

1968

# The Education of the Trainable Mentally Handicapped

Dorothy J. Sheffield  
*Eastern Illinois University*

---

## Recommended Citation

Sheffield, Dorothy J., "The Education of the Trainable Mentally Handicapped" (1968). *Masters Theses*. 4116.  
<https://thekeep.eiu.edu/theses/4116>

This is brought to you for free and open access by the Student Theses & Publications at The Keep. It has been accepted for inclusion in Masters Theses by an authorized administrator of The Keep. For more information, please contact [tabruns@eiu.edu](mailto:tabruns@eiu.edu).

PAPER CERTIFICATE #3

To: Graduate Degree Candidates who have written formal theses.

Subject: Permission to reproduce theses.

The University Library is receiving a number of requests from other institutions asking permission to reproduce dissertations for inclusion in their library holdings. Although no copyright laws are involved, we feel that professional courtesy demands that permission be obtained from the author before we allow theses to be copied.

Please sign one of the following statements.

Booth Library of Eastern Illinois University has my permission to lend my thesis to a reputable college or university for the purpose of copying it for inclusion in that institution's library or research holdings.

July 25, 1968  
Date

I respectfully request Booth Library of Eastern Illinois University not allow my thesis be reproduced because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Author

**THE EDUCATION OF THE TRAINABLE**

---

**MENTALLY HANDICAPPED**

---

(TITLE)

BY

Dorothy J. Sheffield

**THESIS**

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF

**Master of Science in Education**

---

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY  
CHARLESTON, ILLINOIS

**1968**

---

YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING  
THIS PART OF THE GRADUATE DEGREE CITED ABOVE

*July 24, 1968*  
DATE

ADVISER

*July 26, 1968*  
DATE

## ACKNOWLEDGEMENTS

This thesis was made possible through the cooperation and assistance of many people. Additional help came from Mrs. Vicki Massad, Mrs. Merry Johnston, and my mother, Mrs. Medeline Valentine. My husband, Clinton, and two sons, Kit and Phillip, truly have been very patient and understanding. Adequate words of gratitude for Dr. Arthur Edwards and his patience and advice are impossible to find. My appreciation goes to all these people and the others on my committee, Dr. Arthur Looby and Dr. Leroy Peterson.

## PREFACE

According to the United States Declaration of Independence, all men are created equal. The question arises, how are all men equal? Possessions? Families? Abilities? No! Probably the only way the word equal can be used for all men is before the law and in the sight of God--equal as persons to be loved and have certain rights as individuals to life, liberty and finding happiness. The Anchorage program endeavors to help trainable mentally handicapped get an equal opportunity to learn.

## TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS . . . . .	ii
PREFACE . . . . .	iii
 <b>Chapter</b>	
I. INTRODUCTION . . . . .	1
Mental Retardation . . . . .	1
Definitions . . . . .	2
Thesis Description . . . . .	5
II. RESUME OF PROGRAMS PAST AND PRESENT . . . . .	7
Early History . . . . .	7
Changes in Attitudes and Programs . . . . .	11
Parents of Retardates . . . . .	13
Day Care Centers . . . . .	16
Home Teaching Program in Massachusetts . . . . .	18
Clackamas Child Training Center . . . . .	20
Garland School . . . . .	22
Nebraska School for Trainable Children . . . . .	24
Level III or High School "On the Job" Training . . . . .	26
Community Action . . . . .	27
The Colorado Community Centered Program . . . . .	28
Programs from Ohio . . . . .	31
Problems, Actions, and Activities . . . . .	33
Indiana . . . . .	33
Florida . . . . .	34
Delaware . . . . .	34
Rhode Island . . . . .	35
Wyoming . . . . .	36
Other States . . . . .	36
Planning in North Dakota and Progress in West Virginia . . . . .	37
"Returns to Society" from Utah and Maine . . . . .	41

III.	THE BEGINNING OF THE ANCHORAGE . . . . .	43
	Establishing the Need . . . . .	43
	Location and Name . . . . .	50
	Personnel and Student Verification . . . . .	51
	Support and Time . . . . .	53
	Board and Administration . . . . .	54
	<u>We Go to The Anchorage</u> . . . . .	55
	Philosophies . . . . .	58
IV.	THE LEARNING PROGRAM AT THE ANCHORAGE . . . . .	60
	Planning . . . . .	60
	Curriculum . . . . .	65
	Curriculum Learnings . . . . .	70
	Physical Plant . . . . .	73
	Equipment . . . . .	78
	General . . . . .	80
	Speech and Language . . . . .	80
	Training and Eating . . . . .	81
	Music . . . . .	81
	Playhouse . . . . .	82
	Play Materials . . . . .	82
	Arts and Crafts . . . . .	83
	Sewing . . . . .	83
	Games and Science Activities . . . . .	84
	Office Supplies for Activities . . . . .	84
	Learning Experiences . . . . .	85
	Evaluations . . . . .	94
V.	THE ANCHORAGE PARTICIPANTS . . . . .	97
	Chart One-Overall Status . . . . .	100
	Chart Two-Projects, Crafts, and Activities . . . . .	101
	Chart Three-Projects and Crafts . . . . .	102
	Recommendations . . . . .	103
VI.	SUMMARY AND CONCLUSIONS . . . . .	104
	BIBLIOGRAPHY . . . . .	109
	Part A - by Chapters . . . . .	109
	Part B - Guidance Helps . . . . .	113

Part C - Program Helps . . . . .	115
Part D - Counseling Parents of the Mentally Retarded . . . . .	116
Part E - by States . . . . .	120

**APPENDICES**



## CHAPTER I

### INTRODUCTION

Mental retardation, as a term, has become familiar to the general public during the past two or three decades. Large national and local organizations have been formed to solicit public aid for support in the development of educational programs. Despite the fact that the term mental retardation is now used by the general populace, innumerable erroneous concepts concerning those affected are commonly held as true. Many attempts to encourage aid and support for the mentally retarded are based upon an emotional appeal. Emotional appeal has been influential in attracting workers to the field. This practice is not to be condemned because it is at times apparently necessary--especially in the activities of fund-raising and stimulating public interest and support. It should not, however, be allowed to enter into professional planning and thinking.

#### Purpose

This study is a historical resume of The Anchorage, an enterprise engaged in the training of the Trainable Mentally Handicapped person. The content makes reference to the steps leading to the establishment, the maintenance, the instructional programs, the

accomplishments and the needs of this institution.

Also included are data regarding Education of Trainable Mentally Handicapped, data which were derived from a survey of the programs in several states.

The purpose of this thesis is two-fold:

1. To provide a detailed account of the history of The Anchorage which can serve as a single authoritative reference.
2. To provide a source of information to those persons who may wish to bring help to the Trainable Mentally Handicapped in their localities.

### Definitions

Mental retardation is a general term defined as functioning ability below 80 I.Q. as found on standard psychological tests. This term encompasses the educable mentally handicapped (EMH), those who function within the 50-80 I.Q. range and will achieve some success in academic materials. These individuals can be expected to be partially or wholly self-supporting in adult life.

The trainable mentally handicapped (TMH) are those with measurable ability between 30-50 I.Q. These individuals can learn to be self-sufficient in personal care and to conform to simple daily life schedules, but are dependent on others for support and supervision.

The custodial retarded are those whose I.Q.'s are below 30 or do not make a recognizable score. These profoundly retarded must be under guardianship and total care either at home or in an institution.<sup>1,2</sup>

Mental illness is often confused with Mental retardation.

With normal facilities a person may become mentally disturbed at any time during his life. This illness may cause him to function at a level which would suggest mental retardation. But if, through treatment or the passage of time, he overcomes his mental illness, he will again perform as a person of normal intelligence. There is no cure for mental retardation, however.<sup>3</sup>

Incidence: Three percent of the general population are mentally retarded. Of these 11% are EMH, 88% are TMH and 1% are custodial retarded.<sup>1</sup>

Etiology: Mental retardation may be classified by cause and time of the probable defect or injury to the brain. This includes prenatal (heredity and acquired in utero), paranatal (obstetrical and

<sup>1</sup> Dittman, Laura L. The Mentally Retarded Child at Home: A Manual for Parents. Washington: U.S. Department of Health, Education and Welfare, Reprint 1965, pp. 5-9.

<sup>2</sup> Robertson, R.K. The Treatment of the Backward Child. London, Methuin & Co. Ltd., 1950. pp. 3-7.

<sup>3</sup> Anderson, Joan E. What is Mental Health? Minneapolis: Institute of Child Welfare, University of Minnesota, 1949. p. 38.

constitutional), and Postnatal (trauma, infection, toxic, vascular, anoxia, neoplastic).<sup>1</sup>

**Diagnosis:** The majority of mentally retarded children do not have obvious physical defects. As a rule, though, the parents of a retarded child suspect something is wrong before the child is four years old. The diagnostic procedures are fairly well standardized and it is recognized that no one test is conclusive. Generally, the more experienced the clinician, the fewer procedures he needs to rely on to confirm his clinical impressions.

First, the doctor takes a case history recording of such things as neonatal hyperirritability or listlessness, feeding difficulties, abnormal physical growth, abnormal development in reaching, sitting, crawling, standing, walking, and speaking. Next, the doctor gives the child a complete physical examination to determine what, if any, physical anomalies are present. (Initially many deaf or blind children are thought to be retarded).

After eliminating physical causes and considering all other information, the doctor may decide on a tentative diagnosis of mental retardation. This diagnosis is confirmed (or rejected) by a psychological evaluation when the child is developed enough to make some responses.<sup>2</sup>

---

<sup>1</sup>Lafon, Robert, M.D. "The Potentialities of the Moderately and Severely Deficients," Mental Retardation in Canada. Ottawa: Canadian Department of National Health and Welfare, 1965.

<sup>2</sup>The Encyclopedia Americana, Vol. XVIII (Chicago: The Americana Corp., 1957), pp. 649 a-j.

Description

## Chapter I

This chapter contains an introductory paragraph, a statement of purposes and a definition of terms.

## Chapter II

This chapter contains a brief resume of activities and programs for retardates past and present. This material is well documented by many state directors. The Bibliography - Part E lists these directors and materials used for their work with mental retardates.

## Chapter III

This chapter contains a discussion of the early needs and establishment of The Anchorage.

## Chapter IV

This chapter contains the beginning curriculum objectives, physical plant, equipment and learning activities.

## Chapter V

This chapter contains the developmental records of students in The Anchorage in three charts. These charts were created in the absence of vital statistics from the Area Social Service Center (APPENDIX S).

## Chapter VI

This chapter contains evaluations, changes, recommendations and summary of The Anchorage activities.

## Bibliography

## CHAPTER II

### The Education of the TMH Child, Past and Present

#### Early History

According to the limited history available on eighteenth century work with mentally retarded, J. E. Marie Gaspard Itard (1775-1838) was the first modern teacher of the mentally defective. His pupil, Edward Seguin (1812-1880) carried forward his work (1830-1850) devoting his whole life to the education of the feebleminded. After early experiments to educate retarded children, most of the efforts directed towards the trainable group have had to do with humane care. In 1850 Seguin came to America and exerted an important influence on the first United States institutions for the mentally deficient.

The first American residential institution was established in 1848 as the Massachusetts School for Idiotic and Feeble-Minded Youth. Samuel G. Howe, who was an educator of the blind and feebleminded, took an active part in the work at this school.

In 1851 Dr. Howe was placed on a permanent basis at the school as superintendent. In this position, he sought teachers for idiots that possessed a rare combination of intellectual and moral qualities. These teachers were to have enthusiasm of spirit, love for

their scholars, zeal for their work and faith in its final accomplishment. To achieve these things, Dr. Kowe felt the teachers must labor during many years with untiring patience, with earnestness of manner, with gentleness of temper, and with exhaustless fertility of invention.

Further he concluded that it probably takes a rarer and higher kind of talent to teach an idiot than to teach a person with superior talent. This was certainly a good way to recruit the teachers he so sorely needed. However, he did not stop there; he made a prophecy to the effect that when the time comes and schools for idiots are established over the country, it will be more difficult to get good teachers for the idiots than to get good professors for our colleges. Time is telling.<sup>1</sup>

Just before and just after the turn of the century, Maria Montessori carried forward the work with the mentally deficient in Italy. The equipment of both Fernald and Montessori are outdated and much too large and hard to use today. The things that have been developed to replace this equipment serve the same functions of supposedly exercising the muscles and the senses.<sup>2</sup>

It was early recognized and commonly accepted that trainable retardates would not learn to handle printed symbols, even with patient, persistent, and skillful instruction. Yet in 1896 a class for

---

<sup>1</sup> Mildred Thomson, Prologue (Minneapolis: Gilbert Publishing Company, 1963), pp. 38-39.

<sup>2</sup> J. Tizzard, Community Services for the Mentally Handicapped (London: Oxford University Press, 1964), pp. 24-26.



"backward children" was opened in Providence, Rhode Island. This was apparently the first public school class, but there was no record made of the results of the children's mentality.

Early research laboratories were established for understanding the problem and developing training programs. At Vineland, New Jersey, in 1906 such a laboratory was established under the direction of Henry H. Goddard. Fred Kuhlman directed the establishment of a similar one at Faribault, Minnesota.<sup>1</sup>

Before 1910 there was interest and recognition of the mentally defective. About 1905 Binet's measurement methods of intelligence stimulated this study. It resulted in the introduction of the Binet-Simon Tests for measurement of intelligence at Vineland, New Jersey in 1909.

In 1913 The Mental Deficiency Act was passed by the federal government. Known and believed facts that concerned mentally defective children were given in the Act. Telling of the ineducable children, the Act stated that some may be suitable for simple training at an occupational center; and others need to be sent to an institution for guardianship. Apparently this was the first recognition and provision for trainable mentally handicapped children and adults.<sup>2</sup>

---

<sup>1</sup> Advisory Board on Handicapped, Gifted and Exceptional Children Report, The Trainable Retarded Child in Minnesota (St. Paul: State of Minnesota, 1958, pp. 31-34.

<sup>2</sup> *Americana* (1957), Vol. 13, p. 248.

Before 1915 many states had school work for backward children not necessarily TMH. As one of its undertakings, the Children's Bureau in 1915 conducted a study of retarded children in the District of Columbia. This helped to bring out the differences and needs of the mentally deficient. Although Wisconsin had had opportunity classes for some years previously, in 1916 Milwaukee opened its first class based upon measurements. Nothing is known about any TMH children participating in this project. In 1917 Wisconsin's Department of Public Instruction employed its first psychologist.<sup>1</sup>

The impediment to the education of retardates was the inability to secure adequately trained teachers. The teachers needed training in the exercise of great patience but also varied accomplishments were required in special methods of instruction--including psychology to meet such problems. The requirements given by Dr. Howe of Massachusetts in 1851 were beginning to be seen.<sup>2</sup>

Illinois has had laws since 1909 that have been permissive relative to the establishment of programs for retardates. (Many states still have only this type of legislation.)<sup>3</sup>

---

<sup>1</sup> Kenneth R. Blessings, Daniel C. Mathias, and Floyd L. Barbeau, Wisconsin's Public School Services for Retarded Children. (Madison, Wisconsin: Department of Public Instruction, Reprint, August, 1960), pp. 73-74. (Wisc.)

<sup>2</sup> Thomson, op. cit., pp. 68-69.

<sup>3</sup> E. Doll, "A Survey and Program for Special Types of Education in Trenton, New Jersey", White House Conference on Child Health and Protection. (Washington: Children's Bureau, 1931), pp. 33-35.

Through the years, the federal government had shown only limited interest in the mentally deficient. The 1931 White House Conference on Child Health and Protection discouraged further interest. A report for the meeting, compiled by Doll, stated that these children make slow and limited progress and only under the most favorable conditions can they make any independent social or economic adjustments.<sup>1</sup>

### Changes in Attitudes and Programs

In 1932 Mrs. Elise Martens, who was with the Office of Education, joined the newly formed American Association of Mentally Deficient. As an aid to schools over the country, she compiled information on all groups of the handicapped. Despite little office help, she gave real leadership to teachers of the feebleminded as well as others.

Until 1933 the American Association for the Study of the Feeble-minded was concerned mostly with actual physical care of the institution retardates. Then the group became the American Association of Mental Deficiency. Parole of the feebleminded was much discussed at this time.

The W.P.A., Works Progress Administration, was used for retardates. In St. Paul, because of the initiative of Mrs. John Rockwell,

---

<sup>1</sup>James A. Finley, "History of Legislation in Special Education", Illinois Journal of Education (September, 1964), p. 519.

then a case-work Supervisor with the Ramsey County Child Welfare Board, classes termed "Beta Classes" were established for children who had I.Q.'s under fifty. These retardates were not included in the special classes of the public school because classes for TMH were made available by the W.P.A. When federal funds ended, St. Paul schools were forced, by the success of the project, to take over the classes even though no state aid was available. Minneapolis, St. Paul and Duluth all now have classes for the trainable and educable retardates with state aid. The preschool training for trainables, especially, is usually put in Day Care Centers and other private facilities.<sup>1</sup>

Up until ten to fifteen years ago very little was known about the trainable mentally handicapped child or adult. They got taken into programs like the W.P.A. in the thirties by accident. As far as educators knew, they were in institutions or else remained at home.<sup>2</sup>

Then people like Dr. Abraham Levinsen, Professor of Pediatrics at Northwestern University and Director of the Dr. Julian D. Levenson Research Foundation, started stressing the fact that something could and should be done for every retarded child. These things were not to be done with the hope of effecting a cure but with the aim of

---

<sup>1</sup> Thomson, op. cit., pp. 33-39.

<sup>2</sup> Dittman, op. cit., pp. 68-69.

improving the child nutritionally and educationally. He encouraged trying to give parents of TMH courage and moral strength for carrying their heavy burden. Further he suggested a handbook for parents was needed. This need has been attempted and fulfilled many times in the years since 1953.<sup>1</sup> In 1953, legislation was enacted in Illinois and many states to provide for a pilot study relative to trainable mentally retarded children. The 1943 special education law was amended to include trainable mentally handicapped in 1955. This was a result of the 1953 pilot study.<sup>2</sup>

The 1960 White House Conference on Children and Youth stated that the needs of mentally handicapped children must be recognized as those of all children with additional needs for special care rising from the nature of the handicap. Many recommendations were made concerning state planning, services, education and institutions for the mentally handicapped.<sup>3</sup>

#### Parents of Retardates

Besides help for the parents, close cooperation between the parents and the school is essential in any program for the trainable.

---

<sup>1</sup>Abraham Levinson, M.D., The Mentally Retarded Child (New York: The Jolen Day Co., 1953), p. 5.

<sup>2</sup>David Donald, "Trainable Mentally Handicapped", Illinois Journal of Education, LV, No. 4 (September, 1964).

<sup>3</sup>Golden Anniversary White House Conference on Children and Youth, Recommendations: Composite Report of Forum Findings (Washington: Government Printing Office, 1960), pp. 48-49.

It is appropriate to make mention of the work in this area before telling of recent and current programs. A teacher of the TMH or any special class must be talented in the area of working with adults.<sup>1</sup>

The state of Mississippi had an Institute on Counseling Parents of Handicapped Children at Jackson, Mississippi from March 16 through 18, 1967. Proceedings from this Institute were published by the Mississippi State Department, Division of Institution, Office of Special Education. Results of this Institute were definitely good in bringing the importance of counseling parents to the fore.<sup>2</sup>

During World War II, group guidance became well known and used. A group of people with common interests and problems came together to discuss their difficulty in the group. Everyone is encouraged to speak as he wishes. Usually one thinks he is the only one with this kind of problem. By getting one to start the discussion of his problem, others are less reluctant to express their problems. Then the group finds comfort and help in working out their problems together.<sup>3,4</sup>

---

<sup>1</sup> Donald, op. cit., p. 519.

<sup>2</sup> Proceedings: Institute on Counseling Parents of Handicapped Children (Jackson, Mississippi: State Department of Education, Division of Instruction, Office of Special Education, 1967), p. 10.

<sup>3</sup> Margaret E. Bennet, Guidance in Groups (New York: McGraw-Hill Co., 1955), pp. 9-11.

<sup>4</sup> R. D. Wiley and W. M. Strong, Group Procedures in Guidance (New York: Harper and Brothers, 1957), pp. 52-54.

In 1964 a Group Discussion Meeting on Mental Retardation was held in different parts of North Dakota (Topics APPENDIX A). All the state meetings broke up into small groups each taking one topic. The results of the group discussions on these topics were mimeographed and made available to anyone wanting them. This group discussion brought out the importance of having some training for the TMH in the Dickinson area.

People seem to find real help in getting together in small and large groups for discussions. Most of the states have found this a valuable method with which to work with parents.

In small towns and rural areas resources for guidance are limited. These parents need guidance, too. Gertrude Justison saw this need and gave help to both teachers and parents.<sup>1</sup>

Methods and guides for parents and teachers have been abundant. The majority of the authors seem to put forth the idea that it is never too early to begin training any retarded child. This establishes the importance of the need of a very early rapport between parents and doctor, social or guidance workers. If it must be done by the TMH teacher then the teacher will have a slower, harder job in trying to train the TMH child. Herta Lowery, Samuel Kirk, Laura

---

<sup>1</sup> Gertrude G. Justison, "Parents in Programs for the Mentally Retarded," Exceptional Children (February, 1958), pp. 99-100.

Dittman, Dybwad, and LaCrosse all have helps for the parents and teachers.<sup>1,2,3,4</sup>

There are pros and cons in the many publications as to when training should be started. If parents should participate in the training away from home, is another question.

### Day Care Centers

In 1961 the Wisconsin Community Day Care Service Act was passed by the legislature. Day Care programs for the mentally retarded were to be established with the assistance of the legislation that provided forty percent grant-in-aid to communities.

The programs designed are to complement and reinforce existing programs. Services are of two basic types:

Day Care Centers, for children under sixteen are aimed at providing self-care skills (feeding, dressing, etc.), activities, recreation, socialization.

<sup>1</sup> Herta Lowery, The Retarded Child: A Guide for Parents, Teachers, and Social Workers (London, Staples Press Ltd., 1951), pp. 52-57.

<sup>2</sup> Samuel A. Kirk, Early Education of the Mentally Retarded (Urbana, Illinois: Illinois University Press, 1961), pp. 25-30.

<sup>3</sup> Gunnar Dybwad and Edward LaCrosse, "Early Childhood Education is Essential to the Handicapped," The Journal of Nursery Education (18-2, January, 1963), pp. 68-72.

<sup>4</sup> Dittman, op. cit., pp. 68-69.



Personal Development Centers, for individuals sixteen and over, are for services in addition to the services provided in the day care centers. These Centers' services may include work training and work experience in Extended Employment programs within sheltered workshops.

Through non-profit corporations or governmental units, these programs are developed by communities to meet their specific needs. Organizing, supervising and financing are community responsibilities.

By September 30, 1967, there were 67 centers in 32 counties serving about 2,275 persons. The cost per patient has more than doubled since 1963.<sup>1</sup>

The year 1964 saw expansion of day care service. Now forty-six states have plans to use federal funds to provide day care for children through public agencies. This care is not all for TMH. Day care can be provided by voluntary organizations or by commercially run child-care centers. Reports from states in 1964 indicated a need to raise standards of service in all kinds of day care organizations. One serious problem was and is the recruiting and training of people to run the program effectively. It is estimated that 34,000 MRC now receive services from public welfare agencies and more than 5,500 from volunteer agencies.<sup>2</sup>

---

<sup>1</sup>Wisconsin's Day Care Program (Madison, Wisconsin State Department of Public Welfare, Division of Mental Hygiene, 1966), p. 1.

<sup>2</sup>Americane, (1965 Supplement), p. 150 and p. 156.

Paul Cotton, Mississippi Supervisor, recommends Louisiana's Day Care Guide. This guide is highly recommended by those experienced in day care work.<sup>1</sup>

According to R. Elwood Pace, Ed.D., Coordinator for Special Education Programs in Utah, nineteen facilities across Utah offer day care centers. They are offering education and training services to approximately 700 trainable children. For more information about the trainable child served in Utah day care centers, he suggests writing to Mrs. Irene Elggreen.<sup>2</sup>

#### Home Teaching Program in Massachusetts

The pilot home teaching program began in 1964 and resulted in the Division of Mental Hygiene (Department of Mental Health) Supervisory Staff of the Community Clinical Nursery School Program initiating a Home Teaching Program for preschool children in September, 1966. Even though many agencies within the Department of Mental Health are involved, decisions regarding policies and ongoing administrative relationships are made directly from the Central Office (Director: L. B. Klebanoff, Ph.D.).

---

<sup>1</sup> Paul Cotton: Associate Supervisor of the Office of Special Education for Mississippi, Day Care Center Curriculum Guide (Baton Rouge: Louisiana State Department of Hospitals, Division of Mental Retardation (1963).

<sup>2</sup> Mrs. Irene Elggreen, Special Education Report Prepared for Utah State Board of Education (Salt Lake City, Utah: Division of Special Education, 1967), pp. 13-17.

The overall aims of the home training program are based on an evaluation of the child's developmental levels. Then a program is planned for education through play and planned activities. The second aim is to guide and support parents in the child's day-to-day learning experiences on a one-to-one basis.

Referrals come from a wide variety of sources. To avoid disappointment they are asked to check the availability of a home teacher service for a particular case before contacting the parents. Also the parents' willingness to participate in the program should be clearly established before the referral. Cases which are not accepted are those which are over age or those in which the emotional disturbance is the primary diagnosis, or those that are multi-problem families. TMH cases are usually accepted.

By way of introducing herself on her first visit, the teacher defines her role to the parent and outlines the home teaching program. Next she takes a brief history of the child and his problem and makes an evaluation of his developmental level in order to secure a base-line for planning subsequent work for the child. On this first visit she avoids giving advice or direction. In subsequent visits, techniques depend on the needs and resources of the family. Whenever possible a teaching demonstration is followed by a conference with the parents.

