finance. Table 5 shows this comparison of the areas in which the states have difficulty in establishing their programs.

TABLE 5. PROBLEM AREAS IN ESTABLISHING PROGRAM AS REPORTED BY OTHER STATES Weighted as to Order and Frequency of Mention

Securing trained personnel	.....
Adequate space and facilities	.....
Diagnostic services	.....
Community acceptance	.....
Establishing responsibility	....
Providing a future program	....
Transportation	....
Finance	....

The material contributed by the states having programs for the Trainable Retarded has supplied a valuable source of information which the committee has found helpful in formulating its recommendations for a program for Minnesota. A summary of these materials appears in Table 6, following.

TABLE 6. SCHOOL PROGRAMS FOR TRAINABLE RETARDED - PROVISIONS AND REGULATIONS IN SEVENTEEN STATES.

STATE	LAW*	AGE AND IQ RANGE	NUMBER IN CLASS	CLASS DAY	ADMISSIONS COMMITTEE	ENTRANCE REQUIREMENTS	TRIAL PERIOD
CALIFORNIA	P	5-18 (proposed to 21) IQ "must not be eligible for educable group"	minimum: "reasonable lower limits" maximum: 12	minimum of 3 hours (proposed 2 half-day classes per teacher)	psychologist, physician, teacher, any other professional person assigned	able to see and hear, react positively to learning situations, ambulant, require only fair share of teacher time, toilet trained, have no problems which are accentuated by group stimulation	trial period, but no defined length of time
ILLINOIS	P	5-18 IQ "unable to profit from education, but able to profit from training"	minimum: 5 maximum: 10	minimum 4 hours no half-day sessions granted	superintendent, or director of special education, teacher, principal, psychologist, and others (nurse, counsellor, etc.)	toilet trained, ambulant, no major physical defects, able to communicate, no hazard to himself or others, living within feasable transportation limits	six weeks trial period
INDIANA	P	8-21 IQ below 50	an average daily attendance of 10 is set as optimum	one half days recommended to accommodate more children			excluded if no progress shown
KANSAS	P	6-21 (generally leave at 16) IQ 35-50	minimum: 5 maximum: 9	half-day class, teacher sees each child 2-3 days a week homecall, making teacher full time	local superintendent, teacher, psychologist, and other professional persons	ambulant, toilet trained, able to communicate, adequate vision and hearing, social skills acceptable to a group	six weeks trial period
KENTUCKY	M	5-21 IQ 35-50	"one classroom unit is 10-12 children"		superintendent, or local supervisor, principal, psychologist or counsellor, teacher, and other professional personnel		reasonable trial period
MARYLAND	P	6-16 (or 18) IQ not stated	minimum: not stated maximum: 12	minimum 2½ hours a day			
MASSACHUSETTS	M	"no mentally retarded child excluded because of age" (generally leave at 16) IQ 20-49 (and others incapable of doing First Grade work)	minimum: 5 maximum: 12	minimum 2½ hours a day			
MICHIGAN	P	5-17 (in experimental program) IQ 19-80 (in experimental program)	minimum: not stated maximum: 15 (8-10 recommended)		advisory screening committee made up of representatives of Health, Social Welfare, Public Instruction, and Mental Health	mentally handicapped, partially socially competent	

NEW JERSEY	M	5-20 IQ not stated		full day or ½ day paid as one-half unit			
NEW YORK	P	5-21 IQ "able to profit"	minimum: "consent of committee" maximum: 10			standards set by each community on "basis of those who could conform to a group situation under on teacher"	reasonable period
OHIO	M	under 21 IQ below 50	minimum: 8 maximum: 12	5 hours including lunch and rest period	teacher, representative of county welfare, local council executive, and consultation with parents	evidence of non-educability, valid exclusion card from Dept. of Ed., toilet trained	for reasonable time
OKLAHOMA	P	"legal school age" IQ 30-50	minimum: 5 maximum: 10			able to exercise self control, respond to directions, communicate, toilet trained	
PENNSYLVANIA	M	6-21 IQ "not educable"	minimum: not stated maximum: 12 (unless attendant is provided--then limit is set by supervisor)		County Board of School Directors determine need for class, considering individuals in need of service	ambulant, legal school age, no danger to self or others, not educable	
TENNESSEE	P	6-21 IQ not stated	minimum: 8 maximum: 12 (or 18 with two teachers)	not less than 5 hours total time	committee appointed by local superintendent, to include psychologist	not educable, able to benefit from training in group situation, communicate satisfactorily, respond to simple directions	
VIRGINIA	P	6-20 (however, law states "without regard to age") IQ not stated					
WEST VIRGINIA	P	6-21 IQ not stated					
WISCONSIN	P	7-16 IQ not stated					

