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Recommendations of program presenters about the design and implementation of disability awareness programs for elementary students.

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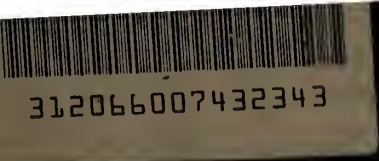*University of Massachusetts Amherst*

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RECOMMENDATIONS OF PROGRAM PRESENTERS

ABOUT THE DESIGN AND IMPLEMENTATION OF

DISABILITY AWARENESS PROGRAMS FOR ELEMENTARY STUDENTS

A Dissertation Presented

by

William W. Henderson Jr.

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

MAY 1987

School of Education

William W. Henderson Jr.

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Approved as to style and content by:

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Disability awareness has only recently been conceived as an important endeavor. Without the dedication and sometimes courageous initiatives of many individuals, there would no disability awareness programs in schools to speak of. I particularly want to acknpwledge the following persons for their leadership and influence: John Bak, Betty Davidson, Frances Deloatch, Sheila Deppner, Erma Hirschfeld, David Pfeiffer, Gertrude Sadeghpour, Ehtel Sheppard Powell, and Irving Kenneth Zola.

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Finally, I thank my family and close friends, and particularly my wife Margie, whose love nourishes and sustains me. Their support has meant everything.

ABSTRACT

Recommendations of Program Presenters

About the Design and Implementation of

Disability Awareness Programs for Elementary Students

May, 1987

William Wilmot Henderson Jr., B.A., Yale University

M.A. Goddard College

Ed.D. University of Massachusetts

Directed by: Professor Patricia Gillespie-Silver

Although disability awareness programs have been
introduced in some schools in order to counteract the
effects of handicapism, the vast majority of students have
still not been exposed to programs. Teachers and other
persons interested in initiating programs need information
about disability awareness. They need to learn from the
insights and recommendations of persons who have experience
presenting programs.

The purpose of this study was to identify and examine
recommendations for the design and implementation of

disability awareness programs for elementary students. 82
persons, identified as having been involved presenting
programs in Massachusetts to students in grades three, four,
or five, completed questionnaires. 15 of these "pioneers"
were subsequently interviewed. Significant results from
both the statistical findings and direct comments were
presented.

Participants indicated that disability awareness
programs should definitely aim to help students become more
willing and able to interact positively with persons who
have disabilities as well as to increase students' knowledge
and improve their attitudes. Participants recommended that
at least 15 to 20 total classroom hours be allotted for
programs. They felt that many topics including learning
disabilities should be covered and that students should
discuss any disability which people they normally encounter
may have. A wide variety of materials and instructional
approaches were recommended including interactions with
disabled students, presentations by disabled adults, and
simulation activities. It was emphasized that all materials
and instructional approaches should be selected and
implemented carefully.

Participants maintained that school systems need to
invest much time and energy in order to initiate successful
disability awareness programs. Persons from both within and

outside the schools should be involved in the design and implementation of programs. The enthusiastic committment and involvement of homeroom teachers in all aspects of programs were deemed as essential. Everything possible should be done to provide teachers with adequate training, sufficient materials, and on-site assistance. Local organizations of disabled persons were viewed as being able to offer much expertise. Special education teachers were also felt to play an important role, particularly in those activities involving mainstreaming.

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CHAPTER I

INTRODUCTION

Statement of Problem

Since the passage of various legislative acts (most
notably Section 504 of the Rehabilitation Act of 1973,
Public Law 94-142, and, in Massachusetts, Chapter 766),
increasing numbers of children with disabilities have been
placed in classrooms or schools with their nondisabled
peers. The success of this "mainstreaming" has depended
upon a number of factors, and chief among these has been the
reactions of the nondisabled students. Research has
documented that most children have little knowledge about
disabilities and that children have frequently demonstrated
negative attitudes and inappropriate behaviors toward
persons with disabilities (Barnes, Berrigan, & Biklen, 1978;
Baskin & Harris, 1977; Bowe, 1978; Gresham, 1982; Strain,
Odom, & McDonnell, 1984). It is not surprising therefore,
that simply placing disabled students in classes and schools
with nondisabled children has not always achieved the goals
of integration that legislators and educators have hoped
for.

In response to this situation, disability awareness
programs have recently been introduced to students in a

number of elementary classrooms across the country. Some of these programs have been created entirely at the local level. Other programs have been based on or adapted from some of the newly developed curricula materials. Most states though, have still not adopted any guidelines for disability awareness programs. The actual format, content, and implementation of these programs has varied tremendously from school to school. Individuals and school systems interested in introducing or revising disability awareness programs have often had to plan or make decisions without sufficient information. There has been little or no effort on the national level to share the insights and experiences of those who have presented disability awareness programs with other interested persons. Although most elementary classroom teachers would probably agree that disability awareness programs could be very beneficial, few know how or what should be done.

Massachusetts is a state that has prided itself on its efforts at mainstreaming and integrating children with special needs. Recognizing the importance of setting a positive climate in which successful mainstreaming can be most possible, some experts and concerned educators have presented disability awareness programs in some Massachusetts schools. Similar to other states, there has been little consistency in the design and implementation of these disabilitiy awareness programs. Although there has

been some publicity, the vast majority of elementary

classroom teachers still have little knowledge of disability

awareness and most elementary students have not been exposed

to any such programs. Elementary educators in Massachusetts

need more information about disability awareness programs.

They need to become informed about what those who have the

most expertise in presenting programs think should happen.

There is a definite need to determine the recommendations of

experienced program presenters in order to help ensure the

successful design and implementation of disability awareness

programs at the elementary level.

Purpose of Study

The purpose of this study is to identify and examine

recommendations for the design and implementation of

disability awareness programs for elementary students from

the perspective of those who have been directly responsible

for presenting the programs. This study will focus on those

disability awareness programs that have been presented to

students in grades three, four, and five. It will determine

what the persons who have experience presenting disability

awareness programs to students in these grades think should

happen. By examining the recommendations of experienced

program presenters, this study will provide some clear

direction and practical suggestions for those interested in

designing and implementing disability awareness programs for students at this level.

Data will be gathered from program presenters in Massachusetts to analyze their perceptions about the following general questions about disability awareness programs for students in grades three, four, and five:

1) What should be the primary goals of the programs?

2) How much total classroom time should be allotted for programs?

3) What disability topics should be covered?

4) What materials and instructional strategies should be used?

5) What resources should be provided to homeroom teachers of participating students?

6) Who should determine the design of programs?

7) Who should ensure the successful implementation of programs?

The data gathered will also be examined to determine whether or not the perceptions of presenters substantiate the following propositions that have been suggested either in the literature or through the previous experiences of the author of this study. These propositions correspond to the general questions listed above:

1) Programs should strive to help students interact more positively with persons with disabilities as well to help students become more knowledgeable about

and improve their attitudes toward persons with
disabilities.

2) At least 8 hours of total classroom time is needed in
order to present an effective program.

3) Many disability topics should be covered and learning
disabilities should be one of these.

4) A wide variety of carefully selected materials and
instructional approaches that don't rely on
textbooks and worksheets should be used, and
disabled adults should definitely participate in
programs.

5) Homeroom teachers of participating students need and
deserve appropriate resources, and program
consultants and specialists should be made
available.

6) Many persons and organizations should be involved in
determining the design of programs, and states'
departments of education should provide their
input.

7) Many persons and organizations should be involved in
ensuring the successful implementation of programs,
and homeroom teachers' support is most crucial.

Significance of Study

It is intended that the results of this study will be of

interest to school systems and educators involved and/or
planning to be involved in implementing disability awareness
programs for elementary students. Examining the experiences
and recommendations of program presenters should provide
some helpful information for those interested in initiating
or revising disability awareness programs at this level. In
addition, this study may be significant for state
departments of education interested in developing guidelines
for the promotion of disabiliity awareness programs.
Although this study focuses on the beliefs of persons who
have presented programs to students in grades three, four,
and five in Massachusetts, the findings should have some
important implications for presenters of programs for other
levels and in other states.

Assumptions

This study is based on the premise that all children
should be exposed to disability awareness programs and that
educators can and should plan and implement programs at the
elementary level. It also assumes that educators need more
information about programs and that they will be interested
in the beliefs and recommendations of those who have already
been involved in presenting programs.

Definitions

For purposes of this study only, the following will be
considered as definitions for the terms listed below unless
otherwise stipulated by the reference cited or the
participant quoted:

Elementary students: Recognizing the variations in
classifying school age children and youth, "elementary
students" refers to students in grades three, four, or five.

Impairment: Recognizing the importance of allowing for
specific determinations, "impairment" refers to any
physiological or psychological disorder, cosmetic
disfigurement, or anatomical loss.

Disability or handicap: Recognizing the differences in
perspectives for selecting which is most appropriate,
"disability" and "handicap" will be used interchangeably.
Both terms refer to any impairment that severely limits one
or more of life's major activities such as walking, seeing,
hearing, speaking, breathing, working, learning, and caring
for oneself.

Disabled person or handicapped person: Recognizing the
controversy over labelling, "disabled person" and
"handicapped person" will be used interchangeably. Both
terms refer to anyone who has, has a history of having, or
is perceived as having a disability or handicap.

Disability awareness programs: Recognizing the range of

options for designing and implementing programs, "disability awareness programs" refers to special events, lessons, or units that have the overall goal of helping students become more aware of disabilities and of persons with disabilities.

Increasing awareness: Recognizing the degrees of priorities in setting program objectives, "increasing awareness" refers to helping students become more knowledgeable about, improve their attitudes toward, and/or interact more positively with persons with disabilities.

Program presenter: Recognizing the diversity in positions, "program presenter" refers to anyone, either from within or outside the school, who has experience implementing disability awareness programs.

Homeroom teacher: Recognizing the varying roles for teachers in the elementary setting, "homeroom teacher" refers to the teacher with whom a student spends a majority of his/her school time.

Limitations

It is important to note that this study will not directly investigate the effectiveness of disability awareness programs at the elementary level in terms of how programs specifically impact students' knowledge, attitudes, and behavior. Although program presenters can certainly provide some valuable insights into these questions, further

studies of students who have participated in disability awareness programs are needed. In addition, focusing on disability awareness programs for elementary students in grades three, four, and five in no way suggests that programs for students at other levels cannot and should not be implemented. Although this study should provide some implications for programs at other levels, further investigations are necessary.

C H A P T E R I I

LITERATURE REVIEW

Introduction

There is a tremendous need to implement disability awareness programs for school age children and youth. The overall goal of disability awarenss programs in schools is to promote a better understanding of disabilities and a better inclusion of persons with disabilities. Disability awareness programs strive to help students better realize that although people are different in some ways, there are many other ways in which people, including those with disabilities, are similar.

The purpose of this review is to report on and examine the literature regarding disability awareness programs that have been presented to students in elementary schools. Most of the studies cited in this chapter therefore, focus on programs that have been conducted at the elementary level. However, relevant research of disability awareness efforts for students at other levels, will also be discussed.

