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THE ATTITUDE OF THE SIXTY-FOURTH TEXAS LEGISLATORS TOWARDS
SERVING THE SEVERELY AND PROFOUNDLY HANDICAPPED
AND HANDICAPPED INFANTS BELOW
THE AGE OF THREE

DISSERTATION

Presented to the Graduate Council of the
North Texas State University in Partial
Fulfillment of the Requirements

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DOCTOR OF EDUCATION

By

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The problem of this study was to determine the degree of Texas Legislative support for public school services to handicapped children not presently being served (birth through two and zero-reject).

This study has four purposes: To identify trends in respect to educating the handicapped birth through two and zero-reject; To determine State Legislative's attitude with respect to serving (birth through two and zero-reject); To inform the legislature and educational leaders and familiarize them with the data collected; and to present recommendations to legislators, educators, and agencies of strategies that might be considered in future planning.

The Sixty-Fourth Texas Legislature provided the means of sampling 138 state senators and representatives. The survey instrument was divided into two sections: One comprised sixteen yes-no items related to legislative attitudes and knowledge of services for handicapped children; the other contained twenty items to be ranked according to the degree of public special education's responsibility. The instrument was developed with the assistance of a knowledgeable jury who were fully aware of the implications of the study. The instrument was then mailed to the 138 prospective participants, which resulted in a return of eighty-eight usable responses, or a sixty-four percent return.

Fifty-five percent of legislators responding favored public schools providing services to handicapped children below the age of three.

Eighty percent of the responding legislators felt a need for improving the coordination of state agencies serving handicapped students.

Seventy-six percent of legislators responding felt public school programs should be developed to facilitate the return of state institutionalized students, fifty-one percent felt that teaching self-help skills were in the public schools, eighty-six percent favored public education being involved in parent training and seventy-three percent were of the opinion that the multi-discipline approach should be employed in serving the handicapped.

In analyzing this study, the following conclusions were formulated:

- (1) The age limit for serving the handicapped might be extended from 3 years of age to include infants from birth. Therefore, state agencies should continue in formulating plans for this age group.
- (2) There is a need to develop a state-wide system for serving the severely handicapped. Regional education service centers should be actively involved in developing the system.
- (3) Educators must develop an accountability model that will demonstrate cost effectiveness, if they are to continue to receive legislative support and cooperation.
- (4) A comprehensive teacher-training program will be required as the public schools expand services.

The following recommendations were made:

- (1) Conduct an extensive study to determine the most effective means of communication to inform state legislators of special education needs.
- (2) Involve state agencies in a comprehensive study that would lead to the development of a comprehensive state plan.
- (3) Conduct study that would determine needed modifications of state laws and policies for compliance

with Public Law 94-142. (4) Additional research should be conducted to determine the most effective methods in serving handicapped infants (birth through two and zero reject). (5) Research the most effective methods of programming to serve the severely and profoundly handicapped.

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CHAPTER I

INTRODUCTION

Education today is probably the most important function of state and local governments. It is a fundamental and inalienable right and must be so if the rights guaranteed to an individual under our state constitution and the constitution of the United States are to have any real meaning. Education enables the individual to exercise those rights guaranteed him by the state constitution and the constitution of the United States of America (2).

In keeping with the guaranteed right to an education for each child in the state, the Sixty-first Texas State Legislature in 1969 enacted Senate Bill 230. With the passage of this bill the public schools of Texas were charged with the responsibility of meeting the educational needs of all handicapped children ages three through twenty-one. In an effort to comply with this mandate, a state comprehensive special education program for exceptional children, hereafter referred to as "Plan A," was initiated. The practical experience and increased knowledge fostered through implementation of Plan A programs have resulted in the generation of common concerns for handicapped children not presently receiving an education under the existing special education program. The two most prevalent concerns are those for early childhood education (birth through two) and for severely handicapped students (zero-reject).

Litigation and legislation mandated on the national and state levels have created legal pressures for local education agencies which directly affect the delivery of services to all handicapped students. With emphasis now on the severely and profoundly handicapped students, Texas is faced with the task of establishing appropriate policies and programs. This shift of emphasis can be seen in current developments and is reflected in actions taken by the State Board of Education, the Texas Education Agency, the Department of Special Education and Special Schools, and the Texas Department of Mental Health and Mental Retardation.

The Principles and Standards for Accrediting Elementary and Secondary Schools, adopted by the Texas Education Agency in October 1974, sets forth that by 1978 all school districts desiring accreditation must have in operation a planned instructional program that will lead to discovering and meeting the needs of all handicapped children and youth.

The Texas State Board of Education, on January 10, 1976, adopted a Full Service Goal which states that by 1980, all handicapped students in the state are to receive full educational opportunity. "This goal applies across all handicapping conditions, across all age levels (three to twenty-one, inclusive), and across all geographic boundaries within the state" (6, p. 2). It is essential to note that although all handicapped children may not be most appropriately served in

the public school environment, it is nevertheless the responsibility of each district to assure that the least restrictive educational alternative be made available to those students residing within its legal boundaries. A full continuum of services must be offered to meet each student's complex and constantly changing needs.

The Attorney General's Opinion No. H-518, issued February 6, 1975, further upheld this position by stating that "Section 16.16 (now 16.104) entitles 'exceptional children' residing in a district operating under the Foundation School Program to receive, and imposes on the district a corresponding mandatory duty to furnish special education programs as outlined in the statute" (1, p. 2342). This statement guarantees the "right to an education" for all handicapped children and confers responsibility to the state and the school district to provide every child with those educational services appropriate to his or her level of development.

House Bill 1673, signed June 6, 1975, requires that a priority be placed on the severely handicapped population with regard to funding and programming. This legislative mandate is complementary to Public Law 94-142 in intent and purpose.

The Education of All Handicapped Children Act, Public Law 94-142 of 1975, signed into law by President Ford on November 29, was one of the biggest--and potentially most expensive--educational programs ever designed and one that

could affect as many as eight million school-age children nationwide. The new law made it national policy to assure a "free, appropriate public education" for all the nation's handicapped children between the ages of three and twenty-one (7, p. 56979).

Priority statements for education of the handicapped by the Texas State Board of Education directly reflect the national movement toward education of the severely and profoundly handicapped. Early identification of and intervention for handicapped children from birth through two, the development of a zero-reject model, and secondary school programming for handicapped children are priority areas designated. The federal level has set forth priorities in the use of EHA Part B funds, which are: "First priority children meaning handicapped children who are not receiving any education, and second priority children meaning handicapped children, within each disability, with the most severe handicaps who are receiving some but not all of the special education and related services specified in the individualized education programs of those children" (7, p. 56985).

The Department of Special Education and Special Schools, Texas Education Agency, has responded to the national concern for education of the severely and profoundly handicapped through its funding of special projects throughout Texas. Pilot projects have also been established for a new population of previously unserved children where the eligibility age has

been extended downward to include birth through two. Five birth-through-two and five zero-reject projects were funded for a period of three years beginning with the school year 1975-76. The purpose of these projects was to develop models that could be effectively and efficiently used as state guides in the development of programs for children not presently being served. Family Education Assistance and Training (Project FEAT), funded during the 1973-74 school year, was to locate and identify unserved exceptional children within three school districts serviced by Region XIV Education Service Center. These projects directly addressed the national concern for the identification of handicapped students and the provision of appropriate educational programs regardless of the severity of handicapping conditions. The identified population of those handicapped was significant enough to warrant the replication of the project in five other areas of the state by the Texas Education Agency Department of Special Education.

In the fall of 1975, a Pupil Problem System was established and administered by the Texas Regional Resource Center as a support system to the Texas Education Agency. This project activated a toll free number (hotline) that received referrals of rare, complex, and inexplicable cases. Parents, citizens, judges, social workers, or any concerned party made calls regarding handicapped children who were not in school or who had not been placed in appropriate educational programs.

The Director of the Texas Regional Resource Center reported that four or five referrals were received each day through this system. In January 1976, the Texas Education Agency implemented Project Child Find in each of the twenty education service centers to systematically locate and identify unserved handicapped children. As of October 31, 1977, 3,452 unserved handicapped children had been identified in Texas. The National Advisory Committee on the Handicapped reported that within the United States there were about 3,577,000 handicapped children unserved during 1975-76 (8, p. 2). The findings of these projects have clearly indicated the need to develop appropriate programs for handicapped children who are not presently being served (birth through two and zero reject).

If the public schools of Texas are to consider assuming the first line of responsibility for providing appropriate educational services for these two segments (birth through two and zero-reject) of presently unserved handicapped children, then it would be advantageous to inform and seek direction and assistance from the lawmakers of the state. This contact would determine whether or not the state is willing to allocate appropriate financial support and also whether or not the public school is the agency through which such services should be provided.

In the initial phase of this study, a survey instrument was administered to Texas legislators to determine their

The Director of the Texas Regional Resource Center reported that four or five referrals were received each day through this system. In January 1976, the Texas Education Agency implemented Project Child Find in each of the twenty education service centers to systematically locate and identify handicapped children. As of October 31, 1977, 6,938 handicapped children had been referred through this project. The National Advisory Committee on the Handicapped reported that within the United States there were about 3,577,000 handicapped children unserved during 1975-76 (8, p. 2). The findings of these projects have clearly indicated the need to develop appropriate programs for handicapped children who are not presently being served (birth through two and zero reject).

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In the initial phase of this study, a survey instrument was administered to Texas legislators to determine their

attitudes toward serving the severely and profoundly handicapped and infants below three years of age.

The legislators' responses were collected and evaluated as to their positions on providing services to this unserved handicapped population. Results of the data could be utilized in two ways: (1) If the legislators were in support of the public schools' assuming the leadership role, then the Texas Education Agency would benefit from this information in developing planning strategies for implementation. (2) If, on the other hand, it was discovered that the legislators were not convinced as to the opportunities value of the activity, then the educators could either accept this judgment or develop alternative strategies for better informing the legislature of comprehensive programs to meet the needs of these unserved handicapped individuals.

Statement of the Problem

The problem of this study was to determine the degree of Texas legislative support for the public schools providing services to handicapped children not presently being served (birth through two and zero-reject).

Purpose of the Study

The purpose of the study was fourfold: (1) to identify trends regarding the education of the handicapped in the areas of birth through two and zero-reject; (2) to collect information from the Texas legislators to determine their concepts

or their opinions as related to the issue of serving birth through two and zero reject; (3) to disseminate the data collected to the legislature and to educational leaders; and (4) to make recommendations to legislators, educators, and concerned individuals and agencies as to strategies that might be considered in future planning.

Background and Significance of the Study

State and federal legislation and litigation establish trends and generate priorities concerning the rights of severely and multi-handicapped children. Within the State of Texas there is a sizeable population of severely and multi-handicapped students not receiving services from any agency who are potential public school returnees.

In 1969, the Texas Legislature passed Senate Bill 230. As a result, the Texas Education Agency developed a comprehensive special education program for exceptional children which is called "Plan A." Subsequently, the attorney general of the state confirmed that Plan A establishes the right of all handicapped children, ages three through twenty-one, to an education appropriate to their needs (5, p. 1).

Most of the Plan A schools have expended much effort in developing programs for mildly handicapped students. According to statistics reported by the Texas Education Agency, the prevalence of students with mild educational handicaps is much greater than that of students with more severe handicaps. The data compiled suggests that Plan A schools have not

adequately met the needs of students who are severely or multi-handicapped.

The emphasis of current programming has clearly been placed on serving the mildly handicapped within the public schools. Recently, however, pressures from the national level, the courts, and the state agency have focused increased attention upon the severely and profoundly handicapped. Also emphasized by state agencies is deinstitutionalization, a trend supported by court action declaring that all children as persons share in such constitutional rights as the right to due process, equal treatment, and education within a setting that provides the least restrictive alternative. However, there has been minimal effort to include all children and even less effort to establish a continuum of services to meet the needs of severely and multi-handicapped children in the public schools of Texas.

Texas is faced with the following situation: A large number of handicapped children have been included in, or returned to, the mainstream of public education, and they are being served in non self-contained settings. Limited, if not token efforts have included some self-contained units for the moderately handicapped, but these efforts have not included many of the severely and profoundly handicapped students. The latter are currently being served, if at all, in state institutions, hospitals, community centers, and non-public schools. State and federal trends indicate that the severely

and profoundly handicapped individuals will be deinstitutionalized and returned to their local communities and public schools whenever feasible and possible. The problem confronting the State of Texas is in the development of a zero-reject model that would meet the needs of all handicapped individuals regardless of the severity of their disability.

Another important facet of a zero-reject model is its emphasis on early intervention. Evidence gained through research collected by developmental projects indicates that early childhood programming can eliminate many problems that otherwise might become entrenched if they persist into later years, thus reducing the necessity for placement in special classes or for special services. In other words, preschool education can be a preventative program for many children who are prone to need special education. For others, early intervention programs can enable the handicapped to function at a higher level than would be possible without early intervention. An excellent example of a longitudinal study on preventing mental retardation among disadvantaged infants is the Milwaukee Project conducted by Heber and Garber (3, p. 50).

At the present time twelve states have extended their special education programs downward to birth, and three have moved the upper age limit to include adulthood. Given this national trend, the State of Texas may need to consider extending its age limitations for special education. The Texas

Education Agency is presently operating pilot projects to determine the feasibility of such services.

Recognizing that only about sixty percent of the handicapped children in Texas were receiving services, the Texas Education Agency in April of 1975 set a target date of 1980 for providing services to all handicapped children in the state. Texas Attorney General John L. Hill certified the following priorities for the fiscal year of 1975 under Education of the Handicapped Act, Part B, as Amended by Public Law 93-380:

Development of a Zero-Reject Model

The first step in establishing a 'Zero-reject' philosophy is to develop a model for identifying handicapped children who are not currently being served. When a successful identification process has been determined, a greater number of children will require special education services. Therefore, a delivery system of services must be available to the local districts. For example, if the Local Education Agency cannot provide services to a profoundly handicapped child who is a legal resident of the district, they should be responsible for knowing where the child is being or will be served and that the services are appropriate.

Early Identification and Intervention for Children--Birth through Two

Each year in Texas hundreds of children are born having what is sometimes referred to as 'obvious' handicapping conditions. Between the ages of 0 through two, certain handicapping conditions become evident in many other children. At the present time, however, there is no statewide system for identifying all these children and providing them and their parents with any systematic guidance.

On June 9, 1975, the Texas Education Agency announced the approval of the following developmental projects for handicapped children (6).

TEA Projects

Zero-Reject

Alice Independent School District
Dallas Independent School District
Giddings Special Services Cooperative (Giddings)
Gregory-Portland Independent School District
Hays-Blanco Special Services Cooperative (Hays)

Birth through Two

Abilene Independent School District
Columbia-Brazoria Independent School District
Garland Independent School District
Longview Independent School District
Silsbee Independent School District

Statistical reports submitted to the Management Information Center of the Texas Education Agency for the school year 1975-76 reveal that 311,775 handicapped students received services in public school programs, in non-public school programs, and through various supportive agencies in the state (4, Appendix X). As a result of data gathered through the efforts of Project FEAT and the Zero-Reject Projects, incidence figures specific to Texas indicated that an additional 10,000 handicapped children are not currently receiving educational and related services. Therefore, to assure that "all children residing in the state who are handicapped, regardless of the severity of their handicap, and who are in need of

special education and related services are identified, located, and evaluated" (6, p. 3) (as required by Section 612 (2) (E) of EHA-B, as amended by P. L. 94-142). The Texas Education Agency and the twenty education service centers initiated Project Child Find in the fall of 1976. Child Find in Texas is a systematic search for previously unidentified handicapped children, aimed at their identification, determination of eligibility, and placement in appropriate programs to meet the children's needs.