In the beginning some families might need weekly visits, while others can be served with visits spaced several months apart

or with referrals to other agencies. This is a child-centered program encompassing both mother and child (and any other family members when indicated) whose plan must be outlined and accepted by the mother. Play materials provided for the child may be charged to the parents, but no fee is asked for the services of the home teacher.<sup>1</sup>

The Commonwealth of Massachusetts, Department of Mental Hygiene also sponsors a Community Clinical Nursery School Program. This program was started earlier in August of 1957. A nursery center program for preschool mentally retarded children--ages three to seven--was established to try and cut the increase of institutional beds for preschool retardates with a community accented program.<sup>2</sup>

#### Clackamas Child Training Center

In Oregon, the Clackamas Child Training Center is the only model school for trainable retarded children. It is located in Oregon City. A research program for the Trainable Mentally Retarded in Oregon was established by Chapter 581, Oregon Laws 1963. The responsibility for conducting the project was delegated to the Mental Health Division of the Oregon State Board of Control.

---

<sup>1</sup> C. B. Klebanoff, The Home Teaching Program (Boston, Massachusetts: Department of Mental Health, 1967).

<sup>2</sup> A. J. Bindman and L. B. Klebanoff, "A Nursery Center Program for Preschool Mentally Retarded Children," American Journal for Mentally Deficient (1959), Vol. LXIV, pp. 561-573.

The characteristics of the children at this center can be found in APPENDIX Q. The teachers at the Clackamas Child Training Center are beginning a language program using the Bereiter and Englemann book Teaching Disadvantaged Children in the Preschool. The minimum goals are the ones they hope to achieve.<sup>1</sup>

The director of the school is Henrietta Cranston. She sent material on the success of the program. Certainly these things should be considered by any group or state developing a trainable program. All of these points parallel the activities at The Anchorage. The following paragraphs are highlights of the summary of the Continuation Program issued in October, 1967.<sup>2</sup>

They have many volunteer assistants at the Center serving on a continuous basis. Some volunteers assist in the swimming program held weekly at the John Lunch YMCA in Portland, Oregon. All are available for emergency assistance and field trips.

Before the child is admitted or removed from the program, a staff meeting attended by a pediatrician, clinical psychologist, social worker and educator will be held to determine eligibility. Twenty-one

---

<sup>1</sup> C. Bereiter and S. Englemann, Teaching Disadvantaged Children in the Preschool (Englecliffs, N.J.: Prentice Hall, Inc., 1966), pp. 48-49.

<sup>2</sup> Henrietta Cranston, Director Clackamas Child Training Center: Summary of the Continuation Program for Trainable Mentally Retarded Children at the Clackamas Child Training Center (Oregon City: Clackamas Training Center, 1967).

children are attending the Center. Activities and classes continue to be directed to the goals established in the research project for TMH children.

Parent counseling is being done by parent discussion groups. These groups are very helpful in getting parents to communicate with each other. The school is in session Monday through Friday twelve months a year. School hours are 9 a.m. to 12:30 p.m. for the primary and 9 a.m. to 2:30 p.m. for the advanced.

At the Center they take each child as far as he can go without pressuring his limited abilities. Motor activities successfully used include tumbling, cooking, lunch preparation, serving, and clean-up duties. There are a variety of field trips.

This program is presented without cost to families participating. The State of Oregon provides the staffing, transportation of students, and expendable supplies. The Center is sponsored by the Clackamas County Association for Retarded Children and they provide utilities, custodial services and maintenance. The local school district is now providing the building facilities.<sup>1</sup>

#### Garland School

This school is a division of the Special Services Department of the Spokane, Washington Public School. The program was established

---

<sup>1</sup> Granston, op. cit., p. 2. (Ore.)

in 1951 at the Webster School in Spokane, and moved to the Hill-yard School in 1959. As an expansion of the program, it was moved to the Garland School in 1965.

To gain admission to the school the TMH child and a parent must visit the school, then an appropriate medical recommendation about the TMH child should be made, and lastly a qualified examiner should make a psychological study. Between the ages of six and eighteen children are eligible for enrollment providing they are not seriously physically handicapped, have established minimum standards of personal care and safety (fairly well toilet-trained,) and can adapt to a social situation without hindering group welfare.

Younger and less mature students attend school for half-day sessions; all other students are on a full-day schedule. The program keeps the school age student as long as he shows progress or until a more permanent plan is made for his future. The children at Garland are brought to the school and taken home again by bus. The other special schools are serviced by these same buses.

The parent understanding of the school program and cooperation in achieving its goals are an important part of the program. Emphasis is placed on a realistic understanding of the child's future.

Two levels are operated in the school program--an arts and crafts, with the practical approach to training, emphasizing self-care (how to help take care of themselves--dressing, toileting, helping

around the home), and minimal academic work as far as they are able to succeed in reading, writing, and number work. The level of ability ranges from a mental age of about two to seven. The objectives of the program are self-care, diversional and recreational skills, and economic usefulness. A large number of audiovisual aids are used in teaching, as well as usual methods. An individual approach to each child is the aim of the program.

The school now has ten rooms, nine teachers, a principal, clerk, speech therapist, and nurse. There is a large fenced in playground at the school. In addition to classrooms, the building includes a special library, arts and crafts center, and an industrial arts workshop. In a good sized school gymnasium they offer a hot lunch and physical education program and auditorium facilities.<sup>1</sup>

#### Nebraska School for Trainable Children

The State Department of Education has jurisdiction over the Nebraska School for Trainable Children. In 1966 there were thirty children, the maximum capacity, enrolled at the school. Of these, six were day students and the other twenty-four were in residence Monday through Friday. They went home for the weekends. By returning to their homes on weekends they were able to keep close family ties.

---

<sup>1</sup> William D. Pfeifer, Principal, Garland School, Spokane, Washington. (Wash.)



Continued community and agency participation has been enjoyed. The work experience program has been used for some time. Painting instructions proved successful and some very good work was evident.

The one day parent workshop has been successful and continues to be included in yearly plans.

For the purpose of evaluating progress of students and finding proper placement for them, an Evaluation and Admissions Committee has been operating under the State Department of Education.

In the third summer, camp activities for the TMH in Nebraska included fishing, horseback riding, hikes, wiener roasts, chuckwagon dinners, stage coach rides, rodeos, crafts, games and singing.

The class for four and five year olds proved successful along with the value of early education. The progress was encouraging and is being continued.

In cooperation with Kearney State College, classes in speech, industrial arts, and physical education have been started. This cooperation plan has been mutually beneficial for the school and the college. The Special Education Program Report for Nebraska's Handicapped Children should continue to provide such interesting suggestions and activities.<sup>1,2</sup>

---

<sup>1</sup> Nebraska State Department of Education, Special Education Programs for Nebraska's Handicapped Children (Lincoln, Nebraska: Division of Instructional Services, 1965-1966), p. 17.

<sup>2</sup> Amelia Wells (Dir.), Handbook (Preliminary Draft) of Nebraska State School for Trainable Mentally Retarded Children (Lincoln, Nebraska State Department of Education, 1961).

Level III or High School"On the Job Training" in Missouri

Under the Missouri Plan for trainable retardates a unique type of administration and supervision of training centers was developed. The establishment of these training centers started in 1957. The State Board of Education administered and supervised the training centers. During the fourth year of programming a definite policy in regard to termination was proposed.

The basic philosophy of training a TMH child so that he should be able to make a more satisfactory adjustment in his home and community during adult life had to be re-emphasized to the parents. Near the closing years of the training routine when the child was enrolled with the "older age group" there was to be a program of gradual transition. In the program the child was to be enrolled regularly, but part of each week was to be spent at home training the joint supervision of the teacher and parent in an "on-the-job" training. The supervision area has now gone beyond the home. It was felt that in this manner the transition might be accomplished less abruptly and be more satisfying to the teacher, the trainee, the parents, and/or the employer.<sup>1</sup>

---

<sup>1</sup> B. W. Sheperd, (Missouri Director of Training Program for Retarded Children), Report: The Missouri Plan: Trainable Retarded (Jefferson City, Missouri: State Department of Education, 1962).

This "on-the-job" training program has been accepted by the majority of schools carrying the TMH high school. It has also proved essential in the sheltered workshop program using TMH people.

#### A Community Action Program in Maine

Maine has been very successful in having all classes for trainables organized and administered by parent groups. Most of these classes are well run and financially solvent. For this purpose they receive, from the local school department, local elementary per capita cost for educating normal children. Further, they are eligible for community grant-in-aid from the State Bureau of Mental Health for up to fifty percent of their expenses.

The Elmhurst Center at Bath, Maine, sponsored by the Bath-Brunswick Association, is one of these sets of classes. This flourishing center started with a summer play program for six TMH children at a local school with one teacher in Brunswick in July, 1960. Later in 1960 the same six children were the first class of a new school for TMH children at Codman House of St. Paul's Episcopal Church. The Bath-Brunswick Association for Retarded Children sponsored the program. Despite the necessary change of teachers during the first year, the school outgrew its quarters. Then the facilities of a cottage were offered and the Association accepted them. Members organized work parties and by March, 1961, classes began at the newly named Elmhurst Center. At this time there were ten students.

By fall of 1962 there were twenty children enrolled and a third teacher was hired. Growth continued and suddenly the cottage was sold and a new location had to be found. With the work of many and the help of the city of Bath, an adequate building and facilities were found and remodeled. With thirty students in September of 1966, Elmhurst Center moved again. Brunswick ARC has every right to be proud of what has been accomplished. The group has an excellent brochure about the center, complete with pictures.<sup>1</sup>

#### The Colorado Community Centered Program

According to the Colorado Division of Mental Retardation in the Department of Institutions, Colorado pioneered in the development of the community centered program. It is one of the first states to develop a total inter-agency approach for aiding the retarded and other handicapped, and was the first state to approach the matter in this manner.

This program was authorized by the General Assembly in 1964 in recognition of the variety of needs of the handicapped and of the necessity of making all efforts to meet these needs at the community level. Many studies in different parts of Colorado were made before the present system was developed.

---

<sup>1</sup> Bath-Brunswick Association for Retarded Children, Inc., Reaching the Retarded in Maine Through Community Action: Elmhurst Center 1960-1966 (Bath, Maine: Bath-Brunswick A.R.C., 1967).

Colorado's Legislature also authorized the appointment by the Governor of nine members for the State Coordinating Advisory Board on Mental Retardation. The Board was and is to advise and consult with the Department of Institutions.

The Community Services Section of the Division of Mental Retardation, Department of Institutions has the responsibility of administering the community centered program. The Mental Retardation Division is also responsible for the operation of the State Home and Training Schools at Grand Junction and Wheat Ridge.

There are now twenty-two community centered programs administered by local incorporated boards which have complete autonomy. For the benefit of the retarded and handicapped, these boards purchase services from local, public and private non-profit resources. State funds are matched by local funds for this purpose. The state can pay up to 60% of the annual cost of the approved program. The community centered boards can use funds or services in kind from the community. At least 20% must be in cash and 20% in kind. When resources are lacking in the community, some boards provide direct service. Services purchased or furnished include the areas of psychological, training, therapy, and social services. Programs vary by community according to the needs of the trainees.

The community centered program seeks to aid those who cannot be assisted by other means yet who have some capabilities and who desire, if possible, to avoid institutionalization. Services consist

of nursery, pre-school, school age, workshop, home training, instruction and post-school opportunities. By making this training possible, TMH persons as well as all other handicapped people, may remain with their families and in the community and not be sent to an institution.

It is estimated there are ninety-two individuals who are having this experience. More than a dozen former residents of the State Home and Training Schools have been returned to their home communities to participate in the community centered activities. Numerous children in the community programs have advanced from the centers to special education classes in the public schools.

The success of this relatively new program is due largely to the dedication and cooperation of local boards and other citizens of the community. Officials of the Division of Mental Retardation agree on this.

The program expands as more citizens participate in the activities, more public education results, and thus more individuals who need an opportunity to become trainees are able to benefit from the services available.<sup>1</sup>

---

<sup>1</sup> Marvin L. Meyers (Dir.), The Community Centered Program for the Mentally Retarded and Seriously Handicapped Persons (Denver, Colorado: Department of Institutions, 1967). (Col.)

## Community Resources<sup>1</sup>

The type of community service needed will to a large extent depend on the age of the child, the degree of retardation and the acceptance of the child in the home. The community services available will naturally be influenced by the size of the community as well as the community's acceptance of the problem.

### Diagnostic Centers

The purpose of diagnostic centers is to give a complete assessment to the child--medically, psychologically, and educationally.

### Sheltered Workshops

Sheltered workshops have been established to provide a protective environment for the retarded who are unable to adjust to industry.

### Social Agencies

Often parents of trainable mentally handicapped children need help for themselves or their child with personal problems. Many of the social agencies provide such help.

### Recreational Programs

Many civic groups have successfully organized recreational programs for trainable mentally handicapped children such as summer

---

<sup>1</sup>Orville G. Johnson, Ed.D. and Carolyn D. Lavelly, Guidelines for the Establishment of Training Programs for Severely Mentally Retarded Children (Albany: New York State Interdepartmental Health and Hospital Council Committee on Mental Retardation, December, 1966), p. 32. (N.Y.)

camping. Often there are special Sunday school classes and special Girl Scout or Boy Scout troops.

### Parent Organizations

Parent organizations of retarded children are probably the best organized of all the community groups. These groups give parents an opportunity to share their common problems and to promote public acceptance of the problem. They have been instrumental in getting legislation passed.

### The Programs of Ohio

In Ohio, the following programs may be provided TMH at the county level with reimbursement from the Division of Mental Hygiene:

1. Pre-school developmental classes are conducted for those mentally retarded children from 3 to 6 years of age for the purpose of preparing them for group activities.
2. School age developmental classes are conducted for those mentally retarded individuals 6 years of age and over and not yet ready for the Community Class program.
3. Home training services provide programs to both the child and the family. These services are provided in the home by a visiting home training teacher.
4. Community Class Programs are concerned with the instruction of school age children excluded from the public schools and for the mentally retarded beyond compulsory school age, yet not beyond the age of 21 years.
5. Workshop programs may provide remunerative employment and/or other training, occupational counseling, evaluating



retarded individuals beyond compulsory school age, or 16 years of age and ineligible for enrollment in the public schools or community class program.

6. Adult Activity Centers include activities and training for individuals whose capacity has been so impaired as to prohibit them from profiting from Community Classes or Workshop programs. This program seems to be a necessary neglected part of all TMH programs.

Besides the Community Programs described above, there are six institutions in Ohio serving all the mentally retarded. Provided in the institutions is a full range of services and programs.<sup>1</sup>

### Problems, Actions and Activities of Many States

#### Indiana

The State of Indiana had some confusion or misunderstanding concerning where educable mentally retarded or EMH classes were to be housed. It had been the policy of the Division of Special Education to approve the educable mentally retarded or EMH classes in segregated settings if they were in operation prior to 1960. Then the Division discouraged the expansion of such existing programs and the development of new classes to be housed in segregated settings.<sup>2</sup>

---

<sup>1</sup> Rules, Regulations, and Standards for the Establishment and Operation of Programs for Training the Mentally Retarded (Columbus, Ohio: Department of Mental Hygiene and Correction, 1964). (Ohio: Joseph D. Auberger).

<sup>2</sup> In "Housing of Classes for Mentally Retarded," The Administrative Handbook for Indiana Schools (Indianapolis: Indiana General Commission on Education, 1961), pp. 97-98.

This policy pertained only to classes for the educable mentally retarded or EMH. Classes for the TMH could and can be housed in regular school buildings or in segregated buildings. When segregated buildings were or are used they have to meet all state requirements and must be inspected. This is true of the majority of the states.

### Florida

Procedures and programming for TMH children in Florida are similar to those in most states. The interesting change is that most of the programs for TMH children are carried on in special schools constructed specifically for this purpose. There are a few of the counties that have incorporated these classes as special classes in regular elementary and junior high schools. These special constructed units are wonderful steps forward to the education of the TMH. Any area interested in possible construction of a unit for TMH children should certainly contact the Director.<sup>1</sup>

### Delaware

In Delaware they now have six centers for the trainable retardates. They do not try to start such a center which shares with several school districts until there are enough to have an enrollment of fifty children. The director of pupil personnel services thinks this

---

<sup>1</sup> Letter from Landis M. Steller, Director of Education of Exceptional Children, Florida Department of Education, Tallahassee, Florida.

number is necessary to have a continuous program based on chronological ages and social and emotional maturity as well as their different variations in I.Q. The I.Q. range is from 30 to 60 and in the 50-60 range they can put these children with the 50-75 educables. By making the schooling flexible between 50 and 60, they can put some trainables in educable locations and some educables in trainable locations depending on maturity, development, and recommendation of the psychologist so that it makes it easier to have a program.<sup>1</sup>

They do not have a curriculum guide of any kind in Delaware. Most of the centers use the Illinois curriculum guide which they started with in 1955. The late Dr. Ray Graham, formerly the State Chief of Exceptional Children in Illinois, was original consultant for Delaware in 1953. He proved most helpful to Mr. Charlton and many others in starting programs for the TMH.

### Rhode Island

The procedure of determining eligibility for special education of the mentally retarded including educable and trainable includes the request for an overall evaluation. This evaluation includes general medical, educational and clinical psychological examination. There follows an analysis of the evaluation by the community school psychologist. Then follows a specific recommendation for placement by

---

<sup>1</sup> Policies for Conducting Classes for Trainable Mentally Handicapped Children (Dover: Delaware Department of Public Instruction, December, 1966).

the community supervisor of special education on the basis of the overall evaluation and analysis by the psychologist and consultation with the parents or guardians.<sup>1</sup>

### Wyoming

Sara Lyon James, Ph.D., Director, Exceptional Children in Wyoming, writes this division was established in July of 1967. Progress is being made in the process of adopting guidelines, curricula standards and procedures. According to Dr. James the TMH children in Wyoming usually are placed either in a day center, with a program which is operated by the parent groups and such agencies as the United Fund or is placed in a public school program which is funded under the foundation units or is placed in a training program at the Wyoming State Training School in Lander.

### Other States

Surveys of needs and facilities are found in reports from Utah and North Dakota.<sup>2,3</sup> In 1966 the Department of Education in Missouri published a brochure that is a very complete, concise story

---

<sup>1</sup> Regulations in Education of Handicapped Children (Providence, Rhode Island: Department of Education, 1963). (R.I.)

<sup>2</sup> Elggrec, op. cit. (Utah)

<sup>3</sup> Rules and Regulations for Treatment and Care Centers for the Mentally Retarded in North Dakota (Bismarck: North Dakota State Health Department, 1967). (N.D.)

of the Training Program for Retarded Children in this state.<sup>1</sup>

Many states in their public education are at a standstill right now because of the lack of necessary associated philosophies and resources. Some of these states, Alabama, Montana, Nevada, New Hampshire and Oklahoma, are developing curriculums for the trainables to move ahead in this area. Private schools and special programs in day care centers are serving the TMH during this delay in the public school program.

#### Planning in North Dakota - Progress in West Virginia

In November of 1967 the North Dakota State Health Council published Rules and Regulations for Treatment and Care Centers for the Mentally Retarded in North Dakota.<sup>2</sup> The rules and regulations have been written but the funds to pay for the care are not yet available.

The treatment and/or care center "shall mean any hospital, home, or other premises, owned and operated by a charitable non-profit cooperation or association, especially to provide relief, care, custody, treatment, training or education of the mentally retarded." (Sec. 25-16-01 North Dakota Century Code). It is interpreted that:

---

<sup>1</sup> B. W. Sheperd and Dewey Belljeu, Training for Home and Community Living: Training Program - Retarded Children (Jefferson City: State of Missouri, 1966). (Mo.)

<sup>2</sup> N. D. Health Department, op. cit.

this law applies to those centers referred to as residential care that provide services on a twenty-four hour basis. Parents of retarded children in North Dakota are trying to get within regular commuting distance of the home added to the residential care definition. Because of population differences the program is not called Community Care as it is in West Virginia.

Types of residential facilities should take into consideration the needs of different age groups as well as variations in degree and types of handicap. This has been done in the West Virginia and North Dakota definitions of residential facilities.

1. The nursing care center is a facility for non-ambulatory mentally retarded persons who receive nursing care in addition to other needed care and treatment. (All ages of TMH could be included in this group, but it would be primarily for custodial cases.)
2. The residential school is a facility primarily for the care, treatment and education of educable and trainable mentally retarded persons. An educational program is provided on the premises. This is true in North Dakota only.
3. The residential center is a facility for the 24-hour residential care of mentally retarded persons who need care and/or supervision. For those admitted to the facility, it has an organized program of services they need. West Virginia divides this into two sections, the semi-residential

and the life-time residential care. This is found in both North Dakota and West Virginia.

4. The half-way house (community orientation center) is a facility that provides for mentally retarded persons the training and skill experiences necessary for independent placement in the community. Social and personal skills for the retardate who is employed or potentially employable are included in this facility. These retardates should be able to profit from short-term (two years or less) training in independent living. A very few of the TMH might be able to use this facility. This is found in both North Dakota and West Virginia.
5. The short-term care center is a facility which provides intermittent care for mentally retarded for short periods of time. During crisis periods such as illness or death of family members or caretakers, the facility is designed for the retardate to provide a temporary separation from family or caretaker. To provide temporary relief for parents or caretakers from the care of a mentally retarded person when it is needed is also part of this facility. This is found in both North Dakota and West Virginia.

In North Dakota whenever necessary for diagnosis, observation, or treatment of a mentally retarded person, short-term care may be provided at any of these residential care centers defined. It is to

hope that caretaker and guardianship may be better defined and used where and when it is needed.

The West Virginia Commission has listed Day Care Center Activity Centers and Sheltered Workshop in this community care section. These facilities are similar to the others with the similar names. Also Regional Citizens Committees have been established in West Virginia to consider the possibilities of financing and constructing, and developing all these Community Care regional services. Giving consideration to establishing the facilities near a school of higher learning has been another possibility.

The regulations for these residential care centers are very lengthy and thorough. Even included in the North Dakota Appendix are classes for trainable mentally handicapped TMH children.<sup>1</sup>

West Virginia has a complete listing of their wide and varied services and facilities for the mentally retarded at all levels. These are good for other states to see for exchanging ideas. Included in this listing are school classes, sheltered workshops, scout troops, and even summer camp groups. Most of those listed are activity groups. There are names and addresses with most of the places or group names.<sup>2</sup>

---

<sup>1</sup> Rules and Regulations for Treatment and Care Centers for the Mentally Retarded in North Dakota. Bismarck, North Dakota State Health Department, November, 1967. (N.D.)

<sup>2</sup> West Virginia Commission on Mental Retardation. A Plan Called Promise. Charleston, West Virginia Public Health Service and Department of Health, Education and Welfare, April 1966. (W.V.)



"Returns to Society" from Utah and Maine

The State Board of Education in Utah had prepared a special education report for September of 1967. The surveys are current and revealing and the material in the contents is thorough.

In the section on philosophies and objectives of special education there are qualifications for a justifiable program of "Special Education."

According to the Utah Report a justifiable program for special education must show returns to society by reducing needs for pensions for handicapped persons, by having fewer commitments to institutions and by decreasing demands for adult vocational adjustment. The special education program financial costs should not be considered an additional burden, but rather valuable contributions to the efficiency of other programs which in the long run may prove to be economical. A special education program should be able to justify itself by training individuals so that they are able to make an increased social and/or vocational contribution to society. Democratic and constitutional rights of all individuals must be recognized--not leaving out those who are unable to assert their own claim to those rights.<sup>1</sup>

The Planning Project Committee in Maine extends somewhat further with its conclusions. According to them the strength of the

---

<sup>1</sup>Special Education, Section, Division of Special Educational Services. Special Education Report (Salt Lake City: Utah State Board of Education, 1967), p. 5. (Utah)

services for the retarded can only be as strong as the public opinion on which they rest. Even through routine channels, an informed and aroused community can produce action. The problems of the mentally retarded cannot be sought out by public officials who are harried with many problems. If requests are realistic, if they can fit into an already established pattern and if they are economically feasible, these public officials will look with favor on requests for revision of present services or creation of new services.<sup>1</sup>

---

<sup>1</sup>The Maine Committee on Problems of the Mentally Retarded, Reaching the Retarded in Maine with Comprehensive Service: Report of Planning Project (1966). (Me.)

## CHAPTER III

### THE BEGINNING OF THE ANCHORAGE

#### Establishing the Need

In May of 1965 at a regular A.R.C. meeting, two mothers of trainable children, a clergyman, and a board member of the Dickinson Area Association for Retarded Children made their appeals for a program for trainable children in the area. These appeals were taped, typed, mimeographed, and mailed to educators, clergymen, and businessmen in the Dickinson area. The local newspaper used the appeals in a column written by the A.R.C. president. The people who made these appeals chose to remain anonymous to those outside the group. These appeals (APPENDIX C) were lengthy but good for fostering a training center for TMH children.

A brief description of the people who made the appeals may help others better understand whom they could get to make such appeals. The first appeal was made by a newcomer to the community who had a trainable child and felt a real challenge was needed to get positive action on a training center. For the second appeal, the group chose a Roman Catholic priest who was acquainted with the

parents of a majority of the children needing help. The third appeal resulted from an overview of the current needs for all the children in the area. The mill levy as recommended was accepted. Final appeal came from another mother of a trainable child who had worked very long and hard to get some training for her child.

One of the results of these appeals was the forming of a small study group. This group consisted of parents of retarded children and interested A. R. C. members who wanted to check the information they had been given. They were asked by the Dickinson A. R. C. to find out how many and who the trainable retarded children were and their needs.

After some interesting studies these few members of the Dickinson Branch of the Association for Retarded Children discovered and reported their findings at a branch meeting. Parents of severely retarded children were the ones that pushed this group to make its findings known.

The study group reported varying standards were used to determine the normal or average child. Special dispensations were required by the exceptional child who deviated from the normal. Further, they found exceptional children were those who deviated from what was supposed to be average in physical, mental, social, and emotional development. Exceptional children deviated to such an extent that they required special education services so as to develop their maximum

capacity. According to the study group these children were found handicapped only to the extent to which society had labeled them.

