

A COMPARATIVE STUDY OF THE IDENTIFICATION, TREATMENT
AND TRAINING OF THE MENTALLY RETARDED CHILD (WITH
REFERENCE TO CANADA, ENGLAND AND WALES, HOLLAND,
JAPAN, SCOTLAND AND THE UNITED STATES, AND WITH
RECOMMENDATIONS FOR THE PROVINCE OF QUEBEC)

by

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PREFACE

This thesis is intended to make some contribution toward our understanding of the general provisions for the mentally retarded. In connection with its preparation, the author wishes to thank all those respondents who have supplied information, the Superintendent of Ontario Hospital School at Smiths Falls for permission to make visits, the principals and departmental officials who encouraged visits and generously gave their time.

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CHAPTER I

INTRODUCTION

Mental retardation is one of the largest and most challenging educational and social problems of our day. Although mental illness, cardiac disease, arthritis, and cancer are more prevalent, mental retardation appears earlier in life and "afflicts twice as many individuals as blindness, polio, cerebral palsy, and rheumatic heart disease combined" ¹ In spite of great medical advances in the identification of causes and the development of preventive action, the fact remains that these discoveries apply only to the fringe of the total problem of mental retardation.

"The manner in which our Nation cares for its citizens and conserves its manpower resources is more than an index to its concern for the less fortunate. It is a key to its future." ² Special education for the mentally retarded is the service by which a school system can achieve

¹President's Panel on Mental Retardation, "A proposed program for national action to combat mental retardation," Washington, D. C., October 1962, p. 1.

²Ibid., p. 282.

the goal of total recognition of every child as a human being. Each child has some contribution to make to society and if we accept the belief in the worth of the individual, we must move toward some special provision for the mentally retarded child. In order to avoid the development of anti-social or destructive behaviour leading to juvenile problems and wasted manpower, it is worthwhile to assist the child who experiences failure in academic work and social relationships at school. The ideal approach for the care of the mentally retarded requires early discovery and diagnosis in order that they may receive maximum benefits from special education programmes.

Until recently the mentally retarded child has been a neglected member of society. If the problem of mental retardation is at last attracting public attention, credit ought to be given to voluntary organizations which have pioneered in the field. In the province of Quebec the care and training of the mentally retarded has for the most part been neglected. As Robert Frost once said, wisdom is "that quality which motivates man to act in spite of insufficient knowledge."³ We must move ahead despite our lack of knowledge, trained personnel and financial sources. We are forced to look to other parts of the world in order to study current practices and provisions for the

³Ibid., p. 24.

care and treatment of the mentally retarded.

For the most part the study of mental retardation in Canada has not been extensively investigated. Holt⁴ studied the administrative practices for the educable mentally retarded in some Canadian public schools. His survey revealed that "all provinces of Canada make some financial provision for these special classes but that formulae used to establish the extent of aid vary widely."⁵ With regard to special classes for the mentally retarded, he further emphasized that "though expansion in this field has been rapid, it still fails to keep up with the need."⁶

In another study Horowitz⁷ investigated administrative practices in private schools for the mentally retarded. Although the writer lauded parents for their outstanding contribution in the field, he did emphasize that public educational authorities must assume more responsibility in providing for the mentally retarded.

The purpose of the present study is to provide a more general survey of the facilities available to the

⁴P. W. R. Holt, "Administrative practices concerning the educable mentally retarded in selected Canadian public schools," abstract obtained from the University of Alberta, October 1962.

⁵Ibid.

⁶Ibid.

⁷M. Horowitz, A Survey of Administrative Practices in Schools for the Mentally Retarded, Toronto, Canadian Association for Retarded Children, June 1959.

mentally retarded in specific countries with suggested recommendations for the implementation of certain of these practices in Quebec. In this province a Royal Commission on Education has been constituted; of necessity, this Commission must take into account the problem of the mentally retarded child. Another organization which is currently concerned with the problem of mental retardation is the Quebec Association for Retarded Children. The Association is cooperating with the Institute of Education of McGill University in an attempt to prepare adequately trained teachers. The writer hopes that this thesis might prove of value to these organizations.

The survey was conducted by means of a questionnaire, personal letters and interviews, along with recourse to periodicals, books and government documents from the specific countries studied. The questionnaire formed the major part of the study, a copy of which forms Appendix A, and a list of informants is given in Appendix B. During the course of the survey names of many new informants were secured. Many of these provided specific information in personal letters. Personal interviews were conducted during visits to various institutions in Hawaii, Japan, Scotland and Canada. Numerous libraries provided valuable data. The McGill University Medical Library was an especially valuable source. Recourse was also made to source materials in Redpath Library of McGill University in Montreal,

International Christian University Library at Mitaka in Japan and the Canadian Teachers Federation Library in Ottawa.

The quantity of data received in the form of letters and pamphlets from many informants proved too cumbersome to provide individual footnotes for each reference. Unless otherwise footnoted, data collected has been selected from correspondence with those persons or institutions provided as Appendix B.

At the outset of this study a workable terminology must be established because many of the terms used could easily be misinterpreted. In considering the mentally retarded one must remember that people differ "in degree, not in kind; they are all variants of one type. Each individual possesses more or less of all the characteristics possessed by the whole human race."⁸ The mentally subnormal differ widely among themselves not only in personality organization, but also in effective use of intellectual capacities. Mental subnormality must be considered in relation to the educational and social levels of the environment in which the individual functions. No case of mental subnormality can be fully understood on the basis of biological or of environmental influences only; there is a "complex interplay of many aspects of organic disorder

⁸W. B. Featherstone, Teaching the Slow Learner, New York, Columbia University, 1951, p. 1.

and environment with respect to family milieu, specific intellectual deficits, and the like."⁹

Subnormal mental functioning may be caused by "any one of a wide variety of diseases, accidents, or deviations in normal development and may be related to many different syndromes and toxic conditions, as well as to certain environmental deficiencies."¹⁰

There are many degrees and varieties of subnormal mental functioning to which a multitude of terms has been applied such as stupidity, moronity, backwardness, subnormality, mental defectiveness, oligophrenia, hypophrenia and mentally handicapped. Some terms "have been used in a highly specific or technical sense--amentia, imbecility, or idiocy; others in a very indefinite or general sense--retardation, backwardness, dullness, or subnormality."¹¹

Although this lack of agreement on terminology continues, educators and psychologists appear to be "moving toward agreement that mental retardation should be used as a broad generic term including a wide range of psychological and physical syndromes which have one common denominator--

⁹R. L. Masland, S. B. Sarason and T. Gladwin, Mental Subnormality, New York, Basic Books, 1960, p. 6.

¹⁰W. A. Fraenkel, The Mentally Retarded and Their Vocational Rehabilitation--A Resource Handbook, New York, National Association for Retarded Children, 1961, p. 15.

¹¹J. E. W. Wallin, Children With Mental and Physical Handicaps, New York, Prentice-Hall, Inc., 1950, p. 5.

subnormal intellectual development."¹² The term "mental retardation" will be used throughout this paper. Mental retardation refers to "subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior."¹³

For educational purposes the mentally retarded are divided into three distinct groups: the educable mentally retarded, the trainable mentally retarded, and the totally dependent mentally retarded; each with its own unique characteristics and problems and each requiring a different type of education.

The educable mentally retarded is a term used to refer to mentally retarded persons who are capable of some achievement in academic subjects. "Also used to refer to those mentally retarded children who may be expected to maintain themselves independently in the community as adults, or to that group of mentally retarded obtaining I. Q. scores between 50 and 70, 75 or 80."¹⁴

In general according to The Report on Study Project

¹²L. M. Dunn and R. J. Capobianco, "Mental Retardation" Review of Educational Research, 29, December 1959, p. 452.

¹³R. Heber, "Definition of Mental Retardation" Mental Retardation; Readings and Resources, New York, Holt, Rinehart and Winston, 1962, p. 9.

¹⁴American Journal of Mental Deficiency, 64, 1959-60, Section v, p. 98.

for Trainable and Mentally Handicapped Children,¹⁵ herein-after referred to as RHC, the educable mentally retarded have the following characteristics:

(1) They are able to learn second to fourth grade subject matter by the age of sixteen. (2) They do not begin to learn to read or to understand formal arithmetic until sometime between nine and twelve years of age. (3) They develop mentally from one-half to three-fourths as fast as an average child. (4) Their progress in school is likewise about one-half to three-fourths the rate of the average child. After they begin to read, for example, they progress about half as fast as a normal child. If they begin to learn to read at the age of ten, they probably can gain three or four grades in the next six years. (5) Although their vocabularies will be limited, their speech and language will be adequate in most ordinary situations. (6) In most instances, they can learn to get along with people. (7) They can learn to do unskilled or semi-skilled work and can usually support themselves at the adult level.¹⁶

The trainable mentally retarded is a term used to refer to mentally retarded persons who cannot be educated along academic lines:

. . . they are incapable of meaningful achievement in traditional academic subjects but who, nevertheless, are capable of profiting from programs of training in self-care, social, and simple job or vocational skills. Also used to refer to that group of mentally retarded obtaining I. Q.

¹⁵M. E. Frampton and E. D. Gall, Special Education for the Exceptional, 3, Massachusetts, Porter Sargent, 1960, pp. 435-436 (Referring to Report on Study Project for Trainable Mentally Handicapped Child, issued by Vernon L. Nickell, Superintendent, Public Instruction: Springfield, Illinois, 1954, pp. 3-4).

¹⁶Ibid., pp. 435-436.

scores from 25 or 30 to 50.¹⁷

The RHC elaborates on the characteristics of such children who are:

. . . capable of eventually learning self-care in dressing, eating, toileting, keeping clean, and in other necessary skills which will make them independent of their parents in the regular routines of living. (2) They are capable of learning to get along in the family and in the immediate neighborhood by learning to share, respect property rights, and in general to cooperate with their families or with the neighbors. (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 and under supervision. (4) Their mental development is approximately one-quarter to one-half that of an average child. (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 dangers. (8) They will require some care, supervision, and economic support throughout their lives.¹⁸

The totally dependent (custodial) mentally retarded is a term used to refer to mentally retarded persons who are:

. . . incapable of personal self-care and whose disabilities are of such a degree of severity that they are incapable of profiting from training or educational programs. Also used to describe that group of mentally retarded obtaining I. Q. scores below 25 or 30.¹⁹

¹⁷American Journal of Mental Deficiency, 64, 1959-60, Section v, p. 98.

¹⁸Frampton, op. cit., p. 435.

¹⁹American Journal of Mental Deficiency, 64, 1959-60, Section v, p. 98.

In general the dependent mentally retarded child, according to RHC would:

. . . (1) require assistance in dressing, undressing, toileting, and eating throughout their lives, (2) require protection from dangers, (3) are incapable of learning to participate socially with others, (4) develop at less than one-quarter the rate of the average child, and (5) have inadequate speech and language, either absent or limited to a few elementary words or phrases.²⁰

The following is a comparative table of the various terms employed in some of the countries specifically under study:

TABLE I
CLASSIFICATION SYSTEMS FOR THE MENTALLY RETARDED IN
THE UNITED STATES, THE UNITED KINGDOM AND HOLLAND

Approximate I. Q. Range	United States	United Kingdom	Holland
50-75	Educable (Moderately) Mentally Retarded	Feeble-minded	Debile
25-50	Trainable (Severely) Mentally Retarded	Imbecile	Imbecile
0-25	Profoundly Mentally Retarded	Idiot	Idiot

Comprehensive surveys of the prevalence of mental retardation have not been conducted to date in Canada. The gathering of these statistics would cause many difficulties in attempting to assess the number of mentally retarded.

²⁰Frampton, op. cit., p. 435.

The identification and classification of the mentally retarded is a serious problem because of the difficulties encountered in applying any precise criteria other than intelligence.

In a population, the percentage of mentally retarded is calculated statistically on the properties of a normal distribution which is presumed to have been confirmed pragmatically by sample surveys. It has been estimated that three per cent of the population of the United States or 5.4 million children and adults are afflicted.²¹ As the population increases, needless to say, so does the number of mentally retarded in each category of retardation with all its degrees of gradation. In a cross section of the population the prevalence of severely retarded children is relatively constant. However, on account of educational and cultural conditions, there is a higher prevalence of mildly mentally retarded children in homes where parents have poor education and little income.

The mentally retarded population can be broken down into specific percentages at the three levels of retardation--the educable mentally retarded constitute about 75 per cent of the total mental retardation category, that is 2.25 per cent of a total normal population; the trainable mentally retarded constitute 20 per cent of the total mentally retarded group, that is .60 per cent of a total

²¹President's Panel Report, op. cit., p. 1.

population distribution; the totally dependent mentally retarded make up 5 per cent of the mentally retarded population, that is .15 per cent of a normal population distribution.²²

The treatment of the mentally retarded has frequently been described as one of the "grim chapters in human history." Often classified as mentally insane, the mentally retarded were for centuries treated as common criminals. For a long time there was no clear cut distinction between mental deficiency on the one hand and insanity on the other; that is to say, between a subnormal mental condition existing from birth and one that develops in later life.

In ancient times the Greeks exposed their handicapped offspring to the elements to perish fearing their nation might degenerate. During the Christian era in Rome mental retardates were viewed often in a spirit of compassion and many of the court jesters were recruited from their ranks. On the other hand the Reformation was characterized by severe persecution of those who were unable to accept the teachings of Roman Catholicism or of Protestantism because of confused or limited reasoning. Baker suggested that some of the 100,000 witches killed through religious fervor were mentally retarded.²³

²²Frampton, op. cit., pp. 440-441.

²³H. J. Baker, Introduction to Exceptional Children, 3rd ed., New York, The Macmillan Company, 1959, p. 199.

A bright spot on the horizon was the fact that most religions of the world emphasized compassion for the less fortunate. From the thirteenth century the churches of Europe had begun to provide asylums for society's less fortunate members, including the mentally retarded.

Prior to 1800 the pessimistic view of the "naturalists" prevailed which held that as mental retardation was innate, it could not be cured. They maintained that "Once retarded, always retarded; nothing can be done."²⁴

Another school of thought was that of the "environmentalists" and "sensationalists" who maintained that learning "came only through the senses and that all persons could develop the ability to learn if given adequate stimulation."²⁵ Jean Marc Gaspard Itard (1775-1838), physician at the National Institution for the Deaf and Dumb in Paris, was the first to apply the principles of sensationalist psychology to the mentally retarded. Itard's work with a twelve year old boy who had been captured in the Forests of Aveyron and diagnosed as mentally retarded is especially significant. Itard was partially successful in giving him elementary instruction. This demonstrated the educability

²⁴L. Dunn, "Services for exceptional children" Services for Exceptional Children, Proceedings of the 1956 Spring Conference of the Woods Schools, held in Indianapolis, The Woods Schools for Exceptional Children, Langhorne, Pennsylvania, p. 19.

²⁵Ibid.

of imbeciles which resulted in a shift of emphasis from incurability and custodial care to that of treatment and education for the mentally retarded. He is believed to have been the first educator to apply the clinical method to the study and observation of a pupil.

One of Itard's students, Edward Seguin (1812-1880), developed and refined the work of his teacher. Seguin was also a student of Jean Esquirol (1772-1840), a physician who defined the mental defective and recognized different degrees in the feeble-minded. Seguin organized a successful school in Paris in 1837 and continued this work in France until the Revolution of 1848 when he emigrated to the United States. There he was responsible for founding several institutions devoted to the care of the mentally retarded. His work was outstanding and a model for future development. This was a period of great expansion in the public support of schools for the mentally retarded. During this time the first private school was organized by Dr. H. B. Williams in Barre, Massachusetts.

Some progress was made during the remainder of the nineteenth century both in America and Europe, principally in the growth of institutions. A serious effort was made to help the handicapped child, though in terms of numbers, comparatively few came under the scope of these progressive efforts.

At the turn of the twentieth century, Dr. Alfred

Binet and Dr. Theodore Simon of France introduced a method of measuring intelligence which was a distinct contribution to the study of retarded children. Binet sought to measure natural and general intelligence apart from instruction, first trying his tests on a great many normal children in order to establish the normal mental level of a child at different ages. He then used this scale to ascertain the mental age of retarded children and superior children. Binet's tests were published in 1905 and were introduced to America in 1906. Dr. Henry H. Goddard, director of the research laboratory at the Training School at Vineland, New Jersey, adopted and sponsored the Binet-Simon Scale in America. Subsequently, Dr. Terman and others revised the scale and introduced new methods of scoring to overcome limitations in the original scale.

The increase in mechanization of industry resulted in a decrease in employment for the less skilled worker. The mentally retarded most frequently found in the unskilled or semi-skilled groups were often among the first to become unemployed. With a shorter work week the problems encountered in the use of leisure hours in the case of the mentally retarded became more evident. The increasing emphasis on universal education also promoted a greater awareness of the needs of the retarded child. There was very little opportunity for the education of the retarded child except in the regular classes with normal children where he was

regarded as a nuisance and was usually ignored.

Throughout the ages there has been a lack of knowledge of the causes of mental retardation with the subsequent result that little effort has been made to develop the potential of the retarded child.

There has been a tendency to blame the parents for the child's deficiency and to make the mental retardate an object of shame. This attitude hampered those who have sought to aid the mentally handicapped. A more positive attitude toward the care of the mentally retarded has evolved since World War II. This change was partially due to voluntary organizations such as the Association for Retarded Children which rejected the idea of hiding the children and found ways of developing their potential along scientific lines. The most important role of the voluntary organization was the education of the public to the recognition of the need for the care of the mentally retarded. Although these groups were usually restricted financially and could not be expected to provide a basic programme, their pioneer efforts in educating the public to the needs of the mentally retarded were highly significant.

It is now recognized that a retarded child like other children of school age is entitled to an education suitable to his abilities. The time has passed when the policy was to keep the child busy with simple hand work. It is particularly necessary to provide mental retardates

with stimulating activity at a very early age and much good work is being done by commencing as early as two years of age. It is now believed that most retarded children, with proper training, will be able to lead happy and useful lives and that the cost of special training will be more than offset by their eventual contribution to the community.

CHAPTER II

REVIEW OF THE LITERATURE

There is a considerable body of literature on the retarded child because it has been a subject of interest to doctors, teachers, psychologists and sociologists for more than a century. There are books, pamphlets and journals written both for the scholar and the general reader. A number of works are considered classics: among these are, Penrose's Biology of Mental Defect (1949)¹ and Cyril Burt's The Subnormal Mind (1935).² Books recognized as standard works are Masland, Sarason and Gladwin's book Mental Subnormality (1958),³ Mautner's book Mental Retardation (1959),⁴ Hilliard and Kirman's book Mental Deficiency (1957)⁵ and the Clarkes' book

¹L. S. Penrose, Biology of Mental Defect, New York, Grune and Stratton, 1949.

²C. Burt, The Subnormal Mind, London, Oxford University Press, 1935.

³R. L. Masland, S. B. Sarason and T. Gladwin, Mental Subnormality, New York, Basic Books, Inc., 1958.

⁴H. Mautner, Mental Retardation, London, Pergamon Press, 1959.

⁵L. T. Hilliard and B. H. Kirman, Mental Deficiency, London, J. and A. Churchill Limited, 1957.

Mental Deficiency; The Changing Outlook (1958).⁶

The United States has produced a substantial body of literature relating to the mentally retarded child. An outstanding publication is the American Journal of Mental Deficiency. Several university educators, including Samuel A. Kirk of the University of Illinois, and G. O. Johnson and W. Cruickshank of the University of Syracuse, have produced significant work in the field. The United States Office of Health, Education and Welfare has provided literature addressed both to professional people and the parents of the mentally retarded child.

In Canada, there is only a limited amount of literature on the subject. The Ontario Hospital School at Smiths Falls and the Montreal Children's Hospital have published the results of their research in the field of mental retardation. Most noteworthy are the reports of the outstanding work being done at the Children's Psychiatric Research Institute at London, Ontario.

In the United Kingdom, N. O'Connor and J. Tizard, working in cooperation with the Medical Research Council, have published a considerable body of work on mental retardation. Working under regional hospital boards, people such as A. D. B. Clarke have written much that is significant.

⁶A. M. Clarke and A. D. B. Clarke, Mental Deficiency; The Changing Outlook, London, Methuen and Company Limited, 1958.

In Japan and Holland, most of the work is medically oriented, although S. Nishitani of Tokyo Education University has contributed a standard text book for Japanese students interested in the psychology of retarded children.

As a subject, mental retardation is treated in a number of ways in current literature. In the Psychological Abstracts, the Index Medicus and the Education Index, mental retardation is treated as an independent subject and in conjunction with other related topics, such as education and psychology. "A proposed program for national action to combat mental retardation"⁷ is the report submitted to the President of the United States by the President's Panel on Mental Retardation. This report speaks in terms of research, prevention, clinical and social services, education, residential care, law, organization of services and public awareness. Hereafter, this will be referred to as the "President's Panel Report."

The United States Department of Health, Education and Welfare published a pamphlet, Research Relating to Mentally Retarded Children,⁸ which listed research projects under subheadings such as neurology and neurosurgery,

⁷President's Panel on Mental Retardation, "A proposed program for national action to combat mental retardation," Washington, D. C., October 1962.

⁸Research Relating to Mentally Retarded Children, United States Department of Health, Education and Welfare, 1960.

pharmacology, growth and development, special education and vocational training and employment. This publication is hereafter referred to as RRMRC. The Education of the Severely Retarded Child,⁹ issued by the same department, differs from the above in that the reports are listed under the name of the author.

Among teacher organizations the National Education Association, through its research division, published Child With Retarded Mental Development.¹⁰ This contained a series of 118 references classified according to parent-child relations, classroom procedures, medical materials and psychological research.

The comprehensive bibliography produced in Special Education for the Exceptional¹¹ divided references into such sections as education, legislation and social work, medicine, mental hygiene and psychology, parental and pre-school education, vocational guidance and employment; with each section subdivided as to the origin of the reference.

Canada's Mental Health, a monthly periodical of the Mental Health Division, Department of National Health

⁹Education of the Severely Retarded Child, United States Department of Health, Education and Welfare, 1959.

¹⁰M. E. Harnett, Child With Retarded Mental Development, Washington, D. C., International Council for Exceptional Children.

¹¹M. E. Frampton and E. D. Gall (eds.), Special Education for the Exceptional, 1, Massachusetts, Porter Sargent, 1960.

and Welfare, recently published a selected bibliography¹² of restricted scope on mental retardation in which the classification was according to potential users, for example, physicians, psychologists, social workers, nurses, teachers, speech therapists, parents and others.

In order to facilitate a review of the vast literature on mental retardation, the author has arbitrarily chosen to discuss the literature under four headings. These are (1) Statistical Surveys; (2) Medical Practice Related to Mental Retardation; (3) Intelligence, Learning and Retardation; and (4) Organizational, Educational, Social and Cultural Factors.

Statistical Surveys

The RRMRC indexed twenty-four papers referring to statistics on mental retardation. This included studies of the incidence of mental retardation in various limited areas of the United States, for example, the county area of Iowa or Kansas, or a city area like Philadelphia; also, more general reports dealing with residential treatment and even comments on research into mental deficiency and mental retardation. The "President's Panel Report" stressed the need for statistical data and the analysis of this in terms of incidence, prevalence and socio-economic characteristics

¹²J. B. Fotheringham, A Selected Bibliography for Professionals, Ottawa, Mental Health Division, Department of National Health and Welfare, 1962.

of the mentally retarded. The report stated that "No one knows what proportion of the Nation's unemployed out-of-school youth are mentally retarded or even how many were once enrolled in special classes."¹³ This suggests that without more information one cannot fully understand the relationship between unemployment and mental retardation.

Reports of the institutionalization of the mentally retarded provided significant statistical data. Reference has already been made to the nominal three per cent of a total population who may be regarded as mentally deficient.¹⁴ Wirtz and Guenther¹⁵ found that in a comparison of the institutional population in two states there were nearly twice as many trainable mentally retarded in Michigan as in Illinois. The authors show 1.15 institutionalized trainable mentally retarded per 1,000 school-age children in Michigan, while there are only .85 in Illinois. However, in Ottawa County (Michigan) there are many private institutions. This fact is largely responsible for the substantial difference in the figures for these two states. In a comparison of the numbers of trainable mentally retarded in areas widely separated geographically, the authors found that:

¹³President's Panel on Mental Retardation, op. cit., p. 39.

¹⁴vide supra, p. 11.

¹⁵M. A. Wirtz and R. Guenther, "The incidence of trainable mentally handicapped children" Exceptional Children, January 1957, pp. 171-172, 175.

The community groups were very comparable for both Michigan and Illinois and this similarity tends to lend credence to the validity of the figures for each . . . it appears that for 1,000 school-age children there are one to two trainable mentally handicapped children in the community, and one trainable child in an institution.¹⁶

Another statistical approach to the examination of the mentally retarded has been taken up by Soloyanis¹⁷ who, in a study of the waiting list for institutionalization, found that the number of applicants decreases with age. The author explained this by pointing out that, of the applicants, the children below seven years of age showed the highest death rate, over six times the rate of all the other children.

A more recent examination of the waiting list for admission to state schools for the mentally retarded in Texas was conducted by Vowell and Sloan¹⁸ who concluded that if community resources for "psychiatric treatment or counseling, vocational training, educational opportunities and other facilities were available institutionalization for some of these might be obviated."¹⁹ The authors

¹⁶Ibid., p. 175.

¹⁷G. Soloyanis, "The needs of mentally retarded populations as reflected in waiting list statistics" American Journal of Mental Deficiency, 64, 1959-60, pp. 520-534.

¹⁸R. W. Vowell, W. Sloan et al., "The waiting list in Texas" American Journal of Mental Deficiency, July 1962, pp. 21-28.

¹⁹Ibid., p. 28.

stressed the importance of a programme at the state level which would "provide some kind of part-time institutional care in the community to relieve these families of some of the burden of caring for these children on an around-the-clock basis."²⁰

Concerning mental retardates admitted to institutions, Sabagh and Windle²¹ found that the trend of admission rates over the years was not uniform for all age groups, in fact, there appeared to be "counterbalancing trends between the older and younger ages, namely, an increase in rates for children and a decrease for adolescents and adults . . . the decrease in rates in older ages is directly proportional to mental level, while the increase in younger ages is inversely related to mental level."²² The authors maintained that changes in rates of institutionalization have definite implications for treatment policies. The results of their study suggested that "in the next phase of treatment for mental defectives, social rehabilitation will be replaced by increased emphasis upon the medical treatment appropriate for young, severely defective patients."²³

²⁰Ibid.

²¹G. Sabagh and C. Windle, "Recent trends in institutionalization rates of mental defectives in the United States" American Journal of Mental Deficiency, 64, 1959-60, pp. 613-624.

²²Ibid., p. 623.

²³Ibid., p. 624.

A study of the differential prevalence of mental deficiency in the urban and rural populations of Ohio based on new admissions to state institutions during 1949 was carried out by Frumkin.²⁴ He discovered that "proportionately about three times as many persons are admitted from urban areas as from rural areas in Ohio."²⁵ However, the fact that the rural community, especially at that time, was possibly better able to care for a mentally retarded child may explain the discrepancy in admissions. The author maintained that, "since mental deficiency is largely physiogenic in origin, it has not been practical, as is the case in studying the etiology of mental illness, to study it in sociological and psychological terms."²⁶

In a survey carried on by Goodman²⁷ it was maintained that retardation is a lifelong, unalterable condition, the prevalence varying at different ages; thus no meaning could be derived from overall prevalence figures which mix age levels. Prevalence reached a maximum at the ten to fourteen year age bracket and then subsequently

²⁴R. M. Frumkin, "Differential prevalence of mental deficiency in the urban and rural populations of Ohio" Rural Sociology, 19, 1954, p. 390.

²⁵Ibid.

²⁶Ibid.

²⁷M. B. Goodman et al., "A prevalence study of mental retardation in a metropolitan area" American Journal of Public Health, 46, 1956, pp. 702-707.

declined. The author found that retardation occurred in "markedly varying frequencies in different age, sex, color²⁸ and neighborhood populations." This seemed to indicate that retardation was not a "fixed characteristic of individual children, but a complex set of manifestations of some children's relationship with their immediate environment."²⁹ This is a relationship which, according to this survey, no longer was evident in many retarded children after fourteen years of age.

³⁰ Mullen and Nee reported on the prevalence of mental retardation in Chicago area schools in order to assess the provisions for the educable retarded and the need for provisions for the trainable retarded. The authors noted a higher incidence of mental retardation in low social and economic areas.

Statistics on institutional provisions for the³¹ mentally handicapped have been given by Sloan³² and Malzberg. Malzberg in studying the question of first

²⁸ Ibid., p. 707.

²⁹ Ibid.

³⁰ F. A. Mullen and M. M. Nee, "Distribution of mental retardation in an urban school population" American Journal of Mental Deficiency, 56, 1952, pp. 777-790.

³¹ W. Sloan, "Some statistics on institutional provisions for the mentally handicapped" American Journal of Mental Deficiency, 59, January 1955, pp. 380-382.

³² B. Malzberg, "Some statistical aspects of first admissions to the New York State schools for mental defectives" American Journal of Mental Deficiency, 57, 1952, pp. 27-37.

admissions to the New York State schools for mental defectives indicated that the average age of admission has been statistically affected by the admission of increasing numbers of infants and very young children. In another article³³ he said that the discharge rate since 1930 had declined.

Finally, Kramer³⁴ offered a method for determining the probabilities for stay, release and death of mental retardates in institutions.

Medical Practice Related to Mental Retardation

It is evident that an understanding of mental retardation is dependent not only upon exploring the various areas, namely, the biological, social and behavioural sciences, but also upon communication from one discipline to another. Mental retardation "is not one, but many disorders; only a small fraction of the cases such as those of mongolism, cretinism, phenylketonuria, and galactosemia, for example, are understood well enough to ensure a meaningful [medical] diagnosis."³⁵ Not until basic

³³B. Malzberg, "Statistics of admissions to and discharges from state schools for mental defectives" Mental Hygiene, 44, 1960, pp. 434-441.

³⁴M. Kramer et al., "A method for determination of probabilities of stay, release, and death for patients admitted to hospital for the mentally deficient: The experience of Pacific State Hospital during 1948-1952" American Journal of Mental Deficiency, 62, 1957, pp. 481-495.

³⁵President's Panel on Mental Retardation, op. cit., p. 26.

facts of mental retardation are known can we "define the most formidable social and medical challenges and then mobilize our resources more adequately to meet them."³⁶ At this early stage it is not practical to inaugurate a large scale programme as has been done in diseases like malaria and poliomyelitis. The problem of mental retardation is that it is "a phenomenon of such diversity and complexity that to impose a narrowly-oriented plan of research upon it would be to stifle rather than encourage creativity and originality."³⁷ There have been, however, significant medical advances which are encouraging to those studying mental retardation.

Though the study of mental retardation is of vital interest from a medical point of view, the field here is so wide that an adequate review of research is beyond the scope of the thesis. One can note that in RRMRC approximately one-half the references concentrate upon the medical area.

Several interesting advances in medical science significant for the mentally retarded should be reported. Mention should first be made of the various experiments with drugs, some of which had ameliorated the general condition of mental deficiency. The most widely known and utilized drug is glutamic acid which has been thought to increase

³⁶Ibid., p. 25.

³⁷Ibid.

intellectual efficiency. The rationale behind this was that in the laboratory white rats learned to run mazes better under a dosage of this acid than they did without it (speed and accuracy of learning being thought of as intelligence). However, the reports on the effects of this acid are conflicting. For example, Chambers and Zabarenko³⁸ did not discover any significant improvement in mental deficiency with the use of this drug in their investigation; however, it was noted that the increased personal attention did stimulate mental functioning. The use of glutamic acid was most popular in the early 1950's but the literature suggests a drop in interest after 1956.

It is also known that mental retardation due to congenital syphilis can be almost completely eradicated by antibiotics. Unfortunately the curing of some diseases is accompanied by side effects, such as in the case of meningitis where often "the brain is damaged and the child may be left with epilepsy, cerebral palsy or mental retardation."³⁹

³⁸G. S. Chambers and R. N. Zabarenko, "Effects of glutamic acid and social stimulation in mental deficiency" Journal of Abnormal and Social Psychology, 53, 1956, pp. 315-320 (Psychological Abstracts, 1958, 4310).

³⁹P. Robb, "Looking ahead for the mentally retarded child" The Bulletin, 10, July 1960, p. 11.

Berg⁴⁰ contrasted the incidence of meningitis with other distinct syndromes associated with mental defect. He pointed out that it seems reasonable to "anticipate that a combination of improved social, preventative and therapeutic measures will in future (as has already happened in the case of congenital syphilis in some countries) reduce meningitis as a cause of mental defect to almost negligible proportions."⁴¹ Notwithstanding these medical advances, Robb emphasized that "the retarded child will always be with us, requiring diagnosis, treatment and care."⁴²

Concerning biological aspects of mental retardation, Penrose⁴³ suggested that they "are at last becoming of positive interest to the biologist. Though handicapped and inarticulate, the mentally subnormal provide us with an unrivalled opportunity for examining the mode of evolution of the human race."⁴⁴ He pointed out that it is sometimes possible to see in the life histories of the mentally

⁴⁰J. M. Berg, "Meningitis as a cause of severe mental defect" Proceedings of the London Conference on the Scientific Study of Mental Deficiency, 1960, 1, England, May Baker Limited, 1962, pp. 160-164.

⁴¹Ibid., p. 163.

⁴²Robb, op. cit., p. 12.

⁴³L. S. Penrose, "Biological aspects" Proceedings of the London Conference on the Scientific Study of Mental Deficiency, 1960, 1, England, May and Baker Limited, 1962, pp. 11-18.

⁴⁴Ibid., p. 18.

retarded the interaction of mutation and natural selection at first hand.

A recent and intensive study of mental deficiency is reported by Pevzner⁴⁵ of the Institute of Defectology in Moscow in her book (a translation from the Russian) Oligophrenia--Mental Deficiency in Children. This, along with other recent publications, is making it possible for those who do not speak Russian to follow the work of colleagues behind the Iron Curtain. According to Tizard, Pevzner provided the reader with "the fruits of her experience in diagnosing and studying educationally retarded children with disturbances of higher nervous activity."⁴⁶

The use of electro-convulsive treatments was discussed by Nichtern⁴⁷ of the Department of Psychiatry, New York University, in a recent paper. Nichtern said that since this type of treatment represents "an effective and safe therapeutic procedure for childhood schizophrenia . . . [and as] mental retardation is an outstanding symptom in so many of these children, electro-convulsions

⁴⁵M. S. Pevzner, Oligophrenia--Mental Deficiency in Children, New York, Consultants Bureau, 1961.

⁴⁶Ibid., p. x (Preface by J. Tizard).

⁴⁷S. Nichtern, "The biological treatment of mental retardation; the use of electro-convulsive treatments" Proceedings of the London Conference on the Scientific Study of Mental Deficiency, 1960, 1, England, May and Baker Limited, 1962, pp. 199-204.

should be considered an important form of biological
treatment of mental retardation."⁴⁸

A great deal has been written about psychotherapy⁴⁹
with the mentally retarded child and his family. Kaldeck
emphasized that the approach to group psychotherapy should
be "dynamically oriented and permissive and [ought] to
include some repressive-inspirational features."⁵⁰ He was
optimistic about the value of psychotherapy, especially in
cases of mild mental retardation within institutional
settings.

As stated earlier, the research of medical science
in mental retardation is substantial; and enough has been
said to indicate that the contributions range from those
dealing with the purely biological, pharmacological and
electroencephalographical, as well as the neurological and
psychiatric aspects.

Intelligence, Learning and Retardation

Surprisingly, little attention seems to have been
paid over the past few years to the reporting of measure-
ment of intelligence among retarded individuals. The
RRMRC listed fifty-five references under this heading; of

⁴⁸

Ibid., p. 204.

⁴⁹

R. Kaldeck, "Group psychotherapy with mentally
defective adolescents and adults" International Journal of
Group Psychotherapy, 8, 1958, pp. 185-192 (Psychological
Abstracts, 1959, 8507).

⁵⁰

Ibid.

which two or three did not particularly refer to the mentally retarded but rather to standardization of tests.

One of the indications of measured intelligence is reflected by the screening and selection procedures employed for special placement of the mentally retarded. Elkema and Burris⁵¹ reviewed some of these procedures, such as teacher referrals, age-grade placement, group intelligence and achievement tests. The "validating criterion" for the effectiveness of these screening procedures was the Stanford-Binet Intelligence Scale (revised form). The authors noted that, "the inclusion of more factors in identifying mental retardation, led to greater agreement with the criterion . . . pupils identified by four or five factors may be regarded as having a 90-percent chance of being mentally retarded."⁵²

A particular public school screening technique was described by Jolles.⁵³ He stressed the importance of

⁵¹C. E. Elkema and W. R. Burris, Study of Screening Procedures for Special Education Services to Mentally Retarded Children, Washington, D. C., United States Department of Health, Education and Welfare, June 1960 (L. F. Cain and S. Levine, "The mentally retarded" Review of Educational Research, 33, February 1963, pp. 62-82).

⁵²Ibid., p. 65.

⁵³I. Jolles, "Discovering the educable mentally handicapped: a public school screening technique" American Journal of Mental Deficiency, 59, 1955, pp. 610-616.

psychological diagnosis in the Illinois programme,⁵⁴ while Ritchey⁵⁵ outlined psychological procedures in diagnostic work. Ritchey maintained that "statistics from representative child guidance centres in urban cases . . . (indicate that cases of mental retardation) constitute approximately a quarter of referrals."⁵⁶ Despite the frequency of such referrals, Ritchey maintained that psychologists are "sometimes criticized for superficial, perfunctory work with retarded subjects."⁵⁷ He explained that this was probably because "the question of what constitutes an adequate evaluation of retardation has received relatively little attention in the literature."⁵⁸ In an attempt to fill this gap Ritchey stressed the importance of various approaches to the diagnosis of retardation in an inter-professional manner.

It is known that not all diagnoses are accurate and cases of pseudo-retardation have been found. In a case

⁵⁴I. Jolles, "The importance of psychological diagnosis in the Illinois program for the educable mentally handicapped" American Journal of Mental Deficiency, 54, 1950, pp. 512-515.

⁵⁵M. H. Ritchey, "Psychological procedures in the diagnosis of mental retardation" Exceptional Children, September 1960, pp. 6-10.