Effort is being expended at the national, state, regional, and local levels to identify unserved handicapped children. As these children are identified, it becomes apparent that their needs are unique as compared to the majority of the children now being served. To meet their individual needs will require changes in direction of existing programs and/or additional resources. The Education Committee of the 64th House of Representatives appointed a sub-committee to determine the status of special education services for handicapped children of Texas. To aid the sub-committee, this study has received full endorsement and support by Representative George Preston, Chairman. This study will aid in gaining better insight into existing as well as proposed services for the birth through two and the zero-reject population. It will also assist in determining legislative support, thus providing directions for implementing a state-wide plan of services for this segment of handicapped population.

Definition of Terms

For the purpose of this study, the following definitions have been formulated.

1. Zero-Reject--addresses itself to the development of systems for identifying, referring, and providing services for every handicapped child between the ages of three and twenty-one within a school district specifically including the severely and profoundly handicapped.
2. Birth through two--refers to the development of programs to identify and provide services for handicapped infants who are not yet three years of age. These programs are sponsored either by the school or by other agencies and groups within the community.

Limitations

This study was limited to results of a survey administered to the Sixty-fourth Texas State Legislature, comprised of thirty-two (32) state senators and one hundred and fifty-two (152) state representatives. Excluded were lame ducks defeated in the May primary.

Instrument

The questionnaire and instructions were submitted for validation to a jury of twelve members: two representatives of the Texas Education Agency, one senator, three state

representatives (two then serving on the sub-committee of Special Education), two university professors who specialize in the field of special education, one member of the State Board of Education, one member of the Texas Advisory Committee on Special Education, and two Directors of Special Education.

The jury was asked to validate the instrument and clarify the wording and interpretation of the item statements and instructions. For an item statement to be usable, nine of the twelve members of the jury had to indicate that it was acceptable. Jury response was to an opinionnaire illustrating each item statement and indicating either "Item statement is usable," "Item statement is not usable," or "Item statement is usable with modification as follows." Provisions were also made whereby respondents could suggest additional item statements. Modified statements considered usable for the instrument were resubmitted to the jury for final approval.

The jury proved to be invaluable in determining the precise areas to be investigated and in the interpretation of the questionnaire. The procedure was designed to lend reliability to the study. (See Appendix: Copy of Instrument).

Procedures for Collection of Data

The survey instrument was distributed to the Texas state legislators on May 15, 1976.

Each Texas legislator received in his packet the following enclosures: (1) a cover letter stating the nature

and purpose of the study, (2) a questionnaire with instructions, (3) a self-addressed stamped envelope, and (4) personal letters from Senator Ray Farabee and Representative George Preston encouraging their colleagues to respond.

Additional packets were hand delivered to the offices of legislators who did not respond within a two-month period. Personal telephone calls were also made to encourage their responses to the questionnaire.

Procedures for Analysis of Data

The data provided by the survey instrument was compiled, reported, and tabled. The responses were recorded in percentage form, and compared with views held by educational leaders as determined by the findings of the Texas House of Representatives sub-committee on Special Education and existing TEA policies and procedures.

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CHAPTER II

A SURVEY OF RELATED LITERATURE

Presented in this chapter is a review of literature and research relevant to determining legislative direction concerning handicapped children not presently being served by public schools. Included are the following sections:

- (1) Texas Legislation Affecting Education of the Handicapped,
- (2) Federal Legislation Affecting Education of the Handicapped,
- (3) Litigation Affecting Education of the Handicapped,
- (4) Programming for the Severely Handicapped, and (5) Programming for the Early Childhood Handicapped.

The underlying theme implicit in this chapter is exploration of the historical basis for public schools' extending services to handicapped children not presently being served (specifically severely and profoundly handicapped children ages zero through two).

Texas Legislation Affecting Education of the Handicapped

With passage of Texas Senate Bill 230, the philosophy of the Texas Education Agency is stated by J. W. Edgar as follows:

Texas schools are committed to the principle of education for all children, regardless of variance in abilities. The basis for Special Education is found in the belief that every child is entitled to full recognition of his right to educational opportunity, consistent with his ability to learn. Changing

concepts in education, habilitation, and vocations have created the need for new approaches with these children and youth.

Exceptional children were not provided for in the Education Code of Texas until 1945. From that first very limited recognition of the fact that many Texas children do have special educational needs, the State evolved House Bill 1673 in 1975, which is regarded as one of the nation's strongest advocations of educational programs for handicapped students.

The Forty-ninth Texas State Legislature passed the first bill providing special education services for exceptional children between the ages of six and seventeen. It defined exceptional children as any child of educable mind whose bodily functions or members are so impaired that he cannot safely or adequately be educated without special services in the regular classes of the public schools. The bill also specified that the term "exceptional children" would not include those children who were eligible for the state schools for the deaf or blind (16).

Regarding eligibility, the act allowed that the school board of any school district might establish and maintain special classes for five or more exceptional children. It also included a provision whereby "the parents of five or more of any type of exceptional children, or types which may be taught together," (17) could petition the school board to start special classes for their children. Article III of the bill created the Division of Special Education in the State

Department of Education for the first time. Thus, the original bill providing for special education in Texas was limited to aiding children of "educable mind" and did not make it mandatory for school districts to maintain special classes; it merely said they "may." In 1947 the bill was amended by the Fiftieth Texas State Legislature. This amendment limited the scope of the bill even further. The new definition of exceptional children excluded "children who are eligible for the state schools for the deaf, the blind, or the feeble-minded" (17).

In 1949, the Fifty-first Texas State Legislature passed an act which provided for a Minimum Foundation School Program to guarantee to each child of school age in Texas the availability of educational programs for nine full months of the year (18). The wording of the bill would seem to guarantee the right to education, but the limited definition of exceptional children remained the same.

A major breakthrough for the mentally retarded students of Texas came in 1951 when the education of mentally retarded children was added to the Education Code, Section 16.16. The definition of exceptional children was changed to signify physically handicapped children and mentally retarded children (43). However, in further defining the term "mentally retarded," the bill still limited it to mean any child of educable mind, i. e., a child with a Stanford-Binet intelligence quotient of 50-70, and the bill stated that "in no case is the

mental age of a child to be less than six years. This is not a program for the feeble-minded" (19).

These restrictions were somewhat lifted by the 1957 amendment to the Education Code. With this bill, the Fifty-fifth Texas State Legislature redefined the meaning of mentally retarded by leaving out the words "of educable mind," and it no longer excluded the children eligible for the state schools (2). This bill, which became known as the "Trainable Bill," included children with an I. Q. between 35 and 50 in special public school classes for the first time. These were the classes for the "trainable mentally retarded children" (29).

In 1963, the Fifty-eighth Texas State Legislature increased the age eligibility for exceptional children program benefits, and also extended the definition of exceptional children to include emotionally disturbed students. A senate bill amended the code to provide competent educational services for the exceptional children of Texas who are over six and not over twenty-one years of age (21). A house bill in the same session added "emotionally disturbed" children to the code and defined them as any child whose emotional condition is medically and psychologically determined to be such that he could not be adequately educated in regular public school classes (59).

The next major change in the Education Code came in 1969 when the Sixty-first Texas State Legislature redefined the term "exceptional children" once again, lowering the minimum

age to three years and adding children with language and/or learning disabilities to the list of educational handicaps which might necessitate additional special public school services (51).

The Comprehensive Special Education Act of 1969 provided for "Plan A" special programs to be developed in all Texas school systems. Plan A programs allowed the handicapped child to be educated in the mainstream of education, except when the handicap is too severe for the child to have regular public school classroom instruction. Through the comprehensive services provided by Plan A, handicapped children could receive individualized educational programs designed specifically to meet the unique needs of each child. Supportive personnel provided by the plan include supervisors, counselors, psychologists, educational diagnosticians, and visiting teachers. Funds were also made available for appraisal of handicapped children, for consultant services, and for special materials. Provisions were made for districts to contract for additional services or services different from those provided. This plan was to be in effect in all Texas school districts by September 1, 1976.

In 1973, the Sixty-third Texas State Legislature made only one change in the code. They included "autistic children" in the definition of exceptional children (52).

The Texas Education Agency asked the Texas Attorney General to hand down an opinion on whether complete special

education programs (for handicapped children ages three through twenty-one as provided for in the Texas Comprehensive Special Education Act of 1969) had to be started in all Texas school systems by the 1976 deadline specified in the act. In an opinion issued February 6, 1975, Texas Attorney General John Hill affirmed that the 1969 Act does make comprehensive education programs mandatory for all handicapped students.

In 1975 the Sixty-Fourth Texas State Legislature enacted, in House Bill 1673, the most recent legislative action in Texas concerning education for the severely and profoundly handicapped. While this bill has been passed by the legislature and signed into law by the governor, it has been referred to the attorney general for an opinion regarding its constitutionality. It is potentially the strongest advocate to date of educational programs for the severely and profoundly handicapped.

The Attorney General's Opinion No. H-518, issued February 6, 1975, further upheld this intent by stating,

Section 16.16 (now 16.104) entitled 'exceptional children residing in a district operating under the Foundation School Program to receive, and imposes on the district a corresponding mandatory duty to furnish special education programs as outlined in the statute (52).

This opinion guarantees the "right to an education" for all handicapped children and refers to the state's and school district's responsibilities to provide every child with those educational services appropriate to his or her level of development.

House Bill 1673, signed June 6, 1975, requires that a priority be placed on the severely handicapped population with regard to funding and programming. This legislative mandate is complementary to P. L. 94-142 in intent and purpose.

As stated in the Texas Public School Law Bulletin:

The State Board of Education shall adopt such policies and procedures for the administration of the comprehensive special education program for exceptional children in Texas as might be necessary to assure that: (1) in the event that comprehensive special education services cannot be provided to all exceptional children, handicapped children throughout the State of Texas will be served first; (2) the priority in services to handicapped children will be determined according to the severity of the handicaps of the children eligible for special education services (53).

Therefore, all handicapped children residing in the State of Texas will have access to a free and appropriate education. This right to an education is the express responsibility of the school district within which each student resides. The aforementioned policies and procedures which are developed by the Texas Education Agency are specific mechanisms to assist each school district in meeting its legal responsibility (54).

The Sixty-fourth Texas State Legislature in its enactment of House Bill 1126, "Financing of Public School Education," set a limit on the amount of funds to be expended for this program. This action has seriously affected the original plan of the development of comprehensive special education as established by the State Board of Education.

Other relevant sections enacted in House Bill 1126 are stipulated as follows:

The legislature shall set a limit on the amount of funds that may be expended under the provisions of this section each year in the General Appropriations Act. Should the amount of funds required to fully fund the provisions of this section pursuant to the rules and regulations of the State Board of Education exceed the amount set by the legislature, the commissioner, with the approval of the board, shall make such adjustments as are necessary to reduce the total cost of the special education program to the limit set by the legislature (53).

In continued development of the Goals and in interpreting and implementing House Bill 1126 as well as P. L. 94-142, "education for All Handicapped Children Act of 1975," of the 94th Congress, 1st Session, the State Board in its meeting of January 10, 1976, adopted the following: "By 1980 all handicapped children in Texas will be provided full educational opportunities in approved programs which are supported with adequate resources" (54).

In order to comply with recent federal legislation, primarily P. L. 94-142, it will be necessary for the sixty-fifth session of the Texas Legislature to revise the Texas Education Code as it relates to handicapped children. State school finance laws currently in force will expire at the close of the 1976-77 fiscal year; then further revisions affecting special education will be required.

Through conscientious legislation, the State of Texas has experienced significant growth and development since 1945 in providing services for handicapped children. Parents and

educators can look forward to an even more comprehensive program in the future.

Federal Legislation Affecting Education of the Handicapped

Despite two centuries of national educational history, only within the last few years has the right of handicapped children to an education appropriate to their needs begun to be accepted. Nonetheless, the evolution during those two centuries of educational provision for the handicapped has been marked by steady progress.

The story can conveniently be summarized by pinpointing major milestones of advances occurring approximately every forty to fifty years. The progression has basically consisted of the neglect of public education of handicapped children between 1776 and 1817, the rise of asylums and residential institutions for handicapped children beginning in 1817, the establishment of day school classes beginning in 1869, the expansion of a dual system of residential and day schools for handicapped children supported by state subsidies and supplemental local school programs beginning around 1900, and the rapid expansion of public school programs starting about 1950.

Since 1950, largely because of a combination of landmark federal legislation and precedent-setting court cases, the pace of change has accelerated so rapidly that progress has been greater during the past decade than during the previous two centuries. Responsible for this burst of activity is a

fundamental change in attitude occurring since the nation's founding. Initially the handicapped were firmly rejected, conventional practice being to remove them as far from society as possible. In time rejection to a large extent gave way to a sense of charity. Though pity was seen as a gain over hostility, in practice the handicapped remained in isolation.

Only in recent years, spurred by a heightened national concern for equity, has a recognition emerged that the handicapped deserve (and legally must be afforded) rights and opportunities equivalent to those enjoyed by all other American citizens. Despite its strong beginning, however, this more liberal point of view is still far from universal (57).

The federal government's involvement in general education did not start until the late 1950's, with legislation for the handicapped not emerging until the 1960's. One of the first federal laws covering education was the Cooperative Research Act, enacted in 1954. It was designed to foster cooperative research between the federal government and institutions of higher education.

In general, public attitudes at that time toward any federal involvement in education could best be described as "negative to lukewarm." These attitudes were clearly revealed by the fact that although the act was signed in 1954, no funds were provided by Congress until 1957 to implement it. Then of the \$1 million appropriated, \$675,000 was directed toward

research relating to the education of the mentally retarded. This action by the Congress specifically earmarked for the first time general funds for services to the handicapped and set a pattern for legislating and funding that would be followed for the next decade.

The year 1958 saw the enactment of a law that authorized the making of captioned films for the deaf. (In later years this program was expanded to benefit all handicapped children requiring special educational services.) The year 1958 saw as well the establishment of a program to provide funds to train professional personnel who would in turn train teachers to work with the mentally retarded.

Possibly the biggest assistance that the handicapped received in terms of public acceptability and the greatest stimulus for further legislation was the fact that President Kennedy had a retarded sister and Vice-President Humphrey had a retarded grandchild. As a result of personal commitments on the part of both men, in 1961 Kennedy appointed the President's Panel on Mental Retardation with a mandate to develop a national plan to combat mental retardation. Two years later legislation was passed that implemented several of the panel's recommendations.

In the years that followed, legislation was passed providing funds for states to develop state and community programs and to construct facilities to serve the mentally retarded. Funding was also made available to establish community mental

health centers and research, to provide demonstration centers for the education of the handicapped, and to train personnel to work with the handicapped.

In 1961 a law was passed providing support for training classroom teachers of the deaf, and additional legislation in 1963 expanded the program to include teachers of the hard of hearing, speech impaired, visually handicapped, emotionally disturbed, crippled, and other health impaired children (36).

In 1963 Congress established a program to assist states in establishing vocational educational programs, but it was in 1965 that federal aid to education became firmly established when the Elementary and Secondary Education Act (ESEA) became law. That act represented the first true commitment by the federal government to improve elementary and secondary education throughout the nation. The funds authorized by the legislation were designed to assist local education agencies in providing programs to meet the special needs of "educationally deprived children."

In 1965, P. L. 89-313 also became law, amending Title I of ESEA to establish grants to state agencies responsible for providing free public education for handicapped children. The new legislation was designed to assist children in state operated or supported schools serving handicapped children who were not eligible for funds under the original act.

In 1966, ESEA was amended to provide assistance for the education of handicapped children. Title VI of the act

provided funds to the states to expand programs and projects, either directly or through local educational agencies, to meet the special educational and related needs of handicapped children. The amendment also established the National Advisory Committee on Handicapped Children to advise the Commissioner of Education. The years 1965 and 1966 also saw legislation for the National Technical Institute for the Deaf to be located in Rochester, New York, and for the Model Secondary School for the Deaf to be located on the Gallaudet College campus in Washington, D. C. The most significant advance at the time for the handicapped was the establishment by the Congress of the Bureau of Education for the Handicapped in the Office of Education to administer all Office of Education programs designed for the handicapped. The bureau was created in spite of the vigorous objections of the administration.