The handicapped group, with which this study group of the A.R.C. was concerned, was the mentally retarded children or the educable mentally handicapped--EMH, the trainable mentally handicapped--TMH, and the custodial cases--C.<sup>1</sup>

It was found that in the past sometimes these children were referred to as slow learners and were further divided into three main groups. There were the morons, the high grade, the imbeciles, the middle grade, and the idiots, the very severely retarded.

In his book, Dr. Benjamin Spock states a belief that there were three groups used to divide the cases of "real mental slowness." They are "organic, glandular, and natural." Organic causes are those in which there was physical brain damage caused, for example, by insufficient oxygen reaching the brain during birth or by encephalitis, mongolism. Glandular cases are due to deficient functioning of the thyroid gland. If they were treated early and treated correctly, the mental deficiency could be kept at a minimum.<sup>2</sup>

---

<sup>1</sup> Americana, op. cit., p. 649 J.

<sup>2</sup> Dr. Benjamin Spock, The Common Sense Book of Baby and Child Care (New York: Duell, Sloan and Pearce, 1957), p. 501.

The majority of cases of mental slowness are "natural" in the sense that they were not caused by disease or injury or by anything that the parents did wrong or failed to do right. The child had merely less than the average degree of intelligence, just the way other children are brighter, shorter or taller than average. Though there is a lot to be done for the naturally slow child, there is no cure, anymore than there is a cure for blue eyes or large feet.<sup>1</sup>

Parents in the group much preferred the terms high grade, middle grade, and severely retarded to the terms moron, imbecile, and idiot. They felt the first terms did not carry with them "unwarranted connotations". After further discussion the group decided the handicapped terms were even more acceptable. The classifications were EMH for the educable mentally handicapped and TMH for the trainable mentally handicapped. There seemed to be another group to them between the TMH and C, Custodial cases. For lack of better classification, it was decided to call these children TMR--trainable mentally retarded, but it was found that these two terms, TMH and TMR would be used interchangeably.

Previously, the Dickinson A.R.C. had been successful in getting a classroom in an elementary school and in the junior high school for EMH children. It was found many people in the community felt

---

<sup>1</sup> Ibid., p. 505.

these EMH and TMH children were not entitled to this schooling if they, the people, had to pay for it. Despite the cost, special education and care for these children had to come from the people.

At a minimum, the study group found it cost three times as much to educate one of these exceptional children as it did to educate any normal child. Before getting involved in any special education program, they agreed the program personnel had to have a clear cut philosophy. Then the community had to be convinced of the needs. The personnel had to be accepted by the children involved. They also recognized that in such a program for TMH and/or TMR children, big problems would be the children's lack of reality and their defensive ego.

More study about the EMH and TMH exceptional children was needed for the parents' peace of mind and for other members' lack of knowledge. It was found that many things caused the EMH and TMH children to have varying degrees of difficulty. According to the National Association for Retarded Children, there are over ninety known causes of mental retardation. These causes may occur during the prenatal, natal or postnatal periods. Finding a possible cause or causes of the retardation seemed to help some of the parents of The Anchorage children. What was really discovered about retardation was that there are no barriers and all classes of people can be affected.

Next it was found that to diagnose the EMH and TMH children's extent of difficulties a psychologist was needed to conduct tests including intelligence or I.Q. tests. The study group learned that the I.Q. of a child may change. Such changes are possible, in some instances, by means of environmental moderations. Further, they learned that intelligence and achievement test scores should not be confused.

The parents soon learned the study of the background history of a child and his parents was needed for further diagnosis. Truly this was the hardest area on which to get cooperation. For the most part, parents were agreeable to a general physical examination-checking of physical development; neurological examination; speech, hearing, vision, psychological and physiological tests. Most felt the more tests there were, the better the diagnosis that could be made.

The study group found that after establishing who the TMH or TMR children were, many school systems were unwilling to do anything for them. A parents group or sometimes a church group had to take on this responsibility of training these TMH children in self-care, social adjustment, and even economic usefulness. Some of these training centers required that the children were ambulatory, able to communicate their needs to others, not hazards to themselves, and living within reasonable distances. These seemed like promising conditions



to the whole Dickinson A.R.C. group. The only provision that caused any trouble was the distance. Because of it, foster homes had to be found in Dickinson so that children that lived great distances from Dickinson could still receive training at the proposed training center.

A teacher had to establish and follow routines and constantly stress repetition in a training center. By doing this, the parents felt their children's ability in self-care: better toileting, drinking, eating, and health habits could be achieved. It was hoped that the care of property and putting away things could be practiced. Secretly, it was hoped that the I.Q. scores could be increased so some children could transfer to an EMH group.

The goals of this proposed program were to satisfy the basic needs of the children involved. These needs were accepted too: developing large and small muscles, doing for others, and success. There were many objectives to meet these goals that included such things as making better social adjustment, speaking better, listening better, using hands more effectively, sharing, taking turns, making choices. The needs, arranged in chart form (APPENDIX D) were the outgrowth accepted by the study group. They established a need and basis for the proposed program.

The school census was used to ascertain how many children in the area could use this training. According to reports, the census can leave out many of the retarded children, because of an unwillingness

on the part of parents to report defective children. None the less, there were twenty-six such children found living in the immediate area of Dickinson. This was many more children than the public school EMH class limit of fifteen. Besides, there were parents from greater distances and other counties who were members of Dickinson A.R.C. and wanted training for their children. The possibility of foster homes presented an immediate challenge. The survey was in no way complete, but was all with which the group had to work. The information the group had found seemed to indicate a class of six to twelve children was the best size for the training they were seeking.

Parents outside the study group were then contacted to see how they felt about such training for their children. Six children were found whose parents gave approval. The number grew to ten before the school opened in the fall of 1965. Then the problems such as transportation, location, teacher, sponsor, foster homes, and age required decision.

#### Location and Name

St. John's Episcopal Church offered the use of its parish hall furnishing the space, including a small office, heat, lights, upkeep, and use of kitchen and toilet facilities. This parish hall was in the basement of the church, but the windows were on the east side and all above ground. The lighting was poor but adequate for activities.

The name was suggested by the minister of the church, the Reverend Mr. Theodore Jones. Inspiration for the name was gained, Hebrew 6:19: "This hope we have an anchor for the soul, both sure and firm and it enters in beyond the curtain." The name of this school became The Anchorage. This term has been used readily by everyone who deals with the program.

#### Personnel and Student Verification

The original teacher-supervisor was a partially trained volunteer. Mrs. Kaiser, who has taught for token pay since, has an elementary teaching certificate. During the first year, she worked part-time as an Anchorage volunteer.

The part-time volunteers were needed to provide the community contact and approval so necessary to TMH children. Great things were accomplished by the volunteer mothers of these children and the community who worked very hard that first year. They were very hesitant to start and just did not seem to know what to do. Although some who came to help found the children more than that with which they could cope; nevertheless, many returned regularly after they understood what The Anchorage was trying to do.

A handwritten dittoed paper was made for the volunteer teachers at The Anchorage (typed in APPENDIX L). The paper started with the paragraph: "Each child is an individual. He is an individual in this group. Knowing each as an individual--his strengths, his weaknesses,

his needs--is the heart of successful teaching. As a volunteer teacher learns the specific needs of the individuals in the group, she can better try for effective use of training time."

The paper goes on to give the volunteers a guide for progress in listening, work habits and health habits. The reminder is given that these children are great mimics. Some story-telling helps are given and a quiz for the volunteers on their own listening habits is included. Most every volunteer felt this paper gave them that extra help they needed to understand for what we were all working. This paper was written for these volunteers without training in special education, but certainly may be a help for others who are attempting this work with TMH children for the first time.

Another volunteer group was composed of a few well-instructed kindergartners who came for holiday parties and to give these TMH children active opportunity to work, play, cooperate, and learn with normal children. These normal children were, on the average, younger than the TMH children chronologically, but older than the TMH were in mental age. More will be told of this aspect of the program in Chapter Four.

Probably the one thing that made the possibility of The Anchor-age thinkable was the establishment of an Area Social Service Center in Dickinson. Administered by the Public Welfare Board of North Dakota serving eight counties, this center provided the social,

psychological and psychiatric services needed to determine which children could use the help of a training center such as The Anchorage. The Area Center social workers provided a social study and evaluation of each mentally retarded child whose parents asked for help. Psychologists gave a variety of aptitude, personality, or intelligence tests. With the recognition of the importance of the family physician, the Area Social Service Center required a medical examination and a social study before a psychological evaluation could be scheduled. If additional physical difficulties showed up, further medical examinations were recommended. All of these details made the reports slow in coming, but very valuable in the training program when they finally were secured. Professional standards of confidence apply in all cases at the Area Social Service Center. Because of this, the material in the files at the Dickinson Center were not available for this study and the status of each child does not have test results to verify the case study because of the unwillingness on the part of the North Dakota Social Service Department to release data (APPENDIX S). The Area Social Service Center did lend full support to the creation of The Anchorage.

#### Support and Time

The study group presented its information about TMH children, the church housing, volunteer teaching, and the Area Social Service Center facilities to a regular Dickinson Area A.R.C. meeting. In

return for all this, the Dickinson A.R.C. agreed to act as a sponsor by furnishing a light lunch for a morning or afternoon session and by seeking funds and supplies needed for operation. Local fraternal groups were to be contacted on the immediate material needs. The possibility of the United Fund was suggested as a source of operational money after The Anchorage had the opportunity to prove its worth.

At this same session, the afternoon session became almost mandatory if mothers were to help as volunteers in the program. Most of the interested women felt it would be easier to get their work done in the mornings and find baby-sitters for the afternoons. Also it seemed most of the church activities were in the morning or late afternoon. Parents seemed pleased at the prospect at least of having a daily short session after having nothing for their trainable children.

#### Board and Administration

With all these things established, it was decided a board was needed to oversee the project and necessary money. Since the church was donating the use of its facilities and the Dickinson A.R.C. was donating necessary funds and studying to make wise decisions for the program, both groups were to be represented. The Constitution for The Anchorage (APPENDIX G) provided for the necessary administration for the group on a non-profit basis.

The board was made up of three members of St. John's Episcopal Church and three members from the A.R.C., the Dickinson Area Association for Retarded Children. The seventh member of the board was added later. This member was not to be a member of either group and was to be the treasurer of it. The chairman and secretary were to be selected from the board by its members. Other non-voting members of the board were the teacher-supervisor, who was to be available for a report at every board meeting, and the stamp-donation chairman who was to keep a record of all things given to The Anchorage and to write notes of appreciation.

#### We Go to The Anchorage

The brochure, We Go to The Anchorage, Dickinson, North Dakota (APPENDIX H) was written to acquaint new non-member parents concerning the details of the program that was in the process of formulation. In analyzing the psychological and sociological basis for The Anchorage and describing characteristics hoped for in this training center, a minimum of emphasis was put on the program as such. This was done because it was believed that the program had to be made to fit each child in order to be of real value.

Most of the environmental goals discussed in We Go to The Anchorage were accomplished in the third year of operation.

All TMH schools, day care centers, or training centers, either public or private, seemed to have an application form (APPENDIX F)

and certain stated requirements. These were decided by the board and put into We Go to The Anchorage on pages two and three to inform all the parents.

The first question referred to the question of who may enter. Any children living in southwestern North Dakota who were tested as severely mentally retarded and unable to obtain training elsewhere were to be accepted. These children had to be able to live in Dickinson or to have transportation to St. John's Episcopal Church regularly. All of these requirements were to be the responsibility of the parents. At the present time this requirement is causing a problem at The Anchorage and the board is considering a Constitutional Amendment to enforce the requirements. Young people up to the chronological age of twenty years and with the mental age of two and above were to be accepted.

Registration was possible anytime the need for entering arose and room was available. Any afternoon during the week was recommended time for registering.

Because of transportation difficulties, the time of the sessions was subject to change. The time was established on Monday through Friday from 1:00 to 3:30 p.m. This daily time schedule is still in operation after three years.

All of the information required for the Area Social Service Center's appraisal was requested in each child's registration. A proof



of birthdate was also. Board members and the teacher-supervisor offered help to any parents having difficulty in obtaining the necessary materials.

A letter telling of The Anchorage and a meeting about it was sent to parents of known TMH children in the Dickinson area. An application for the Anchorage was given to anyone requesting it (APPENDIX F). On the return of the application, We Go to The Anchorage and a personal data form was sent to the parents of all applicants (APPENDIX K). Before The Anchorage started or soon after all the necessary data was gathered, a short one page reminder (APPENDIX I) was sent to parents on how they could help their child. This reminder was sent again to some parents who seemed to need it during the year. It served as an aid in establishing a rapport between the parents and teacher-supervisor.

The material in How Parents Can Help included: sending the child to school regularly and promptly; putting the child's name on all personal belongings he brings to school; continued encouraging to take care of all his belongings; telling the teacher anything that will help the teacher help the child; notifying the school immediately of any changes that are being made for the child--school, home, doctor, or medicine.

This reminder to parents was closed with this paragraph which summed up The Anchorage activities and possibilities.

We have entered a new era in Dickinson by offering The Anchorage School to those less fortunate. We are still pioneers--we will make mistakes--but, when parents and teachers work together for the good of the children, great things can be accomplished. Let us join together in making this the best year yet in our children's lives--and then next year can even be better.

### Philosophies

Dewey and Gentile agreed on some points in educational philosophy that proved valuable. They agreed that the growth of the mind depended on experiences the children had with others. Experiences were provided among the TMH children with normal children, and with many adults other than their parents. The associating of the children with the purposes of the experiences was interesting. Children must see themselves participating in the experiences before they can be interested in participating. Their limited areas of interest were to prove a limitation to working with the TMH children.

Further, the men agreed play could provide new experiences. Initiations were important to the therapy of dramatic play. They recognized environment as providing the basic learning and experience which would be hard to change. It usually had to provide most of the spiritual learning for the children. These ideas were all to be tested at The Anchorage. Religion could suffer badly for the TMH children that were institutionalized. This was another point in favor of the child staying at home and going to a school such as The Anchorage. Gentile's and Dewey's goal of education was self-realization. This

was true with The Anchorage program if the term self-realization meant success for each TMH child. Individuality was to be sought, according to these men.

As the school tried to establish personality, this certainly was done. Both educators said that the school should create normal children by letting them actively express themselves if they had any real impulses. Thus education was the process of developing life. These suggestions worked in the same way for the TMH children.

Discipline was to be for a purpose which would result in knowledge. This was how it was used at The Anchorage. Gentile and Dewey were agreed that rapport was essential between teacher and normal pupil. With the TMH children, rapport proved a necessity.

The power to learn from experience meant the formation of habits. Habits gave control over environment and the power to use it. Even though both men emphasized the creativity of the mind, there was little of it in TMH with which to work; but habits were excellent ways for them to learn.

## CHAPTER IV

### THE LEARNING PROGRAM AT THE ANCHORAGE

#### Planning

The learning program at The Anchorage is influenced by the philosophies of Gentile and Dewey. Some discussion of the impact of this influence upon the learning program at The Anchorage has been apparent in the preceding chapter.

Before the program was initiated, attention was given to the curriculum to be planned for The Anchorage. Many factors affected what could and would be done. It would seem the areas of activities accepted and used would have to have an example of activity useful to others. To deal in the real not ideal conditions was tried.

Many states have developed curriculum for the Trainable Mentally Retarded. Without a doubt, the main point in each one is to present a suggested curriculum as an example of possible things a program could contain within trainable limits. Each teacher has to use the material to the best advantage of the TMH children with which she works. A current list of these curricula, guidelines, and/or plannings for establishing programs for trainables is in the bibliography

of states with dates of publication and containing names of people and schools from which materials have come. These are Bibliography, Part E. The need for well-trained able teachers is most evident in all these programs.

How does one make a curriculum which will allow and encourage mentally limited children of many ages to develop their limited abilities? A long-time problem for education has been providing for the wide range of individual differences among children. Using the best known about teaching and learning of preschool children seemed the best way to start trying to help these trainable children.

Such a program would have to emphasize something other than memorizing and verbalizing. The resources of the community could be reflected in the curriculum. Work with individuals and small groups had to take precedence over lockstep practices. Materials need to be adequate for challenging and exploring activities. There needs to be opportunities for the teacher-supervisor to perform personal, informed teacher guidance. The volunteers and the teacher-supervisor must have available the consultant help they need. In-service education for all involved should focus on real understanding of the TMH children's needs and motivations.

Could this kind of program operate at The Anchorage where the background of the trainable mentally handicapped children would be nil? Some people believed it could not. They wanted to be realistic

and set up a better, more extensive program for the educable facilities established and being established. Limited teaching abilities, money, and housing with meager materials all seemed to make it impossible. Here was the choice the Dickinson Area Association for Retarded Children and the volunteer teachers had to make. They could admit defeat and concede that developing trainable mentally handicapped children to their best status was not possible. Or they could provide hard work and ingenuity, their resources for learning, training, housing, time, and money for establishing training for trainable children needing it. All of the volunteers committed themselves to try the second program. In turn, the Dickinson A.R.C. voted to support the effort.

The people of Dickinson were not alone in 1965 in their search for a program, curriculum and other problems. This information was not available until the query to all the state directors of special education was made. Then the full report and an attractive summary form was received from California.

This excellent and very thorough report was made to the Governor and Legislature in January, 1965. It was titled The Undeveloped Resource: A Plan for the Mentally Retarded in California.<sup>1</sup> The Study Commission on Mental Retardation created by the California

---

<sup>1</sup> California Study Commission on Mental Retardation, The Undeveloped Resource: A Plan for the Mentally Retarded of California. Report to the Governor and the Legislature (Sacramento, California: State of California, January, 1965). (Calif.)

State Legislature at its 1963 session was directed to study and make recommendation on the same kinds of things on which the Dickinson A.R.C. study group had worked. Any state in the union that feels it needs help in establishing more of a program for the mentally retarded in its jurisdiction would be wise in securing this report. The number of people needing help will not be the same but the needs of the retardates and recommended solutions would prove very valuable and the money needed for the time involved in the research could be spent for an improved program.

The California Study Commission took the classification proposed by the American Association on Mental Deficiency. This included five levels for their study, but there still seem to be questions and doubts about the division. They recognized the Intelligence Quotient was an imprecise index so accepted the classification system.<sup>1</sup>

Level I	Borderline (IQ 70-84)
Level II	Mildly Retarded (IQ 55-69)
Level III	Moderately Retarded (IQ 40-54)
Level IV	Severely Retarded (IQ 25-39)
Level V	Profoundly Retarded (IQ 0-24)

After surveying who the mentally retarded were, the report went on to name the types of problems that California State Departments

---

<sup>1</sup> Rick Heber, "Modifications in the Manual on Terminology and Classification in Mental Retardation," American Journal of Mental Deficiency (January, 1961), pp. 499-500.

listed as most acute in serving the mentally retarded. It is at this point that Dickinson met the same problems. There was the shortage of adequately trained teachers. Lack of funds for staff, for case service, specialized care and adequate and appropriate housing were all on the list of topics of needs. Also there was the lack of effective programs for parent education, the lack of public understanding and support for sufficient financial base, and the lack of recreational facilities. Then there was community expectation for a government agency to fill the gaps in existing services and problems of exchange of information on individual cases. One thing that was available to The Anchorage and seemed inadequate for the California Study Commission was facilities for the small group approach. The only acute problem in their programs and practice section was the absence of tested practice and procedures for trainable retarded. All of this information was gathered in California in 1963 and 1964 and published in January of 1965. With the listing of the problems there were recommendations made for possible solutions with such things as regional centers for finding the retarded and helping them to make a lifetime plan including medical and dental, educational, and even possibly occupational plans.

California was the first to take advantage of the Public Law 88-156 which was signed by President Kennedy on October 30, 1963. A story about this publication is in an article written by Leopold



Lippman entitled "A State Plans for Its Mentally Retarded."<sup>1</sup> In this same magazine there appeared "A Critique of California's Report on Mental Retardation" written by Gunner Dybwad, Director, Mental Retardation Project International Union for Child Welfare, Geneva. There are many pros and cons in the critique but Mr. Dybwad does say the report deserves the attention of mental retardation planners in other states.<sup>2</sup> The California State Legislature passed many measures submitted to it by the Study Commission.

### Curriculum

After sending out the questionnaire to all the states, curriculum goals, programs and purposes were received from Missouri, Maine, Georgia, Pennsylvania, North Carolina, Alabama, Maryland, Nebraska, Colorado, South Dakota, Utah, Ohio, New York, Tennessee, Rhode Island, Wisconsin, Washington, New Jersey and Mississippi. There have been many suggestions as to material used by others including actual pamphlets with materials used from the states of Iowa, Mississippi, New York, Missouri, and Wisconsin.

Most of the states mentioned above are making some attempt in their Mental Retardation Planning to have a Mental Retardation

---

<sup>1</sup> Leopold Lippman, "A State Plans for Its Mentally Retarded," Children (Volume 12, Number 5; September-October, 1965). (Calif.)

<sup>2</sup> Gunner Dybwad, "A Critique of California's Report on Mental Retardation," Children (Volume 12, Number 5; September-October, 1965). (Calif.)

Planning Board responsible to the governor directly or through some standing committee. All of this seems to offer a bright future for retardates of all ages and stages of development. The majority of the actual mimeographed letters or printed materials for the trainables have been written in the last two years. Some states have not reached curriculum planning for the trainables. It would be a real help if this work and information can be exchanged between states. If the states take what is available, they can go to work on new materials.

For trainables, deciding which individual activities are needed has to be by each teacher for each student. Then the trainables can be placed in small groups. Proposed programs, goals and curricula actually can be classified under a few or greater number of headings. Namely the areas of skills are self-help, communication, social adjustment, physical and/or sensory development, economic usefulness, and academic achievement. In tabulating these aims from all the states which sent such information, it was found they all had some statement in the first four areas.

Under economic usefulness such statements as these were made:

1. Alabama--Training in economic usefulness in the home, in school, in a sheltered workshop, or in a residential setting.
2. Maine--Pre-Vocational Skills--The ability to stick with a repetitive job is important. The child must be taught that quality of work is more vital to him than quantity.

3. The source of this one in this list is unknown, but it contains what many states meant for economic usefulness--contribute to self, family, and community welfare.

For the most part, these were above and beyond the beginning program at The Anchorage, but are now being used.

The topic on academics was interpreted in many ways:

1. Alabama--Receives purposeful experiences applicable to the individual.
2. Maine--Acceptable Habits of Work--To teach useful tasks. To teach him to complete a project and to develop a sense of pride in so doing.
3. Nebraska--Development of self-realization.
4. Missouri--Functional Academics--"learning by doing things"--activities.
5. Dr. Alfred Kamm in his article "More Activity for the Retarded" stated that the "Learning by doing" principle is being revived but the approach is through recreation and physical education activities. He furtherstated that most programs for the retarded children were the passive type. He felt they needed much stimulation, thus activity. In turn teachers needed originality, ingenuity and imagination for this work. He drew the conclusion that physical education, recreation and camping activities might make up foundation programs for TMH children. This would require a move from the academic emphasis now being offered to a broader sequential activity program. As a result the academic or conceptional learning would be more an outcome of physical activity rather than desk work.<sup>1</sup>

Most states take the stand with North Carolina that the curriculum for the trainable retarded has been structured toward meeting the persistent demands of daily living. Again most of the states

---

<sup>1</sup> Alfred Kamm, "More Activity for the Retarded," Illinois Council for Exceptional Children--Student Activities (May, 1967). (Ill.)

commented on the overlapping of the aims for skills to be acquired. In addition those who have established levels of training have some natural overlap that occurs from one level of grouping to another. As an example, developing good health habits can be considered essential to developing self-help skills, developing communication skills, developing social adjustment skills, developing physical and sensory skills, and developing economic usefulness. The specific sequential development of any such programs will depend on the effectiveness of the curriculum and the abilities of the children. These two limits are always present.

As can be seen by these many sidelights, the government, schools, and parents are having to discard their old notions of what education for the retarded concerns. They must take the child as he is and teach him at his own pace as much as he can hold of learnings which will be useful to him in living. An example of this would be Functional Words for Trainable Children (APPENDIX M) taken from the North Carolina Curriculum Guide.<sup>1</sup> As many as possible of these words are to be taught.

Some overall goals are needed to help the teacher guide the child: search for ways to foster mental health, work on physical

---

<sup>1</sup>Special Education section of the Division of General Education Staff, Curriculum Guide for Instruction of Trainable Mentally Retarded Children. (Working copy), (Raleigh: North Carolina Department of Public Instruction, 1968). (N. Car.)

well-being, and training in life. Life Skills is the title of South Dakota's program for trainables. Colorado uses Life Experience Units for TMH Children.

The Anchorage Board Chairman, Mrs. Gemel Massad, gave this challenge to the teachers and parents as The Anchorage began operation:

May we give our children a big step toward health, happiness, and success of some kind by working together in mutual understanding.

In Dickinson possible gains were used to present the curriculum to the parents in We Go to The Anchorage (APPENDIX H). It seemed then as it does now that certain self-help parts of the training program should be started in the home or in special schools just for this purpose. These things are included in We Go to The Anchorage (APPENDIX H). These same requirements are being used now by many states.

In Tennessee's 1967-69 Rules, Regulations and Minimum Standards the placement of a child in a special class for severely mentally retarded (trainable) children shall be determined by:

1. Verified psychological evaluation of less than 50% of normal average intelligence.
2. Medical diagnosis and information (limits).
3. Ability to respond to simple directions.
4. Ability to communicate needs (sounds or physical symbols).
5. Ability to participate in group experience (security).

No individual characteristic will be utilized as the sole determining factor--the extent of the ability in areas three, four, and five needs to be considered. Additional forms and more practice in factors three, four, and five were essential in the beginning at The Anchorage for all chronological ages. Health and safety suggestions were given the parent. These were practiced in everything that could be applied in our program at The Anchorage.