⁵⁶Ibid., p. 6 (quoting C. M. Louttit, Clinical Psychology of Exceptional Children, New York, Harper, 1957, p. 235).

⁵⁷Ibid., p. 6.

⁵⁸Ibid.

of this kind Goodnick⁵⁹ concluded that the boy's problem was "psychological and not due to organic injury or inferior mentality."⁶⁰ The author felt that although such growth spurts (as occurred with this boy) cannot be expected of every retarded child, this can "open our minds to be on the alert for youngsters of this and similar types who can be guided toward proper placement."⁶¹

A few investigators such as Ogden⁶² have reported on the use of WISC I. Q.s among different categories of defectives and found no evidence for diagnosis on the basis of WISC. He suggested rather that the differentiation of retardates results from institutional policies. Baroff⁶³ also examined the test results obtained by the WISC and used fifty-three nonbrain impaired defectives to establish the relative difficulty of sub tests for mental retardates.

A piece of work reported from England investigated the changes in Terman-Merrill I. Q.s of mentally retarded

⁵⁹B. Goodnick, "A case of pseudo-retardation" Psychological Newsletter, 10, 1959, pp. 331-335.

⁶⁰Ibid., p. 334.

⁶¹Ibid.

⁶²D. P. Ogden, "WISC I. Q.s for the mentally retarded" Journal of Consulting Psychology, 24, April 1960, pp. 187-188.

⁶³G. S. Baroff, "WISC patterning in endogenous mental deficiency" American Journal of Mental Deficiency, 64, 1959-60, pp. 482-485.

children transferred to residential special schools and found that there was no relation between adverse home conditions and gains in I. Q. scores on removal.⁶⁴ A somewhat similar type of study was reported by Aksel⁶⁵ who investigated the relationship of intelligence to the social and economic level of backward and defective children in Turkey. He found that children from a richer cultural background "show superior development in both theoretical and applied intelligence."⁶⁶ Different cultural conditions appeared to have had a greater impact on intelligence than economic conditions. The author also pointed out that, "The results obtained from verbal intelligence tests are not infallible, especially in less highly developed cultural groups."⁶⁷

Scarr⁶⁸ reported on the changes of Terman-Merrill I. Q.s in backward and mentally deficient children. Scarr

⁶⁴R. D. Collmann and D. Newlyn, "Changes in Terman-Merrill IQs of mentally retarded children" American Journal of Mental Deficiency, 63, 1958-59, pp. 307-311.

⁶⁵I. S. Aksel, "The relation of the development of intelligence to economic and cultural conditions" Proceedings of the London Conference on the Scientific Study of Mental Deficiency, 1960, 2, England, May and Baker Limited, 1962, pp. 471-474.

⁶⁶Ibid., p. 474.

⁶⁷Ibid.

⁶⁸E. H. Scarr, "Changes in Terman-Merrill I. Q.s with dull children" British Journal of Statistical Psychology, 6, November 1953, pp. 71-76.

attempted to evaluate earlier studies done by Roberts and Mellone who had used the 1937 Terman-Merrill Intelligence Test. They found what others such as McNemar had found, that is, standard deviations are different at different age levels so that the derived I. Q.s must be corrected because they are not independent of chronological age. In her work Scarr tested over 350 children, employing the original Terman-Merrill Intelligence Test, but at the same time including the adjustments suggested by Roberts and Mellone. She found that the Roberts and Mellone adjustments were valid for children with I. Q.s above forty whose ages were less than thirteen; however, beyond that age these adjustments were unreliable.

Mundy⁶⁹ examined the impact of transfer on mentally retarded patients from institutional to non-institutional environments and found a greater mean increase on the Stanford-Binet tests for those transferred in comparison to those left behind. Mundy's findings apparently contradict the work of Collmann and Newlyn⁷⁰ and therefore suggests the need for further investigation concerning the relationship of transfer and its effect on intelligence.

⁶⁹L. Mundy, "Environmental influence on intellectual function as measured by intelligence tests" British Journal of Medical Psychology, 30, 1957, pp. 194-201.

⁷⁰Collmann and Newlyn, op. cit.

Studies on school achievement of the mentally retarded in the London area were undertaken by Moran.⁷¹ She found that the variability of scores in specific subject areas was substantially reduced. However, the mean score of the mentally retarded compared favourably with that of children attending secondary modern schools who were only interested in one or two specific subject areas.

Finally, motor performance and manual ability are important aspects of the training of the defective. Mention should be made of the work by Reger and Dawson⁷² who used psychological tests to predict manual ability. Beaber⁷³ made a comparison of motor tests using retarded and intellectually normal children. He found that intellectually normal children and educable mental retardates of similar chronological ages "differ in simple motor performance as tested by the four selected tests. Where the simple motor performance of intellectually normal children was compared with the performance of educable mentally

⁷¹R. E. Moran, "Levels of attainment of educable sub-normal adolescents" British Journal of Educational Psychology, 30, 1960, pp. 201-210.

⁷²R. Reger and A. Dawson, "The use of psychological tests to predict manual abilities in mentally retarded boys" American Journal of Occupational Therapy, 15, 1961, pp. 204, 221.

⁷³J. D. Beaber, "The performance of educable mentally handicapped and intellectually normal children on selected tasks involving simple motor performance" Dissertation Abstracts, 21, 1961, pp. 2792-2793.

handicapped children of similar mental age, no differences were observed."⁷⁴

Netchine and Lairy⁷⁵ made comparisons of the relationship between E. E. G. and intelligence in children. Their children were divided into three groups according to intelligence (approximate ages five to twelve years). In their study E. E. G.s were taken in three areas, the occipital, the parietal and the rolandic. By analyzing the rhythms obtained from the bi-occipital, bi-parietal and bi-rolandic channels they were able to design an index called "S" which stemmed from taking the relationship of the occipital to parietal mean frequency and multiplying by the relationship of the occipital to the rolandic mean frequency. The two variables lead to some kind of confusion because part of the effect is due to maturation and part of the effect seemed to be related more directly to intelligence with some interaction between intelligence and maturation at the lower levels. An examination of the "S" index indicated that the index may be high when the occipital frequency was high and the others were low. The index would be low if the occipital frequency were low or

⁷⁴Ibid., p. 2792.

⁷⁵S. Netchine and G. C. Lairy, "Comparison of E. E. G. data and intelligence level in children" Proceedings of the London Conference on the Scientific Study of Mental Deficiency, 1960, 2, England, May and Baker Limited, 1962, pp. 373-383.

the parietal or rolandic frequencies were higher. With low occipital frequency and low "S" index the subjects tended to have a psycho-motor efficiency which was low with respect to intelligence; these children often have organic antecedents in their history. Where occipital frequency was high, parietal and rolandic being normal or low, these subjects tended to show the most severe mental deficiency, most often endogenous though occasionally mild deficiency with non-psycho-motor difficulties. These children definitely had a higher level of psycho-motor efficiency than their intelligence level would seem to indicate. Where occipital, parietal and rolandic frequencies were high, intelligence and psycho-motor efficiency appeared to be on the same level. Where occipital frequency was low but the parietal and rolandic frequencies also were low, one noticed that the children were essentially slow and passive. Not only were they intellectually inefficient but inhibition and passivity were most marked.

Burt⁷⁶ studied the influence of heredity and environment upon intelligence as measured by tests. In an earlier article⁷⁷ he looked at a multifactorial theory,

⁷⁶C. Burt and M. Howard "The relative influence of heredity and environment on assessments of intelligence" British Journal of Statistical Psychology, 10, November 1957, pp. 99-104.

⁷⁷C. Burt and M. Howard "The multifactorial theory of inheritance and its application to intelligence" British Journal of Statistical Psychology, 8, November 1956, pp. 95-131.

holding that intelligence, or at least the inherited aspect of it, depends upon a "large number of genes segregating in accordance with Mendelian principles and each producing effects that are small, similar and cumulative."⁷⁸ Working with the correlations between intelligence scores of parents and children, between siblings, and between twins, Burt made estimates of the contributions of genetic and nongenetic factors respectively.

Where raw measurements based directly on intelligence tests were taken, only twenty-five per cent of the variance was due to nongenetic factors. With adjusted measurements of intelligence, approximately one-half was due to nongenetic factors. Although Burt's work is based upon persons of average intelligence, it is possible that his investigations may have much use in studying the mentally retarded. If nongenetic factors only account for twenty-five per cent of the variance in intelligence scores of average persons, then this restricts the variance one can expect by changes in environment. If, however, the fifty per cent of variance on adjusted scores applies to retarded children, it would be a significant factor from the point of view of remedial education or even custodial care.

⁷⁸ Ibid., p. 95.

Hurtig⁷⁹ pointed out that normal children of a given mental age are much different in their level of performance in comparison with mentally retarded children of the same mental age. He illustrated this fact in a comparative study of pseudo-defective and mentally retarded children based on Raven's Progressive Matrices. He found that in testing both groups with provision for four sessions under the test-practice-retest method, the normal child made substantial gains between the first and fourth sessions, while the mentally retarded child of the same mental age, as judged by individual tests, made little or no gain even with three practice sessions. He concluded that the findings of the test-practice-retest method suggest a way of discriminating between the real defect and the pseudo-defect.

Johnson and Blake⁸⁰ investigated the relative performances of retarded and normal subjects in such tasks as serial nonsense syllable learning and in letter digit substitution where they took such measures as recognition recall and savings scores. There was no difference between

⁷⁹M. Hurtig "Intellectual performances in relation to former learning among 'real' and 'pseudo' mentally deficient children" Proceedings of the London Conference on the Scientific Study of Mental Deficiency, 1960, 2, England, May and Baker Limited, 1962, pp. 374-377.

⁸⁰G. O. Johnson and K. A. Blake, Learning Performance of Retarded and Normal Children, New York, Syracuse University Press, 1960.

the two groups tested on nonsense syllables, but with letter digit substitution, retroactive inhibition played an important part. The normal subjects were affected by retroactive inhibition while the intellectually retarded subjects were not. However, as Johnson and Blake emphasized, the research was not conclusive and further research appears necessary.

O'Connor and Hermelin⁸¹ did research into the ability of imbeciles to recognize and to learn, and the effect of cross modality in learning. One of their experiments consisted of asking the children to associate words with pictures. In another experiment hardwood shapes were available to the children who inspected them visually, and then handled them manually while not visually apparent. Normal children discriminated equally well by vision or stereognosis but in imbeciles the stereognostic sense was significantly better than their visual discrimination ability.

Organizational, Educational, Social and Cultural Factors

Both the organizing and the grouping of services for the mentally retarded into physical and administrative

⁸¹N. O'Connor and B. Hermelin, "Learning and recognition in imbeciles" Proceedings of the London Conference on the Scientific Study of Mental Deficiency, 1960, 1, England, May and Baker Limited, 1962, pp. 83-88.

complexes are difficult because no single organizational pattern can be equally applicable to all aspects of mental retardation. This is complicated by a lack of acceptance of a workable definition for mental retardation. The identification and placement of mental defectives depends chiefly on the type of definitions used. Definitions vary depending upon whether the writer is medically, psychologically, educationally or legally oriented. Tredgold⁸² classified the mentally retarded into the two broad mental categories--"primary amentia" and "secondary amentia;" the primary purpose of this form of classification was to distinguish between conditions which were genetic and non-genetic. In terms of Hull's theory of behaviour, mental retardation could be regarded as "a condition in which the various functions assumed in his system of postulates are generally depressed."⁸³ Hence mental retardation could be conceptualized as a "state of the organism entailing a slower growth of learning as a function of repetition, increase of need, amount of reward, and so on."⁸⁴ In terms of the satiation theory of Köhler, mental retardation "might be viewed as a functional deficit due to abnormal

⁸²A. F. Tredgold, A Textbook on Mental Deficiency, 8th ed., London, Bailliere, Tindall and Cox, 1953.

⁸³F. P. Benoit, "Toward a new definition of mental retardation" American Journal of Mental Deficiency, 63, 1958-59, p. 560.

⁸⁴Ibid.

physico-chemical activity in the brain."⁸⁵ Benoit said that when considering the "intricacy and fragility of the underlying assumptions, one may wonder whether Hebb's theory of the organization of behaviour might not present a more suitable framework for defining mental retardation."⁸⁶ Benoit proposed a definition cast in Hebb's theoretical framework.

Mental retardation may be viewed as a deficit of intellectual function resulting from varied intrapersonal and/or extrapersonal determinants, but having as a common proximate cause a diminished efficiency of the nervous system (beginning with an impaired irritability and further involving a lowered capacity for impulse transmission and for developing primitive and integrating cell chains through interf facilitating interneuronal connections), thus entailing a lessened general capacity for growth in perceptual and conceptual integration and consequently in environmental adjustment.⁸⁷

This definition is worthy of mention because it emphasizes not merely the lack of ability but the origin of the deficiency. The theory may be criticized by some since it does not concern itself with etiological groupings.

Benoit maintained that it could possibly be that these different approaches to the problem of mental

⁸⁵ Ibid., p. 561.

⁸⁶ Ibid., p. 561 (with reference to D. O. Hebb, The Organization of Behaviour, New York, Wiley and Sons, 1949).

⁸⁷ Ibid., p. 561.

retardation and the "limited effectiveness of attempts to conceptualize it have tended to discourage [more] serious efforts to formulate more precise definitions. It is apparently assumed that all viewpoints bear the same degree of validity [sic]; hence no one definition can ever stand a chance of gaining acceptance."⁸⁸

The difficulty in finding a more acceptable definition for mental retardation has also been taken up by Blatt⁸⁹ and Heuyer.⁹⁰ A major contribution in the field of terminology and classification was made by Heber⁹¹ in the American Journal of Mental Deficiency Manual in which an attempt was made "to clarify the prevailing confusion and 'the chaotic status of terminology and classification in the field of mental retardation'."⁹² Heber maintained that "Mental retardation refers to subaverage general

⁸⁸Ibid., p. 559.

⁸⁹B. Blatt, "Towards a more acceptable terminology in mental retardation" Training School Bulletin, 58, August 1961, pp. 47-51 (American Journal of Mental Deficiency, September 1962, p. 354).

⁹⁰L. J. Heuyer et al., "Special journal number" Readaptation, 85, December 1961, p. 54 (American Journal of Mental Deficiency, September 1962, p. 354).

⁹¹R. Heber, A Manual on Terminology and Classification in Mental Retardation, Louisiana, American Association on Mental Retardation, 1959 (L. F. Cain and S. Levine, "The mentally retarded" Review of Educational Research, 33, Washington, D. C., American Educational Research Association, p. 79).

⁹²Ibid.

intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior."⁹³

Most of the definitions of mental retardation are based on intelligence and intellectual achievement. Very little stress appears to be placed on the relationship between the individual and the social environment. However, Goldstein⁹⁴ recommended that a classification for mental retardation be based on "the social behavior of the individual as determined by his mental status and related to behavioral criteria established in his immediate social environment."⁹⁵ He suggested that this system could provide a unified concept common to all disciplines. He emphasized that dynamic changes in society require the formation of an equally dynamic concept of mental retardation. This concept must allow for changes in "behavioral values arising out of the changes in society since it does not establish limits without taking into account the dynamics behind the limits."⁹⁶

Many areas now have provisions for the mentally

⁹³R. Heber, "Definition of mental retardation" Mental Retardation: Readings and Resources, J. H. Rothstein (ed.), New York, Holt, Rinehart and Winston, Inc., 1961, p. 9.

⁹⁴H. Goldstein, "Social aspects of mental deficiency" Dissertation Abstracts, 17, 1957, pp. 2525-2526.

⁹⁵Ibid., p. 2526.

⁹⁶Ibid.

retarded. Responsibility for their care, however, has still not been resolved; some areas supply it within the school, while others make outside provision, and some still make no provision whatsoever. Some authors in the field of education recommend that even the trainable mental defective should be cared for by the public schools. Cruickshank⁹⁷ insisted that public authorities are obligated to provide for the educable mentally retarded; however, he questioned whether the severely retarded child "meets the minimum definition for [public school] education and since the public [day] school in all probability will not assume life-span supervision of the child, is it not appropriate to initially consider the training of this group of children as the responsibility of the department of health,"⁹⁸ or whatever agency may have a life-span responsibility for the child? Perhaps the fact that the trainable child has been overlooked for such a long period of time means that "in a rush to rectify our errors we have permitted the program to be illogically placed in many instances."⁹⁹

⁹⁷W. M. Cruickshank, "Planning for the severely retarded child" American Journal of Mental Deficiency, 61, 1956-57, pp. 3-9.

⁹⁸Ibid., p. 7.

⁹⁹Ibid., p. 9.

Blessing,¹⁰⁰ in a review of public school administrators' views regarding services for the trainable mentally retarded, indicated that there appears to be a trend toward a greater acceptance of these services than shown by earlier reports.

Goldberg,¹⁰¹ in his article on the school's responsibility for the trainable mentally retarded, noted that possibly one reason why the administrator is so perplexed by the problem of providing facilities for the trainable is that in public schools the programme for the trainable mentally retarded has "become a 'catch-all' for deviant children for whom no other services are available in the community."¹⁰²

Many books and articles have been produced dealing with the retarded child in a school situation. Several of these are worthy of mention. A book by Kirk and Johnson, Educating the Retarded Child,¹⁰³ written for students,

¹⁰⁰K. R. Blessing, "A survey of public school administrators' attitudes regarding services for trainable retarded children" American Journal of Mental Deficiency, 64, 1959-60, pp. 509-519.

¹⁰¹I. I. Goldberg, "The school's responsibility for 'trainable' mentally retarded children" Phi Delta Kappan, June 1959, pp. 373-376.

¹⁰²Ibid., p. 375.

¹⁰³S. A. Kirk and G. O. Johnson, Educating the Retarded Child, Cambridge, Massachusetts, The Riverside Press, 1951.

teachers, supervisors and psychologists, provides the reader with a general background necessary for the understanding of the problem and some methods of providing for it. Approximately a third of the book presents basic information in the area of teaching methods. In a more recent book by Kephart¹⁰⁴ newer methods of teaching the slow learner are outlined. In another recent book, Weber¹⁰⁵ outlined methods for detecting retardation. He also discussed administrative problems, methods and materials required, school and work experience and parent counselling of the mental retardate. A book by Kirk¹⁰⁶ written for parents of the mentally retarded provides advice on the integration of the child in society.

In a pamphlet Erdman¹⁰⁷ emphasized the practical aspects of organizing elementary school programmes for the mentally retarded in small communities. The author provided basic information concerning the selection of children, class organization and curriculum with reference to several successful special class programmes.

¹⁰⁴N. C. Kephart, The Slow Learner in the Classroom, Columbus, Ohio, Charles E. Merrill Books, 1962.

¹⁰⁵E. W. Weber, Educable and Trainable Mentally Retarded Children, Springfield, Illinois, Charles C. Thomas, 1962.

¹⁰⁶S. A. Kirk, M. B. Karnes and W. D. Kirk, You and Your Retarded Child, New York, MacMillan Company, 1953.

¹⁰⁷R. L. Erdman, Educable Retarded Children in Elementary Schools, Washington, D. C., Council for Exceptional Children, 1961.

Also at the practical level, a pamphlet by Baumgartner¹⁰⁸ provided an interesting guide for administrators, teachers and parents concerned with the trainable mentally retarded child. Apart from mentioning the general overall problems faced in acclimatizing the child to the classroom situation, the author discussed the school environment and methods of observing, appraising, recording and reporting growth.

Another work of a general nature is by Smith¹⁰⁹ who stressed the importance of a school and community wide study and evaluation with concerted effort directed toward adequate identification and placement of the mentally retarded. The RRMRC under the heading "special education" devoted sixty-eight references to educational, social and cultural factors, approximately a sixth of the total references in the book, and a further nine references dealt with vocational training and employment.

A useful area for study is that dealing with the mentally retarded of high school age. One may mention the work of Kelly¹¹⁰ who considered both the administration

¹⁰⁸B. B. Baumgartner, Helping the Trainable Mentally Retarded Child, New York, University Teachers College, 1960.

¹⁰⁹D. W. Smith, "Public schools and the mentally retarded" Elementary School Journal, 57, 1957, pp. 375-378.

¹¹⁰E. M. Kelly, "Administering and supervising a program for the mentally handicapped in the high school" American Journal of Mental Deficiency, 56, 1951-52, pp. 747-754.

and supervision of such programmes and Hungerford,¹¹¹ of the Board of Education of New York, who gave evidence from that area on the mentally handicapped both in childhood and in adolescence. A Michigan report from Hegge¹¹² emphasized the importance of senior high school training, and a Tennessee report on the city schools of Nashville by Geer¹¹³ discussed the education of mentally retarded children fourteen years of age and beyond. Finally, Miller¹¹⁴ has discussed the provisions for the educable mentally handicapped child in secondary school. She recommended a different curriculum for these students, a closer contact with the family and a comprehensive public relations programme.

Some authors have concentrated on the education of the severely retarded and the kind of programmes available for them. For example, Lieberman¹¹⁵ reported on the

¹¹¹R. H. Hungerford, C. J. DeProspero et al., "Education of the mentally handicapped in childhood and adolescence" American Journal of Mental Deficiency, 57, 1952-53, pp. 214-228.

¹¹²T. G. Hegge, "Education for mentally retarded pupils of senior high school age" American Journal of Mental Deficiency, 54, 1949-50, pp. 190-191.

¹¹³W. C. Geer, "Education of mentally retarded children fourteen years of age and beyond" American Journal of Mental Deficiency, 56, 1951-52, pp. 560-569.

¹¹⁴A. Miller, "The educable mentally handicapped child in secondary school" Dissertation Abstracts, 15, 1955, p. 2454.

¹¹⁵D. Lieberman, "The education of the severely retarded child" American Journal of Mental Deficiency, 58, 1953-54, pp. 397-402.

California programme for the retarded which stressed an intensive preliminary evaluation of the severely retarded child for purposes of selection. Neuhaus¹¹⁶ reported on an experimental day care class approach in New York which attempted to facilitate transition between the home and public school class or residential institution. It was found that parents given relief by such day care classes for their retardate, in conjunction with special parental counselling, were better able to adopt a more realistic understanding of the problem.

The work of Canadian contributors in the area of education and mental retardation is significant. Laycock¹¹⁷ stated some general principles that govern the education of the handicapped child. He emphasized that "The education of the handicapped child can be most effective only when it is conceived on a broad basis as the interacting of the physical, intellectual, social, emotional, and spiritual aspects of his growth and development."¹¹⁸ He also recommended that this education, which is the responsibility of society, must be available to the

¹¹⁶E. C. Neuhaus, "An experimental class for the severely retarded child" American Journal of Mental Deficiency, 63, 1958-59, pp. 419-421.

¹¹⁷S. R. Laycock, "The educational needs of handicapped children" Canadian Nurse, August 1962, pp. 1-7.

¹¹⁸Ibid., p. 1.

retardate throughout his life. McCaw¹¹⁹ concentrated more on the curriculum and noted that it should prepare the retarded child for life situations after he leaves school. His programme of education includes the acquisition of adequate habits of personal behaviour, proper health routines, efficient safety routines, the desire to take care of property, development of coordinated play activities, adjustment to social situations, acceptable habits of work, efficient communication skills and a willingness to follow directions. MacNeill¹²⁰ reported on some aspects of education and mental retardation in Saskatchewan. He emphasized the need "to increase the awareness of the general public of the educational needs of these children; to provide for the non-urban retarded child; and to obtain sufficient number of adequately trained teachers of the retarded."¹²¹ The Vancouver school administrators¹²² made a study concerned with the educational problems affecting

¹¹⁹W. R. McCaw, "A curriculum for the severely mentally retarded" American Journal of Mental Deficiency, 62, 1957-58, pp. 616-621.

¹²⁰W. D. McNeill, "Education and the mentally retarded" The Saskatchewan Bulletin, October 1961, pp. 43-44.

¹²¹Ibid., p. 44.

¹²²M. S. Wark (chairman), "A study; looking towards the solution of the educational problems affecting the below average child," unpublished report submitted to the Vancouver Schools Administrators' Association at their regular meeting January 1962.

the below average child. They stressed the importance of having liaison personnel for the development of close ties between the school, business and industry.

One of the most significant reports of the mental retardate in the classroom environment was published cooperatively by the Board of Education of the city of Chicago and the Department of Public Instruction of Springfield, Illinois.¹²³ This project has been reported in six volumes and was financed by the United States Office of Education through its Cooperative Research Board. The aim of the project was to determine the effectiveness of special class organization for the mentally retarded. Mullen¹²⁴ in interpreting the results of the project found that special classes for the educable mentally retarded possess certain advantages not found in regular classes. He maintained that mentally retarded pupils have a better opportunity for success if placed with pupils of comparable intelligence. Other advantages which Mullen cited were the availability of special equipment, a functional curriculum and a teacher specifically trained in understanding the mentally retarded child.

¹²³F. A. Mullen et al., How Mentally Handicapped Children Learn Under Classroom Conditions, United States Office of Education, Cooperative Research Board, 1961 (American Journal of Mental Deficiency, September 1962, p. 331).

¹²⁴M. J. Erickson, "Current trends and practices in the education of the mentally retarded" Educational Administration Supervision, 44, 1958, p. 301.

When the mentally retarded child reaches the end of his school days, the problem of transition from school to work becomes crucial. Wellman¹²⁵ discussed some sources of assistance available within the average community for those mentally retarded adolescents who are in need of help during this transition. Smith¹²⁶ reported from Arizona on essential factors in vocational planning for the child about to leave school. Peterson and Smith¹²⁷ discussed the post-school adjustment period of educable mentally retarded adults compared with adults of normal intelligence. They noted that many of the retardates did not find jobs immediately upon leaving school, changed their jobs frequently, were unfamiliar with employment agencies and had numerous encounters with the law. The authors felt that the results of their study point up the need for high school programmes which would "complete the training and preparation of mentally retarded pupils for community membership."¹²⁸

¹²⁵F. E. Wellman, Transition from School to Work, Washington, D. C., United States Government Printing Office, 1957 (American Journal of Mental Deficiency, July 1962, p. 126).

¹²⁶D. W. Smith, "Vocational planning for the mentally limited" Vocational Guidance Quarterly, 6, 1957, pp. 142-146.

¹²⁷Le Roy Peterson and L. L. Smith, "The post-school adjustment of educable mentally retarded adults with that of adults of normal intelligence" Exceptional Children, 26, 1960, pp. 404-408.

¹²⁸Ibid., p. 403.

Of particular interest is the study by Porter.¹²⁹ He made a comparison of social competency and economic efficiency of educable mentally retarded adults who attended a special class and those who went to a regular school class. Although the number of cases in each group (twelve) is too small to allow conclusions of a definite nature, nevertheless, there appears to be better adjustment on the part of those from the special class group. In the case of this group there was a greater frequency of employment, better conformity to social standards and less drifting from place to place. One can only wish that there had been a similar report dealing with the comparison between mentally retarded children who attended any school and those who did not, with regard to their adult adjustment, vocational opportunity and vocational satisfaction.

It was considered for a long time that the mentally deficient individual beyond adolescence had no place in society, and that his capacity for work was extremely limited and required considerable supervision. Doll¹³⁰ has pointed out that our problem is to capitalize on the salient

¹²⁹R. B. Porter and T. C. Milazzo, "A comparison of mentally retarded adults who attended a special class with those who attended regular school classes" Exceptional Children, 24, 1958, pp. 410-412, 420.

¹³⁰E. A. Doll, "Occupational education for the adolescent mentally deficient in a school program" Exceptional Children, October 1958, pp. 51-53, 76.

talents which the individual possesses rather than to bolster up futilely what he terms "frontal deficiency." DiMichael¹³¹ examined the possibility of the useful employment for people previously considered unemployable. He made a special plea for more vocational rehabilitation for the mentally retarded. In Michigan Engel¹³² has made reference to employment of the mentally retarded and has indicated fair success of children previously thought to be incapable of doing useful work. A similar follow-up study was conducted in England by Collmann and Newlyn¹³³ who compared the employment histories of 106 intellectually normal and 200 mentally dull male and female pupils from five secondary modern schools with the employment histories of 223 educationally subnormal pupils. The authors found that the "percentage of those employed in skilled work increases steadily with I. Q., being 63 per cent for the normal group, 31 per cent for the mentally dull and practically zero for the E. S. N. group."¹³⁴ The percentage

¹³¹S. G. DiMichael, "Vocational rehabilitation for the mentally retarded" Personnel and Guidance Journal, 31, 1953, pp. 428-432.

¹³²A. M. Engel, "Employment of the mentally retarded" American Journal of Mental Deficiency, 57, 1952-53, pp. 243-267.

¹³³R. D. Collmann and D. Newlyn, "Employment success of mentally dull and intellectually normal ex-pupils in England" American Journal of Mental Deficiency, 61, 1956-57, pp. 484-490.

¹³⁴Ibid., p. 490.

of those employed in unskilled work was reversed, 10 per cent for the normal, 24 per cent for the dull and 39 per cent for the educationally subnormal. Among those actually employed at the time of the interview, the percentages were: normal, 99; dull, 97; and educationally subnormal, 72 (82 of the unemployables of this group are excluded). The main reasons for failure and partial success by the subjects under study were due to character defects, inefficiency, temperamental instability and home conditions.

A Canadian investigation of a similar kind was done by Fry¹³⁵ who tried to determine the qualifications necessary for work success in high grade mental defectives and the means of predicting their success. His study involved thirty-eight female laundry workers at the Manitoba School for Mental Defectives and took into account their age, I. Q., aptitude, ability, personality and work performance. The author stated that the "best predictive measure of work success was found to be the performance efficiency quotient derived from the Wechsler performance I. Q."¹³⁶ The minimum performance efficiency quotient for reasonably safe prediction of success in the community was sixty, whereas within the institution, satisfactory work was

¹³⁵L. M. Fry, "A predictive measure of work success for high grade mental defectives" American Journal of Mental Deficiency, 61, 1956-57, pp. 402-408.

¹³⁶Ibid., p. 407.

performed with a performance efficiency quotient as low as forty to forty-five. Fry also noted that personality was an important factor outside the institution. The data seemed to "indicate that the more adequate personalities occur at the higher level of performance efficiency."¹³⁷

A particularly revealing study of opportunities for the mentally retarded in the so-called needle trades was made by Flescher.¹³⁸ He emphasized that the mentally retarded is a successful worker under certain conditions. This means that the mental retardate is better able to apply himself if the work situation does not demand such things as speed of performance. Also, the mental retardate seems to experience less anxiety if he works with materials rather than people on the job.

Since most mental retardates will work during their adult life, it is often strongly recommended that they be adequately trained in a school or institution for this end. Some writers prefer the school rather than the institution as a source of vocational preparation. This idea is advocated by Cohne¹³⁹ who analyzed the vocational failure of

¹³⁷Ibid.

¹³⁸I. Flescher, "Needle trades opportunities for the mentally retarded" American Journal of Mental Deficiency, 61, 1956-57, pp. 113-116.

¹³⁹J. S. Cohne, "An analysis of vocational failures of mental retardates placed in the community after a period of institutionalization" American Journal of Mental Deficiency, 65, 1960-61, pp. 371-375.

mental retardates after a period of institutionalization. He maintained that, owing to the effect of institutionalization, the mental retardate was, for the most part, incapable of assuming responsibility which is a necessary part of any job; for it is well known that institutions do not create conditions which foster individual initiative and responsibility.

Some writers such as Hitchcock¹⁴⁰ made the point that it is not only socially but economically advantageous to train the mentally retarded for useful occupation. He maintained that "the actual return in our national life after working properly with the mentally handicapped is much greater than the expenditures that enter into the work."¹⁴¹

Trachtman¹⁴² discussed the work of vocational placement services for the educable mentally handicapped in Chicago schools. He found that mentally handicapped children have great difficulty in conceiving and working towards distant or delayed goals, therefore, he felt that "stress might be placed on helping these children to succeed in short-range goals."¹⁴³

¹⁴⁰A. A. Hitchcock, "Vocational training and job adjustment of the mentally deficient" American Journal of Mental Deficiency, 59, 1954-55, pp. 100-106.

¹⁴¹Ibid., p. 105.

¹⁴²A. Trachtman, "An exploratory program for the vocational adjustment of mentally handicapped adolescents" American Journal of Mental Deficiency, 53, 1953-54, pp. 424-430.

¹⁴³Ibid., p. 430.

Major considerations in developing an adequate programme for the care of the mentally retarded are the selection and training of teachers, supervisors and attendants. The United States Department of Health, Education and Welfare has provided several pamphlets on the training of teachers for the exceptional child. Mackie, Williams and Dunn¹⁴⁴ outlined the distinctive skills and abilities which teachers of the mentally retarded need. They emphasized the education and experience necessary for acquiring general competency in the field of mental retardation.

Lord¹⁴⁵ recommended that teachers of the retarded should not only have a strong background in psychology, child development and the general nature of all disabilities, but they should also study "at first hand some of these disabilities on the hoof--not on the shelf."¹⁴⁶

At the 1957 convention of the Council for Exceptional Children some recommendations were made on teacher preparation at the doctoral level for research on the mentally retarded. On the practical level it was suggested that doctoral candidates spend two years working with the

¹⁴⁴R. P. Mackie, H. M. Williams and L. M. Dunn, Teachers of Children Who Are Mentally Retarded, rev. ed., Washington, D. C., United States Department of Health, Education and Welfare, 1962.

¹⁴⁵F. E. Lord, "A realistic look at special classes, extracts from the President's address" Exceptional Children, May 1956, pp. 321-324.

¹⁴⁶Ibid., p. 324.

mentally retarded, while on the academic level, the candidates should have a general knowledge of the whole field of exceptional children with specialization in two areas. However, Kirk¹⁴⁷ felt that a more developed programme for doctoral candidates was needed. He recommended that a two-year full time graduate programme in addition to a thesis be required. He also recommended a thorough understanding of statistics, educational psychology, general education and a related discipline, such as educational administration, experimental psychology and research, experimental phonetics and speech science or sociology.

A pilot attempt to organize a postgraduate interdisciplinary training programme in a specialized clinic for the mentally retarded was described by Slobody and Gianinni.¹⁴⁸ As a result of this study, they maintained that "orientation toward interdisciplinary functioning, and exposure to the problems of working with the mentally retarded should be more extensively incorporated in the basic training of all disciplines."¹⁴⁹

¹⁴⁷S. A. Kirk, "A doctor's degree program in special education" Exceptional Children, October 1957, pp. 50-52, 55.

¹⁴⁸L. Slobody, M. J. Gianinni et al., "An interdisciplinary personnel training program in a specialized clinic for retarded children" American Journal of Mental Deficiency, 62, 1957-58, pp. 866-869.

¹⁴⁹Ibid., p. 869.

Fields¹⁵⁰ pointed out that although constant attention is being given to the selection of teachers for the mentally retarded, only minor attention is being given to the selection of their supervisors. He recommended that specific and rigid requirements be established for the selection of supervisors.

Since attendants play an important role in caring for the mentally retarded, some writers suggest an adequate training programme for them. Cleland¹⁵¹ said that all too often applicants came with "preconceived ideas relative to what constitutes proper child-rearing practices and a fair share of the applicants already consider themselves 'experts'."¹⁵² This means that applicants should be formally trained for attendant positions, though the author does not describe the nature of this training.

A large number of studies deal with the social position of the mentally handicapped child. A recent book by Davies¹⁵³ contained a compact yet comprehensive review of the subject. Davies maintained that in itself low

¹⁵⁰H. Fields, "Selecting supervisors for the mentally retarded" Exceptional Children, 22, 1956, pp. 221-225, 245-246.

¹⁵¹C. C. Cleland, "Selection and training of attendants: a review of research" American Journal of Mental Deficiency, 67, September 1962, pp. 205-210.

¹⁵²Ibid., p. 209.

¹⁵³S. P. Davies, The Mentally Retarded in Society, New York, Columbia University Press, 1962.

intelligence does not necessarily explain the failure of the mental retardate to adapt socially. Of more significance is the inadequacy of the mentally retarded in the world of work. The difficulties which the mental retardate encounters in adjusting to a work situation are often reflected in his social relationships.¹⁵⁴

A further book by Gunzburg¹⁵⁵ of the Monyhuil Hospital for the subnormal in England dealt with the community rehabilitation and adjustment of the older retardates. McLachlan¹⁵⁶ reported from New Zealand on emotional adjustment emphasizing the fact that the family of the backward child needs the doctor's attention as much as the child himself, while Trippe¹⁵⁷ contributed a number of articles on the social psychology of such exceptional children. The social problem nature of mental retardation was well covered by Douglass¹⁵⁸ who discussed not only numerous challenges and opportunities for research in this area but also the impact

¹⁵⁴Ibid., pp. 225-227.

¹⁵⁵H. C. Gunzburg, Social Rehabilitation of the Subnormal, Baltimore, Williams and Wilkins, 1960 (American Journal of Mental Deficiency, 65, 1960-61, p. 687).

¹⁵⁶D. G. McLachlan, "Emotional aspects of the backward child" New Zealand Medical Journal, 53, 1954, pp. 480-486.

¹⁵⁷M. J. Trippe, "The social psychology of exceptional children: part II, in terms of factors in society" Exceptional Children, 26, December 1959, pp. 171-175.

¹⁵⁸J. H. Douglass, "Mental retardation: a social problem" American Journal of Mental Deficiency, 65, 1960-61, pp. 641-644.

of mental retardation on the community.

Johnson¹⁵⁹ studied the social position of the mental retardate in the regular classroom. In his investigation carried on by personal interviews and tests, he found that as the mental retardate moves to higher grade levels within the regular school, he becomes less socially acceptable to the other pupils. Baldwin¹⁶⁰ who studied the same problem arrived at a similar conclusion. He found that "the degree of social acceptance of the mentally retarded children . . . decreased with the increase of grade level."¹⁶¹

It also seems that the type of classroom is a factor having a bearing on social attitudes of the mentally retarded. Harris and Sievers¹⁶² studied aggressive behavior in mentally retarded adolescent girls under particular classroom situations. Their study of eighteen adolescent mentally retarded girls with aggressive behavior problems, placed in a permissive classroom, revealed that "positive behavior tended to

¹⁵⁹O. Johnson, "The social position of the mentally handicapped child in the regular grades" unpublished doctoral dissertation, Urbana, University of Illinois, 1950 (Exceptional Children, November 1953, p. 112).

¹⁶⁰W. K. Baldwin, "The social position of the educable mentally retarded child in the regular grades in the public schools" Exceptional Children, November 1958, pp. 106-108, 112.