In 1967, ESEA was amended again to include more programs for handicapped children. Regional resource centers providing testing to determine special educational needs of handicapped children were established, along with service centers for the deaf-blind. Funds were authorized to be used to accelerate the recruitment of educational personnel and to improve the dissemination of information about special education programs. Recognition was given to the fact that, although funds provided for the inclusion of handicapped children in the programs established under the ESEA, such children were still

being excluded. The 1967 amendments earmarked funds from Title III (Supplementary Educational Centers and Services) to guarantee funds specifically for the handicapped, and earmarked funds from Title V to help state educational agencies expand their programs for handicapped children. In 1968 the Congress mandated that at least ten percent of each state's allotment of funds authorized under the Vocational Education Act would have to be used for vocational education programs for specifically handicapped individuals.

The Handicapped Children's Early Education Assistance Act, designed to establish experimental preschool and early educational programs for the handicapped, became law in 1968 and served as models for state and local educational agencies.

ESEA was amended again in 1969 with the Gifted and Talented Education Assistance Act. Although no funds were earmarked, state departments of education were authorized to provide technical assistance for programs for the gifted and talented and to provide fellowships for teachers of these children. Also included in that act was a provision covering children with specific learning disabilities. That program funded educational and research services for millions of formerly ineligible and unserved children.

During the 1970's, attention to the handicapped by the Congress escalated dramatically.

In 1970, P. L. 91-230 was passed to extend programs of assistance for elementary and secondary education. Part G of

Public Law 91-230 established a program to create model Child Service Demonstration Centers (CSDC's) that would serve as beacons for progress by incorporating research, staff training, and services to children with specific learning disabilities. This population of nearly two million forms one of the largest single groups of handicapped children in the United States and represents perhaps the largest percentage of those unserved (62).

In P. L. 93-380, the Education Amendments of 1974, the Congress approved a massive increase in authorization levels for the basic state grant program (ESEA, Title VI-B), enlarging the potential purse from approximately \$100 million to \$660 million. These amendments also included vital guarantees of the educational rights of exceptional children and their parents, such as an assurance of education in the least restrictive environment. Also of great significance in this legislation was the requirement that each state establish a goal of providing full educational opportunities for all handicapped children within each state, along with a comprehensive blueprint and detailed timetable toward the achievement of that objective. That same public law also provided the first wholly independent program of grant support toward meeting the special educational needs of gifted and talented children (Title IV, Section 404).

The Education of All Handicapped Children Act of 1975, signed into law by President Ford on November 29, is one of

the biggest, and potentially one of the most expensive, education programs ever designed and one that could affect as many as eight million school-age children nationwide. The new law makes it national policy to assure a "free, appropriate public education" for all the nation's handicapped children between the ages of three and twenty-one. This law, P. L. 94-142, supersedes the provisions of P. L. 93-380. The law applies to all children who are physically handicapped, blind, mentally retarded or who have serious emotional disturbances. Children ages three through eighteen must be served by September 1, 1978, and all those three through twenty-one by September 1, 1980, although the act limits the numbers to no more than twelve percent of the children in each state between ages five and seventeen.

The implications of P. O. 94-142 are that the states find those children not presently receiving services, that appropriate services be provided, and that the most severely involved be served first (52).

Although the bill provides for a large authorized increase in funding through 1982, it also carries tremendous state and local education administrative responsibilities. Should the bill be implemented within the timelines specified, with adequate appropriation, the handicapped children in the United States would finally receive the full equality of educational opportunity they deserve.

Procedural safeguards and due process provisions set forth in the law insure that the handicapped children in the nation will be treated equally with normal children with regard to identification, placement, and educational services (4).

The fact that P. O. 94-142 is permanent legislation with no expiration date, in stark contrast to normal congressional procedure, underscores its importance. As can be seen by the list of federal laws for the handicapped, the federal government has made and is continuing to make a significant commitment in the area of education for the handicapped. The current priorities of the Bureau of Education for the Handicapped to focus attention on providing preventive early educational services for handicapped children and to develop new programs for severely handicapped children seem likely to remain priorities for the remainder of this decade (57).

Litigation Affecting Education of the Handicapped

During the past few years the nation's courts have been flooded with lawsuits relating to government's responsibilities to handicapped children and adults. These suits have focused on the right of handicapped children to obtain an appropriate publicly supported education, the right to treatment, including education for institutionalized handicapped children and adults, and the misuse of classification and placement practices which restrict children's opportunities to obtain

an appropriate education. Such legal efforts have occurred because of the recognition that litigation is another governmental avenue that can be used to achieve positive policy changes for handicapped children.

Decisions to pursue policy changes through use of the courts must be made in light of two basic points. First, changes sought through litigation may be very similar to directions the party named as "defendant" has tried to achieve. The defendant's ability to achieve those objectives may have been frustrated because of barriers such as inadequate agency commitment or financial support. In such a case, litigation (or the threat of litigation) may be used as a lever to bring about the action desired by both the potential defendant and the plaintiff. Thus, litigation (or the threat of litigation) may be used by potential defendants to motivate their respective agencies and policy makers to initiate the desired change. The second major point is that litigation is not necessarily a personal attack upon parties named as defendants. Frequently complaining parties are aware that the party named as defendant has tried to produce desired change. It is also known in some of the cases that named defendants have spent days preparing defenses for the suit and nights assisting the plaintiffs to prepare their arguments. It is in the best interests of the handicapped to prevent litigation or the threat of litigation from becoming personal, since regardless of the decision, it is likely that the named defendants will

retain a major role in implementing the desired change (60).

Litigation, only one avenue that can be used to obtain positive public policy change, becomes appropriate when the "constitutional or statutory rights" of exceptional children are abridged and when administrative remedies for redress have proven either ineffective or inefficient in protecting those rights.

Since litigation is both costly and lengthy, usually it is in the best interest of all parties to first attempt other avenues for producing change, such as enacting legislation, changing administrative practices, and/or exhausting all administrative remedies.

If the 1960's could be characterized as the decade in which state and federal legislation brought substantial benefits to the handicapped children and their parents, then the beginning of the 1970's represented a different movement which called upon the courts to restate the scope of the legal rights of handicapped children (14).

A revolution to establish the same right to an education for the handicapped that already exists for the non-handicapped has been occurring throughout the nation, in state and local school-board rooms, in state legislative chambers, and perhaps most importantly, in the nation's courts. In 1971, Sidney P. Marland, Jr., then U. S. Commissioner of Education, urged the adoption of a national

goal to provide full educational opportunity by 1980 for every handicapped child in the nation. Dr. Marland said:

The right of a handicapped child to the special education he needs is as basic to him as is the right of any other young citizen to an appropriate education in the public schools. It is unjust for our society to provide handicapped children with anything less than full and equal opportunity to reach their maximum potential and attain rewarding, satisfying lives (30).

Basically, there are four types of cases germane to the litigation regarding the rights of handicapped persons:

(1) the right to treatment which is concerned with the rights of institutionalized citizens to habilitation, care, treatment, and education in the least restrictive setting; (2) zero-reject education; (3) standards and practices used in classifying children by educational assignment; and (4) due process right to a hearing (24).

Although virtually all state constitutions provide education as a fundamental right guaranteed to the children of the state, many states have enacted statutory law enabling school authorities to exclude handicapped children from free public education. In general the term "educational exclusion" simply means that the child is denied access to free public education because of some exceptionality.

One example of this type of exclusion was revealed in a case considered by the Wisconsin Supreme Court in 1919 (Beatti v. Board of Education) (56). The suit involved an academically capable crippled child who produced, according

to the state position, a depressing and nauseating effect on the teachers and school children.

The legal basis to zero-reject education is to be found in the U. S. Supreme Court decision in *Brown v. Board of Education*. In that case, the Supreme Court in 1954 unanimously wrote as follows:

Education is required in the performance of our most basic responsibilities. It is the very foundation of good citizenship. It is a principle instrument for awakening the child to cultural values, in preparing him for later training, in helping him to adjust normally to his environment. It is doubtful that any child may be reasonably expected to succeed in life if he is denied the opportunity of an education. Such an opportunity, where the state has undertaken to provide it, is a right which must be made available to all on equal terms (23).

Although this particular case is most famous for its role in advancing the racial desegregation movement, its far-reaching implications also necessitate desegregating "special" and "normal" students. This decision, which struck down the "separate but equal" doctrine of segregated education in this nation, set into motion an era of new awareness of the intrinsic rights of individual citizens that has led to court decision affirming the right for the handicapped to education and treatment (37).

The next major litigation initiated on behalf of exceptional children occurred in the state of Pennsylvania. Illustrating at its core a reversal of knowledge, and also demonstrating an incredible nationwide lag on the part of educational authorities to modify the traditionally held

but erroneous belief in the desirability of delaying the rigors of education for those "unfortunate retarded children." It has become quite clear that, because of their retardation and rate of learning, these children needed early schooling (9).

The lawsuit specifically questioned public policy as expressed in law, and policies and practices which excluded, postponed, or denied free access to public educational opportunities to school-age mentally retarded children who could benefit from such education.

Those people who described the outcome of the Pennsylvania case as being "one of those things" or who said, "Let's wait and see what happens," were later that same year provided with an even more impressive federal ruling. In the Pennsylvania case, the court's decision applied specifically to the rights of mentally retarded children to public education. In *Mills and others v. Board of Education of the District of Columbia and others*, the parents and guardians of seven Washington, D. C., children brought a class action suit against the Washington, D. C. Board of Education, the Department of Human Resources, and the mayor for failure to provide all children with publicly supported education (60).

Although the remedy sought in the *Mills* case was similar to that of the Pennsylvania suit, there was one very important distinction. The *Mills* suit attacked the practice of exclusion

directly on behalf of the class of all children excluded from school for any reason (8).

Today, however, the legality of denying a public education to handicapped children by exclusion, postponement, or any other means is increasingly being challenged. The basis for this challenge comes from the equal protection clause of the Fourteenth Amendment to the U. S. Constitution, which guarantees to all people equal protection under the law.

Basically this means that what is done to some people must be done to all persons on equal terms. Thus, "a state may not set up separate systems and procedures for dealing with different groups of people unless a compelling cause for such differential treatment can be demonstrated" (60). Slowly, surely, the rights due the exceptional children of the United States are being recognized and protected by the courts. School attendance is a right, not a privilege.

As a challenge to school placement procedures, the possible bases for litigative actions include, first, inequitable deprivation of education, and second, the status of children, a class of individuals who deserve the protection of the courts in securing their rights (35).

The Rodriguez case (San Antonio Unified School District v. Rodriguez, 1973) cast doubt on the validity of constitutional arguments premised on the importance of education. The plaintiffs, who were children and residents of poorer

Texas school districts, claimed that the Texas system of basing school financing on local property taxes despite widely disparate per pupil expenditures among school districts adversely affected the quality of their education. They therefore claimed that the system of financing violated the equal protection clause of the Fourteenth Amendment.

When confronted with the school's statement that a child is ineducable or less educable than others, the child is, at the very least, entitled to an advocate who can distinguish his or her needs from those of the school and a forum in which to press this contention. This, basically, is the crux of the matter of due process.

Ineducability was challenged in the case of *Arreola v. Board of Education*. The suit was filed in the Superior Court of Orange County, California, on behalf of eleven Mexican-American public school children, ages five through eighteen years.

The plaintiffs sought an injunction to prohibit the continuation of special classes for the educable mentally retarded until the following reforms were instituted:

(1) A hearing be provided before placement, as required by the due process clause of the Fourteenth Amendment to the U. S. Constitution and Article 1, Section 13, of the California Constitution; (2) the I. Q. tests used to determine placement must recognize cultural differences among students in general and the Mexican-American plaintiffs in particular;

and (3) the classes for the mentally retarded provide an educationally meaningful curriculum and periodic retesting (44).

Litigation has brought about a new concept of the exceptional child as a citizen and of his place in society. It has also fostered a new conception of society's obligations to exceptional children. No longer is it a matter of how much the handicapped citizen will have because of the good will of others; it is now a question of civil rights, a question of justice. The implications of this for educators, and the State of Texas in particular, are awesome.

Court decisions based on the constitution can have a salutary effect. They can set limits on constitutionally permissible school action and impose some measure of fairness on school procedure. But the courts cannot change the educational system, nor can they improve the attitudes and the quality of those who administer the system (35).

However, it has been only in recent years that these handicapped children have been perceived as persons. Historically, they have been viewed as deviants, labeled as creatures who could not benefit from education and training. Gradually, the truth about these children is being disseminated--all children, no matter how severe the handicapping condition, can benefit from education. And it is their right to be educated. As citizens they are protected by the U. S. Constitution, in particular the Fourteenth Amendment, which

calls for equal protection under the law for all citizens. This means that handicapped children, even those who are institutionalized, are entitled to an education.

The use of the class action suit has placed the courts in the position of making far-reaching educational decisions which seriously affect special education. Cases such as *Brown v. Board of Education* (1954), *Pennsylvania Association for Retarded Children v. The Commonwealth of Pennsylvania* (1971), and *Mills v. Board of Education* (1971) have raised and answered the question regarding children's right to an education. All children can learn and must be given an appropriate education system, with a range of learning experiences necessary to develop them to the fullest of their individual capabilities.

The court debates have also raised questions about (1) ways children can be tested and evaluated before they are put into special classes; (2) use of negative, stigmatizing labels in providing services for children; and (3) the continued re-evaluation of children once they are in special classes. *Hobson v. Hansen* (1967), *Diana v. Board of Education* (1970), *Covarrubias v. San Diego Unified School District* (1971), and *Steward v. Phillips* (1970) were among the cases setting precedents for these concerns.

The other major question addressed by litigation is that of the rights of children and their parents to due process. Using the Fourteenth Amendment to the U. S. Constitution as

the legal basis for the arguments, *Arreola v. Board of Education* (1968), and the *Pennsylvania Association for Retarded Children v. the Commonwealth of Pennsylvania* (1971) played important roles in defining the rights of due process.

The implications for educators of the litigation concerning the rights of exceptional children are vast. Changes are needed in attitudes in identification, assessment, and re-evaluation processes; in individual educational programming; in the adaptation of programs to students, rather than the opposite; and in teacher training and certification designs.

The courts have given educators an opportunity to rectify past mistakes. Now is not the time for educators to feel threatened, but to take advantage of this new understanding of the rights and potentials of exceptional children.

Programming for the Severely and Profoundly Handicapped

Laws and court decisions have been and are being enacted that will mandate a right to education for the severely and profoundly handicapped.

The right to education, if it is implemented, will bring into our special education orbit those children and adolescents who were not previously considered to have the necessary academic potential or even to be capable of acquiring the basic life skills for community living or who are not of the traditionally prescribed age for education. Many special educators never before saw them. . . . They were invisible (1).

This nation's continued practice of placing severely and profoundly handicapped children in state residential

institutions has for years precluded the development of effective community programs that provide identification, early intervention, and long-term community integration.

"Severely handicapped persons are difficult to teach; they present the parent and the professional with the most challenging problems in intervention, instruction, and daily management" (6).

Severely and profoundly retarded children differ tremendously in intellectual functioning and adaptive behavior. Their educational needs are likewise very different. Diagnostic labels and traditional approaches to training, therefore, provide little or no help in developing a strong, effective instructional program. Alternative strategies must be identified and employed if the goal of normalization is ever to be realized (3).

If the objectives inherent in normalization are to be attained with the severely and profoundly retarded, a high degree of individualized instruction is needed, and very low staff-pupil ratios are prerequisite components of any educational program designed for them.

A survey of state departments of education conducted by Joseph E. Justen III and Gregory E. Brown as to the definitions of severely handicapped currently in use and provision of education services lead to the conclusion that little consensus exists regarding the parameters of this population. They found that many states had some definition of severely

handicapping conditions. Generally these fell into one of two traditional categories: (1) severe/profound mental retardation, or (2) severe multiple handicaps.