**Curriculum Learnings for The Anchorage Children:**

- (1) Make better social adjustment.
- (2) Take turns, cooperate, share.
- (3) Speak better.
- (4) Use hands more effectively
- (5) To achieve and/or perform activities with minimum direction.
- (6) To create.
- (7) To use spare time at home to free parents and other members of the family.
- (8) Self-reliance and self-confidence.
- (9) Hand and eye coordination and small muscle development.
- (10) Large muscle development.
- (11) Train memory--note, songs or rhymes, color numbers, shapes, etc.
- (12) To remember to put things away.
- (13) Self-care.
- (14) To listen.

- (15) To make choices.
- (16) To relax.
- (17) Rhythm, music recognition.
- (18) Exercise, deep breathing, good posture practices.

A day at The Anchorage was just in the afternoon as stated previously. The daily program in use at The Anchorage with the planned possible activities are named and followed by the number of the goal that might be helped by the activity.

1:00-1:15 Remove outer garments (4) (9) (12) (13)  
Put on hook or in box

**Directed Free Play (possibly 15)**

1. Peg boards (4) (5) (8) (9) (11)
2. Puzzles (4) (5) (7) (8) (9)
3. Tie shoes--use button strip (4) (5) (8) (9) (11) (13)
4. Beads (4) (5) (7) (8) (9) (11)
5. Building with blocks (4) (5) (6) (9) (15)
6. Pull wagon or pull toy (2) (4) (8) (9) (15) (18)

1:15-1:30 Opening Exercise

Announcement (14) (12) (16)  
Prayer (14) eventually (3)  
Presentation of Flag (2) (5) (8) (10) (14) (15) stand  
Flag salute (14) (11) (10) (3) stand  
Roll call (2) (3) (5) (8) (14) seated  
Hear or a sound activity--Simon Says (18) (9) (10) stand  
Calendar (2) (4) (5) (8) (9) (11) (10) (14) (18) stand

Ensy, Bensy, Spider

The ensy, bensy spider went up the water spout	}	(Fingers as legs up a spout.)
Down came the rain and washed the spider out		}
Out came the sun and dried up all the rain.	}	
Then the ensy, bensy spider went up the spout again.		}

- Talking Time (3) (8) (11) (14)  
 eventually Show and Tell  
 Leaves--What colors they had seen.  
 Show samples, ask to name brown, red,  
 yellow, orange, green.  
 Make Plans for the rest of the day (3) (5) (8) (11) (14) (15) (16)
- 1:30-1:40 Toilet (13) (5) (if necessary) (16)  
 If not go right to big table for handicraft.
- 1:40-2:00 Handicraft (4) (5) (6) (7) (8) (9) (11) (14) (15)  
 Draw own or copy one of the leaves shown on colored  
 paper--red, orange, brown, yellow, and green. Then  
 cut out and pin all over the bulletin board. Then name  
 should be written on each leaf by student or teacher.
- 2:00-2:05 Clean up (1) (2) (4) (5) (9) (12) (14) (16)
- 2:05-2:20 Count number of leaves of each color to find out. (2) (3)  
 Put the number on the magnetic board. (8) (11)  
 Let them do what they can, otherwise do it for them. (14)
- Deep breath--stretch and bend--Simon Says (9) (10) (18)  
 Sing song, Ten Little Indians tune, but use  
 Ten Little Leaves Coming Down--don't go down (10) (11) (14) (17)
- 2:20-2:30 Toilet (13) (if necessary)  
 Wash hands for lunch (4) (13) (16)  
 Prepare for lunch (1) (2) (5) (9) (9) (11) (13) (14)  
 Wash table  
 Set table with napkins, cups, and cookies.
- 2:30-2:40 Lunch (4) (9) (1) (3) (8) (11)
- 2:40-2:50 Clean up (1) (2) (4) (5) (9) (12)  
 Wash hands if need it (4) (13)  
 Rugs to stage for resting or listening (5) (8) (18) (16)  
 The resting was omitted at times and later in the  
 year was needed by only two.
- 2:50-3:05 Resting and/or listening to records (1) (11) (13) (14) (16) (17)
- 3:05-3:15 Put rugs away (5) (8) (9) (10)  
 Toilet (13) (if necessary) (not usually)  
 Dressing for outside (4) (9)  
 On rainy days we often had a rhythm band here using more  
 active music (2) (4) (5) (6) (8) (9) (11) (14) (15) (17)



- 3:15-3:25 Outside Play (4) (5) (7) (8) (9) (10) (13) (15) (18)  
 Go upstairs to go outside  
 Safety always talked of positively  
 Run, skip, jump, experiment, swing, slide  
 Inside--game then dress for going home.
- 3:25-3:30 Game to be used outside or inside (18) (17) (14) (11)  
 (8) (5) (3) (1)

Tune to Ring Around the Rosey--sing:

The leaves are falling down,  
 The leaves are falling down,  
 Down, down,  
 All fell down.  
 One can go in the middle each time, but usually  
 don't want to.

### Physical Plant

Classes for trainable children have been conducted successfully in a great variety of settings, each of which have had drawbacks depending upon the developmental level of the group, the teacher-pupil ratio, and other factors. The comparison of the facilities of St. John's Episcopal Church with the minimum requirements for a school with classes for the trainable children should help provide an idea of facilities that were available. The Anchorage was offered the use of a forty by ninety foot room with a slightly raised stage at one end. There were exits at both ends of the room.

This building met general educational, city, and insurance standards for health, light, heat, and fire prevention when taking account of the physically handicapped involved. There did not seem to be any question here. The door could easily be ramped if a wheel chair was needed. On the stairs in the hall to the landing there was

a hand rail. A partial ramp could also be installed here. The church was willing to install necessary aids in the bathrooms within reason. Obviously, The Anchorage needs continue to depend upon the children who attend each session.

Easily accessible enclosed playground facilities were available. This was especially important because some TMH children cannot be left out alone to play. With two volunteers always on hand, this is not a difficulty.

Space should be available for resting cots, since the TMH children tire easily. The stage offered an ideal spot for resting during the working periods. The children used a washable rug with a very light cover which they brought from their homes. These articles were kept in their boxes with their name on the box, rug, and cover. With parents' permission, the names were applied with a felt tip pen.

Adequate closet space and cupboards with doors that hooked were available. Because of the need for a great variety of training materials to be stored out of sight, these proved to be a real asset. At first this may be a problem to any group, but with a little ingenuity and a few second-hand cupboards, this can be handled.

Lockers and ample space in the classroom or in an enclosed hall for teaching dressing skills are needed for TMH children. This need was filled during the trial period by boxes under the benches

along the wall in the main room. Boxes still are being used and are adequate.

A large room for recreation and rhythms without too many exits was another requirement. The big room fulfilled this requirement very well. Also the windows opened at ground level for additional exits in case of a fire.

Bathrooms should adjoin classrooms, one with a shower or tub. The bathrooms were available off the kitchen, but it was necessary to go to the kitchen for the tub. This was the large, separate deep sink used for kettles. There were two sinks and two enclosed toilets in the women's restroom. In the men's restroom there was one sink only, one toilet, and a urinal. The boys were required to wait their turn to wash for lunch which was and is good training for them. This was not so for the girls. A small room containing nothing within a child's reach for testing speech or for isolation purposes was a suggested eventual necessity. (Materials could be taken into the room as needed.) The suggestion was made that a good-sized playhouse without a roof could be built for this purpose. There was a large room with no windows but with a table, chairs, and closed storage boxes. It was used as a Sunday School room and was off the entrance hall that has served this purpose. An office for filing case records, conferences with parents and visitors, and keeping things not being used was established.

This was the other room back in the corner off the entrance hall. There was an old desk in the room which was and is used. There was also a built-in rack for wraps. Space for chairs and any materials needed for testing was available. The extension telephone was and is in the kitchen, and can be used if necessary by parents, teachers, and visitors.

For observation, six small panes of glass were in both doors between the big room and the kitchen hall. When the teacher-supervisor wished to effect for one-way observation, she attached several layers of green cellophane over the glass panes on the hall side and turned out the hall lights. Then visitors could not be seen. There was a large ventilator between the big room and the kitchen hall that permitted visitors easily to hear those they were observing. These facilities were and are utilized by college students and people of the community interested in the new program.

A good-sized kitchen with a sink for washing clothes and rugs was another recommended need. This was available at the church. There was a stove, refrigerator and a cupboard to use for lunches and now with advanced training for Level 3--Teenage TMH.

School windows should be high or with blinds so children could not be distracted by external stimuli. At the start, there seemed no need for the blinds. The windows could be covered if it should be necessary at any time. With only afternoon classes and all the windows

on the east, sunshine has not been a problem. One of the other smaller rooms that could be darkened was used for film-strips and movies. Sound-proofing of the large room was recommended as an aid to lowering nervous tension of some of the TMH children. This was available, to at least some degree, because the "parish hall" was originally designed for activities of large working groups. School classrooms should be large enough for sitting or moving about without crowding, but avoid large empty areas which encourage running, wandering, and undesirable behavior. Partitions can break up a large room so that there will be prescribed sections for different activities. These partitions were made with the many chairs and tables available at the church. All areas of the big room can be seen from any place in the main room.

It seemed a majority of the requirements with provisions for all were available. In addition the church volunteered the heat, light, and water service. The heat was adequate and there was a thermostat in the room that could be raised or lowered. In the beginning the light was poor but adequate for short moving activities. Later in the year through donations of labor and money for fixtures, fluorescent lighting was put throughout the main room. This was done by people of the church and community and parents of the TMH children. Both St. John's Church and The Anchorage benefited.

Two very beneficial donations were made soon after The Anchorage started. One was a nine by twelve rug for sitting on the floor

for opening exercises and story times. The other was two large sets of shelves to hold toys, games, and activities. These were on rollers so they could be turned to the wall during church use of the area.

The teacher volunteers at The Anchorage had to roll up the rug, sweep the big floor, and empty the basket at the close of every day. The rug, bowls and sinks had to be cleaned if they needed it and so did the garbage can had to be emptied. Once a week the janitor of the church cleaned and polished everything. The church furnished all the cleaning supplies and equipment. Eventually the TMH children helped to move the things on Fridays and Mondays. Health, fire and safety officials check the facilities regularly. At their suggestion, a waist high wooden fence has been built across the stage by one of the lumber yards. This was donated. It protects the children from falling off while resting or if they get over-excited with rhythm band or game activities on the stage.

An evaluation of The Anchorage facilities at the start and with the periodic improvements is to follow.

### Equipment

The equipment at The Anchorage mostly has been donated. These are the things that were there during the first year and some that have been added since. Most of the arts, crafts, and office supplies were bought with donations.

Because the school operates on a limited budget, volunteers have had a difficult time providing the special play equipment and the classroom aids needed by the children. When the people of Dickinson became aware of the problem the second year of operation, they attempted to solve it quickly.

A group of Dickinson telephone men and women took an active part in the community's effort, planned the fund-raising and provided leadership for other special events. Their fund-raising projects produced money for a play-time device which helps develop muscle coordination. The money also bought a teaching aid designed to help youngsters learn numerical relationships.

Later they saw that the students could use a "teletrainer." This is a demonstration unit with instructional materials which teach children to use the telephone correctly and effectively. So two Dickinson telephone men designed and built a special model for The Anchorage. This model now belongs to the school and is always there for the children to use. The office teletrainer travels from school to school in and around Dickinson.

Recently, Northwestern Bell employees completed another phase of their efforts to meet the needs of these children by raising money to pay the salary of an assistant to the regular teacher.

A story similar to this one was in TELENEWS March, 1968. Telenews is issued monthly for Northwestern Bell Telephone Company

customers. Preceding the story were pictures of two children at The Anchorage using their teletrainer. The caption under the pictures stated that this learning to call was a proud moment for youngsters at The Anchorage School.

### General

- |   |  |
|---|--|
| 1. Many large tables and chairs   | 6. A filmstrip projector which the church let us use.  |
| 2. One long worktable covered with smooth linoleum for messy work. Enough chairs for all.   | 7. A screen to show film-strips on.                    |
| 3. One short round table for group work plus chairs.  | 8. A first-aid kit. Supplies are kept fresh.           |
| 4. Now have added a round table that divides for storage and has a place in the center for the teacher to work. This is for older children. | 9. Chart stand and chart--too advanced the first year. |
| 5. One small and one large bulletin board fastened to the wall.   | 10. Two shears   |
|   | 11. Tape recorder (loaned)                             |
|   | 12. Radio  |

### Speech and Language

- |  |  |
|--|--|
| 1. Flannel board   | 5. Hand puppets  |
| 2. Play telephone  | 7. Cardboard puppet theater that changed to a store frame. |
| 3. One real phone  | 8. Cash register, play money.                              |
| 4. Two real telephones made special for this group. Note in Chapter Six. | 9. Belle and Howe Language Master, Blank cards.            |
| 5. Box of common objects for naming and talking about.                   | 10. Cartons and cans                                       |



11. Protective reading signs: MEN, WOMEN, EXIT, etc. the second year.
12. A file of pictures for every letter of the alphabet--all sounds could be practiced.
13. 28 good and not so good simple story books. The large ones with the Three Pigs and At the Farm had the best interest catching pictures.
14. Family figures and community figures for the flannel board. They enjoyed my puppet shows very much, but were not ready to do it themselves. They use all of it now.

### Training and Eating

1. Mirror
2. Soap
3. Hand brush
4. Paper towels
5. Toilet paper
6. Facial tissues
7. Play stop light with two cardboard covers so only one color can be seen at a time--red, green, and amber.
8. Paper cups
9. Paper napkins
10. Straws
11. Water Pitcher
12. Dishes, silverware, glasses, trays, soap, dishtowels all were available but used only on very special occasions--birthday parties.

### Music

1. Phonograph
2. Phonograph records
3. Piano
4. Rhythm instruments--drums, homemade all types; bells, tambourine, cymbels, rhythm sticks, sand blocks, and triangle.

**Playhouse (Used only last half of first year.)****Toy stove, refrigerator, and food****Table and chairs****Housecleaning toys: broom and dustpan****Dolls, doll clothes, stroller, not buggy.****Small doll house with plastic furnishings--not good, too small to use and understand.****Housekeeping toys: dishes, pots, pans, iron, ironing board, (Note we had an electric, but it almost proved disastrous when one of the boys learned how to plug it in. An artificial one was used the rest of the year.)****Dress-up clothes box: scarfs, jewelry, shoes, purses, hats. Pretending was not anything that they wanted to do.****Play Materials**

- |   |   |
|---|---|
| <p>1. Sand boxes--2<br/>1 outside in inner tube<br/>1 inside in two layers still needs cover so sand won't get scattered.</p> <p>2. Sand toys--cars, trucks</p> <p>3. Two wagons, one large, one small.</p> <p>4. One small bicycle</p> <p>5. One outside swingset</p> <p>6. Two jumpropes</p> <p>7. Two intertubes</p> | <p>8. One crawling chamber</p> <p>9. Balls--1 large, 1 medium, and several small</p> <p>10. One set solid blocks made from lumber ends.</p> <p>11. Cartons of all sizes for building</p> <p>12. Wooden pull toys</p> <p>13. One set barn and zoo animals</p> <p>14. Two bean bags and 1 ring toss</p> |
|---|---|

**Assortment of cars, trucks, trains, games, airplanes, and boats. There were fifteen of all sizes and the boys brought their own. Eventually the children brought many things to share.****Arts and Crafts (Most of these supplies have lasted for three years.)****1 ream white drawing paper (12 X 18 size)**

1 ream manila drawing paper (12 X 18 size)

1 pkg. assorted colored construction paper (12 X 18 size)

1 doz. pkg. Rainbow Chain Strips Roll and of newsprint from the  
Dickinson Press (Cutting proved a problem.)

2 large size easels did not arrive until second year

1/2 doz. long handled flat easel paint brushes

6 cans powdered tempera paint 2 red, 1 yellow, 1 blue, 1 green, 1 black

1 set liquid tempera

1 pkg. cotton tip swabs

Used very little:

1 doz. beginners' pencils

1 pkg. primary paper

1 doz. large size crayons

1 box washable crayons

4 boxes colored chalk

6 painting and water-play smocks. The old shirts did not work adequately.

1 ream finger-paint paper

6 cans powdered finger-paint 2 red, 1 yellow, 1 blue, 1 green, 1 black

1 pkg. small buttons

6 yd. elastic cord, used needles from sewing

### Sewing

1# felt assorted

Assorted needles Scrap material

3 skeins yarn

Embroidery thread

8 yarn and cord blunt needles

Assorted buttons

The two older girls enjoyed sewing but most of them found it too hard. Practice cards for different kinds of stitches were useful using yarn and blunt needles. The two girls actually did some simple embroidery and were so happy and proud.

### Games, Toys, and Science Activities

- |  |  |
|--|--|
| <p>1. A large magnifying glass</p> <p>2. 6 sets small and large pegs and peg boards</p> <p>3. 2 magnet, Jumbo Horseshoe, plastic frames, giant, super</p> <p>4. 2 goldfish--The second year the children cared for them to a certain extent.</p> | <p>5. 10 puzzles 2 to 20 pieces</p> <p>6. Assorted games for motor central and coordination. Mostly a failure.</p> <p>7. A guinea pig was brought on different occasions for the children to feed, pet, and even hold. Once a mother and her two babies were brought, fed, and observed. The babies nursing brought questions from the two older girls and were answered to the girls' satisfaction.</p> |
|--|--|

The first year several tropical fish were given the school but they all died in a very short time. Their movement seemed to fascinate some of the children.

### Office Supplies for Activities

- 1 pkg. (2 1/2") brass paper fasteners for books
- 1 pkg. tacks for bulletin board
- 1 pkg. steel pins for the bulletin board
- 1 stapler and staples (med. size)
- 1 paper punch--large hole
- 1 box paper clips--large

- 1 pkg. scotch tape--1/2"
- 1 pkg. masking tape--1/2 to 3/4"
- 1 record book
- 1 small locked steel file to protect records

### Learning Experiences

These supplies are used in many ways as are the facilities. To make a random sampling of these activities may add clarity to the program.

Music and dance for TMH children are essential for their wholesome development. Opportunity for expressing themselves through these means should be provided regularly. Because of the spacious room at hand, a music center was easy enough to establish wherein the children could listen, sing, and move to sounds of rhythm and music for expression, for release of tensions, for interpretation of thoughts, and for emotional satisfaction.

A second-hand phonograph, a donation, was on the stage floor. The piano in front of the stage was an old upright that was eventually tuned. It was quite all right for playing of simple tunes. Music students from the college did wonderful things with the piano. During the 1967-1968 year the wife of a doctor came weekly to direct the singing.

One boy from the college brought his guitar and several music students from the college came along. They sang folk songs for the

children. Then the children would try to sing the chorus with the visiting students. They could only come about once a month, but it was something to which the children looked forward. Sometimes the young man would come alone. It was a new experience for all of them. The plucking of the strings was an outstanding experience for them. This young man became just as fond of all the children as they were of him. Many other college students came to see if they could help with the program. Student practical nurses from the hospital have the opportunity to observe and participate in the program.

These visitors enjoyed the music that included the rhythm instruments, commercial and pupil-created, coffee can drums small, medium and large and can-fists, consisting of two tuna cans, used to keep rhythm by clapping together. Sticks proved a real temptation with which to hit or poke others when the music stopped, so hands only were used on drums of all sizes. Pictures of instruments were placed on the wall from time to time and then music by the instrument was presented. This idea seemed too difficult for the children to understand. Students from the college would show them how the instruments were played and this made a real impression that seemed to add to the children's experience. The actual visual experience had to go with the sound experience for it to be meaningful.

As most children are eager to express themselves through some form of music, the rhythm band instruments should have provided for a wide range of self-expression. These TMH children took to the

instruments very slowly but would try to clap their hands if there was forceful rhythm. Uncontrolled keeping time to music with hands and feet while standing was much easier for the younger than the older more static, sedate ones.

Singing and acting out nursery rhymes was acceptable in the group and some got so they could do it alone. Simple group singing was possible and was used at a tea and a program given at an old people's home. Parents were sure the children would not participate, and were very surprised at the circus put on by the TMH children from The Anchorage and group of kindergartners. Words and music came but motion was almost forgotten.

The record player, tape recorder, and radio brought all forms of recorded sounds of music. Care had to be taken with the sounds so that none of the children suffered ill effects. Record stories had to be short and had to have at least one picture, otherwise it was just noise. They did not understand music or words alone. In a kindergarten class you can read a story to children and then have them draw a picture of what they think happened in the story. Trainable children seem unable to imagine a picture. They need to be given a picture to act out a story.

The circus practicing the children were doing in the spring gave regular visiting college art major, Miss Wenko, an idea for a testing project. The children were all given twelve by eighteen sheets of drawing paper and their boxes of big crayons. The art student fastened

her paper to the bulletin board the way she wanted the children to place theirs. As she drew the part she told the children what she was doing and then told them to do it and gave them time to do it. For the clown the head is a circle. The body is a larger circle. For the legs she drew and told them to draw to oblong shapes. When asked what to put at the bottom of the legs, the children looked and agreed big shoes. Then she told them to put on big circles for shoes. All the children continued to try. Next came the oblong arms with circle and/or half circle hands. When asked what they still needed for the clown, they all agreed a face. A face with two eyes, one mouth, one nose and a hat drawn by the leader at the direction of the children. Next she used design with stripes and buttons. Last she filled in with color for the whole clown.

A chart consisting of ten points was set up for the children's copying from seeing and being directed. Three children got ten points, two got eight points, one got seven points, two got five points, and the youngest two points and part of three others. Two students were absent. These scores were very similar to the motor coordination the children were felt to have. The pictures were put on the bulletin board and sent home with the invitation to the parents to go to the circus at St. Luke's. The Anchorage TMH children did a very creditable job in their circus performance. They were eager to repeat it.

Having the kindergarteners at the circus helped The Anchorage children. These same children had been at a Halloween, Thanksgiving,



Christmas, Valentine, and St. Patrick party sharing experiences and treats. Most of The Anchorage children had been taken out to visit St. Luke's, an old peoples' home, before the circus program was tried. The residents of the home and the personnel all did their best to show their appreciation even to cookies. Experiences such as this are possible with planning, cooperation, willingness to work and try new things by teachers and volunteers involved.

In their current curriculums and guidelines, several states have suggested things that were incorporated into the original curriculum of The Anchorage.

The Nebraska Curriculum under Health and Safety Measures stated that room temperature and ventilation must be checked regularly during the day. Individual medication must be provided when ordered. A first-aid kit should be available at all times. The teacher must be aware of Red Cross first-aid training and be prepared to give first-aid. The teacher-supervisor had taken the Red Cross first-aid training, beginning, advanced, and for teachers, and had taught a course three times so this requirement was fully met. The other factors caused no trouble and still are not a bother for The Anchorage.

Further the Nebraska Curriculum told teachers to explain and caution the children concerning hazards which may exist. Trainable children must be reminded continuously of such things. Two steps down to The Anchorage were such a problem, but there was a railing so the children were reminded to hold on when coming or going. In

going to the backyard playground or the park playground in the park on the hill, there were more opportunities to remind about being careful and holding on to the railing. The park also provided opportunities to watch for cars and be careful crossing streets.

Fire drill was essential at the start of The Anchorage. There were two possible exits, one with many more and wider stairs and only one railing. Also the possibilities of using any of the windows was explained and demonstrated. This was great sport in nice weather when a volunteer was waiting outside to help us get back in the building if we needed it. Getting coats caused a difficulty in this learning pattern, but soon the pattern was operating well. With the fire drill the volunteers found that suggested activities did not always prove feasible or practical but with their sincere attempts to implement as the occasion arose, the desirable objectives were attained.

On page fourteen in the Nebraska Curriculum, there is a short paragraph labeled "Simple Rules." These few rules with needed variations were used and are still in use in the operation of The Anchorage. Accordingly, only a few simple rules of conduct are necessary if flexible lesson plans are made and familiar and/or new materials are available for organized activity during every period of the day. It can be difficult to force trainable retardates into military, absolute routines, but sensible rules for procedures on leaving the room, moving about the room, and avoidance of rough play are quite easily enforced.

The Anchorage never had a child want or try to climb the wall or knock out a window. The Anchorage teachers had no idea of what other teachers were talking about when they laughed at us to say "just wait until the children start climbing the walls." Setting up rules of what was expected seemed to result in a positive rather than negative base with the children.

There was one young brain-damaged child in the first half of the year who tried twice to break toys but really for attention. Whenever any of us could feel tension rising in the child we would go and talk to her, pick her up and put her on our lap in the nearest sitting place, or if these things did not seem to relax her we would hum softly. At this signal of holding this child the other teacher would quickly and quietly distract all the others by moving to the next part of the schedule despite the time. We never had a tantrum or fit from this child. Maybe because of her age the love and attention seemed very effective. The volunteers all tried to give me the job of taking care of the child because she was very receptive to my voice. Different voice qualities often seemed to make quite a difference to different children. Most of the TMH pupils like daily routine tasks and will conform to the idea that tasks are more easily accomplished in a quiet and orderly atmosphere.

A loud raised voice should carry a special meaning and make listening very important.

Putting away what they took out was probably the hardest thing for these children to learn just as it is for many normal children. The very shortness of their attention span seemed to make this an even bigger problem. When they could not take part in the next activity a few times it was soon an accepted fact, forgotten but easily remembered.

The schedule at The Anchorage was flexible for many reasons, but one activity followed another so routine was established. The schedule used is in the curriculum section of this chapter.

During the 1965-1966 school year the following things were found successful and/or encouraging.

Each child was played with and showed the possibilities of different things as the interest and need arose. A kindergarten group of ten to twelve normal children came into the group on five occasions. They very easily and successfully lead the way to the new uses of toys and materials and new activities with untried equipment.

All year a wide variety of activity was permitted. Sometimes the play activity was noisy, looked purposeless and was actually inconvenient. To our delight there developed a certain amount of friction and squabbling in some play activities--blocks and doll house especially. Play should not always be smooth. The give and take, sharing, and working together coming from these troublesome activities was very worthwhile.