¹⁶¹Ibid., p. 108.

¹⁶²L. M. Harris and D. J. Sievers, "A study to measure changes in behavior of aggressive mentally retarded adolescent girls in a permissive classroom" American Journal of Mental Deficiency, 63, May 1958-59, pp. 975-980.

increase and negative behavior tended to decrease in the school room over the one to two year period for this particular group of adolescent girls."¹⁶³

From the school as a microcosm of society one might well proceed to consider the child in relation to the overall community. In the past the mental retardate has been isolated from the community; however, there appears to be at present a growing recognition of the idea that the mental retardate can most successfully be treated in a normal environment. Hartford¹⁶⁴ explained that this shift from the early concept of care of the mentally retarded by optimum isolation from the community to the present policy of integration had been elicited by the development of structured volunteer programmes. He emphasized the importance of conscious and continuous public relations efforts in order to effect this result. Similarly, the President's Panel Report" is "predicated on a strong conviction that the mentally retarded person should be served with as little dislocation from his normal environment as is consistent with the special character of his needs."¹⁶⁵

¹⁶³Ibid., p. 980.

¹⁶⁴R. J. Hartford, "A volunteer program in a state school for the mentally retarded: an administrative viewpoint" American Journal of Mental Deficiency, 65, 1960-61, pp. 318-321.

¹⁶⁵President's Panel Report on Mental Retardation, op. cit., p. 230.

This point of view is corroborated by Cain and Levine¹⁶⁶ who studied behavioral changes in trainable mentally retarded children, those institutionalized and those living in the community. They found that there was a "significant increase in social competency development for community children both for those in school and not in school, and a significant decrease for those in institutions whether in the institutional schools or not."¹⁶⁷ There also appeared to be no significant "gain in social competence between the school or nonschool community groups and no significant difference in decrease in social competency between school or nonschool children residing in the institution."¹⁶⁸

In order for the community to provide adequate facilities for the mentally retarded, the community must first of all be well informed and sympathetic to their needs. Laycock¹⁶⁹ has suggested that only with a blend of good will and objective detachment can a community begin to understand

¹⁶⁶L. F. Cain, S. Levine et al., A Study of the Effects of Community and Individual School Classes for Trainable Mentally Retarded Children, United States Office of Education, Cooperative Research Board, 1961 (American Journal of Mental Deficiency, 1962, p. 328).

¹⁶⁷Ibid.

¹⁶⁸Ibid.

¹⁶⁹J. R. Laycock, "Community understanding of the exceptional child" Exceptional Children, 21, 1954, pp. 47-49.

the exceptional child.

Many authors believe that community cooperation and support is fundamental if the mentally retarded are to be retained in a normal environment. Bergman¹⁷⁰ indicated that strong community cooperation could facilitate the return of many institutionalized mental retardates to the community setting and could possibly eliminate the long waiting lists for institutionalization. Further, Ferguson¹⁷¹ emphasized the need for planning by an objective and representative community-oriented body which is able to apply professional leadership to the innumerable facets of the problem of mental retardation. Such a body could represent both the public and private agencies and encourage the creation of "continuous and flexible planning so necessary if we are to mitigate the problems of mental retardation."¹⁷²

Several writers have described community programmes for the care of the mentally retarded. For example, Ebling¹⁷³

¹⁷⁰ J. Bergman, J. Bethel et al., "A community focused institutional approach to mental retardation" American Journal of Mental Deficiency, July 1962, pp. 94-100.

¹⁷¹ R. G. Ferguson, "A study of the problem of mental retardation in a large urban community" American Journal of Orthopsychiatry, 27, 1957, pp. 490-501.

¹⁷² Ibid., p. 501.

¹⁷³ G. Ebling, "Some aspects of a community program for educable mentally handicapped children" American Journal of Mental Deficiency, 58, 1953-54, pp. 535-539.

discussed the advantages of foster care as opposed to institutional placement. Though Bourne¹⁷⁴ did not fully commit himself to community programmes, nevertheless, he recommended that institutional units be small and located near the patients' homes.

Marbridge¹⁷⁵ founded a ranch for the purpose of rehabilitating mentally retarded youths. This project was undertaken in order to facilitate the transfer of the mental retardate from school to society. The author found that the small community atmosphere resulted in rather positive personality changes in trainees. There was, however, not much opportunity for them to learn practical tasks which would aid them in living in the city. Similarly, Weingold¹⁷⁶ recommended the hostel as a practice to eliminate the impersonal atmosphere of institutionalization. Like Marbridge, he felt that the mentally retarded must be treated in a situation as close to the community as possible.

Not only is community cooperation in caring for the mentally retarded essential, there is also a need for such

¹⁷⁴H. Bourne, "The new look in mental deficiency" New Zealand Medical Journal, 56, 1957, pp. 638-646.

¹⁷⁵J. R. Peck, "The Marbridge Plan: a Texas experiment in rehabilitation for mentally retarded youth" Exceptional Children, 24, 1953, pp. 346-350.

¹⁷⁶J. T. Weingold, "A plan for state and community action" American Journal of Mental Deficiency, 62, 1957-58, pp. 14-25.

cooperation at the regional, national and international level. This point of view was emphasized by Travelstead¹⁷⁷ who explained regional cooperation is necessary if the mentally retarded are to be served in sparsely populated areas of the United States. Wortis¹⁷⁸ discussed the possibility of organizing an international society for the mentally handicapped. He indicated that such arrangements have up to now been limited to Europe. However, he felt that, "Without doubt, this organization will expand beyond European boundaries in the near future, and become an international society."¹⁷⁹

Some writers speak of the cultural impact on the mentally retarded. This concept means more than the impact of the social forces; rather it suggests all the external forces which influence the mental retardate. Levinson¹⁸⁰ reported on the overall relationship between culture and mental retardation. He maintained that mental retardation, as diagnosed by the school, is based upon tests defining

¹⁷⁷C. C. Travelstead, "Handicapped children in sparsely settled areas" Exceptional Children, September 1960, pp. 52-55.

¹⁷⁸J. Wortis, "International communication and cooperation in the field of mental retardation" American Journal of Mental Deficiency, 65, 1960-61, pp. 426-433.

¹⁷⁹Ibid., p. 431.

¹⁸⁰B. M. Levinson, "Culture and mental retardation" Psychological Record, 8, 1958, pp. 27-38.

intelligence as "being mainly a measure of scholastic aptitude and standardized on the theory of a normal distribution of intelligence."¹³¹ The incidence of mental retardation also varies with factors such as age and environment. This author pointed out further that the majority of children diagnosed as mentally retarded come from deprived families. The solution to the problem of mental retardation, according to Levinson, lies in "remediation of the social and cultural forces surrounding the retardate."¹³²

An article given by Bower¹³³ on cultural values in the retarded child outlined a number of relevant basic values. He proceeded to show how these might affect the lives of retarded children and the persons who interact with them. The first cultural value Bower presented was that, "Each individual is born free and equal; therefore he has equal opportunity with his fellows to be successful."¹³⁴ Since the responsibility for success or failure lies with the individual, there is a likelihood that those who do not succeed "cannot be regarded as being as good as, that is,

¹³¹Ibid., p. 34.

¹³²Ibid., p. 35.

¹³³E. M. Bower, "Cultural values and the retarded child" Mental Hygiene, 41, 1957, pp. 201-206.

¹³⁴Ibid., p. 202.

as conscientious or diligent as, the successful."¹⁸⁵ This view often affects the parents' perception of their child. "Since many children are perceived as extensions of parental egos it may be extremely difficult for some parents to adequately assimilate the child's inabilities and disabilities."¹⁸⁶ Although some parents are able in time to accept the disappointments they feel concerning the child's learning ability, others might employ defense mechanisms or even outrightly reject the possibility of mental retardation. Bower pointed out that the child who is not physically different from other children encounters the greatest problem when he begins school. The child finds himself in a situation with which he cannot cope, and though he tries hard to compete, he never really succeeds and becomes increasingly more frustrated.

The attitudes of parents to the mental retardate has been discussed by many writers. In discussing these attitudes Rosen¹⁸⁷ selected mother understanding as probably the single most important factor in the establishment of a good relationship between parent and mental retardate.

¹⁸⁵ Ibid.

¹⁸⁶ Ibid.

¹⁸⁷ L. Rosen, "Selected aspects in the development of the mother's understanding of her mentally retarded child" American Journal of Mental Deficiency, 59, 1954-55, pp. 522-523.

Then Kammet¹⁸³ and Farrell¹⁸⁹ discussed the psychological difficulties encountered by both the parent and the mentally retarded when placement in a special class is indicated. Kammet greatly emphasized the unique role played by the school social worker in smoothing the transition of the mental retardate from home to special class. Farrell insisted that placement of the mental retardate should be made in accordance with the emotional needs of the particular child, his parents and other members of the family. In a study of special schools for the mentally retarded by Johnson and Ferreira¹⁹⁰ it was found that almost two-thirds of the parents showed a positive attitude towards the pupils, and the children for the most part accepted the views of the parents.

A final area for consideration is the role played by the guidance counsellor. Begab,¹⁹¹ in his case work with

¹⁸³P. H. Kammet, "Parent's attitudes toward 'special classes' for mentally retarded children" Understanding the Child, 20, 1951, pp. 110-115.

¹⁸⁹M. J. Farrell, "The adverse effects of early institutionalization of mentally subnormal children" American Journal of Disturbed Children, 91, 1956, pp. 273-281 (Psychological Abstracts, 1957-58, 173).

¹⁹⁰C. J. Johnson and J. R. Ferreira, "School attitudes of children in special classes for mentally retarded" California Journal of Educational Research, 9, 1958, pp. 33-37 (Psychological Abstracts, 1959, 6365).

¹⁹¹M. J. Begab, "Recent developments in mental retardation and their implications for social group work" Training School Bulletin, 59, August 1962, pp. 42-52.

parents of mentally retarded children, noted the importance of social group work methods in counselling. He showed that parents have similar anxieties and problems, and that it was a psychological boost for parents of mentally retarded children to meet and air their common problems.

On the whole topic of counselling and its relationship to psychotherapy, White emphasized that education for the mentally retarded must be "training for life, living as one must live, as good a life, as full a life, as useful a life as one's capabilities permit."¹⁹² Within the counselling setup group processes were used by Klauminzer and Harper¹⁹³ who adopted the conference method with certain older mentally defective children in an attempt to build their morale.

The foregoing review has touched upon the salient work which has appeared principally over the past twenty years; that it is so extensive is in part dependent upon the actual volume of printed material. As was noted at the beginning of the chapter, much of the literature is often repetitive and sometimes of little value. Notwithstanding this fact, the nature of the review has demonstrated the

¹⁹²W. D. White, "Education for life adjustment" American Journal of Mental Deficiency, 59, 1954-55, p. 406.

¹⁹³F. A. Klauminzer and V. T. Harper, "The conference method with older, mentally defective children" American Journal of Mental Deficiency, 55, 1950-51, pp. 193-207.

wide variety of factors which must be considered in setting up administrative policies for dealing with the retardate, whether by inclusion within society with special facilities, or by semi-exclusion from society by institutional care. It is equally important that those doing the training be cognizant of these two factors and that they be aware of the underlying rationale behind the administrative procedure. To these two implications we now turn in consideration of the extent and provision for the mentally retarded in a number of societies, and the problems of providing training and teachers for such retarded individuals.

CHAPTER III

PROVISIONS FOR THE MENTALLY RETARDED

It is recognized that in the interest of the mentally retarded child and of society, the child should be given the best possible education suited to his needs. Within the framework of the educational philosophy of the countries under consideration, what is being done to provide suitable education for these retardates?

The responsibility for education in the United States is found primarily at the local level. Although the states, by constitutional authority, have a de jure right in almost all matters of education, they have, by tradition, delegated their powers to local school districts. The national government has neither primary nor direct responsibilities in education, nevertheless, Congress may, under the "general welfare clause," legislate toward the betterment of education. The bulk of federal aid to education has been in the form of money grants for special educational purposes. Although the public school system dominates the American educational scene, the number of pupils attending private (primarily denominational) schools is substantial. Because the United States, like France, respects a separation of state and church, public monies are forbidden to private schools.

Some knowledge of the structure of Canadian education is likewise essential. Although Canada has a federal system of government which provides some uniformity and political unity, education is a provincial responsibility. Exceptions to this practice do exist as in the case of Indians and Eskimos and in federal assistance to vocational education. Although provincial rights in education are jealously guarded, federal financial assistance is given to the provinces in the form of grants. Some provinces, for example, British Columbia and Manitoba, have a single public school system, while other provinces like Alberta, Saskatchewan and Ontario have separate schools which are usually denominational. One province, Quebec, has a dual system which is Roman Catholic and Protestant. Newfoundland has four systems of education, with each representing one of the major religious denominations. The organization of education differs from province to province not only in ages of compulsory school attendance, but also in curriculum and other factors. Research is largely conducted at the provincial level by universities and colleges. The education division of the Dominion Bureau of Statistics collects and publishes educational statistics. The Canadian Teachers Federation has a small research division and the Canadian Education Association provides research grants through its Research Council.

The system of education in England is a curious

blend of private and public control. Until well into the nineteenth century, voluntary bodies (usually religious) dominated the educational scene. Beginning in the late 1800's the state has increasingly played a more important role in education, and now it has broad educational responsibilities. Present day education in England is said by some to be a dual system, that is, public and private authorities contribute to education. For example, public influence is dominant in elementary and secondary schools. Conversely, the "public schools" and the university system are privately controlled. In the last analysis the control of education rests with local education authorities. This is probably because voluntary organizations which preceded civil authorities in education stressed individual initiative and decentralization of control. The national ministry of education provides educational leadership rather than strictly controlling education. It is well known that the ministry of education cannot make curricula, hire or fire teachers, or seriously interfere with the operation of the school system. Although the system of education in England seems to lack unity, it is built on those precepts which that country holds in respect-- compromise, individualism and diversity.

Although Scotland shares a common cultural heritage with England, the make-up of her system of education is remarkably different. For unlike England she cannot in any

sense of the word be said to have a dual system: private and public systems of education working side by side. Contrarily, Scotland like the United States has basically a public system of education. Again, her system of secondary schools is built on a structure entirely different from that of England. The "omnibus" or single high school for all is a significant characteristic of her educational foundation. Further, Scotland has never seen fit to make religious instruction a normal part of the school programme as did England by her Education Act of 1944.

Perhaps the most single important characteristic of education in Scotland, and in this way she is similar to England, is her respect for local control of education. Although there is a national educational authority, Scottish Education Department, its powers and responsibilities are primarily devoted to leadership, research and providing monies for local educational areas.

The Dutch system of education is unique in that the private school population (primarily denominational) more than doubles the public school one. In no country do non-public authorities wield so much influence in education.

The reason for this disparity goes far in explaining the social and cultural make-up of the society of Holland. Because of large and conflicting religious minorities (Calvinist and Roman Catholic), the Dutch state, unlike other European countries, has never succeeded in asserting

authority over religious bodies. Religious differences are not only seen in education, but they pervade almost every facet of Dutch life.

Because of a dual system of education, private and public, responsibility for education is left to local initiative. There is a federal ministry of education but its responsibilities are largely devoted to supervision and coordination. In 1920 Dutch law recognized the equality between public and private school systems. The dual system is characteristic of Dutch education at all levels. In fact, of the nation's six universities, one is Calvinist, while another is Roman Catholic.

Japanese education is primarily an outgrowth of a system which was laid down by the American occupation forces following World War II. It is true that some pre-war educational traditions still persist in some areas of the educational system of Japan, nevertheless, the American reforms have withstood the passage of time and form the basis of present day Japanese education. This means that the responsibility for education is shared by local, prefectural and federal authorities. Like other nations Japan boasts of a school system which is free, universal and compulsory. Because the nature of religion and philosophy differs profoundly from that of the occidental world, the system of education in Japan has never been plagued with church-state differences. It is correct to say that

her system of education is secular in tone. An indication of the progress of Japanese education is the fact that shortly before World War II she could boast of the highest literacy rate among major countries.

Now that the reader has been provided with a suggestion of the structure of education in certain countries, the writer will treat the legislative provisions for the mentally retarded in the United States, Canada, England and Wales, Scotland, Holland and Japan. This will be discussed in terms of mandatory and permissive legislation. "Mandatory" means any legislation which requires that school systems provide facilities for the education of the child with a specific degree of mental retardation. "Permissive" legislation suggests that school districts are not required to provide educational facilities for children; but if school systems choose to educate the mentally handicapped, the state usually imposes its regulatory power on the operation.

Of the thirty-seven respondent states in the United States which described legislative provisions for the educable mentally retarded, twelve cited mandatory legislation, while twenty-five reported permissive legislation. Thirty-eight states submitted reports on the legislative provisions for the trainable mentally retarded. From these respondents it was learned that seven states have compulsory legislation, twenty-two have permissive legislation, and the rest

have no statutory provision for the trainable mentally retarded. This information is shown in Tables II and III. There is not a complete listing of states in the tables of the survey, as certain states did not reply to some of the questions. As stated earlier, the quantity of data obtained from correspondence was too cumbersome to permit individual footnoting. As a result, unless otherwise footnoted, the data in the tables was obtained from correspondence, a list of which is enclosed as Appendix B.

In Canada no province requires its educational system to care for the mentally retarded. For the most part the provinces provide legislative machinery for the education of the educable mentally retarded and to a lesser degree for the trainable. This means that local school boards must initiate classes on their own, though the provincial government will generally provide financial assistance. Of the provinces, British Columbia and Ontario seem most concerned with aiding school boards in order to provide education for the mentally retarded, both at the educable and trainable level. Most of the work in the area of the trainable mentally retarded seems to be approached through voluntary organizations which are frequently subsidized by provincial governments.

Unlike Canada, England and Wales have written into law compulsory legislation for the education of the

TABLE I I

LEGISLATIVE PROVISIONS FOR THE EDUCABLE MENTALLY
RETARDED IN THE UNITED STATES 1963

Mandatory	Permissive
California Connecticut Hawaii Idaho Massachusetts Minnesota Montana New Jersey New York North Carolina Oregon Pennsylvania	Alaska Colorado Florida Illinois Indiana Kansas Maine Maryland Michigan Mississippi Missouri Nebraska Nevada New Hampshire New Mexico North Dakota Ohio South Carolina South Dakota Tennessee Texas Utah Vermont Wisconsin Wyoming

TABLE III

LEGISLATIVE PROVISIONS FOR THE TRAINABLE MENTALLY
RETARDED IN THE UNITED STATES 1963

Mandatory	Permissive	No Provision
Connecticut	California	Alabama
Hawaii	Colorado	Alaska
Massachusetts	Florida	Arkansas
New Jersey	Illinois	Idaho
New York	Indiana	Missouri
North Carolina	Kansas	Montana
Pennsylvania	Maine	New Mexico
	Maryland	North Dakota
	Michigan	Oregon
	Minnesota	
	Mississippi	
	Nebraska	
	Nevada	
	New Hampshire	
	Ohio ^a	
	South Carolina	
	South Dakota	
	Tennessee	
	Texas	
	Utah	
	Wisconsin	
	Wyoming	

^a Provision by the Department of Mental Hygiene rather than the Department of Education.

mentally retarded. According to the Education Act of 1944, each local education authority is not only called upon to identify all types of handicapped children, including the "educationally subnormal," but it also is required to provide for their educational needs. Similarly, in Scotland under the Education Act of 1945, local authorities must provide education for mentally handicapped children.

In Holland schools for the mentally deficient are not compulsory. By law a mentally retarded child must attend regular school classes unless medically excused. Although the founding of special schools depends on local initiative, once set up, these schools must subscribe to specific regulations set down by the government.

In Japan boards of education are constrained to examine medically and intellectually all children entering primary school in order to identify the physically and mentally handicapped. According to the School Education Law of 1948, the government is obliged to establish schools for the handicapped. Also the 1958 Child Welfare Law led to money grants to public or private day schools for the mentally retarded. However, there are many obstacles which hamper the implementation of the laws for special education; these are finances, a shortage of qualified teachers, and a lack of equipment and school space. A further restricting factor is the attitude that the care of the handicapped is traditionally a family concern. Due to these factors, the

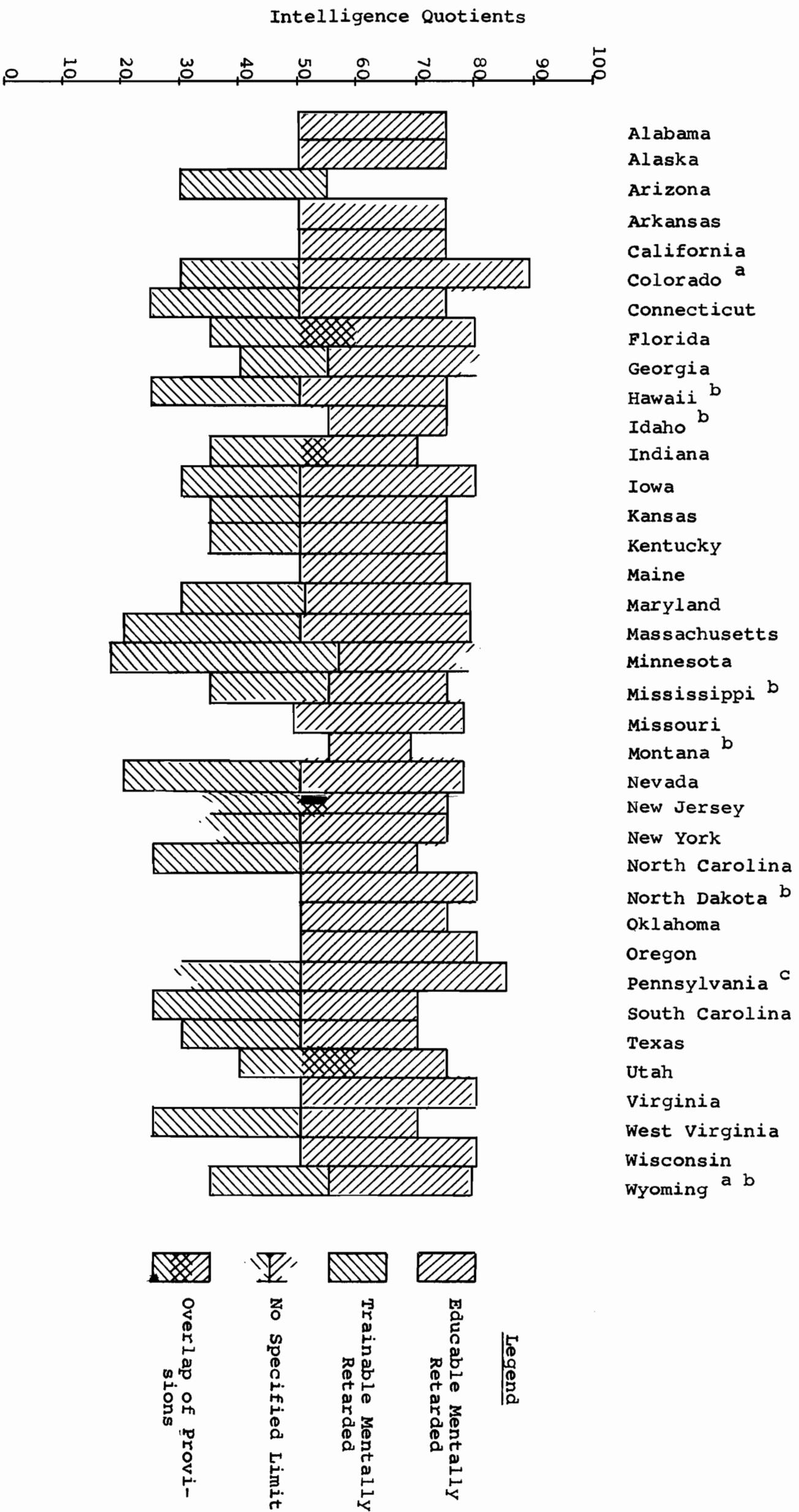
majority of the mentally retarded are educated within the normal classroom.

It is a fact that provision for the mentally retarded varies significantly from place to place. One explanation for this variation is that authorities differ on the identification and classification of the mentally retarded. Authorities cannot agree on the precise I. Q. definition of the educable mentally retarded and the trainable mentally retarded; but for the purpose of organizing classes, a numerical classification of the mentally retarded must be set arbitrarily.

The upper limit of intelligence which serves as a classification point for the retardate has been raised by law in many states of the United States, and the lower limit, which defines the trainable retardate, appears to have been lowered to allow more students to participate in special classes. One possible reason for the upper limits of intelligence being raised is that pressures of present day living tend to handicap the educable group who were not considered in need of special assistance several years ago. Nevertheless, the range of intelligence for those considered trainable and educable varies widely from state to state as may be seen in Table IV. Of the thirty-seven states reporting specific data in this area, Colorado showed the widest range of intelligence quotients under the educable, a range from 50 to 89. The average

TABLE IV

INTELLIGENCE SCORES REQUIRED BY PROGRAMMES
FOR THE EDUCABLE AND TRAINABLE MENTALLY
RETADED IN EACH STATE 1962-3



^a Plus or minus five points for the trainable mentally retarded.

^b Plus or minus five points for the educable mentally retarded.

^c Pupils with an I. Q. range of 75-85 can remain in classes for the educable mentally retarded for one year only.

range for the educable mentally retarded in the United States was from 50 to 75, although two states reported no upper limit. For the trainable mentally retarded in the United States, Minnesota set the lowest I. Q. level, that of 18, while three states, New Jersey, New York and Pennsylvania, reported no lower limit. Four states, Florida, Indiana, New Jersey and Utah, reported an overlapping of provision for the educable and trainable mentally retarded. The range of intelligence which includes the totally dependent mentally retarded will vary with the state's conception of the trainable mentally retarded.

In Canada the educable mentally retarded are generally considered to have an I. Q. between 50 and 70 or 80 depending upon the province. In Alberta, Ontario and New Brunswick the educable mentally handicapped are those whose I. Q.s range from 50 to 75. In the province of Quebec the Roman Catholic School Commission of Montreal accepts as being educable mentally retarded those children with an I. Q. between 50 and 79, whereas, the Protestant School Board of Greater Montreal considers as educable mentally retarded those with an I. Q. between 55 and 80. Nova Scotia reported both the educable and trainable mentally retarded as having an I. Q. range between 35 and 70, no specific dividing line being stated.

The intelligence range for the trainable mentally retarded or semi-éducable is generally 30 to 50. The

François-Michelle schools of the province of Quebec accept as semi-éducable those children whose I. Q.s fall between 35 and 50. In schools run by the Association for Retarded Children, children with lower I. Q.s are accepted in trainable groups, but usually it is required that they be mobile. In some of these schools, such as the Civitan-Kinsmen School at Beaufort in the province of Quebec, special provision is made for non-mobile children.

In the United Kingdom educationally subnormal children who are considered capable of being educated fall between the 50 and 75 I. Q. range and are educated in special schools, whereas, those with I. Q.s between 30 and 50 are trained in occupational centers.

In Holland mentally retarded children are divided roughly into the mentally deficient (debielen) with an I. Q. between 50 and 80 and the mentally defective (imbecielen) with an I. Q. between 30 and 50, while children below this level are classified as idiots.

In Japan the intelligence range is wide for those who are educated within the regular schools, ranging from 40 through 80 I. Q. The trainable mentally retarded have an I. Q. below 40 or 50, and the totally dependent or institutionalized, an I. Q. below 25.

It must be noted that slow learning children falling within the "twilight zone," that is with an I. Q. between 80 and 95, are generally not considered as mentally

retarded and hence will not be discussed in this study unless they are included in the educable mentally retarded category for a specific area. It is significant that there are very few well-developed programmes for the children within this I. Q. range. A further study of provision for such children could prove beneficial. Winnipeg reported a special programme for these children at the junior high school level, modifying the grade seven and eight programme and spreading it over three years instead of the usual two. Upon completion of this three year special class programme, pupils progress to a two year terminal course which is specifically designed to meet the educational needs of these slow learners.

A further reason for variation in provision for the mentally retarded is the legal school leaving age. Most schools relinquish all responsibility for these children at this age, though some do provide further training. The school entrance age for the specific countries under study is generally five or six.

Most states of the United States reported that the school leaving age for the mentally retarded is between eighteen and twenty-one. In Canada half of the provinces (Alberta, British Columbia, Newfoundland, Quebec and Saskatchewan) set the school leaving age at fifteen and the others at sixteen. In most of the provinces if the child has reached a certain academic level he is excused from

school. In the province of Quebec the principal may request a working permit for a child who is not profiting from school work.

In the United Kingdom the compulsory school age is from five to fifteen years, but pupils receiving special educational treatment must remain in school until sixteen years of age.¹ Holland reported that imbeciles are accepted in the schools at six years of age, and debiles at seven. The end of compulsory school is at fifteen, but provision for further special education is sometimes available. In Japan compulsory schooling is from six to fifteen unless a medical excuse is granted.

A study was made of the extent to which mentally retarded children are receiving special training in public schools of the United States. The study was based on an estimate of the total normal and mentally retarded pupils enrolled in public elementary and secondary schools as well as the probable number of mentally retarded children in each state. These estimates were based on the usually accepted norm for trainable and educable mentally retarded.² Then these estimates were compared with the actual number of trainable and educable mentally retarded pupils enrolled in special classes as reported by the states responding to

¹M. M. Wells and P. S. Taylor, The New Law of Education, London, Butterworth and Co. Ltd., 1954, pp. 155, 159.

²Vide supra, p. 11.

this question. Among the states Montana has the lowest provision rate for the educable mentally retarded, providing for only 10.3 per cent of its educable mentally retarded. Pennsylvania with 78.4 per cent has the highest provision rate for the educable mentally retarded. Of the twenty-three states for which estimates concerning the mentally retarded were made, ten reported provision for less than thirty per cent of their educable mentally retarded and seven reported provision for between thirty and forty per cent of the educable category. In the case of the trainable mentally retarded, of eighteen states responding, the lowest provision rate is found in Nebraska, which provides for 1.8 per cent of her trainable mentally retarded and the highest in Pennsylvania which provides for 26.6 per cent. Of the total provision for both the educable and trainable mentally retarded, twenty-three states reporting, ten provide for less than thirty per cent of this population, while one provides for more than half; this being Pennsylvania, which provides for 67.9 per cent. Thus the provision for the mentally retarded in most states appears (at least on a statistical basis) to be inadequate. Further detailed information concerning the extent to which mentally retarded children are receiving special training in public schools is shown in Table V.

A similar study was made in Canada, where, of nine provinces reporting numbers of educable mentally retarded cared for, the lowest percentage of provision was reported by Prince Edward Island which provides for 8.2 per cent of

TABLE V

EXTENT TO WHICH MENTALLY RETARDED CHILDREN IN THE UNITED STATES ARE RECEIVING SPECIAL TRAINING IN 'STATE' SCHOOLS 1962-3

States	Total Normal And Mentally Retarded Pupils Enrolled In Public Elementary And Secondary Schools (In Thousands) ^a	Calculation Of The Probable Number Of Mentally Retarded Children By States ^b		Number Of Mentally Retarded Pupils In Special Classes		As Per Cent Of Calculated Probable Total Number ^b		
		Trainable	Educable	Actual Number		Trainable	Educable	Combined
Colorado	392	2,352	8,820		3,400		30.	30.
Connecticut	481	2,886	10,822		6,500		47.4	47.4
Florida	979	5,874	22,027	1,000	11,000	17.	50.	43.
Georgia	932	5,592	20,970	700	5,000	12.5	24.	21.5
Iowa	578	3,468	13,005	500	5,000	14.4	38.4	33.4
Kentucky	618	3,708	13,905	250	2,500	6.7	18.	15.6
Maine	205	1,230	4,612	300	900	24.5	19.5	20.5
Maryland	607	3,642	13,657	665	2,618	18.3	19.2	19.
Massachusetts	837	5,022	18,832	1,163	10,164	23.1	54.	47.5
Minnesota	692	4,152	15,570	406	5,583	9.8	35.8	30.4
Montana	146	876	3,285	45	340	5.1	10.3	9.3
Nebraska	283	1,698	6,367	30	1,064	1.8	16.7	13.5
New Jersey	1,054	6,324	23,717	1,600	12,000	25.3	50.6	45.3
New Mexico	123	738	2,767		1,158		33.	33.
New York	2,780	16,680	62,250	2,824	28,577	16.9	45.9	40.
North Dakota	138	828	3,105		600		15.3	15.3
Pennsylvania	1,951	11,706	43,897	3,109	34,434	26.6	78.4	67.5
South Carolina	581	3,486	13,072	200	3,060	5.8	23.4	19.7
Tennessee	795	4,770	17,887	811	7,060	17.	39.5	35.2
Texas	2,151	12,906	48,398	1,600	17,400	12.4	35.9	31.
Utah	238	1,428	5,355	200	1,000	14.	18.7	17.7
Wisconsin	725	4,350	16,312	1,000	6,500	23.	39.8	36.3
Wyoming	79	474	1,777		490		21.8	21.8

^a H. Hansen (ed.), The World Almanac and Book of Facts 1962, New York, New York World-Telegram and The Sun, 1962, p. 538.

^b Based on the usually accepted norm (trainable .60 per cent, educable 2.25 per cent). M. E. Frampton and E. D. Gall (eds.), Special Education for the Exceptional, III, Massachusetts, Porter Sargent, 1960, pp. 440-441.

the educable mentally retarded, and the highest by Ontario which provides for 38.9 per cent. In the case of the trainable mentally retarded, the provision rate is somewhat higher than for the educable mentally retarded. The highest provision rate for the trainable is in Saskatchewan, that of 52.1 per cent, and the lowest in Nova Scotia, 17.4 per cent. In the combined provision for both educable and trainable mentally retarded, of nine provinces reporting, Prince Edward Island has the lowest provision, 14.3 per cent, and British Columbia the highest, 36.7 per cent. In general, the provinces fall below most states in the level of total provision for both the educable and trainable mentally retarded. Of more significance is the fact that no province approaches the high level of provision given in some states such as Pennsylvania, Connecticut and Massachusetts. Another significant difference between the two countries is the greater provision level for the trainable mentally retarded in Canada. This is possibly because private associations, which play a predominant role in special education in Canada, devote their energies almost entirely to the trainable mentally retarded. Further information concerning the level of provision in the individual province is recorded in Table VI.

Although basic provision is laid down in school law of the United Kingdom, the amount of provision varies from authority to authority; some in fact transferring mental retardates to other areas. Scotland reported that in four cities, Edinburgh, Glasgow, Aberdeen and Dundee, the provision

TABLE VI

EXTENT TO WHICH MENTALLY RETARDED CHILDREN ARE RECEIVING SPECIAL TRAINING UNDER PROVINCIAL SPONSORSHIP IN CANADA 1962-3

Provinces	Total Normal And Mentally Retarded Pupils Enrolled In Public Schools (In Thousands) ^a	Calculation Of The Probable Number Of Mentally Retarded Children By Provinces ^b		Number Of Mentally Retarded Pupils In Special Classes		As Per Cent Of Calculated Probable Total Number ^b		
		Trainable	Educable	Trainable	Educable	Trainable	Educable	Combined
Alberta	319	1,914	7,177	660	1,300	34.5	18.1	21.5
British Columbia	363	2,178	8,167	800	3,000	36.7	36.7	36.7
Manitoba	207	1,242	4,657	400	1,300	32.2	28.	28.8
New Brunswick	157	942	3,532	180	c d	19.1		
Newfoundland	135	810	3,037	e	e			
North West Territories And Yukon	6	36	135	8	40	22.2	30.4	28.
Nova Scotia	192	1,152	4,320	200	750 ^f	17.4	17.4	17.4
Ontario	1,497	8,982	33,682	2,500	13,000	27.8	38.9	36.3
Prince Edward Island	27	162	607	60	50	37.	8.2	14.3
Quebec	1,255	7,530	28,237	c g	5,517 ^h 596 ⁱ		21.6	
Saskatchewan	224	1,344	5,040	700	1,100	52.1	20.	28.2

^a Dominion Bureau of Statistics (ed.), Preliminary Statistics of Education 1961-2, Ottawa, Queen's Printer, 1962, pp. 16-19.

^b Based on the usually accepted norm (trainable .60 per cent, educable 2.25 per cent). M. E. Frampton, and E. D. Gall (eds.), Special Education for the Exceptional, III, Massachusetts, Porter Sargent, 1960, pp. 440-441.

^c Not available.

^d Some provision for "opportunity classes" but owing to shortage of funds and as the local boards receive very little financial assistance, most of the educable retarded are placed in the regular classes and in most cases make little progress.

^e No official provision by the Province so far. The Province is handicapped by lack of funds and by the number of school systems. Some voluntary work by the Newfoundland Association for the Help of Retarded Children.

^f Most of this training takes place in special classes within the regular public school buildings. A lack of space is one of the factors slowing up development.

^g Carried on mostly by voluntary organizations.

^h Dominion Bureau of Statistics, op.cit., p. 17 (reference to Roman Catholic Department of Education).

ⁱ Ibid. p. 17 (reference to Protestant Department of Education).

of special schools and occupational centers for the mentally retarded is adequate, while in other industrial areas such as Lanarkshire, provision is barely adequate. In rural areas provision is generally inadequate.

Because Holland has few sparsely populated areas, handicapped children rarely need to be transferred to other localities. There are 330 special schools for the mentally retarded and adequate transportation facilities. Out of the total school population of 1,400,000 (six to thirteen age span), 42,000 mentally retarded children are receiving education in special schools. This suggests that provision is adequate.

In Japan the number of schools and special classes for the mentally retarded is limited. Owing to vast numbers of children which must be accommodated in the regular schools, as well as a shortage of teachers, limited finances and school facilities, the provision is far from adequate. The total number of mentally deficient children receiving education in special schools and classes is 18,671, comprising 23 special schools and 1,062 special classes at the elementary level and 547 at the secondary level. In Japan there is a school population of 23,194,743³ (including children from kindergarten through secondary school). Using the usually accepted norm for the percentage of educable and

³R. Ito et al. (eds.), Education in 1960; Annual Report, Japan, Government Printing Bureau, March 1962, pp. 152-153.

trainable mentally retarded in a population,⁴ there should be approximately 661,050 mentally retarded in need of educational provision in the schools. Thus it appears that only three per cent of the mentally retarded population are receiving special training within the schools. Many pupils remain within the regular classroom as "class guests," passing from grade to grade without completing the work. These children are retained in this setting if special classes are not available in their own area and if their presence does not upset classroom order. There are generally one or two such children in each classroom, that is approximately 50,000 to 60,000 "class guests" in the Japanese school system.⁵ Thus the majority of the mentally retarded in Japan are either "class guests" or simply are medically excused from school. At any rate provision is far from adequate.