This chapter is divided into five major sections. The first section presents an overview of information relevant to the emergence of disability awareness programs. The second section documents the reported status of students'

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beliefs about, attitudes toward, and interactions with persons with disabilities. The third section examines recently implemented disability awareness programs and their reported scope and effects. The fourth section outlines recommendations for specific program components. The fifth section discusses the role of homeroom teachers in disability awareness programs.

Overview of Emergence of Disability Awareness Programs

Terminology

Much attention has been given to the problems and implications of word usage in the discussion of disabilities (Pfeiffer, 1983; Wright, 1960). The terms "disability" and "handicap" are used most frequently, but there is not always a clear consensus as to their exact meanings. Some dictionaries have added to the confusion by defining "disability" and "handicap" as synonyms (Gliedman & Roth, 1980, p. 9), and so many do use the words interchangeably. Many others though, contend that there are important differences which have developed between the terms. Garfunkel (1986) summarizes these differences by stating, "`Disability' refers to a medical or physical problem. . . . `Handicap' refers to a disability's social, cultural, pyschological, and vocational consequences" (p. 52). Based

on this distinction, a disability need not necessarily be a handicap, but must be viewed rather in terms of its effects in specific contexts.

Wright (1960, p. 11) reports that at one time the bound and diminutive feet of noble women in China might not have been considered a handicap even though they limited locomotion. Shaver and Curtis (1981, p. 2) cite the example that a young man who is missing an arm might have faced no difficulty in his schooling. However, the same person may require assistance in a particular work situation. Furthermore, even if the person did not need any physical accomodations at the work site but were to encounter negative attitudes that impeded his full potential, then he would be considered to have a handicap. Groce (1983) also supports the notion that the perception of a handicap is culturally specific. In a community on the isle of Martha's Vineyard where a large percentage of persons were born deaf, almost everyone knew sign language and it was considered rude not to use it when in the presence of someone who couldn't hear. In such a situation, the prevailing community attitude was that the persons who could not hear were not considered to have a handicap. In her study, Groce notes that one of the older island informants summarized the general community attitude by commenting, "Oh, those people weren't handicapped, . . . they were just deaf" (p. 209).

The words used to describe persons with disabilities

have also stimulated much discussion and are even more
varied than the terms mentioned above. "Disabled",
"handicapped", "impaired", "exceptional", and "special
needs" are all commonly used. Perhaps the most misleading
aspect about these terms is that they highlight and
overemphasize the differences of persons with disabilities.
Christiansen (1983) argues that such labeling often casts
the person with a disability into the stigma of a deviant
social role whereby the impairment is frequently seem by
others to be integral to the disabled person's very being.
As such, argues Christiansen, " . . . virtually all contact
with a disabled person is predicated on the belief that the
disabled role is, or should be, . . . (the) dominant role"
(p. 142). Wright (1960, p. 8) also believes that shortcut
phrases like "disabled person" may serve to distort and
reduce others' perspectives of the lives of persons with
disabilities to only those aspects involving disability.
Since there are almost always more things that a disabled
person can do like other people than there are things that
he/she cannot do, Wright suggests that a more appropriate
phrase than "disabled person" would be "person with a
disability". On some level or another all people have
unique physical and mental characteristics, so persons with
disabilities should not be viewed as being that different
from others.

The controversy over terminology is further complicated

by the fact that many disability rights advocates reject
altogether the use of the word "handicap" becaues of its
historic association with "begging" and society's negative
stereotypes (Biklen & Bogdan, 1977, p. 5). The word
"handicap" though, is still the preferred term of the
federal government, and it is frequently employed in
legislation designed to protect persons with disabilities
from discrimination. In addition, "handicap" is used
extensively in many studies to refer to the biological as
well as to the social component of disabilities. The words
"handicap" and "disability" are sometimes used
interchangeably and sometimes used very differently. Their
actual meanings therefore, must be determined from the
context of their use.

Advocacy and legislation

It is well documented that persons with disabilities
have been subjected throughout history to countless horrors
resulting from blatant discrimination and segregation (Bowe,
1978; Beal & Mayerson, 1982; Evans, 1983). In past
cultures, persons with disabilities were even sometimes
deprived of the basic right to exist. In this country,
persons associated with the eugenics movement and those
favoring institutional bondage were allowed to mistreat and
isolate many persons with disabilities under the guise of

improving society. The patterns of oppression that have

plagued persons with disabilities resemble closely those

that other minorities have experienced. Biklen and Bogdan

(1977, p.4) suggest that the concept of "handicapism" is as

applicable to describe the beliefs and practices in regard

to the disabled as "sexism" and "racism" are in describing

similar beliefs and practices to other minorities. Many

experts now argue (Funk, 1986; Pfeiffer, 1984; Schein, 1984)

that there is a culture of disability and that persons with

disabilities do indeed constitute a minority group.

It is not surprising therefore, that along with other

minorities, disabled persons and advocates have adopted a

more active role in determining the quality and direction of

their lives. Disability rights should be viewed as an

extension of the burgeoning civil rights movement. Over the

past twenty years, coalition and advocacy organizations of

disabled persons have increased greatly. Although the

specific focus of many of these groups has varied, their

ultimate goal has been the desire to create and ensure those

conditions which will allow each individual with a

disability to develop to his or her full potential (Zames,

1982). Disabled people have fought for their rights for

equal treatment and equal protection under the law, and they

have sought to guarantee these rights through the passage of

various legislative acts. The following laws are

significant not only in protecting and promoting the rights

of persons with disabilities but also in their implications

for the rationale, development, and implementation of

effective disability awareness programs.

Section 504 of the Rehabilitation Act of 1973 is often

referred to as the "Civil Rights Act for Handicapped

Persons" (Count me in resource manual on disabilities, 1982,

p. 9). The law prohibits discrimination against handicapped

persons in programs receiving federal assistance. Under

this law, a "handicapped person" is defined as anyone who,

" . . . has a physical or mental impairment which

substantially limits one or more of life's major activities

. . . ; has a record of such an impairment . . . ; or is

regarded as having such an impairment" (Hippel, Foster, &

Lonberg, 1978, p. 11). Life's major activities can include,

but are not limited to, such things as education,

employment, transportation, housing, socialization,

communication, and self-care (Pfeiffer, 1983, p. 117).

Furthermore, although physical or mental impairments are not

considered under the law to constitute a handicap unless

their severity is such that they result in a substantial

limitation of one or more of life's major activities, the

terms do encompass such diseases and conditions as:

orthopedic, visual, specch, and hearing impairments;

cerebral palsy; mental retardation; emotional illness;

specific learning disabilities; cancer; diabetes; muscular

dystrophy; multiple sclerosis; epilespy; heart disease; and,

in certain instances, drug and alcohol addictions (Hippel et al., 1978, p. 12; Count me in resource manual on disabilities, 1982, p. 9).

Another important piece of legislation is Public Law 94-142, which is also referred to as the "Education of All Handicapped Children Act". This law established the right of all children with handicapping conditions to be, " . . . educated in the least restrictive educational environment appropriate for meeting their needs" (A curriculum to foster understanding of people with disabilities: Staff orientation manual, 1981, p. 1). P.L. 94-142 identifies specific handicapping conditions covered by the law and it provides federal assistance to help states and local districts implement the necessary services (Shaver & Curtis, 1981). Numerous other laws have also been enacted in recent years at both the federal and state levels promoting equal educational opportunities for children with handicaps. Chapter 766 of the Commonwealth of Massachusetts for example, guarantees children of ages from 3 to 21 years who have special needs (i.e. children whose physical, emotional, or learning needs may require additional services) to a free and appropriate education in the least restrictive environment (Chapter 766 primer, 1983).

The implications of these and other similar laws for persons with disabilites or handicaps are numerous. Perhaps most relevant in terms of implications for disability

awareness programs is the requirement that all handicapped children are now entitled to a free and appropriate education regardless of the nature or severity of the handicap and that handicapped children are to be educated with nonhandicapped children to the maximum extent possible (Count me in resource manual, 1982). It is primarily because of this legislation, that increasing numbers of children with severe impairments are now found attending "special" classes in public schools, and that many of the mildly to moderately disabled children who used to be in those classes are now found spending much nore time in "regular" classes (A curriculum to foster understanding of people with disabilities: Staff orientation manual, 1981).

Numbers and implications

Estimates as to the exact number of Americans who have some form of disability do vary. Although many suggest that 40 million appears to be the most commonly quoted figure (Funk, 1986, p. 17; Shaver & Curtis, 1981; Zames, 1982), others (Pfeiffer, 1985, p. 10) argue that based on 504 guidelines, 70 million Americans or 30% of the total population could be classified as disabled. It has been observed (Christiansen, 1983) that due to medical advances, there are more disabled people than ever before in the United States and that as many as half of those age 65 and

over are limited in some way by a chronic impairment
(Albrecht, 1976). Burkhauser and Haveman (1982) estimate
that approximately 17% of the working age adults (18-64) in
the United States are either limited in the work that they
can do or cannot work at all. Disabilities do affect people
of all backgrounds and from all parts of the country.
Although disabilities are believed to be generally evenly
distributed, there seems to be a slightly higher incidence
among lower income persons who are confronted more with poor
nutrition and inadequate health care (Beal & Mayerson, 1982;
Edelman, 1986; Gliedman & Roth, 1980).

Although more precise data is needed, statistics
describing the situation of persons with disabilities in
this country are quite revealing. Pfeiffer (1985, p. 10)
maintains that the unemployment rate for disabled persons is
around 50%. Some 80% of disabled persons have incomes under
the median income of the country and 60% are under the
poverty level. Also, whereas 70% of those who could have a
high school diploma have one, only 40% of eligible disabled
persons have one. A recent national survey conducted by Lou
Harris and Associates supports these figures (Funk, 1986).
The policy implications of these statistics are indeed very
significant. Although it has been reported that many
Americans with disabilities do feel that much progress has
been made in the last ten years (Funk, 1986, p. 18) much
obviously still needs to be achieved.

As for the children and youth in this country, Dobo (1982, p. 291) and Gliedman and Roth (1980, p. 6) report that 12% of those from birth to age 21 have a handicap. This figure includes severely, moderately, and mildly handicapped children. It also represents children who are totally separated from, partially mainstreamed with, and fully integrated into classes with nonhandicapped children. Certainly recent legislation describing both the characteristics and range of handicaps has also influenced this relatively high percentage. Fiske (1984, p. 44) reports that the number of children classified as learning disabled alone has doubled since the passage of P.L. 94-142.

Due to the efforts of disability rights activists and to the enactment of relevant legislation, the legal barriers to the universal entry of handicapped students into schools have now been removed. However, access does not ensure equality and many experts still feel that the broad goal of improving the quality of life for handicapped children at both the academic and social level has yet to be fully realized (Evans, 1983; Funk, 1986; Jackman, 1983; Our children at risk, 1984). Laws in themselves cannot mandate changes in those false beliefs and negative attitudes that foster continued discrimination. School age children and youth need to learn more about disabilities and about persons with disabilities. They need to become better prepared about how to relate to disabled children. Grant

(1980) suggests that the elementary classroom is an
excellent place to help children become more comfortable
with diversities. Disability awareness programs should be
viewed therefore, as an essential first step in promoting
both a better understanding of and a better interaction with
persons with disabilities.