The definition proposed by the Bureau of Education for the Handicapped states:

A severely handicapped child is one who because of the intensity of his physical, mental, or emotional problems, or a combination of such problems, needs educational, social, psychological, and medical services beyond those which have been offered by traditional regular and special education programs, in order to maximize his full potential for useful and meaningful participation in society and for self-fulfillment. Such children include those classified as seriously emotionally disturbed (schizophrenic and autistic), profoundly and severely mentally retarded, and those with two or more serious handicapping conditions such as the mentally retarded-deaf, and the mentally retarded-blind (62).

Kolstoe (1972) noted at the most basic level, it is important to accept or develop some definition which is clearly defensible in order that a common conceptual basis exists for further discussion and research. Thus, even if a definition is not completely acceptable, at least a framework for communication is established. However, not all definitions are created equally and not all provide a solid framework for communication. Generally, the greater the number of these criteria the definition meets, the more useful the definition becomes.

Educators are confronted with a challenging responsibility to develop programs for the severely handicapped person not heretofore served by them. It would be unreasonable to insist

that educators alone can or should implement programs designed to meet the total needs of the severely handicapped (40).

Programs as defined by Haring (1976) emphasizes both the process and the content required in planning classes for the severely handicapped. "Programming" as a process requires, first, the application of principles of programmed instruction.

Basic principles or rules which originally articulated more than a decade ago by institution serving this population may include: assessment of developmental level, criteria for acquisition of terminal behavior, task analysis of behavior, and accountability. Second, in applying these principles to educational programming in classrooms, educators must expand traditional practices extensively by including in the curriculum behaviors which have rarely been included, such as self help and survival skills (26). Third, since the severely handicapped child now entering public school programs may have more management and medical problems, which challenges the educator to apply an interdisciplinary approach in programming for each individual. Finally, because severely handicapped pupils are more likely than others to have lifelong multiple problems, any programs developed for classroom application must be seen as part of a more global strategy that includes the interdisciplinary team in the comprehensive management of these children (27).

The need for infant skills to be included in programming for the severely handicapped is to have access to them at the

earliest possible time in order to identify their entry behavior and to pinpoint by task analysis instructional steps for each individual.

The severely and profoundly handicapped population, after a long history of neglect, finally have access to the opportunities previously denied them. Through a series of court cases and legislative actions, and spurred by child advocacy groups and parents, this population of handicapped individuals are now assured the right to a public education. The multiple handicaps, medical complications, and low level of functioning that characterize the severely handicapped no longer can excuse or justify the gross inadequacy of instructional programs provided for such youngsters.

The problems of court-ordered deadlines and financial restrictions with which professionals are now faced include the challenge of finding acceptable solutions for a wide range of problems including programming, transportation, medical services, interagency cooperation, and community resistance or misunderstanding (24).

The severely and profoundly handicapped represent a very heterogeneous population. While all such individuals, in terms of measured intelligence, fall in the IQ group of thirty-five or below, they vary extensively in terms of the physical stigmata and behavioral handicaps that they manifest. These variations are reflected in the numerous labels that have been used in the past to describe these children. Terms like custodial, autistic, psychotic, schizophrenic, subtrainable, vegetables,

and severely emotionally disturbed can all be found in the literature concerned with the severely retarded. Despite the ambiguity of these labels, and the variation in the population they purportedly describe, there are two generalizations that can be made. First of all, most severely and profoundly retarded children manifest some type of gross physical abnormality or neurological involvement. Among other complications, sensorimotor deficits, minimally controlled seizures, and lowered resistance to disease frequently result. The most common syndromes encountered include Downs syndrome, cretinism, and hydrocephaly. Each results in easily identifiable characteristics and all hinder the individual's capacity to learn (1).

The second generalization concerns the typical level of functioning that is attained by the severely and profoundly retarded population. While with advances in our educational sophistication, the prognosis is continually improving, there are nevertheless competencies that these children normally do not achieve. They seldom care for themselves in any way since they usually must be dressed, fed, and toileted by others, even as adults. Meaningful communication, if any, is usually restricted to nonverbal gesturing and physical contact. Most will remain dependent throughout their lifetimes (1).

Gold believes what most "handicapped" people know or do at any given time has little to do with what they can do later. An IQ score, for instance, seldom shows how a person might process information at a later time. In short he believes to measure ability, performance or intelligence in the absence of a

training situation not being able to say who a person really is or what his potential might be.

For many years, many school systems in the United States have had programs for orthopedically handicapped, trainable level retarded, deaf, blind and/or emotionally disturbed students. However, it is the rare school system that has provided comprehensive programs for severely involved retarded, severely emotionally disturbed, and immobile multiply handicapped students. Now that the exclusion privilege is becoming no longer a legal option, school administrators will have to provide educational services for all children in their districts. This group includes students that are not toilet trained; aggress toward others; do not attend to even the most pronounced social stimuli, self-mutilate; ruminate, self-stimulate, do not walk, speak, hear, or see; manifest durable and intense temper tantrums; are not under the most rudimentary forms of verbal control; do not imitate; manifest minimally controlled seizures; and/or have extremely brittle medical existences (62).

Obviously, when large enough numbers of the above mentioned children enroll in the schools over a brief period of time, the special education community will be confronted with problems and challenges. These problems and challenges will be at least in degree, if not in kind, something which the schools have never confronted on such a large scale.

When viewed generally, severely handicapped students do not present as many problems for administrators as in other

students. However, the problems presented by the severely handicapped are usually more pervasive, more intense, and more expensive to solve. That is, most administrators experience difficulties in relation to medical services, transportation, parent-school interactions, scheduling, student-teacher ratios, and affiliations with nonschool agencies (1).

Although further research is needed to produce results and eliminate alternative interpretations, some principles can be stated which specify the elements essential for effective early intervention programs (6).

First, the family would seem to be the most effective and economical system for fostering and sustaining the child's development. Without family involvement, intervention is likely to be unsuccessful, and what few effects are achieved are likely to disappear once the intervention is discontinued.

Secondly, ecological intervention would be necessary for millions of disadvantaged families in our country--to provide adequate health care, nutrition, housing, employment, and opportunity and status for parenthood. Even children born in severely deprived backgrounds to mothers with IQ's below 70 or 80 are not doomed to inferiority by unalterable constraints either of heredity or environment. But it is certain that ecological intervention will require major changes in the institutions of our society.

Thirdly, a long-range intervention program may be viewed in terms of five uninterrupted stages:

1. Preparation for parenthood--child care, nutrition and medical training;
2. Prenatal--adequate housing, economic security;
3. The first three years of life--establishment of a child-parent relationship of reciprocal interaction centered around activities that are challenging to the child to establish the parent as the primary agent of intervention: home visits, group meetings;
4. Ages four through six--exposure to a cognitively oriented pre-school program along with a continuation of parent intervention;
5. Ages six through twelve--parental support of the child's educational activities at home and at school; parent remains primary figure responsible for the child's development as a person (6).

In completing this analysis, the tentative nature of the conclusions and the narrowness of IQ and related measures as aspects of the total development of the child must be re-emphasized.

A step in improving the efficiency and the comprehensiveness of services is to develop procedures for insuring, at local, state, regional and national levels, the coordination of all agencies involved. Plans for educating the severely and profoundly handicapped must address not only the future welfare of the persons served, but also those in the field and in service delivery.

Programming for the Early Childhood Handicapped

Hymes stated that the only thing that children have in common when they begin their public school experience is that they all arrive at school on the same day at the same time. Although this statement is exaggerated, it does illustrate the point that each child is a definite individual student with

his own unique experience, background, homelife, learning styles, needs, and abilities. Effective educational programming must take into consideration all of these factors. It seems unfortunate and a waste of important human resources when children are lumped together into one curricular program just because they are of a similar chronological age. Instead, it is much more efficient to realize that children are different and have individual needs and abilities which fall at each point on the bell-shaped curve (33).

Today, more than ever before, the public is aware of the importance of early education. The evidence of such awareness is all around us--Sesame Street on television, private schools for early childhood education, big business ventures and interests in the young child, government and education agencies' research and projects in early childhood education, the communication media's publicity regarding the importance of early childhood experiences, and medical profession's stressing detection of young children's problems and preventive health planning, and the vast number of other professional persons of varied disciplines who urge early childhood opportunities. Included among this group of professional persons are the special education personnel, who are most interested in early detection of problems of children and consequently, in the application of developmental, corrective, and/or remediation services to aid the individual to develop to his fullest capabilities. Waiting until the child has failed seems a

waste of valuable time. Usually, the difference of time between early detection and waiting until the child has failed results in complicating the individual's problems through the addition of secondary factors resulting from the failure syndrome (4).

In addition, in many children the developmental process has broken down: at one of the earlier stages, the child either failed to develop further or developed in an atypical or distorted manner. Such breakdowns in the developmental sequence may be the result of environmental deprivations, injuries or defects in the organism, or emotional pressures with which the child has been unable to cope. Many of these breakdowns reveal themselves in the early elementary grades through difficulties in learning and in low academic achievement. Due to a variety of educational agencies, interest has been growing in dealing with significant educational retardation by the process of early remediation and intervention. It is reasonable to assume that if we could identify those children who are more likely to develop significant learning retardation before it occurs and could involve them in a developmental learning process that would prevent educational retardation, then we might prevent much emotional disturbance and later scholastic failure. It would seem the earlier the identification and intervention, the more effective it would be (4).

A large number of studies have reported findings of the relationship between early experience and intelligence in children. Skeels and his associates (Skeels, et al., 1939, 1937) linked intellectual development and environmental influences, showing I. Q. gains of seven to fifty-eight points in a six-month period in thirteen mentally retarded infants who were transferred from an overcrowded institution to a more stimulating environment. A follow-up study by Skeels (45) showed all of these individuals maintaining themselves successfully in society, while the surviving members of a contrast group, initially having slightly higher I. Q. scores but not transferred from the unstimulating environment, were still in institutions. However, such findings were largely ignored until after Hunt's publication in 1961 of Intelligence and Experience (32).

Another empirical antecedent which deserves special mention was conducted by Kirk (1958). He studies the development of some eighty-one handicapped children between the ages of three and six, with I. Q.'s ranging from forty-five to eighty. Of the total group, forty-one children attended a special nursery school while forty other children did not attend nursery school or receive enrichment. Seventy percent of the children for whom special preschool programs were available showed I. Q. increments ranging between ten and thirty points. The I. Q.'s of the control groups of children declined, with the difference between changes shown by the preschool and control groups being

statistically significant. Furthermore, the gains shown by the experimental children during the enrichment period were sustained for several years during the follow-up period (45).

In commenting on his own data and the finding of Skeels (1939) and others who attempted to produce changes in the developmental rate of retarded children, Kirk suggested that greater gains can be expected if the enrichment is begun earlier. None of the known studies that began enrichment programs as late as age six produced gains as large as those of either Skeels or Kirk (45).

The importance of the early developmental period in facilitating cognitive growth is evidenced by the longitudinal child development studies of intelligence. Bloom (5) summarized hundreds of studies and stated that ". . . in terms of intelligence measured at age seventeen, at least twenty percent is developed by age one, fifty percent by about age four, eighty percent by about age eight." From such studies it is concluded that a given trait seems most susceptible to environmental influence during its period of most rapid growth.

Studies (Bereiter, Englemann, Osborn and Reidford, 1966; Bereiter and Englemann, 1966) relating to early education of disadvantaged children are encouraging. Instead of trying to "stimulate the growth of intelligence," these children were taught academic skills directly in ways that did not demand abilities they demonstrably did not possess. As judged by achievement tests, the efforts have been quite successful (4).

However, many longitudinal studies indicate that initial gains were lost by kindergarten and first grade (Berson, 1968). The temporary character of I. Q. gains might indicate that these programs are doing no more than teaching early what would be learned later anyway so that I. Q.'s eventually return to their expected levels (4).

It is felt, from researching the literature, that pre-school programs showing temporary or no gains in achievement or intellectual functioning have been due to many reasons. The most common reasons were (1) that they were too short in duration, (2) that there was inadequate parent involvement, (3) and/or they were conducted along the lines of traditional nursery and kindergarten schools (12).

There is a wide variety of programs for the atypical infant. The funding source, the institutional setting of the program, the type of professional disciplines represented, and the nature of the community determine the particular problems handled by a program as well as the intervention strategies used. There are essentially four general categories of infants served by such programs: (1) infants with physically handicapping conditions such as blindness, deafness, cerebral palsy; (2) infants with varying degrees of Down's syndrome or brain damage, or delays in intellectual functioning (3) infants with emotional problems and/or behavior disorders that can manifest themselves in the first few years of life, such as those identifiable with the battered child, the withdrawn

child, or the distractible child; and (4) infants who are considered likely to develop disabilities because of high-risk factors at birth (12).

During the last few years interest and financial support for infant research and intervention programs has risen considerably. In at least some ways the situation is similar to that at the inception of the Head Start programs of a decade ago. The pressing task before those who work with atypical infants is to develop a sound theoretical and practical basis for educational and therapeutic interventions (48).

The majority of infant education programs to date have focused on low income and/or minority group children. Like other early childhood education programs, their specific concern has been to help these children cope more effectively in the larger society. In one way or another, all such programs respond to the fact that these children typically perform poorly in school on standardized tests of achievement and intelligence when compared with children from families in the middle class mainstream of American life. School is a major point of contact between these children and the dominant society. With certain qualifications (e. g., Jencks et al., 1972), success in school is believed to provide a major route toward upward socioeconomic mobility. While there is agreement on these points, infant education programs do differ substantially from one another in their educational objectives and actual program operations (48).

Another significant milestone only recently achieved in early education for the handicapped is the development of programs for the severely involved. In earlier years institutionalization and custodial care were the general solutions society offered. Now, however, educators, supported by both federal and state legislation, have adopted the philosophy of normalization and the belief that strategies for successful intervention can provide handicapped persons with the skills to function as independently as possible in a setting as near to the normal community setting as possible (i. e. "least restrictive alternative") (28).

While great advances in medicine and science may someday prevent disorders which produce the more severe handicaps, it is in early infancy and at the level of identification that we need to take immediate steps. With the cooperation of obstetricians, pediatricians, nurses, educators, developmental specialists, and parents, it should be possible to identify and accurately assess every severely handicapped child soon enough after birth to permit effective intervention (28).

Recognizing a critical need for prototype projects for handicapped children from birth through the early primary school years, the Congress in 1968 enacted the Handicapped Children's Early Education Program (Part C of P. L. 91-230) authorizing the development of experimental preschool projects for handicapped children (36).

Sometimes referred to collectively as the First Chance Network, the 150 projects currently included in the program seek to develop and demonstrate effective intervention approaches in assisting handicapped children during their early years. Diversity among projects has been encouraged so as to develop models that are applicable to as many different handicapping conditions and environmental settings as possible. As a group, the projects provide services for orthopedically impaired, mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, and other health impaired children who require special education and related services. In addition to intervention services for the young, First Chance projects emphasize parent and family involvement, coordinate comprehensive ventures with other agencies, and participate in broad-range program planning and evaluation activities. Finally, each project must be structured in such a way as to enable other communities to replicate or adopt exemplary programs or program components to meet their own needs (57).

There have been two major breakthroughs in the State of Texas regarding early childhood education for the handicapped below three years of age. The first in 1975 was the result of additions of Section 16.161 of the Texas Education Code adopted by the Sixty-fourth Texas State Legislature concerning special education services for children with serious visual or hearing handicaps or a combination of the two.

The exceptional child in addition to continuing to have its usual defined meaning consistent with the language of this section shall have the following meanings to include "children from date of birth through age twenty-two inclusive." This addition marked the first time the state had sanctioned and financed services for parents of handicapped children below age three (20).