* Terms of legislation: P-permissive, M-mandatory

TABLE 6 - CONTINUED

STATE	PERIODIC DIAGNOSIS	SUPERVISION	EXCLUSIONS	BUILDING FACILITIES	TRANSPORTATION	STATE AID
CALIFORNIA	re-examination at regular intervals	regular supervisor, principal, and teacher should work cooperatively--"adequate supervision shall be provided"	before placement child must be examined--no exam given if parent objects on religious grounds	playground fenced, building fireproof, first floor, minimum of steps	taxi, school bus, parents (suggest that decentralized classes reduce transportation costs)	$4.00 per a.d.a. excess cost plus transportation
ILLINOIS	re-evaluation every three years--oftener if needed or requested	all school supervisory personnel has same responsibility to Trainable class as to any part of school program	classes or provisions for educable must be established first no homebound--groups only	room 60 sq.ft. per child, space for storage of cots, supplies, wraps, room for large equipment such as piano, stove, etc., sink in classroom is necessity	local district must determine how transportation is provided	three-fourths of the regular salary of the teacher
INDIANA	re-examination every three years		no homebound for mentally deficient		paid up to 80% by state, not to exceed $2.00 per child per day	up to 80% of the cost in excess of educating normal children
KANSAS	after placement re-evaluation by Admissions Committee			recommend cottage type, playground, water & toilet facilities adjacent, closets, blackboards		$1500 for each class, $100 for each non-resident child, one half of transportation up to $150.
KENTUCKY		state provides over all guidance and specific service when possible	no homebound for those of "insufficient intelligence to profit from individual instruction"	should be in regular school to provide maximum contact with non-handicapped, each unit must serve only one classification of handicap	school board shall pay for transportation	according to formula depending on tax and wealth of district--in general, the amount needed for minimum salary and up to $600 per class and $400 for capital outlay
MARYLAND						equalization aid, same as for regular classes
MASSACHUSETTS	re-examination must be made every two years--both mental and physical	a state supervisor assigned to the Trainable retarded	must have mental ability sufficient to profit from instruction to have homebound teaching	equivalent to highest standards set by the Board of Education	"regular transportation"	one-half the cost, including transportation
MICHIGAN			"with few exceptions" excluded after two years attendance in trainable class	must be self-contained rooms	cars, station wagon, parents	two state aid memberships per pupil, plus $200 for transportation

NEW JERSEY			(not stated, but probably allows homebound, since "state aid" specifies they pay "one-half of homebound")			$2000 per class, plus one-half tuition for non-residents, plus three-fourths of transportation, and one half homebound
NEW YORK				adequate classroom equipment and facilities	provided by community--paid up to 20 miles by the state	$8,250 per class plus transportation costs up to twenty miles
OHIO		under an advisory council of five, appointed by the Director of Mental Hygiene, but none employees of that department		pleasant, healthful, adequate space, light and heat, suitable furnishings, accessible toilets and washrooms	provision must be made when applying to form a class	paid by Department of Mental Hygiene
OKLAHOMA		directs that cooperative, helpful supervision be provided by superintendent, principal, and special supervisor	no homebound unless educable	every way as desirable and attractive as that occupied by regular class	public carrier--full reimbursement private carrier--paid 6¢ a mile, with 3¢ a mile for each additional child	$3000 per class unit
PENNSYLVANIA		County Board of School Directors shall employ supervisors as needed	(allows homebound)	any building complying with state fire requirements	station wagon, private car, school bus--"usually no public carrier"	excess instructional costs plus part of transportation
TENNESSEE	periodic evaluation shall be made	supervised by the superintendent of schools		must meet state requirements	school bus, station wagon, private cars, taxis	60% of pre-approved expenses up to $300 per child in average daily attendance
VIRGINIA					mainly by parents--law reads "should be provided at school expense"	one-half of teacher's salary up to $1500
WEST VIRGINIA					parents provide transportation	regular percent of state aid, if approved; if not, a "variety of means"
WISCONSIN					school bus, taxis, and private cars	80% of instructional costs