It it was necessary to stop play which was dangerous or unfriendly, it was then necessary to show the child a satisfying substitute. The example in the appendices given to the volunteer teachers is the easiest to understand, but all the leaders had to be ready for this sort of thing because it did happen. After you stop a child from throwing blocks, you suggest that the child try to throw the big ball through the metal hoop into a cardboard box, or at a cardboard box away from the others in the group. The blocks did have to be put away or were given to someone else to use, but this did wait.

Materials were tried which were suitable to each child's ability and any spark of interest noticed. As the children grew just a little more skillful a few more items were added. It was necessary not to be too eager nor to move too fast.

Finding playthings which would move around and could be used by the biggest or the smallest was successful. Raw materials of boards and boxes making places to climb or hide were used much more than fixed items like the slide or a swing. These last things the children would use when outside as a place to go and something different to do, but inside that big cardboard box was something more exciting. It seemed that some good imaginative play was obtained with it. Most of the leaders were willing to play, pretend and make believe. This is probably why the activity was so popular.

The second year the children were helped to build a train from boxes. This was made with cut out holes for windows and was movable if the students would kneel and then crawl on their knees. Then they could look out the window as the train moved along.

A long set of metal loops, covered by an attractive material proved to be very popular in 1967-68. For many it was a fearful experience at first. No child was made to try it. Squeezing the hoops together proved the best way to allay their fears.

### Evaluations

As a training center, The Anchorage needed a comprehensive, continuous, cooperative evaluation of all phases of pupil activity and growth by everyone involved using many instruments and procedures. To be adequate the evaluation had to be closely related to the objectives accepted by The Anchorage Board. The results of these evaluations have been used to foster continuous improvement of The Anchorage curriculum.

Major factors of pupil growth which needed to be evaluated included (1) mental ability, (2) achievement in various curriculum areas, (3) personal-social adjustment, (4) physical status, (5) growth in interests, (6) growth in attitudes, (7) work-play skills, (8) growth in expression, (9) growth in thinking and (10) home and community experiences. A brief summary of pupil growth at The Anchorage in most of these areas can be seen in Charts One, Two, and Three in Chapter V.

Accurate, diagnostic, written reports were filed with the board (APPENDIX G). Conferences with the parents on the status of their child at The Anchorage did provide a basis for mutual understanding, good will and cooperation between home and school in efforts to improve the total learning opportunities for each child. Informal notes to parents, samples of the pupil's work, and home visitations all have been used to an advantage for reports.

The system of reporting to the parents which seemed best for The Anchorage was one which was developed cooperatively by the teachers, board, pupils and parents in terms of local needs and problems. This would seem to be an essential approach for any TMH class.

Board of Directors for The Anchorage (APPENDIX G and APPENDIX H) had the responsibility of providing early placement of children who might become eligible for more advanced training. Further the Board has to see that there is a regular psychological evaluation to determine the status of each child. Parents are now given a list of state and community agencies which can provide additional diagnostic evaluation or can be used as referral agencies for supplementary services for testing acuity of perceptions. With all this and periodic reviews of the objectives of The Anchorage program, the Board seems to have become amenable.

The Dickinson Public Schools are inaugurating a promotional policy whereby special education pupils upon reaching the appropriate

chronological age, maturity, and readiness advance to the next instructional level. There are to be three and possibly five levels. Upon the establishment of this advanced program possibly it will be feasible for TMH children and adults to have a trainable special education level or a vocational workshop training level in the public schools. The Anchorage, with United Fund support, could then be used for a preschool training center for retardates. Also there is a definite need for a separate sheltered workshop program in the area. Quite possibly this may be another project for the Dickinson A. R. C.

During the last four years this group has supported summer swimming and camping programs for all area retardates. A large community attendance at the annual A. R. C. Silver Tea helps provide funds for summer programs and special activities for The Anchorage and all the special education classes. Because of the elimination of age requirements, a Cub Scout Pack is now operating for the boys. In the fall a Campfire group is to be started for the girls.



## CHAPTER V

### THE ANCHORAGE PARTICIPANTS

The group at The Anchorage was composed of thirteen children and young people ranging in chronological age from six to nineteen years. The mental age was approximately two to ten years. Half girls and half boys was the composition of the group. The vast differences did not seem to affect the program. Most of the boys did and still do attend more regularly than the girls.

The oldest two in the group were both girls who were FMH with some training and education. When trying to establish a group like The Anchorage, there is always the possibility of finding such individuals to help the program. One girl had four years of training in the public school special education class but was too old for the class they had in 1965. She could do some reading, writing and numbers. The other girl had repeated parts of elementary education many times and had a very thorough home training background from her family. Also she could do some reading, writing and numbers. The girls were made to feel important in their work, help and studies. They soon helped with washing hands, cleaning up activities and lunch. Their special training and work with the teacher was done

before and after school or during rest time. All corrections and changes for them were made at the moment things happened. This was essential to their learning.

One of the girls had an excellent voice for singing and the other knew how to handle herself very well in a kitchen. Both girls could and would read simple short stories to the group. These girls made successful strides in sewing with the large needle and yarn and the small needle and embroidery floss. In turn, they helped interested girls and boys from The Anchorage learn to use some basic sewing fundamentals. Their cases are not included in the charts of this chapter because they were not diagnosed as TMH. Their learning was an unexpected benefit from The Anchorage. Both girls are now being paid for their assistance to the teacher-supervisor.

As Director Henrietta Cranston said in describing the trainable mentally handicapped children participating in the Oregon City training program,

They are like little plants, when placed in the sun and given water they really change; likewise mentally retarded children when placed in a group where they can achieve and experience a great variety of situations with proper guidance they really change too.

The children at The Anchorage have made progress. Actually they have made more progress than seemed possible.

---

<sup>1</sup> Cranston, op. cit., p. 4.

The developmental record chart on twelve students from The Anchorage shows the extent and variance of their progress.

Most of the areas have a mark indicating the student's level in the fall of 1955 and then a second indicator for this spring of 1958.

The last column tells why there is a line in the first or last section of work with the children. One child moved to Minnesota and one did not enter until the 1966 school year. One child has been sent to the state mental hospital at Jamestown twice for essential speech therapy. The other child has been put into the state institution for mentally retarded at Grafton. An unhappy, difficult home situation made this placement necessary.



CHART TWO

PROJECTS - CRAFTS - ACTIVITIES

name	Sewing L g. needle	Sewing Small needle	Leather Fasten together	Singing	Rhymes	Sharing	Participating
b	E C	E E	C B	E B	E B	E C	E A
d	E C	E E	C B	C C	C B	D C	C C
a	D B	D C	B A	C B	C A	C B	C B
l	C - 1	E -	C -	B -	E C	C -	C -
e	E - 2	E -	B -	D -	C -	E -	D -
c	C C	C C	C B	C C	D	C B	C B
f	D - 3	D -	D -	E -	E -	C -	C -
i	C A	C B	C B	C C	C B	C C	B B
k	D B	D B	D B	C B	C B	D B	C B
h	- B 4	- C	- C	- B	- B	- B	- B
j	C B	E C	C C	C C	C C	B B	C B
g	A A	B A	C A	D D	D D	B A	A A

A- Very successful

B- Successful

C- Attempted

D- Failed, or Has not used, or Could not

E- Wouldn't try

Letters are the evaluation of the students' work.

First column- Fall, 1965

Second column-Spring, 1968

Note 1 Sent to Jamestown for attempted speech training in 1966 & 1969.

Note 2 Moved to Minnesota in 1966.

Note 3 Was sent to Grafton for permanent care in Spring, 1966.

Note 4 Started in Fall, 1966.

# CHART THREE

## PROJECTS - CRAFTS

No	Cutting	Pasting	Painting	Finger Painting	Coloring	Drawing	Clay
	E C	E B	E C	B B	C B	D C	B B
	D C	E B	E C	C B	C C	C C	C B
	D C	D C	C B	B B	C C	D E	B B
	D - <sub>1</sub>	E -	C -	D -	C -	D -	C/B -
	B - <sub>2</sub>	B -	D -	D -	D -	D -	B -
	C B	C B	C D	C B	C C	C C	C B
	D - <sub>3</sub>	D -	E -	C -	C -	D -	C -
	C B	D C	E C	B B	C C	D C	D C
	D C	D B	D C	D B	D C	D D	D B
	- <sub>4</sub> C	- B	- E	- B	- C	- C	- B
	D C	E B	C E	B B	C C	C B	B B
	C B	B A	C C	B B	B A	A A	E C

A- Very successful

B- Successful

C- Attempted

D- Failed, or Has not used, or Could not

E- Wouldn't try

Letters are the evaluation of the students' work.

First column- Fall, 1965

Second column-Spring, 1968

Note 1 Sent to Jamestown for attempted speech training in 1966 & 1968.

Note 2 Moved to Minnesota in 1966.

Note 3 Was sent to Grafton for permanent care in Spring, 1966.

Note 4 Started in Fall, 1966.

Status Report

In North Carolina it was found the great majority of trainable pupils range in age from seven to seventeen with intelligence quotients ranging from forty to fifty-five even thirty to sixty. This very closely parallels The Anchorage classes during its first three years. (See Chart One in Chapter V).

The recommendations made by the North Carolina Department of Public Instruction at Raleigh, North Carolina are also very applicable to The Anchorage. These recommendations can be found on pages seventeen and eighteen in A Status Report of the Program for Trainable Mentally Retarded Children. The report was prepared by the staff of the Special Education Section, Division of Instructional Services.<sup>1</sup>

To provide for continued growth and development of a program for trainable mentally retarded children the following recommendations were made:

1. In order to establish and provide programs for trainable mentally retarded children, local school districts in relatively sparsely populated areas should be encouraged to cooperate with adjacent districts.
2. Closer attention should be given to establishing smaller age ranges within classes, even though rigid age limits are not advocated nor desirable.

---

<sup>1</sup>Felix S. Barker, Staff Director, Division of Instructional Services, North Carolina Schools: A Status Report of the Program for Trainable Mentally Retarded Children (Raleigh: North Carolina Department of Public Instruction, 1967), pp. 15-16.

3. To provide for smaller age ranges and appropriate instruction whenever possible, a sequential program with at least three classes should be established. This could include one to six years at each level--preschool, school, workshop.
4. Teachers of all ages should be encouraged to take more course work in special education.
5. Curriculum development and methods of teaching are two areas that specifically need more inservice training opportunities for teachers and administrators that are or will be working with the trainable mentally handicapped.



## CHAPTER VI

### SUMMARY AND CONCLUSIONS

#### Summary

Trainable mentally handicapped (TMH) persons are those with measurable mental ability between 30 to 50 I.Q. These individuals can learn to be self-sufficient in personal care and to conform to simple daily life schedules, but are dependent on others for support and supervision.

Practices, past and present, in use for the TMH are included in the description of programs and in the historical account of The Anchorage. These programs suggest different ways of caring for the needs of the TMH. Reports from throughout the United States substantiate the merits of the community day care center and half-day private school, on one hand, to the state boarding school, on the other.

The history and operation of The Anchorage at Dickinson, North Dakota are treated in detail from its inception to the present time. It is a private half-day school for educating TMH. The needs of the TMH, such as accomplishment, belonging, speech and attention

had to be made known to the community to get its support.

With adequate housing facilities at a church, volunteer teachers, and assistance with money and equipment from many community groups, The Anchorage made possible opportunities to the TMH for schooling without cost. The incorporation of the school and the establishing of the governing board started The Anchorage. It has been maintained with support from St. John's Episcopal Church, the Dickinson A.R.C. and United Fund.

A school-type session with similarities to a kindergarten program is used with the formation of habits in positive, active ways of doing new things.

Developmental records, summing up the three years of work by The Anchorage students, are a feature of this school. Few records of this type have been kept about the TMH.

### Conclusions

The education of the TMH concerns an emphasis which only recently, since 1965, has received increased recognition. The absence of references to action research or the expression of expert opinions suggests the neglect of the education of the TMH.

Very critical throughout the United States are the need for all kinds of support, financial and otherwise, in the interest of the TMH child and adult. The truth of this statement is revealed in the reports provided by the many state publications and by the description of The Anchorage.

The need for sympathetic understanding of the severely mentally retarded (TMH) in the planning and organization of a realistic training program has been emphatically clear. There is a need for objective involvement in seeking solutions for the various physical, mental and emotional problems of the TMH. Certainly there must not be sentimental concern alone unless it is attended by positive action with the will to do something positive about it.

Finally, there are certain basic organizational and educational principles emerging which should serve as guideposts for training of the TMH. These may be stated as follows:

1. The TMH are not considered educable in the sense of ever really learning the basic academic skills as usable tools. Further, they do not have a prognosis of social and economic competency as adults. Consequently, they present primarily a custodial and training problem often outside the province of the public school as the classes presently are constituted.

2. The primary disability of the TMH is the inability to reason from facts or conditions. They respond to the real and the concrete. They are taught with materials in near life situations so they can make application of skills in similar situations.

3. Their curriculum should reflect the characteristics of the environment in which the TMH live. Any training center must be a part of, not apart from, the life of the trainable mentally handicapped.

4. The TMH require much encouragement and stimulation with an activity or involvement in activity. As a result, their learning is more an outcome of physical activity rather than application at a desk. Because of this essential, there is a need to move from academic emphasis to a developmental sequential activity program like the one used at The Anchorage. This is to say that the activities to be used in physical education, recreation and camping have importance in the foundation programs for the trainables.

## BIBLIOGRAPHY

### Part A - Chapters

#### Chapter I

1. Anderson, Joan E. What Is Mental Health? Minneapolis: Institute of Child Welfare, University of Minnesota, 1949.
2. Begab, Michael J. The Mentally Retarded Child. A guide to services of social agencies, Publication 404. Washington: U.S. Department of Health, Education and Welfare, 1963. pp. 25-27, 48-51.
3. Berry, C. S. Education of Handicapped School Children in Michigan, Bulletin No. 11. Lansing: Michigan Department of Public Instruction, 1926.
4. Dittman, Laura L. The Mentally Retarded Child at Home: A Manual for Parents. Washington: U.S. Department of Health, Education, and Welfare, Reprint 1965.
5. The Encyclopedia Americana, Vol. XIII. Chicago: The Americana Corporation, 1957. pp. 649 h-j.
6. Lafon, Robert, M.D. "The Potentialities of the Moderately and Severely Deficients," Mental Retardation in Canada. Ottawa: Canadian Department of National Health and Welfare, 1965.
7. Robertson, R. K. The Treatment of the Backward Child. London: Mathuin & Co. Ltd., 1950. pp. 3-7.
8. Williams, Harold W. The Retarded Child Goes to School, Pamphlet No. 123. Washington: U.S. Department of Health, Education and Welfare, 1960.

## Chapter II

1. Bennett, Margaret E. Guidance in Groups. New York: McGraw-Hill Co., 1955.
2. Bindman, A. J. and Klebanoff, L. B. "A Nursery Center Program for Preschool Mentally Retarded Children," American Journal for Mentally Deficient, 1959, 64, 561-573.
3. Doll, E. "A Survey and Program for Special Types of Education in Trenton, New Jersey," White House Conference on Child Health and Protection. Washington: Children's Bureau, 1931.
4. Donald, David. "Trainable Mentally Handicapped," Illinois Journal of Education, September, 1964, 55-4-519.
5. Dybwad, Gunnar and LaCrosse, Edward. "Early Childhood Education Is Essential to the Handicapped," The Journal of Nursery Education, 18-22, January, 1963.
6. Americana, 1965 Supplement, pp. 150 and 156. See 5 Chap. I
7. Finley, James A. "History of Legislation in Special Education," Illinois Journal of Education, 55-4-519, September, 1964.
8. Fundamentals in Organizing a Sheltered Workshop for the Mentally Retarded. New York: National Association for Retarded Children, Inc., 1962.
9. Golden Anniversary White House Conference on Children and Youth. Recommendations: Composite Report of Forum Findings. Washington: Government Printing Office, 1960.
10. Justison, Gertrude G. "Parents in Programs for the Mentally Retarded," Exceptional Children, February, 1958, pp. 99-100.
11. Kirk, Samuel A. Early Education of the Mentally Retarded. Urbana, Illinois: Illinois University Press, 1961.
12. Levinson, Abraham, M.D. The Mentally Retarded Child. New York: The Jolen Day Co., 1953.
13. Lowey, Herta. The Retarded Child: A Guide for Parents, Teachers, and Social Workers. London: Staples, Press Ltd., 1951.
14. Donald, David. "Trainable Mentally Handicapped," Illinois Journal of Education, September, 1964, 55-4-519.

## Chapter II (Cont.)

15. Tizzard, J. Community Services for the Mentally Handicapped. London: Oxford University Press, 1964.
16. Wiley, R. D. and Stron, W. M. Group Procedures in Guidance. New York: Harper and Brothers, 1957.

## Chapter III

1. The Encyclopedia Americana, Vol. XII, Chicago: Americana Corporation, 1959, p. 404.
2. Fisher, Dorothy Canfield. A Montessori Mother. New York: Holt, 1912.
3. Spock, Dr. Benjamin. The Common Sense Book of Baby and Child Care. New York: Duell, Sloan and Pearce, 1957. pp. 501 and 505.
4. Thompson, Merritt M. The History of Education. Reprinted, New York: Barnes & Noble, Inc., 1960. p. 54-58.
5. Williams, Harold W. The Retarded Child Goes to School: Pamphlet No. 123. Washington: U.S. Department of Health, Education and Welfare, 1960.

## Chapter IV

1. Gans, Roma; Stendler, Celia B.; and Almy, Millie. Teaching Young Children. New York: World Book Co., 1952.
2. Heber, Rick. "Modifications in the Manual on Terminology and Classification in Mental Retardation," American Journal of Mental Deficiency. January, 1961, pp. 499-500.
3. Hoppock, Anne S. All Children Have Gifts. Washington: Association for Childhood Education International, 1958.
4. Hurlock, Elizabeth B. Child Development. 3rd ed., New York: McGraw-Hill Book Company, Inc., 1956. pp. 215-231.
5. Kamm, Alfred, Ed.D. "More Activity for the Retarded," Illinois Council for Exceptional Children-Student Activities. May, 1967.

## Chapter IV (Cont.)

6. Martens, Elsie H. Curriculum Adjustments for the Mentally Retarded. Revised. Bulletin 1950, No. 2. Washington: U.S. Government Printing Office, 1950.
7. Sun, Sally Toppeng. "Shoestring Nursery School." Better Living. April, 1963. pp. 17-19, 58.

## Chapter V

1. Dybwad, Gunnar. "Rehabilitation for the Adult Retardate," American Journal of Public Health. II. No. 7, July, 1961. pp. 999-1004.
2. Staff of the William R. Allen School. A List of Behavioral Goals for Evaluating the Progress of the Trainable Child. Burlington, New Jersey: Burlington City Public Schools, 3rd Rev., 1966.



Part B - Guidance Helps

1. Avery, Marie L. and Higgins, Alice. Help Your Child Learn How to Learn. New Jersey: Prentice-Hall, Inc., 1962.
2. Bernard, Harold W.; James, C. E.; and Zeran, F. R. Guidance Services in Elementary Schools. New York: Chartwell House, 1954.
3. Culkin, Mabel. Teaching the Youngest. New York: Macmillan Company, 1950.
4. Detjem, Ervin W. and Detjem, Mary Ford. Elementary School Guidance. New York: McGraw-Hill Co., 1952.
5. Erickson, Clifford E. The Counseling Interview. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1950.
6. Fenlason, Anne F. Essentials in Interviewing. New York: Harper and Brothers, 1952.
7. Froehlich, Clifford P. Guidance Services in Schools. New York: McGraw-Hill Book Co., 1958.
8. Gordon, Ira J. The Teacher as the Guidance Worker. New York: Harper and Brothers, 1956.
9. Hamrin, Shirley A. Initiating and Administering Guidance Services. Bloomington, Illinois: McKnight and McKnight, 1953.
10. Humphreys, J. A. and Traxler, A. E. Guidance Services. Chicago: Science Research Associates, 1954.
11. Hurlock, Elizabeth B. Child Development. New York: McGraw-Hill Book Company, Inc., 1956.
12. Leonard, Edith; Vandeman, Dorothy S.; and Miles, Lillian. Counseling With Parents. New York: The Macmillan Co., 1954.
13. Ridenour, Nina and Johnson, Isabel. Some Special Problems of Children: Aged 2 to 5 Years. Second Edition. New York: New York Committee on Mental Hygiene of the State Charities Aid Association, 1951. pp. 5-33, 61-71.
14. Rothney, John W. M. Guidance Practices and Results. New York: Harper and Brothers, 1958.

## Part 8 (Cont.)

15. Slaughter, Stella Stinson, The Mentally Retarded Child and His Parents. New York: Harper and Brothers, 1960.
16. Strang, Ruth. The Role of the Teacher in Personnel Work. New York: Bureau of Publications, Teachers College, Columbia University, 1953.
17. White, Vera. Studying the Individual Pupil. New York: Harper and Brothers, 1958.
18. Wiley, R. D. and Andrew, D. C. Modern Methods and Techniques in Guidance. New York: Harper and Brothers, 1955.

Part C - Program Helps

1. Arnold, Wesley F. and Cardy, Wayne C. Fun With Next to Nothing. New York: Scholastic Book Services, 1963.
2. Berry, C. S. Education of Handicapped Children in Michigan, Bulletin No. 11. Lansing: Michigan Department of Public Instruction, 1926.
3. Childcraft Advisory Service. (Special Report No. 18) What Can I Do Now, Mother? Chicago: Field Enterprises, Inc., 1949.
4. Culkin, Mabel L. Teaching the Youngest. New York: Macmillan Co., 1949. p. 223.
5. Davis, Aurelia. "Special Education in Atlanta," The New Outlook, December, 1963. pp. 34-38.
6. Davis, Mary Dabney. Schools for Children Under Six. U.S. Office of Education, Federal Security Agency, Bulletin 1947, No. 5. Washington: Government Printing Office, 1947.
7. Forest, Ilse. Early Years at School. New York: McGraw-Hill Book Co., 1949.
8. Fouracre, Maurice H. Helping the Trainable Mentally Retarded Child. New York: Columbia Teachers College Press, 1960.
9. Hart, Evelyn. How Retarded Children Can Be Helped. New York: Public Affairs Committee, Inc., Sixth Printing, June, 1964.
10. Hudson, Margaret. Procedures for Teaching Trainable Children. Research Monograph. Washington: Council for Exceptional Children, 1960.
11. Molloy, Julia S. Trainable Children: Curriculum and Procedures. New York: John Day Co., 1963.
12. Morris, J. V. "The Habit Training of Severely Retarded Defectives," American Journal of Mental Deficiency, LXIII, No. 3 (Jan., 1957). pp. 474-477.
13. Rosenzweig, Louis E. and Long, Julia. Understand and Teaching the Dependent Retarded Child. Darien, Connecticut: Teachers Publishing Corp., 1960.

Part D - Counseling Parents of the Mentally Retarded<sup>1</sup>

1. A Proposed Program for National Action to Combat Mental Retardation, The President's Panel on Mental Retardation, October, 1962.

This study is a very valuable aid to parents with retarded children. The course of action proposed for the nation is described fully. A special section is devoted to the study of guidance and counseling.

2. Beck, Helen L. "Casework with Parents of Mentally Retarded Children," American Journal of Orthopsychiatry, 1962, 32 (5), 870-877.

The purpose of casework with parents of mentally retarded children stresses alleviating emotional problems, improving the child's behavior and improving the family's functions. An interesting case history is cited to explain the type treatment given to the child and the methods of counseling.

3. Carr, Lele B. "Problems Confronting Parents of Children with Handicaps," Exceptional Children, Feb., 1959, 251-255.

This paper is written for parents whose children are handicapped in any manner. The needs of the child are reviewed for the parents. The article reminds the parents of their needs and gives resources to aid them in their problems.

4. Counseling Parents of Children with Mental Handicaps, The Proceedings of the Thirty-third Spring Conference of the Woods Schools. Minneapolis, Minnesota, May, 1958.

A complete report of the speeches and papers is presented in this book. Among the subjects discussed are: "Developmental Factors in Retardation," "Genetic Counseling," and "The Parent Counselor." The paper concerning genetic counseling was most stimulating.

5. Doll, Edgar A. "Counseling Parents of Severely Mentally Retarded Children." Journal of Clinical Psychology, Vol. IX, 1953, 114-117.

Doll states that the type of counsel given parents depends upon etiology, nature, prognosis of the deficiency, the socio-economic conditions unique to each family, the ages of the defective person. The author stresses the need of taking the clinical view in counseling.

---

<sup>1</sup> Proceedings of the Institute on Counseling Parents of Handicapped Children. (Jackson, Mississippi: State Department of Education, 1967), pp. 145-149.

6. Dybwad, Gunnar. Challenges in Mental Retardation. Columbia University Press, New York, 1964.

This book is a collection of papers by Gunnar Dybwad, who gives an overall view of mental retardation. An excellent discussion of early childhood education, concerning the parents, is described in detail. Counseling with the parent groups is presented as the new trend in helping parents. A discussion of the entire family life in counseling is related.

7. Egg, Maria. When a Child is Different: A Basic Guide for Parents and Friends of Mentally Retarded Children. The John Day Company, New York, 1964.

The parents of retarded children should be forever grateful to Dr. Maria Egg for this tremendous guidebook. With tenderness, understanding, and wisdom, Dr. Egg answers many of the parents' unanswered questions. Medical aspects of retardation are discussed along with the practical pattern for everyday living. A word of inspiration is given to all parents of mentally retarded children.

8. Finich, F. H. and Yowell, Velma. Guidance for the Exceptional Child. Forty-ninth Yearbook. Part II. 1950, 83-102.

Finich and Yowell give a very factual account of guidance for the exceptional child in the school program. The provisions made by guidance services are described. A special section is given to guidance and personality development of the handicapped child. Considerable attention is given to the contributions of the nonschool agencies to vocational adjustment. Information concerning the qualifications of the counselor is given. This information would be quite beneficial to parents of exceptional children.