The second breakthrough also occurred in 1975 when the Texas Education Agency, recognizing the need for early intervention, funded five developmental projects for handicapped children, birth through two. The primary objective of these projects was to assist in determining the feasibility of including this age group in the state's plan for comprehensive special education services (52).

In our enthusiasm for early education, it is easy to promise too much. When too much is promised a little disappointment seems like a lot. The natural sequel to oversell is overkill. It is a fervent hope that in our current enthusiasm for early intervention, we do not try to oversell ourselves to the point where we cannot deliver. Instead the current interest should culminate in practical and effective programs (2).

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CHAPTER III

PROCEDURES FOR COLLECTION OF DATA

This chapter describes the procedures followed in the preparation of this study. It is divided into the following sections: Selection of the Problem, Review of the Literature, Development of the Survey Instrument, Methodology for the Collection of Data, and Treatment of the Data.

Selection of the Problem

About half of the Nation's eight million handicapped children, the United States Congress pointed out in framing the new Education for All Handicapped Children Act of 1975, do not receive an appropriate education, and about a million are excluded from the public school system entirely" (6, p. 11).

In laws, as in state and national policies, education is today recognized as the handicapped person's right. Moreover, that right cannot be abridged, even on such grounds as that the necessary funds are not available. Handicapped children are now considered as having a right, not just to whatever kind of education someone else may see fit to provide them, but to an education that is designed to meet their particular needs and aspirations.

These rights are specified in three particular arenas-- in the states, as expressed in fundamental revisions of education statutes; in the courts, as expressed in precedent-setting decisions; and by the federal government, as expressed

in a succession of laws aimed at strengthening education of the handicapped in all its aspects.

It is evident that decisions need to be made so that the appropriate agencies can develop programs to meet the needs of these handicapped children who are not presently being served (birth through two and zero-reject). If the public schools of Texas are to consider assuming the first line responsibility of providing appropriate educational setting for meeting the needs of unserved handicapped children, they must inform and seek direction from the lawmakers of the state. It must be determined whether the state is willing to allocate appropriate financial support as well as whether the public school is the agency through which such services should be provided.

In order to make such determinations, the decision was made to conduct a study to determine legislators' attitudes regarding serving the severely handicapped and infants below three years of age. This information will aid in establishing priorities and in the development of planning strategies for implementing services for this unserved population.

Review of the Literature

A study was made of books, periodicals, court cases, legislation, professional publications, seminar reports, convention summaries, and results of relevant surveys pertaining to the profoundly and severely handicapped and early childhood handicapped.

The nature of this problem, being relatively new, lent itself to new and alternative hypotheses almost daily. Also, the Texas Information Services (TIS) of Austin, the Texas Council for Exceptional Children Information Services and Publications, Reston, Virginia, and the Educational Resources Information Center (ERIC) Clearinghouse files of Washington, D. C. were consulted for pertinent information related to the study. A document search of other research information services was conducted, using descriptors as a means of locating printed material and publications which were of significance to the survey topic. Resources of North Texas State University and Midwestern State University libraries were also examined for dissertation format and design.

Development of the Survey Instrument

A review was made of the available relevant literature, related studies and survey instruments before selection of the most pertinent questions relative to the study. The questions were selected from the Preston survey (4), the Early Childhood study by Safford and Arbitman (31), Report No. 73, "Questions and Answers," by C. E. C., (5) and interviews with state legislators and state special education personnel. Based on these studies and specific suggestions derived, a sample instrument was designed to survey Texas legislators in regard to the direction in planning for handicapped children not presently being served. The instrument

and pertinent sections of the study were discussed in conferences with two state representatives, one state senator, the State Director of Special Education, two college professors who were knowledgeable about the implication of the study, and a director of research and evaluation. This effort was made in order to increase the validity and reliability of the survey instrument and to examine the items for language clarification. The preliminary instrument was then considered ready to be submitted to a jury of education and legislation authorities for professional judgment and validation.

The jury was asked to examine the instrument and to make suggestions as to modifications to insure that it would gather the desired information, thereby assuring content validity. According to Gotkin and Goldstein, content validity can be defined as follows: "If on the basis of rational analysis or professional judgement, the topics and areas included in a test are directly related to what the test is supposed to measure, the test has content validity" (2, p. 140).

The sample survey questionnaire, a letter of instructions, a jury reaction sheet, and a self-addressed, stamped envelope were sent to each jury panel member as a means of obtaining validation of each individual item.

The jury was asked to validate the instrument and to clarify the wording and interpretation of the item statements and instructions. For an item statement to be usable, nine of the twelve members of the jury had to indicate that it was

acceptable. Jury response was to an opinionnaire illustrating each item statement and indicating either "Item statement is usable," "Item statement is not usable," or "Item statement is usable with modification as follows." Provisions were made whereby respondents could suggest additional item statements. Modified statements considered for the instrument were resubmitted to the jury for final approval.

As a result of responses from jury members, several corrections, changes, and additions were implemented and validated. (See Appendix, Copy of Instrument).

The instrument in final form consisted of thirty-seven response items divided into two main sections. Section One required responses to seventeen yes/no items related to legislative attitude and knowledge of providing services for handicapped children. Section Two contained twenty items which required ranking the degree of responsibility of public special education in providing services for handicapped children. Provision was made for any other additional comments on each of the two survey sections.

Methodology for Collection of Data

Data for this study were collected during the spring and summer of 1976. The respondents to the survey were Texas legislators from both the House and the Senate. The initial step in the administration of the survey instrument was to acquire an updated address list, both of home and state office, of the state legislators. In reference to the authority of

the mailed questionnaire, Kerlinger stated, "If mailed questionnaires are used, the researcher at best must content himself with returns as low as 50 or 60 percent, but every effort should be made to obtain returns of at least 80 to 90 percent or more" (3, p. 397). Every effort was made to obtain the results as recommended by Kerlinger. Although an arbitrary figure of sixty percent was chosen as the minimum percent of acceptable returns, it was intended from the beginning that multiple efforts would be made in order to assure a much larger percentage of questionnaires returned.

The validated survey questionnaire was submitted to the Sixty-fourth Texas State Legislature. The cover letter explaining the intent of the study and requesting participation, a survey instrument, two support letters from fellow legislators and a self-addressed, stamped envelope were mailed directly to the senators and representatives. A copy of the findings was offered in return for their contributions, if they desired the results. They were also informed that the results would be made available to the special legislative study groups.

Of the 181 initial subjects, forty-three (lame ducks) were eliminated from the study due to their defeat in the May primary election. With this reduction there were 138 potential respondents.

The questionnaires were mailed to the home offices of the 138 prospective participants on May 14, 1976. On July 15,

1976, questionnaires were hand delivered to the secretary or aides of the prospective participants who had not responded to the initial questionnaire. From August 15th to 20th each prospective participant received a telephone call either at his home or capitol office. The call was followed by another questionnaire if the original had been misplaced. A listing of the prospective participants was made to be used as a working list for checking off the respondents as completed survey instruments were returned. Using these procedures, it was determined that eighty-eight usable questionnaires were returned. The sixty-four percent of usable returned questionnaires was in excess of the sixty percent that was arbitrarily chosen as a minimum of acceptable returns.

Treatment of Data

Each returned questionnaire was reviewed carefully, and all responses were manually recorded on data collection sheets. The number of respondents for each item was totaled, and the percentage for each response to all questions of the survey was also tallied and computed. The recorded results are reported in Chapter IV, with a table of results being developed for each of the thirty-six survey questions.

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CHAPTER IV

PRESENTATION OF DATA

Introduction

This study was conducted to obtain Texas legislators' perceptions of the problems involved in providing services to handicapped children not presently being served. The survey was an attempt to ascertain the level of knowledge of interest in, and concern for this unserved population, as well as to determine what might be the most appropriate means of providing services. The data, collected during the spring and summer of 1976, reflected the positions of the surveyed legislators as perceived at that time. Survey instruments were sent to one hundred thirty-eight senators and representatives of the sixty-fourth Texas State Legislature. The responses from the legislators exceeded the expected respondents and resulted in a sixty-four percent return of questionnaires. The data gathered during this investigation is presented in this chapter in the following two sections: Summary of Responses and Comparative Analysis of Data.

Summary of Responses

The findings presented here are the tabulated results of the questionnaire, "Serving the Handicapped Children of Texas." The collected data from each of the thirty-six items on the

survey instrument will be presented in separate tables, including both the number of respondents and the percentage of respondents for each answer. Copies of correspondence to all participants in this study may be found in the Appendix.

The data in Table I indicate that more than half (51 percent) of the legislators in this study are not in favor of the public schools' assuming responsibility for educating all handicapped students ages three through twenty-one. However, this is in direct conflict with State Bill 230 enacted by the Sixty-first Texas State Legislature, which guarantees to every school age child the availability of a Foundation School Program (1). It should be noted that a substantial number of legislators (46 percent) responded positively to this question.

TABLE I
RESPONSIBILITY FOR THE EDUCATION OF ALL
HANDICAPPED STUDENTS AGES THREE
THROUGH TWENTY-ONE

Educating All Handicapped Ages 3 through 21	Number of Re- spondents	Percentage of Respondents
Yes	40	46
No	45	51
No Response	3	3
Totals	88	100

The data in Table II indicate that sixty-four percent of the responding legislators feel the public schools should have the first line of responsibility in determining the most appropriate educational placement for a handicapped student regardless of the student's disability. This is in concert with the philosophy of the Texas Education Agency that the local education agency should be actively involved in determining the appropriate placement of a handicapped child residing within the local district.

TABLE II
PUBLIC SCHOOLS DETERMINING APPROPRIATE
EDUCATIONAL PLACEMENT FOR
HANDICAPPED STUDENTS

Public Schools Determining Placement	Number of Respondents	Percentage of Respondents
Yes	56	64
No	30	34
No Response	2	2
Totals	88	100

Table III presents data which indicate that seventy-eight percent of the legislators feel that priorities should not be limited to serving the severely handicapped first at the expense of excluding the mild to moderate student in special education programs. This is in conflict with the Texas Education Code Section 16.104 Subsection p Article 2 (6).

TABLE III
 PRIORITY IN SPECIAL EDUCATION FUNDING SEVERELY
 VS. THE MILD TO MODERATELY HANDICAPPED

Severely Handicapped First	Number of Re- spondents	Percentage of Respondents
Yes	14	16
No	69	78
No Response	5	6
Totals	88	100

An analysis of the data in Table IV reveals that the legislators feel students should have the opportunity to return to their communities from state institutions. It is interesting to note that they are strongly in favor (76 percent) of public special education's developing programs and services to facilitate this transition back to the communities. This attitude is in accordance with the official position of the Texas Department of Mental Health and Mental Retardation and the Texas Education Agency (2).

The information in Table V represents only the responses of those legislators who answered affirmatively in Table IX. With the strong response to facilitating this transition from state institution to community it is not surprising that these legislators favor (91 percent) funding's following the child.

TABLE IV
PROGRAMS AND SERVICES FOR STUDENTS PRESENTLY
IN STATE INSTITUTIONS

Return from Institutions	Number of Respondents	Percentage of Respondents
Yes	67	76
No	16	18
No Response	5	6
Totals	88	100

Table V depicts legislators attitudes that are consistent with Public Law 89-313 and Public Law 94-142 of the federal government (4, 5).

TABLE V
SUPPORT OF ALLOCATED FUND FOLLOWING
THE CHILD

Fund Following the Child (only yes responses in Table IV)	Number of Respondents	Percentage of Respondents
Yes	61	91
No	2	3
No Response	4	6
Totals	67	100

Table VI indicates that fifty-five percent of the legislators are in support of extending special education programs

to include handicapped children birth through two. Research conducted by the Council for Exceptional Children revealed that there are twelve states as of 1975 offering programs to handicapped children, birth through twenty-one (7). In the state of Texas, statutes do not provide for public education for the handicapped below age three.

TABLE VI
SUPPORT OF PUBLIC SPECIAL EDUCATION
BELOW THE AGE OF THREE

Below Age of Three	Number of Respondents	Percentage of Respondents
Yes	48	55
No	36	41
No Response	4	4
Totals	88	100

The information in Table VII supports the findings of the preceeding Table VI. Ninety-four percent of the fifty-five percent who responded affirmatively to providing services from birth through two also endorsed allocating additional funds for such services.

In reviewing the information submitted in Table VIII, the majority of the legislators, or fifty-one percent, indicate that they feel it is more important to provide

TABLE VII
SUPPORT OF THE ALLOCATION OF FUNDS
FOR THIS NEW PROGRAM

New Funds (Only yes responses in Table VI)	Number of Re- spondents	Percentage of Respondents
Yes	45	94
No	1	2
No Response	2	4
Totals	48	100

services at an early age rather than at a later time. This is an important point since state law and program priorities would have to be revised for emphasis to be placed on this age group.

TABLE VIII
IMPORTANCE OF PROVIDING SERVICES
AT AN EARLY AGE

Services Early or Later	Number of Re- spondents	Percentage of Respondents
Yes	45	51
No	27	31
No Response	16	18
Totals	88	100

A study of the data in Table IX does not indicate clearly whether or not legislators would support expending \$12,000 per year to educate a severely handicapped student. With forty-one percent affirmative responses, forty-three percent negative responses and sixteen percent none responses, it is difficult to predict the future direction state law may follow in this area. Federal legislation has mandated that regardless of the severity of the handicap or cost to educate, each handicapped child is assured an appropriate education (5).

TABLE IX
FUNDING FOR SEVERELY HANDICAPPED STUDENTS

Serving Severely Handicapped	Number of Respondents	Percentage of Respondents
Yes	36	41
No	38	43
No Response	14	16
Totals	88	100

An analysis of data in Table X presents an interesting dilemma. Sixty-five percent of the legislators do not feel that public special education should provide services for handicapped students beyond the age of twenty-one. Only slightly over one quarter are prepared to support extending

public education for the handicapped above the age of twenty-one. A study conducted by the Council for Exceptional Children revealed that four states are presently providing special education services above the age of twenty-one (7). This information substantiates the hypotheses that public education should have met the student's educational needs before age twenty-one.

TABLE X
PUBLIC SPECIAL EDUCATION SERVICES FOR
HANDICAPPED STUDENTS ABOVE THE
AGE OF TWENTY-ONE

Above Twenty-One	Number of Re- spondents	Percentage of Respondents
Yes	23	26
No	57	65
No Response	8	9
Totals	88	100

The data in Table XI clearly indicate one of the strongest positions legislators agree upon. Eighty-six percent agree to be cost effective, regional education service centers should provide special education cooperatives or single school districts direct services if there are not a sufficient number of students with similar handicapping conditions. This opinion concurs with the legislators' concern for achieving accountability for the provision of services for handicapped students.

TABLE XI
REGIONAL EDUCATION SERVICE CENTERS
PROVIDING DIRECT SERVICES

Regional Education Service Centers	Number of Respondents	Percentage of Respondents
Yes	76	86
No	8	9
No Response	4	5
Totals	88	100

Table XII clearly shows that sixty-five percent of the legislators agree to maintain existing funding level and expand special education programs as additional federal funds are allocated to the state. (Twenty percent did not respond, while only fifteen percent would prefer using federal funds to supplement existing state appropriation.)

TABLE XII
MAINTAIN THE EXISTING FUNDING LEVEL AND UTILIZE
THE NEW FUNDS FOR EXPANDING SERVICES
TO THE SEVERELY HANDICAPPED

Maintain Existing Funding Level	Number of Respondents	Percentage of Respondents
Yes	57	65
No	13	15
No Response	18	20
Totals	88	100

In an attempt to expand the programs and services in a cost effective manner, it is apparent that legislators feel that special education teachers should receive a broader educational program. Table XIII presents data reflecting that eighty-four percent feel that teachers should be able to work with various disabilities of children assigned to their classrooms.