Reported Status of Children's Awareness of Disabilities

Knowledge

Unfortunately, most children have not had the
opportunity to learn even basic information about
disabilities. Barnes, Berrigan, and Biklen (1978) maintain
that most children's "knowledge" about disabilities and
about persons with disabilities is based on common myths and
stereotypes. Chief among these are the general beliefs that
persons with disabilities are: sad, sick, contagious,
punished, superhuman, superemotional, not whole, not able to
help themselves, and not useful to society (Barnes, et al.;
Biklen, 1977; Biklen & Bogdan, 1977; Grant, 1980; Monbeck,
1973; Stein, 1974; What if you couldn't?, 1978).
Furthermore, disabled persons have been labeled with
offensive terms such as "afflicted", "crazy", "dumb",
"sick", "super-crip", "superhuman", "monstrous", and
"idiot". These terms and the beliefs they suggest support

the all too common notion that to be physically or mentally different is to be wrong and to be out of place.

A review of the literature on the portrayal of disabilities in books, television, film, and other media (Elliot & Byrd, 1982; Liebergott, 1976) demonstrates the reinforcement of myths and other stereotypic beliefs about the disabled. Disabiliities, chronic illnesses, and other defects have come to symbolize inner failings. Thurer (1980) suggests that the metamorphic use of disabilities has become part of a literary and artistic tradition that is so entrenched, that it is not noticed (p. 12). Bodily intactness and perfect health are almost exclusively reserved in books and the media for the good and the noble, while physical infirmities are more often characteristic of the evil or foolheardy. The ferocious Captain Hook who uses a prothesis and the silly Porky Pig who stutters are just two of the many characters familiar to most children that promote these images. Bogdan, Biklen, Shapiro, and Spelkoman, (1982) also describe how may popular horror, gangster, and adventure stories use physical and mental disabiilities to connote danger and violence. It is not surprising therefore that many children have adopted misconceptions and false beliefs about persons with disabilities.

Some research has provided interesting insights into the knowledge that children do have about disabilities and about

persons with disabilities. Conant and Budoff (1983) have
demonstrated that children are neither universally aware of
disabilities nor do they conceptualize disabiliities in
unvarying ways. Knowledge about the characteristics and
causes of disabilities have been found to be related to the
functions of age, cognitive level, and experience. Conant
and Budoff cite the example that when looking at a picture
of a person in a wheelchair, " . . . some children construe
that person . . . as someone sitting down, others as someone
with a temporary injury, and others as someone with cerebral
palsy" (p. 124).

In the same study it was also determined that children's
awareness of particular disabilities varies greatly
according to the type of disability. Using scalogram
analyses, Conant and Budoff (1983) determined that
psychological disturbances are the most difficult to
comprehend, then mental retardation, then orthopedic
disabilities, and then blindness or deafness. Interestingly
enough, this general sequence of awareness of disabilities
does not reflect either the incidence or visibility of
disabilitiies. Even though blindness is relatively rare and
deafness is not so noticeable, children were found to be
more aware of these disabilities than of any other. Conant
and Budoff further explained that this sequence of awareness
is consistent with the constructivist interpretation
suggested by the work of Piaget and others. Children can

more easily relate certain disabilities than others to their own concrete experiences. Not seeing in a dark room or being too far away to hear are very common experiences and ones that children can easily use to imagine what blindness or deafness would be like. At the other extreme, psychological disturbances and mental retardation involve characteristics which are more abstract and varying and so are much more difficult for children to grasp.

An informal survey of over 3,000 children ages 8 through 10 conducted by the Kids on the Block, Inc. (Kids on the block: Research and field test data, 1979) supports the findings that children tend to be more aware of blindness and deafness than of other disabilities. However, their overall knowledge of even these disabilities is very limited (Bateman, 1962; Higgins, 1980). Conant and Budoff (1983) conclude that children are generally quite ignorant about all disabilities and that they do have many misconceptions about persons with disabilities. Children also have much difficulty understanding degrees of impairment and they usually underestimate the capabilities of individuals with disabiliities. Children do need to learn therefore, much more about disabilities and about persons with disabilities.

Attitudes

Negative attitudes toward disabled persons have been

well documented and have been cited by many experts and
advocates in the field as the major barrier faced by persons
with disabilities (Altman, 1981; Barnes, Berrigan, & Biklen,
1978; Hazzard, 1981; Johnson, 1983; Wright, 1973). These
negative attitudes include feelings of fear, aversion,
rejection, uneasiness, pity, and paternalism.

There are many reasons why people may have negative
attitudes toward persons with disabilities. Livneh (1982)
has classified reported sources of negative attitudes toward
the disabled into thirteen psychodynamic and sociological
categories. These categories are: sociocultural
conditioning, childhood influences, psychodynamic mechanisms
(such as expecting disabled persons to grieve over
impairment), anxiety-provoking unstructured situations,
aesthetic aversion, threats to body image integrity,
minority group compatibility, disability as a punishment for
sin, disability as a reminder of death, prejedice inviting
behaviors, disability related factors (such as the severity
of disability), demographic variables, and personalilty
variables.

Much has been written to support such a range of
factors in causing the formation of negative attitudes
toward the disabled. Kushner (1983) discusses extensively
the fallacies of the common belief that wrong-doing is the
cause of disability and disease. Felt and Leodus (1978),
MacCracken (1976), and Stein (1974) suggest that handicapped

persons may indeed trouble some people in irrational ways by reminding them of their own vulnerability. Although unpleasant prior experiences have certainly caused negative reactions, the National Institute of Handicapped Research (Continuing research findings, 1982) reports that persons with low self-esteem have been found to be predisposed negatively toward persons with disabilities. And although age does not appear to consistently influence attitudes toward disabled persons, the bulk of the research has shown (Hazzard, 1981) that girls, who in this culture are often expected to be more nurturing, demonstrate more positive attitudes toward disabled persons than do boys.

Hazzard (1981) uses the following example to illustrate how some of these factors might influence the formation of negative attitudes:

. . . a child may call another "retard" because: 1) he is affirming his membership in the in-group and his acceptance of the norm that calling other children "retard" is an appropriate form of teasing, 2) he uses the term "retard" to label or explain to himself unusual behavior on the part of other children, 3) he doesn't know how to act when he's with a retarded child and therefore derogates those children with whom he feels uncomfortable, and/or 4) he is somewhat insecure and humiliates others in order to boost his own self-esteem.

(p. 17)

There are obviously many other examples of how children might demonstrate negative attitudes toward persons with disabilities. In terms of disability awareness programs, it is important to recognize that not only are negative attitudes pervasive, but that the factors that cause such feelings are quite varied and complex.

Interactions

Persons with disabilities live in a world with people who have many false beliefs about and negative attitudes toward them. It is not surprising therefore that many persons with disabilities have described their interactions with the nondisabled to be fraught with inappropriate behavior (Kleinfield, 1977; Wright, 1960; Zola, 1982). These behaviors include overbearing curiosity, pity, and help; avoidance; rejection; exclusion; ridicule; and abuse. Furthermore, Baskin and Harris (1977) report that many disabled adults claim that dealing with such inappropriate behavior was the most difficult aspect of their childhood. The view that environmental factors rather than biological ones are the most challenging "handicap" faced by many persons with disabilities is becoming increasingly accepted (Christiansen, 1983). Tendencies to treat the disabled person as basically different and to focus on the disability as the prevailing characteristic of an individual preclude

positive social interactions. Harlow (1979) notes that many disabled persons feel that they are often not treated as individuals endowed with uniqueness but rather as members of a stigmatized category.

Not surprisingly, Baskin and Harris (1977) also report that numerous studies and accounts reveal that children feel that they have been rejected, ostracized, and subjected to various levels of abuse. Until recently, many children with disabilities were routinely removed from "regular" schools because conditions there were unresponsive, inhospitable, or unsuitable for them. The mainstreaming of disabled children with their nondisabled peers was legislated not only to provide equal academic opportunity but also to provide more social equality (Anthony, 1972). Mainstreaming and integration require much more than physical proximity. Cohen (1977) notes that schooling involves a series of relationships that are an integral part of the learning process and that these relationships can either support or interfere with learning.

Unfortunatley various studies have confirmed that the placement of handicapped students in "regular" classrooms does not necessarily result in the degree of social acceptance and increased positive interactions that educators and researchers had hoped for (Gottlieb, 1980; Gresham, 1982; Litton, Banbury, & Harris, 1980; McHale & Simeonsson, 1980). Gresham concludes that mentally retarded,

learning disabled, and emotionally disturbed children in particular have been poorly accepted by their nonhandicapped peers. The social interactions of these student have been found to be both relatively low in frequency and negative in nature. Feelings of being unwanted, isolated, or rejected pose serious stumbling blocks to the personal and social development of handicapped children. Baskin and Harris (1977) suggest that mainstreaming may sometimes be more traumatic than isolation or segregation.

Other research though, has demonstrated that mainstreaming and integration can prove to be a valuable experience. Mainstreaming and integration have been found to foster not only a greater personal attraction between disabled and nondisabled children but also more positive interaction (Cohen, 1983; Horpe, 1982; Johnson & Johnson, 1984; Madden & Slavin, 1983; McHale & Simeonsson, 1980). Disabled students have been used to help those who are nondisabled. Custer and Osguthorpe (1983) reported how midly retarded fifth and sixth grade students were trained to teach sign language to their nondisabled peers and how peer reactions were favorable. Bursor, Marcon, and Coon (1981) noted how upper-elementary disabled students were used to tutor lower-elementary students and that these students definitely perceived disabled persons as being more competent after the experience. Furthermore, Asher and Taylor (1981) have pointed out that in some cases where

sociometric measures have indicated the relatively lower status of handicapped students in mainstreamed settings, other more direct behavioral measures might demonstrate that handicapped students have actually become more sophisticated in coping with their social world. Ray (1985) found that although handicapped children may be viewed as less socially acceptable by both teachers and peers, they may not differ from their nonhandicapped peers in actual amounts of positive and negative social interaction. So it appears therefore, that the experiences between disabled and nondisabled children need not always be negative nor viewed as negative and that educators must examine carefully the specific circumstances of the situation.

Nezer, Nezer, and Siperstein (1984) suggest that the outcome of interaction between disabled and nondisabled children depends upon a number of factors including the backgrounds of the children, the preparation they have received, the severity of the disability, and the setting of the interactions. The National Institute of Handicapped Research (Continuing research findings, 1982) reminds rehabilitation workers that the way in which persons with disabilities present themselves to others does influence the climate of their social interactions. Disabled persons who appear to be capable and coping are more apt to encounter positive reactions than those who seem to be not capable and not coping. Furthermore, the confidence that disabled

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persons might display and their ability to learn appropriate social skills (Nezer et al.), are also important factors in ensuring successful interactions.

As was mentioned above, Gresham (1982) has suggested that children with disabilities involving mental or emotional impairments may encounter more negative social interaction than those with physical or sensory disabilities. It also seems logical to assume that for each disability there is a correlation between the severity of an individual's impairment and the degree of his/her ability to interact successfully. This is not always the case though. Baskin and Harris (1977) note that teachers who work with children with visual impairments have reported that the social acceptance of the totally blind child may be better than that of the moderately impaired child. Since children may have difficulty understanding degrees of impairment, the behavior of the partially sighted child may seem more confusing and so that child might be avoided more than the totally blind child.