9. French, Edward L. and Scott, J. Clifford. Child in the Shadows: A Manual for Parents of Retarded Children. J. B. Lippincott Company, New York, 1960.

Getting the parent to accept the fact that his child is mentally retarded is the subject dealt with in this book. The authors try to lead the parent from self-pity and selfishness to the desire to help others.

10. Giannini, Margaret J. and Goodman, L. "Counseling Families During the Crisis Reaction to Mongolism." American Journal of Mental Deficiency. 1963, Vol. LXVII, 740-747.

When parents are told that their child is a mongoloid, many times the intensive services offered are also introduced. In this moment of crisis many parents place their child in an institution. Many of these children die, leaving the parents with conscious or unconscious feelings of guilt and recrimination.

11. Heisen, Karl F. Our Backward Children. W. W. Norton Company, Inc., New York, 1955.

The concrete knowledge of mental deficiency is briefly but accurately presented in an understandable manner for parents and lay persons. This book not only tells how the problems may be solved, but to whom a parent would go to seek advice. A large majority of the questions asked by parents are given in this book.

12. Jacob, Walter. New Hope for the Retarded Child. Public Affairs Pamphlet No. 210, 1954.

This book defines the problems of mental retardation for parents and other lay personnel. The type of services and educational help needed is explained for the parent. In the short space allotted, a look at research being carried out is shown to the readers.

13. Laycock, Samuel R. and Stevenson, George S. "Parents' Problems with Exceptional Children," Forty-ninth Yearbook of the National Society for the Study of Education. 1950, Part II, 117-134.

Laycock and Stevenson collaborate on the parents' problems with exceptional children. Unity and cooperation is urged among the four teachers of exceptional children--home teachers, playmate teachers, school teachers, and community teachers. The development of healthy attitudes in parents is stressed by emphasizing the methods of acceptance. An insight into the problems of other exceptional children is given so that the parents can better understand their own exceptional child. The basic needs of all children are reviewed to remind the parents and workers that first of all the exceptional child is a child. The criteria of education of the exceptional child is given. The need of the parents to understand the relative roles of learning and maturation are pointed out to aid the educator in guiding the parents. The various types of skills are listed so that the parents can help develop them. These skills include the psychological, biological, and sociological developments.

14. Marion, Lee J. "Organizing Parents of Mentally Retarded Children for Participation in the Mental Health Program," Mental Hygiene, January, 1951, 14-18.

The organization of parent groups is needed for help to promote the general welfare of mentally retarded children.

These organizations are also beneficial to parents who need opportunities to discuss their problem. Many times parents find greater consolation in talking with other parents of retarded children, than discussing their problems with professional workers.

15. Stern, Edith M. and Castendyck, Elmo. The Handicapped Child: A Guide for Parents. New York, A. A. Wyn, Inc., 1950.

This book is designed as a guide for parents with handicapped children. An excellent discussion is given on healthy attitudes of the parents. It seems that this book emphasizes mental hygiene not only of the parents but also of the child.

16. Thurston, John R. "Counseling the Parents of the Severely Handicapped," Exceptional Children, 1960, 351-54.

Having a child that is handicapped causes emotional stress. Parents are helped through counseling. The parent-physician relationships and the parent-other people relationship is stressed. The three stages of effective counseling are discussed.

17. Weingold, Joseph T. and Hormoth, Rudolph P. "Group Guidance of Parents of Mentally Retarded Children," Journal of Clinical Psychology, 1953, Vol. IX, 118-124.

The value of group meetings for parents with retarded children is clearly illustrated in this paper. The parent's attitudes are examined along with the entire family's. This article gives this challenge to its readers: "It now becomes necessary for the professionals to re-examine old ideas and formulate new ones, even in advance of the parents' groups, or he will find himself engulfed and submerged."

Part E - States

(Note: This bibliography is an accounting of sources and materials sent in answer to inquiry. It will be evident that the listing is by states, by persons responding and contains exact reference to the documentary materials received.)

## Alabama

Mrs. Alpha Brown, Consultant  
Program for Exceptional Children and Youth  
and  
Miss Reba Penn, Consultant  
Program for Exceptional Children and Youth  
c/o Alabama State Department of Education,  
Montgomery, Alabama. 36101

Alabama State Plan: Program for Exceptional Children and Youth.  
No. 8, Montgomery Alabama Department of Education, 1964.

## Arkansas

Mrs. Elizabeth Alstadt, Coordinator, Mental Retardation  
Implementation Project,  
State Board of Health,  
Little Rock, Arkansas. 72200

Recommendations for Action to Meet the Needs of Arkansas  
Mentally Retarded: Mental Retardation Planning Project.  
Little Rock: Arkansas State Department of Health, 1965-  
1966.

## California

Roswell H. Fine, M.D., Assistant Deputy Director  
Bureau of Retardation Services  
Department of Mental Hygiene  
1500 Fifth Street  
Sacramento, California. 95801

The Undeveloped Resource: A Plan for the Mentally Retarded  
of California. California Study Commission on Mental  
Retardation. Report to the Governor and the Legislature.  
Sacramento: State of California, January, 1965.



Lippman, Leopold. "A State Plans for Its Mentally Retarded," Children, XII, No. 5, (September-October, 1965).

Dybwad, Gunnar. "A Critique of California's Report on Mental Retardation," Children, XII, No. 5, (September-October, 1965).

### Colorado

Mrs. Peggy E. Martin, Coordinator  
Denver Board of the Mentally Retarded and Seriously Handi-  
capped, Inc.

1360 Vine Street  
Denver, Colorado. 80206

and

Marvin L. Meyers

Director of the Community Centered Program for Mentally  
Retarded and Seriously Handicapped Persons

328 State Services Building  
Denver, Colorado. 80200

Meyers, Marvin L., Director. The Community Centered Program  
for Mentally Retarded and Seriously Handicapped Persons.  
Denver, Colorado. Department of Institutions: Division  
of Mental Retardation, 1967.

Colorado State College, Greeley. Special Education. Bulletin  
Series LXI, No. 9, May, 1962.

Howard G. Rossen A.C.S.W.  
Regional Mental Retardation Consultant  
Federal Office Building  
19th and Stout Street  
Denver, Colorado. 80200

### Delaware

John S. Charlton, Director  
Pupil Personnel Services  
Department of Public Instruction  
Dover, Delaware. 19901

Policies for Conducting Classes for Trainable Mentally Handi-  
capped Children. Dover Delaware: Department of Public  
Instruction, December 15, 1966.

**Florida**

Landis M. Steller, Director  
 Education of Exceptional Children  
 Florida Department of Education  
 Tallahassee, Florida. 32304

**Georgia**

Miss Elizabeth Todd, Consultant  
 Mental Retardation  
 Division for Exceptional Children  
 Georgia Department of Education  
 State Office Building  
 Atlanta, Georgia. 30334

Georgia Director for Its Program for Exceptional Children -  
 Annual Report.

Jones, Mamie L. (Director). Program for Exceptional Children:  
 Regulations and Procedures. Atlanta, Georgia: State  
 Department of Education, October, 1967. p. 33.

**Illinois**

Alfred Kenam, Ed.D., Consultant  
 Programs for Trainable Mentally Handicapped Children  
 Department of Special Education  
 Program Development and Evaluation  
 Office of the Superintendent of Public Instruction  
 Springfield, Illinois. 62706

Program Development and Evaluation. The Illinois Plan for  
Mentally Handicapped Children. Springfield, Illinois:  
 Department of Special Education, 1967.

**Indiana**

Division of Special Education. "Housing of Classes for  
 Mentally Retarded," The Administrative Handbook for  
Indiana Schools. Indianapolis: Indiana General Com-  
 mission in Education, 1961.

## Iowa

Division of Special Education and Guidance Service. Workshop Handbook for Iowa Teachers of the Trainable Mentally Retarded. Des Moines, Iowa: Department of Public Instruction, February 16-17, 1962.

Division of Special Education and Guidance Services. Speech Improvement and Language Development for the Mentally Retarded: A Workshop Report. Des Moines, Iowa: Department of Public Instruction, 1963.

## Kentucky

Miss Elizabeth Parker, Consultant  
Division of Special Education  
Kentucky Department of Education  
Frankfort, Kentucky. 40601

Exceptional Children and Youth. Kentucky Educational Bulletin, XXXII, No. 7. Frankfort, Kentucky: Department of Education, July, 1964.

Basic Goals for the Trainable Mentally Handicapped. Frankfort, Kentucky: Division of Special Education, State Department of Education, June, 1966.

## Maine

Mrs. Robina M. Hedges  
Planning Coordinator  
Mental Retardation Planning  
Maine Department of Mental Health and Correction  
700 State Office Building  
Augusta, Maine. 04330

Maine Committee on Problems of the Mentally Retarded.  
Reaching the Retarded in Maine with Comprehensive Services: Report of the Planning Project. Augusta, Maine: Department of Mental Health and Correction, 1966.

Reaching the Retarded in Maine Through Community Actions: Elmhurst Center 1960-66. Bath, Maine: Bath-Brunswick Association for Retarded Children, Inc., 1967.

Reaching the Retarded in Maine with a Summer Day Camp.  
South Berwick, Maine: Waban Projects, Inc., 1966.

Curriculum Guide for Trainable Retarded Children. Third  
Annual Workshop for Teachers of Trainable Retarded Chil-  
dren, Farmington, Maine: Farmington State Teachers  
College, 1963.

#### Maryland

Gary O. Gray, Supervisor of Special Education Institutions  
Maryland State Department of Education  
600 Wyndhurst Avenue  
Baltimore, Maryland. 21210

Standards, Rules, and Regulations Governing the Provision of  
Special Programs for Handicapped Children of School  
Age Who Are Residents of Maryland. Baltimore, Mary-  
land: Maryland State Department of Education, 1967.

#### Massachusetts

Commonwealth of Massachusetts. The Home Training Pro-  
gram. Boston: Massachusetts Department of Mental  
Health, 1967.

#### Minnesota

State of Minnesota Department of Education  
Centennial Office Building  
St. Paul, Minnesota. 55101

Advisory Board on Handicapped, Gifted, and Exceptional  
Children Report. The Trainable Retarded Child in Min-  
nesota. St. Paul: Minnesota Department of Education,  
1958.

#### Mississippi

Paul D. Cotten  
Special Education, Assoc. Supervisor  
Mississippi Department of Education  
Jackson, Mississippi. 39205

Proceedings of the Institute on Counseling Parents of Handi-  
capped Children. Jackson, Mississippi: State Depart-  
ment of Education, Division of Instruction, Office of  
Special Education: 1967.

## Missouri

B. W. Sheperd, Director, State Schools for Retarded and  
Extended Employment Sheltered Workshops.

Dewey Bilyeu, State Supervisor  
Schools for Retarded  
State Department of Education  
Jefferson City, Missouri. 65101

Charles W. Brewer, Coordinator  
Schools for Retarded  
State Department of Education  
Jefferson City, Missouri. 65101

Sheperd, B. W. and Belyeu, Dewey. Training for Home and  
Community Living: Training Program--Retarded Children.  
Jefferson City: State of Missouri, 1966.

Sheperd, B. W. (Missouri Director of Training Program for  
Retarded Children). Report: The Missouri Plan: Train-  
able Retarded. Jefferson City, Missouri: State Depart-  
ment of Education, 1962.

## Montana

Roger E. Bauer, Supervisor Special Education  
Montana Department of Public Instruction  
Helena, Montana. 59601

## Nebraska

The Nebraska State School for Trainable Children. Amelia  
Ells, State School Director, Cozad, Nebraska.

Wells, Amelia (Director). Handbook (Preliminary Draft) of  
Nebraska State School for Trainable Mentally Retarded  
Children. Lincoln, Nebraska: State Department of Edu-  
cation, 1961.

Hungate, Vernon E. (Ed.) Curriculum Guidelines for Trainable  
Mentally Retarded Children in Nebraska Public Schools.  
Lincoln, Nebraska: Division of Instructional Services,  
1966.

Nebraska State Department of Education. Special Education Programs for Nebraska's Handicapped Children. Lincoln, Nebraska: Division of Instructional Services, 1965-1966. p. 17.

Education Laws of Nebraska: Section III - Mentally Retarded. Part C - Trainable Mentally Retarded. (see Nebr. #1)

#### Nevada

Larry "Smokey" Davis, Consultant  
 Exceptional Pupil Education  
 State of Nevada Department of Education  
 Carson City, Nevada. 89701

#### New Hampshire

Manfred E. Drewski, Consultant  
 Special Education  
 New Hampshire Department of Education  
 State House Annex  
 Concord, New Hampshire. 03301

Annual Listing of Classes

#### New Jersey

Joseph H. Cappello, Assistant  
 Office of Special Education Services  
 Division of Curriculum and Instruction  
 225 West State Street  
 P.O. Box 2019  
 Trenton, New Jersey. 08625

George Peatlok  
 Child Study Supervisor  
 Morris County Department of Education  
 County Service Building  
 West Hanover Avenue  
 Morristown, New Jersey. 07960

Mrs. Beatrice L. Stillwell, Principal  
 William Rallen School for Trainable Children  
 Mitchell Avenue  
 Burlington, New Jersey

Clayton, Joseph E. Memorandum. Trenton: State of New Jersey Department of Education, 1966.

Interdepartmental Committee on Lifetime Disability: Working Party on Mental Retardation. The New Jersey Comprehensive Plan to Combat Mental Retardation: Recommendations. Trenton: New Jersey Department of Education, 1966.

The Morris Unit, N.J. Association for Retarded Children. "Who's Eligible? Where is it? How to Get It.": Public School Education for the Mentally Retarded in New Jersey. Morristown, New Jersey: The Morris Unit, N.J.A.R.C., 1967.

Peatick, George (Sup.). Directory of Special Education Classes and Programs 1967-1968. Morristown, New Jersey: County of Morris Department of Education, 1968.

Proposed Recommendations in Mental Retardation Planning. Trenton: New Jersey Department of Education, 1963.

Toward a Blueprint for Curriculum Development. Trenton: New Jersey Department of Education, 1965.

## New York

John R. Ferguson, ACSW  
Associate Director  
Department of Social Work Practice  
National Association of Social Workers, Inc.  
2 Park Avenue  
New York, N.Y. 10016

Charles D. Baker, Chief  
Bureau of Mentally Handicapped Children  
The University of the State of New York  
State Department of Education  
Albany, New York. 12224

Summary of Some Aspects of Recent Legislation Relating to Children With Retarded Mental Development. The University of the State of New York, The State Education Department, Bureau for Mentally Handicapped Children, 1964.

Regulations of the Commissioner of Education, University of the State of New York, State Education Department, Bureau for Handicapped Children, Feb. 1961.

Certificates for Teaching Service, University of the State of New York, State Education Department, 800 North Pearl Street, Albany, New York. 12204

Public School Administrative Units Providing Special Classes for Children with Retarded Mental Development, University of the State of New York, Bureau for Mentally Handicapped Children, 1966-67.

Mental Health in the Child Health Conference, New York City Health Department, U.S. Department of Health, Education and Welfare, Children's Bureau, 1964.

#### North Carolina

Felix S. Barker  
 Director of Special Education  
 State of North Carolina  
 Department of Public Instruction  
 Raleigh, North Carolina. 27600

North Carolina Schools: A Status Report of the Program for Trainable Mentally Retarded Children. Raleigh, North Carolina Department of Public Instruction, 1967.

Curriculum Guide for Instruction of Trainable Mentally Retarded Children. (Working copy). Raleigh, North Carolina Department of Public Instruction, 1968.

Rules and Regulations Governing Program for Trainable Mentally Retarded Children. Raleigh: North Carolina State Department of Public Instruction, 1967.

#### North Dakota

Miss Janet M. Smaltz  
 Director of Public Instruction  
 North Dakota Department of Public Instruction  
 Bismarck, North Dakota. 58501

Guides to Special Education in North Dakota, Bismarck: Department of Public Instruction: M. F. Peterson, Superintendent, (1967).



Rules and Regulations for Treatment and Care Centers for the Mentally Retarded in North Dakota. Bismarck: North Dakota State Health Department, November 1967.

## Ohio

Joseph D. Auberger, Education--Specialist  
Bureau of Mental Retardation  
Division of Mental Hygiene  
Ohio Department of Mental Hygiene and Correction  
State Office Building  
Columbus, Ohio. 43215

Janis, Martin A. (Director). Rules, Regulations, and Standards for the Establishment and Operation of Programs for Training the Mentally Retarded. Columbus, Ohio: Department of Mental Hygiene and Correction, Division of Mental Hygiene, Bureau of Mental Retardation, (1967).

Wiles, Arthur W. (President). The Finest Community Program for the Mentally Retarded in the United States. Columbus: Ohio Association for Retarded Children, (1966).

Rules, Regulations and Standards for the Establishment and Operation of Programs for Training the Mentally Retarded. Columbus, Ohio: Department of Mental Hygiene and Correction, (1964).

## Oklahoma

A. LeRoy Taylor, Director  
Division of Special Education  
State Department of Education  
Oklahoma City, Oklahoma. 73105

## Oregon

Joy Hills Gubser, Assistant Superintendent  
Special Education Section  
State Department of Education  
Public Service Building  
Salem, Oregon. 97310

Henrietta Cranston, (Mrs. C. C.), Director  
Clackamas Child Training Center  
Route 5 Box 398  
Oregon City, Oregon. 97045

Cranston, Henrietta, Director. Summary of the Continuation Program for Trainable Mentally Retarded Children at the Clackamas Child Training Center. Oregon City: Clackamas Training Center, (1967).

### Pennsylvania

Sally V. Searight, Supervisor  
 Programs for Physically Handicapped and Trainable  
 Pennsylvania Department of Public Instruction  
 Box 911  
 Harrisburg, Pennsylvania. 17126

Pennsylvania's Trainable Children. Harrisburg: Commonwealth of Pennsylvania, Department of Public Instruction, Bureau of Special Services for Pupils, 1963.

### Rhode Island

Regulations Education of Handicapped Children. Providence: Rhode Island Department of Education, 1963.

Survey of Personnel Needs for 1967-1968. (Mentally retarded teachers needed all grouped together.) Providence: Rhode Island Department of Education, (1967).

### South Carolina

Robert P. Armstrong, Consultant  
 Mentally Handicapped  
 Program for Exceptional Children  
 South Carolina Department of Education  
 Columbia, South Carolina. 29201

### South Dakota

Miss Jan Ebersdorfer  
 Consultant, Special Education  
 Division of Pupil Personnel Services  
 South Dakota Department of Public Instruction  
 804 North Euclid  
 Pierre, South Dakota. 57501

Special Education Facilities in South Dakota. Pierre, South Dakota: Department of Public Instruction, Division of Pupil Personnel Services, 1967.

## Tennessee

Mrs. Marion H. Parr, Supervisor  
 Division of Instruction  
 Area of Special Education  
 Tennessee Department of Education  
 133-134 Cordell  
 Nashville, Tennessee. 37200

Excerpts from Rules, Regulations, and Minimum Standards.  
 "Provisions for Psychologically Exceptional Children."  
 Nashville, Tennessee, State Board of Education, 1967-69.

Excerpt from Tennessee Code Annotated, 1967 Cumulative  
Supplement: Vol. 9. Nashville, Tennessee: State of  
 Tennessee Department of Education, 1967.

## Utah

R. Elwood Pace  
 Coordinator of Special Education Program  
 Utah State Board of Education  
 Salt Lake City, Utah. 84112

Mrs. Irene Elggreen  
 State Supervisor for Day Care Programs  
 419 State Capital Building  
 Salt Lake City, Utah. 64112

Special Education Report Prepared for Utah State Board of  
Education. Salt Lake City, Utah: Division of Special  
 Education Services, 1967.

## Vermont

James J. Underwood  
 Special Education Consultant  
 Division of Special Educational and Pupil Personnel Services  
 Vermont Department of Education  
 Montpelier, Vermont. 05602

**Virginia**

Miss Esther R. Shevick  
 Assistant Supervisor of Special Education  
 Virginia State Department of Education  
 Richmond, Virginia. 23216

The Perceptually Brain Injured Child. Richmond, Virginia:  
 Special Education Service, State Department of Education,  
 (1965).

A Suggested List of Materials and Equipment for Special  
 Classes for Mentally Retarded Children. Richmond, Vir-  
 ginia: Special Education Service, State Department of  
 Education, (1966).

Sources of Materials and Equipment for Special Education.  
 Richmond, Virginia: Special Education Service, State  
 Department of Education, (1967).

**Washington**

Helena G. Adenson  
 State Supervisor of Special Education  
 Washington Department of Public Instruction  
 Olympia, Washington. 98601

William D. Pfeifer, Principal  
 Garland School  
 W 2118 Garland Avenue  
 Spokane, Washington. 99205

Eleanor M. Peterson  
 Assistant Superintendent  
 Spokane Public Schools  
 Administration Building  
 W 825 Trent Avenue  
 Spokane, Washington. 99201

Patrick J. Kelly  
 Director of Special Education  
 Division of Special Education  
 508 North Central  
 Kent, Washington. 98031

## West Virginia

Allen Blumberg, D.Ed.  
 Planning Coordinator for Commission on Mental Retardation  
 Directory 1967  
 Mental Retardation Services in West Virginia  
 Charleston, West Virginia

Blumberg, Allen, Planning Coordinator. Directory of Mental Retardation Services in West Virginia. Charleston: West Virginia Commission on Mental Retardation, 1967.

Commission on Mental Retardation. A Plan Called Promise. Charleston, West Virginia: Public Health Service and Department of Health, Education, and Welfare, 1966.

## Wisconsin

G. Szymanski  
 Consultant Special Education  
 Wisconsin Department of Health and Social Services  
 Division of Mental Hygiene  
 1 West Wilson Street  
 Madison, Wisconsin. 53702

Blessings, Kenneth R., Mathias, Daniel C., and Baribeau, Flody L. Wisconsin's Public School Services for Retarded Children. Madison, Wisconsin: Department of Public Instruction, Aug. 1960. Reprint.

Wisconsin's Day Care Program. Madison, Wisconsin: State Department of Public Welfare, Division of Mental Hygiene, 1966.

## Wyoming

Sara Lyon James, Ph.D.  
 Director, Exceptional Children  
 Wyoming Department of Education  
 State Capitol Building  
 Cheyenne, Wyoming. 82001

## APPENDICES

APPENDIX A	Group Discussion Topics
APPENDIX B	Original List of Essentials
APPENDIX C	Appeals
APPENDIX D	Needs
APPENDIX E	Letter of Inquiry
APPENDIX F	Application
APPENDIX G	Constitution for The Anchorage
APPENDIX H	<u>We go to The Anchorage</u>
APPENDIX I	How Parents Can Help
APPENDIX J	Prayer
APPENDIX K	Personal Data Form
APPENDIX L	Helps for Volunteers
APPENDIX M	Functional Words for TMH
APPENDIX N	Behaviorial Profile
APPENDIX O	Characteristics of TMH Child - Ore.
APPENDIX P	Inquiry for Materials
APPENDIX S	Letter from N.D. Director of Social Services

## APPENDIX A

8. What means of continued financial support can be provided by our region for mental retardation facilities?
  - a. Voluntary agencies.
  - b. Tax support on a regional basis.
  - c. Combination of tax support on regional and State basis.
  - d. Combination of tax support on regional, State, and Federal basis.
9. What provision should be made in our regional mental retardation planning for continued evaluation of mental retardation progress?
10. How will it be possible for our region to continue its planning and coordination of agency programs for meeting the needs of the mentally retarded?

The answers developed to these questions gave the development of a trainable center real impetus.

## APPENDIX A

### GROUP DISCUSSION TOPICS FOR MENTAL RETARDATION

Used at a state-sponsored meeting in Dickinson on 4/6/64.

1. How might our region program to meet the needs of the mentally retarded in such areas as follows:
  - a. Diagnosis and evaluation?
  - b. Family counseling?
  - c. Public education?
2. Would the development of day-care centers for the retarded be practicable in our region?
3. How can our region assume further responsibility and provide further vocational and on-the-job training opportunities for the mentally retarded?
4. What opportunities are there for employment of the mentally retarded in our region? What might be done to further such opportunities?
5. What can be done by our region to secure more professional staff to work in the area of retardation and to provide training opportunities for young people interested in the field of retardation?
6. What public information and education programs can be developed to acquaint more people with the needs of the mentally retarded?
7. What responsibilities should our schools assume in the area of mentally retarded?
  - a.. Identification?
  - b. Education?
  - c. Vocational training?



APPENDIX-B

. The Original List of Essentials for a Class for Trainables in Dickinson

1. A donated room with lights and heat.
2. As sponsoring group be prepared to do our own janitor work.
3. Charge enough to be able to buy basic equipment (colors, paper, scissors, paste) or else have the students buy their own.
4. Volunteer mothers and interested people to do the care or teaching. Maybe some church members are interested in such work(?). Ministers could announce need for help.
5. Know how many students or children will be enrolled. Also canvas to find out how many interested parents there will be to help.
6. Child should be toilet trained.
7. I think an all day endeavor would be too much to begin with. Better to enlarge on a program that we know we can handle rather than to admit failure on something too big. These children will look forward to and profit from even a few hours a week.
8. Needed will be a record player or piano or both--also donated toys, etc.
9. Will try to find out what some other communities are doing and how. Don't know how much time I will have. Someone might write to Grand Forks. They just started a strictly day care center last winter.

Mrs. Gemel (Vicki) Massad.

[This woman was a leader of the study group, acted as secretary and made this beginning list from an early discussion. The parents and other interested adults started their work from this list. Chapters III and IV tell how most of these things resulted. Mrs. Massad, a member of St. John's Episcopal Church, has continued to be active on The Anchorage Board and as President of the Dickinson ARC.]