TABLE XIII
BROADENING SPECIAL EDUCATION TEACHER TRAINING

Training of Special Education Teachers	Number of Respondents	Percentage of Respondents
Yes	74	84
No	9	10
No Response	5	6
Totals	88	100

Eighty percent of the legislators' responses in Table XIV clearly indicate they are dissatisfied with the coordination and cooperation among state agencies providing services for the handicapped. This substantiates the hypothesis that the lines of communication between state agencies need improvement in order to provide comprehensive services for handicapped students.

TABLE XIV
COORDINATION AND COOPERATION
AMONG STATE AGENCIES

Coordination and Cooperation of State Agencies	Number of Re- spondents	Percentage of Respondents
Yes	9	10
No	70	80
No Response	9	10
Totals	88	100

The data in Table XV indicate that more than half (51 per cent) of the legislators feel self-help skills are within the domain and responsibility of the public schools. It would seem that the legislators are of the opinion that public education should include both academics and self-help skills such as toilet training and feeding skills. Thirty-six per cent feel self help skills are not the responsibility of public education while thirteen percent did not respond.

TABLE XV
ARE SELF-HELP SKILLS WITHIN THE DOMAIN AND A
RESPONSIBILITY OF PUBLIC SCHOOL
EDUCATIONAL PROGRAMS

Teaching Self-Help Skills in Public School	Number of Re- spondents	Percentage of Respondents
Yes	45	51
No	32	36
No Response	11	13
Totals	88	100

The evidence of the data from Table XVI clearly indicates legislators (61 percent) feel it is not the parents' right to choose student placement in a public or non-public school program at the states' expense. Procedures as stated in the Texas Education Agency Bulletin 711, make provisions for parents to provide input regarding student placement. However, the final decision of placement is the responsibility of the admission, review and dismissal committee (1). The state will assume the cost for contracting with non-public schools if this is determined the most appropriate placement.

TABLE XVI
 APPROPRIATE PLACEMENT OF STUDENT'S
 PREROGATIVE OF PARENTS AT THE
 EXPENSE OF THE STATE

Choice of Program	Number of Respondents	Percentage of Respondents
Yes	28	32
No	54	61
No Response	6	7
Totals	88	100

Although Table XVII indicates that the majority of the respondents (40 percent) feel that the Texas Education Agency has not implemented the laws as they were initially intended,

it should be noted that over twenty-five percent of the legislators did not respond to the issue.

TABLE XVII

HAS THE TEXAS EDUCATION AGENCY IMPLEMENTED
THE STATE SPECIAL EDUCATIONAL LAWS AS
THEY WERE INITIALLY INTENDED

TEA Implementing Special Education	Number of Respondents	Percentage of Respondents
Yes	31	35
No	35	40
No Response	22	25
Totals	88	100

The respondents are almost equally divided as to their satisfaction with the special education services and programs provided in their local legislative districts. There are thirty-nine who are satisfied and forty who are not satisfied as indicated in Table XVIII.

TABLE XVIII

ARE SPECIAL EDUCATION SERVICES AND PROGRAMS
PROVIDED BY THE PUBLIC SCHOOLS IN YOUR
LEGISLATIVE DISTRICT ADEQUATE

Satisfaction of Special Education Services	Number of Respondents	Percentage of Respondents
Yes	39	44
No	40	46
No Response	9	10
Totals	88	100

Table XIX indicates that there is a concern on the part of the legislators (56 percent negative response) as to whether or not the existing special education programs are accountable in the area of cost effectiveness. This position concurs with the recommendations of the Legislative Budget Board that special education programs need to develop and implement an accountability model (3).

TABLE XIX
DOES THE SPECIAL EDUCATION PROGRAM ADEQUATELY
PROVIDE ACCOUNTABILITY

Level of Accountability	Number of Re- spondents	Percentage of Respondents
Yes	26	29
No	49	56
No Response	13	15
Totals	88	100

An analysis of the data in Table XX shows that forty-three percent of the legislators feel satisfied with present special education services and programs in the public schools. It may be more important to note that the forty-nine percent who negatively responded feel they are not adequately informed of special programs in their legislative district.

TABLE XX

IS THE LEGISLATURE ADEQUATELY INFORMED
REGARDING SPECIAL EDUCATION IN THE
PUBLIC SCHOOLS?

Informed of Special Education	Number of Respondents	Percentage of Respondents
Yes	38	43
No	43	49
No Response	7	8
Totals	88	100

An analysis of Table XXI reveals that the majority of legislators (86 percent) believe public education should be involved in parent training or parenting, but they are uncertain as to the direct line of responsibility and assistance. This uncertainty is accentuated by forty-four percent of the legislators' feeling it is primarily the public schools' responsibility to train parents and forty-two percent feeling public education should only assist other agencies who have primary responsibility.

Table XXII shows that fifty-eight percent of legislators feel it is the public school's responsibility to counsel parents of handicapped students with assistance from other agencies. However, thirty-two percent feel it is the role of other agencies with assistance from public education.

TABLE XXI

TRAINING PARENTS IN THE ROLE OF
EDUCATING THEIR CHILD

Training Parents	Number of Re- spondents	Percentage of Respondents
A. Total responsibility of public education	5	5
B. Responsibility of public education with assistance of other agencies	34	39
C. Responsibility of other agencies with assistance of public education	37	42
D. Not role of public school, responsibility of other agencies	1	1
E. Not role of public education, responsibility of parents	8	9
No response	3	3
Totals	88	100

TABLE XXII

COUNSELING FOR PARENTS OF HANDICAPPED STUDENTS

Counseling Parents	Number of Re- spondents	Percentage of Respondents
A. Total responsibility of public education	8	9
B. Responsibility of Public Education with assistance of other agencies	43	49
C. Responsibility of other agencies with assistance of public education	28	32
D. Not role of public school, responsibility of other agencies	4	5
E. Not role of public education, responsibility of parents	2	2
No response	3	3
Totals	88	100

Tables XXIII and XXIV refer to public school medical involvement. The data indicates that legislators feel that medical involvement is the responsibility of the parents and other agencies with some assistance from public schools for evaluations.

TABLE XXIII
MEDICAL EVALUATIONS (PHYSICAL EXAMS,
NEUROLOGICAL EXAMS)

Medical Evaluations	Number of Re- spondents	Percentage of Respondents
A. Total responsibility of public education	2	2
B. Responsibility of public education with assistance of other agencies	8	9
C. Responsibility of other agencies with assistance of public education	33	37
D. Not role of public school, responsibility of other agencies	19	22
E. Not role of public education, responsibility of parents	21	24
No response	5	6
Totals	88	100

Forty-six percent of the legislators indicate in Table XXIII they are opposed to public schools' having a role in medical evaluations. Only eleven percent feel medical evaluations are the primary responsibility of public education

while thirty-seven percent of the legislators feel they are the responsibility of other agencies with assistance from public education.

Sixty-five percent of the legislators indicate in Table XXIV that the public school should not have a role in the area of medical treatment. Of this percentage, thirty percent feel medical treatment is the total responsibility of the parents while another thirty percent feel that public education should have some involvement.

TABLE XXIV
MEDICAL TREATMENT(SURGERY, EYE GLASSES,
HEARING AIDS)

Medical Treatment	Number of Respondents	Percentage of Respondents
A. Total responsibility of public education	1	1
B. Responsibility of public education with assistance of other agencies	9	10
C. Responsibility of other agencies with assistance of public education	17	19
D. Not role of public school, responsibility of other agencies	31	35
E. Not role of public education, responsibility of parents	26	30
No response	4	5
Totals	88	100

An analysis of physical and occupational therapy data in Table XXV demonstrate that sixty-four percent of the legislators' feel that public education should be involved in this area. Of this percentage, thirty-three percent are of the opinion that public education should have a leadership role, whereas, thirty-one percent see other agencies with this responsibility assisted by public education. Another thirty-one percent are opposed to public education having a role in physical therapy.

It is evident, however, that occupational therapy is considered to be a more direct responsibility of the schools than is physical therapy.

TABLE XXV
PHYSICAL THERAPY (GROSS MOTOR TRAINING)

Physical Therapy	Number of Respondents	Percentage of Respondents
A. Total responsibility of public education	8	9
B. Responsibility of public education with assistance of other agencies	21	24
C. Responsibility of other agencies with assistance of public education	28	31
D. Not role of public school, responsibility of other agencies	22	25
E. Not role of public education, responsibility of parents	5	6
No response	4	5
Totals	88	100

The data in Table XXVI regarding occupational therapy reveals seventy-nine percent of the legislators see this as an area of involvement for public education. Of the seventy-nine percent, forty-four percent are of the opinion that public education should have a leadership role, thirty-five percent believe other agencies are responsible for this service assisted by public education and sixteen percent are opposed to public education having any role in occupational therapy.

TABLE XXVI
OCCUPATIONAL THERAPY (FINE MOTOR TRAINING)

Occupational Therapy	Number of Respondents	Percentage of Respondents
A. Total responsibility of public education	9	10
B. Responsibility of public education with assistance of other agencies	30	34
C. Responsibility of other agencies with assistance of public education	31	35
D. Not role of public school, responsibility of other agencies	10	11
E. Not role of public education responsibility of parents	4	5
No response	4	5
Totals	88	100

In addressing the issue of responsibility for provision of orientation and mobility training for the visually impaired, Table XXVII shows seventy-eight percent of the legislators feel public education has some involvement in this area. Forty-three percent of this number are of the opinion that public education has a leadership role, while thirty-five see public education as assisting other agencies. Fifteen percent feel it is not the role of the public school but the responsibility of other agencies. It is interesting to note that zero percent of the legislators feel that parents are responsible for training their visually impaired children.

TABLE XXVII
ORIENTATION AND MOBILITY TRAINING FOR
VISUALLY IMPAIRED

Orientation and Mobility Training	Number of Respondents	Percentage of Respondents
A. Total responsibility of public education	7	8
B. Responsibility of public education with assistance of other agencies	31	35
C. Responsibility of other agencies with assistance of public education	31	35
D. Not role of public school, responsibility of other agencies	13	15
E. Not role of public education, responsibility of parents	0	0
No response	6	7
Totals	88	100

In Table XXVIII there is no clear indication of responsibility for provision of interpreters for the deaf. Thirty-six percent of the legislators' envision public education assuming the responsibility while thirty-five percent see other agencies responsible with assistance from public education.

It is interesting to note that while none of the legislators feel that parents should provide training for their visually impaired children, six percent feel that parents should provide interpreters for their deaf children.

TABLE XXVIII
INTERPRETERS FOR THE DEAF

Interpreters for the Deaf	Number of Respondents	Percentage of Respondents
A. Total responsibility of public education	9	10
B. Responsibility of public education with assistance of other agencies	23	26
C. Responsibility of other agencies with assistance of public education	31	35
D. Not role of public school, responsibility of other agencies	14	16
E. Not role of public education, responsibility of the parents	5	6
No response	6	7
Totals	88	100

Table XXIX presents data that reveal an inconsistency on the part of legislators in determining the responsibility of various agencies in providing self-help skills. However, the big question seems to be between the parents' responsibility and the public schools'. Responses of twenty-six percent of the legislators indicate this is a direct responsibility of the parent. Another forty percent see the responsibility of providing self-help skills as public education's.

TABLE XXIX
SELF HELP SKILLS (I. E. TOILET TRAINING,
FEEDING, DRESSING)

Self Help Skills	Number of Respondents	Percentage of Respondents
A. Total responsibility of public education	8	9
B. Responsibility of public education with assistance of other agencies	27	31
C. Responsibility of other agencies with assistance of public education	15	17
D. Not role of public school, responsibility of other agencies	10	11
E. Not role of public education, responsibility of parents	23	26
No response	5	6
Totals	88	100

Table XXX clearly indicates that seventy-nine percent of the respondents think that vocational training is a responsibility of the public schools, and nearly one fourth or twenty-three percent of those responding feel that public education has the total responsibility.

TABLE XXX
VOCATIONAL TRAINING

Vocational Training	Number of Re- spondents	Percentage of Respondents
A. Total responsibility of public education	20	23
B. Responsibility of public education with assistance of other agencies	50	56
C. Responsibility of other agencies with assistance of public education	9	10
D. Not role of public school, responsibility of other agencies	5	6
E. Not role of public education, responsibility of parents	0	0
No response	4	5
Totals	88	100

Table XXXI refers to psychological assessment. The data shows that half of the respondents (50 percent) feel it is the responsibility of public education to provide psychological assessment, while none felt the parents had the responsibility. Forty-four percent believe it to be a primary responsibility of other agencies.

TABLE XXXI
PSYCHOLOGICAL ASSESSMENT

Psychological Assessment	Number of Re- spondents	Percentage of Respondents
A. Total responsibility of public education	6	7
B. Responsibility of public education with assistance of other agencies	38	43
C. Responsibility of other agencies with assistance of public education	28	32
D. Not role of public school, responsibility of other agencies	11	12
E. Not role of public education, responsibility of parents	0	0
No response	5	6
Totals	88	100

Educational assessment is addressed in Table XXXII with eighty-five percent of the legislators' assigning primary responsibility to public education. Only nine percent feel educational assessment is the responsibility of other agencies. Thus an unquestionable majority of the legislators clearly indicate public education should assume responsibility for the educational assessment of a handicapped child.

TABLE XXXII
EDUCATIONAL ASSESSMENT

Educational Assessment	Number of Re- spondents	Percentage of Respondents
A. Total responsibility of public education	39	44
B. Responsibility of public education with assistance of other agencies	36	41
C. Responsibility of other agencies with assistance of public education	8	9
D. Not role of public school, responsible of other agencies	0	0
E. Not role of public education, responsibility of parents	1	1
No response	4	5
Totals	88	100

Table XXXIII displays data pertaining to the responsibility for special transportation. It is evident that public education should be involved, according to legislators' perceptions, with nearly half (forty-five percent) identifying transportation as the total or first responsibility of the schools. However, fourteen percent feel this responsibility rests with the parent.

TABLE XXXIII
SPECIAL TRANSPORTATION

Special Transportation	Number of Re- spondents	Percentage of Respondents
A. Total responsibility of public education	13	14
B. Responsibility of public education with assistance of other agencies	27	31
C. Responsibility of other agencies with assistance of public education	25	28
D. Not role of public school, responsibility of other agencies	6	7
E. Not role of public education, responsibility of parents	12	14
No response	5	6
Totals	88	100

Table XXXIV indicates that eighty percent of the legislators place the responsibility of special instructional materials and supplies within the domain of the public schools. Moreover, forty-one percent indicate it is the total responsibility of the state.

The data of Table XXXV do not assign class responsibility for special seats for handicapped students. Fifty-seven percent of the legislators feel special seats are the primary responsibility of other agencies while thirty-seven percent believe public education should have primary responsibility.

TABLE XXXIV
SPECIAL INSTRUCTIONAL MATERIALS AND SUPPLIES

Special Instructional Materials and Supplies	Number of Respondents	Percentage of Respondents
A. Total responsibility of public education	36	41
B. Responsibility of public education with assistance of other agencies	35	40
C. Responsibility of other agencies with assistance of public education	8	9
D. Not role of public school, responsibility of other agencies	4	4
E. Not role of public education, responsibility of parents	5	6
No response	5	6
Totals	88	100

TABLE XXXV
SPECIAL SEATS (I. E. WHEEL CHAIRS
AND LAP BOARDS)

Special Seats	Number of Respondents	Percentage of Respondents
A. Total responsibility of public education	18	20
B. Responsibility of public education with assistance of other agencies	15	17
C. Responsibility of other agencies with assistance of public education	31	36
D. Not role of public school, responsibility of other agencies	10	11
E. Not role of public education, responsibility of parents	9	10
No response	5	6
Totals	88	100

An analysis of the data contained in Table XXXVI reveals a clearer picture of the responsibility for providing special facilities and equipment. More than half (fifty-one percent) indicated it is the responsibility of public education to provide these facilities and an additional thirty-one percent feel public education should be involved by assisting other agencies.