It does seem apparent (see section on Recommendations for Program Components) that structured situations with enjoyable and/or cooperative activities are the ideal setting for encouraging positive interactions between the disabled and nondisabled. Such ideal situations though, are not always feasible. Nondisabled children encounter disabled persons in a myriad of situations that cannot

usually be controlled. Strauss et al. (1984) have
documented that although most children have probably had
contact with relatives who have a chronic illness or
disease, many do not feel comfortable in interacting even
with them. Featherstone (1980) underscores the importance
for families of working toward a positive relationship with
disabled members. Children meet disabled persons in a
variety of situations including their homes, neighborhoods,
and schools. Children can certainly benefit therefore, from
learning how to interact more appropriately with persons
with disabilities.

Disability Awareness Programs: Their Scope and Effects

General characteristics of disability awareness curricula

Numerous disability awareness curricula have been
developed over the last fifteen years for school age
children and youth. Most of these have been created by
individuals and agencies working full time on disability
related issues, but some have been prepared by local school
departments. The overall purpose of these materials is to
help students become more understanding and accepting of
persons with disabilities. Disability awareness curricula
are based on the underlying conviction that persons with
disabilities are basically just like other people; that

although persons with disabilities are different in some
ways, there are many other ways in which they are similar.

The actual content of disability awareness curricula
does vary tremendously. Some curricula recommend so many
activities and resources that it would require virtually a
whole year to cover them all. Others are relatively simple
and could be completed within a week. As is the case in
other subject areas, how curricula is implemented depends
upon a number of factors. Chief among these are the
abilities and preferences of the instructors as well as the
perceived and prioritized needs of the students. Given the
fact that disability awareness is a relatively new
phenomenon and given the historical mistreatment of and
misinformation regarding persons with disabilities, it is
not surprising that analyzing disability awareness curricula
in and of itself, cannot necessarily reveal what is
happening in the classroom. In order to obtain a clearer
portrait about the general scope and effects of disability
awareness programs for school age children and youth, it is
necessary to examine what has been reported about the
implementation of specific programs.

Reported effects of major programs

One disability awareness program which has been used
extensively in almost every state and in many other

countries is the Kids on the Block program. This program uses puppets modeled after children with specific disabilities to show what it's like to have a disability and how to behave with someone who is disabled. Puppets are used to provide kids with a safe and non-threatening environment in which to discuss disabilities (Stark, 1983). The Kids on the Bock, Inc. has created over twenty different puppets and accompanying scripts presenting a wide range of disabilities. The comprehensive curriculum guides also suggest many additional activities and resources to help children appreciate and accept differences. In a recent study of fifth and sixth grade students who participated in six, hour long disability awareness sessions using the Kids on the Block program, Grider (1985) reported that students demonstrated significantly more positive attitudes toward the disabled after intervention. This improvement in attitude change was also maintained on a delayed post-test indicating relatively stable treatment effects.

The nationally marketed Feeling Free materials have also been used in many disability awareness programs. The films, books, and resource materials were designed (Brightman, Story, & Richman, 1978; Sullivan, Brightman, & Blatt, 1979) with the aim of letting kids look comfortably into the lives of other kids and helping them elicit sensitive questions and reflections about the lifestyles of their disabled peers. In a study of third grade children who participated

in a six session disability awareness program utilizing the
Feeling Free materials, Hazzard (1981) reported that the
children were found to be more knowledgeable about the
characteristics and capabilities of disabled persons.
Although the students were also found to be better able to
suggest appropriate behavioral responses to hypothetical
dilemmas involving disabled children, they did not
demonstrate more of a willingness to interact with disabled
children.

The Count Me In handicap awareness project also uses
puppets along with other instructional activities to help
foster positive attitudes and promote better integration
between handicapped and nonhandicapped children. Since its
inception in 1979, this program has been presented to over
50,000 preschool and elementary students in the Minnesota
area. Through a survey of 1,989 students in grades four,
five, and six, conducted by the Pacer Center of Minneapolis,
it was found (Binkard, 1985) that most of the children who
participated in the Count Me In presentations learned
something new about handicaps and "felt better" about
handicapped children. In another survey, it was also found
(Binkard) that teachers of participating students were very
enthusiastic about the programs. Teachers indicated that
positive changes continued following the presentations, and
that they were more able to deal with the social and
emotional effects of moving handicapped children into their

classrooms.

During the 1975-1976 school year, an Accepting
Individual Differences program was used in various parts of
New York State. The teachers involved in the project
expressed their desire to use the curriculum in future
years. It was also determined through a controlled study
(Cohen, 1977) that second grade students in the experimental
group expressed more examples about the capabilities of
disabled children than did those in the control group who
focused almost exclusively on the disability itself.

Over a three year period starting in 1980, the Better
Understanding program was presented in over 225 elementary
classrooms in the San Francisco Bay area. The goal of this
program was to change those attitudes that presented
barriers to the full participation of the individual with a
disability. Killburn (1984) reported that the pre- and
post-session written evaluations indicated that this program
had a significant positive impact upon students' attitudes
toward disabilities.

Recognizing that full integration of handicapped
children was not possible without an increased level of
understanding and acceptance, representatives from each of
nine elementary schools in the St. Charles (Missouri)
Schools developed and implementaed a disability awareness
program. Although program implementation varied somewhat
according to teachers' prerogatives, Dewar (1982) reported

that teachers felt that the activities did improve socialization between those students who had handicaps and those who did not.

In another disability awareness effort, Popp (1982) reported that "regular" classroom teachers in Virginia completed an evaluation form that gave overwhelmingly positive reactions to a year's experience of various disability awareness activities. Teachers commented that the experience had helped their children in a number of ways including: being more accepting of differences in others, using more appropriate terms when discussing disabilities, having more positive attitudes toward disabled people, and interacting more appropriately with the children in the special education classes.

The information presented in this section and supported by numerous other reports (Watson, 1984; Weikel, 1980) highlights the fact that disability awareness programs can be both an enjoyable and rewarding experience for school age children and youth. In particular, disability awareness programs have been found to be effective in helping students become more aware of and understanding of persons with disabilities. Although much more research is needed, programs also seem to have the potential of helping students become more able and willing to interact more positively with disabled students. Now that disability awareness programs have been described as being a generally positive

educational experience for students, researchers need to examine more closely the specific effects of programs. Much more attention certainly needs to be directed as to how programs impact on students' interactions with disabled persons.

Recommendations for Program Components

Books,films, and puppets

Using books, films, and puppets are popular ways of introducing the topic of disabilities to school age children and youth. Becoming familiar with a disabled person or character through a story in a non-threatening situation reduces anxiety and helps nondisabled childred become more open in their discussions and responses (Dobo, 1982; Stein, 1974). Books in particular can give children the opportunity to stare at handicapped people and discuss some of their uneasy feelings (Stein). Films can be an extremely enjoyable way to learn about the lifestyles of persons with disabilities (Hazzard, 1981). Puppets can provide a natural link to characters with disabilities and can stimulate children to ask many deep and puzzling questions (Binkard, 1985; Stark, 1983).

Books, films, and puppets have been found (Baskin & Harris, 1977; Engel, 1980; Stark, 1983) to have not only the

power of expanding children's understanding and acceptance
of persons with disabilities but also the potential to
impacting upon children's behaviors with persons with
disabilties. However, as has been documented above, the
mere presence of a disabled character does not necessarily
mean that the materials should be used in a disability
awareness program. Instructional materials must be judged
first on general standards of quality and on their
appropriateness for the particular audience. Additional
caution though, must be taken in the selection of materials
dealing with disabilities.

Numerous experts and educators (Biklen & Bogdan, 1977;
Chessler & Sadeghpour, 1981; Greenbaum, Varas, & Markel,
1980; Gropper, 1981; Lass & Bromfield, 1981; Liebergott,
1976) have recommended specific materials and have made
suggestions for appropriate selection criteria. Generally
speaking, materials used in disability awareness programs
should do the following: avoid distortion and reflect the
accurate realities of the disability, present the whole
person and not just the effects of disability, show the
disabled character in a variety of settings including some
where they are doing things with others who don't have a
disability, and portray the disabled character as more like
than unlike his/her disabled peers. It is interesting to
note that a recent study conducted by Siperstein and
Chatillon (1982) confirmed the importance of perceiving

similarities in persons with disabilities. Results showed that children responded more positively toward retarded persons who were depicted as similar to them than to those who were not.

Appropriate books, films, and puppets that present characters with disabilities are certainly important for disability awareness programs. There are now readily available materials that meet both general standards of quality and specific selection criteria. Educators and experts need to continue to examine closely the materials that depict characters with disabilities and to recommend those that are suitable for classroom use.

Disabled presenters

Many educators and experts in the field have begun to emphasize the importance of using disabled adults as presenters and/or speakers in disability awareness programs. West (1983) suggests that using disabled presenters may be the best way of dealing with students' uneasy reactions to a sensitive subject like disabilities.

Researchers have also documenented how disabled adults can be used in a number of ways to help change children's attitudes toward persons with disabilities. Kierscht and DuHoux (1980) have reported on the effectiveness of a panel presentation by disabled adults to a large group of

elementary students. Cleary (1976) has discussed the value
of interacting with disabled adults during a trip to an
independent living center. And Harrel (1982), Hazzard
(1981), and Kilburn (1984) have written about the success
and popularity of using disabled adults as presenters in
individual classrooms. Some of these researchers along with
other educators have even suggested that the use of disabled
adults is essential in implementing disability awareness
programs.

It is important to note however, that just as the mere
presence of disabled persons or characters in books and the
media does not ensure that materials are appropriate, so too
the availability of disabled persons does not necessarily
mean that they are suitable presenters for school age
children and youth. Obviously disabled adults, like any
other presenters, should be able to communicate, stimulate,
and interact effectively with their audiences. Also, as has
been pointed out by the National Institute of Handicapped
Research and others (Continuing research findings, 1982), it
is important that disabled presenters be viewed as competent
and coping individuals. Exposing students to stereotypic
examples of handicapped persons can reinforce the
traditional perceptions of the handicapped as being
primarily dependent and pitiable (Donaldson, 1980).

Disability awareness programs should include disabled
adults as presenters and/or trainers. Efforts should also

be made to involve various adults so that children can be directly exposed to the situations of persons with different disabilities. Caution must be taken though, in the selection of appropraite presenters. Coordinators of disability awareness programs should involve disabled adults who have been recommended by organizations or other persons.

Simulation activities and role-playing

Allowing students the opportunity to simulate some of the experiences faced by disabled persons can be a very rewarding experience. Many researchers (Jones, Sowell, Jones, & Butlet, 1981; Kahan & Cator, 1984; Shortridge, 1982) have reported that orientating children to the aids and therapeutic equipment used by handicapped persons does increase awareness of and improve attitudes toward persons with disabilities. Dewar (1982) also found that activities like walking with crutches, covering eyes and using canes, and writing with mittens were the most popular aspect of a disability awareness program and the one with the greatest impact on students. Simulation activities can therefore, be both enjoyable (realizing that they are only temporary) and instructional, and they are frequently included in disability awareness programs.