## APPENDIX C

### First Appeal - A Mother's Account

Children who are mentally retarded are more like normal children than they are different from them. They need tender, loving care as babies; they need good physical care; they need a family that loves and wants them; they need a chance to play; they need playmates; they need to be accepted. Like other children they need as much training and education as they can use. Since this is hardly a debatable subject, then why aren't we doing more for them?

I am speaking as the parent of a retarded child, and so, of course, I am impatient that more isn't being done for these children - especially here, where we are living and raising these children.

When my child was identified as being retarded I was living in a large city where much more was being done for these children. In my case, all I had to do was accept the verdict and permit my child to be enrolled in the Special Education classes which were already a part of the school system. When I say all I had to do was give my consent, please don't think this was a simple task. I must say to teachers or doctors, or to whomever has the task of telling a parent that a child is retarded, that you cannot expect instant acceptance and cooperation from the parents. What parent is prepared to accept such a final analysis calmly? Hope springs eternal - this is the closing of that door. There is no cure - only acceptance of the fact. When a doctor must report that a disease is incurable he knows full well that his findings will be difficult for those involved to accept. When I was told that my child was retarded the room spun around. I was weak and unable to respond. The school psychologist and the principal must have been expecting this, because when we went racing to the doctor with this report - you see it was too final to accept just like that - we found that the doctor had the complete report from the school. He showed us how the testing from the school did fit in with all the previous worries we had concerning this child. In addition to that, within a very short time - a few days, maybe - this is like at the time of a death when time loses its proportions - our minister called on us just as he would do in any tragedy. The school also had notified him. Through this kind of concern, acceptance comes more quickly, but still not easily.

But what happens in this locality? I must admit that I can't fully appreciate the remark of a school official that the parents won't accept the fact so what can they do. I want to ask, "What did they do?" But on the other hand, even if the identifying official did all this follow-up, what then? It isn't that simple just to enroll them in a class for the educable mentally retarded or an opportunity room for the trainable, when no such class exists. We have one room in Dickinson for the educable mentally handicapped children (E.M.H.) and I believe there is only one other such class in the entire southwestern part of the state. One year the

## APPENDIX C

Special Education classroom was closed in Dickinson because there was no room available and no teacher. Yet we all agree that every child is entitled to all the education and training he can use. Because he is handicapped is that a reason to put the child out of the picture? Whoever heard anyone suggest that we close fifth grade, for example, for one year because of crowded classrooms and a shortage of teachers?

Now to go back a little. When I explained my feeling regarding the time when my child was identified as being mentally retarded, many of you might naturally wonder why this was such a shock to me. I must admit that the thought of his being mentally retarded had never once crossed my mind. Any parent is looking for a physical cause, and especially one which can be cured. I learned at the end of my child's first year in the Special Education class that this had been the same reaction as that of the other parents. I remember at the end of the school year at one of our PTA meetings - we had our own separate meetings throughout the year - one of the mothers asked the school psychologist if we couldn't have names of the new children who would be entering the following year, so we could help them to accept the situation by telling them what could be done for them. We were told that each parent had to face this in his own way, but she would instead give them our names.

I have told you all this so you might realize the grief there is in just accepting this condition in itself. Here, in this area, to the acceptance of this fact is added the fact that after acceptance, then what? After a parent has accepted the fact and has been told how much can be done for his child then he finds that it isn't available for his child.

Children who are mentally retarded range from nearly normal to totally dependent. They are usually referred to in three classes. One group is educable, the second group can be trained to care for their personal needs and do some kinds of work. The third group will always be totally dependent. In round average figures, out of every 1,000 children, 30 will be mentally retarded. Out of this group, 25 are educable, 4 are trainable, and only 1 is totally dependent. Without special education we are making all 30 totally dependent.

As I said in the beginning, mentally retarded children are more like other children than they are different from them. These are children, who by chance are mentally retarded, but they need what all children need - love, physical care, a place in a group, and as much training as they can use. Can't we find a way to give it to them - here?

## APPENDIX C

### Second Appeal - A Clergyman's View

"This speaker has been asked to make a statement setting forth the work for retarded children from the point of view of a clergyman.

This clergyman regards the teachings of Jesus Christ as the most important words that ever have been spoken and written down or printed on paper. Among these teachings, one of the foremost was His demand: 'You shall love your neighbor as yourself.' 'And as you wish that men should do unto you, do so to them.' 'Truly, I say to you, as you did it to one of the least of these, my brethren, you did it to Me.' And He made many other demands upon us that are expressions of this law of love.

This is an obligation toward our fellowmen, and it is an obligation toward God. God has an infinite concern for the wellbeing of all human beings. We do not fulfill our duty toward Him until we have carried out our obligation of love toward the neighbor whom God loves as much as He loves us.

A certain lawyer asked our Lord; 'And who is my neighbor?' He was told the story of a victim of a highway robbery who was ignored by two clergymen and helped by a layman, who in turn was the citizen of a foreign country. The story told by our Lord implied that it was simply the victim's NEED which entitled him to another's help. The victim of violence may have been a good or bad man; rich or poor; a white man or a negro; a fellow citizen or a foreigner. These conditions made no difference. He was a person in NEED. That was the claim upon the help that his neighbor might be able to give him.

The retarded child is a person in need. Through causes which no one can explain, and which certainly are no fault of his own, he has been robbed of a chance to share the good things of life on an equal basis with his fellows. He is in need of the teaching and other help that more fortunate people are able to give him. Our obligation to serve that need is as great as any obligation we have, to any person, under any circumstances. Because of God's love for him, our obligation to serve his need is an obligation toward God as well as toward a neighbor.

There comes to mind a conviction expressed by that brilliant woman, Miss Florence Nightingale, who took the crude and despised profession of nursing and transformed it into a noble, efficient, thoroughly Christian service to God and man. The public thought that a sick person who was financially destitute had no right to nursing care if he couldn't pay for it. Miss Nightingale insisted that the simple fact of suffering lifted one above such considerations; and that whether the patient was good or bad, valuable or invaluable, a friend or an enemy, his suffering constituted

## APPENDIX C

a claim upon society for reasonable care. The need of a retarded child is in that category. His need constitutes a claim on our efforts to help him. And our obligation to help him in his need stands among our highest duties.

We are told that there was once a French prime minister who had to undergo a serious operation. He said to his surgeon that of course the latter would not treat him in the same rough manner that he used with the "charity wretches" in the hospital. The surgeon's outlook was in harmony with the finest traditions of his profession, and he was a sincere Christian. He said to the prime minister that the miserable charity wretches, as his Eminence referred to them, were all prime ministers to him.

His need places the retarded child in the same category as the prime minister. Our obligation as Christians requires us to serve that need and in a conscientious spirit."

### Third Appeal

#### Understanding The Needs Of The Dickinson Area Association For Retarded Children

Have you heard of the Dickinson Area Association for Retarded Children? Seven months ago this group was formed and it is composed at the present time of some fifty interested people from Stark County and the surrounding area.

In just recent years retardation of the mind is being recognized for the great problem it is, and that there are ways and means of doing much for the people who are afflicted with this condition. Many states are providing classrooms for slow learners, day schools for trainable children, and clinics for diagnosis and help of many kinds.

As long as you can remember there have been schools for the blind, the deaf, the crippled children, etc. - and next you will say, "We have Grafton." Yes, we have the Grafton School, but there are many children who should not go to Grafton, but who should be in school learning to live as normal lives as possible and learning to become self-supporting or at least self-sufficient. This also depends upon the child's physical condition, the family's financial condition and stamina.

Only until you have association with a retarded child can you realize how agonizing is the affliction. There are degrees of retardation. Some children must be institutionalized for both their good and that of their parents - this the state provided. Then there are the trainable ones and for these the desirable situation would be to have a day center or day

APPENDIX. D

A TRAINABLE CHILD'S NEEDS

NEEDS	FROM PARENTS	FROM TEACHERS	FROM PEERS	FROM COMMUNITY AND/OR SCHOOL
1. Physical— to try to develop a healthy body and good health habits.	Proper food, Adequate sleep, Fresh air activities, medical and dental care, Suitable housing and clothing, early training in good health habits.	Health education, physical training, proper heating and lighting, in the schoolroom, cooperation with parents and medical authorities in health inspection and immunization against disease.	Consideration and understanding of his health and handicap. Full cooperation in preventing spread of contagious diseases.	Adequate medical and dental services immunization against contagious diseases, sanitary living conditions, classes for them, classes for their parents, understanding, well-trained teachers.
2. Acceptance, understanding and love from others. (belonging)	Share in the family work and play. Pride as a member of the family—comradship. Serenity at home.	Welcoming into school and giving real share in activities of the classroom and playground. Kindness and fairness in a happy cooperative classroom atmosphere.	Genuine share in group activities. Interest in achievements. Friendship.	Hiring understanding qualified teachers. Active child welfare agencies and kind understanding foster parents to substitute for the home when necessary.
3. Self-acceptance (Including self-esteem)	Confidence in him. Help in understanding and accepting his strengths and weaknesses.	Individual challenge helps, and counseling.	Appreciation of qualities.	Opportunities to feel he matters to them. Opportunities to share in community activities, church activities, swimming, camping, etc.
4. Recognition from others (Social approval)	Praise for good behavior, honest effort in work and other accomplishments. (Games, making friends, etc.)	Commendation for good behavior, diligence in school work, success in games, speaking, music, etc.	Generous admiration for accomplishment in school work, games, speaking, etc.	Credit for constructive activities, church activities, swimming, camping, etc.
5. Some understanding of responsibility to others.	Good standards of behavior at home encouraging honesty and spirited development.	Training child to cooperate with others in work and play and to complete difficult tasks.	Approval when a good sport (good loser, good winner, etc.)	Opportunities to attend school, church, playground, day care center, and for recreation center
6. Freedom from fear and guilt (Achievement Success)	Encouragement in school activities. Opportunities for worthwhile tasks, hobbies and adventure. Encouragement to talk.	Established rapport. Work at which he can succeed. Opportunities for success in games, hobbies, and speech.	Opportunities to take turns in doing things. Inclusion in school projects (Games, speech, musical and other activities. (The Circus at St. Luke's) Participation in group projects planned and carried out by the group.	Vocational guidance if any ability or opportunity church activities.

APPENDIX E

Dear Mr. and Mrs. \_\_\_\_\_

A training center for retarded children not receiving any schooling is being established here in Dickinson. The Anchorage is the name of the new center. It is to be located in the parish hall of St. John's Episcopal Church, Eighth Street at Fifth Avenue West. A committee of three members from both the Dickinson Area Association for Retarded Children and the church compose The Anchorage Board and are in charge of the project. Everyday Monday through Friday, the sessions will be held from 1:00 P.M. to 3:30 P.M.

I would like your child \_\_\_\_\_ to join us regularly at The Anchorage. As this child's parents you will be responsible for the daily transportation, a report of a physical examination from your local doctor and a series of tests at the Dickinson Area Social Service Center. Enclosed is an enrollment blank (appendix). If you're interested in this new program fill it out and mail it to Box #50 Dickinson, North Dakota.

On Monday, September 20, 1965, at 7:30 P.M., the Dickinson Area Association for Retarded Children (A.R.C.), will be meeting at Roosevelt School. The group would like both of you to attend the meeting and find out more about this new center. As supervisor I will be there to answer any of your questions and accept any reports including the enrollment form that you have ready for your child's enrollment.

Sincerely,

Dorothy J. Sheffield (Mrs. C.A.)  
Supervisor at The Anchorage

APPENDIX F

APPLICATION FOR THE ANCHORAGE

Full Name of Child \_\_\_\_\_

1. Has your child been diagnosed as mentally retarded? \_\_\_ By Whom? \_\_\_\_\_

When? \_\_\_\_\_ Kind of specialist \_\_\_\_\_

Address: \_\_\_\_\_

2. Has your child been excluded from public school attendance? \_\_\_\_\_

Reason: \_\_\_\_\_

3. To help us understand your child and the type of program he needs, please answer "Yes" or "No" to the following and describe the behavior on adjoining lines:

TOILETING

Bowels controlled? \_\_\_ Bladder control: In daytime? \_\_\_ At night? \_\_\_

FEEDING (check and explain)

Feeds self alone \_\_\_ With some help \_\_\_ No self feeding \_\_\_

Eats most foods \_\_\_ Eats few foods \_\_\_

Foods he does not eat or drink: \_\_\_\_\_

COMMUNICATIONS (Check )

How does he let you know his wants?

Talks \_\_\_ Makes sounds \_\_\_ Makes facial expressions \_\_\_ Gestures \_\_\_

SPEECH

Understandable \_\_\_ Uses sentences \_\_\_ Uses words \_\_\_ Can speak, but seldom does \_\_\_

How does he let you know:

His toilet needs\*\*To have a bowel movement \_\_\_\_\_

To urinate \_\_\_\_\_

His need for a drink \_\_\_\_\_



APPENDIX F

APPLICATION FOR THE ANCHORAGE

What does your child like to be called \_\_\_\_\_

Has your child ever participated in any group programs? Give name and dates of attendance (approx.).

Do you feel he benefited from them? \_\_\_\_\_ If so, how? \_\_\_\_\_

How does he choose to spend his time?

Indoors \_\_\_\_\_

Outdoors \_\_\_\_\_

Does he do any domestic tasks? \_\_\_\_\_

To what places does he go? (Store, movies, church, etc.)

Alone \_\_\_\_\_

Accompanied \_\_\_\_\_

Will you attempt to get your child to The Anchorage regularly and on time if accepted?

\_\_\_\_\_  
Signature of parent

APPENDIX G

~~CONSTITUTION~~ CONSTITUTION FOR THE ANCHORAGE - 1

ARTICLE I. NAME

The name of this corporation, hereafter referred to as "The Anchorage" shall be: The Anchorage School for Trainable Retarded Children, Incorporated. The term "retarded children" as used herein shall include trainable retarded persons between six and twenty years of age.

ARTICLE II PURPOSE

The purposes of The Anchorage are:

- Sect. A. 1. To train and promote the general welfare of retarded children whose I.Q. scores fall ~~between 30 and 50.~~ <sup>below</sup> 30 and 50.
2. To make available classroom space and instructional services for retarded children within the general geographic area of Dickinson, North Dakota.
3. To continue to provide these services until such time as public school services are made available for trainable children. At such time as the public school assumes the current Anchorage program, Anchorage may at its option elect to accept retarded children below the age of six.
- Sect. B. 1. The Anchorage shall be non-political, non-profit, and non-sectarian. No child shall be refused attendance because of race, or religious affiliation.
2. No part of the net earnings, contributions or other property shall accrue to the benefit of any member of the governing board.
3. At such time as The Anchorage School is dissolved, the property and equipment of Anchorage will be turned over to the Dickinson public school system for use in Special Education classes.

ARTICLE III. ADDRESS

The official address shall be:

Box 45  
Dickinson, North Dakota 58601

ARTICLE IV GOVERNING BODY

The governing body herein called the Board of the Anchorage, shall consist of 8 members, 4 of whom shall be members of St. John's Episcopal Church in Dickinson, and four of whom shall be members of the Dickinson Association of Retarded Children. The Rector of St. John's Episcopal Church shall always be a member of the Board as long as the facilities of said church are being used by the The Anchorage. At the discretion of the Board the membership may be expanded to include one person who is neither a member of the Episcopal Church nor of the ARC, to be elected by the Board.

## APPENDIX G

### THE CONSTITUTION FOR THE ANCHORAGE -

#### APPENDIX TO ARTICLE IV

One member, each of the Episcopal Church and the ARC shall be elected annually by the Board and one member each of the Episcopal Church and the ARC shall be selected by their respective bodies. The term of the members of the Board shall be two years. Elections by the Board shall take place in September. Selections by the Episcopal Church and ARC shall take place at their respective annual meetings.

#### ARTICLE V OFFICERS TO THE BOARD

The officers shall include a president, a vice-president, a secretary, and a treasurer, all of whom shall be elected annually in September from and by the members of the Board.

#### ARTICLE VI MEETINGS

Meetings shall be monthly at a time and place selected by the Board. Regular monthly meetings may be cancelled at the Board's discretion. Special meetings may be called by the president or by a quorum of the Board, provided that all of the members of the Board are properly notified.

#### ARTICLE VII AMENDMENTS

Amendments to the constitution shall be consummated by a simple majority of the Board voting at two successive meetings. The total Board shall be informed of the amendment prior to both meetings.

#### ARTICLE VIII QUORUM

A quorum shall be defined as four of the board members provided that the four are not wholly from the Episcopal Church or the ARC.

#### ARTICLE IX FISCAL MATTERS

The fiscal year shall be from June 1 to May 31. The treasurer shall be responsible for all funds acquired or contributed to the Anchorage and will disburse the same according to the will of the board. The treasurer will be required to keep an accounting of all funds and to provide periodic reports as the board requires.

APPENDIX B

MS GO TO

THE ANCHORAGE

DICKINSON, NORTH DAKOTA

## APPENDIX H

### THE ANCHORAGE Purpose

This training center for severely but trainable mentally retarded children is attempting to provide opportunities never before available to these children.

### Name

The Rev.-Mr. Theodore Jones, pastor of St. John's Episcopal Church, suggested the name using for reference the Bible verse Hebrew 6:19: "This hope we have is an anchor for the soul, both sure and firm and it enters in beyond the curtain." With this reference as the background, the name The Anchorage was accepted by the board.

APPENDIX H .

CONTENTS

	<u>Page</u>
I. PURPOSE AND NAME . . . . .	2
II. CONTENTS. . . . .	3
III. BOARD OF THE ANCHORAGE. . . . .	4
IV. BOARD CHAIRMAN'S LETTER. . . . .	5
V. WHO MAY ENTER? WHEN? TIME?. . . . .	6
VI. WHAT IS NEEDED FOR REGISTRATION. . . . .	6
VII. WHERE IS THE ANCHORAGE?. . . . .	7
VIII. COSTS?. . . . .	7
IX. WHAT IS THE ANCHORAGE LIKE?. . . . .	7
X. WHAT PREPARATION WILL HELP. . . . .	8
Can Tell His Name . . . . .	9
Can Help Himself. . . . .	9
Has Feeling of Security. . . . .	9
Has Been Examined. . . . .	9
XI. WHAT ELSE CAN PARENTS DO. . . . .	9
About Supplies. . . . .	9
About Clothing. . . . .	10
About Health. . . . .	10
About Progress. . . . .	12
XII. WHAT MAY THE ANCHORAGE CHILDREN . . . . .	13
XIII. WHAT DO THE VOLUNTEERS DO. . . . .	14
XIV. NOTES AND REMINDERS. . . . .	16

APPENDIX H

THE BOARD OF THE ANCHORAGE - 1966

- . Mrs. Lawton Osborn, Sr. - Church
- . . Mrs. Gemal Massad (protem for minister) - Church\*
- . . . Father Tuxbury - A.R.C.
- . . . . Charles Nielson - A.R.C.\*\*
- . . . . . Donald Stoxen - A.R.C.
- . . . . . Tom Conlon - Church

\*Chairman

\*\*Secretary

The board is made up of three members of St. John's Episcopal Church and three members from the A.R.C., The Dickinson Area Association for Retarded Children. One member was not to be a member of either group, but could be a parent of a student. This member was to also act as treasurer, if possible.

Treasurer - F. J. Barth

Stamp and Donations Chairman - Mrs. Frank Pearson

Teacher - supervisor - Mrs. C. A. Sheffield

## APPENDIX H

To Parents,

The Anchorage is a joyous experience--

for the retarded child in this new school-type world made just for him, for the volunteers whose lives are renewed by the pleasant responsibility of providing guidance for these children, for you parents, we sincerely hope, with whom we are eager to cooperate in every way in helping you to reach the highest goal possible for your retarded boys and girls.

May we give our children a big step toward health, happiness and success of some kind by working together in earnestness and mutual understanding.

The Anchorage Board Chairman



## APPENDIX H

### WHO MAY ENTER THE ANCHORAGE?

Most children living in southwestern North Dakota who are tested as mentally retarded and unable to obtain training elsewhere. These children must be able to live in Dickinson or be able to have transportation to St. John's Episcopal Church regularly. All of these requirements are the responsibility of the parents. At the present time, young people up to the chronological age of twenty years and with mental age of two and up are being accepted.

### WHEN IS REGISTRATION?

Registration is possible anytime the need for entering exists and room is available. This would best be done in the afternoon when class is in session.

(Subject to change <sup>TIME?</sup> because of transportation)

1:00 to 3:30 P.M., Monday through Friday.

### WHAT IS NEEDED FOR REGISTRATION?

Will you please bring with you when you register your child:

1. Some proof of birthdate such as birth certificate or a baptismal certificate.
2. Your family doctor's certificate of your child's physical examination.
3. Your child's dentist's certificate.
4. Some notification from the Southwest District Area Social Service Center giving us the mental age, emotional status and recommendations for your child.

All of these things may be included in number four. Some of these things may have to wait, but we will need you, the parents, understanding that they will be completed as soon as possible.

If you have any difficulty, call a board member or the teacher-supervisor.

## APPENDIX H

### WHERE IS THE ANCHORAGE?

It is in the parish hall of St. John's Episcopal Church. The church is located on Fifth Avenue at Eighth Street in Dickinson, North Dakota. Always try to go to the small labelled door in the back, going down the few stairs.

### COSTS?

The Anchorage has been established as a non-profit organization. Donations are being used for equipment. There are no fees for entering The Anchorage, but money is needed for the continued operation. In the winter, there may need to be a fee so regular transportation can be provided. At present, women's groups from local churches are providing help and food for lunches. The A.R.C. is providing some equipment, milk and juice. The church is providing the space, necessary paper products, weekly cleaning, and cleaning equipment.

### WHAT IS THE ANCHORAGE LIKE?

Here's a very large room divided by tables and chairs, alive with boys and girls. Each child is different from all the others in size, coloring, likes, dislikes, background, abilities, difficulties, and personality.

They are different and always will be, but in some ways they are alike--in their need for love, security, activity, success, for being able to belong to a group. So here's the beginning of a new life. Meeting all these children's needs at The Anchorage is the teacher and volunteers concern.

From the moment the child enters The Anchorage, everything is done to make him feel at ease and at home. He's in a world with which he can try to cope.

## APPENDIX H

Toys, block, playhouse, balls, books, crayons, puzzles, peg boards are just for him.

There's space indoors and outdoors for running, jumping, skipping, exercising. Everywhere is life, color, activity, fish to feed, pictures to interpret, dolls to care for, games to play, blocks to build with, new interests to investigate and try-- many things ready to learn.

There's a time for storytelling and music. There's a time for quiet moments. In play, thoughts and wishes are expressed. During opening exercises, a prayer and the pledge to the flag are given, then the day and date are established. Each child in his own way has an opportunity to tell something and they all have opportunities to participate in speech and learning activities. Situations are met, problems are solved, and decisions are made.

There's listening as well as talking. Speech help is given whenever needed. There's give as well as take.

It is hoped that minds can be stimulated by all the contacts with other boys and girls and with the volunteers, as well as by the experiences that are planned for the greatest possible individual growth of every single child.

### WHAT PREPARATION WILL HELP?

What an experience--this school-type afternoon at The Anchorage. Exciting for you and your child.

It will be a happy one, too, if this new Anchorage student has been helped by his mother and dad. He has been, but we'd like to suggest a few things which we have learned are important for his happiness and security--not all necessary, but helpful.

Can Tell His Name

He knows his first name; he will tell adults when they ask him. His full name will be even more help.

Can Help Himself

By establishing a routine similar to that of Anchorage days before the child starts at The Anchorage, you will give the child a feeling of doing something to grow up: more independence in dressing, especially in putting on his outer wraps; a regular bathroom schedule and attending to his toilet needs; doing things for himself. A "quiet time" of five or ten minutes now and then with an earlier bedtime, if needed, will help him to stop and "light" for a while.

Has Feeling of Security

Be sure the child has had many chances to say goodbye to you and go with someone for a few hours' visit.

Has Been Examined

The best time for your child's thorough physical examination and shots is before he enters The Anchorage. Do it early enough so you give yourself time to follow any suggestions that your doctor finds necessary to make.

The same is true of his dental examination.

The Southwest District Area Social Service Center will have to have a testing results on your child before the child can be accepted at The Anchorage. This takes a good deal of time so it should be started first.

(Telephone number 225-3903)

## WHAT ELSE CAN PARENTS DO?

About Supplies

Your child will need:

A smock, coverall, or an old man's shirt for painting, clay or chalk time.

A rug big enough for a child to lie on for rest period when and if needed.

Small, light weight blanket to cover him during this rest period.

There will be facial tissue available at The Anchorage at all times; but if the child prefers a handkerchief, he should bring a clean one each day.

His smock, coverall, or shirt, his sweaters, coats, caps, mittens—all outer clothing—will have been marked at him with his name. Rubbers and overshoes will be marked with adhesive tape name labels.

Hanger tabs help him to hang his wraps more easily on the clothes hooks in the entry.

#### About Clothing

His indoor clothing is comfortable in a room of about 63 degrees temperature.

Part of each fair day, above 45 degrees temperature, is spent out doors so check to see he has enough wraps to keep him comfortable.

All clothes worn at The Anchorage are comfortable and similar to those of other his size.

Clothes are practical, made of material that won't soil easily, for a child afraid of becoming dirty may be unhappy.

Clothes are easy for children to manage: large buttons are easy to fasten, rubbers and overshoes are easy to put on if they are a size larger than the shoes.

#### About Health

Your child starts off to The Anchorage with a warm, nourishing lunch before the afternoon session. His diet includes an abundance of milk and milk products, fruit, whole grain cereals, and vegetables.

Plenty of time is allowed for his eating.

He needs help in establishing good health habits:

Drinking at least four glasses of water daily.

Regular toilet habits.

## APPENDIX H

Regular sleeping hours—eight to twelve hours—in a well-ventilated room.

Using soap and water freely, washing hands before eating, after going to the toilet, and at other times when they are soiled.

Keeping finger nails clean and avoiding biting them.

Shampooing hair at least every two weeks.

Using own towel, face cloth, and tooth brush.

Keeping coughs and sneezes covered.