TABLE XXXVI
SPECIAL FACILITIES/AND EQUIPMENT
(AMPLIFICATION FOR DEAF,
WHEEL CHAIR RAMPS)

Special Facilities/and Equipment	Number of Re- spondents	Percentage of Respondents
A. Total responsibility of public education	25	28
B. Responsibility of public education with assistance of other agencies	20	23
C. Responsibility of other agencies with assistance of public education	27	31
D. Not role of public school, responsibility of other agencies	9	10
E. Not role of public education, responsibility of parents	2	2
No response	5	6
Totals	88	100

Table XXXVII indicates a strong interest of the legislators in homebound instruction as the responsibility of public education with the largest response (thirty-nine percent) giving total responsibility to public education. Only six percent are of the opinion that public education should not play a role in homebound instruction.

TABLE XXXVII
HOMEBOUND INSTRUCTION FOR STUDENT

Homebound Instruction	Number of Respondents	Percentage of Respondents
A. Total responsibility of public education	34	39
B. Responsibility of public education with assistance of other agencies	32	36
C. Responsibility of other agencies with assistance of public education	13	14
D. Not role of public school, responsibility of other agencies	4	5
E. Not role of public education, responsibility of parents	1	1
No response	4	5
Totals	88	100

The data of Table XXXVIII make evident the commitment of the legislators to provide a continuing education for handicapped students, as fifty percent are in favor of extending

special education to all four quarters of the school year at state expense.

TABLE XXXVIII
EXTEND SPECIAL EDUCATION TO ALL FOUR
QUARTERS AT STATE EXPENSE

Four Quarters for Special Education	Number of Respondents	Percentage of Respondents
A. Total responsibility of public education	26	30
B. Responsibility of public education with assistance of other agencies	18	20
C. Responsibility of other agencies with assistance of public education	13	15
D. Not role of public school, responsibility of other agencies	5	6
E. Not role of public education, responsibility of parents	11	12
No response	15	17
Totals	88	100

The analysis of data in Table XXXIX reveals a disagreement as to where the responsibility should lie for providing child care for children of school age parents. However, the largest response (thirty-three percent) indicates it is the parents responsibility, with the majority (fifty-seven percent) clearly indicating the public schools have no responsibility.

TABLE XXXIX
CHILD CARE FOR CHILDREN OF TEENAGE PARENTS

Child Care	Number of Re- spondents	Percentage of Respondents
A. Total responsibility of public education	6	7
B. Responsibility of public education with assistance of other agencies	8	9
C. Responsibility of other agencies with assistance of public education	13	15
D. Not role of public school, responsibility of other agencies	21	24
E. Not role of public education, responsibility of parents	29	33
No response	11	12
Totals	88	100

Table XL data identify psychological and psychiatric treatment responsibilities as those of agencies other than the public school, according to sixty-one percent of the legislators. Only 15 percent feel public education should have primary responsibility for this treatment.

Comparative Analysis of the Data

The procedure used here for comparative analysis of the data is merely an attempt by one person to describe a state of affairs by using available information in a systematic

TABLE XL
PSYCHOLOGICAL OR PSYCHIATRIC TREATMENT

Psychological/Psychiatric Treatment	Number of Respondents	Percentage of Respondents
A. Total responsibility of public education	2	2
B. Responsibility of public education with assistance of other agencies	11	13
C. Responsibility of other agencies with assistance of public education	30	34
D. Not role of public school, responsibility of other agencies	24	27
E. Not role of public education, responsibility of parents	17	19
No response	4	5
Totals	88	100

manner. There are certainly many other approaches which could have been used in comparing the collected data of this survey.

The following analysis represents a comparison of the legislative responses and applicable federal and state policies and statutes.

With the enactment of federal legislation Public Law 94-142, there are specific areas in which the Texas legislators are not in accord. Public Law 94-142 mandates that all handicapped children ages three through twenty-one have a right to a free, appropriate public education (5). Question

one of Table XLI reveals that over half of the legislators do not concern themselves with this section of the federal law. Question thirteen of Table XLI implies an even stronger disagreement with the law relative to establishing the priority of first serving the severely handicapped.

Question six of Table XLI would indicate that the legislature questions the amount of money that should be expended on the education of a severely handicapped child. However, Public Law 94-142 is specific in mandating an appropriate education for all handicapped children (5).

Question ten of Table XLI suggests that legislators are in accord with Public Law 94-142 as it relates to strengthening the teacher training programs. They are also in accord with Public Law 89-313, which requires that funds follow a child returning from the state institution to the public schools, as disclosed in question four of Table XLI (4).

State legislators disagree not only with federal laws but also with their own state statutes. For example, Senate Bill 230 of the Sixty-first Texas State Legislature guarantees each child of school age the availability of a foundation school program (1). This is not consistent with the attitudes expressed in question one of Table XLI. Furthermore, legislators are opposed to House Bill 1673 enacted by the Sixty-fourth Texas State Legislature (2). This bill placed a priority on serving the severely handicapped with respect to

TABLE XLI

LEGISLATORS' ATTITUDES AND KNOWLEDGE REGARDING
SERVICES FOR THE HANDICAPPED*

Quests	Number of Respondents			Percentage		
	Yes	No	No Response	Yes	No	No Response
1	40	45	3	46	51	3
2	56	30	2	64	34	2
3	14	69	5	16	78	6
4a	67	16	5	76	18	6
4b	61	2	4	91	3	6
5a	48	36	4	55	41	4
5b	45	1	2	94	2	4
5c	45	27	16	51	31	18
6	36	38	14	41	43	16
7	23	57	8	26	65	9
8	76	8	4	86	9	5
9	57	13	18	65	15	20
10	74	9	5	84	10	6
11	9	70	9	10	80	10
12	45	32	11	51	36	13
13	28	54	6	32	61	7
14	31	35	22	35	40	25
15	39	40	9	44	46	10
16	26	49	13	29	56	15
17	38	43	7	43	49	8

*See Questionnaire, pp. 130-131.

funding and programming which is in conflict with responses displayed in question three of Table XLI.

The responses to the survey questions reveal certain consistencies as well as inconsistencies. The following analysis represents a comparison of this information. Questions one and two of Table XLI exhibit a feeling by legislators that public schools should have the responsibility of determining appropriate educational placement, but not the responsibility of educating all the handicapped children. This also is in conflict with the results of question sixteen of Table XLI regarding accountability.

Question eight of Table XLI renders the largest percentage of like responses. Eighty-six percent feel that regional education service centers should provide direct services to handicapped children when necessary to be cost effective. This correlates with question sixteen of Table XLI, which expresses legislative concern for achieving accountability in special education programs.

Question four(a) in Table XLI reveals that sixty-seven of the eighty-eight respondents feel educators should develop programs and services to facilitate the return of institutionalized students to public schools. Question four(b) of this table demonstrates sixty-one of the sixty-seven feel funds should follow the child to the public school.

Again in Table XLI, a majority of the respondents indicate they favor providing services for handicapped children

under age three. Question five shows that ninety-four percent of this majority are supportive of allocating funds for this age group.

Question fourteen, fifteen, and sixteen in Table XLI demonstrate legislative concern for the effectiveness of existing special education services.

It is the role of public schools to determine the most appropriate educational placement for handicapped students as demonstrated in Table XLI, question two. Question eleven and twelve in Table XLII further support this legislative position by placing the responsibility for both psychological and educational assessment on the public schools.

It appears that legislators feel it is the public school's responsibility to teach self-help skills. This is verified in question twelve of Table XLI and question nine of Table XLII. However, it should be noted that in Table XLII, question one assigns a major responsibility for public education to provide parent training. This may imply legislators feel that parents should be involved in teaching self-help skills while receiving training from public education.

Question one and two of Table XLII encourage legislative support of parent involvement. However, the majority of respondents are of the opinion that parents should not have the prerogative of placement selection between public and non-public schools at state expense. This is substantiated by question thirteen, Table XLI.

TABLE XLII
PUBLIC SCHOOLS' RESPONSIBILITY IN SERVING
HANDICAPPED STUDENTS*

Questions	Number of Respondents						Percentage					
	A	B	C	D	E	NR	A	B	C	D	E	NR
1	5	34	37	1	8	3	5	39	42	1	9	3
2	8	43	28	4	2	3	9	49	32	5	2	3
3	2	8	33	19	21	5	2	9	37	22	24	6
4	1	9	17	31	26	4	1	10	19	35	30	5
5	8	21	28	22	5	4	9	24	31	25	6	5
6	9	30	31	10	4	4	10	34	35	11	5	5
7	7	31	31	13	0	6	8	35	35	15	0	7
8	9	23	31	14	5	6	10	26	35	16	6	7
9	8	27	15	10	23	5	9	31	17	11	26	6
10	20	50	9	5	0	4	23	56	10	6	0	5
11	6	38	28	11	0	5	7	43	32	12	0	6
12	39	36	8	0	1	4	44	41	9	0	1	5
13	13	27	25	6	12	5	14	31	28	7	14	6
14	36	35	8	4	0	5	41	40	9	4	0	6
15	18	15	31	10	9	5	20	17	36	11	10	6
16	25	20	27	9	2	5	28	23	31	10	2	6
17	34	32	13	4	1	4	39	36	14	5	1	5
18	26	18	13	5	11	15	30	20	15	6	12	17
19	6	8	13	21	29	11	7	9	15	24	33	12
20	2	11	30	24	17	4	2	13	34	27	19	5

*See Questionnaire, p. 132.

Questions (two, six, ten, eleven, twelve, fourteen, sixteen, seventeen, and eighteen) in Table XLII indicate a majority of the legislators feel public schools should assume first line responsibility in providing services to handicapped children. Two areas in which they feel the public schools should have no involvement are medical treatment and child care for teenage parents. This opinion is substantiated by their responses to questions four and nineteen of Table XLII. It is remarkable to note that with the exception of these two areas, legislators feel that the public schools should assume responsibility for all areas addressed in Table XLII. It would behoove educators to consider legislative response to question eleven in Table XLI, which exhibits a major concern for lack of coordination and cooperation among state agencies.

CHAPTER V

SUMMARY, FINDINGS, CONCLUDING RECOMMENDATIONS, AND NEED FOR FURTHER RESEARCH

Summary

The problem of this study was to survey legislators for the purpose of determining the degree of Texas Legislative support for the public schools provision of services to unserved handicapped children (birth through two and zero-reject). The purposes of the study were:

- I. To identify the trends most commonly proposed by educators in the areas of birth through two and zero-reject.

To assist in identifying the trends, a review of the literature was made and presented in five distinct sections:

- A. Texas Legislation Affecting Education of the Handicapped
- B. Federal Legislation Affecting Education of the Handicapped
- C. Litigation Affecting Education of the Handicapped
- D. Programming for the Severely Handicapped
- E. Programming for the Early Childhood Handicapped.

II. To collect and analyze data obtained from Texas State legislators to determine if this data is in accordance with trends proposed by educators.

The Sixty-fourth Texas State Legislature, both the Senate and the House of Representatives, provided the source of sampling of 138 legislators for this survey.

The survey instrument was divided into two main sections. Section One required responses to seventeen yes/no items related to legislative attitude and knowledge of providing services for handicapped children. Section Two contained twenty items which required ranking the degree of responsibility public special education has in providing services for handicapped children.

The survey instrument was validated by a knowledgeable jury of State Education Agency personnel, legislators, and university professors, who were aware of the implications of the study. It was then mailed to the 138 prospective participants. This procedure resulted in a return of eighty-eight usable response questionnaires, or sixty-four percent, surpassing the number of respondents (60 percent) that had been arbitrarily determined as a required minimum for the study.

The responses were reviewed and manually recorded on data collection sheets. The number of respondents for each item was totaled, and the percentage for each response to all questions of the survey was also tallied and computed.

- III. To disseminate the data collected to legislative and educational leaders.

The results of the study was disseminated to legislators through the Special Education Sub-committee as well as direct mail out of findings. Educators were informed of the results of study through the Texas Education Agency, and the twenty Education Service Centers' presentation will be made at the Texas Council for Exceptional Children in July, 1977.

- IV. To make recommendations to legislators, educators, and concerned individuals and agencies regarding strategies for consideration in future planning.

Findings

In the process of conducting this study, basic findings emerged in each of the purpose areas.

- I. The survey of the literature revealed the following findings in regard to determining trends relating to the public schools provision of services from birth through two and zero-reject
- A. Litigation brought forth by parents and advocacy groups has been responsible for the influx of changes in policies and laws for all handicapped students.
 - B. Federal mandates have changed the role of public schools in that they no longer have the option

whether or not to serve the severely and profoundly handicapped. They are now concerned with determining how to provide appropriate services in an effort to attain a zero-reject program.

- C. Research findings have indicated that there are exemplary programs for severely/profoundly handicapped across the nation. It has been demonstrated through these programs that the severely handicapped child can be served in a public school setting.
- D. Early childhood development projects have demonstrated that early identification and intervention can enable handicapped infants (birth through three) to function at a higher level.
- E. The Texas legislature since 1945 has continued to enact laws for the development of comprehensive special education services for all handicapped children.

II. The following findings derived from the survey revealed legislative direction regarding unserved handicapped children.

- A. The legislators agree (80 percent) that there is a need for a greater degree of coordination and cooperation between agencies in serving the handicapped.

- B. The majority of legislators' responses (94 percent of the 55 percent in favor of programming below age 3) indicated that they would be supportive of financing public education for programs for children below the age of three.
- C. Fifty-six percent of the responding legislators feel that special education programs do not adequately provide accountability as it relates to cost effectiveness in serving the handicapped. It is also revealed (86 percent) that regional education service centers should provide direct services for the handicapped if the local education agency has an insufficient number of students with similar handicapping conditions.
- D. Legislators respondents are in support of existing federal and state laws; however, the questionnaire reveals that there is strong disagreement (78 percent) with the law relative to establishing the priority of serving the severely handicapped first and that 51 percent question the local education agency's having the responsibility of serving all the handicapped.
- E. The legislators responding agree (76 percent) that public school programs should be developed to facilitate the return of state institutionalized students to the public school and that the funds should follow the child to the program.

- F. The majority of the responding legislators support parent involvement; however, sixty-one percent are of the opinion that parents should not have the prerogative of placement selection between public and non-public schools at state expense.
- III. The primary finding in reference to dissemination was that there was an over-all appreciation of the information as demonstrated by the positive responses to the information received.
- IV. The recommendations resulting from the study are in the process of being reviewed, evaluated, and in some cases, acted upon.

Concluding Recommendations

From a review of the tabulated data of this survey and a comparative analysis of the summarized findings suggest the following:

- I. The majority of the legislators that responded felt that the age limit for serving the handicapped should be extended to include the students from birth through twenty-one years of age. Therefore it is suggested that state agencies continue in their preparation to include this additional age group.
- II. Texas is in need of a master plan for serving all handicapped students. The plan should emphasize coordination and cooperation of all state agencies

that provide services to handicapped to comply with legislators responding.

- III. There is a need to develop a state-wide system for serving the severely handicapped. Responding legislators felt the regional education service centers should assume an active role in development of the system.
- IV. A better communication system should be established to inform the legislature of existing special education programs and services. Five basic recommendations were developed from the information obtained during this study. This information was then disseminated in the manner described above.
- V. Education must develop an accountability model that will demonstrate cost effectiveness if they are to continue to receive the support and cooperation of state legislators.
- VI. A more comprehensive teacher-training program will be required as the public schools expand services to handicapped students.

Need for Future Research

Considering the findings of the study and the review of the literature, the following recommendations are made for future research:

- I. It is recommended that a study be conducted to determine what means of communication would be most effective to inform state legislators of special education needs.
- II. The state agencies which provide services to the handicapped need to be involved in an extensive study that would lead to the development of a comprehensive state plan.
- III. It is recommended that a comparison study be made to determine the modification of state laws and policies needed to be in compliance with Public Law 94-142.
- IV. Additional research related to early childhood programs (birth through two) should be conducted to determine the most effective methods in serving this age group.
- V. Additional research related to severely and profoundly handicapped should be conducted to determine the most effective methods in serving this disability area.