Some rresearchers though, have raised some important concerns about the use of simulation activities with

children. In examining the effects of a disability

awareness program on improving children's attitudes toward

blind peers, Siperstein and Bak (1980) noted that although

the fifth and sixth grade students gained more knowledge

about blind children, they were found to be less willing to

interact with them. Siperstein and Bak suggest that certain

simulations of blindness (i.e. walking with a cane and

reading in Braile) may have served to exaggerate students'

notions of the problems generated by blindness. It is

obviously impossible for nondisabled students to comprehend

through simulation activites alone, either the chronic

nature of most disabilities or the physical and

psychological ability of most disabled persons to adapt to

their situations. Simulation activities therefore, must be

viewed as a potentially rewarding experience but one that

must be treated with caution.

Role-playing has also been used extensively in

disability awareness programs. Hazzard (1981), Nezer,

Nezer, and Siperstein (1984), and Salend and Knops (1984)

have reported that role-playing has been found to be

effective at increasing students' awareness of the

situations faced by persons with disabilities. Role-playing

can provide a natural opportunity for introducing more

information about disabilities. Role-playing can also be

used to show students when and how to assist disabled

persons. And role-playing can help students acquire some of

the necessary social skills for interacting better with disabled peers. Salend and Knops have also found that involving nonhandicapped students in hypothetical situations that handicapped students are likely to encounter in mainstreamed settings can even promote positive attitudes toward the handicapped. They suggest that problem solving experiences may actually enlist students' support and commitment toward the handicapped. But they caution that such experiences must provide for equal-status relationships with non-stereotypic examples of handicapped individuals.

Like simulation, role-playing can be a very popular component of disability awareness programs and many different activities have been recommended and used for school age children and youth. Role-playing should not be allowed to reinforce stereotypic beliefs or negative attitudes but should rather help students view disabled persons as similar to themselves and help promote more positive interactions. Teachers and/or program coordinators need to guide students' actions to help achieve these goals. And when inappropriate views or behaviors are expressed, teachers should discuss these thoroughly with students.

Structured interactions

Although structured interactions are often not included as a component in many disability awareness programs, some

consider them to be essential. Many researchers (Cohen, 1983; Horne, 1982; Johnson & Johnson, 1984; Kilburn, 1984; Madden & Slavin, 1983; Potter, 1985; Voeltz, 1982) have now documented the importance of cooperative learning and play experiences for promoting both a greater interpersonal attraction and a more positive interaction between disabled and nondisabled students.

Much of the responsibility for improving interactions between the disabled and nondisabled has traditionally fallen on the disabled themselves and on their teachers. Although disabled students do certainly have to learn appropriate social and interaction skills, recent research has demonstrated (Strain, Odom, & McConnell, 1984) that there is little evidence to suggest that altering the social skills of handicapped children alone will result in any enduring change in social interactions. Strain et al. have found that when treatment focuses on the behavior of all those involved in the social exchange and not just on those who are handicapped, then short and long term effects are most encouraging.

Experts in social skills training (Greshan, 1982; Leyser & Gottlieb, 1981; Nezer, Nezer, & Siperstein 1984) have made specific recommendations for teachers on ensuring optimum interaction results. These include the use of imitation/ modeling, role-playing, encouragement/reinforcement, and intervention. Strain et al. (1984) have pointed out that

teachers should focus primarily on the interactive exchanges themselves rather than on discrete or isolated behaviors. They also argue that more attention needs to be paid to the social behaviors that the children themselves identify as being desirable and to the children's own intervention efforts in interactive settings.

Providing structured and cooperaptive learning experiences seems to be the key factor in promoting improved social interactions between handicapped and nonhandicapped youngsters. Extensive research of integrated classrooms at the preschool level (Esposito & Peach, 1983; Jenkins, Speltz, & Odom, 1985; Odom, DeKlyen, & Jenkins, 1984) has confirmed the underlying conviction of mainstreaming; that nondiscriminatory education can be met without impairing the achievement and development of either handicapped or nonhandicapped children. However, the same research also indicates that the mere proximity or contact between handicapped and nonhandicapped children does not necessarily ensure the outcomes of improved attitudes and more positive interactions. It is only through the implementation of a planned and systematic curriculum which structures cooperative activities that such goals can be achieved.

Recent research at the elementary level (Slavin, 1985) not only supports the value of cooperative learning activities in improving attitudes toward mainstreamed students, but also demonstrates its positive effects at

helping students make significant academic gains.
Structured social interactions can also have a positive
impact upon the mainstreaming of even severely handicapped
students. Voeltz (1982) found that regular education
children in grades four through six were significantly more
accepting of severely handicapped peers after personalized
and peer-interactive intervention. So although structured
interactions might be considered to be the most challenging
component of disability awareness programs since careful
preparation and supervision are required, they might also
prove to be the most valuable component, particularly given
their potential to help students achieve the goal of better
social interactions.

Discussion

Discussion should perhaps not be viewed as a separate
component but rather as an integral part of all aspects of
disability awareness programs. Discussion has been reported
(Cleary, 1976; Elliot & Byrd. 1982; Stein, 1984) to enhance
the effects of both the information presented and the
experiences offered through disability awarenss programs.
Discussion provides students with an opportunity to ask
thought provoking questions and express uneasy feelings
about disabilities and about persons with disabilities.
Discussion also allows students the opportunity to reflect

on differences and on being treated differently and to examine their beliefs about topics like competence, adjustment, and friendship.

As is the case with all the major components of disability awareness programs, how the discussion is directed has a tremendous impact upon its effectiveness. Siperstein, Bak, and Gottlieb (1977) found that group discussion with children whose prediscussion attitudes were unknown, was as likely to result in negative as well as positive attitude change. In a subsequent study though, Gottlieb (1980) reported that discussion prior to mainstreaming definitely helped nonhandicapped students become better prepared to accept their mentally retarded peers.

All disability awareness programs encourage discussion and make recommendations for specific topics. Teachers and/or program coordinators should allow ample time for sharing. They should feel free to select those recommended topics that meet the needs and concerns of their particular students or to suggest other appropriate topics. Specific time for discussion during disability awareness programs should definitely be designated. Teachers and/or program coordinators should also always guide discussions to help students become more aware, understanding, and accepting of persons with disabilities.

Role of Homeroom Teachers in Disability Awareness Programs

General role of teachers

Conventional educational wisdom and research have pointed to the teacher as a primary factor in helping students develop academically (Zerchykov, 1985). Teachers are the adults who are directly responsible for helping children achieve specific curricula objectives. They are the ones who are expected to plan and implement instructional activities in classrooms on a daily basis. Teachers are supposed to monitor closely students' academic progress, and they are the ones who have to adopt and adapt particular strategies to ensure continued advancement.

Teachers also play a critical role in developing the social climate of classrooms. Teachers have been described as "agents of socialization" who informally teach social behaviors in classrooms all the time (Nezer, Nezer, & Siperstein, 1984, p. 1). Teachers are called upon to help students both appreciate one another's individuality and understand that all persons share common human emotions and experiences (Greenbaum, Varas, & Markel, 1980). Teachers are also expected to help promote in children those fundamental ideals of human worth and dignity that are considered integral to a democratic society (Shaver & Curtis, 1981).

With such a tremendous potential for influencing students' academic and social development, it is not surprising that the thrust of the literature on affecting change in schools highlights the importance of teachers (Austin, 1979; Lieberman & Miller, 1984; McLaughlin & Marsh, 1978; Walker, 1967). Any program aimed at educational reform must involve teachers and must include their common sense insights. Teachers have to make new programs practical for their students. They have to guide new activities to make sure that they are meaningful. If disability awareness programs are intended to have a positive impact upon children's attitudes and behaviors as well as to increase their general knowledge, then teachers must be actively involved in the design and implementation of programs.

Teachers' reported impact on disability awareness programs

Very little has been written about teachers' actual impact on disability awareness programs. This is due primarily to the fact that disability awareness is a relatively new effort, and so only a small percentage of teachers have any experience at all with programs. For those teachers who have been involved, their level of participation has varied tremendously. In some programs, teachers have been the only presenter. In others, outside

specialists, researchers, and volunteers have assumed most responsibility.

Hazzard (1981) did find that because of their own lack of knowledge, many teachers feel uncomfortable about leading discussions and other activities related to disabilities. In the same study, Hazzard reported that "they [teachers] also demonstrated generally accepting but overly sypathetic and patronizing attitudes toward persons with disabilities" (p. 119). Froschl and Sprung (1986) concur that teachers often treat disabled students with "over-help" and "over-praise", and they attributed this primarily to teachers' " . . . stereotypical perceptions of disabled people as helpless and dependent" (p. 21).

Other researchers have raised additional concerns about teachers' attitudes and behaviors toward students with disabilities. Siperstein and Goding (1985) discovered that teachers often treat learning disabled children more negatively than they treat non-learning disabled children. Gillespie-Silver and Heshuasius (1981) determined that teachers often ignore or overlook the needs of retarded girls for appropriate services. Corbett, Lea, and Zones, (1981) reported that some teachers incorrectly label minority children, and that these children then find themselves in a situation in which low teacher expectations keep them from fulfilling their potential.

Teachers can certainly also have a positive impact upon

the interactions of disabled and nondisabled students. Fagen, Graves, and Tessier (1984) maintain that considering teachers' suggestions may be the most important ingredient in achieving mainstreaming success. Classroom teachers are the ones who must ultimately provide disabled students with the daily opportunities for positive interactions. Research has indicated that regular education teachers, with proper training and resources, can definitely facilitate the academic and social mainstreaming of students with handicaps (Stainback, Stainback, Courtnage, & Jaben, 1985; Stephens & Braun, 1980).

Recent experiences (Anderson, Del-Val, Griffin, & McDonald, 1983; Hazzard, 1981, Kilburn, 1984) substantiate the need for involving homeroom teachers more in disability awareness even when outside specialists, consultants, or volunteers assume primary responsibilitiy for programs. Persons who do not work in a school are neither that familiar with the specific backgrounds of students nor with the dynamics of classroom interactions. They are also usually not so readily available to schools when particular disability related issues may arise, and they cannot provide the on-going reinforcement that is necessary for an effort like this.

Barnes, Berrigan, and Biklen (1978, p. 1) maintain that teachers have helped children explore their attitudes toward persons who are seen as different. Teachers have helped

students deal with their fears and uneasy feelings by
sharing appropriate information and by focusing more on what
disabled persons can do rather than on what they cannot do.
Hazzard (1981, p. 103) suggests that the positive attitudes
of teachers themselves toward disabled persons have
definitely affected the attitudes of their students.
Classroom teachers should be involved therefore, in the
design and implementation of programs even if they
themselves do not have to direct most of the activities.
Much more needs to be done to ensure the committed and
effective participation of teachers in disability awareness.