The task of educating the mentally retarded is beset with difficulties since mental retardation spans a broad range of individual differences and authorities are unable to agree on precise criteria to be employed in selecting pupils for special placement. Many psychologists agree that intelligence cannot be measured by a single test, consequently, "it is not only advisable, but usually necessary to make use

⁴Vide supra, p. 11.

⁵Ministry of Education, personal interview with Mr. Y. Tsujimura, Chief of Special Education, Tokyo, June 1962.

of both a verbal and a performance, individual intelligence test when attempting to establish the intellectual capacity of a suspected mentally handicapped child."⁶

The success or failure of a programme for the mentally retarded depends to a considerable extent upon selection methods employed in choosing students who are in need of special education. The special class for the mentally retarded has all too often been a "catch-all" for the pseudo-retardate, not to mention the "problem child," as well as children with unsuspected physical or emotional handicaps. The selection criteria for special class placement vary with different school systems, some authorities setting down precise selection requirements and others allowing great flexibility. Most school systems require an individual intelligence test. Academic tests are frequently administered and almost always an evaluation is made of the child's personality, especially if he is in the trainable group. Generally there is a medical examination (including special tests for vision and hearing) which is conducted to ascertain whether difficulties arise from problems other than mental retardation. Another factor in the placement of a child in a special class is parental consent, which is frequently required before a placement can be made.

⁶S. A. Kirk and G. O. Johnson, Educating the Retarded Child, Cambridge, Massachusetts, the Riverside Press, 1951, p. 40.

Usually the totally dependent mentally retarded are so severely handicapped mentally and often physically, that identification is not a problem. In the early years of this child's life, parents, pediatricians or general practitioners easily recognize the handicap. The trainable mentally retarded are likewise usually identified in the early years of development. On the other hand the educable mentally retarded are not readily identified because it is not until the period of formal education that they encounter apparent difficulty. Some of the more capable of the educable mentally retarded children are only considered retarded during their school career because they often live quite normal lives as unskilled and semi-skilled labourers.

Tests for identifying the mentally retarded vary with school systems. Few respondents reported the specific test being used. In the United States, eleven of the thirty-three states answering the question concerning selection criteria for educable mentally retarded reported the use of the WISC or the Stanford-Binet Intelligence Test (revised form). Several of them also use the Vineland Social Maturity Scale. In Canada, British Columbia, Ontario and Quebec reported using the Stanford-Binet Intelligence Test. Ontario also uses the WISC and the Ontario School Ability Test. Alberta reported that the following tests are used in their schools: the Detroit Beginning as well as Advanced First-Grade

Intelligence Tests, Otis Quick-Scoring Mental Ability Tests, Dominion Group Tests of Learning Capacity, S. R. A. Primary Mental Abilities, Kuhlman-Anderson Intelligence Tests and California Tests of Mental Maturity. The Protestant School Board of Greater Montreal uses the Hennon Nelson Ability Tests, Stanford Arithmetic Tests and Gates Reading Tests.

In England and Wales an individual verbal test is required (for example the Terman-Merrill Scale) as well as one or more individual performance tests, e.g., Drever-Collins Performance Scale, Alexander's Scale, Porteous Maze Test,⁷ projection tests and attainment tests. Scotland uses the following individual intelligence tests: the WISC and the Stanford-Binet Intelligence Test (revised form). Supplementary tests used are the Merrill-Palmer Scale of Mental Tests, Goodenough Intelligence Test, Porteous Maze Test, Raven Coloured Progressive Matrices and the Vineland Social Maturity Scale.⁸

Holland reported the use of the following tests in the screening of mentally retarded children: Binet-Simon, Terman-Merrill, Pinter-Paterson, Oseretzky Motor Test as well as several children's tests by Ch. Bühler. In Japan

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M. M. Wells and P. S. Taylor, op. cit., p. 407.

8

Scottish Education Department, Degrees of Mental Handicap, report of the Working Party on Standards of ascertainment for Scottish school children, Edinburgh, Her Majesty's Stationery Office, 1961, pp. 21-22.

the Suzuki-Binet Intelligence Test, the WISC translated into Japanese and the Oseretzky Motor Test translated from the Russian are used.⁹

Concerning selection methods of pupils for educable mentally retarded classes in the United States, of the thirty-three states responding, twenty-two reported the use of individual intelligence tests, five reported the use of group intelligence tests and three of the latter reported the use of individual or group or both, depending upon the situation. Eighteen states reported the use of a physical examination and thirteen of a psychological examination. A psychological examination is interpreted by the individual states to mean a complete mental, physical, social and emotional evaluation.

Of those doing the testing, twenty-four states reported the use of a psychologist, ten a psychometrist, while fifteen require a medical doctor for the physical examination. In all states a psychometrist (who administers tests and interprets scores) must be fully qualified and subject to approval by the state special education authorities. Sixteen states require the principal's or teacher's consent in the selection of such a pupil, and ten require the approval of the inspector for special education or the head of the school district. Parent's consent is required by fourteen of these states. Re-evaluation of the pupil placed in a

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Ministry of Education, personal interview with Mr. Y. Tsujimura, Chief of Special Education, Tokyo, June 1962.

special class was reported by four states: Tennessee did not specify how soon after the initial evaluation re-evaluation is done, while Michigan specified every two years and Pennsylvania and Indiana every three years. Only two states, Alabama and Arkansas, reported a minimum mental age requirement of four and three respectively. Further information concerning specific requirements in the selection of pupils for educable mentally retarded classes in the various states is reported in Table VII.

In considering selection procedures for the trainable mentally retarded for special class placement in the United States, of the twenty-five states reporting information, sixteen require individual intelligence testing, eight require group testing, one of which requires either group or individual testing or both depending upon the circumstances. Thirteen states require a physical examination and thirteen require a psychological examination. The personnel involved in the selection of such pupils are psychologists for twenty states, medical doctors for seven and psychometrists for four of them. Kentucky is the only state which reported the use of a psychiatrist in the selection of trainable mental retardates. Principal or teacher consent is required in seven of the states and the consent of the inspector for special education or the head of the school district is required in five. Parental consent for placement in a special class is required in nine of the reporting states. It is worth noting that fifteen states require a minimum ability

TABLE VII
SELECTION OF PUPILS FOR EDUCABLE MENTALLY RETARDED CLASSES IN THE UNITED STATES 1962-3

Basis Of Selection	Alabama	Arkansas	California	Colorado	Florida	Georgia	Hawaii	Idaho	Illinois	Indiana	Iowa	Kansas	Kentucky	Maine	Maryland	Massachusetts	Michigan	Mississippi	Missouri	Montana	Nevada	New Jersey	New Mexico	New York	Oklahoma	Oregon	Pennsylvania	South Carolina	Tennessee	Texas	West Virginia	Wisconsin	Wyoming
<u>Types Of Examination</u>																																	
Psychological	x		x	x						x	x				x		x						x				x		x	x	x	x	
Physical	x		x	x		x		x		x	x				x	x							x		x		x		x		x	x	
Individual Intelligence	x		x			x	x			x	x				x	x	x	x	x	x	x	x	x	x	x	x	x	x			x		x
Group Intelligence		x						x							x										x			x					
<u>Specifications</u>																																	
Ability To Profit	x	x					x						x						x											x	x		
Parents' Consent	x		x	x			x					x	x	x	x		x				x		x							x	x	x	
Trial Period	x	x	x																				x			x				x			
Basic Ability							x						x							x		x							x	x	x		
<u>Placement Personnel</u>																																	
Medical Doctor	x		x	x	x						x			x									x	x			x		x	x	x	x	x
Psychologist	x		x	x	x		x		x		x	x	x		x	x		x	x	x	x	x	x	x	x		x	x	x	x			x
Psychometrist		x						x					x	x		x	x		x		x					x					x		
Principal And/Or Teacher	x		x	x	x			x	x	x		x	x		x				x							x		x		x	x		x
Inspector ^a	x		x					x				x		x						x			x			x		x			x		

^a Inspector for special education and/or head of the school district.

level for children placed in a class for the trainable mentally retarded. This means that the child must be toilet trained, able to communicate needs and have control of his behavior; that is, simply not being a danger to himself nor to others in the classroom setting. Four states (Hawaii, Kansas, West Virginia and Wisconsin) reported that a basic mental age of three is required, while Arizona reported an age of two. Information concerning selection methods employed for screening pupils for trainable mentally retarded classes is recorded in Table VIII.

In Canada, generally, the intelligence quotient is the principle factor in the selection of the educable mentally retarded for special classes. British Columbia reported that methods of selection vary, but generally pupils are chosen on the basis of low intelligence and inability to function in a normal classroom. Vancouver has the child tested by the Department of Research and Social Services and sometimes by the Mental Hygiene Clinic. Often supervisors visit homes and obtain parental consent for special placement. In Victoria, teachers submit case studies of children suspected of mental retardation and where advisable individual testing is carried out by the Department of Tests and Measurements. If a child's I. Q. falls between forty-nine and seventy-nine the mental health co-ordinator visits the home in order to gain parental consent for trial placement. In Manitoba referrals are made by the school for the psychological examination of

TABLE VIII

SELECTION OF TRAINABLE MENTALLY RETARDED PUPILS FOR SPECIAL CLASSES IN THE UNITED STATES 1962-3

Basis Of Selection	Arizona	Colorado	Georgia	Hawaii	Illinois	Indiana	Iowa	Kansas	Kentucky	Maryland	Massachusetts	Michigan	Minnesota	Mississippi	Nevada	New Jersey	New York	North Carolina	Pennsylvania	South Carolina	Tennessee	Texas	Utah	West Virginia	Wisconsin
<u>Types Of Examination</u>																									
Psychological	x					x	x	x		x		x				x			x	x	x	x		x	x
Physical			x			x	x	x		x	x					x	x	x		x	x			x	x
Individual Intelligence	x		x	x		x	x	x		x	x	x		x	x	x	x		x	x				x	
Group Intelligence		x			x				x	x			x					x		x			x		
<u>Specifications</u>																									
Ability To Profit	x							x														x		x	
Parents' Consent				x				x		x		x			x			x				x		x	x
Trial Period	x		x	x												x						x			x
Basic Ability	x		x	x				x	x					x		x	x	x	x	x	x	x	x	x	x
<u>Placement Personnel</u>																									
Medical Doctor		x					x									x				x	x	x		x	
Psychologist	x	x	x	x	x		x	x	x	x	x		x	x	x	x	x	x	x	x	x	x			
Psychometrist									x			x			x										x
Principal And/Or Teacher		x			x	x				x										x		x		x	
Inspector ^a		x																x		x	x			x	

^a Inspector for special education and/or head of the school district.

educable mentally retarded children at the Child Guidance Clinic. This clinic automatically reports all children having an I. Q. below eighty. Actual placement in special classes is made by the authority of the Director of Special Education. In Alberta school psychologists and guidance clinics test the children for special class placement. Group intelligence tests serve initially as a rough screen with which to identify the mentally retarded. Children who score an I. Q. below seventy-five are observed more carefully. The pupil's academic history is reviewed and he is examined physically as well as intellectually on an individual basis.

In Ontario, children who appear in need of special placement must be judged so by their classroom teacher before undergoing medical, intelligence and psychological examination. Only those having low intelligence and lacking aptitude for regular class participation are placed. In Ottawa there is a special services department where children are examined by a staff which includes two psychologists and three consultants. Group intelligence tests are also given in grades one, three, and six, and those children scoring below eighty-five are retested more thoroughly on an individual basis.

In the province of Quebec the basic criterion for placement is a low intelligence score, though methods of selection do vary. The French Roman Catholic handbook to

the teacher of children with special disabilities, Le Programme D'Etudes Des Classes D'Enfants Déficiants, provides general requirements to be taken into consideration in the selection of the mentally retarded for special class placement. The child must have reached a mental age of four before he can be considered for special placement. The handbook recommends an extensive study of the child--family history, personal history of the child's development, as well as medical, psychological and academic evaluation. The medical doctor in certain cases is responsible for referring the child to specialists for further examinations. A psychologist should administer an individual intelligence test, as well as observe the child's manner of working and attitude toward problems. It is also recommended in borderline cases of mental deficiency that Rorschach tests be administered. An objective evaluation should be made of the child's academic efficiency and what he lacks to lead an independent life both socially and vocationally.¹⁰

The Roman Catholic School Board of Montreal requires only examination of those children who have repeatedly experienced academic difficulties, or if the principal has requested the service. Testing is carried on by the Mental Hygiene Clinic of the city of Montreal, the Montreal Children's Hospital and the St. Justine's Hospital Clinic.

¹⁰ Programme D'Etudes Des Classes D'Enfants Déficiants, v, Comité Catholique Du Conseil De Québec, L'Instruction Publique, le 23 septembre, 1959, pp. 41-42.

Personnel from the Mental Hygiene Clinic go into the schools to make judgments of individual cases. The Montreal Children's Hospital has recently done testing for the Chateauguay, Chomedey, Granby and Waterloo school boards. In the Protestant School Board of Greater Montreal it appears that testing is more regular than in Roman Catholic schools. Intelligence, ability and academic testing is automatic in grades 4, 6, 8, and 10. The Weschler Intelligence Test can be administered at the principal's request. Classes for the trainable mentally retarded are usually organized by the Association for Retarded Children whose criteria for placement vary with the region and school facilities. The Francois-Michelle schools recently reported the criteria necessary for entrance to their schools. A child must be éducable (I. Q. 50 to 80) or semi-éducable (I. Q. 35 to 50), have a mental age of three and a half and possess the aptitude to function usefully in the special class. It means he must be physically able to follow routine activities of the school. There is a three month period prior to permanent placement.¹¹

New Brunswick reported that a child must be recommended for placement in a special class by the director of

¹¹L'Association Pour L'Education Des Enfants Arriérés, "Les écoles François-Michelle," mémoire présenté par l'Association à la Commission Royale d'Enquête sur l'Education, Québec, mai 1962, pp. 19-20.

a Mental Health Clinic of the province or by a provincial medical practitioner. On Prince Edward Island children are likewise selected by the provincial Mental Health Clinic.

In the United Kingdom selection of educationally subnormal pupils involves teachers and school medical officers, though sometimes an educational psychologist is consulted. School medical officers examining children suspected of mental subnormality must have received special training. Usually a child is referred by the teacher to the school medical officer who gives the child a physical and mental examination. Reports from the medical officer and head teacher are sent to the local education authority where a decision is made for purposes of placement. Border-line cases may be sent to a diagnostic center or given trial placement in either an ordinary or a special school.¹²

Holland reported that, generally, the trainable mentally retarded (imbeciles) are discovered by general practitioners, social workers or by teachers in the infants' schools. The educable mentally retarded (debiles) are recognized in the early years of primary school. The school medical service, which usually serves both ordinary and special schools, tries to persuade parents of slow learners

¹²UNESCO, Organization of Special Education for Mentally Deficient Children, Geneva, International Bureau of Education, 1960, p. 247.

that the child be tested. Intelligence tests are administered by trained personnel, usually the principal of the child's school or a specially trained doctor. The screening committee for placement purposes consists of a teacher, the headmaster of a special school, an inspector of special schools, a physician, usually a psychiatrist, and sometimes a psychologist and a social worker. The final decision concerning placement is made by the headmaster, though the parents' consent is required to place the child in a special school.

In Japan boards of education are obliged to examine medically and intellectually all children entering primary school in an attempt to identify those who are mentally retarded. In specific cases of suspected retardation, an individual intelligence test is administered and an assessment of the child's personality, academic achievement and social maturity is made. Where facilities are available the boards of education will recommend special placement, though the parents consent is necessary before any placement can be made.

The general course of study for the mentally retarded varies with the predominant educational philosophy of the authority providing the education. Basically, the mentally retarded child has different needs than those of the normal child and a special curriculum rather than a "watered down" regular school curriculum is desirable.

Socialization, education and rehabilitation should be primary objectives and are to a greater or lesser extent the aims of any special educational programme for the mentally retarded. Since much of life is transacted on a fifth or sixth grade level, the mental retardates can manage to get along with a very basic education. Many areas reported that special emphasis is placed on civic responsibility, self-realization, social relationships and economic usefulness. In programmes planned for the educable mentally retarded, generally half the time is spent on fundamental academic subjects, while the rest is spent on physical education, art and work experiences. There is a strong emphasis on the practical. The objectives for a class for the trainable mentally retarded usually are "the establishment of habits of personal care, the development of language skills with emphasis on effective spoken communication, the adjustment to social groups and situations, the development of useful muscular coordinations, and the development of simple concepts from the child's physical and social environment."¹³ Much time is often spent in teaching the children to live together as a group.

¹³M. E. Frampton and E. D. Gall (eds.), Special Education for the Exceptional, 3, Massachusetts, Porter Sargent, 1960, pp. 447-448.

In the United States, few states reported specific aims in the area of curriculum development for the mentally retarded. Alabama reported that the purpose of its programme is to develop social competencies, good physical and mental health, economic efficiency, as well as to acquire academic skills to whatever extent possible. In Canada none of the provinces reported specific aims, however, it is interesting to note that the Programme D'Etudes Des Classes D'Enfants Déficiants, used by Roman Catholic teachers for the mentally retarded in the province of Quebec, provides three general aims. Special education is to aid the child (1) to know, love and serve God, (2) to reach a level of personal independence that will permit him to meet his individual needs and (3) to reach a level of social independence which will allow¹⁴ him to participate actively in family and social life. Religious and moral training are primary aims of educators for the mentally retarded in the Roman Catholic school system of the province of Quebec.

The aims of the curriculum for schools run by voluntary associations also vary. The François-Michelle schools recently reported the aims of their programme. They maintain that the mentally retarded child is first of all a human being and thus can be educated in part along the same lines

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Programme D'Etudes Des Classes D'Enfants Déficiants, v, Comité Catholique Du Conseil De Québec, L'Instruction Publique, le 23 septembre 1959, pp. 41-42.

as normal children. These schools also follow the general aims laid down by the Catholic Committee of the Council of Public Instruction.¹⁵

Holland reported that its special schools for the mentally retarded are aimed primarily at helping the children to learn to express themselves simply, to deal with money and to get along with people. In these schools the emphasis is on practical rather than academic education. They stress physical training and pre-vocational training. Similarly, in Japan the curriculum of the special schools and classes for the mentally retarded stresses preparation for employment. In all the classes and schools for the mentally retarded which the writer visited in Japan, principals and teachers were quick to emphasize the fact that their primary aim was to educate these children for economic competency. Mr. Komiyama, the principal of Seicho Yogo Gakko (Blue Bird Protecting High School in Tokyo), for the mentally retarded emphasized the fact that two-thirds of the pupils' time is spent in vocational training. The Minister of Special Education provided the writer with the general aims for the mentally retarded in this country. These aims are at present being incorporated in the new

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L'Association Pour L'Education Des Enfants Arriérés, "Les écoles François-Michelle," mémoire présenté par l'Association à la Commission Royale d'Enquête sur l'Education, Québec, mai 1962, p. 22.

syllabus for the mentally retarded and are as follows:

(1) to train them to be able to live an independent social life, (2) the content of each subject should be based on concrete experiences and developed gradually in such a way as to allow for understanding. In the early years of the child's education the aim is to implant basic daily habits, in the middle years the goal is to help them learn how to participate in group life and finally in the later years the stress is upon the acquisition of knowledge and skill necessary for economic competency.

Responsibility for curriculum development varies with the educational area. In some states the state educational authority provides leadership in the development of the curriculum for the retarded, others leave it entirely up to the local district or individual teachers. If too detailed a course of study is provided, there is danger of inflexible special educational programmes. But when special teachers are inadequately prepared, it is desirable to have a detailed curriculum outlining the different steps and phases of the child's learning process along with principles and methods to follow.

In the United States nearly half of the thirty-nine states responding to a question concerning the source of responsibility for providing a curriculum for the mentally retarded reported that the state educational authority provides a general guideline to be followed in the state schools, while only five states reported the provision of a

detailed curriculum at the state level.

An excellent example of a state with a detailed curriculum is Illinois. All special class teachers and administrators in the state were invited to participate in the compilation of the curriculum. The guide consists of general suggestions for the education of the mentally retarded. This provides a frame of reference for the teacher who can make specific applications according to the demands and character of his community. The curriculum is dealt with in unit fashion with correlated activities. The two main divisions are life function (such facets of life as citizenship, communicating, home and family, leisure time, travel and safety) and areas of knowledge. The latter includes arithmetic, fine arts, language arts, physical education, practical arts, science and social relationships. Suggestions of approach and source materials are also provided for teacher use. The lessons are detailed and divided into objectives, motivating activities, language arts, unit activities (such as health or science) and the fine and practical arts. This guide is general enough to have been employed by teachers in other states and in the province of Manitoba.

Further, the local school boards or districts in eleven states of the United States have the sole responsibility for providing curriculum for special classes for the mentally retarded. The individual teacher

is completely responsible for the curriculum content in the special classes in eight states; however, in two of these cases it was reported that the programme is developed by the individual teacher working with specialists at summer schools. More detailed information concerning the responsibility for the curriculum for the mentally retarded in the United States is recorded in Appendix C.

In Canada six of the provinces reported that the responsibility for the planning of the curriculum is left to local school boards or districts. It is interesting to note that in Quebec there is a curriculum guide in French prepared by the Department of Education for Roman Catholic classes for the mentally retarded. The English speaking teachers within the Roman Catholic school system, at least in the schools under the jurisdiction of the Roman Catholic School Commission in Montreal, follow the guide as best they can as there is no translation available.¹⁶ In the Protestant schools of Quebec the local school boards are responsible for the curriculum for the mentally retarded; however, in the case of the Protestant School Board of Greater Montreal, much of the planning is left to the individual teacher. Apart from a guide pro-

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Catholic School Commission of Montreal, interview with Mr. L. Piédalue, Director of Auxiliary Classes, Montreal, June 1963.

duced many years ago the teacher may obtain guidance from supervisors for the area. Two provinces reported that the curriculum is planned by the individual teacher for the individual pupil. In Nova Scotia and Alberta general guidelines are provided by the provincial department of education, while in Newfoundland the responsibility for the planning of the curriculum has not been determined. Further detailed information is recorded in Table IX below.

TABLE IX

PLANNING OF THE CURRICULUM FOR PUBLIC SCHOOL CLASSES
FOR THE MENTALLY RETARDED IN CANADA 1962-63

Responsibility	Alberta	British Columbia	Manitoba	New Brunswick	Newfoundland	North West Territories	Nova Scotia	Ontario	Prince Edward Island	Quebec	Saskatchewan
Provincial (General Guidelines)	x						x				
Local School Board or District		x	x	x				x		x	x
Teacher (Planning for Individual Pupil)						x			x		
Not Designated					x						

In the United Kingdom the local education authority has the official responsibility of drawing up a curriculum for special education, but the school syllabus is usually determined by the head teacher who submits the plan to the special education department for approval. However, in Holland, general rules are given by the state but details are left to the municipality or the school board and are subject to inspection.

In Japan the Ministry of Education publishes a fixed regular course of study and the prefecture provides variations to suit the local needs. Textbooks used in public schools are screened by teachers, subject-matter specialists and ultimately by the Textbook Research and Authorization Council consisting of eighty educators. The Ministry of Education publishes a catalog of approved books. Selection of texts for specific schools is generally made by a county committee consisting of members of the board of education, teaching profession, administration staff and the Parent Teachers Association. Although the texts utilized in these classes are state approved, only a very vague guide has been provided by the Ministry of Education for the education of the mentally retarded. At the present time the Ministry is compiling a more detailed course of study for these classes.

A further administrative problem in educating the mentally retarded is the optimum pupil teacher ratio. A

small special class has the elasticity necessary to provide learning experiences for the mentally retarded child. The number of pupils in these special classes varies immensely. The classes in the public schools generally vary from as low as five pupils in trainable mentally retarded classes to as high as twenty-four in special classes for the young adult retardate. There appears to be a recognition on the part of most educational authorities that the teacher can handle more students at the secondary level and an even larger class for occupational training. If a teacher helper is made available to the teacher of the special class, the number may exceed the established upper limits. Classes provided by voluntary organizations do not operate on a strict pupil teacher ratio.

The age spread of the mental retardate in special classes is a factor which has a bearing on the success of the learning process. Optimum instruction cannot be obtained in a wide age-range class of adolescent and younger mentally retarded children with vast differences in interests as well as abilities. Several of the states in the United States recommended a chronological age spread of less than four years within one class. As these special classes are ungraded, division methods vary, however, a widely used method is that of organizing the pupils into a primary class, including children from six to eight years of age, a junior class for those approximately eight to ten years of age, an

intermediate class for children from ten to twelve years of age and a senior class for the older students.

In the United States forty states reported a minimum pupil teacher ratio below ten for special classes for the educable mentally retarded. Fourteen states reported a minimum ratio of ten, and five mentioned a minimum ratio of from twelve to fifteen pupils per teacher. The maximum ratio for secondary or higher level schooling was reported in the occupational classes of Ohio, a class size of twenty-four. Nineteen states reported that the maximum class size for educable mentally retarded children is fifteen.

In classes for the trainable mentally retarded sixteen states reported classes having a minimum ratio below ten, and twelve states reported a maximum ratio of ten and below. The largest class for the trainable mentally retarded was reported in the secondary schools of New York, where classes held fifteen pupils. One state, Nebraska, reported no fixed ratio; the size of the class for the mentally retarded is dependent on the amount of individual attention desired. Further detailed information concerning pupil teacher ratios in classes for both the educable and the trainable mentally retarded is included as Appendix D.

In Canada three provinces reported a minimum pupil teacher ratio for the educable mentally retarded of ten, Nova Scotia reported a minimum of fifteen, while the lowest

minimum was reported by New Brunswick, five pupils per teacher. The maximum pupil teacher ratio ranged from fifteen to twenty pupils per teacher. In classes for the trainable mentally retarded the only two provinces reporting a minimum were New Brunswick and Nova Scotia which reported a minimum of five. The maximum pupil teacher ratio in trainable mentally retarded classes was claimed by Ontario with a ratio of twenty pupils per teacher within the secondary schools. Ratios were not applicable in Manitoba, Newfoundland, North West Territories and Quebec where the classes for the trainable mentally retarded are run by private associations. Two provinces reported maximum class size for occupational classes, Saskatchewan reporting thirty pupils per teacher in occupational classes for the educable mentally retarded and British Columbia indicating twenty pupils per teacher in occupational classes for both the educable and trainable mental retardates. Further detailed information in relation to special class size in Canada for the educable and trainable mentally retarded is tabulated as Appendix E.

In the United Kingdom, the maximum pupil teacher ratio for classes for the educable mentally retarded is twenty. Scotland reported that the minimum class size for the trainable mentally retarded is ten and the maximum, fifteen. In Holland the staffing ratio in schools

for mentally subnormal children is approximately one teacher to fifteen pupils. In Japan the average pupil teacher ratio in classes both for the educable and trainable mentally retarded is ten pupils per teacher. There is a great variation in class size ranging from approximately five pupils per teacher to a maximum of twenty-four pupils per teacher within the public schools, and no set limit for schools supported by voluntary associations.

The type of provision for the mentally retarded varies with the school system. Sometimes provision is in the regular classroom or special classroom of a regular school, within a special day school, residential school, workshop, institution, or even within the child's home. Educators advocate different types of placement depending upon the capability of the child and facilities available. Some recommend segregating the mentally retarded in special facilities apart from the normal school environment. These educators feel that in this way the school can develop its own atmosphere, competition is less apparent and there are more opportunities for non-academic children to assume positions of responsibility leading to confidence as well as independence in the pupils. Such a school also is more likely to be able to provide the special equipment necessary for training these children. Despite these advantages there appears to be a strong trend toward the placement of the retardate in a special class within a normal school rather than segregating him. Removing the retardate from the

school attended by children in his neighborhood increases the likelihood of social ostracism. Within a regular school environment the child usually mixes with children of various levels of intelligence and has an increased chance of more normal social development. This depends upon the principal and teachers of the school, their attitude toward these classes and whether the mentally retarded are integrated with the others for various social functions.

There was little research carried on prior to 1950 to determine the value or justify the existence of special classes for mentally retarded children within the regular school. More recent research has led to interesting conclusions. It appears from this research that where an educable mentally retarded child can function in a normal classroom he will advance more rapidly academically but that he is likely to be less successful socially.

Johnson maintained in a recent article that despite lack of evidence "special education has been well sold and widely accepted as being superior to general education for mentally handicapped children."¹⁷ Thurstone found that retarded children enrolled in regular classes were more successful academically than those enrolled in special classes.¹⁸ This was substantiated by Johnson who found that mental

¹⁷ G. O. Johnson, "Special education for the mentally retarded," Exceptional Children, October 1962, p. 62.

¹⁸ Ibid., p. 64 (referring to T. G. Thurstone, An evaluation of educating mentally handicapped children in special classes and in regular classes, Chapel Hill, School of Education, University of North Carolina, 1959).

retardates in regular classes show greater achievement in reading and arithmetic than those in special classes. In a further study he maintained that mentally handicapped "enrolled in regular classes achieved higher in every instance."¹⁹ The differences were statistically significant in the area of reading and arithmetic reasoning. On the other hand, Johnson noted that the mentally retarded in special classes were more²⁰ socially accepted by their peers. Similarly, Porter in a comparison of the social competency and economic efficiency of educable mentally retarded adults who attended a special class and those who attended a regular class found a better²¹ adjustment on the part of the special class group.

A number of explanations have been put forward to explain why research shows greater academic success for the mentally retarded in the normal classroom than in the special class. Thurstone pointed out that the mentally retarded profit from stimulation received from contact with normal children in the regular classroom because the mental retardate's motivation is reduced in the special classroom where the emphasis is not on academic work. Also training programmes for teachers of the mentally retarded emphasize disability rather than ability and social development appears more important than academic

¹⁹

Ibid., p. 65 (A comparative study of the personal and social adjustment of mentally handicapped children, Syracuse University Research Institute, 1961).

²⁰

Ibid.

²¹

Vide supra., p. 58.

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achievement. Many other factors are involved in the individual situation. Much depends on how much contact with regular class pupils is encouraged. Also attitudes of principals and teachers strongly affect the mental retardate and other students' attitudes toward him.

In most of the countries under study there is considerable flexibility concerning the nature of provision for the mentally retarded, but there is a persistent trend toward the integration of the educable mentally retarded into the normal school. Many countries provide special classes as well as special schools, placement largely depending upon the individual child and the severity of his handicap.

In the United States many states reported a tendency toward educating the educable mentally retarded child in a special class within the regular school although some states provide education within a special school. Canada generally provides for the educable mentally retarded in a special class of the regular school unless institutionalization is required.

In England and Wales the educable mentally retarded are placed in special classes within the regular school, but in London, Birmingham and other urban centers there are many excellent special day schools. In the United Kingdom there

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G. O. Johnson, op. cit. (referring to T. G. Thurstone op. cit.) p.64.

is a tendency to keep special schools relatively small. Scotland reported that the average size is 150 pupils, the maximum 200. This country further recommended that the educable mentally retarded be taught in their own special schools. In sparsely populated areas educable mentally retarded pupils form an all-age class attached to an ordinary school.

In Holland special schools for the mentally retarded are located in each area and there are no special classes for the mentally retarded attached to ordinary schools. It is necessary for the mentally retarded from small communities lacking such a facility to be transported daily or live in special housing. Schools for the educable mentally retarded on occasion have classes for the trainable. The educable mentally retarded enter school at seven years of age and remain until fifteen, whereas the trainable mentally retarded enter at six years of age.

Although the majority of the mentally retarded are educated in the regular classroom in Japan, special facilities are available in some areas, especially in the large cities. Where such facilities are available, the usual procedure is to provide special classes at the elementary school level and special schools for the junior high school period. The philosophy behind this is that at the elementary school level disparity in ability is not as great as in the later years of the child's life.

Similarly the children at this early stage are felt to be less mature physically and the school needs to be located near the child's home. At the junior high school level the disparity in ability is becoming too great and constant contact with pupils of normal intelligence is no advantage. It is felt that the nature of the training provided at this level, that of professional education necessitating special equipment, can be better provided on a considerable scale. By this age pupils have developed considerable physical strength and are capable of traveling further to school.

The provision in Tokyo includes special classes within certain regular schools, but limited facilities restrict their operation. Special day schools and residential schools for these children are much more impressive. As a rule the staff is more highly qualified and the facilities are much better. The Seicho Yogo Gakko, located in the heart of Tokyo, is a semi-residential school. The school has 193 pupils, 27 teachers, 15 servants and 3 nurses. Pupils range from 12 to 18 years of age. Many of the older students come in from special classes within the city when they reach the school leaving age. These are the children who need extra training before they can enter the world of work. Students are grouped as to ability for reading and arithmetic. Stress is placed on building a strong child both physically and mentally. As a result the children are instructed along vocational lines for the greater part of the week. The kind

of work they are taught is very simple so as to avoid loss of job due to mechanization. There is still a place in Japan for this simple work. The boys make boxes for rural produce from bamboo, bags from newspapers, rope from rice bags, while girls make floor cloths.

Residential schools for the mentally retarded are located in many of the prefectures. One such school which the writer visited in Nagano Prefecture just outside of Nagano city appears to be doing an effective job. In this school there are approximately ninety children ranging in age from six to sixteen (I. Q. 36 to 80). The Ministry of Education pays for one-third of the cost of operation and Nagano Prefecture the rest. Tuition cost depends upon family income and the number of children in the family. The staff is comprised of a principal, a head teacher, a qualified nurse and eight teachers. Although only one of the teachers is fully qualified to teach the mentally retarded, the others are following summer courses at Shinshu University in Nagano Prefecture. All teachers hold degrees. Unfortunately there is a long waiting list despite the fact that the school was founded in September of 1961. The aim is to develop independence, social competence and vocational abilities. The girls learn to sew, cook and clean house and the boys are trained for employment in stores, mills and factories. Those who are unable to be employed are transferred to an adult home nearby.

Provision for the trainable mentally retarded differs somewhat from that for the educable mentally retarded because of the lower learning capacity. Prior to 1950 most trainable mental retardates were cared for within the home or institution. Since then the growth of special day classes for these children has been substantial due to the desire of many parents to keep their children near home as well as the overcrowding and long waiting lists in many public and private institutions. In many school districts provision was originally begun by voluntary associations. It is to the credit of parents and private organizations that provision for the trainable mentally retarded is available.

Voluntary organizations are playing a vital role, not only in providing education at the present time, but also in stimulating the movement toward public provision for these children. There now appears to be a trend toward a greater acceptance on the part of local school districts to provide for the trainable mentally retarded. In some areas voluntary organizations are receiving fees from the public authorities and in a few areas the public school system is taking full responsibility for their training. It is difficult to assess the effectiveness of special classes for the trainable mentally retarded since such classes have not been in existence long enough to justify adequate study. The controversy

continues as to whether the trainable mentally retarded should be provided for within the regular school system.

Some educators such as Cruickshank²³ question whether the trainable mental retardate meets the minimum definition for education. He maintained that rather than place these children in the public schools, which cannot provide life-span care for them, the provision should be carried on by agencies which can provide continuous care. If this provision were carried on in community day care centers of residential schools for the mentally retarded, it "would mean that from a very early period in the child's life, the parents would have an association with a residential²⁴ or institutional program." This could possibly help to break down some of the parental resistance to institutionalization, however, the feasibility of this plan would depend to some degree upon the accessibility of the center to the children's homes.

The important factor is that responsibility for provision be clearly defined and that these children be provided for in their best interests. In that most of the trainable mentally retarded will need health, welfare and educational services during their life span, Cruickshank's plan warrants further investigation.

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W. M. Cruickshank, "Planning for the severely retarded child," American Journal of Mental Deficiency, 61, 1956-57, pp. 3-9.

²⁴

Ibid., p. 8.

In the United States provision for the trainable mentally retarded is provided either in special classes in some of the public school systems or in classes supported by the Association for Retarded Children and in other private institutions. In Canada most of the provision for the trainable mentally retarded is in special classes provided by the Association for Retarded Children, though some public institutions operate in the field.

The provision for trainable mentally retarded (I. Q. approximately 30-50) falls outside the powers of the education authorities in England and Wales. It is the responsibility of the Ministry of Health. The health departments' programmes include: children's occupation or training centers, called "junior centers," occupation centers for adolescents and adults, known as "sheltered workshops," and supervisory and counselling services. The "junior centers" have been in operation for over twenty years. Over 10,000 children under the age of sixteen are provided for in these centers, but another 2,500 are on the waiting lists. Pressure is being brought to bear on the localities by the Ministry of Health and parents groups.²⁵ The establishment of these centers "depends upon the interest of the local health authorities; the ability of the health officer to

²⁵A. W. Pense, "Community programs for the mentally retarded in England," Canada's Mental Health, Supplement 23, p. 3.

'sell' the need to the appropriate committees; and the willingness of the governing body of the locality to appropriate the necessary funds, which are matched by the national government."²⁶ The "junior centers" are housed in separate buildings and not connected to the public schools. Some junior centers accept children at three and four years of age if temporary removal helps maintain family stability. Leeds has a "short-stay" residence adjacent to one of these centers to relieve families of care for eight week periods.²⁷ Information was received concerning one of these centers on Hare Street in Rochdale. Children entering this center are certified by the Schools' Medical Officer as being incapable of receiving education at a regular school. This center accommodates 60 children between the ages of 5 and 16. These children are taught, as far as possible, to look after themselves and their clothing, and authorities are pleased if the children are ultimately able to demonstrate even a limited skill in dealing with monetary values. At sixteen years of age these children are placed, if possible, in independent work in the community or in sheltered workshops. Health authorities are required to

²⁶Ibid., p. 3.

²⁷Ibid., p. 4.

provide home visits by social workers to aid in general social adjustment.

Scotland reported a considerable growth in junior occupational centers for mentally retarded boys and girls below sixteen years of age and having an I. Q. between 30 and 50. These centers are administered by education committees. Some are attached to special schools but more of them are becoming separate units. A limited number of these pupils enter normal employment, others are placed in sheltered workshops, if available. The emphasis in these junior occupational centers lies in social training and general hand and eye activities rather than formal education. Scotland reported a close liaison with special schools for the educable mentally retarded so that any child showing promise of educational ability can be transferred.