It has been said that progress is two steps forward and one step backward. This fortunately has not precisely been true in Texas in the case of educational opportunities for handicapped children. Progress has been steady and sustained, and by every sign the state seems firmly on the way toward achieving the goal of providing full educational opportunities for all handicapped children by 1980.

APPENDIX

SIXTY-FOURTH LEGISLATURE

SENATE

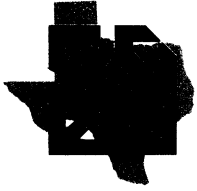
District	1	A. M. Aikin, Jr.	18	William N. Patman
	2	Peyton McKnight	19	Glenn Kothmann
	3	Don Adams	21	John Traeger
	5	William T. Moore	22	Tom Creighton
	6	Jim Wallace	23	Oscar Mauzy
	8	O. H. Harris	24	Grant Jones
	9	Ron Clower	25	W. E. (Pete) Snelson
	10	Bill Meier	26	Frank Lombardino
	11	Chet Brooks	27	Raul L. Longoria
	12	Mrs. Betty Andujar	28	Kent Hance
	13	Walter H. Mengden, Jr.	29	H. Tati Santiesteban
	14	Lloyd Doggett	30	Ray Farabee
	15	Jack Ogg	31	Max Sherman
	17	A. R. Schwartz		

HOUSE OF REPRESENTATIVES

	1	Hamp Atkinson	32-1	Charles Evans
	2	Buck Florence	32-4	Gibson Lewis
	3	Ben Z. Grant	32-5	Tom Schieffer
	4	Roy Blake	32-8	Chris Miller
	5	Herman Adams, Jr.	32-9	Doyle Willis
	6	Arthur Temple III	33	Ed Mayes
	7-2	Pike Powers	33-A	Robert E. (Bob) Davis
	7-3	Carl A. Parker	33-C	Sam Hudson
	8	Wayne Peveto	33-E	Robert B. Maloney
	10	Smith Gilley	33-F	Chris V. Semos
	11	Bill Hollowell	33-H	Calvin Rucker
	12	Bill Clark	33-I	T. H. McDonald, Sr.
	13	J. E. (Jimmy) Mankins	33-J	Caryle Smith
	14	Fred Head	33-L	John Bryant
	15	Emmett H. Whitehead	33-M	R.C. (Frank) Gaston
	17	Ed R. Watson	33-N	Paul Ragsdale
	18	Jimmie C. Edwards III	33-O	Eddie Bernice Johnson
	19-2	Andrew Z. Baker	33-R	Fred J. Agnich
	21	Joe A. Hubenak	34	Jerry Donaldson
	23	Bill Sullivant	35-2	Lyndon Olson, Jr.
	24	Bob Hendricks	36	Dan Kubiak
	27	Forrest Green	37-1	Mrs. Exalton Delco
	28	Bill Presnal	37-2	Sarah Weddingotn
	30	John Wilson	37-4	Gonzalo Barrientos
	31	D. R. (Tom) Uher	38	Bennie Bock II

39	Tim Von Dohlen	66	Phil Cates
40	Joe Wyatt, Jr.	68	Tom Craddick
41	Leroy J. Wieting	69	Richard C. Slack
42	W. G. (Bill) Coody	70	Susan Gurley McBee
44	John Bigham	71	James Kaster
45	Don Rains	72-2	Paul Moreno
48-1	L. DeWitt Hale	72-3	Ronald D. Coleman
50	Ruben M. Torres	72-4	Luther Jones
51	Melchor Chavez	73	John Hoestenback
52	Dave Allred	74	Bill Clayton
54	Joe C. Hanna	76	James E. Lancy
55	Lynn Nabers	78	Joe Allen
56	James E. Nugent	79	Ron Waters
57	William Hall, Jr.	82	John H. Whitmire
57-A	Frank Madla	84	Herman Lauhoff
57-C	Albert D. Brown, Jr.	85	Anthony Hall
57-D	Ronald Bird	86	Craig A. Washington
57-E	G.J. Sutton	87	Ben T. Reyes
57-F	James R. Nowlin	88	Mickey Leland
57-G	Abraham D. Ribak	89	Senfronia Thompson
57-H	Donald Cartwright	90	Kay Bailey
57-I	R. L. (Bob) Vale	91	W. J. (Bill) Blythe
57-J	Joe L. Hernandez	92	Frank E. Hartung
57-K	Matt Garcia	93	Milton E. Fox
59-2	A. C. (Tony) Garcia	94	Don Henderson
60	Tom C. Massey	95	R. E. (Gene) Green
61	Elmer J. Martin	96	Lindon Williams
62	David Stubbeman	99	Jim Clark
63	Michael H. Ezzell	100	Bill Caraway
64	G. R. (Bob) Close	101	W. S. (Bill) Heatly
65	Robert D. Simpson		

Education Service Center region IX



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Chairman

J. H. Jones, Jr.
Vice Chairman

Fred Parkey
Secretary

Hinds Clark

Hunter M. Jones

James Kunkel

Robert C. Russell

Date

The Honorable _____

Dear _____:

As the Director of Special Education in Region Education Service Center and a doctoral student at North Texas State University, I am in the process of conducting a study regarding handicapped children not presently being served.

It would be beneficial to both legislators and educators if you would take time from your busy schedule to respond to the enclosed survey. The findings of the study will be incorporated into the special sub-committee study on special education.

In order for this information to be within the time frame, the survey form needs to be returned by June 1, 1976.

Let me thank you in advance for your time and cooperation. The final analysis of the study will be shared with you upon request.

Sincerely,

Arthur Phillips

AP:su

Enclosure



Texas

House of Representatives

Rep. George Preston

P. O. Box 2910

Austin, Texas 78767

Date

The Honorable -----

Dear -----:

As chairman of the Subcommittee on Special Education, I am seeking detailed information regarding the quantity, quality, cost effectiveness, and cost efficiency of special education services to the handicapped children of Texas, particularly related to S.B. 230 funds.

An integral part of the process of gathering information about the needs of handicapped children across the state has been the activation of a rather thorough and complex study which is being conducted by the subcommittee. Extensive and detailed questionnaires have been developed and sent to public school districts, education service centers, and special education teacher training centers of Texas colleges and universities. The Texas Education Agency Special Education staff completed the same basic survey form during one of our special education subcommittee hearings here in Austin.

Mr. Arthur Phillips is an experienced special educator and a graduate student at North Texas State University. He is in the process of conducting a study which should be very helpful and complimentary to the work of this committee. Therefore, I am requesting you to complete the enclosed survey form developed by him. Mr. Phillips has guaranteed anonymity to respondents in terms of his final study. His intent is to sample the general feelings of the legislature regarding some trends which have been identified during the study being conducted by the subcommittee.

I truly feel that the findings of the two studies, coupled with information the subcommittee is gathering through public hearings and other professional sources will make it possible to make extremely valid recommendations at the next session. The potential for cost-effective services which will truly benefit the handicapped is monumental. Therefore, I am soliciting your help in completing the enclosed survey form.

Thanks in advance for your assistance with this most important matter.

Sincerely,

George Preston, Chairman

P:cg
nclosure

Committees:
Agriculture & Livestock
Public Education



The Senate of
The State of Texas
Austin 78711

P. O. Box 5147
Wichita Falls, Texas 76307
817-322-0746

RAY FARABEE
State Senator
District 30

The Honorable

Dear

Prior sessions of the legislature have authorized increasing amounts of money for special education. Various segments of the public, especially those who have children with learning disabilities, have become a more vocal lobby for increased appropriations.

Mr. Arthur Phillips of Wichita Falls is conducting a study of attitudes in the Texas Legislature concerning the future direction and costs of special education programs.

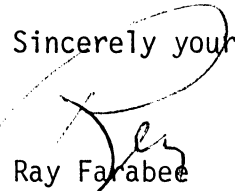
I have known Mr. Phillips for several years, and I would greatly appreciate it if you would take a few moments and answer the enclosed questionnaire, returning it in the enclosed self-addressed, stamped envelope.

Individual responses to the questionnaire will remain confidential, and you do not need to sign it, or in any way be identified with it.

Results of the survey will be available upon request to Mr. Phillips at Region IX Education Service Center, 3014 Seymour Road, Wichita Falls, Texas 76309. The survey should be helpful in evaluating future legislation as to cost efficiency and legislative response.

Thanks in advance for your assistance with this important matter.

Sincerely yours,



Ray Farabee

RF:mab

Enclosures

There are a variety of services required to educate the handicapped. Frequently there is a question as to the degree of responsibility public special education has in providing such services. Please indicate to what degree you feel they should be involved.

- A. Total Responsibility of Public Education
- B. Responsibility of Public Education with assistance of other agencies
- C. Responsibility of other agencies with assistance of public education
- D. Not role of public school, responsibility of other agencies
- E. Not role of public education, responsibility of the parents

- 1. Training parents in the role of educating their child. A B C D E
- 2. Counseling for parents of handicapped students. A B C D E
- 3. Medical Evaluations (physical exams, neurological exams) A B C D E
- 4. Medical Treatment (surgery, eye glasses, hearing aids) A B C D E
- 5. Physical Therapy (gross motor training) A B C D E
- 6. Occupational Therapy (fine motor training) A B C D E
- 7. Orientation & Mobility Training for Visually Impaired A B C D E
- 8. Interpreters for the Deaf A B C D E
- 9. Self Help Skills (i.e. toilet training, feeding, dressing) A B C D E
- 10. Vocational Training A B C D E
- 11. Psychological Assessment. A B C D E
- 12. Educational Assessment A B C D E
- 13. Special Transportation A B C D E
- 14. Special Instructional Materials and Supplies A B C D E
- 15. Special Seats (i.e. wheel chairs and lap boards) A B C D E
- 16. Special Facilities/and Equipment (amplification for deaf,
wheel chair ramps). A B C D E
- 17. Homebound instruction for student A B C D E
- 18. Extend special education to all four quarters at state expense . . . A B C D E
- 19. Child care for children of teenage parents A B C D E
- 20. Psychological or Psychiatric Treatment A B C D E

FOR ADDITIONAL COMMENTS IN OTHER AREAS - PLEASE USE REVERSE SIDE

VALIDATION JURY PANEL

Texas Education Agency Employees

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Assistant Commissioner of Education
for Special Education and Special Schools
Texas Education Agency
201 East Eleventh Street
Austin, Texas 78701

Don Partridge
Associate Commissioner for
Special Education
Texas Education Agency
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Texas Senator

Senator Ray Farabee
Texas Senator 30th District
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House of Representatives

George Preston
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Tom Cartlidge
House of Representatives
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Tom Massey
State Representative
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Texas Advisory Committee on Special Education

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Associate Professor of Education
North Texas State University
North Texas Station
Denton, Texas 76204

Dr. Carol Anderson
College of Special Education
A & M University
College Station, Texas 77843

Directors of Special Education

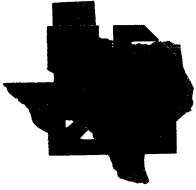
John E. Sibley
West Wichita Coop
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Iowa Park, Texas 76367

Mrs. Jeanne Wakeman
Department of Individualized
Programming
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State Board of Education

Dr. Bill Kemp
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Education Service Center region IX



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Chairman

J. H. Jones, Jr.
Vice Chairman

Fred Parkey
Secretary

Hinds Clark

Hunter M. Jones

James Kunkel

Robert C. Russell

Date

Dear _____:

May I impose on your busy schedule to respond to the enclosed questionnaire? They will be mailed to State Legislators as part of my dissertation "Legislative Direction for Unserved Birth Through Two and Severely Handicapped Children." This is in conjunction with statewide studies that are being conducted regarding special education. Your constructive criticism will be greatly appreciated.

Please return to me at your earliest convenience. If you have any questions, please do not hesitate to call me.

Thank you for your time.

Sincerely,

Arthur Phillips

AP:su

Enclosure

YES - NO QUESTIONS

USEABLE
NOT USEABLE

ITEM USEABLE
WITH MODIFICATIONS
AS FOLLOWS

1. Should public education be responsible for the education of handicapped students ages 3 thru 21?
2. Should public education have the first line of responsibility for determining the appropriate educational arrangement for handicapped students regardless of the severity of the disability?
3. Should special education in the public schools provide services to the severely handicapped before serving the mild to moderate handicapped?
4. Should special education in the public schools develop programs and provide services for students presently in a state institution?

If yes, would you be willing to support the reallocation of funds for this effort?
5. Would you support public special education providing services for handicapped students beneath the age of 3?

If yes, would you will willing to support the reallocation of funds for this effort?
6. Would you be willing to support a program that required public education to expend \$15,000 per year to educate a severely handicapped student? (\$1,096 estimated cost to educate an average student)
7. Would you support public special education providing services for handicapped students above the age of 21?
8. If local districts have an insufficient number of students with similar handicapping conditions, to be cost effective would you be willing to support regional education service centers providing direct services?
9. If additional federal funds are allocated to the state, will you be willing to maintain the existing funding level and utilize the new funds for expanding services?

USEABLE
NOT USEABLE

ITEM USEABLE
WITH MODIFICATIONS
AS FOLLOWS

10. Should the special education teacher be required to receive additional training for the various disabilities assigned to their classroom?
11. Do you feel there is sufficient coordination and cooperation among state agencies providing services for the handicapped?
12. Do you feel there is sufficient coordination with the TEA with the Department of Special Education and Special Schools?
13. Do you feel that the TEA has implemented the state educational laws as they were initially intended?
14. Are you satisfied with the present special education services and programs provided by the public schools?
15. Do you feel that the present special education program adequately provides evaluation and accountability to demonstrate cost effectiveness?
16. Do you feel adequately informed of special education programs and services offered in the public schools?

USEABLE	NOT USEABLE	ITEM USEABLE WITH MODIFICATIONS AS FOLLOWS

(Signature)

FOR ADDITIONAL COMMENTS - PLEASE USE REVERSE SIDE

There are a variety of services required to educate the handicapped. Frequently there is a question as to the degree of responsibility public special education has in providing such services. Please, indicate to what degree you feel they should be involved.

- A. Total Responsibility of Public Education
- B. Responsibility of Public Education with assistance of other agencies
- C. Responsibility of other agencies with assistance of public education
- D. Not role of public education

USEABLE

NOT USEABLE

USEABLE WITH MODIFICATIONS
AS FOLLOWS (Use reverse side
for comments)

1.	Parent Training	A	B	C	D			
2.	Genetic Counseling for Parents	A	B	C	D			
3.	Medical Evaluations (physicals, neurologicals)	A	B	C	D			
4.	Medical Treatment (surgery, eye glasses, hearing aids)	A	B	C	D			
5.	Physical Therapy	A	B	C	D			
6.	Occupational Therapy	A	B	C	D			
7.	Mobility & Orientation Training for Visually Impaired	A	B	C	D			
8.	Interpreters for the Deaf	A	B	C	D			
9.	Self Help Skills (i.e. potty training, feeding, dressing)	A	B	C	D			
10.	Vocational Training	A	B	C	D			
11.	Psychological & Educational Assessment	A	B	C	D			
12.	Special Transportation	A	B	C	D			
13.	Instructional Materials and Supplies	A	B	C	D			
14.	Special Seats (i.e. wheel chairs and lap boards)	A	B	C	D			
15.	Special Facilities and Equipment (amplification for deaf, wheel chair ramps)	A	B	C	D			
16.	Educational Instruction in the home	A	B	C	D			
17.	Services during summer months	A	B	C	D			
18.	Re-training of special education teacher	A	B	C	D			
19.	Child care for teenage parents	A	B	C	D			
20.	Psychological or Psychiatric treatment	A	B	C	D			

FOR ADDITIONAL COMMENTS IN OTHER AREAS - PLEASE USE REVERSE SIDE.

Signature:

BIBLIOGRAPHY

BIBLIOGRAPHY

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