Teachers as adult learners

In their analysis of school improvement, Lieberman and
Miller (1984) describe the importance of viewing teachers as
"adult learners". Much reform is being demanded of schools,
and teachers are expected to implement many new efforts.
Lieberman and Miller note though that "teachers apparently
only feel comfortable collaborating when they are
comfortable with the innovation" (p. 111). Recognizing that
most teachers have never had any experience implementing
programs, helping teachers become comfortable with
disability awareness would seem a priority.

A Disability awareness task force report (1986) for the
Boston Public Schools lists staff training as a necessary

first step for initiating a comprehensive disability
awareness program. According to the plan, staff
developoment workshops are to be offered at both the central
office and school site levels. Although the workshops will
be offered primarily for teachers, administrators are
expected to participate in order so that they will be able
to provide informed leadership and support. Principals, in
particular, play a critical role in any major educational
effort. Berman and McLaughlin (1978) maintain that building
level leadership is the single most important variable in
setting a constructive tone for implementing new programs.
This initial training is geared both to gain the informed
support of principals and to prepare teachers to direct and
facilitate appropriate classroom activities.

It is important to note though, that even with some
training, not all teachers will automatically feel
comfortable with disability awareness. Teachers obviously
have different capacities and understandings. As was
discussed above, some teachers themselves share stereotypic
beliefs about disabled persons and have demonstrated
inappropriate attitudes and behaviors. It is questionable
whether such teachers would want or should be allowed to
assume primary responsibility for programs. Discussing the
findings of the Rand Change Agent Study, Lieberman and
Miller note that "projects are easier to begin when
participants volunteer. Volunteers help because they want

to and are open to committing themselves to innovation" (p. 87). Given that teachers' positive attitudes are so crucial to the effectiveness of a program like this, school systems should proceed with caution until they have earned the support of teachers who willingly participate in some level of training.

Even after receiving an orientation to disability awareness, teachers should not be expected to implement programs totally on their own. As described above, effective programs utilize a variety of instructional materials and approaches that require a great deal of coordination. Homeroon teachers of elementary students are already responsible for teaching many different subjects (perhaps more than teachers at any other level), and so they may sincerely not have enough time to adequately prepare activities. Watson (1984) reported that many teachers feel overwhelmed teaching something new and different like this. Even when curriculum kits and teachers' guides are provided, much needs to be done before initiating a program. Coordinating puppet shows and scheduling disabled speakers, for example, are extremely difficult without some kind of prior arrangements and contacts.

Many disability awareness experts suggest that program coordinators or knowledgeable persons designated for staff support are extremely important (Anderson, Del-Val, Griffin, & McDonald, 1983; Hazzard, 1981; Kilburn, 1984; Liebergott,

1976; Watson, 1984). Coordinators can provide assistance by facilitating necessary arrangements. They can be available for addressing particular concerns and for providing on-site feedback. Coordinators can help teachers plan appropriate follow-up activities. They can also help ensure that programs are being implemented properly. Until homeroom teachers themselves become more familiar and comfortable with disability awareness, then coordinators or persons designated to provide staff support should be available.

CHAPTER III

RESEARCH

Design of Study

This dissertation is an investigation and examination of
the perceptions of persons who have presented disability
awareness programs to students in grades three, four, and
five in Massachusetts. A qualitative research strategy has
been used in this study to discover and verify what
presenters believe should be happening in disability
awareness programs at the elementary level. Holistic,
inductive, and naturalistic means are ideal for describing
and understanding a subject without imposing preconceived
suppositions (Patton, 1986). Data gathered from
questionnaires and follow-up interviews can be analyzed to
determine the major recommendations for disability awareness
at the elementary level from the perspective of those who
have had direct experience in implementing programs.

The author of this dissertation has been actively
involved in promoting disability awareness programs since
1983. Since that time, he has participated in the
implementation of over 15 programs for elementary students.
He has conducted numerous trainings for teachers and school
department personnel, and he initiated and helped coordinate

a state-wide conference on disability awareness for educa-
tors. The author also chaired a Task Force on disability
awareness for the Boston Public Schools which submitted
recommendations for implementing a comprehensive, system-
wide program. The specific design of this study is based
therefore, on extensive experience and informal observations
as well as on a throrough review of the literature.

The persons used as the primary data base for this study
were the 135 individuals identified as disability awareness
"pioneers" who have experience presenting programs to
elementary students in Massachusetts. Most of these persons
were recommended by disability awareness advocates
associated with one of the following organizations and
agencies: the State Department of Education, the State
Office of Handicapped Affairs, the Massachusetts Association
of Retarded Citizens, the Information Center for Individuals
with Disabilities, the Federation for Children with Special
Needs, Massachusetts Advocacy Center, and the U.S.
Department of Education Office for Civil Rights. Some
persons were identified as possible participants through
individual referrals and personal contacts. Efforts were
made to include individuals representing different positions
within the schools and representing different parts of the
Commonwealth of Massachusetts. There was no limit set on
the size of the data base. All who were identified, were
invited to participate.

Methods

Questionnaires

Between August 15th and October 15th of 1986,
questionnaires were mailed (see Appendix A) to all 135
identified program presenters. Each questionnaire was
numerically coded to protect the anonymity of participants.
The questionnaire was designed to help determine what
persons who have presented programs to elementary students
in Massachusetts think should happen. It recorded the
perceptions of presenters and it measured the certainty or
intensity of their recommendations. This questionnaire was
developed according to the cognitive model of measuring
beliefs about attitude objects that has been posed by Sudman
and Bradburn (1985). It is a revised copy of a similar
questionnaire that was used in an earlier pilot study, and
it was reviewed by two research specialists at the
University of Massachusetts.

The Computing Services Department of the University of
Massachusetts Harbor Campus was used to help provide a
thorough statistical analysis of the data acquired from this
questionnaire. The following are the statistical measures
that were determined to be most appropriate:

For questionnaire item #1 - median figure.

For questionnaire items #2 and #3 - absolute and

relative frequencies.

For questionnaire item #4 - median figure.

For questionnaire items #5 and #6 - absolute and relative frequencies.

For questionnaire items #7, #8, and #9 - mean and standard deviation figures; and Chi Square test demonstrating relationship of items #2 and #3 with these items (probability figure of 0.05 determined as maximum level for significance.

For questionnaire item #10 - absolute and relative frequencies of thematic groupings. (Note: Since this item was an open-ended question about goals, responses were first grouped into three goal categories which have been suggested in the literature. The thematic groupings used for this questionnaire item are also the same that were used for the goal related responses to the interview questions. These groupings are discussed in detail in the next section.)

For questionnaire item #11 - no statistical measure. (Note: Since this item was an open-ended question about any other recommendations, responses were first grouped thematically according to how they corresponded to the general questions and propositions outlined in Chapter 1. The thematic groupings used for this questionnaire item are also the same that were used for the responses to the interview questions. These groupings are discussed in detail in the next section.)

Interviews

Betweem October 15th and December 15th of 1986, 15 of the persons who had submitted questionnaires were invited to participate in an intensive, follow-up interview (see Appendix B). These persons were selected in order to ensure that all of the background categories listed on the questionnaires (i.e. positions in schools and sizes of school systems in which programs were presented) would be represented. Proceedures for using human subjects, as mandated by UMASS policy, were followed.

The interviews were designed according to the general interview model that has been outlined by Patton (1986). The fundamental principle of this approach is to provide a framework in which respondents can express their own understandings in their own terms. The specific purpose of the interviews (and of questionnaire item #11), was to gain more information and details about presenters' recommendations for the design and implementation of disability awareness programs for students in grades three, four, amd five. The interviews also provided an opportunity to investigate more thoroughly presenters' perceptions about the critical issues of disability awareness that have been suggested in the literature. Although a structured interview format using a set of questions was followed (see

Appendix B), interviewees were able to diverge from these questions and to address concerns that they felt were most crucial.

These interviews lasted approximately one hour. The recorded responses from the interviews were transcribed. The transcripts were then coded and grouped thematically according to the seven general questions and propositions listed in Chapter 1. These thematic groupings are outlined below along with a sampling of actual phrases used by the participants, either on the open-ended items of the questionnaires or during the interviews, that best indicate their inclusion under each category.

1. Goals of programs:

   (knowledge related goals)

      "Increase knowledge."

      "Present accurate information."

      "Dispel myths.

      "Remove stereotypes."

      "Eliminate ignorance."

      "Understand capabilities as well as disabilities."

      "Become aware."

      "Perceive one's own limitations."

   (attitude related goals)

      "Improve attitudes."

      "Feel more comfortable."

"Foster acceptance."

"Encourage willingness to interact."

"Decrease anxiety."

"Create feeling of empathy."

(behavior/interaction related goals)

"Foster personal interaction."

"Reduce barriers."

"Create opportunities for experiences."

"Listen to disabled."

"Improve manners."

"Show appropriate behaviors."

"Aid mainstreaming."

"Help with adjustment."

2. Time allotted for programs:

"classroom hours"

"days"

"weeks"

"sessions"

"classroom settings"

3. Topics designated for programs:

"subjects"

"units"

"themes"

"issues"

"lessons"

(names of specific disabilities)

4. Materials and instructional approaches for programs:

"equipment"

"props"

"experiences"

"activities"

"presentations"

"strategies"

"techniques"

(names of specific materials and instructional

approaches listed on questionnaires)

5. Resources for teachers of students participating in

programs:

"supports"

"aids"

"help"

"exposure"

"reinforcement"

(names of specific resources listed on

questionnaires)

6. Design of programs:

"planning"

       "setting up"

       "drafting"

       "writing"

       "conceiving"

7. Implementation of programs:

       "directing"

       "coordinating"

       "overseeing"

       "guiding"

       "presenting"

CHAPTER IV

FINDINGS OF STUDY

This chapter presents the findings of the study.
Section A reports the statistical results of the
questionnaires (items #1 through #10). Section B analyzes
both the statistical results and the direct comments from
the interviews and questionnaires as these relate to the
general questions and corresponding propositions listed in
Chapter I.

A. Statistical Results of Questionnaires

Of the 135 questionnaires that were distributed (see
Appendix B), 93 were returned. Eight of the returned
questionnaires were not counted because the respondents
wrote that they had no experience presenting disability
awareness programs to students in grades three, four, or
five. Another three of the returned questionnaires were not
counted because the postal service could not locate the
identified persons and so returned the letters unopened. In
all, therefore, 82 questionnaires were used as the data base
for the quantitative results. A question by question list-
ing of the statistical figures can be found in Appendix C.

Background of participants

Years experience presenting programs.

The number of years that the 82 participants had been
involved presenting disability awareness programs to
students in grades three, four, and five, ranged from a low
of 1 year experience to a high of 19 years experience.
61.0% of the participants had been involved for 5 or fewer
years, 29.3% had been involved for between 6 and 10 years,
and 9.7% had been involved for 11 or more years. The median
figure for years experience was 4.68.

Positions in schools in which participants were most
involved presenting programs.

39.0% of the participants indicated that they had worked
as staff members in particular schools (i.e. teachers,
principals, counselors, or aides).

13.4% of the participants indicated that they had worked
for local school departments as a whole rather than for any
particular schools (i.e. curriculum specialists, special
project directors, or central office administrators).