In Holland special schools are provided for the trainable mentally retarded and occasionally there are classes for the trainable in a school for the educable mentally retarded. In Japan trainable mentally retarded children are generally placed in special classes, residential schools or institutions for the mentally retarded.

Provision for the totally dependent mentally retarded is much the same in the countries specifically under study. These children are usually institutionalized at

some time during their lives unless the family is capable of total care or if institutional facilities are unavailable. There is a tendency on the part of some institutions such as Smith Falls (Ontario) to institutionalize at an early age only those mentally retarded who seriously disrupt the normal family environment or are in need of special medical treatment such as the hydrocephalic. There are private institutions, such as the Cecil Butters Memorial Hospital in the province of Quebec, which encourage parents to institutionalize their seriously mentally retarded children early in life before emotional attachments become too great. One of the problems of such a placement is that once the child is committed the chances are high that he will remain there unless there is an age limit or the possibility of transfer to another hospital. His family readjusts to his absence and the child becomes accustomed to having his life organized and run for him and therefore finds it difficult to give up this security. Studies have been conducted concerning the impact of transfer on mentally retarded children from institutional to non-institutional environments with conflicting results.²⁸

One crucial problem in most countries is the lack of sufficient institutions and residential schools for the totally dependent mentally retarded. Institutions for the

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Vide supra., pp. 37-38.

exceptional child have played a significant role in the development of special education, but during the last two decades there has been a shift of emphasis to the local community. The present extension and improvement of community services for both the educable and trainable mentally retarded make it appear that institutional placement will come to be predominantly for the totally dependent with some trainable mental retardates and even fewer educable mental retardates who are unable to remain in the home environment. Recent statistics in the United States indicate that "the number of high-grade retardates is decreasing and the number of severely retarded increasing²⁹ in the institutional population." The general improvement of health care and in particular the introduction of antibiotics means that many of the children will need residential care for longer periods. If residential schools are also going to provide day care programmes their numbers will have to be increased substantially.

Response from the United States concerning institutional provisions for the mentally retarded was limited and not of real value in this study. The "President's Panel" gave information concerning the amount of institutional provision for the mentally retarded. "On any given day there

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G. Dybwad, "Mental retardation" Social Work Year Book, 1960, p. 401.

are over 200,000 mentally retarded persons housed in residential institutions; they are 4 percent of the estimated 5.4 million mentally retarded persons in the United States."³⁰ The report further maintained that of this number of mentally retarded in institutions, 160,000 are in 108 public residential institutions for the mentally retarded which vary in size from a few hundred to more than 5,000. In addition there are 40,000 mentally retarded in public mental hospitals. Aside from this there are approximately 200 private institutions, ranging in size from 50 to over 600 in some cases, caring for 10,000 mentally retarded.³¹

Institutional provision for the mentally retarded is progressing rapidly in some areas of Canada. In a recent paper Dr. Frank, Superintendent of the Ontario Hospital School at Smiths Falls, pointed out that until 1950 only one hospital, the Ontario Hospital School at Orillia with 2,800 beds, was serving the mentally retarded within the province. The services which have evolved within a single decade are impressive, constituting "a regional network of Hospital Schools, a Research Institute, chronic care institutions, diagnostic and counselling clinics, and private organizations with substantial provincial

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President's Panel on Mental Retardation, "A proposed program for national action to combat mental retardation," Washington, D. C., October 1962, p. 188.

³¹

Ibid., pp. 188-192.

grants for the care and training of mentally retarded persons in the community."³² Hospital schools for the mentally retarded are available at Orillia (2,800 children), Smiths Falls (2,500 children) and Cedar Springs (1,100 children). A hospital school is under construction at Palmerston and a hospital in North Bay is to be converted for service to the mentally retarded in the northern Ontario region. Custodial hospitals for the adult mentally retarded are situated at Muskoka, Cobourg and Aurora, while those at Owen Sound and Goderich are nearing completion. Eleven Ontario hospitals for the mentally ill care for approximately 6,000 adult mental retardates.³³

During the course of this study visits were made to the Ontario Hospital School at Smiths Falls which generally cares for the mentally retarded in the eastern Ontario region. This hospital prefers not to accept children below two years of age, and beyond sixteen. All mentally retarded children are accepted no matter how great the physical disability, though this could preclude the child from attending special schooling for the organically retarded. The hospital provides for all aspects of the child's life. The school which is an integral part of the hospital is divided

³²H. F. Frank and D. Gibson, "Current trends in mental deficiency services: the Ontario model," unpublished paper, Ontario Hospital School, Smiths Falls, p. 1.

³³
Ibid., pp. 1-3.

into classes according to the extent of disability. There are 480 students in the day school and 51 students attend evening courses. These evening courses provide training in typing and business, mathematics, English and home care.

Alberta reported having a provincial training school at Red Deer with 800 children, of which fifty per cent are totally dependent, twenty per cent are trainable and thirty are educable. There is a long waiting list for institutionalization because the public school system does not provide for the trainable mentally retarded. In British Columbia the Department of Health operates a training school, the Woodlands School, at New Westminster. This school having a total capacity of 1,182 admits mentally retarded patients from infancy to adulthood. There is also a small private boarding school, St. Christopher's School, in North Vancouver.³⁴ In Manitoba there is the Manitoba School for Mentally Defective Persons, located at Portage la Prairie accommodating both trainable and totally dependent mentally retarded.

In New Brunswick the Provincial Hospital at Lancaster, housing sixty children, reported a preponderance of trainable and totally dependent mentally retarded. Children are admitted on a physician's observation order usually through various agencies such as welfare organizations and the Children's Aid

³⁴Mental Health Services In Canada, Ottawa, Research Division, Department of National Health and Welfare, July 1954, pp. 92-93.

Society. Children are generally accepted by the hospital for a two month period to allow for rotation, however, there is often a great reluctance on the part of parents to take the retarded home once they have been in the hospital. During this two month period an attempt is made to improve social skills. In the case of longer-stay children, use is made of a day training school which is a nearby school operated by a chapter of the Association for Retarded Children. At the moment, eight children attend daily from this hospital.

Newfoundland and the North West Territories reported that there are no residential institutions for mentally retarded children. In Newfoundland the less severely mentally retarded children without families are placed in foster homes by the Department of Welfare. More seriously retarded children are admitted to the Hospital for Mental and Nervous Diseases in St. John's.³⁵ When such services are required in the North West Territories, the government sends the child to the Provincial Training School at Red Deer, Alberta. Referral and admissions are arranged through the Indian and Northern Health Services in order to minimize the number of persons and agencies dealing with the school. Nova Scotia reported that the Departments of Welfare and Public Health operate a residential institution, Nova Scotia Training

³⁵Ibid., p. 87.

School at Bible Hill, for the mentally retarded (I. Q. 35 to 70). Patients are from nine to sixteen years of age and must be ambulatory. Prince Edward Island reported having a cottage-type hospital (twenty-one beds) with an associated day care programme and day training class. Four children are educable, six totally dependent and the rest trainable mentally retarded. Generally trainable and educable mentally retarded are admitted at eight to ten years of age.

In the province of Quebec there are three institutions generally caring for the mentally retarded: Mont-Providence Hospital at Rivière-des-Prairies, Hospital Ste-Anne at Baie St. Paul and the Rehabilitation Society of Sherbrooke Incorporated which is affiliated with Laval University. Mental defectives are also admitted to the mental hospitals in the province.³⁶ Information taken from patients records of the Verdun Protestant Hospital for the mentally unbalanced showed that there are approximately 82 which are mentally retarded and 110 who have psychosis as well as mental deficiency. A private Protestant institution, the Cecil Butters Memorial Hospital at Austin, houses 340 severely mentally retarded and deformed children. The superintendant of the hospital reported that all children placed in the institution are

³⁶Ibid., pp. 88-89.

certified before being admitted as uneducable and for custodial care only. A further institution, the Dorea Institute, supported by the Ministry of Family and Social Welfare, at Franklin Centre, provides for educable mentally retarded boys. The patients are provided for on a cottage basis. The boys have the opportunity while supervised of being placed in an apprenticeship position outside of the institution. The Dixville Home at Dixville provides for children with an I. Q. of 20 to 70 and between the ages of 2 and 20. A further private institution, the Anbar Residential School at St. Jerome, provides for educable mentally retarded children. Centre Notre Dame de L'Enfant at Sherbrooke provides for French speaking educable mentally retarded girls from the ages of seven to eighteen, while the Institute Val Du Lac at Sherbrooke provides for educable mentally retarded boys from eight to eighteen. Some provisions for trainable mentally retarded children are found at Garderie Notre Dame Des Chamos which is located at Plessisville, also Garderies Bourbonnais in the Montreal area, Hospital St. Julien at St. Ferdinand, Hospital Jean Michel at Longueuil, and Hospital Mrs. Françon Lahaise at St. Vincent de Paul. Further custodial institutions for severely mentally retarded children are Hospital Ste. Marie at St. Jerome, La Garderie Larocque at Drummondville and

Hospital St. Jacques in Montreal.³⁷ The province of Saskatchewan reported having a Training School at Moose Jaw housing approximately 350 children of school age who are capable of receiving some sort of training or education. Only about 150 of these children attend school regularly.

In the United Kingdom pupils who are capable of benefiting from placement in special classes, schools or occupational centers are not institutionalized unless the provision is not available where they live or they cannot live in the home environment. Hospitals for the mentally retarded generally do not admit children below five years of age. In England these hospitals average 1,000 patients; the largest hospital having 2,200 patients. The waiting lists for the hospitalization of mental defectives in Great Britian "exceed 8,000 for a total capacity of 58,000 beds."³⁸ Scotland reported that the larger isolated hospitals have schools as a part of their service. In some areas the local special school provides education for those mentally retarded patients within the hospital who are capable of profiting. Voluntary organizations in some areas provide Day Centers for the trainable mentally retarded children (I. Q. 30 to 50), in this way parents wishing to keep these children at home, rather than institutionalize them, can find some relief.

³⁷ Montreal Children's Hospital, personal interview with Mrs. R. Lipsett, a senior case worker of the Mental Assessment and Guidance Clinic, Montreal, June 1963.

³⁸ A. W. Pense, op. cit., p. 2.

Holland reported nineteen institutions for the mentally retarded housing approximately 7,000 patients. The psychiatric institutions still accommodate many adult mentally retarded who are out of place in these mental hospitals. In general the institutions for mentally retarded are intended for imbeciles and idiots. Most of these institutions for the mentally retarded are run by voluntary organizations. Following World War II the placing of adult mental retardates in psychiatric institutions was discouraged due to the lack of accommodation and the feeling that this was not a suitable placement. Many of these patients are now in small private nursing homes and special small residential institutions for the higher level mentally retarded are available in The Hague, Rotterdam, Amsterdam, Haarlem and Groningen.

There are 122 homes for the mentally retarded in Japan giving care and education to some 7,367 children. Twenty-five institutions provide day care for the mentally retarded who remain within the home.³⁹ Six homes for the adult mentally retarded are set up on a matching basis between the prefectural and national government.

Provision for the child who is mentally retarded as well as physically handicapped is limited. The child with

³⁹Ministry of Health and Welfare, Social Welfare Services in Japan, 1960, Tokyo, p. 9.

multiple handicaps may be mildly or severely disabled by two or more physical handicaps or he may suffer from a combination of mental and physical handicaps. The author's concern is with the mentally retarded who is also physically handicapped and possibly even emotionally disturbed. The mentally retarded, in general, have a "rather high incidence of physical defects of all kinds including sensory and speech handicaps."⁴⁰ Although there is a wide discrepancy between the percentages of multiple handicapped mentally retarded and non-retarded, it is evident that the percentage of multiple handicaps is decidedly higher for the mentally retarded. In the case of cerebral palsied children, Cruickshank and Raus estimated that between fifty and seventy-five per cent were also mentally retarded.⁴¹ Ten per cent of the non-retarded child population are emotionally disturbed, whereas, seventy per cent of mentally retarded children are thought to be disturbed in some degree.⁴²

The larger the number and degree of multiple handicaps the more difficult it is for the child to participate

⁴⁰R. A. Henderson, "Teaching the Multiply Handicapped Mentally Retarded Child," Exceptional Children, October 1960, p. 91.

⁴¹Ibid., p. 90 (referring to W. M. Cruickshank and Raus (eds.), Cerebral Palsy, Syracuse, Syracuse University Press, 1955).

⁴²D. Lazure and T. Statten, interview, The Montreal Star, Montreal, March 31, 1962, p. 10.

in a special class and eventually reach self-sufficiency. In viewing the care provided for the multiple handicapped in various countries, there appears to be a lack of special provisions in many areas -- or rather a tendency to place the child in the type of school for the most predominant handicap rather than have special provisions. Concomitant handicaps, when not severe, are often neglected or even overlooked, especially when personnel handling the child are not oriented to the variety of disabilities and the equipment for specially designed programmes is unavailable. Some school systems such as that of Detroit have several classes for the mentally retarded whose concomitant handicaps are not severe. However, the child who has a severe handicap, such as lack of hearing along with mental retardation, is excluded from the schools for the deaf unless his I. Q. is above 90.⁴³ He is serviced in a special class for the mentally retarded rather than a class for his hearing disability. A similar problem is seen in Montreal, where according to Dr. L. P. Patterson, director of the Mackay Center for Deaf and Crippled Children, unless a child has an I. Q. above 50 he is not admitted.⁴⁴ In some

⁴³Detroit School System, interview with special class teacher of the multiple handicapped, Mrs. M. McKee, Ann Arbor, Michigan, July 1963.

⁴⁴Mackay Center for Deaf and Crippled Children, interview with Dr. L. P. Patterson, Director, Montreal, April 1963.

cases the Association for Retarded Children will take the mentally retarded with concomitant physical handicaps but this is often dependent on the individual area and facilities and personnel available.

In the United States, of the thirty-eight states answering a question concerning the facilities available to these multiple handicapped children, only nine reported special schools or classes for the multiple handicapped, four reported special institutions, and three reported no provision whatsoever. Florida reported the use of teacher aides or parents in order to enable the multiple handicapped mentally retarded to attend regular classes for the mentally retarded. In Indiana extra equipment is provided to enable such attendance. Special provision for teaching the multiple handicapped within the home was reported by five states, while two states provided such training only temporarily and then when the child was on the waiting list for institutionalization. Three states reported such home training only for the educable mentally retarded, while five reported the provision of teaching in the home for only those who could profit from instruction, thus leaving the decision up to the individual school area. Ten states reported special home training for the severely handicapped physically and emotionally only, but two of these mentioned the fact that the pupil's most severe handicap determines whether he is considered physically or mentally

disabled. Hence a child predominantly physically handicapped but slightly retarded would be cared for here. More detailed information concerning the provisions within the United States for the multiple handicapped mentally retarded is recorded in Appendix F.

In Canada five of the provinces, Alberta, New Brunswick, Newfoundland, Ontario and Prince Edward Island as well as the North West Territories reported generally no provision for the multiple handicapped. Alberta reported that multiple handicapped mentally retarded children can attend regular school if the handicap is not too severe but this proves difficult to implement and often these children are shifted from one type of service to another, many not receiving any schooling. Ontario reported that neither the Ontario School for the Deaf nor the Ontario School for the Blind is equipped to work with a child who has the additional handicap of limited intellectual ability. It is recognized that presently many educable mentally retarded children in opportunity classes have one or more additional handicaps. In the Ottawa school system there is only one class for the physically handicapped mentally retarded for the seven to twelve year old age group. Nova Scotia reported the provision of special furniture so that the multiple handicapped can attend special classes provided for retarded children. The Nova Scotia Training School for the mentally retarded (I. Q. 35-70) accepts mildly handicapped children with spasticity or muscular dystrophy

but they must be mobile. The school for the blind, the school for the deaf and the Reform school for the delinquent, all have auxiliary classes for the mentally retarded. Manitoba reported that placement was made in the school best suited to meet the most severe handicap of the child. Few schools are adequately equipped to meet the additional handicap. One school in Winnipeg for the orthopedically handicapped has a special class for the mentally retarded. British Columbia reported a special school for the multiple handicapped. In the province of Quebec there are very few classes for the multiple handicapped. The Roman Catholic School Board of Montreal reported that of the 180,000 children attending their schools, approximately thirty multiple handicapped pupils are receiving special training. The Protestant School Board of Greater Montreal does not provide for the seriously physically or emotionally handicapped mentally retarded, however, the Mackay Center for Deaf and Crippled Children will educate children with an I. Q. above 50.

In the case of the emotionally disturbed child there are six classes handling about twenty pupils run by the Society for Emotionally Disturbed Children in the Devonshire School of Montreal. The Association for Retarded Children's School for the trainable mentally retarded on Rockland Avenue does accept some mentally retarded with concomitant

handicaps but the child must be mobile. The Lakeshore branch school does not require mobility and even includes some of the mildly emotionally disturbed mentally retarded children from that area.

In the United Kingdom the multiple handicapped instead of being considered as a separate group are included within the physically handicapped group, while others are considered in the educationally subnormal or maladjusted groups. The term physically handicapped has a limited meaning and includes "congenital and rheumatic heart disease, cerebral palsy, tuberculosis of the bones and joints, deformities or amputation of limbs, muscular dystrophy, hemophilia, and the after-effects of polio; in other words, it includes those suffering from severe and for the most part crippling conditions."⁴⁵ Scotland reported that the handicap which is the most disabling educationally determines generally the kind of school in which a child is placed. Thus a mentally retarded child who is mildly spastic may be admitted to a special school for the mentally retarded, but if spasticity is severe he is likely to be placed in a special school for spastic children. A few children with multiple handicaps require specialized treatment usually on a residential basis. Such schools do not exist in Scotland but usually educational authorities pay for children attending

⁴⁵W. W. Taylor and I. W. Taylor, Special Education of Physically Handicapped Children in Western Europe, Lochem, N. V. Lochemsche Handels- and Courantendukkerij, 1960, p. 150.

this type of school in England. Teacher service within the home is available in some areas both in England and Scotland.

In Holland there are no special schools or classes for the multiple handicapped, only one school, at Haren in the province of Goningen accommodating sixty-nine blind and partially sighted mentally retarded. The schools for the physically handicapped resemble those in the United Kingdom since they provide care for children with neuromuscular disabilities and cerebral palsy. The mentally deficient child (I. Q. 50-80) who is spastic or has muscular dystrophy can be placed in a special school for the physically handicapped or if sightless in a school for the blind. However, the mentally defective child (I. Q. 30-50) must be placed in classes or institutions for the mentally limited. There is only one class for mentally defective multiple handicapped children connected to a school for mentally defective children in Amsterdam. Teachers are available for the physically handicapped homebound pupils but not for those who are also mentally retarded.

In Japan education of the blind and deaf is compulsory, whereas, special schooling for the physically handicapped mentally retarded is not compulsory. The child who is predominantly blind or deaf and only slightly retarded might be admitted to the school for the blind or deaf depending

upon the facilities available. Generally, the physically handicapped mentally retarded may attend regular class or special class for the mentally retarded if the disability is not too severe, otherwise there is no provision and they are excused from regular attendance at school.

An apparent problem is who should educate the multiple handicapped mentally retarded child as in many areas he is excluded from facilities by the retardation factor. One question is whether he can be educated. Research is now being conducted at Lapeer State Home and Training School in Lapeer, Michigan where attempts are being made to determine how severely mentally retarded a deaf child can be and still learn in a class setting. One must also consider where he should be educated. A class for the multiple handicapped mentally retarded could prove unmanageable especially if the handicaps were very different. One teacher cannot be oriented to all these problems and classroom equipment would need to vary. The solution possibly lies in the provision of separate facilities for the different types of handicap occurring among the mentally retarded. Thus there would be separate classes for the deaf mentally retarded, the cerebral palsied mentally retarded and the blind mentally retarded. Ultimately someone must take on the responsibility for these children as many are left without the education they rightfully deserve. Homebound programmes with an

itinerant teacher, though probably the only solution for some scarcely populated areas, do not encourage social acceptance and integration which is a vital part in the education of a child. Institutions, though not the ideal setting, appear to be the only provision available to many of the multiple handicapped mentally retarded.

The question concerning consultant, medical, psychological and welfare services available to the training college staff, teacher, retarded child and parent is broad and cannot be covered in too great detail within this study. It should be noted that Tables X and XI include only those facilities which the individual areas reported were available. The writer feels that the information provided is insufficient. This is probably due to the fact that most of the data from the United States and Canada was received from educational rather than health and welfare sources. Table X shows provision available in thirty-one states of the United States. It appears that state health departments are providing specific services for the mentally retarded in eighteen states and county health departments in four states. University clinics offer psychological services in twelve states and local school boards provide counselling and guidance services in eight states.

Canada reported that eight provincial departments of health and welfare have special provision for the mentally retarded, while regional mental hygiene clinics provide for the mental retardate in five provinces and the Association

TABLE X

CONSULTANT, MEDICAL, PSYCHOLOGICAL AND WELFARE SERVICES AVAILABLE TO THE TRAINING COLLEGE STAFF,
TEACHER, RETARDED CHILD AND PARENTS IN THE UNITED STATES 1962-3^a

Services	Alaska	Arkansas	California	Connecticut	Florida	Georgia	Hawaii	Idaho	Illinois	Indiana	Iowa	Kansas	Kentucky	Maryland	Massachusetts	Michigan	Minnesota	Mississippi	Montana	Nebraska	New Jersey	New York	North Dakota	Ohio	Oregon	Tennessee	Texas	Virginia	West Virginia	Wisconsin	Wyoming
State Department of Health ^b	X	X	X		X		X		X	X					X	X	X	X	X		X		X	X	X		X			X	
County Health Department						X											X	X												X	
Local Welfare Services				X								X											X							X	
University Clinics				X									X	X			X			X		X	X		X	X		X	X		
Hospitals				X											X																
Teacher Training Colleges ^c				X		X							X		X	X						X				X					
State Office of Special Education	X						X		X	X			X							X		X				X	X			X	X
Local School Board (counselling/guidance)		X			X				X					X												X	X		X		X
School Psychologists			X						X		X																				
Various Counselling Agencies		X						X										X			X	X			X						

^a This table includes data received in response to question fifteen of Appendix A.

^b This includes state medical centers, consultative and diagnostic services.

^c Consultative service available to staff in teacher training colleges and community councils who make use of medical or psychological services at nearby universities.

for Retarded Children provides clinics in six provinces and the North West Territories. Local welfare services for the mentally retarded were reported in four of the provinces as well as in the North West Territories. University clinics provide counselling services in three provinces and similar provision was reported in hospitals in five provinces. Local school board counselling and guidance service is available in seven provinces. Information concerning services available in Canada is shown in Table XI.

Specific mention should be made of the services available in the greater Montreal area. The Mental Health Section of the Division of Child Hygiene of the city of Montreal gives psychiatric and psychological services to children referred because of suspected mental retardation, emotional or behaviour problems. Psychological testing of the mentally retarded child is also available at the Mental Hygiene Institute, St. Justine's Hospital Clinic and the Mental Assessment and Guidance Clinic of the Montreal Children's Hospital. The Mental Assessment and Guidance Clinic is currently playing a vital role. In 1962 the clinic screened 847 children from the province. The clinic aims at identifying the mental retardate as soon as possible after birth (in some instances as early as an age of six months) and works toward comprehensive assessment as well as research and psychiatric treatment. Guidance and moral support are given to families of the mentally retarded as well as information of referral sources.

TABLE XI

CONSULTANT, MEDICAL, PSYCHOLOGICAL AND WELFARE SERVICES AVAILABLE TO THE TRAINING COLLEGE STAFF,
TEACHER, RETARDED CHILD AND PARENTS IN CANADA 1962-3^a

Services	Alberta	British Columbia	Manitoba	New Brunswick	Newfoundland	North West Territories and Yukon	Nova Scotia	Ontario	Prince Edward Island	Quebec	Saskatchewan
Provincial Department of Health and Welfare	X	X	X	X			X	X		X	X
Regional Mental Hygiene Clinics		X	X	X			X		X		
Local Welfare Services						X		X	X	X	X
University Clinics		X						X	X		
Hospitals	X		X					X	X	X	
Provincial Training and/or Hospital Schools	X						X	X		X	
Auxiliary Education Services (Division for Exceptional Children)								X		X	
Local School Board (Counselling/guidance)	X	X	X				X	X		X	X
Various Counselling Agencies				X							
Association for Retarded Children Clinics	X	X		X	X	X		X			X

^a This table includes data received in response to question fifteen of Appendix A.

Members of the clinic are at the present time assisting the Association for Retarded Children in the organization of home care programmes for families intent on caring for the retarded child.⁴⁶ Other clinics are available. One is the Psychiatric Department of the Jewish General Hospital.⁴⁷

The Quebec Charity Act has lead to the provision of financial assistance to mentally retarded children referred for special placement. Unfortunately, in the Montreal area there is no centralized agency for these referrals. The Protestant mentally retarded children are referred through the Red Feather agency (Montreal Council of Social Agencies), the Jewish child through the Baron de Hirsch Institute and the Roman Catholic child through the Catholic Welfare Bureau. For administrative reasons the Montreal Council of Social Agencies reported that it was unable to state the number of mentally retarded children under their auspices.⁴⁸

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Montreal Children's Hospital, personal interview with Mrs. R. Lipsett, a senior case worker at the Mental Assessment and Guidance Clinic, Montreal, July 1963.

47

Mental Health Services in Canada, Ottawa, Research Division, Department of National Health and Welfare, July 1954, p. 1111.

48

Montreal Council of Social Agencies, personal interview with Miss I. Young, executive assistant, Montreal, June 1963.

In the United Kingdom psychologists and doctors are generally not on the staff of schools providing for the mentally retarded, but medical officers having special experience with specific disabilities do visit such schools regularly. Usually these medical officers are "on the staff of the school health service which is organized by the local educational authorities to develop and maintain the physical and mental health of all children, including the handicapped, who are being educated in maintained schools."⁴⁹ Any medical, residential or psychological treatment needed for these children is free of charge.

In Scotland a child guidance service is maintained by most of the education authorities. This service studies handicapped, backward and difficult children, gives advice to parents and teachers as to appropriate methods of education and training and, in suitable cases, provides special educational treatment for such children in child guidance clinics. In most regions the child guidance service is run by the local education authority under the direction of a psychologist responsible to the director of education but working closely with teachers and medical officers.

Holland reported that in all schools for the mentally retarded there is a physician on the staff and in many

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UNESCO, Organization of Special Education for Mentally Deficient Children, Geneva, International Bureau of Education 1960, pp. 250-251.

psychologists and social workers. Selection of candidates for special schools for the mentally retarded and admission to institutions for the feeble-minded are made by the Municipal Youth Psychiatric Service. Cases demanding extensive examination or therapeutic treatment are usually referred to a child guidance clinic. Where children below sixteen show signs of neurotic behaviour, or ambulatory treatment in a guidance clinic is not possible, further agencies are available. Some of these are the Children's Psychiatric University Clinic at Groningen, the psychiatric children's wards of the Psychiatric University Clinics at Utrecht and Nijmegen, and three Paedologic Institutions: the Roman Catholic one at Ubbergen, the Protestant one at Amsterdam and the non-denominational one at Oegstgeest.

In Japan the Ministry of Education is responsible for the education of the mentally retarded, the Ministry of Welfare for their general welfare and the Ministry of Labor for their employment and vocational education. The Children's Charter (May 1951) of Japan states that "All children who are mentally or physically handicapped shall be provided with appropriate medical care, education and protection."⁵⁰ As in the case of educational provision, budgets are insufficient and facilities

⁵⁰ Children's Bureau, Child Welfare Laws of Japan, Tokyo, Ministry of Health and Welfare, 1958, p. 3.

inadequate, consequently consultant, medical, psychological and welfare services for the mentally retarded are limited.

In the residential schools for the mentally retarded visited by the author, it was noticed that a full time trained nurse lived in the dormitory with the children. One of her important tasks, apart from routine medical care, is to see that clothes are mended. A local physician is employed part time and visits the school on a regular basis, giving the children periodic check-ups. If serious medical service is required, the child is transferred to a hospital.

Part time school physicians are attached to day special schools and also to primary and lower secondary schools, some of which have special classes for the mentally retarded. Some physicians not only carry out regular medical examinations, but provide mental and physical treatment as well. Psychologists frequently are available for specific cases.

Prefectures may establish, with financial assistance from the national government, health centers at approximately the ratio of one per 100,000 persons. These centers are responsible for the improvement of public health and the upkeep of guidance services. As of 1959 there were 794 health centers, of which 692 were sponsored by the prefectures and 102 by city authorities.⁵¹ In the area

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Ministry of Health and Welfare, Social Welfare Services In Japan, Tokyo, 1960, p. 43.

of vocational provision there are 41 training centers (38 public and 3 private) for mentally retarded children. There are also 28 day care centers serving about 1,000 mentally retarded children. Further, the Law for the Welfare of the Mentally Retarded (1960) guarantees professional counselling and training service to mental retardates above the age of eighteen and their families.

The prefectures, in financial cooperation with the national government, have been establishing homes for the adult mentally retarded. But as of 1960 there were only six such homes. The number of counselling bureaus for the mentally retarded in 1962 was 46, the number of itinerant supervisors, 437 (81 are full time and 356 are part time) also the number of adult training centers for the mentally retarded was 25 (19 public and 6 private), in which 1330⁵² and 202 retardates respectively are placed. Sheltered workshops are also available to those having limited physical and mental abilities.

It may be concluded that provision for the mentally retarded depends to a great extent on efforts made by individual

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Asahide Research Institute, Measures for Helping The Mentally Retarded in Japan, Tokyo, 1963, p.2.

prefectures, since responsibility rests at this level of government. To be sure, some areas, especially cities, provide excellent services for the mentally retarded. Tokyo is a prime example. It has excellent vocational guidance clinics around the city which have been provided by the Ministry of Labor. At any rate, speaking of Japan as a whole, it may be said that provision for the mentally retarded is far from adequate.

It is not within the scope of this paper to discuss in detail vocational training available in various school systems. These courses are a part of the training provided in many programmes for the mentally retarded. Much research has been carried on to show that the mentally retarded are capable of profiting from occupational training and many are capable of holding unskilled and semi-skilled jobs. The general aim behind most vocational training appears to be to instil in the child good work habits, the ability to follow directions and complete a job. A crucial factor in the work success of the mental retardate is his adjustment to his work environment.

For those mental retardates who are unable to enter regular employment upon leaving school there is a form of sheltered employment available to a greater or lesser extent in all countries specifically under study. Much of this is in the form of sheltered workshops, provided mainly by voluntary organizations in the United States and Canada. England and Wales reported that approximately

7,000 mentally retarded above sixteen years of age are placed in sheltered workshops, but waiting lists are equally large. Some hostels are being developed for those mental retardates who cannot remain within the home.

In Scotland adult workshops administered by Public Health and Welfare Committees are available to the mental retardate when he leaves the junior occupational center. Sheltered workshops are also established by voluntary organizations but unfortunately there are waiting lists. The main sheltered workshop scheme, Remploy, is a government sponsored organization for the employment, under sheltered workshop conditions, of severely disabled persons. Remploy Factories are located in heavily populated areas.

In Holland the Ministry of Social Affairs and Health provides sheltered workshops. In Japan sheltered workshops are limited as government standards must be met in their operation, and only non-profit organizations or governmental agencies at a national, prefectural or local level are permitted to open sheltered workshops as workers have been exploited in the past.

A sheltered workshop worthy of specific mention is the Association for Retarded Children Adult Training Center in Ottawa. This workshop is growing rapidly under the direction of Mr. S. K. Verma. Originally when the Center was opened in 1959 work was of an experimental and research nature. Early

vocational skills taught were knitting, weaving, sewing, leatherwork, woodwork and elementary domestic science. It became evident that this type of training was not sufficiently advanced to adapt the trainee to industrial work. A larger building was acquired and the Center began sub-contract work from local industry and business concerns, for example, envelope stuffing for advertising materials, glueing and packing of collapsible file folders and repair and refinishing of office furniture. Mr. Verma estimated that only twenty per cent of the adults in the workshop would be able to enter outside employment but the others would be able to earn money in this sheltered environment and make some contribution to society.

Another practice which has vocational implications for the mental retardate is the after care programme. This is simply a placement service for the mentally retarded in work positions with follow up care. The writer was particularly impressed with the after care programme at the Ontario Hospital School located at Smiths Falls. Once the child has completed the formal academic training programme he is transferred to a Training Ward where he shares a room, is taught to care for himself and trained in some position in the hospital. There is a great deal of competition among girls to prove their worth in order to gain the opportunity of spending three months in the practice apartment within the hospital. After basic training within the hospital, girls who are judged capable

are given the privilege of being placed in a job outside the hospital and permitted to live in the Worker Wards. Eventually some of the girls are capable of living on their own and are placed in apartments in Smiths Falls. Girls who are not prepared to be on their own are accommodated at the Haven in Toronto while they work within sheltered workshops.

Several boys work on the farm near the hospital, and some of the girls help at the Kemptville Nursing Home, and the St. Francis General Hospital in Smiths Falls. There are two social workers who contact these trainees once a week when they are out working on their own. After a probation of six months, then a year, the trainees are discharged completely, expected to be on their own and not subject to follow up investigation.

In Holland the after care programme is well developed and bears mentioning in detail. The aim is to take care of former pupils both socially and pedagogically. This care also extends to mentally retarded children who have not attended any special elementary school. The services are provided by local authorities as well as voluntary organizations. These organizations (called socio-pedagogic follow-up agencies) of which there are approximately sixty, often employ a social pedagogic specialist. Their aim is to assist mental retardates in obtaining suitable work whether in normal employment or in sheltered

workshops. They usually provide guidance in leisure activities, assistance with personal problems and guidance toward the placement of a mentally retarded child in an institution or foster home. Greater efforts are being made to keep the mentally retarded in the community. After the mentally retarded have finished school they should come under the supervision of one of these agencies. If they cannot remain at home they are placed in small residential institutions, as homelike as possible. Such institutions are located in The Hague, Rotterdam, Amsterdam, Haarlem and Groningen. Sheltered workshops (also called social workshops) provide employment for the physically handicapped, mentally retarded as well as mentally deranged. These workshops are founded by local authorities or voluntary organizations and the minimum age limit for employment is sixteen years. The trainees receive wages which vary depending upon the quality of work. Expenses are borne by the municipality and local government. The aim is for the trainees to eventually find normal employment with the cooperation of official employment offices.

In a recent article an outstanding workshop in The Hague under the direction of the Dr. Schroeder van der Kolk Association was described by Hindman.⁵³ The board of the Association

⁵³D. A. Hindman, "Programs for the mentally retarded in Denmark and Holland" Exceptional Children, September 1961, pp. 19-22.

includes Protestant, Roman Catholic and non-denominational representatives, directors of mental hospitals in the surrounding area as well as representatives of the after care programme, special schools, industry and municipal and provincial governments. This workshop provides for 450 individuals, some of whom are mentally deficient while others are mentally ill. The aim is to prepare these people for competition in the open labour market. Simple tasks are learned including making bottle cork tops and cardboard boxes, while more advanced work includes manufacturing gym shoes. Worthy of note is a system of merit-rating for calculating workshop wages. This is applicable only to those who are capable of a performance equal to one third that of the normal. Every three months marks are allotted for five different aspects of the work (quantity, quality, zeal, interest and behavior), to determine the wage. The degree of difficulty of the task also has a bearing on the wage. A similar arrangement is made for those workers who perform below one third of the normal. They are unable to qualify under the municipal arrangement for social employment, but receive a grant-in-aid which is provided by the local authorities and the province. Most pupils have a savings card on which deposits are made. Withdrawal of money requires the permission of an advisory psychiatrist.⁵⁴

⁵⁴Ibid., pp. 19-22.

Mention should be made of the role of voluntary organizations which rally public sympathy to the needs of the mentally retarded. Their work has been significant in providing facilities for the mentally retarded as well as instigating action on the part of local authorities. Local units of these organizations are improving existing facilities as well as filling the gaps not covered by public agencies. In areas where public schools do not provide for the trainable mentally retarded child, parents have established classes and provided teachers, equipment and transportation. The voluntary association is no less important now that it has instigated governmental action in many regions. For example, the Ontario government has recently announced that it will relieve the association of providing funds for the education of the trainable mentally retarded but hopes to retain the interest of the association.⁵⁵ Rosenzweig warned that the "seed of destruction arises from the need to be overly possessive about the organization that we have built."⁵⁶ Parents organizations should aim to tap philanthropic and governmental agencies. Such an approach is possible through the creation of pilot projects which can

⁵⁵ Canadian Association for Retarded Children, Mental Retardation, Toronto, April 1963, p. 32.

⁵⁶ L. E. Rosenzweig, "The role of parent organization for the mentally retarded," mimeographed paper.

demonstrate the feasibility of services and convince philanthropists and legislators of their value. Rosenzweig warned against inter-organizational struggle for power. Personal identities must be submerged for the common good.

The cultivation and support of research is an admirable challenge for these associations as well as the granting of personnel training scholarships for those who wish to teach or carry on research in the field. Recently a research grant was made on behalf of the Canadian Association for Retarded Children to Dr. Samuel Rabinovitch, a staff member of the Department of Psychology of McGill University and director of the Department of Psychology of the Montreal Children's Hospital, to study learning problems of children of normal intelligence who are functioning at a lower level.

This movement of parents associations began about 1930 when groups of parents in different localities voluntarily came together to help the retarded child. Organizations spread throughout the United Kingdom, the United States, Canada, Holland and later Japan. The National Society for Mentally Handicapped Children began in England and Wales in 1947.⁵⁷ This was followed by the National Association

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E. M. Boggs, "New hope for the retarded," The Rotarian, July 1963, p. 25.

for Retarded Children of the United States which was organized in 1950 and by 1958 had 60,000 members composed not only of parents but also professional workers and interested citizens.⁵⁸ The Canadian Association for Retarded Children was formed in 1956 and held its first meeting in 1958.⁵⁹ Although some of the individual provinces are beginning to take responsibility for the provision of special classes for the trainable child, this organization still carries the major load.

The Japanese Parents Association, "organized with four charter groups in 1955, had 462 constituent local units by 1962."⁶⁰ This organization has been responsible for bringing the problem to the attention of the general public; since, for a long time the problem of mental retardation was considered to be exclusively a family affair. Their magazine, Parents Hand in Hand (te o tsunagu oya), with a circulation of 10,000 copies per month has been a driving force behind this movement.