Bringing a clean handkerchief to school each day if one is wanted. Facial tissues are supplied.

Brushing teeth correctly twice each day.

Visiting dentist at least once a year, preferably twice.

Relaxing and remaining quiet for short times.

Playing out doors when weather permits.

Keeping reasonably neat.

Dressing according to the weather.

If your doctor feels that your child shouldn't take part in certain physical activities, his statement to that effect is sent to The Anchorage, c/o St. John's Episcopal Church. Every child participates in all physical activities as he is able, except those specifically restricted by his doctor.

For your child's health and that of other children, he is kept at home if he shows such symptoms as: restlessness at night, common cold, fever, earache, vomiting, diarrhea, sore throat, pain, chills, headache, sneezing, running nose, coughing, skin rash, enlarged glands, red eyes.

A family record is kept of communicable diseases which your child may have; such a record is important in case of unavoidable exposure at The Anchorage.

## APPENDIX H

If a child has a communicable disease, The Anchorage needs to know immediately as such warning may be of great help to other parents and their children.

The physical and dental examinations, the booster shots for protection from diphtheria, the vaccinations for small pox, whooping cough, and measles should be taken care of before the child enters The Anchorage.

Only first aid—immediate treatment given in case of an accident—is given at The Anchorage. No internal medicines are given. If necessary, parents are notified of an accident.

Names, addresses and telephone numbers of neighbors, relatives, or other people are filed in The Anchorage by parents so that someone may be reached in case parents are out.

A few other notes about safety: Your child leaves at home any articles that might cause accidents—knives and other sharp instruments. He has been told at home not to throw stones or hard snowballs.

### About progress

Your child's progress at The Anchorage will be discussed with you in conferences with his teacher-supervisor. She will send you a request for such meetings. Through these conferences both the teacher-supervisor and the parents have a better understanding of how to help the child.

### You can help your child by:

Making thoughtful and considerate comments on his efforts. Your child's creative abilities are primitive but sincere. The child does not see things as adults or normal children do, therefore his efforts are not to be compared with those of others.

Being interested in what he did at The Anchorage and taking time to look at what he brings home.

## APPENDIX H

Listening to his stories and discussion of The Anchorage or encouraging him to try to talk whenever possible.

Answering his questions honestly.

Knowing his teacher and understanding The Anchorage program.

Talking with the teacher-supervisor if your child seems more confused, troubled or unhappy than usual. Together, you may straighten out the difficulty. These children often misunderstand or are uncertain.

Visiting The Anchorage, but give the child enough time to become acquainted and adjusted to the new environment.

Seeing that he attends The Anchorage every day except for an illness and seeing that he's on time. Good attendance will help to establish a good habit for him.

Sending written messages, not oral ones.

Making definite arrangements for someone you know to bring and to come for your child if you cannot bring or come for him as you usually do.

Joining the parent group of The Anchorage.

### WHAT MAY THE ANCHORAGE CHILDREN LEARN?

They may learn to share, to work and play together.

They may learn to work alone.

They may go exploring on walks and trips. They may discover the new world of many new activities.

They may discover the joy of creating. They may learn to make things with paste and scissors, with clay and blocks.

They may enjoy story telling time.

They may listen to simple stories and poems, to rhymes and jingles. They may tell a story or talk about a story.



They may draw and paint and model in clay. They may ask to make things they know about, that they have seen. They may express their ideas, moods, experiences.

They will have experience with music. They will listen to music, to sounds of bells, organs, voices. They may sing together and alone. They may make music with bells, rattles, sticks, and other simple instruments of their own rhythm band.

They may learn to take care of their health. They may play games of running, throwing, kicking, to develop large muscles. They may participate in rhythmical activities of singing games and dancing. They may learn about good sitting and standing posture. They may learn about the safe way to handle tools and scissors. Home training in cleanliness will be reinforced. They will try to rest as well as play and work.

They may begin to be ready for other learnings. They may learn to care for books. They may become acquainted with their library corner. They may learn to do some printing.

They will have the opportunity for many other experiences. They may entertain parents and friends, may see good pictures and films, may celebrate holidays, may work with a group of normal children a few times. They may learn to express some thoughts and wishes. They may attempt to speak to be understood.

A mentally retarded child should be happier because he goes to The Anchorage. He may learn new ways of working with others. His mind may even be stimulated by the many and varied experiences The Anchorage can provide.

#### WHAT DO THE VOLUNTEERS DO?

The teacher-supervisor is trained in the understanding of mentally retarded children, their possibilities and limitations, their problems

## APPENDIX H

and interests. The teacher tries to confer with parents whenever she feels a need and is always ready to talk over any situation with any parent.

The daily volunteers and the teacher are guides and impartial observers of these mentally retarded children.

This group watches the child's emotional stability, his attitudes toward other children, his special interests, abilities, and difficulties.

They attempt to keep each child happy and comfortable. They, too, try to answer his questions honestly and thoughtfully.

They observe his health and are on guard for illness and infection.

They are in school what the mother is in the home—the helper and director of each child's activities, leading him from one activity to another to develop those qualities which make for his happiness and best welfare, good character, desirable personality and ability to get along with others.

They see that each child is not only permitted but encouraged to progress according to his own ability.

They have insight, gentleness and patience.

## APPENDIX H

### NOTES

The Anchorage will be in session whenever it is safe for the cars to travel. Parents, considering the child's age, health, and transportation, will decide whether or not their child should be sent to The Anchorage.

However, when traveling to The Anchorage is dangerous because of bad weather and it must be closed, a notice will be given over radio station, KDIX, before the opening hour of school.

\*\*\*\*\*

### REMINDERS

Your child will need a smock, apron, or coverall, small light weight blanket, rugbig enough on which to rest, his name on all wraps, caps, rubbers, etc.

Your child's progress will be reported to you personally in conferences with the teacher-supervisor.

Visits to The Anchorage are welcome at all times, but for the best interest of the children it is wise to let the teacher or daily volunteer know when you plan to come. Then the children can be prepared for the visitor.

Examination by a doctor, dentist and the Southwest District Area Social Service Center should come before the child enters The Anchorage or as soon as possible after the child has been entered in The Anchorage. Booster shots and vaccinations also should be taken care of at this time. Be sure the records are on file with the teacher-supervisor.

## APPENDIX I

### How Parents Can Help

1. Send the child to school regularly and promptly.
2. Send a written excuse when he returns to school following each absence.
3. Put his name on wraps, materials, and all personal belongings that he brings to school.
4. Send a rest mat or two clean blankets. If a mat is sent, please send a cover and mark both plainly.
5. Encourage him to be responsible for all belongings.
6. Discuss with the teacher anything that will help her further to understand the child.
7. Notify the school of any change of address. If moving to another school, inform the school several days in advance, so the child's materials and records may be assembled.

We have entered a new era in Dickinson by offering The Anchorage school to those less fortunate. We are still pioneers—we will make mistakes—but, when parents and teachers work together for the good of the children, great things can be accomplished. Let us join together in making this the best year yet in our children's lives and then next year can be even better.

## APPENDIX J

Prayer given to The Anchorage by Bishop George T. Masuda, Episcopalean Bishop of North Dakota, in the fall of 1965.

Oh God, give me clean hands, clean words, and clean thoughts. Help me to stand for the hard right against the evil wrong. Save me from habits that harm. Teach me to work as hard and play as fair in thy sight as if all the world saw. Forgive me when I'm unkind and help me forgive those who are unkind to others, even at some cost to myself and so grow more like Christ through Jesus Christ our Lord. Amen.

This prayer is used at least once a week at The Anchorage and on special occasions.

The daily prayer used at The Anchorage is:

Dear God,

Thank you for bringing us to The Anchorage today.

Help us to do our very best work in Jesus' name.

Amen.

APPENDIX K  
THE ANCHORAGE  
PERSONAL DATA FORM -- I

Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
C.A. M.A.

Name of Child \_\_\_\_\_  
Last First Middle

Name of Father \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_ Street Phone \_\_\_\_\_

Father's Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Last First Middle

In Emergency Call: Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor: Name \_\_\_\_\_ Phone \_\_\_\_\_

May we call your doctor to check the physical status of this child? \_\_\_\_\_

Siblings:  
Name, Age, Sex

Any others living in the home?

Name	Relation	Age
_____	_____	_____
_____	_____	_____

How will your child get to school regularly? \_\_\_\_\_

How did you become acquainted with The Anchorage? \_\_\_\_\_

Has your child been tested at the local Area Social Service Center? \_\_\_\_\_ May

we call the AS3C and have them send us their evaluation of this child? \_\_\_\_\_

APPENDIX K  
THE ANCHORAGE  
PERSONAL DATA FORM

BEHAVIOR CHARACTERISTICS  
(check those which apply)

- |  |  |
|--|--|
| <input type="checkbox"/> excitable                           | <input type="checkbox"/> distractible                            |
| <input type="checkbox"/> inactive                            | <input type="checkbox"/> destroys things                         |
| <input type="checkbox"/> over active                         | <input type="checkbox"/> heedless of danger                      |
| <input type="checkbox"/> stubborn                            | <input type="checkbox"/> has few interests                       |
| <input type="checkbox"/> bored at home                       | <input type="checkbox"/> has unusual interests                   |
| <input type="checkbox"/> teases others                       | <input type="checkbox"/> prolonged crying or giggling            |
| <input type="checkbox"/> attacks or hurts people             | <input type="checkbox"/> is not apparently interested in people  |
| <input type="checkbox"/> has no chance to play with children | <input type="checkbox"/> is interested in only one or two people |
| <input type="checkbox"/> is timid with other children        |  |
| <input type="checkbox"/> is afraid of ( list fears)          |  |

What do you feel your child needs now? Check the items below that apply and describe his need on the adjoining line.

- help in adjusting to other children \_\_\_\_\_
- a chance to be with other children regularly \_\_\_\_\_
- to learn better muscle control \_\_\_\_\_
- to become more relaxed \_\_\_\_\_
- to acquire manual skills \_\_\_\_\_
- to become more cooperative \_\_\_\_\_
- to calm down \_\_\_\_\_
- to have more fun \_\_\_\_\_
- to learn to concentrate \_\_\_\_\_
- to learn how to go about community alone \_\_\_\_\_
- to learn to talk \_\_\_\_\_
- to learn simple work that he can do independently at home \_\_\_\_\_
- to improve his speech \_\_\_\_\_

APPENDIX K

THE ANCHORAGE  
PERSONAL DATA FORM

What would you like The Anchorage to try to do for your child? \_\_\_\_\_

---

---

---

Please answer "Yes" or "No" to the questions below. If answering "Yes," please describe the child's difficulty on the adjoining line and on the back of the sheets if necessary.

Does your child have difficulty in:

Seeing? \_\_\_\_\_

Hearing? \_\_\_\_\_

Walking? \_\_\_\_\_

Using hands or arms? \_\_\_\_\_

Going up or down stairs? \_\_\_\_\_

Is your child often ill? \_\_\_\_\_

Does he have heart trouble? \_\_\_\_\_

Does he have any other physical disabilities or defects not listed above?

---

Please list the communicable diseases your child has had and/or vaccinations and inoculations. (Use back of sheets as needed).

Parent's Signature \_\_\_\_\_



APPENDIX . K

THE ANCHORAGE  
PERSONAL DATA FORM

Sheet for The Anchorage file use only:

Name of child \_\_\_\_\_

1. Recommendations made by the Dickinson Area Social Service Center:

Person making the recommendations \_\_\_\_\_

2. Physical condition and recommendations given by the child's  
physician. (Name \_\_\_\_\_)

Person receiving the information \_\_\_\_\_

## APPENDIX L

### SUGGESTIONS to VOLUNTEER TEACHERS at THE ANCHORAGE

Each child is an individual. He is an individual in this group. Knowing each child as an individual - his strengths, his weaknesses, his needs - is the heart of successful teaching. As a volunteer teacher learns the specific needs of the individuals in the group, she can better try for effective use of training time.

#### A Guide to Progress

Listening -(Check yourself with the "How Well Do You Listen?" quiz.)

1. Help children to listen and carry out directions for simple organized games, fire drills, work activities, and rules of procedure in The Anchorage.

(We wash our hands after toileting.)

(We wash our hands before eating.)

2. Give directions slowly and clearly. Then have one of the children or another volunteer teacher repeat the directions.

3. Set an example by being a good listener yourself.

4. Talk about and demonstrate the qualities of a polite listener; a polite listener does not interrupt, pays attention, asks necessary questions, and listens to the answers.

#### Speaking

1. Enunciate (speak) clearly at all times.

2. Introduce new words in meaningful settings.

3. Provide a stimulating environment with many interesting things to talk about. (Bring things.)

4. Help the children develop skills of courteous social communication--please, thank you.

5. Create a relaxed atmosphere making free, spontaneous, joyous, unselfconscious speech possible.

#### Individualization

1. Protect each child from unwise pressures.

2. Show a real respect for each child's individuality.

3. Afford many opportunities for children to share, discuss, work together on cooperative projects.

4. Be responsive to each child's need for belonging.

5. Show confidence in each child's ability to succeed.

6. Encourage each child to want to learn.

7. Share with the children the responsibility for keeping the room in order; give each child a turn at responsibilities--Set table, pass cookies, pick up paper scraps, etc.

#### Work Habits

1. Teach good work habits and check to see that they are practiced until they become natural to the child.

2. Keep the program moving but flexible.

3. Set a good example with a neat and attractive room.

4. Encourage children who wish to try projects above and beyond their level.

5. Give praise for sincere effort even though the results may not be entirely correct, neat, and/or understandable.

6. Speak distinctly but softly so that children must be attentive in order to hear. (Whisper, even.)

7. Be a consistent disciplinarian.

## SUGGESTIONS to VOLUNTEER TEACHERS at THE ANCHORAGE

## Health Habits

1. Hold checkups to see that each child has washed properly, brushed his teeth, etc.
2. Use games and dances to help children exercise even to climbing stairs.
3. Help the children by demonstrating good health habits (cover mouth when coughing, stay home when ill, dress for the weather, eat proper food, wear shoes that fit, etc.)

## Note:

These children are great mimics. This may help you when you are at a loss of what to do.

Hours: 12:45 P.M. 3:45 P.M. Monday through Friday.

Children's Hours: 1:00 P.M. to 4:30 P.M. Monday through Friday.

## Helps for choosing and telling a new story.

1. Tell children live in <sup>the</sup> here and now they know.
2. They sometimes can tell fanciful tales or exaggerate in what little they say and need help to try to distinguish real from make-believe.
3. Don't give these children tasks beyond their ability.
4. These children like to identify repetitive phrases, words, or sounds they know.
5. In their stories they need nurture experiences, guidance, play, work, beauty, and identification.
6. Find the purpose of the story to see if it satisfied a need.
7. Reread the story to try to gain an appreciation of it and see the happenings - use your imagination.
8. Think over the details and recall the events of the story.
9. Reread the story to help you fill in what you missed - not to learn the exact words but refresh your memory.
10. Notice bright, catchy words or special incidents.
11. Tell the story aloud as though the children were right there with you.
  - - Talk simply and naturally.
  - - Speak quietly but distinctly.
  - - Do not dramatize the story, but use a few simple gestures.
  - - Bring the story quickly to a close when the climax is reached, avoid moralizing.

APPENDIX L

SUGGESTIONS to VOLUNTEER TEACHERS at THE ANCHORAGE

HOW WELL DO YOU LISTEN? <sup>1</sup>

Check yourself carefully on how you display each of the ten bad listening habits listed here. Score yourself as follows:

Almost always	2
Usually	4
Sometimes	6
Seldom	8
Almost never	10

<u>HABIT</u>	<u>SCORE</u>
1. Calling the subject uninteresting	_____
2. Criticizing the speaker's delivery	_____
3. Getting over-stimulated by some point in the speech	_____
4. Listening only for facts	_____
5. Trying to outline everything	_____
6. Faking attention to the speaker	_____
7. Tolerating and creating distractions	_____
8. Avoiding difficult expository material	_____
9. Letting emotion-laden words arouse personal antagonism	_____
10. Wasting the advantage of thought speed	_____

Interpret score as follows:

Below 70 - you definitely need training in listening.

70-90 - you listen well.

90 and above - you are an extraordinarily good listener.

---

1 Ralph G. Nicholas, "10 Components of Effective Listening," The National Principal, XXXVI, No. 5 (February, 1958), p.26.

APPENDIX M

FUNCTIONAL WORDS FOR TRAINABLE CHILDREN

Danger	Poison	In
Out	Bus	Caution
Post Office	Warning	Airport
Up	Down	No Trespassing
Lest	Stop	Doctor
Dentist	Right	School Crossing
Push	Railroad Crossing	Barber
Cashier	Pull	Exit
Open	Emergency	Drugs
Hospital	Close	Explosives
Private Property	High Voltage	Bridge
Wait	Keep Off	Beware
Fire	Keep out	Park
Police	Walk	Construction
Safety	Prohibited	Shelter
Street	Flammable	Name
Private	Fallout	Telephone
Entrance	Zone	Women
Don't Walk	Town	Taxi
Men	Ladies	Boys
Bus stop	Girls	Address
Restroom	Go	On
Off	Gentlemen	

Special Education Section of the Division of General Education Staff,  
 Curricular Guide for Instruction of Trainable Mentally Retarded Children  
 (Working Copy) (Raleigh, North Carolina Department of Public Instruction, 1968), (p. 25).

APPENDIX N

THE ANCHO AGE

Behavioral Profile for Evaluating Progress

Dates: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Parents: \_\_\_\_\_  
Teacher 1: \_\_\_\_\_  
Teacher 2: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Family Size \_\_\_\_\_ Child's Place in Family \_\_\_\_\_

Child's Age in School Group \_\_\_\_\_ Youngest \_\_\_\_\_ Middle \_\_\_\_\_ Oldest \_\_\_\_\_

State of Health: Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_ Very Poor \_\_\_\_\_

Endurance: Good \_\_\_\_\_ Medium \_\_\_\_\_ Poor \_\_\_\_\_ Tires Easily \_\_\_\_\_

Attendance: Regular \_\_\_\_\_ Few Absences \_\_\_\_\_ Many Absences \_\_\_\_\_

Please check (x) the characteristics that apply to this child on this date.  
Note: Parents please use a pencil and check in front of the characteristics.  
Teachers 1 and 2 please put the date and your name in the upper right.  
Teacher 1 put your check after the characteristic in red. Teacher 2 put  
your check after the characteristic in blue.

I. Child's Physical Nature:

Quick moving, energetic  
Slow, deliberate  
Quiet, steady  
Noisy, much running

Continuously busy  
Watching part of time  
Relaxes easily

II. Physical - Motor Skills:

A. Handedness:  
Right handed  
Left handed  
Ambidextrous

B. Uses climbing apparatus: (Jungle gym, walking boards, etc.)  
Quickly  
Hesitantly  
Not at all

C. Balances:

APPENDIX N

- C. Balances:  
 With ease, by self  
 Cautiously, with help  
 Has difficulty  
 Has much difficulty

- D. Swings:  
 Starts and pumps self  
 Needs push, then pumps  
 Cannot keep going under own power

- E. Manipulation of wheel toys: (trikes, bikes, wagons, wheelbarrow, etc.)  
 Steers and pedals  
 Sense of direction  
 Has difficulty

F. Use of tools:	Uses well	With effort	Cannot use
Scissors	_____	_____	_____
Paints	_____	_____	_____
Clay	_____	_____	_____
Paper	_____	_____	_____
Wood	_____	_____	_____
Chalk	_____	_____	_____
Crayons	_____	_____	_____

- G. Puts on and takes off wraps:  
 Independently  
 With help  
 Dependent on help

Personal - Social Attitudes:

- A. Attitudes toward others:  
 Friendly  
 Shy  
 Avoids others  
 Is avoided by others
- B. Attitudes toward routines: (toileting, washing, resting, dressing, etc.)  
 Takes care of self  
 Needs some help  
 Needs much help

Group Activities:

- A. Participation:  
 Unwillingly  
 Willingly  
 Refuses to participate

APPENDIX N

- B. Sense of property rights:  
 Shares possessions and equipment  
 Learns to take turns  
 Respects property and rights of others  
 Stands up for own rights  
 Takes care of own property

Emotional Attitudes:

- A. Attitude toward adults:  
 Accepts affection                      Very dependent  
 Rejects affection                      Losing dependency  
 Accepts guidance                      Independent  
 Rejects guidance
- B. Individual development:
1. Child attention span:  
    Short  
    Medium  
    Long
  2. Child as observed in group:  
    Plays alone                      Self centered  
    Plays alongside others        Conscious of others  
    Plays with others
  3. Child solves problems:  
    Independently  
    With help  
    Makes no attempt
  4. Child comforts or protects himself in following ways:  
    Hits                              Wants to be held  
    Kicks                             Wants reassurance  
    Bites                             Wants to make amends  
    Throws                          Wants to go home  
    Scratches                        Wants to be alone  
    Cries loudly                    Sucks thumb or finger  
    Cries to himself                Retreats into own world  
    Laughs                          Urinates more frequently  
    Has tantrum

Music Activities:	Eagerly	Willingly	Hesitantly	Not at all
Instruments	_____	_____	_____	_____
Rhythms	_____	_____	_____	_____
Dancing	_____	_____	_____	_____
Singing	_____	_____	_____	_____
Fingerplays	_____	_____	_____	_____
Records	_____	_____	_____	_____



APPENDIX N

Activities with Creative Materials:

A. Child participates:	Willingly	Reluctantly	Refuses
Finger Paint	_____	_____	_____
Clay	_____	_____	_____
Paint	_____	_____	_____
Crayon	_____	_____	_____
Paste	_____	_____	_____
Cutting	_____	_____	_____
Chalk	_____	_____	_____
Sand	_____	_____	_____
Dirt	_____	_____	_____
Water play	_____	_____	_____
Dough	_____	_____	_____
Blocks	_____	_____	_____
House	_____	_____	_____
Carpentry	_____	_____	_____

B. Child takes pride in work:

- Takes it home
- Occasionally acknowledges it
- Refuses to acknowledge it

C. Child uses materials:

- With no purpose
- With specific purpose
- With short range purpose
- With plans and carries out plans

Integrates creatively  
(Plans and carries out plans  
with imaginations and skill)

Child does try to make or create things: Give example

A.

B.

C.

Additional Comments:

## APPENDIX O

### CHARACTERISTICS of TMH CHILD:

The characteristics of TMH children may be listed as follows:

1. They are capable of eventually learning self-care in dressing, undressing, eating, toileting, keeping clean, and other necessary skills which will make them independent of their parents in the regular routine of living.
2. They are capable of learning to assist in chores around the home or in doing routine task for some remuneration in a sheltered environment and under supervision.
3. They are capable of learning to get along in the family and in the immediate neighborhood by learning to share, respect property rights, and in general, to cooperate with their families or with the neighbors.
4. Their mental maturity reaches approximately one-quarter to one-half that of the average child.
5. They generally are not capable of learning academic skill such as reading and arithmetic beyond the rote learning of some words or simple numbers.
6. Their speech and language abilities are distinctly limited.
7. They can eventually learn to protect themselves from common dangers.
8. They will require some care, supervision, and economic support throughout their lives.

\*from Oregon

APPENDIX P

Dickinson State College  
Dickinson, No. Dakota 58601  
January, 1968

Director of Special Education or  
Division for Mental Deficiency  
% Department of Public Instruction,  
Education, Welfare, or Mental Health

Dear Director:

Here in Dickinson we have established a private half-time school, The Anchorage, for trainable mentally handicapped (retarded, usually I.Q.'s 30 to 50) children-T.M.H. children. Using the research and work I have done with this school I am attempting to write my Master's thesis in absentia at Eastern Illinois University, Charleston, Illinois 61920. My advisor is Arthur U. Edwards Professor of Education at E.I.U.

Because of difficulties in using case studies, I am having to use historical description and resume of many different programs for caring for the needs of the T.M.H. Any help you can give me with the work having been done or being done will be greatly appreciated. Credit will be given in the bibliography and with any material used.

Topics:

1. General treatment of the T.M.H. child.
2. Past and present provisions and practices for treatment of the T.M.H. child.
3. The psychology and behavior of the T.M.H. child.
4. Description or resume of any programs in your state for caring for the T.M.H.
5. Any research or action practiced with expert or experienced opinion on the results achieved.

Enclosed is a stamped self-addressed envelope. Please send any information you have available and/or references as to where I may find more information. Thank you.

Dorothy Sheffield ( Mrs. C.A.)  
Dickinson State College  
Dickinson, No. Dakota 58601

# Public Welfare Board of North Dakota

BISMARCK, NORTH DAKOTA 58501

OLUF M. CHRISTENSEN, PRESIDENT, WATFORD CITY  
JACOB SVENSON, VICE PRESIDENT, BISMARCK  
J. W. MATEJCEK, SECRETARY, LAKKIN  
L. J. CUSTIN, TREASURER, METTINGER  
MRS. V. W. PARKER, GRAND FORGE  
NICHARD HOLMES, GUSLUM  
P. E. STROM, MINDY

LESLIE O. OVRE, EXECUTIVE DIRECTOR



SOCIAL SERVICES  
OLD AGE AND BLIND  
AID TO THE BLIND  
AID TO FAMILIES WITH  
DEPENDENT CHILDREN  
AID TO THE PERMANENTLY AND  
TOTALLY DISABLED  
MEDICAL ASSISTANCE  
CHILD WELFARE SERVICES  
Crippled Children's Services  
GENERAL ASSISTANCE

October 19, 1967

Mrs. Clinton Sheffield  
1059 West 6th Street  
Dickinson, North Dakota 58601

Dear Mrs. Sheffield:

I have discussed with our staff your request that you be permitted to study our records of children we evaluated for The Anchorage. While we are very much in sympathy with your interest and your aims, we also feel that it would be unwise to make our files available for this purpose at this time.

I am returning to you the material regarding your study that you permitted me to borrow for purposes of study.

OTO:gm  
Enc.

Onlid, ACSW  
Director of Social Services