30.5% of the participants indicated that they had worked
as individual paid consultants or as staff representatives
from agencies not part of local school systems.

17.1% of the participants indicated that they had worked
as parent or community volunteers.

<u>Size of school systems in which participants were most</u>
<u>involved presenting programs</u>.

40.0% of the participants indicated that they had
presented programs in systems having a total number of
between one and seven elementary schools.

17.5% indicated that they had presented programs in
systems having a total number of between eight and 14
elementary schools.

42.5% indicated that they had presented programs in
systems having a total number of 15 or more elementary
schools.

(Note: Two participants checked that they had been most
involved presenting programs in school systems representing
all three size caztegories, and so their responses were not
counted for this item.)

Recommendations

Total number of classroom hours for programs.

The total number of classroom hours during the entire
school year that were recommended by participants for a
disability awareness program for students in grades three,
four, or five ranged from a low of 4 total classroom hours
to a high of 140 total classroom hours. 23.5% of the
participants recommended 10 or fewer total classroom hours,
46.9% of the participants recommended between 11 and 20

total classroom hours, and 29.6% of the participants recommended 21 or more total classroom hours. The median figure for total number of classroom hours recommended by participants was 17.0.

Topics of programs.

Participants were first asked to check as many as they wanted of the 13 listed topics that they thought should be covered (see Table 1a) and then to circle the four topics that they thought were the most important to cover (see Table 1b).

When there were no limitations as to the possible number of topics that could be selected to cover (see Table 1a), five topics (mental retardation, visual impairments, hearing impairments, orthopedic/motor impairments, and learning disabilities, respectively) were checked by 75% or more of the participants, and four topics (cerebral palsy, epilepsy, emotional disorders, and asthma, respectively) were checked by between 50% and 74.9% of the participants.

When participants were limited to selecting the four topics that they thought were most important to cover (see Table 1b), four topics (visual impairments, hearing impairments, orthopedic/motor impairments, and mentl retardation, respectively) were circled by 50% or more of the participants, and one topic (learning disabilities) was circled by between 25% and 49.9% of the participants.

Table 1a

Rank Order Listing of Disability Topics
Selected to be Covered
(no limit to number of topics selected)

% of participants selecting topic	topic
96.3%	mental retardation
95.1%	visual impairments
93.9%	hearing impairments
90.2%	orthopedic/motor impairments
86.6%	learning disabilities
73.2%	cerebral palsy
64.6%	epilepsy
61.0%	emotional disorders
50.0%	asthma
48.8%	multiple sclerosis
47.6%	diabetes
41.5%	addictions
37.8%	chronic disease and pain

Table 1b

Rank Order Listing of Disability Topics
Selected as Most Important to Cover
(limit of four topics selected)

% of participants selecting topic	topics
75.6%	visual impairments
67.1%	hearing impairments
67.1%	orthopedic/motor impairments
63.4%	mental retardation
47.6%	learning disabilities
24.4%	emotional disorders
13.4%	cerebral palsy
09.8%	addictions
04.9%	multiple sclerosis
03.7%	chronic disease and pain
03.7%	epilepsy
02,4%	diabetes
01.2%	asthma

<u>Materials and instructional approaches for programs.</u>

Participants were first asked to check as many as they wanted of the 14 listed materials and instructional approaches (M&IA's) that they thought should be used (see Table 2a) and then to circle the four M&IA's that they thought were the most important to use (see Table 2b).

When there were no limitations as to the possible number of M&IA's that could be selected to use (see Table 2a), seven M&IA's (class discussions, interactions with disabled students, books or stories, films or video tapes, presentations by disabled adults, simulation activities, and puppet shows, respectively) were checked by 75% or more of the participants, and one M&IA (role-play) was checked by between 50% and 74.9% of the participants.

When participants were limited to selecting the four M&IA's that they thought were most important to cover (see Table 2b), four M&IA's (presentations by disabled adults, class discussions, interactions with disabled students, and simulation activities, respectively) were circled by 50% or more of the participants, and three M&IA's (books or stories, films or video tapes, and puppet-shows, respectively) were circled by between 25% and 49.9% of the participants.

Table 2a

Rank Order Listing of Materials and Instructional Approaches
(M&IA's) Selected to be Used
(no limit to number M&IA's selected)

% of participants selecting M&IA	M&IA's
92.7%	class discussions
89.0%	interactions with disabled students
87.8%	books or stories
87.8%	films or video tapes
87.8%	presentations by disabled adults
84.1%	simulation activities
82.9%	puppet shows
72.0%	role-play
48.8%	records or cassettes
42.7%	field trips
31.7%	research projects
28.0%	student worksheets
22.0%	school-wide fairs
19.5%	textbooks

Table 2b

Rank Order Listing of Materials and Instructional Approaches
(M&IA's) Selected as Most Important to Use
(limit of four M&IA's selected)

% of participants selecting M&IA	M&IA's
65.9%	presentations by disabled adults
61.0%	class discussions
58.5%	interactions with disabled students
54.9%	simulation activities
39.0%	books or stories
36.6%	films or video tapes
36.6%	puppet shows
23.2%	role-play
06.1%	records or cassettes
04.9%	field trips
04.9%	school-wide fairs
02.4%	research projects
01.2%	student worksheets
01.2%	textbooks

Rated responses

Resources for elementary classroom teachers.

Participants were asked to rate 1-5 (1 - not useful, 2 - perhaps useful, 3 - useful, 4 - very useful, and 5 - extremely useful) the value of six listed resources for elementary teachers whose students participated in disability awareness programs (see Table 3).

Using the calculated mean figure (see Table 3), four resources (in-service training workshops, appropriate instructional materials, program consultants/specialists, and complete curriculum kits, respectively) were found to be very useful.

Chi-square tests were also conducted. The one significant relationship (chi-square value of 11.49, probability figure of 0.00, degree of freedom of 2) was that of the value selected for complete curriculum kits in relation to the variable of size of the school system in which participants presented programs: For those 46 participants who were most involved in school systems with a total number of 14 or fewer elementary schools, 56.5% rated complete curriculum kits as being either very or extremely useful; whereas for those 34 participants who were most involved in school systems with a total number of 15 or more elementary schools, 88.5% rated complete curriculum kits as being either very or extremely useful.

Table 3

Rank Order Listing of the Mean Value
of the Following Resources for Elementary Teachers
Whose Students Participate in Disability Awareness Programs

       1 - not useful
       2 - perhaps useful
       3 - useful
       4 - very useful
       5 - extremely useful

mean	standard deviation	resources (item#)
4.46	0.92	in-service training workshops (7a)
4.37	0.76	appropriate instructional materials (7f)
4.09	0.86	program consultants/specialists (7d)
4.00	1.03	complete curriculum kits (7e)
3.68	0.98	teacher guides/resource books (7c)
2.79	1.05	graduate level courses (7b)

Determining design of programs.

Participants were asked to rate 1-5 (1 - not useful, 2 - perhaps useful, 3 - useful, 4 - very useful, and 5 - extremely useful) the value of seven listed persons or organizations for determining the design of disability awareness programs for students in grades three, four, and five (see Table 4a).

Using the calculated mean figure (see Table 4a), three persons or organizations (local organizations of disabled students, homeroom teachers of participating students, and special education teachers in participating schools, respectively) were found to be very useful.

Chi-square tests were also conducted to determine the relationship between the value selected for the seven listed persons and organizations and the background variables. There were no significant relationships.

Ensuring successful implementation of programs.

Participants were asked to rate 1-5 (1 - not useful, 2 - perhaps useful, 3 - useful, 4 - very useful, and 5 - extremely useful) the value of seven listed persons or organizations for ensuring the successful implementation of disability awareness programs for students in grades three, four, and five (see Table 4b).

Table 4a

Rank Order Listing of the Meam Value
of the Following Persons or Organizations
for Determining the Design of Disability Awareness Programs

        1 - not useful
        2 - perhaps useful
        3 - useful
        4 - very useful
        5 - extremely useful

mean	standard deviation	persons or organizations (item #)
4.30	0.91	organizations of disabled persons (8g)
4.09	0.96	homeroom teachers (8a)
4.09	0.89	special ed, teachers (8d)
3.54	1.17	parents (8b)
3.47	1.13	principals (8c)
3.37	1.16	local school department (8e)
3.00	1.23	State Department of Education (8f)

Table 4b

Rank Order Listing of the Meam Value
of the Following Persons or Organizations for Ensuring the
Successful Implementation of Disability Awareness Programs

        1 - not useful
        2 - perhaps useful
        3 - useful
        4 - very useful
        5 - extremely useful

mean	standard deviation	persons or organizations (item #)
4.65	0.65	homeroom teachers (9a)
4.11	1.02	special ed. teachers (9d)
3.79	1.10	principals (9c)
3.78	1.15	organizations of disabled persons (9g)
3.58	1.20	parents (9b)
3.54	1.10	local school department (9e)
2.98	1.17	State Department of Education (9f)

Using the calculated mean figure (see Table 4b), two persons or organizations (homeroom teachers of participating students and special education teachers in participating schools, respectively) were found to be very useful.

Chi-square tests were also conducted. One significant relationship (chi-square value of 7.14, probability figure of .03, degree of freedom of 2) was that of the value selected for homeroom teachers in relation to the variable of position in school in which participants presented programs: For those 43 participants who worked for schools or local school systems, 100% rated homeroom teachers of participating students as being either very or extremely useful, whereas for those 39 participants who worked for agencies or as volunteers, 84.6% rated homeroom teachers of participating students as being either very or extremely useful. Another significant finding (chi-square value of 7.70, probability figure of .02, degree of freedom of 2) was that of the value selected for local organizations of disabled persons in relation to the variable of position in schools in which participants presented programs: For those 43 participants who worked for schools or local school systems, 44.4% rated local organizations of disabled persons as being either very or extremely useful; whereas for those 39 participants who worked for agencies or as volunteers, 74.4% rated local organizations of disabled persons as being either very or extremely useful.

Primary goals of programs

In an open-ended question, participants were asked to
list what they thought should be designated as the primary
goals of disability awareness programs for students in
grades three, four, or five. A thenatic analysis, as
described in Chapter 3, was conducted. Based on the
thematic grouping of responses, 87% of the participants
listed knowledge related goals, 70% of the participants
listed attitude related goals, and 50% of the participants
listed behavior/interaction related goals. (Note: Six
participants did not list any goals and so the per cent
figure was calculated from a total number of 76
respondents.)

B. Analysis of Interviews and Questionnaires

Between October 15th, 1986 and January 30th, 1987, the
researcher interviewed 15 persons who had expressed a
willingness to be interviewed after having submitted a
completed questionnaire. These persons represented the
various background categories listed on the questionnaires
as follows:

1) Positions in schools –

Four persons worked as staff members of schools.

Two persons worked for central offices of school

systems.

Five persons worked for agencies not connected to

schools.

Four persons were community volunteers.

2) Sizes of school systems —

Five persons presented programs in systems having

1-7 elementary schools.

Two persons presented programs in systems having

8-14 elementary schools.

Eight persons presented programs in systems having

15 or more elementary schools.

(Note: Although not a background category listed on the

questionnaires, seven of the persons interviewed also stated

that they themselves had a disability.)