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S. P. Davies, The Mentally Retarded in Society, New York, Columbia University Press, 1962, p. 170.

⁵⁹

M. Horowitz, A Survey of Administrative Practices in Schools for the Mentally Retarded, Toronto, Canadian Association for Retarded Children, June 1959, p. 32.

⁶⁰

E. M. Boggs, op. cit., p. 26.

Other organizations have contributed toward provision for the mentally retarded. In Japan, with the help of Red Feather, parents associations have built two institutions for mentally retarded children and adults, Nabari Training Center and Kashima Training Center. The Rotary Club in Hamilton, Ontario helps to maintain a training center and sheltered workshop. The Civitan and Kinsmen clubs have contributed significantly to the operation of an Association for Retarded Children School near Montreal.

The Ottawa Association appears to be doing a great deal for these children. There is a nursery class for the pre-school mental retardate and provision for 110 trainable school age mentally retarded, some of which are French speaking. For the older retardate there is an Adult Training Center as well as provision for special social activities. In the future this chapter of the Association for Retarded Children intends to build half way houses for children who are unable to live at home while working at the Adult Training Center.

The Association for Retarded Children in Montreal is organizing a home care programme. As conceived, the care will begin at the time parents learn that their child is retarded and will continue until the child reaches nursery school age. It is felt that this is a time when positive home attitudes

can be established in order to develop normal emotional patterns in the child.

In the area of private provision excellent as well as indifferent facilities are available but it is not within the scope of this paper to describe these in detail. Information was received from several excellent schools, two of which are outstanding. In the United States the Woods Schools and Residential Treatment Center at Langhorne, Pennsylvania has a large well trained staff and provision is available for 454 children and adults with intellectual, physical and social-emotional limitations and problems. The basic philosophy is that each pupil's needs must be studied and met individually. The Devereux Foundation consists of therapeutic schools, vocational communities and remedial camps with headquarters at Santa Barbara, California, Devon, Pennsylvania and Victoria, Texas. The Foundation is engaging in the study, treatment and education of exceptional children as well as conducting research and providing professional training. It has training and research affiliations with nearby clinical and educational institutions such as Pennsylvania State University and Columbia University Teachers College. A multidisciplinary team approach is emphasized including medical, psychiatric, psychological, educational and environmental factors in the total understanding of the individual child.

CHAPTER IV

TEACHERS OF THE RETARDED CHILD

Although the teacher of the regular grades may be either artist or artisan and still meet with measurable success in her work, yet the special class teacher has no choice in the matter. She must forever work with the stones rejected by the builders, and though she may never cause them to be elevated to the head of the corner, yet she must search for the hidden possibilities they possess and make the most of them.¹

The preparation of the teacher for the mentally retarded is a crucial factor in the success of the special education programme. The shortage of trained teachers for the mentally retarded child can be largely accounted for by an overall shortage of trained personnel in the teaching profession, a failure to educate the general public on the needs of special education and a lack of serious interest on the part of the universities to provide adequate courses in special education.

The United States government recently (1958) passed legislation in the area of special education. In recognition

¹Elliott, C. M., paper read at the Fifty-Second Annual Meeting of the American Association for the Study of the Feeble-minded held June 1, 1928.

of the serious shortage of trained personnel for the education of mentally retarded children, the United States government has established a graduate fellowship programme for the preparation of leadership personnel in the education of mentally retarded children (Public Law 85-926). The programme is designed to prepare promising persons for leadership positions as instructors and directors of college or university programmes; or as supervisors and directors of educational programmes for mentally retarded children in state and local school systems. The applicant must be an American citizen or a permanent resident, holding a college degree and one year of teaching experience with mentally retarded children. Fellowships are for full time graduate study for a period of usually one year, but they may be renewed up to three years. The applicant must work for a specific degree, professional diploma or official certification. The fellowship is worth \$2,000 the first year increasing to \$2,800 in the third year, and an allowance of \$400 for each dependent. The institution providing the training receives a provisional supporting grant of \$2,500 per annum.²

Of thirty states providing information concerning

²Office of Education, "The graduate fellowship program for the preparation of leadership personnel in the education of mentally retarded children," Washington, D. C., United States Department of Health, Education and Welfare, 1960.

the fellowship programme under the Public School Law (85-926), twenty-three reported that they were accepting federal aid, Georgia said that she was not participating, and the other states failed to reply. Thirteen states reported that teachers of the mentally retarded were receiving financial aid from private agencies such as the Association for Retarded Children. Seven states reported state aid while eight reported no state aid. Three states reported local school board aid and three reported state and local aid on a matching basis. Table XII shows sources of financial assistance to the teacher during teacher training in the United States.

In Canada financial assistance for the teacher following courses in the area of mental retardation is limited. Alberta reported that there is an annual fund provided by the government for scholarships, grants and loans for students attending the education faculty at the University of Alberta. At the undergraduate level numerous bursaries are available, but at the graduate level little financial assistance is given to students in special education. British Columbia reported that there is no special assistance for those being trained to teach the mentally retarded, however, regular scholarships and bursaries are available. Manitoba reported that the Department of Education has bursaries which are available to those planning to teach the mentally retarded. In the province of Quebec

TABLE XII
FINANCIAL ASSISTANCE AVAILABLE TO TEACHER DURING TRAINING IN THE UNITED STATES 1962-3

Source Of Assistance	Alaska	Arizona	Arkansas	Colorado	Connecticut	Florida	Georgia	Hawaii	Idaho	Illinois	Indiana	Iowa	Kansas	Kentucky	Maine	Maryland	Massachusetts	Michigan	Minnesota	Mississippi	Montana	Nevada	New Hampshire	New Jersey	New Mexico	New York	Oregon	West Virginia	Wisconsin	Wyoming
State Aid						x				x							x	x					x		x			x		
No State Aid		x		x		x					x	x									x		x		x					
Local School Board																x				x									x	
State And Local Aid On Matching Basis			x												x												x			
Federal Aid Under <u>Public School Law 85-926</u>																														
Participating	x			x	x	x		x	x	x	x		x	x		x	x	x	x	x	x	x	x		x		x	x	x	x
Non-Participating							x																							
Private Agencies				x	x	x		x	x		x	x		x						x	x			x		x		x		

certain school boards provide financial assistance for teachers in special classes who are following further study during the summer. New Brunswick reported that the province provides a sum not exceeding \$200 to teachers working in special education and who wish to do summer study. Nova Scotia reported that there are four scholarships available in the area of mental retardation. Further, loans may be obtained from the Department of Education if a teacher wishes to pursue further study; though it is reported that very few apply for such loans. In Ontario school boards provide financial assistance to teachers of the mentally retarded who wish to do summer study. Prince Edward Island reported that special education teachers are subsidized by the government during their special training. The subsidy is \$150 per month. Teachers may also obtain loans from the provincial government and many scholarships are made available to teachers by this government. Chapters of the I.O.D.E. provide financial aid to the teachers wishing to take summer courses. Saskatchewan reported that most school boards pay teachers of the mentally retarded an additional sum of \$200 to \$600 per year ordinarily to be used for training purposes. The North West Territories and Yukon reported that there is no special financial assistance available.

In the United Kingdom each local education authority is given the opportunity of nominating teachers to attend three months special study provided by the Ministry of

Education. A teacher so nominated receives full salary, railway fare and a subsistence allowance. A teacher of the mentally retarded who has had not less than five years classroom experience may be seconded for a full year course on full salary.

In Holland the teacher who receives a special certificate for teaching the mentally retarded is entitled to a lump sum of a few hundred guilders and partial restitution of the cost from the state. In Japan teachers who are specially qualified to teach the mentally retarded are paid an extra percentage of their salary. Teachers who are not certified in special education but are following courses in this area are entitled to an increment of four per cent of their salary. The courses are usually paid for by the government if the teacher is teaching in a state school. Tuition at state universities is very low (about \$25 to \$30 a year).

The variation in salaries from one authority or area to another does not fall within the scope of this discussion. The teaching of mentally retarded children, however, calls for special talents and in order to attract and hold qualified personnel, school boards often give the special education teacher more money than the regular teacher. The most common practice has been to give the special education teacher an increment or bonus in addition to the regular salary.

In the United States, approximately three-quarters of the states reporting, indicated that they pay an additional sum to teachers of mentally retarded children, but especially to those teachers pursuing further study in the field in order to qualify themselves. In any case it can be said that there is no definite pattern for the increment given to special education teachers. For instance, in Illinois the increment varies between \$50 and \$1500 per annum and is paid to approximately 70 per cent of the teachers. Maine reported that it matches the increment put up by the local school district and Oklahoma said it gives at least a five per cent salary increase to special education teachers. New Mexico reported an increment between \$300 and \$400, New York, from \$200 to \$400, Pennsylvania, \$200 and Tennessee, a single increment of \$150. Massachusetts reported that 85 per cent of her school boards pay at least \$500. Table XIII reflects the current situation concerning increments paid to teachers of the mentally retarded in the United States.

STATES WHERE TEACHERS OF THE MENTALLY RETARDED
RECEIVE A SALARY INCREMENT 1962-3

United States	I	II	III
Alabama			x
Alaska			x
California	x		
Colorado			x
Connecticut	x ^a		
Florida	x ^b		
Hawaii			x
Idaho			x
Illinois	x ^a		
Indiana	x		
Iowa			x
Kentucky			x
Maine	x		
Maryland			x
Massachusetts	x ^c		
Michigan	x		
Minnesota	x		
Mississippi	x		
Montana		x ^d	
New Hampshire	x		
New Jersey	x		
New Mexico	x		
New York	x		
North Dakota		x	
Ohio	x		
Oklahoma	x		
Oregon	x		
Pennsylvania	x		
South Carolina			x
South Dakota	x		
Tennessee	x		
Texas		x	
Virginia		x	
Wisconsin		x	
Wyoming		x	

I Increment

II Increments specifically based on professional training

III No increment

^a Paid to approximately 70% of the teachers

^b Paid by 6% of the school boards

^c Paid by 96% of the school boards

^d Optional

In Canada six provinces reported paying an increment to teachers of the mentally retarded, one of which specified that the increment is specifically based on extra professional training. Four provinces and the North West Territories reported no increment. Only two provinces, British Columbia and Saskatchewan, reported the amount of increment given to the teacher of the mentally retarded, between \$200 to \$300. More detailed information concerning salary increments to teachers of the mentally retarded in Canada may be seen in Table XIV.

TABLE XIV

PROVINCES WHERE TEACHERS OF THE MENTALLY RETARDED
RECEIVE A SALARY INCREMENT 1962-3

Provinces	I	II	III
Alberta	x ^a		
British Columbia	x		
Manitoba			x
New Brunswick			x
Newfoundland			x ^b
North West Territories			x
Nova Scotia		x	
Ontario	x		
Prince Edward Island			x
Quebec	x		
Saskatchewan	x ^a		
I	Increment		
II	Increments specifically based on professional training		
III	No Increment		

^aIncrement of \$200 to \$300.

^bTeachers are not paid by the local school district but rather by the Association for Retarded Children which has its own scale (one exception, a class run by a Roman Catholic school board, the teachers receiving regular salary).

Teachers in special schools in the United Kingdom receive the same salary as full-time teachers in primary and secondary schools along with a special increment. Scotland reported that teachers with special training endorsement receive the sum of eighty pounds per annum, and without this endorsement only thirty pounds per annum. Scotland reported that there are no nationally recognized scales of salaries for teachers in the occupational centers.

In Holland the teachers in special schools for the retarded receive the same salaries as teachers in ordinary schools plus \$330, a sum which is given irrespective of years of service. The municipalities are free to give the teacher an additional salary, usually ranging from \$70 to \$150, though some give as much as \$300.

In Japan teachers' salaries are basically the same; there is an increase with years of service and additional dependents. Teachers with special certification or teachers following specific courses in the area of mental retardation are entitled to an increment. In special schools a supplement of eight per cent over normal salary is received while teachers in special classes receive four per cent over the normal. Unfortunately, many of the best teachers in Japan do not remain in teaching for very long as the pay is low

and hardly sufficient to support a family, nevertheless, there is a certain amount of prestige involved. In Tokyo a teacher with a degree is paid \$70 to \$100 a month.

The training and qualifications required for teachers of the mentally retarded vary with the individual area and also depend upon whether the teacher is teaching the trainable or educable mentally retarded. In the United States, of the forty-three states replying to a question concerning requirements for teaching the educable mentally retarded, twelve states reported that a general degree is necessary for these teachers, four states reported a degree in education, and five states require a degree in special education. A basic state certificate for teaching normal grades is required by twenty-eight states and in five states, a special education certificate. Inservice training for specialized credits is required in twenty-seven states, the largest amount being thirty semester hours required by Connecticut, Maine and Texas, the smallest amount is four quarter hours required by North Dakota. A one year graduate specialization or two summers of study is required by three states. Three states specified that certification is non-renewable unless special studies are continued. In the area of general qualifications, five states require that teachers have some experience in normal teaching, ranging from one year in Oregon to four years in Maine. Experience in teaching the mentally retarded is required by only two states, New Jersey requiring one

year and Wisconsin requiring three. Personal recommendation is required only in Connecticut, Iowa, North Dakota, Ohio and West Virginia. Further information concerning requirements for teaching the educable mentally retarded in the various states of the United States is tabulated in Table XV.

Many colleges and universities in the United States provide special programmes of study for these teachers. A list of these universities and colleges and the types of programmes which they offer is included in Appendix G.

In Canada general requirements for teachers of the educable mentally retarded vary from province to province. Newfoundland did not specify as to qualifications but reported that Roman Catholic Sisters are trained in Montreal and teachers for the Association for Retarded Children are sent to England for training. The other areas responding to this question reported that a general teaching certificate is required. Some of the provinces reported further qualifications beyond a general teaching certificate. Ontario requires an auxiliary teaching certificate and Alberta, a Bachelor of Education degree with special training in the area of mental retardation or a diploma in special education. In Quebec a diploma in special education is not required for teaching the educable mentally retarded. It must be noted that in theory a class for the mentally retarded in the Province of Quebec must have a specially qualified teacher

TABLE XV

GENERAL REQUIREMENTS FOR TEACHERS OF THE EDUCABLE MENTALLY RETARDED IN THE UNITED STATES 1962-3

Requirements	Alabama	Alaska ^b	Arizona	California	Colorado	Connecticut	Florida	Georgia	Hawaii ^{c d}	Idaho	Illinois	Indiana	Iowa ^d	Kansas	Kentucky ^e	Maine	Maryland ^e	Massachusetts	Michigan	Mississippi	Missouri	Montana
<u>Academic</u>																						
General Degree		x				x	x		x		x	x	x		x	x						
Degree in Education			x																			
Degree in Special Education					x													x			x	
Basic State Certification for Normal	x			x				x	x		x	x	x	x		x	x		x		x	x
Special Education Certificate															x					x		x
Inservice Training for Specialized Credits (in total semester hours)	6 ^a	6	18	24		30	18	15	<u>24</u>			24		12		30	18					
One Year Graduate Specialization or Two Summers									<u>x</u>		x								x			
Certification Non-Renewable Unless Special Studies Continued																x						
<u>General Qualifications</u>																						
Successful Teaching (in years)																						
Normal											2					4						
Mentally Retarded																						
Personal Recommendation						x							x									

^a This state requires 6 semester hours per year. Number of years is not specified.

^b These requirements or a bachelor's degree in special education.

^c An underscored number, as for example (24) or letter (x) means that only one of the requirements has to be fulfilled for this state.

^d Special leniency in requirements due to shortage.

^e These requirements or degree in special education.

TABLE XV (continued)

GENERAL REQUIREMENTS FOR TEACHERS OF THE EDUCABLE MENTALLY RETARDED IN THE UNITED STATES 1962-3

Requirements	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	New York	North Carolina	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	South Carolina	South Dakota	Tennessee	Texas	Utah	Virginia	West Virginia	Wisconsin	Wyoming
<u>Academic</u>																					
General Degree										x		x						x			
Degree in Education						x	x													x	
Degree in Special Education			x						x												
Basic State Certification for Normal				x	x	x	x	x		x	x	x	x	x	x	x	x		x	x	x
Special Education Certificate	x	x																			
Inservice Training for Specialized Credits (in total semester hours)	12	12	18	3	12			4 ^f			18 ^f	21	36 ^f	21 ^f	30		30 ^f	27		x	24
One Year Graduate Specialization or Two Summers																					
Certification Non-Renewable Unless Special Studies Continued																	x	x			
<u>General Qualifications</u>																					
Successful Teaching (in years) Normal								2		2	1										
Mentally Retarded				1																3	
Personal Recommendation								x	x										x		

^f This figure is in quarter hours for this state. A quarter hour means that the school year is based on a quarterly system rather than a semester system and these cannot always be accurately translated into semester hours. A quarter hour is approximately two thirds of a semester hour. A quarter is generally 12 weeks in length and a semester 18 weeks.

to receive provincial grants, however, grants appear to be given without this specification as very few teachers are fully qualified owing to the paucity of training facilities. In Protestant schools there will be more certified teachers in the mental retardation field owing to recent developments at the Institute of Education of McGill University where summer courses are now given which are recognized by the Provincial Department of Education.

In the area of practical experience two provinces reported that they require teaching experience with normal children, two provinces require a definite aptitude for such teaching and four provinces require inservice training in this area. More specific information concerning provincial requirements is recorded in Table XVI.

Although courses for the preparation of these teachers are limited in Canadian universities, nevertheless, individual courses as well as a few certificates are available in the area of the retarded child. Courses which are at present available in some of the universities in Canada are recorded in Appendix H.

Generally in Canada, provincial education authorities provide courses for teachers wishing to further their training in the mental retardation field. These courses were reported in Alberta, British Columbia, Manitoba, Nova Scotia, Ontario and Quebec. One of these programmes is worthy of specific mention, that provided by the Department of Education

TABLE XVI

GENERAL REQUIREMENTS FOR TEACHERS OF THE EDUCABLE MENTALLY RETARDED IN CANADA 1962-3

Requirements	Alberta	British Columbia	Manitoba	New Brunswick	Newfoundland ^a	North West Territories	Nova Scotia	Ontario	Prince Edward Island	Quebec	Saskatchewan
<u>Academic</u>											
General Teaching Certificate	x	x	x	x		x	x	x	x	x	x
Auxiliary Teaching Certificate								x			
Bachelor of Education with Specialization	x										
Diploma in Special Education	x									x	
Summer Courses	x	x	x				x			x	
<u>General Qualifications</u>											
Teaching Experience with Normal	x							x			
Aptitude			x						x		
Inservice Training	x	x	x					x			

^a The requirements were not specified for this province as the Roman Catholic sisters are sent to Montreal for training and the teachers for the Association for Retarded Children are sent to England.

of Ontario. This programme, offered during the summer, has three different levels of certification. An applicant for admission to courses leading to the first certificate, the Elementary Auxiliary Certificate, must be qualified to teach in the Ontario schools and have had two years of successful teaching. The courses which the teacher is required to follow are: Principles and Philosophies of Auxiliary Education, Introduction to Testing and Educational Measurement and Teaching the Educable Retarded, if this is the teacher's specialty. Upon receiving an Elementary Auxiliary Education Certificate, a teacher may work toward an Intermediate Auxiliary Education Certificate by taking courses in testing, mental health and related fields. Finally, a special education teacher may qualify for a Specialist Certificate in Auxiliary Education through further courses in testing and measurement, administration and supervision of auxiliary education services and case study methods. Specific courses available for teachers of the trainable mentally retarded are psychology, mental health, speech, methods and crafts.

Worthy of note are courses of study for French-speaking teachers of the mentally retarded in the Province of Quebec. The University of Sherbrooke in conjunction with the Centre d'Orientation, which is affiliated with the University of Montreal, provides a degree programme for teachers in this field. In the last ten years 155 students have graduated from this programme. The Centre d'Orientation

has specialized in training teachers of the emotionally disturbed child, however, the first year of their programme is devoted almost entirely to psychological aspects involved in teaching children and is equally suited to the teacher of the retarded. The French programme for teachers of the retarded entails a year at the Centre d'Orientation followed by two years at the University of Sherbrooke. Students entering this course usually have a Bachelor of Arts or Education degree, though some students are admitted with only a secondary school diploma. It is hoped that by September 1963, the Centre d'Orientation will be able to offer a complete course of three years for the teacher of the semi-éducable. The first year would include an emphasis on psychology as well as general field work, the second year specialized field work and the third year emphasis on a special academic option.

A highly selective process of screening is given to candidates who wish to study at the Centre d'Orientation. Miss J. Guindon³ explained to the writer some of the methods adopted by the Centre and made suggestions regarding the selection of candidates. She strongly recommended that standards for candidate selection be at a high level so as

³Université de Montréal, personal interview with Miss J. Guindon, Director, le Centre d'Orientation, Montreal, June, 1963.

to establish a pattern of recruitment and to ensure attracting only the most capable candidates. She said that the Centre's selection process consists of five stages. In the first stage an attempt is made to judge the candidate's purpose in wanting to work in special education. Miss Guindon stressed that, apart from ability, positive motivation is perhaps the most important characteristic of the candidate. The second stage is comprised of pre-selection tests: T.A.T., sentence completion and a personal history statement. Thirdly, individual psychological examinations are given, including the Weschler and Barbeau-Pinard, the latter a reconstructed revision of the Weschler, which is designed for French Canadians. Fourthly, the Rorschach test is administered along with interviews by psychologists and field workers. Miss Guindon is of the opinion that this stage is the most vital in the total selection process. The final stage is devoted to a re-evaluation of borderline candidates. This process is called a tordeur (putting a person through a wringer) and is a two-hour personal interview between the candidate and Miss Guindon.

According to the figures which McCutcheon provided of the number of teachers attending summer sessions in Canadian degree-granting colleges or universities during the summer of 1953, one out of eight teachers attended.⁴ This

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W. W. McCutcheon, "Some aspects of in-service teacher education; Programs provided by Canadian degree granting colleges and universities," reprinted from the Revue de l'Université d'Ottawa, April--June, 1955, p. 220.

shows how popular summer courses are. Incidentally, he recommended a correspondence course for teachers of the mentally retarded who are unable to attend college sessions.

In England and Wales teachers of the educable mentally retarded must be certificated as having completed a three year teacher training course or a one year professional course in education after earning a degree. Those teaching the mentally retarded in special schools usually have had experience working with intellectually slow children in the regular schools. There is no rigid or fixed standard for the amount of experience necessary for teachers transferring from regular to special schools.

England and Wales reported many individual courses in the area of mental retardation. The Institutes of Education at the University of London and the University of Birmingham offer one year full time programmes leading to a diploma in the teaching of educationally subnormal children. In addition, inservice training courses of three months duration are provided under the auspices of the Ministry of Education. Each local educational authority is given the opportunity of nominating teachers to attend these courses.

In Scotland teachers employed in the education of the educable mentally retarded are expected to be qualified teachers (with at least five years experience) and certificated as special education teachers. To achieve this

special qualification a teacher must complete the programme in mental retardation given by Moray House College of Education and Jordanhill College of Education. The programme consists of four months of training followed by six months of supervised teaching. Successful candidates are recommended by Her Majesty's Inspectors as teachers of the educable mentally retarded.

In Holland teachers of the educable mentally retarded must be fully qualified for regular schools. Qualified teachers wishing to be certificated in the area of mental retardation may follow any of three options. Those working towards an elementary special education certificate follow inservice training courses sponsored by the Ministry of Education on Saturdays over a two year period. Successful candidates are certificated by the Chief Inspector of Special Education. Those working toward a secondary special education certificate follow five hours of inservice training weekly over a period of from three to six years. Finally, capable candidates may work toward a Master of Arts degree in special education. This programme involves two years of full time study.

In Japan teachers of the mentally retarded must be qualified teachers for either kindergarten, primary school, junior secondary school or senior secondary school, depending upon what level is being taught. Teachers may teach in Yogo schools(special) for the mentally retarded or in

special classes with a regular teaching certificate, but such teachers are encouraged to obtain a special teaching certificate for the mentally retarded. It is estimated that about half of the teachers working in special schools or classes for the mentally retarded have the special certificate, though the government hopes that in the near future all teachers in this area will have earned it. A step in this direction was undertaken in 1960 when the government made provision for the establishment of short courses at five universities for educating teachers of the mentally retarded. These universities are Tokyo Teachers College, Hokkaido Teachers College, Kyoto Teachers College, Hiroshima University and Kumamoto University. To be admitted to the programme teachers must be qualified for regular school. The programme covers a half or full year period and leads to a first or second class teaching certificate for the mentally retarded.

Special education certificates may be gained in other ways. At teacher training colleges students may work toward teaching the mentally retarded as well as the normal child. Or qualified teachers may follow inservice training courses sponsored jointly by the Ministry of Education and prefectural boards of education. Two diplomas for teaching the mentally retarded are available. A first class diploma requires twenty credits of study in the special area and a second class diploma requires ten

credits. After satisfying credit requirements, the teacher is certificated by the prefectural board of education for public school teaching or by the prefectural governor for private school teaching.

In considering specific courses generally prescribed for teachers of the educable mentally retarded in the United States, it was noted that of the thirty-one states responding, twenty-five require their teachers to follow a course of study including general curriculum and methods, which includes screening, selection, curriculum development, problems, relationships, evaluation and growth. Sixteen states recommended that teachers of the educable mentally retarded follow a course in educational measurement and testing, ten emphasized the importance of a course in the psychology of learning and adjustment, and three emphasized the study of the psychology of childhood and adolescence. Three states require a course in the social problems of children, thirteen a course in speech development or reading, and seventeen a course in arts and crafts. Specifically in the area of exceptional children, twenty-two of the states emphasized the importance of a course in the psychology and education of such children, twelve emphasize the importance of a survey of the problem of exceptional children, and eight emphasize the importance of a course in abnormal psychology or mental hygiene. Four states reported non-specific courses in the area of exceptional

children. Eight states require a course in the characteristics of the mentally retarded and ten require a course in counselling and guidance of the mentally retarded child. Nine states reported only specific courses in the area of special education. Further data concerning specific courses generally prescribed for teachers of the educable mentally retarded in the United States is recorded in Table XVII.

Twenty-eight states commented on the practical training generally prescribed for teachers of the educable mentally retarded in the United States. Two states reported on the requirement for general teaching experience and two reported on the necessity of experience in teaching the mentally retarded. Six told of the need for either experience in teaching the mentally retarded child ranging from one to three years or otherwise supervised practice teaching in this area. Four states recommended general practice teaching (though they did not specify whether with normal or mentally retarded), and five states, Georgia, Kentucky, Ohio, Tennessee and Texas, require practice teaching both with the normal and the mentally retarded. Sixteen states recommended practice teaching only with the mentally retarded, ranging from as low as three quarter hours of credit to as much as twelve semester hours. Detailed information concerning practical training required in the different states of the United States is tabulated in Table XVIII. Information received from the Canadian provinces concerning specific courses is limited and has been discussed earlier.

TABLE XVII

ACADEMIC COURSES GENERALLY PRESCRIBED FOR TEACHERS OF THE EDUCABLE MENTALLY RETARDED IN THE UNITED STATES 1962-3 ^a

Courses	California	Colorado	Connecticut	Florida	Georgia	Hawaii	Illinois	Kansas	Kentucky	Maryland	Massachusetts	Michigan	Mississippi	Missouri	Montana	Nebraska	New Hampshire	New Jersey	New Mexico	New York	North Carolina	Ohio	Oregon	Pennsylvania	South Carolina	South Dakota	Tennessee	Texas	Utah	Virginia	Wyoming
<u>General</u>																															
Psychology of: Learning/Adjustment			x		x			x						x	x				x			x			x	x					x
Child/Adolescent			x											x					x												
Educational Measure- ment/Testing					x	x		x	x		x	x		x	x			x		x	x		x			x	x			x	x
Curriculum/Methods ^b	x	x	x	x	x	x	x	x	x		x	x		x		x	x			x	x	x	x	x	x	x	x		x	x	x
Social Problems of Children																		x	x		x										
Speech Develop- ment/Reading	x			x	x	x		x	x					x	x			x				x	x		x	x					
Arts/Craft	x	x	x			x	x	x			x	x		x	x		x		x	x			x	x	x					x	
<u>Exceptional Children</u>																															
Survey		x		x	x	x		x	x			x	x						x									x	x	x	
Psychology/Education	x	x	x	x	x	x			x	x				x	x	x		x		x		x	x	x	x	x	x		x	x	x
Abnormal Psycho- logy/Mental Hygiene					x				x		x	x		x	x											x				x	
Courses Non-Specific										x		x	x															x			
<u>Mentally Retarded</u>																															
Characteristics ^c	x									x		x					x				x				x		x			x	
Counselling/Guidance	x					x			x			x		x	x							x				x				x	x

^a Alaska, Indiana, Iowa, Maine, Nevada, North Dakota, Oklahoma, West Virginia, and Wisconsin are not contained in the table as they did not report specific courses.

^b Generally includes screening, selection, curriculum development, problems, relationships, evaluation and growth.

^c Generally includes social control and community agencies.

TABLE XVIII

PRACTICAL TRAINING GENERALLY PRESCRIBED FOR TEACHERS OF THE EDUCABLE MENTALLY RETARDED IN THE UNITED STATES 1962-3 ^a

Training	California ^b	Colorado	Connecticut ^b	Florida ^b	Georgia	Hawaii ^b	Illinois	Kansas	Kentucky ^c	Maine	Massachusetts	Michigan	Missouri	Nebraska	New Hampshire	New Jersey	New York	North Carolina	Ohio ^c	Oregon ^b	Pennsylvania ^b	South Carolina	South Dakota	Tennessee	Texas ^e	Utah	Virginia	Wyoming
<u>Teaching Experience</u> (Years where specified)																												
Non-Specific							2			2																		
Normal				<u>3</u>																								
Mentally Retarded	<u>1</u>		<u>1</u>	<u>3</u>		<u>1</u>										3				<u>1</u>	<u>1</u>	2						
<u>Practice Teaching</u> (Semester hours unless otherwise specified)																												
Non-Specific			<u>12</u>								x															6 ^d		x
Normal					x				x										x					3 ^d	x			
Mentally Retarded	<u>4</u>	x	<u>12</u>	<u>6</u>	x	<u>x</u>		x	4			4	x	6	x		x	x	4	<u>3</u> ^d	<u>x</u>		x	x	x		x	

^a Alaska, Idaho, Indiana, Iowa, Maryland, Mississippi, Montana, Nevada, New Mexico, North Dakota, Oklahoma, West Virginia and Wisconsin are not contained in the table as they did not report any specific requirements in the practical training area.

^b An underscored number, as for example (12) or letter (x) means that only one of the requirements has to be fulfilled for this state.

^c Out of a total of 8 semester hours practicum, 4 hours must be with mentally retarded children.

^d Schools designating quarter hours mean that the school year is based on a quarterly system rather than a semester system and these cannot always be accurately translated into semester hours. A quarter hour is approximately two thirds of a semester hour. A quarter is generally 12 weeks in length and a semester 18 weeks.

^e A total of 6 semester hours made up of practicum with mentally retarded and normal children.

As mentioned previously, the Universities of London and Birmingham offer a one year programme leading to a diploma in teaching educationally subnormal children. Both universities require that teachers entering the programme be qualified and have taught at least five years. The programme consists of two phases: (1) general principles of psychology, education and characteristics of handicapped children and (2) theoretical and practical work relating to educationally subnormal children.

At the University of London practical work consists of mental and scholastic testing, case studies, remedial teaching, practical work with visual and other special teaching aids, practical work in connection with arts and crafts, drama and music. At the University of Birmingham one or two sessions a week are devoted to some form of practical work in special schools for the educationally subnormal. Both universities require a period of practice teaching with the educationally subnormal. At Birmingham a four or five week period during the last term is devoted to student teaching in an educationally subnormal school. Birmingham also requires a case study project and a dissertation.

In Scotland the programme for teachers of the educable mentally retarded consists of courses in psychology (learning, tests and measurement), teaching methods, pediatrics, speech training, physical education, art, music and handwork. Practice teaching is compulsory.

Information regarding specific courses for teachers of the educable mentally retarded in Holland is limited. The information that is available suggests that they are similar to what is offered in other countries.

In Japan courses leading to certification of special education teachers of the mentally retarded vary with the university or training college. Tokyo Teachers College offers a four year degree course in special education which includes a general educational background and specialized courses in the psychology, philosophy, education and teaching of the mentally retarded. The student must choose his courses to acquire the right number of credits in the mental retardation area then may receive, for example, a first class certificate in primary education as well as a first class certificate in special education. The degree offered trains the teacher both academically as well as practically to teach both the normal child and the retarded as it is felt the former is essential for a more complete understanding of the latter. A thesis in the field of mental retardation is required of all graduates.

At Tokyo Education University a masters degree as well as a doctorate in special education of the mentally retarded is offered. The masters degree, of two years duration, includes a thesis in the field and advanced courses in the philosophy and psychology of the normal as well as the retarded child. The doctoral programme is

anywhere from three to ten years in length and requires basic original research.

A teacher with a regular teaching diploma may attend inservice classes which are held in some areas on Saturdays and after school, also during the summer and autumn. For a second class diploma a teacher must take 4 credits in the education of the mentally retarded, 2 in pathology, 2 in psychology and 2 in practice teaching with the mentally retarded. The latter may be replaced by three years of regular school teaching experience. These courses may be followed at a university or training school with special education courses or through correspondence. The first class diploma is granted after the teacher has taught the mentally retarded for three or more years, and having a second class certificate. Further course credits are also required.

On general requirements for teachers of the trainable mentally retarded in the United States, fifteen states responded. Four require a general degree, three require a specific degree in education, and one state, Maine, requires high school graduation and teacher training or experience in teaching. Basic state certification for teaching of normal pupils is required by fourteen states, one of which Maine, accepts in lieu of this a provisional state certificate. Inservice training for specialized credits is required by ten states, ranging from as low as six semester

hours in the case of Mississippi to thirty semester hours in Michigan. As far as general qualifications are concerned, successful teaching in the normal classroom is required in two of the states, Maine and Massachusetts. Successful experience of at least one year's duration with the mentally retarded is required by New Jersey. Personal recommendations are required by three states; Iowa requires approval by the department of special education and Maine requires approval by an accredited institution while North Carolina requires that teachers have suitable personalities. More specific information concerning the training and qualifications of teachers of the trainable mentally retarded in the United States is seen in Table XIX.

In Canada general requirements for teachers of the trainable mentally retarded vary from province to province. Of the eight provinces providing information in this area many reported that the Association for Retarded Children accepts varying standards of training. Two areas, Saskatchewan and the North West Territories, reported that a general teaching certificate is required, the former mentioning that either this or the following of short courses in special education is desirable. Two provinces, Nova Scotia and Prince Edward Island, require a grade eleven education and inservice training. Worthy of note here is the fact that in Prince Edward Island the inservice training is arranged in such a way that the future teacher is placed

TABLE XIX

GENERAL REQUIREMENTS FOR TEACHERS OF THE TRAINABLE MENTALLY RETARDED IN THE UNITED STATES 1962-3 ^a

Requirements	Arizona	Colorado	Illinois	Indiana	Iowa ^b	Kansas	Maine	Massachusetts	Michigan	Mississippi ^e	New Jersey ^f	New York	North Carolina	Oklahoma	Wyoming
<u>Academic</u>															
High School Graduate and Teacher Training or Experience in Teaching							x								
Two Years College													x		
General Degree			x	x	x				x						
Degree in Education	x											x			x
Basic State Certification for Normal		x	x	x	x	x ^c	x ^d	x	x	x	x	x	x	x	x
Inservice Training for Specialized Credits (in semester hours)	18		16	24		8+	15	12	30	6	18	12			
<u>General Qualifications</u>															
Successful Teaching (in years)															
Normal							2	3							
Mentally Retarded											1				
Personal Recommendation ^g					x		x						x		

^a The foregoing information is based upon questionnaire returns; many states failed to answer this question.

^b Special leniency due to teacher shortage.

^c An elementary state certificate.

^d Or a provisional state certificate.

^e Either these qualifications which allow a one year permit or a special education certificate.

^f Either these qualifications or a provisional certificate along with four semester hours of special education.

^g Approval by the Department of Special Education required in Iowa; recommendation by an approved institution in Maine; acceptable personality in North Carolina.

with an experienced teacher for eight months duration. Manitoba reported that good regular teachers are recruited to teach the trainable mentally retarded, while Alberta reported that the majority of those who are teaching the trainable mentally retarded, have not received their senior matriculation. Some only satisfy the minimum requirements for teaching. Generally, inservice training is required.

Teachers for the trainable mentally retarded in England and Wales are trained at National Association for Mental Health Centres (a body of the Ministry of Health). For the most part teachers of the trainable mentally retarded are not qualified teachers. The Association for Mental Health offers a full one year programme in London, Bristol, Manchester, Sheffield and Birmingham. A diploma course is offered to train staff for junior training centres and adult training centres. Entrance to this course is open to anyone between twenty and forty years of age possessing a general certificate of education at the ordinary level. These applicants must have a suitable personality, be physically fit and must have had some experience in handling children. Course work consists of the following: principles and methods of teaching, medical aspects of mental subnormality, child development, child care and health, child

management and legislation and administration. Practice teaching and visits to special schools are also part of the programme. The Ministry of Education does not recognize this diploma given by the National Association for Mental Health as a valid teaching certificate.

Scotland reported that teachers in the occupational centres are not normally certificated, though most of them have nursing or teaching experience. In 1961 Jordanhill College of Education instituted a course for occupational centre instructors with less than three years experience. Scotland reported that it is probable that in time new instructors will be expected to have successfully completed this or a similar course. The course consists of a basic six week period of training at the College followed by a nine months period of practical experience, under the supervision of College authorities, in the occupational centre to which the instructor is attached. The course ends with a final period of training of one month at the College which includes specialization in certain practical activities. The subjects covered by the course include, child development, music and movement, medical aspects, speech training, handwork, sensory training and domestic science or technical subjects.

Holland reported that it was most essential that teachers of the trainable mentally retarded have first of all a

feeling for the job and secondly, some basic teacher training. An ordinary diploma or a kindergarten diploma is required. It is preferable to have teachers with a diploma in handicrafts and speech therapy, otherwise a specialist has to be called in. The educational authorities prefer that the trainable child have one teacher who can provide all aspects of the child's training as it could prove confusing for the child if too many are in charge. Some of the teachers have aides if they are teaching a very young class. The teachers are required to keep up to date with the literature in the field.

The situation in Japan concerning the requirements for teachers of the trainable mentally retarded is similar to that of the teachers for the educable. In many of the special residential schools visited, especially in outlying areas, teachers do not have special certification for teaching the mentally retarded, but the principal is generally qualified.

The training of other personnel involved in the care of the mentally retarded is also important but not within the scope of this thesis. Mention should be made, however, of the method used in training nurse aides and attendants in several of the hospitals for the mentally retarded. A two year course is offered at the Ontario Hospital School at Smiths Falls leading to certification by the Department of Mental Health. These trainees work normal shifts along with two hours of lectures a day. Their first

year consists of eighty hours of lectures embracing an introduction to nursing, bed routine and applied psychology. The second year consists of 180 hours of general physiological and psychological training in Pediatric Mental Health. The hospital trains as many per year as it needs at the time. Some of the students after training are attracted by other hospitals. Forty-one trainees graduated last June and there will be approximately fifty-eight in June 1963. The better graduates are used as ward teachers who instruct the children in basic social habits. The Dixville Home reported that their attendants are given a practical course of two hours per week for twenty weeks over a three year period. The contribution of trained nursing aides and attendants complements the work of the teachers and enables the latter to spend more time on specialized training.

CHAPTER V

FINANCIAL PROVISIONS FOR THE MENTALLY RETARDED

In the United States, there are several ways of financing special classes for retarded children. All the states have recognized, to a greater or lesser extent, the need to provide funds for the education of these children. In each state, the method of payment is based on the money available and the appreciation of the extent of the problem. Examination of the financial returns from forty-two states shows four approaches to the problem of allocating available funds. One is based on a "unit": this means a given number of pupils per teacher. In teaching mentally retarded children, such a "unit" is usually based on a lower pupil-teacher ratio than in a class for those of normal intelligence. Another method is to pay a sum, on behalf of the mentally retarded, in excess of the statutory grant for a normal child. A third method is that of paying a fixed grant, the amount varying from state to state. A further method of payment is the granting of a proportion of teachers' salaries with an additional sum for maintenance and supplies.

It is important to study the reasons why a state adopts one or another of these methods. Today the major item in the cost of education is teachers' salaries; local school districts requiring financial help always stress this aspect. In many areas a "unit" cost is set up. A number of allowable teachers is computed on a pupil-teacher ratio and the actual salaries of this number of teachers are then averaged to give a "unit" payment. For example, a school district of 3,000 pupils having a pupil-teacher ratio of thirty would be entitled to 100 "units." When this occurs, a group of retarded children are often classed as one-and-a-half, two, or two-and-a-half "units." The advantage of this system is that the bookkeeping is not much more difficult for special education, than for the education of the ordinary child. "Unit" cost support varies from a sum of \$2,000 for New Jersey to a maximum of \$6,500 for Ohio.

Other states maintain a minimum programme, or minimum support, based on either the number of children in a school or the number of grades or classes in the school. This usually means that the state must pay a given proportion of teachers' salaries plus certain other costs on a per pupil basis. Sometimes an average per pupil cost for the whole state constitutes reimbursement for the minimum programme. For example, in Colorado, the classes for educable mentally retarded provide for an excess cost equal

to the average per pupil costs for normal children (that is twice the statutory grant). Since it costs more to educate children in special classes, the state often absorbs some proportion of the extra expense (sometimes all of the excess costs). In fact, certain states pay all the excess costs providing that they are not above a certain figure, usually \$300 per child in average daily attendance. For educable mentally retarded children, Iowa pays the excess costs up to a maximum of \$300 times the average daily attendance of the class (trainable mentally retarded \$400 instead). This procedure results in extra administrative work but is favoured by some states on the grounds that the extra costs are clearly specified and the purposes known. Humanitarian appeals to state and local taxpayers may meet a better response under this heading of excess costs for educational treatment.

A third method is in terms of a fixed grant which varies from \$1,300 in New Hampshire to \$3,000 in Illinois. This, too, is a simple administrative procedure involving either a fixed cost per pupil or a fixed sum per class, the amount varying with the economic position of the state. Sometimes a rather complex formula is adopted. Perhaps the most complex is that of New York where the average daily attendance is subtracted from twenty-five and this number multiplied by \$330 gives the total grant per class. Thus the grant is greater if the size of the class is less than

thirteen. However, the maximum grant payable is determined by the average daily attendance for all of the children in the school district. This amount multiplied by \$14.25 is the maximum that the state will allocate for special education in that district. A school district with 3,000 children in average daily attendance could not receive from the state more than \$42,750 for special education programmes. On this figure, to receive the maximum grants there cannot be more than 130 children in all classes of special education, that is approximately 10 classes or 4 per cent of all children. Thus this method limits the amount of special education receiving state financial aid.

The fourth method recognizes the importance of the teacher's salary by paying some portion of this cost, together with small sums for the provision of books and classroom maintenance. This is the method employed by Oregon where since 1953 the state pays \$3,000 for the teacher's salary plus \$300 for equipment and supplies.

In none of the foregoing are transportation costs mentioned. In some states these costs are allowable in calculating excess costs; in the vast majority they are borne on a separate account.

The methods used by states in the allocation of monies for the education of the mentally retarded is shown on Table XX.

TABLE XX

DISTRIBUTION OF STATE FINANCIAL ASSISTANCE TO LOCAL
OR COUNTY SCHOOL DISTRICTS FOR THE MENTALLY
RETARDED 1962-3

I	II	III	IV
Alabama	Arkansas	Connecticut	Alaska
Florida	California	Illinois	Georgia
Kentucky	Colorado ^b	Kansas ^d	Minnesota
Maine ^a	Hawaii	Missouri	Mississippi
Maryland	Idaho	Montana	Oklahoma
New Jersey	Indiana	New Hampshire	Oregon
Ohio	Iowa	New Mexico	South Carolina
Utah ^b	Massachusetts	South Dakota ^e	Texas
	Michigan ^c		Virginia
	Nebraska		
	Nevada		
	North Dakota		
	Pennsylvania		
	Tennessee		
	Wisconsin		
	Wyoming		
I	Unit Basis With A Smaller Pupil Teacher Ratio		
II	Statutory Grant With A Proportion Of Excess Costs		
III	Fixed Grant		
IV	Proportion Of Teachers' Salaries With A General Sum For Maintenance And Supplies		

^a Assistance is paid by the State Department of Education except in the case of Maine where the grant for the trainable mentally retarded is paid by the Bureau of Health.

^b Applies to the educable mentally retarded only; assistance for the trainable mentally retarded on fixed grant.

^c Applies to the educable mentally retarded only; trainable children receive twice statutory cost of the normal child.

^d Kansas pays a fixed grant over and above basic rate. Also permits boards to fix a mill rate for part of the cost.

^e Fixed proportion rather than a fixed annual amount.

The Canadian provinces, with the exception of Newfoundland, have made special financial arrangements for the education of mentally retarded children. The first consideration will be the financial provisions for the educable mentally retarded.

In Alberta greater concern is being shown for the education of the educable mentally retarded child. Greater emphasis is being shown toward placing the mentally retarded child in the regular school environment. The province makes a special class grant of \$2,500 per teacher to assist the local boards in maintaining special training for the educable mentally retarded.

British Columbia does not ordinarily provide for other than a basic grant, but in computing the basic grant for classes of educable mentally retarded children under the Public School Act, the number of teachers in the service of a Board of Education who shall be taken into account shall not exceed (a) for ten to fourteen pupils in regular attendance, one teacher; (b) for fifteen to twenty-four pupils in regular attendance, two teachers; and (c) for twenty-five or more pupils in regular attendance, one teacher for each twelve pupils or additional fraction thereof.¹ This compares with classes for normal children

¹Manual of the School Law and the Rules of the Council of Public Instruction, British Columbia, Queen's Printer, 1961, p. 23.

where the basic grant is computed on classes of twenty-five to thirty-nine children in the elementary schools and twenty-five to thirty in the secondary schools.²

In Manitoba a class of educable mentally retarded must have a minimum of ten pupils to receive a government grant. If the number of certified pupils is more than seventeen, the number of grants paid is determined by dividing the number of pupils by fifteen and adding one to the quotient. This means that a district can operate two classes and receive grants toward the teachers' salaries if it has seventeen certified pupils; three classes if it has thirty pupils; and four classes if it has forty-five pupils.

New Brunswick provides for the formation of "Auxiliary Classes" (1957 Act) under the direction of the Ministry of Education. An auxiliary class is formed for the training, education and welfare of mentally retarded children. Such classes are conducted by a "Society" which may be (1) a duly incorporated association, (2) a county school finance board, (3) a person, or (4) a board of school trustees, each of which must be approved by the Lieutenant-Governor in Council as a society for the purpose of the Act. The Minister of Education may approve the following payments; (a) to a society: (1) \$1,000 for a class or

²Ibid., p. 4031.

classes conducted for mentally retarded children, (2) \$500 for each teacher engaged by the society, (3) \$100 for each pupil attending at least forty per cent of the courses; (b) to a teacher having special qualifications an amount not exceeding \$295 per year.

In Newfoundland there is only one class for mentally retarded children and that is run by St. John's Roman Catholic School Board which has not applied for any special grants.

In the North West Territories and Yukon there are three special classes for the educable mentally retarded child within a school system of 6,000 children. The incidence of mentally retarded children over this scattered area makes it difficult to organize classes for many of the children. The total cost of the special classes is assumed by the federal government.

In Nova Scotia the proportion of local and government funds provided for the education of the retarded varies from county to county. All the counties are evaluated by the provincial government on a financial basis and depending upon their need they receive grants from the provincial government. These grants vary from twenty-five per cent of the total cost for municipalities that are financially able to sponsor an adequate programme for the mentally retarded, to seventy-five per cent for the municipalities that have little income and find the cost of

education very great. The government will share the cost for special classes on the same basis as it does for regular classes.

The province of Ontario gives grants for auxiliary classes for the educable mentally retarded over and above the regular grants for public school classes. The proportion of the costs for special services paid by the Department of Education cannot be determined because auxiliary grants are made on a basis of need. However, it is not intended that the province pay the entire cost.

In Prince Edward Island the local school system is responsible for the erection and maintenance of buildings and the Department of Education pays about three-quarters of the salary of the teacher. The local community pays the remaining one-quarter which is called the supplement. For the special classes for retarded children the supplement and any additional expenses are usually provided by voluntary associations.

In Quebec both the Roman Catholic and the Protestant School Boards recognize the necessity of making provision for the mentally retarded; and both Protestant and Roman Catholic Departments reported that they maintain classes for slow learners and for educable mentally retarded. In making provincial grants, the government takes into consideration the fact that some school districts are not financially able to support a minimum programme

for the education of their mentally retarded.

A grant of twenty-five dollars is paid per pupil at the elementary or secondary level to both Protestant and Roman Catholic School Boards. Additional grants are awarded to assist in paying teachers' salaries. These grants are based on a percentage of the revenue from real estate taxes derived from companies (industry). This grant varies from ten to seventy-five dollars, the highest amount being paid when the percentage of taxes from companies is less than ten per cent and the lowest when the percentage of taxes from companies is sixty-four per cent or more.³

Higher grants under the sliding scale are made per pupil to children in high school up to a maximum of two-and-one-half times the amount set out in the scale.⁴

Every school board that maintains a special class for "children who are unable, by reason of physical or mental deficiency, to avail themselves of the instruction given in the regular classes shall receive, per pupil in such class, an additional grant equal to twice the grant to which it is entitled under Section 3."⁵ This means three times the sliding scale. To qualify for the grant, these

³"School Boards Grants Act" Compilation of Statutes on Education; Administrative Codification, Quebec, Minister of Youth, 1961, pp. 242-243.

⁴Ibid., p. 243.

⁵Ibid., p. 245.

classes must have not less than ten pupils and not more than twenty pupils, and the teacher in charge must hold an adequate specialist's certificate.⁶ There are additional grants for text books and transportation.

The Montreal Catholic School Commission, the Protestant School Board of Greater Montreal, the Catholic School Commission of Quebec and the Protestant Board of School Commissioners of Quebec, in lieu of the other grants, receive from the province a grant of \$50 per pupil in a kindergarten class, \$100 per pupil in an elementary class and \$175 per pupil in a high school class.⁷ Because of high property values in metropolitan Montreal, school boards are usually capable of undertaking the education of exceptional students without provincial support.

In Saskatchewan the province's share of the cost of classes for educable retarded children varies among school systems according to an equalization formula. In some instances the government bears a substantial proportion of the cost of operation; in other instances the payments are small.

The education of the trainable mentally retarded in Canada has been administered for the most part by voluntary organizations; frequently a chapter of the Association

⁶Ibid., pp. 244-245.

⁷Ibid., p. 247.

for Retarded Children. Even though these private organizations contribute to the care of the mentally retarded, a lack of financial support prevents them from sponsoring adequate programmes.

Schools in Alberta operated by chapters of the Association for Retarded Children usually charge tuition fees, payable by local school boards and in turn the Provincial Department of Education reimburses the boards for seventy-five per cent of these fees up to a maximum of \$480 per pupil per year. The province also pays up to ninety per cent of the building costs for classroom facilities for the mentally retarded.

Under the British Columbia School Act a local school board can operate classes for trainable mentally retarded children. For the most part the education of the trainable mentally retarded in this province has been administered by the Association for Retarded Children. For these schools the Association receives from the local board a grant equivalent to 150 per cent of the net operating cost per pupil in the public schools (at present \$547.80 per annum for each child of school age and one-half that for a child of kindergarten age). The local boards are recompensed by grants. Some classes for the trainable mentally retarded are held in public schools and special schools are provided. Most schools have been built by funds raised by community drives, but new legislation now makes it possible

for school boards to provide school accommodation. For example, the Vancouver board has taken over the operation of trainable mentally retarded classes and has built a new school building completely equipped for retarded children.

In Manitoba the trainable mentally retarded are not considered part of the public school's responsibility. Government assistance, provided through the Department of Health, consists of twenty dollars per month for each pupil who attends school eighty per cent of the time (half-day operation) or double this amount (forty dollars) for full-day operation. The municipality in which the child resides pays \$12.50 per month and the remainder of financial support comes from private sources.

In New Brunswick the trainable mentally retarded are taken care of under the "Auxiliary Classes" Act set out above for the educable mentally retarded.

In the North West Territories and Yukon no special provision is made within the school system for the trainable mentally retarded. The Yellowknife Retarded Children's Association operates a school for less than ten trainable mentally retarded pupils. This school is affiliated with the schools for the educable mentally retarded in the North West Territories, the federal government and the Territories sharing its cost.

In Nova Scotia the trend is to have the local school boards administer the special classes for the trainable

mentally retarded, however, a few classes are being administered by local branches of the Nova Scotia division of the Canadian Association for Retarded Children. These classes are financed in the same way as those for the educable mentally retarded children.

In Prince Edward Island the trainable mentally retarded classes are financed in the same way as the educable mentally retarded. The Association for Retarded Children has assisted in setting up classrooms in the schools, although the government is now providing funds for these activities.

In Saskatchewan the financing of the trainable mentally retarded and educable mentally retarded is operated on a similar basis.

Ontario provides for the trainable mentally retarded children principally through local chapters of the Ontario Association for Retarded Children. The province pays thirty dollars a month, based on the average daily attendance, for each child who attends the morning or afternoon session, and fifty-five dollars a month for a child who attends both sessions. Recently the education minister of the province, William Davis, reported to the legislature on the long range plans of the government to relieve the Ontario Associations of the responsibility for raising funds for the operation of a retarded children's school serving those from five to

eighteen years of age.⁸

In Quebec the trainable and dependent mentally retarded children are cared for by provincial institutions (largely Roman Catholic) which are associated with the Department of Health, as for example, Mont Providence in the Montreal area.

Voluntary associations also take care of a number of these children. The Quebec branch of the Association for Retarded Children is the principal voluntary organization in this field. The Association has applied to the Quebec government for grants but the responsibilities of the Department of Health and the Department of Education have not been clarified. In the fall of 1963 a Council of Exceptional Childhood will commence operation having representatives from the provincial departments of health, education and welfare in an attempt to meet this need. (It must be noted, however, that mention has not been made of the Department of Labour which may mean a further delay in decisions).

An example of financing a school under the aegis of the Association for Retarded Children is that of the Civitan-Kinsmen School. It is located in Beaconsfield, Quebec, and serves the western part of the island of Montreal from Lachine to Rigaud. The total school budget is \$36,000 (42

⁸Canadian Association for Retarded Children, Mental Retardation, Toronto, April 1963, p. 32.

children and 4 teachers) and is made up of approximately \$7,000 from parents, \$8,000 from voluntary grants from local school boards (the Protestant School Board of Greater Montreal pays \$335 per child per year, others \$250 and \$200 per child), the balance of the \$36,000 being subscribed by voluntary sources, such as Civitan and Kinsmen clubs as well as an annual campaign. The Quebec Association for Retarded Children is endeavouring to raise substantial funds to enlarge its activity and to enable it to take care of more children. The Lakeshore branch is planning to build a much larger school in Beaconsfield. Mention must also be made of a smaller private organization, the François Michelle School, denominational in nature, which recently became affiliated with the Quebec Association for Retarded Children.

The distribution of financial assistance in the provinces is shown in Table XXI.

TABLE XXI

DISTRIBUTION OF PROVINCIAL FINANCIAL ASSISTANCE TO
LOCAL OR COUNTY SCHOOL DISTRICTS FOR THE
MENTALLY RETARDED 1962-3

I	II	III	IV	V
British Columbia (educable)	New Brunswick (educable, trainable)	Alberta (educable)	Alberta ^a (trainable)	Nova Scotia (educable, trainable)
Manitoba (educable)	Quebec (educable)		British Columbia ^a (trainable)	Ontario (educable)
			Manitoba a c (trainable)	Saskatchewan (educable, trainable)
			North West Territories ^b (educable, trainable)	
			Ontario ^a (trainable)	
I	Unit Basis With A Smaller Pupil Teacher Ratio			
II	Statutory Grants			
III	Fixed Grants			
IV	All Or A Substantial Proportion Of The Costs			
V	Based On Financial Needs Of School Boards			

^a Schools largely operated by the Association for Retarded Children, with Provincial assistance.

^b Cost shared by Federal Government and Territories.

^c Responsibility not of the Department of Education but of the Department of Health or comparable Department.

In the United Kingdom there is a division between the provisions for the educable mentally retarded and the trainable mentally retarded. The trainable are under the control of the Health Committee of the local authority which, until 1959, received a proportion of their total expenditure directly from the Minister of Health. The educable mentally retarded are under the control of the local education authorities which, until 1959, received sixty per cent of their total expenditure from the Ministry of Education. Since 1959 each local authority receives a block grant as the government contribution to all services except those of police and fire. The allocation of funds among separate services is left to the discretion of the local authority.

In Holland, where education is, to a very large extent, provided along denominational lines, the states pay the salaries of the teachers and the municipalities pay the remaining costs. These include building and maintenance costs, educational supplies and sometimes small additional salaries. In general the actual work is carried out by voluntary organizations which are usually of a denominational character. However, these are under the supervision and financial support of the government. As mentioned earlier, in the Netherlands there is an established tradition that social and educational work should be the concern of the group having the same conviction as those

to be assisted. Public authorities usually provide a basic minimum assistance if the group concerned is unable to do so.

In Japan financial assistance for public schools is provided by the national government, prefectures and municipalities. Additional amounts are contributed by parents and citizens to cover deficits in local public expenditures. In 1950-60 special schools for the exceptional child received 32.3 per cent of their financial backing from national subsidies, 61.8 per cent from revenue receipts from prefectural sources, 4.1 per cent from revenue receipts from municipal sources and 1.3 per cent from donations.⁹ Thus a substantial part of the monies designated for special classes is borne by the prefectures. The mentally retarded are classified as "otherwise handicapped" under the Law Concerning the Encouragement of Attendance at Schools for the Blind and for the Deaf and Special Schools for Other Handicapped Children (1949). Under this law expense money is paid to encourage the attendance of the mentally retarded at special schools. Approximately eighty per cent of the children enrolled in special schools are awarded expense money. This amount depends upon whether they are attending a day school or boarding school, upon the distance travelled and upon family income. In 1960-61 these

⁹R. Ito et al. (eds.), Education in Japan; Graphic Presentation, Japan, Government Printing Bureau, 1961, p. 45.

monies paid for the expenses of fifty per cent of the applicable children in special schools, one-half of the total cost for forty per cent of the children and text book costs for ten per cent of the children.¹⁰ The items included under this subsidy are text books, transportation between school and home and on excursions, dormitory (food, bedding and daily necessities).

It is important to emphasize the comprehensive role played by departments of health and welfare in the care of the mentally retarded in most countries. These departments provide not only institutional care for the retarded but also child guidance clinics and even night courses, in some instances, for the young adult retardate who is becoming acclimatized to community living. In some countries, such as Japan, provisions for the mentally retarded are supplemented by the Ministry of Labour.

Notwithstanding the role played by government agencies in financing the care of the mentally retarded, private organizations seem to be paramount in carrying on the practice known as "sheltered workshops." This method of providing an artificial vocational environment seems to be under the auspices of private groups in all countries with the exception of Holland. In The Hague these workshops are financed by the Ministry of Social Affairs and Health.

¹⁰R. Ito et al. (eds.), Education in 1960; Annual Report, Japan, Government Printing Bureau, March 1962, p. 24.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

Provision for the mentally retarded has increased greatly in quantity as well as quality especially over the past ten years. Of the countries specifically under study the United Kingdom and Holland are generally the most advanced in this field. It is difficult to make a general statement concerning the United States as responsibility is at the state level and the provision differs markedly from region to region. In Japan provision is inadequate though much progress has been made in this area since the Special Education Law of 1947. Canada does not appear to have made as rapid progress as it should but this may be due in part to the distribution of its population. However, some of the provinces have excellent facilities.

As a result of this study some suggestions are offered for the province of Quebec. For convenience of reference these have been considered under the following headings:

1. Government responsibility and the role of special agencies.

2. Longitudinal approach to the problem.
 - (a) Supportive and educational counselling.
 - (b) Diagnosis and screening.
 - (c) Educational provisions.
 - (d) Vocational aspects.
3. Personnel and cooperation.
4. Research.

Government Responsibility and the Role of Special Agencies

There is a consensus of opinion that the best services are provided where the government has accepted some measure of responsibility but has done so without excluding the work and funds of voluntary agencies. From this the inference for Quebec is fairly clear. The problem is too general and too important to be left to sectional resources and solutions. A unified effort in combating the problem of mental retardation avoids duplication of effort. Scattered efforts to solve any large problem like mental retardation simply lead to a waste of manpower resources. Much can be gained by utilizing the knowledge of both cultures (English and French) in this field. Joint efforts to provide services for the mentally retarded in the province would reduce costs and duplication of effort. Separate facilities maintained for different language and religious groups will in the long run weaken any attempt to provide adequate and sensible provision for the mentally

retarded.

Granted no single plan of attack can be equally applicable to all parts of the province but a general plan with much room for local adjustment is of value. Ideas from other areas are helpful in that their errors can be avoided and their workable plans adopted. Their plans may be highly successful in the context in which they are used but may not apply to our bi-cultural province. All this must be taken into consideration in any plan of approach. As Robert Frost once said wisdom is "that quality which motivates man to act in spite of insufficient knowledge."¹ Mistakes have been made in attempts to seek out the best manner of approach to the handling of these children. The most essential factor is to develop the frame of mind to recognize errors and to put them right. Scientific knowledge is always changing and increasing and individuals must change with it if they are to provide the best for these children.

An effective channel of communication is essential among government departments and other agencies involved in the care of the mentally retarded. The committee which is being organized to deal with problems in the area of mental retardation with representatives from the departments

¹

President's Panel on Mental Retardation, "A proposed program for national action to combat mental retardation," Washington, D. C., October 1962, p. 24.

of health, welfare and education needs to consider also the possibility of including a representative from labour as one of the most essential factors in making the retardate economically independent is related to employment.

Substantial financial assistance by the government is essential to assist the functioning of voluntary schools which are providing for the mentally retarded where the public schools are failing to do so. There is provision under the federal Vocational Rehabilitation of Disabled Persons Act for contributions to provinces where disability allowances are being made to parents or guardians for the rehabilitation of disabled persons (which includes those who because of physical or mental impairment are incapable of pursuing regular employment). From the disbursements being made by the federal government it does not appear that many mentally retarded persons are benefiting under this Act. It would be economically and socially advantageous for the government of Quebec to make substantial grants to parents or guardians maintaining within the home mentally retarded children, who are not capable of carrying out gainful employment.

Longitudinal Approach to the Problem

(a) Supportive and educational counselling

The complexity of the problem of mental retardation cannot be overstated. The kind of provision needed for the mentally retarded varies with age, level of intelligence

and type of environment. Centralized multidisciplinary agencies such as specialized clinics are needed to provide sustained supportive as well as educational counselling for parents or guardians of the mental retardate from the very early years of his life until the service is no longer required. Visiting teachers and guidance counsellors could be trained to carry much of the load during the child's school years. These clinics would need to be situated in heavily populated areas of the province. For the rural areas the possibility of travelling clinics should not be overlooked. It is essential that the clinic keep a detailed report of the child's progress and that this be available for transfer to other clinics within the province should the parents move to another area.

The clinic would not only assess the child and provide sustained treatment but also inform parents of suitable facilities available to them for their child. An essential part of this programme would be helping the parents to accept and adjust to the child's limitations and helping the child to adjust to the family and to the outside world.

(b) Diagnosis and screening

Initially many of the mentally retarded are first identified within the schools by their low scores on standardized academic achievement tests, group intelligence tests as well as teacher observations. It is impractical

and probably unnecessary to aspire to individual testing of all children within the school system, but group tests serve as a rough screen and the children below a certain level should receive individual evaluation. For special class placement a screening committee is essential. The composition of the committee would vary but generally a psychometrist, classroom teachers, principal, and any other personnel directly involved with the child should be consulted. A thorough evaluation of the child's growth and development in the medical, intellectual, educational and social-emotional areas should be studied before placement is made. Any placement should be subject to periodic re-evaluation. Observation and diagnostic classes would be an asset where there is doubt as to the child's mental deficiency.

(c) Educational provisions

The mentally retarded child should be educated with as little dislocation from the normal environment as possible. Optimum organization of educational provisions varies with the child. Borderline and upper level educable mental retardates possibly could be educated in the normal classroom with specific time allotted to individual remedial work, though grouping of mental retardates on the basis of reading or arithmetic ability has been effective in some schools. A further method is special class grouping by age with provisions for pupil participation in regular classes for

subjects in which they are more capable.

The lower level educable mental retardate might best be served in a special class with integration in the regular school programme where possible. The trainable mentally retarded need more personalized attention in small class units with a well structured programme because their lack of ability severely restricts them. The totally dependent are often institutionalized. The decision as to institutionalization or non-institutionalization depends upon the ability of the parents to cope with the problem, due regard being paid to the probable effect upon siblings.

Special classes for the mentally retarded vary in size, no definite ratio having been arrived at by authorities in the field. Much depends upon the homogeneity of the class and the age level. Classes should not be too small or public funds may be unjustifiably wasted in terms of educational returns. Intensive coaching of the mentally retarded has not proved of lasting value. A class larger than fifteen for the educable mentally retarded defeats the purpose, which is to provide individual assistance. In the case of the trainable mentally retarded, some states that reimburse the local school boards require an average daily attendance of ten. Since these children have a brief attention span and are able to remember just a minimum amount from day to day, the teacher can handle only small

groups. Ten in a class appears to be the maximum that a teacher can handle on her own, though eight is preferable. The employment of teacher aides in order to increase class size does not appear to be successful.

The course of study for the educable mentally retarded and the more capable trainable mentally retarded should emphasize academic achievement as well as social and vocational growth and adjustment. Too often programmes for the mentally retarded dwell solely on meeting the social needs of the child thus reducing intellectual achievement to a minimum. On the other hand, it should be recognized that a straight academic programme is unrealistic.

Experienced and competent teachers working in this field can play a significant role in drawing up guidelines for the entire province as well as developing specific courses of study to meet local needs. Competent supervision and guidance should be obtained in organizing the curriculum, preferably from people who are oriented toward the difficulties within the province. Assistance and leadership from those working at the Institute of Education, Montreal Children's Hospital and the Centre D'Orientation could prove beneficial in drawing up guidelines. As more and better trained teachers become available a rigid curriculum becomes unnecessary. Knowledge in this field is undergoing such a change that it is inadvisable to leave complete curriculum authority at the provincial level lest programmes become

outdated and unmanageable.

Institutional placement is usually employed if there are no facilities available to the child where he lives, the atmosphere in the child's home is inadequate or normal family life is interrupted by the child's presence. Institutions for the most part are moving from the old concept of a permanent abode to offering a dynamic treatment programme aimed at returning the more capable retardate to society at as early a stage as is compatible with successful readjustments.

When residential facilities are called for, the smaller unit is advisable, especially for the trainable and educable mentally retarded if one hopes to provide more than simply general care. This point was well brought out during a visit to Wayne County Training School in Michigan where each cottage houses some forty to fifty educable children. Any special remedial work with such a large group has proved impossible. Hawthorne Center for emotionally disturbed children located nearby, on the other hand, with twelve to fifteen in a cottage, is capable of a great deal of close work with these children.

(d) Vocational aspects

Providing the mentally retarded with an academic education alone is insufficient, a definite pattern of vocational training is essential. One of the most useful services that can be rendered to the mental retardate is

preparing him to be economically self-sufficient. In this technological age it is very difficult to provide the child with a definite type of work that he can always be assured of doing. Nevertheless, training in good work habits, the ability to follow directions and complete a job will always be of value. The mental retardate often has difficulty on the job particularly if he lacks training of this kind.

Sheltered workshops are urgently needed for the mentally retarded who are unable to adjust to the competitive world of work, but are able to be productive under close supervision. Care must be taken to ensure that the mentally retarded are not exploited in the workshop situation and that the mentally retarded so placed are suited to the position. Such a workshop should not only provide constant employment for those who will never be able to work on their own, but also give general occupational training and aid personality adjustment to those who may eventually be able to become totally independent. Voluntary associations could provide more facilities along this line if the public schools were to take the responsibility of caring for the trainable mentally retarded and relieve the Association of this function.

The public needs to be educated to recognize and accept the vocational competence of higher grade mental retardates. This is difficult at a time when chronic unemployment is one of our nation's most crucial problems.

The mental retardate is never capable, in occupational terms, of being more than a semi-skilled or unskilled labourer joining those most likely to be found in the ranks of the unemployed.

Personnel and Cooperation

If every effort is to be made to provide suitable education for all retardates an expansion of facilities and personnel is urgently required. The teachers recruited for this service must be mature and flexible with the ability to acquire the necessary technical knowledge and a further capacity to win over the students to making the best of their limited abilities. The sole employment of teachers with many years of experience is questioned in some quarters. Opinion at the University of Syracuse, for example, is in favour of training the younger students, who give evidence of reasonably mature judgment, directly as teachers for the mentally retarded. There is agreement that a fundamental background in education and the psychology of the normal child as well as the mentally retarded is essential and practical training experience is needed with both. To attract such personnel it is not only necessary to have a favourable wage scale but also to maintain and elevate the professional standard of workers in the field.

Part time as well as full time training should be available to persons interested in this field, that is,

a specialized degree or a year of professional training after a degree. Inservice training not only during the summer, but also during the winter term is needed to train the number of teachers required. The possibility of seconding the teacher for several months on full salary while she attends courses and is apprenticed to a trained teacher in this area should not be overlooked. Although somewhat difficult to implement, this might prove worth the trouble and expense as it could possibly attract good teachers to the field. The careful screening of candidates entering the field is most desirable. Personal qualities and motivation must be beyond doubt.

A sharing of ideas between the Universities carrying on these programmes is essential in so vast a field. Inservice training should not cease once the teacher has been certificated. Much can be gained if the teacher has continual access to literature and contact with university personnel trained in this field. Occasional lectures and conferences by visiting specialists could become a highly contributive factor to the success of teaching in the field.

Research

On the whole research funds for the study of mental retardation are scattered and inadequate. The main source of funds in Canada comes from grants made by the federal Department of Health. Grants made in the United States by the federal government for research in this field appear

promising. Research is needed not only in the medical aspects of retardation but also on the educational side. A further analysis is needed of the learning process, concept formation, transfer of training and memory in the mental retardate as opposed to the child of normal intelligence.

In the vocational area there are no economic studies on the approximate number of mental retardates who are employable and what jobs they can move into. Economic feasibility studies on their employability appear essential.

The **recommendations** are for the most part conclusions arrived at through the investigation of provisions for the mentally retarded in a specific number of countries. These recommendations are not drawn from a particular nation but from practices which seem to be common to a number of countries. Even though the province of Quebec with its bi-cultural framework is unique, there is no reason to suppose that the suggested practices cannot be effectively implemented.

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8. Health Section, Montreal Council of Social Agencies, "The education of the handicapped child," brief presented to the Royal Commission of Inquiry on Education of the Province of Quebec, Montreal, June 1962.
9. Holt, P. W. R., "Administrative practices concerning the educable mentally retarded in selected Canadian public schools," abstract obtained from the University of Alberta, October 1962.
10. Johnson, O., "The social position of the mentally handicapped child in the regular grades," unpublished doctoral dissertation, Urbana, University of Illinois, 1950.
11. L'Association Pour L'Education Des Enfants Arriérés, "Les écoles François-Michelle," mémoire présenté par l'Association à la Commission Royale d'Enquête sur l'Education, Québec, Mai 1962.
12. La France, E., "Ministère de la famille et du bien-être social," 1-2, mémoire présenté par le Ministère à la Commission Royale d'Enquête sur l'Enseignement, Québec, Mars 1962.
13. Laycock, S. R., "Special educational opportunities in Canada," 1960.
14. Leduc, A., "The problem of mental retardation in the province of Quebec," brief to the Royal Commission on Education from the Quebec Association for Retarded Children, 1962.
15. Munroe, D. C., "European journey" "The Bulletin," Institute of Education of McGill University, April 1963.
16. President's Panel on Mental Retardation, "A proposed program for national action to combat mental retardation," Washington, D. C., October 1962.
17. Provincial Association of Protestant Teachers of Quebec, "A brief containing recommendations for the advancement of education and of the teaching profession in the province of Quebec," presented to the Quebec Royal Commission of Inquiry on Education, February-March 1962.

18. Rabinovitch, S., "The Learning Centre, Montreal Children's Hospital," a paper read at the American Psychological Association Meeting, St. Louis, Missouri, August 1962.
19. Scottish Education Department, "Provision for Handicapped Children," Working Party report on a coordinated plan, Edinburgh, 1958.
20. Wark, M. S., (chairman), "A study: looking towards the solution of the educational problems affecting the below average child," report submitted to the Vancouver Schools Administrators' Association at their regular meeting January 1962.

OTHER SOURCES

1. Adult Training Centre for Mentally Retarded, personal interview with Mr. S. K. Verma, Director, Ottawa, November 1962.
2. Catholic School Commission of Montreal, personal interview with Mr. L. Piédalue, Director of Auxiliary Classes, Montreal, June 1963.
3. Correspondents, a list of institutions, associations and persons providing information may be found in Appendix B.
4. Department of National Health and Welfare, personal interview with Dr. M. Martin, Chief of Mental Health Division, Ottawa, November 1962.
5. Fong Lam Middle School, personal interview with Mr. P. Cheung, Director, Kowloon, Hong Kong, August 1962.
6. International Christian University, personal interviews with Professor D. Hidaka, Dean of the Graduate School and Professor A. Hoshino, Psychology Department, Mitaka, July 1962.
7. Kyoto University, personal interview with Professor K. Imae, Psychology Department, Kyoto, July 1962.
8. Lakeshore Association for Retarded Children, personal interviews with Mr. L. Taylor, Treasurer, Mrs. P. Roberts, Membership Chairman and Mrs. Burch, Principal, December 1962.

9. Mackay Center for Deaf and Crippled Children, interview with Dr. L. P. Patterson, Director, Montreal, April 1963.
10. Ministry of Education, personal interview with Mr. Y. Tsujimura, Chief of Special Education, Tokyo, June 1962.
11. Ministry of Health and Welfare, personal interview with Mr. Y. Saito, Counsellor and Chief Liaison Officer International Affairs, Tokyo, July 1962.
12. Miriam Home for the Exceptional, personal interview with Mr. Ram, March 1963.
13. Montreal Children's Hospital, personal interview with Mrs. R. Lipsett, a senior case worker of the Mental Assessment and Guidance Clinic, Montreal, July 1963.
14. Montreal Council of Social Agencies, personal interview with Miss I. Young, Executive Assistant, Montreal, June 1963.
15. Nagano Yogo Gakko, personal interview with the teaching staff, Nagano Prefecture, July 1962.
16. National Association for Mental Health, personal interview with Miss P. Whiffen, Montreal, September 1962.
17. Ottawa Public School Board, personal interview with Dr. J. R. Linn, Inspector and Miss E. Thom, Consultant for Special Classes, Ottawa, November 1962.
18. Quebec Association for Retarded Children, personal interviews with Mr. J. Tanner, Director of Adult Training Unit, Montreal Branch and Mr. N. Cassidy, Principal of the Rockland Avenue School for Retarded Children, Montreal, April 1962 and June 1963.
19. Scottish Education Department, personal interview with Department officials, Edinburgh, August 1961.
20. Seicho Yogo Gakko, personal interview with Mr. Y. Komiyama, Principal, Tokyo, July 1962.
21. Smiths Falls Ontario Hospital School, personal interviews with Dr. H. F. Frank, Medical Superintendent and Mrs. M. Barber, Superintendent, Smiths Falls, October-November 1962.

22. Tokyo Education University, personal interviews with Dr. S. Nishitani, Principal, Otsuka Yogo (practice school for the mentally retarded) and Professor Y. Miki, Educational Psychology, Tokyo, July 1962.
23. Tokyo Teachers College, personal interview with Dr. Y. Saitow, Special Education, Tokyo, July 1962.
24. Université de Montréal, personal interview with Miss J. Guindon, Director, le Centre d'Orientation, Montreal, June 1963.
25. University of Hawaii, personal interview with Professor D. Hungerford, Special Education, Oahu, June 1962.

APPENDICES

APPENDIX A

QUESTIONNAIRE WHICH ACCOMPANIED LETTERS

1. The extent and provision in the province for the educationally subnormal.
2. How much of this is provided in Special Classes, Day Special Schools, Residential Institutions, Technical Schools and Sheltered Workshops?
3. The staffing ratio in such schools or institutions.
4. The question of provision for the trainable but non-educable. (Roughly I.Q.s 30-50)
5. The training and/or qualifications of the teachers and auxiliary staff in such classes, schools and institutions.
6. The training and/or qualifications of teachers and auxiliary staff who deal with the seriously retarded.
7. The possible extent to which the educationally subnormal child may also have other handicaps such as deafness, spasticity, muscular dystrophy etc., and whether the additional handicap eliminates such a child from an Educationally Subnormal School. If so what provisions are there for these children?
8. The number and types of institutions which organize courses for the teachers of the retarded child of varying ability -- or train the auxiliary helpers -- and the kind of people who staff these training centers.
9. The educational standards for entrants to such a course.

QUESTIONNAIRE WHICH ACCOMPANIED LETTERS

continued -

10. The curriculum for the general training of such teachers or workers, the course content and the length of training given.
11. The nature and extent of further in-training courses. The facilities available for such training.
12. The general rates of remuneration in Special Classes, Schools etc., i.e. by provision of a separate scale of salaries, or by additional training increments to regular salary.
13. Financial assistance available during teacher training.
14. Educational background and practical experience of those who provide the training.
15. The level of consultant, medical, psychological, welfare-services that are available to the training college staff, full time teacher, retarded child and parents.
16. The facilities available for more advanced teacher training in the retarded field.
17. The financial assistance provided for the retarded child at a school or institution. The government ruling on financial aid to opportunity classes and also auxiliary or day training classes. The method of paying teachers in each of these.

QUESTIONNAIRE WHICH ACCOMPANIED LETTERS

continued -

18. The proportion of government and local funds provided for the education of the educationally subnormal.
19. The responsibility for the syllabus for the retarded.
20. The care of children in remote areas.

APPENDIX B

A LIST OF INSTITUTIONS AND RESPONDENTSCANADAAlberta

University of Alberta -- D. R. Cameron, Associate Professor
of Education (W. F. Reese).

British Columbia

Department of Education -- F. P. Levirs, Assistant Superintendent of Instruction.

Department of Health Services and Hospital Insurance --
A. Carroll, Consultant. ^a

University of British Columbia -- N. V. Scarfe, Dean
(D. Kendall).

Williamson Foundation -- D. McGann, Consultant.

Manitoba

Department of Education -- D. M. Plummer, Supervisor of
Special Classes.

Manitoba Teachers College -- G. W. Brisbin, Principal.

University of Manitoba -- J. M. Brown, Dean.

Winnipeg School Division 1 -- N. Chidley, Director of
Special Education.

New Brunswick

Attorney General's Office -- J. Hoyt, Probation Officer.

^a Persons or institutions who did not answer
correspondence.

A LIST OF INSTITUTIONS AND RESPONDENTSCANADA -- continuedNew Brunswick

Children's Aid Society -- D. Bishop, Executive Secretary.

Department of Education -- F. T. Atkinson, Assistant to
Deputy Minister.

Department of Health -- J. A. Melanson, Deputy Minister.
Gundry, N.

Mental Health Clinic -- R. R. Prosser, Director.

Mount Allison University -- I. Campbell, Sociology Professor
(M. W. Duckworth).

Provincial Hospital, Campbellton -- J. A. Gallant, Super-
intendent.

Provincial Hospital, Lancaster -- J. Murphy, Acting Super-
intendent.

University of New Brunswick -- D. C. Blue, Associate
Professor.

Newfoundland

Department of Education -- P. J. Hanley, Deputy Minister.

Newfoundland Association for the Help of Retarded Children,
A. B. Perlin, President.

North West Territories

Department of Northern Affairs and National Resources --
B. Thorsteinsson, Chief of Education Division.

A LIST OF INSTITUTIONS AND RESPONDENTS

CANADA -- continued

Nova Scotia

Acadia University -- Department of Psychology. ^a

Dalhousie University -- A. S. Mowat, Professor of Education.

Department of Education -- H. M. Cox, Inspector of Special
Education.

Nova Scotia Training Centre -- T. A. Walker, Assistant
Superintendent.

Ontario

Carlton College -- J. A. McLeish, Professor of Education.

Department of Education -- D. A. MacTavish, Director of
Auxiliary Education.

Ontario College of Education -- C. C. Pitt, Associate
Director of Graduate Studies.

Ottawa and District Association for Retarded Children --
A. E. Ginsberg, President.

Ottawa Public School Board -- E. Thom, Consultant for
Special Classes.

Ottawa University -- Dr. Berry.

Psychiatric Research Institute for Children -- Dr. Zarfas,
Superintendent.

^a Persons or institutions who did not answer
correspondence.

A LIST OF INSTITUTIONS AND RESPONDENTS

CANADA -- continued

Ontario

Rehabilitation Services -- J. Amos, Co-ordinator.

Scarborough Board of Education -- W. F. Koerber, Inspector
of Special Classes.

Smith Falls Ontario Hospital School -- H. F. Frank, Medical
Superintendent (M. Barber).

Toronto Board of Education -- A. Morgan, Superintendent of
Secondary Schools.

University of Toronto -- C. R. Myers, Chairman of Psychology
Department.

University of Western Ontario -- G. H. Turner, Professor
of Psychology.

Prince Edward Island

Department of Education -- M. MacKenzie, Deputy Minister
of Education.

Department of Health, Division of Mental Health -- M. N. Beck.

Prince Edward Island Association for Retarded Children --
R. Smallman (M. N. Beck, Chairman of Education
Committee).

Prince of Wales College -- H. Yeo, Supervisor of Teacher
Training.

A LIST OF INSTITUTIONS AND RESPONDENTSCANADA -- continuedQuebec

Anbar School -- Dr. Anbar. ^a

Cecil Butters Memorial Home -- L. E. Butters, Superintendent.

Dixville Home -- J. Visser, Superintendent.

Holland School -- H. Sinclair, Principal.

Jewish Vocational Service, Sheltered Workshop --
A. Feintuch, Executive Director.

Lakeshore Association for Retarded Children -- P. A. Roberts,
Membership Chairman.

Montreal Children's Hospital, Social Service Department --
A. Johnston, Director.

White, P. -- Private Institution in Pierrefonds. ^a

Saskatchewan

Department of Education -- W. G. Bates, Supervisor of
Special Education.

University of Saskatchewan -- J. B. Kirkpatrick, Dean of
Education.

Individual Respondents

Canadian Association for Retarded Children -- G. A. Roeher,
National Executive Director.

^a Persons or institutions who did not answer
correspondence.

A LIST OF INSTITUTIONS AND RESPONDENTS

CANADA -- continued

Individual Respondents

Canadian Teachers Federation -- G. Channon, Research
Assistant.

Department of Labour, Civilian Rehabilitation --
I. Campbell, National Co-ordinator.

Department of National Health and Welfare, Old Age
Security Division -- J. A. Blais, National
Director of Family Allowances.

Department of National Health and Welfare -- J. E. Osborne,
Director of Research and Statistics Division
(C. St. John).

Department of National Health and Welfare, Blind and
Disabled Persons Allowances Division --
T. W. MacFarlane.

Department of National Health and Welfare, Welfare
Division -- R. Splane.

Department of National Health and Welfare, Information
Services Division -- G. C. Graham.

Dominion Archives -- Chief Archivist.

National Department of Labour.

A LIST OF INSTITUTIONS AND RESPONDENTSENGLAND AND WALES

Birmingham University Institute of Education -- E. A. Peel,
Director.

Bristol University Department of Education -- C. J. Beedell,
Tutor for Advanced Course in Residential Work with
Children.

Bristol University Institute of Education -- J. G. Lang.

Brockhall Hospital -- Dr. Rose, Medical Superintendent. ^a

Cambridge Institute of Education -- F. F. Edmonds,
Deputy Director.

Cambridge University Department of Education.

Education Committee, County Borough of Rochdale -- H. L.

Robinson, Chief Education Officer (S. Bolton).

Forward Trends -- A. B. Boom, Production Manager.

Fountain Hospital -- L. T. Hilliard, Consultant Psychia-
trist.

Leeds University -- B. A. Fletcher, Director.

London University Institute of Education -- M. F. Cleugh,
Lecturer (D. M. Lee)

Manchester University Institute of Education -- S. Wiseman. ^a

^a Persons or institutions who did not answer
correspondence.

A LIST OF INSTITUTIONS AND RESPONDENTS

ENGLAND AND WALES -- continued

Maudsley Hospital Social Psychiatry Research Unit --

N. O'Connor.

Ministry of Education, Special Schools Branch --

J. A. Lumsden -- Chief Staff Inspector.

National Association for Mental Health -- Miss Dean

(P. G. Whiffen, Tutor).

Segal, S. S.

Sheffield Education Committee -- T. H. Tunn, Director.

Sheffield Public Health Department -- L. Roberts, Medical
Officer of Health.

Sheffield University -- H. Kay, Professor.

Sheffield University, Department of Education -- N. Brown,
Lecturer.

University College London -- G. Keir, Lecturer.

University College Swansea -- M. Chazan, Lecturer.

Wisenthal, M.

FRANCE

Bureau de Criminologie, Conseil de l'Europe -- R. L.
Morrison.

HOLLAND

Helpt Elkander.

Ministerie van Onderwijs -- N. Y. Vlietstra, Hoof-
dinspectie van het B. L. O.

A LIST OF INSTITUTIONS AND RESPONDENTS

HONG KONG

Education Department -- A. J. Reeve, Director.

Social Welfare Department -- D. Ho, Director.

University of Hong Kong. ^a

JAPAN

International Christian University -- A. Hoshino,

Professor of Psychology. ^a

Japanese Parents Association. ^a

Kyoto University -- K. Imae, Psychology Department.

University of Tokyo -- Y. Miki, Professor of Educational
Psychology.

NORWAY

Ministry of Education -- T. Lie, Consultant. ^a

SCOTLAND

Education Institute of Scotland -- G. S. Bryden.

National Committee for the Training of Teachers.

Scottish Education Department -- W. Anderson, H. M.

Inspector of Schools (A. W. Heggie).

UNITED STATES OF AMERICA

The State Department of Education of

Alabama -- A. Brown, Consultant for Exceptional Children.

^a Persons or institutions who did not answer correspondence.

A LIST OF INSTITUTIONS AND RESPONDENTSUNITED STATES OF AMERICA -- continuedThe State Department of Education ofAlaska -- T. Borden, Assistant Commissioner.Arizona -- F. Baribeau, Director of Special Education.Arkansas -- A. Thompson, Supervisor of Special Education.California -- F. M. Daly, Consultant for Mentally Retarded.Colorado -- E. Graham, Director of Special Education.Connecticut -- W. Sanders, Commissioner (J. Lavender,
Consultant).Delaware -- W. Kabis, Superintendent of Special Schools. ^aDistrict of Columbia -- R. H. Jones, Director of Special
Education.Florida -- L. Stetler, Consultant for Exceptional
Children.Georgia -- T. Gregory, Consultant for Mental Retardation.Hawaii -- J. Cochran, Administrator of Special Education.Idaho -- D. Engelking, Superintendent.Illinois -- G. Wilkins, Superintendent of Mental Retarda-
tion (D. Donald, M. E. Foreman).Indiana -- L. Brinegar, Supervisor of Mental Retardation.Iowa -- E. Meyen, Consultant for Mental Retardation.

^a Persons or institutions who did not answer
correspondence.

A LIST OF INSTITUTIONS AND RESPONDENTS

UNITED STATES OF AMERICA -- continued

The State Department of Education of

Kansas -- M. Thorsell, Director for Mentally Retarded
(J. Marshall).

Kentucky -- C. Schmidt, Supervisor of Exceptional Children.

Louisiana -- J. H. Perry, Supervisor of Special Education.

Maine -- W. G. Hill, Commissioner (P. A. Annas, M. B.
Smith).

Maryland -- E. E. Lapin, Supervisor of Special Education
(H. M. Selznick, Director of Special Education).

Massachusetts -- P. G. Cashman, Director of Special Educa-
tion.

Michigan -- M. Beckman, Director of Special Education
(G. Harris).

Minnesota -- R. Johnson, Consultant for Mentally Retarded
(E. Stenswick, Director of Special Education).

Mississippi -- W. R. Burris, Supervisor of Special Educa-
tion.

Missouri -- R. S. Dabney, Director of Special Education.

Montana -- R. H. Lehrman, Supervisor of Special Education.

Nebraska -- G. W. Dodge, Director of Special Education.

Nevada -- T. S. Murdoch, Consultant for Special Education.

New Hampshire -- R. B. Craig, Director of Guidance.

A LIST OF INSTITUTIONS AND RESPONDENTSUNITED STATES OF AMERICA -- continuedThe State Department of Education ofNew Jersey -- B. E. Nelson, Director of Special Education.New Mexico -- G. P. White, Director of Handicapped Children.New York -- A. Pelone, Director of Handicapped Children
(S. Tavormina).North Carolina -- P. A. Peeples, Consultant for Exceptional
Children.North Dakota -- J. M. Smaltz, Director of Special Education.Ohio -- R. A. Horn, Director of Special Education.Oklahoma -- A. L. Taylor, Director of Special Education.Oregon -- J. H. Gubser, Assistant Superintendent.Pennsylvania -- K. D. Reier, Director of Special Services.Rhode Island -- P. V. Sherlock, Supervisor of Special
Education. ^aSouth Carolina -- D. C. Pearce, Supervisor of Special
Education.South Dakota -- M. F. Coddington, Superintendent (S. M.
Barns, Teaching Consultant).Tennessee -- V. L. Johnson, Director (J. Morgan).

^a Persons or institutions who did not answer
correspondence.

A LIST OF INSTITUTIONS AND RESPONDENTS

UNITED STATES OF AMERICA -- continued

The State Department of Education of

Texas -- D. L. Partridge, Consultant for Special Education.

Utah -- R. E. Pace, Director of Special Education.

Vermont -- J. S. Garvin, Director of Special Education. ^a

Virginia -- W. Kuhn Barnett, Director of Special Education.

Washington -- R. Jongeward, Director of Educational Research. ^a

West Virginia -- R. P. Elser, Director of Special Education.

Wisconsin -- K. R. Blessing, Co-ordinator for Mentally Retarded.

Wyoming - V. Linford, Superintendent.

University of

Columbia, Education Department. ^a

Connecticut -- F. Garfunkel, Assistant Professor of Special Education.

Illinois -- H. Goldstein, Professor.

Kentucky -- A. S. Levy, Co-ordinator of Special Education.

^a Persons or institutions who did not answer correspondence.

A LIST OF INSTITUTIONS AND RESPONDENTSUNITED STATES OF AMERICA -- continuedUniversity of

Louisville -- W. C. Huffman, Dean.

Michigan -- G. Scholl, Assistant Professor of Education.

Minnesota -- M. Reynolds, Professor of Education.

Mississippi -- S. A. Moorhead, Dean of School of Education.

Pennsylvania State -- J. V. Hottel, Associate Professor of Education.

Pittsburgh -- J. Birch, Chairman of Special Education, (G. D. Stevens).

Wisconsin -- L. J. Stiles, Dean of Education.

Individual Respondents

American Education Research Association -- J. R. Gerberich, Executive Officer.

American Institute for Research -- E. F. Nagin, Research Associate (R. O. Peterson).

Coldwater State Home and Training School -- E. J. Rennell, Director (L. A. Harris).

Colorado State College -- A. D. Vaughan, Director of Special Education.

Council for Exceptional Children -- W. C. Geer.

Farmington State Teachers College.

Fund for the Advancement of Education -- N. H. Braddon.

A LIST OF INSTITUTIONS AND RESPONDENTS

UNITED STATES OF AMERICA -- continued

Individual Respondents

Goodwill Industries of America -- P. J. Trevethan,
Executive Vice President.

Hartford Association for Retarded Children -- M. Newmann,
Executive Director.

Illinois Department of Mental Health -- F. J. Gerty,
Director (J. R. Hartong).

Kansas Department of Social Welfare -- R. A. Haines,
Director of Institutions.

Kansas State Welfare Office.

Keene Teachers College -- S. Lovering.

Macomb County Board of Education -- J. Haitema,
Director of Special Education.

Minnesota Department of Public Welfare -- Miss Coakley,
Supervisor.

National Education Association -- S. M. Lambert,
Director of Research.

New Jersey Association for Retarded Children.

New Jersey Department of Institutions and Agencies,
Bureau of Mental Deficiency.

New York City Board of Education, Bureau of Child Guidance.

New York State Department of Mental Hygiene -- A. W. Pense,
Assistant Commissioner.

A LIST OF INSTITUTIONS AND RESPONDENTS

UNITED STATES OF AMERICA -- continued

Individual Respondents

New York State Interdepartmental Health and Hospital

Council -- J. Fenton, Special Assistant.

Ohio Department of Mental Hygiene and Correction --

R. N. Purcell, Director of Mental Retardation

(G. L. Wadsworth).

Oregon Fairview Home -- C. Pomeroy, Superintendent.

Pennsylvania Department of Public Welfare -- R. G. Horting,

Secretary.

Sacramento County Schools -- C. Johnson, Director of

Special Education (R. Bishton).

Southern Connecticut State College -- A. Fassler, Chair-

man of Special Education.

Star King School -- S. Inglis, Principal.

State University College -- H. Mann, Director.

The White House -- P. Salinger, Press Secretary.

United States Office of Education -- R. Mackie.

Wayne County Training School -- T. G. Hegge, Director of

Research and Education.

Wayne State University -- T. W. Coleman, Associate

Professor, (E. Keller)

Wisconsin Colony and Training School -- H. A. Stevens,

Superintendent.

A LIST OF INSTITUTIONS AND RESPONDENTS

UNITED STATES OF AMERICA -- continued

Individual Respondents

Woods Schools and Residential Treatment Center --

R. Hankins, Co-ordinator of Professional Services.

Woodward State School and Hospital -- P. Pepper,

Superintendent.

Yeshiva University -- H. Goldstein, Professor of Special

Education.

APPENDIX C

TABLE I

PLANNING OF THE CURRICULUM FOR PUBLIC SCHOOL CLASSES FOR
THE MENTALLY RETARDED IN THE UNITED STATES 1962-3

States	State Detailed Curriculum	Guidelines By State	Local School Board Or District	Individual Teacher
Alabama ^a				
Alaska				x
Arizona		x		
Arkansas				x
California	x ^b			
Connecticut				x
Florida		x	x	
Georgia		x		
Hawaii	x			
Idaho				x
Illinois		x	x	
Indiana		x	x	
Kansas	x			
Kentucky ^c				
Maine		x		
Maryland		x		
Massachusetts	x			
Michigan			x	
Mississippi		x		
Missouri		x		
Montana				x ^d
Nebraska				x
Nevada		x		
North Carolina		x	x	
North Dakota		x		
New Hampshire			x	
New Jersey		x	x	
New Mexico			x	
New York			x	
Ohio			x	
Oklahoma		x		
Oregon				x ^d
Pennsylvania		x		
South Carolina ^e				
South Dakota		x		
Tennessee				x ^f
Texas		x		
Wisconsin		x	x	
Wyoming	x			

^a Not a remedial or modified programme, must develop social competencies and good physical and mental health, economic efficiency and academic skills.

^b District approves each individual class' curriculum.

^c None.

^d Planned by individual teacher working with specialists at summer school.

^e No set syllabus but state responsible.

^f Teacher modifies the normal programme.

APPENDIX D

TABLE I

PUPIL TEACHER RATIO IN SPECIAL CLASSES FOR THE
MENTALLY RETARDED IN THE UNITED STATES 1962-3

States	Educable Mentally Retarded				Trainable Mentally Retarded			
	I	II	III	IV	I	II	III	IV
Alabama	10	15						
Alaska				15				
Arizona					5	10		
Arkansas	5	18						
California		18						
Colorado		15				15		
Connecticut	10	18			6	10		
Florida	12	18			8	12		
Georgia	12	15			6	12		
Hawaii	10	15	18			10	12	
Illinois	10	15			5	10		
Indiana		15				15		
Iowa		20				10		
Kansas	8	15			5	9		
Kentucky	15	20			8	12		
Maine	8	15						
Massachusetts		18				12		
Michigan	10	15			8	10		
Minnesota				13				8
Mississippi		15				15		
Missouri	10	20		15				
Montana	10							
Nevada	10	18			10	18		
New Hampshire		15				15		
New Jersey		15				10		
New Mexico	5	15						
New York	10	15	18		8	12	15	
North Dakota	6	15						
Ohio	12	20	24		6	12		
Oklahoma	10	20			5	10		
Oregon	12	15	18					
Pennsylvania	10	15	18		7	18		
South Carolina				12				10
South Dakota		20				10		
Tennessee	10	16			8	15		
Texas	8				8			
Utah					6	12		
Virginia		16				12		
West Virginia	10	15			10	15		
Wisconsin	10	15	20		5	10		
Wyoming		10				8		

I Minimum pupil teacher ratio.
 II Maximum pupil teacher ratio.
 III A second maximum for secondary or higher level schooling.
 IV Average.

APPENDIX E

TABLE I

PUPIL TEACHER RATIO IN SPECIAL CLASSES FOR THE EDUCABLE
AND TRAINABLE MENTALLY RETARDED IN CANADA 1962-3

Provinces	Educable Mentally Retarded				Trainable Mentally Retarded			
	I	II	III	IV	I	II	III	IV
Alberta	8	18		14				8
British Columbia		15				12		
Manitoba ^a	10	20		12				
New Brunswick	5			11	5			11
Newfoundland ^b								
North West Territories ^a	10	15						
Nova Scotia	15	20			5	7		
Ontario		16	20			16	20	
Prince Edward Island		18						8
Quebec ^c	10	20						
Saskatchewan		15				10		
<hr/>								
I	Minimum Pupil Teacher Ratio							
II	Maximum Pupil Teacher Ratio							
III	Maximum Pupil Teacher Ratio For Secondary School							
IV	Average Pupil Teacher Ratio							

^a The Association for Retarded Children is the major group providing special classes for the trainable mentally retarded in this province. As they are attempting to meet a need here a ratio is not applicable.

^b The Association for Retarded Children is the major group providing classes for both the educable and trainable mentally retarded.

^c The Association for Retarded Children and L'Association Pour L'Education Des Enfants Arriérés provide special classes in the province of Quebec, there is no definite teacher pupil ratio.

APPENDIX F

TABLE I

PROVISIONS FOR MULTIPLE HANDICAPPED MENTALLY RETARDED
CHILDREN IN THE UNITED STATES 1962-3

States	Special Training In The Home				Special Training Outside The Home		
	I	II	III	IV	Special Schools Or Classes	Special Ins- titutions	No Special Provision
Alabama	x ^a						
Alaska					x ^b		
Colorado					x		
Connecticut			x ^c	x ^c			
Florida	x		x ^c	x ^c		x	
Georgia	x						
Hawaii	x						
Idaho							x
Illinois							x
Indiana			x ^c	x ^c			
Iowa	x						
Kansas		x					
Kentucky		x					
Maine		x					
Maryland		x				x ^d	
Massachusetts			x	x	x		
Michigan	x						
Minnesota						x ^e	
Mississippi ^f							
Montana					x		
Nebraska						x ^g	
Nevada			x	x			
New Hampshire	x						
New Mexico			x	x			
North Carolina	x						
Ohio					x		
Oklahoma			x				
Oregon							x
Pennsylvania	x						
South Carolina					x		
South Dakota					x		
Tennessee			x				
Texas	x ^a						
Utah					x		
Virginia					x		
West Virginia		x	x				
Wisconsin			x	x			
Wyoming			x				

I	Severely Handicapped Physically And Emotionally Only.
II	Able To Profit From Instruction.
III	Educable Mentally Retarded.
IV	Trainable Mentally Retarded.

^a This state specified that the most severe handicap determines whether the pupil is considered physically or mentally disabled. Hence a child predominantly physically handicapped but slightly retarded would be cared for here.

^b Two school districts provide classes for multiple handicapped.

^c Only while on waiting list for placement in an institution.

^d For educable mentally retarded.

^e For trainable mentally retarded.

^f Homebound programmes in area where five students available.

^g Provision for thirty pupils.

APPENDIX G

TABLE I

COURSES FOR TEACHERS OF THE MENTALLY RETARDED
IN THE UNITED STATES 1962-3

States	Universities And Colleges	I	II	III	IV
Arizona	Arizona State University	x			x
California	California University, Berkeley	x	x	x	
	Claremont College, Claremont	x		x	
	Fresno State College, Fresno	x		x	
	Los Angeles State College, Los Angeles ^a	x	x	x	x
	San Diego State College, San Diego	x	x	x	
	San Francisco State College, San Francisco ^a	x	x	x	x
	San Jose State College, San Jose	x		x	x
	Southern California University, Los Angeles	x		x	x
	Pacific University, Stockton	x	x	x	x
Colorado	Colorado State College, Greeley ^a	x	x	x	x
	Colorado State Teachers College, Greeley	x		x	
	Denver University, Denver	x	x	x	x
	Western State College, Gunnison	x			x
	Colorado State University	x	x	x	
	Colorado University, Boulder	x	x	x	x
Connecticut	Connecticut University, Storrs	x	x	x	x
	New Haven State Teachers College, New Haven	x		x	x
	Southern Connecticut State College, New Haven	x		x	x
	University of Hartford, Storrs	x	x	x	
Florida	Florida State University, Tallahassee	x	x	x	x
	Florida University, Gainesville	x	x	x	x
Georgia	Atlanta University, Atlanta	x			x
	Georgia University, Athens ^a	x	x	x	x
Hawaii	Hawaii University	x			x
Idaho	Idaho State College	x		x	
	Idaho University, Moscow	x		x	x
Illinois	Illinois State University, Normal	x	x	x	x
	Illinois University, Urbana ^a	x	x	x	x
	Northern Illinois University, DeKalb	x			x
	Southern Illinois University, Carbondale	x	x	x	x
Indiana	All State Teachers College, Muncie	x	x		x
	Indiana State Teachers College, Terre Haute	x	x	x	
	Indiana State University, Bloomington	x	x		x
	Indiana University, Bloomington	x	x	x	x
	Purdue University, Lafayette	x	x	x	
I	Undergraduate Programme				
II	Graduate Programme				
III	Winter Programme				
IV	Summer Programme				

^a Institutions allocated fellowships under Section 1, Public Law 85-926 for academic year 1962-3.

TABLE I (continued)
COURSES FOR TEACHERS OF THE MENTALLY RETARDED
IN THE UNITED STATES 1962-3

States	Universities And Colleges	I	II	III	IV
Iowa	State College of Iowa, Cedar Falls	x	x	x	x
	State University of Iowa, Iowa	x	x	x	x
Kansas	Fort Hays State College, Hays		x		x
	Kansas State College, Pittsburg		x		x
	Kansas State Teachers College, Emporia	x	x	x	x
	Kansas University, Lawrence	x	x	x	x
Kentucky	Kentucky University, Lexington	x	x	x	x
Maine	Farmington State Teachers College	x		x	
Maryland	Maryland University, College Park	x	x		x
Massachusetts	Boston College, Chesnut Hill	x	x	x	x
	Boston University, Boston	x	x	x	x
	Fitchburg State College, Fitchburg	x	x	x	x
	Lesley College	x		x	
	Northeastern University	x		x	
	Springfield College	x		x	
Michigan	Central Michigan University, Mount Pleasant	x	x	x	x
	Eastern Michigan University, Ypsilanti	x	x	x	x
	Michigan State University, East Lansing	x	x	x	x
	Michigan University, Ann Arbor	x	x	x	x
	Wayne State University, Detroit ^a	x	x	x	x
	Western Michigan University, Kalamazoo ^a	x	x	x	x
Minnesota	Minnesota University, Minneapolis ^a	x	x	x	x
	Moorehead State College, Moorehead	x			x
	State College, Mankato	x	x		x
	State College, St. Cloud	x			x
Mississippi	Mississippi University	x		x	x
	Mississippi Southern College	x		x	x
	Mississippi State University	x		x	
Missouri	St. Louis University, St. Louis	x	x	x	x
	Missouri University, Columbia	x	x		x
Montana	Eastern College of Education, Billings	x	x	x	x
Nebraska	Nebraska University, Lincoln	x	x		x
Nevada	Nevada University, Reno	x	x	x	
I	Undergraduate Programme				
II	Graduate Programme				
III	Winter Programme				
IV	Summer Programme				

^a Institutions allocated fellowships under Section 1, Public Law 85-926 for academic year 1962-3.

TABLE I (continued)
COURSES FOR TEACHERS OF THE MENTALLY RETARDED
IN THE UNITED STATES 1962-3

States	Universities And Colleges	I	II	III	IV
New Jersey	Newark State College, Union ^a	x	x		x
	New Jersey State Teachers College, Newark	x	x	x	x
	Rutgers University	x	x	x	
	Seton Hall University, South Orange		x		x
	Trenton State College, Trenton		x		x
New Mexico	Highlands University, Las Vegas				x
	New Mexico University, Albuquerque	x	x	x	x
New York	Brooklyn College, Brooklyn	x	x	x	
	City College of the City of New York	x	x	x	
	College of St. Rose, Albany	x			x
	Columbia University Teachers College ^a		x	x	x
	Fordham University, New York	x	x		x
	Hunter College, New York		x		x
	Long Island University, New York		x		x
	Rochester University, Rochester		x		x
	Russell Sage College, Albany	x			x
	State University College, Buffalo	x	x	x	x
	State University College, Geneseo	x	x	x	x
	Syracuse University, Syracuse ^a	x	x	x	x
	Yeshiva University, New York		x		x
	New York University, New York ^a	x	x	x	x
	State University, New York	x		x	x
North Dakota	North Dakota University, Minot	x		x	
	Minot State Teachers College	x		x	
Ohio	Bowling Green State University, Bowling Green	x			x
	Kent State University, Kent	x	x	x	x
	Ohio State University, Columbus ^a	x	x	x	x
	Cincinnati University	x		x	x
Oklahoma	Central State College, Edmond	x			x
	Northeastern State College, Tahlequah	x	x		x
	Oklahoma University, Norman	x	x	x	
Oregon	Oregon University, Eugene	x	x	x	x
Pennsylvania	Bloomsburg State College, Bloomsburg	x		x	x
	Marywood College, Scranton	x		x	
	Pennsylvania State University ^a	x	x	x	x
	Pennsylvania University, Philadelphia	x		x	
	State Teachers College, California P. A.	x		x	
	State Teachers College, Clarion	x		x	
I	Undergraduate Programme				
II	Graduate Programme				
III	Winter Programme				
IV	Summer Programme				

^a Institutions allocated fellowships under Section 1, Public Law 85-926 for academic year 1962-3.

TABLE I (continued)
COURSES FOR TEACHERS OF THE MENTALLY RETARDED
IN THE UNITED STATES 1962-3

States	Universities And Colleges	I	II	III	IV
Pennsylvania	State Teachers College, Edinburgh	x		x	
	State Teachers College, Indiana	x		x	
	Pittsburg University, Pittsburg ^a	x	x	x	x
South Dakota	Black Hill Teachers College	x			x
	Northern State Teachers College, Aberdeen	x	x	x	x
	South Dakota University	x			x
Tennessee	George Peabody College for Teachers ^a	x	x	x	x
	Tennessee University, Knoxville	x	x		x
Texas	Baylor University, Waco	x	x		x
	East Texas State College, Commerce	x	x		x
	Harding-Simmons University, Abilene	x			x
	Incarnate Word College, San Antonio	x			x
	Pan-American College, Edinburgh	x			x
	Southwest Texas State College, San Marcos	x	x	x	x
	Stephen F. Austin State, Macogdoches	x			x
	Texas Western College, El Paso	x			x
	Texas Woman's University, Denton	x			x
	Houston University, Houston	x	x	x	x
	Texas University, Austin ^a	x	x	x	x
Utah	Brigham Young University	x			x
	Utah University, Salt Lake City	x	x	x	
Virginia	Virginia University, Charlottesville ^a	x	x	x	x
	Virginia State College	x	x	x	
Wisconsin	Cardinal Stritch College, Milwaukee	x	x	x	x
	Marquette University	x			x
	Wisconsin University, Madison ^a	x	x	x	x
	Wisconsin University, Milwaukee	x	x	x	x
	Wisconsin State College, Eau Claire	x	x	x	x
	Wisconsin State College, Milwaukee	x	x	x	
Wyoming	Wyoming University	x			x
I	Undergraduate Programme				
II	Graduate Programme				
III	Winter Programme				
IV	Summer Programme				

^a Institutions allocated fellowships under Section 1, Public Law 85-926 for academic year 1962-3.

APPENDIX H

COURSES FOR TEACHERS OF THE MENTALLY RETARDED IN CANADA 1962-3

The information enclosed in this appendix is obtained from personal correspondence and the syllabi of the various universities within the provinces.

Alberta

At the University of Alberta students who have completed at the undergraduate level two years of approved basic general teacher education may elect certain special education courses in the third and fourth years of the Bachelor of Education degree. Graduate students holding an approved degree and appropriate teacher certification may follow a programme (normally a minimum of four courses) leading to a Special Diploma in Exceptional Children.

General courses are offered in the field of speech training to acquaint the teacher with some of the basic skills for dealing with speech problems. Courses specifically related to the mentally retarded child, offered both in winter and summer sessions, are as follows:

354 Psychology and Education of Exceptional Children

This course provides a survey of the psychology and education of atypical children. Educational needs including curricula, teaching methods and classroom organization are considered.

COURSES FOR TEACHERS OF THE MENTALLY RETARDED IN CANADA 1962-3Alberta -- continued452 Psychology and Education of Mentally Handicapped Children

The course covers the psychology and education of mentally retarded children with a special emphasis on organization, curriculum and methods of teaching.

British Columbia

The following courses are being offered at the University of British Columbia:

407 Teaching the Mentally and Physically Handicapped

This is an introductory course covering all groups of handicapped children with a detailed discussion of methods of helping handicapped children in the ordinary classroom and of the community resources available to help them.

533 Psychology of Handicapped Children

This covers the physical, mental, social, and emotional characteristics of handicapped children.

417 Teaching Dull and Backward Children

This course deals with slow learning children both in the ordinary grades and in special classes for the educable mentally retarded and covers modern educational procedures, organization of programmes and teaching of the basic subjects.

420 Teaching the Severely Mentally Handicapped

This course is concerned with the trainable mentally retarded. Stress is placed on curriculum organization,

COURSES FOR TEACHERS OF THE MENTALLY RETARDED IN CANADA 1962-3

British Columbia -- continued

teaching methods, modern provisions, research and the psychological aspects of the problem.

Manitoba

The following courses are offered at the University of Manitoba:

509 Diagnostic and Remedial Techniques in the Elementary School

In this course special attention is paid to difficulties in acquiring subject matter, to diagnostic procedures, and to methods of remedial reading.

501 Silent and Remedial Reading in Grades 1-9

This course provides a study of the psychology and physiology of reading.

726 The Psychology of Exceptional Children

This course deals with all kinds of handicaps in an attempt to provide an understanding of the behavior of children who deviate widely from normality in respect to physical and mental traits.

New Brunswick

No courses are provided in this area at Mount Allison University. At the University of New Brunswick a general course in the education of exceptional children is available.

Newfoundland, North West Territories and Yukon

Teachers are sent outside of the province for special training.

COURSES FOR TEACHERS OF THE MENTALLY RETARDED IN CANADA 1962-3Nova Scotia

At Acadia University, only a few general psychology courses were reported, for example, testing and measurement. The Nova Scotia Training School does not provide any formal kind of inservice course for teachers, but occasionally resource people from universities outside of the province spend a period each year working with teachers. They encourage their teachers to take a special course offered at Dalhousie University. In addition to this the training school provides an opportunity for anyone who is new in the field and is interested in teaching retarded children to come to the school and observe.

A summer session at Dalhousie University is offered by the Nova Scotia Department of Education. A four-session programme is available incorporating the requirements for a specialist license in auxiliary education. This includes basic course work in group and individual testing, classroom methodology, and psychology as a background for the study of the mentally retarded. Visits to clinics supplement lectures and demonstrations. Avocational activities for the mentally retarded, occupational education, as well as reading and related skills are discussed.

Ontario

The University of Western Ontario and Ontario College of Education reported that they do not provide courses in this area. The University of Toronto, Institute of Child

COURSES FOR TEACHERS OF THE MENTALLY RETARDED IN CANADA 1962-3Ontario -- continued

Studies, has a course called Option 14, Special Studies of Children, which is devoted to an observation of normal and handicapped children.

Prince Edward Island

Teachers from this province are advised to go outside the province for training in special education.

Quebec

A three-year summer course is provided by the Provincial Department of Education at the Institute of Education of McGill University. This programme leads to a special diploma for teaching special classes for the educable mentally retarded child. This programme is open only to teachers having a permanent teaching certificate. The first summer session of this course includes an introduction to the teaching of the slow learning child, psychology of the slow learner and handicrafts. The second summer includes special methods of teaching the educable mentally retarded child, special psychological problems of the slow learner and a session of observation and practice teaching in this area. The third summer session offers a course concerning the mentally retarded child in the home and community, techniques of testing and diagnosis as well as a further course in the observation and practice teaching of these children.

COURSES FOR TEACHERS OF THE MENTALLY RETARDED IN CANADA 1962-3
Quebec -- continued

Bishop's University, Sir George William's University and St. Joseph Teachers' College do not provide courses in this area. The University of Laval offers a Baccalauréat en pédagogie des déficients mentaux. The Centre d'Orientation, affiliated with the University of Montreal, provides excellent training for the teacher of the retarded child. The Thomas More Institute also provides courses for teachers of the mentally retarded.

Saskatchewan

The University of Saskatchewan offers the following courses:

350 The Education of Exceptional Children

This course deals with the diagnosis and the classification of the exceptional child and the adaptation of teaching procedures to their needs. Mention is made of special services which are available to these children.

451 Teaching Mentally Retarded Children

This course discusses the nature of mental retardation, the behavior and growth of the mentally retarded, the curriculum and special methods which are needed to prepare the mentally retarded for their role in life.

359 Speech Training and Correction

This course acquaints the teacher with the correctional services which are available for the severely handicapped.