All interviews were held either at the interviewees'

work sites or in their homes. Interviewees approved the

written consent form immediately prior to the interview, and

a set of interview questions was used (see Appendix B). All

responses were audiotaped. The interviews lasted

approximately one hour.

The audiotapes of these interviews were subsequently

transcribed. A thematic analysis, as described in Chapter

3, was conducted. This section will analyze the results of

the interviews, along with the comments and statistical

findings from the questionnaires, as all of these relate to

the seven general questions and corresponding propositions
listed in Chapter 1.

1. Goals of programs

Question   -   What should be the primary goals of the
                  programs?

Proposition   -   Programs should strive to help students
                  interact more positively with persons with
                  disabilities as well as to help students
                  become more knowledgeable about and improve
                  their attitudes toward persons with
                  disabilties.

Statistical results.

Based on an inital analysis of the questionnaires, it
seems that knowledge related goals (87% of the respondents)
and attitude related goals (70% of the respondents) were
considered to be more primary or important than interaction
related goals (50% of the respondents). However, it is
important to note that when asked to check (no limitations
as to number checked) those materials and instructional
approaches that they thought should be used during the
course of a program, "interactions with disabled students"
and "presentations by disabled adults" were selected as
important by the vast majority (89.0% and 87.8%,

respectively) of the respondents. Furthermore, when asked to circle the four most effective materials and instructional approaches (a total number of 14 were listed), "presentations by disabled adults" was selected as the most important and "interactions with disabled students" was selected as the third most important.

Direct comments.

Knowledge related goals –

Interviewees stressed the importance of helping increase students' knowledge about disabilities and about persons with disabilities. Representative comments included:

> I guess, first of all, you want to get kids to understand exactly what happens to a person who has a disabilitiy and how that person experiences the world. (a person who works for an agency that promotes disability awareness)

> Kids need to develop the awareness that handicapped people are still entire people, that they have feelings, that despite their limitations they are still like other people. (a teacher)

> The main thing is to bring it (disability) out of the realm of taboo to a level of ongoing discussion, to take it out of the closet, to demystify the issue and help them (the children) understand. (a person who works for an agency)

One community volunteer though, also expressed concerns about the potential danger of frightening students by treating disability awareness too technically:

I don't think you need to go into specifics, into every
nitty, gritty disability detail; . . . but just give
them a general idea, and help them have some
understanding that yes, that person is a little bit
different, but that they can work, they can go to
activities, but that they need an accessible building to
do that.

Supporting this statement and summarizing the thrust of

the comments concerning knowledge related goals, one

questionnaire respondent wrote, "You've got to focus on what

disabled people can do rather than on what they can't".

Attitude related goals -

Interviewees also supported efforts to help students

improve their attitudes toward disabled persons. Helping

sudents feel more comfortable was definitely a priority.

Typical comments included:

You've got to first help students identify their own
feelings about disabilities . . . and then begin to
address the issues. (a central office administrator)

I want kids to become more comfortable around me . . .
so that they're not afraid, and so that they feel free
to ask any questions. (a community volunteer who is also
disabled)

If you build a comfort level first, then the attitude
change will come in time. (a person who works for an
agency)

One community volunteer and long time activist went so
far as to suggest the following:

. . . without this comfort level, the rest is garbage.
Nondisabled people, even the ones committed to working
in this area, are interested in teaching tolerance in
the old time fashion teaching that everyone should be

accepted. It's almost a moral value with them. But
before that, is the element of comfort.

Behavior/interaction related goals –

Interviewees also strongly stated the goal of helping

students become more willing and able to interact positvely

with disabled persons. Encouraging naturalness around

persons with disabilities seemed to be a critical issue.

Comments that reflected this belief included:

> We (the school system) have to show children how to
> treat them (disabled students) as human beings and not
> in a sympathetic or patronizing fashion. . . . These
> kids are part of this school and participate to a great
> degree in the regular school program. (an administrator
> of the central office of a school department)

> We (presenters) should stress to the kids that if they
> come in contact with a disabled child, they shouldn't be
> afraid to ask questions. They should be able to go up
> to the person and take the risk of interacting without
> fear. (a community volunteer)

> I want kids (disabled and nondisabled) to just play
> with each other, to be able to hang out together. (a
> person who works for an agency that promotes
> mainstreaming)

Helping children to interact more positively with

persons with disabilities was definitely viewed as an

essential goal of programs. The following comments

summarized this conviction:

> The most important aspect of disability awarenss is the
> opportunity for students to know more disabled persons
> in the natural environment of the school setting. (a
> questionnaire respondent)

Without the interactions, the whole thing (a disability
awareness program) can become just another academic
activity without real meaning. (a teacher)

2. Time for programs

Question   —   How much total classroom time should be
                  allotted for programs?

Propoosition —   At least eight hours of total classroom
                  time is needed in order to present an
                  effective program.

Statistical results.

Based on an analysis of the questionnaires, there is no

doubt that participants felt that much more than eight hours

is needed in order to present an effective disability

awareness program. 93.8% of the respondents indicated that

a total number of more than eight hours should be allotted

for programs. The median figure for total classroom hours

recommended was 17.0.

Direct comments.

Interviewees also indicated that what they envision for

an effective disability awareness program cannot be

accomplished unless ample time is allotted. One person, who

works for the central office of a school department, offered

the following warning:

A school system can't offer a bunch of puppet shows and then call that a disability awareness program. One shot deals aren't going to have that much of an impact. Disability awareness is a complex process and one that requires a lot of time and effort.

Some persons reflected on how they felt the time allotted for programs should be organized. Although one participant did mention the idea of "infusing" a unit like this in "all subject areas" and having it be "on-going", most others referred to the need of first designating time for specific program activities. Representative comments included:

Unless schools set aside a lot of time for these programs, things just aren't going to happen. (a teacher)

Specific times for disability awareness units have to be established. (an administrator for the central office of a school system)

Recognizing the benefits of both alloting classroom time for actual programs and infusing the information in other subject areas, one community volunteer, who has been involved presenting programs for many years and who has helped design and revise curricula, recommended:

I would like to see at least two substantial formal types of classroom settings devoted to however many areas of disabilities you decided to look at; and that they should be spaced a week apart; and that there be follow-up using books, equipment, etc., so that it (the information and experience) is not forgotten between the sessions.

3. Topics of programs

Question   – What disability topics should be covered?

Proposition – Many disability topics should be covered
            and learning disabilities should be one of
            these.

Statistical results.

Based on an analysis of the questionnaires, there is no
doublt that many disability topics should be covered and
that learning disabilities should be one of these. When
there were no limitations as to the number selected, nine
out of the 13 topics listed on the questionnaires (mental
retardation, visual impairments, hearing impairments,
orthopedic/motor impairments, learning disabilities,
cerebral palsy, epilepsy, emotional disorders, and asthma,
respectively) were considered as important to cover by at
least 50% of the respondents. Both on this scale and when
limited to selecting only four topics, learning disabilites
ranked fifth after the same four relatively more noticeable
disabilities.

Direct comments.

Interviewees were asked to discuss whether or not they
thought that less noticeable and sometimes referred to as
hidden handicaps (eg. learning disabilities, asthma, and

diabetes) should be discussed as well as the more noticeable
handicaps. All the interviewees believed that both
noticeable and not so noticeable disabilities need to be
covered during programs. They also indicated that the
topics that should be covered should in some way reflect the
disabilities of the persons whom students are most likely to
come into contact with. Comments that reflected these
beliefs included:

> You want kids to understand about persons in
> wheelchairs and persons who are blind, but if you only
> present that, kids are going to think that there are no
> other disabilities in the world. (a community
> volunteer)

> I think if there is a student with asthma, diabetes, or
> epilepsy, that teachers should explain it to the
> children and alert them as to the possibility of any
> incidents . . . and the kids don't make much of it.
> (an administrator for the central office of a school
> system)

> I had this one child who had asthma and his mother
> insisted that he bundle up. The other children used to
> laugh at him until we explained why he had to come in
> that way. (a teacher)

According to the above reasoning, the actual topics
selected to be covered during a disability awareness program
could change somewhat from year to year in order to reflect
the situations of the students. One person, who works for a
large agency that has supported many disability awareness
programs, pointed out the following:

If you look at the statistics, the percentage of people who are blind or hearing impaired is very small compared to people who have a learning disability or have a chronic illness. And they're more likely to come into contact with that population than with someone who is profoundly deaf or blind.

Although some might conclude that basing the selection of topics on the actual experiences of the students could limit the scope of programs, one community volunteer, who is a disability rights advocate, suggested somewhat amusingly, "Inevitably at the beginning (of a program), no one has a family member who is disabled; but at the end, everyone does and has admitted it".

Learning disabilities -

Interviewees strongly emphasized the importance of covering learning disabilities. However, they also maintained that even though learning disabilities are very prevalent, they are not that easy to explain. Comments that underscored this included:

Learning disabilities are important because so many kids have them, and they are the most predominant disability; and if you don't address that one, then you're really missing the boat with an awful lot of kids. (a person who works for an agency)

I don't think it (learning disabilities) is one that I do that well, but I still discuss it anyway. (a teacher)

It's a delicate thing, but I always try to get the kids to think about how some of them may have difficulty doing some things, like learning. (a community volunteer who is also disabled)

One person, who works for an agency that focuses much attention on serving children with learning disabilities, summarized the absolute necessity of selecting learning disabilities as a primary topic for programs and offered some advice:

> If we want to be sure that learning disabled children have a reasonable social chance, ususally people think only in terms of academics, . . . but if we want to help these kids to be more socially accepted, then the school should target that kind of a disability so that both the teacher and the students in the school come to understand more about it. . . . You talk to specialists in the field, and they don't understand everything, and yet everybody has some consensus about learning disabilities, and I think that could get across to kids.

4. Materials and instructional strategies

Question   — What materials and instructional strategies should be used?

Proposition — A wide variety of carefully selected materials and instructional approaches that don't rely on traditional methods of textbooks and worksheets should be used.

Statistical results.

Based on an analysis of the questionnaires, there is no doublt that a wide variety of carefully selected materials and instructional approaches that don't rely on traditional methods of textbooks and worksheets should be used. When

there were no limitations as to the number selectexd, eight out of the 14 listed materials and instructional approaches (class discussions, interactions with disabled students, books or stories, films or video tapes, presentations by disabled adults, simulation activities, puppet shows, and role-play, respectively) were considered as important to use by at least 50% of the respondents. When limited to selecting only four, four materials and instructional approahes (presentations by disabled adults, class discussions, interactions with disabled students, and simulations, respectively) were still selected by more than 50% of the participants, while the traditional methods of student worksheets and textbooks were selected by only 1.2% of the the participants.

   Direct comments.

   Presentations by disabled adults -

   Interviewees considered presentations by disabled adults to be tremendously important, but they also expressed that these should be arranged carefully in order to ensure that presenters are both well adjusted and able to relate well to children. Representative comments included:

> If kids know someone who has a disability, they need to have someone like (names of actual people) . . . who are very competent people, to come and talk to them. (a person who works for an agency)

Just bringing in anyone with a disability and assuming they can communicate necessary information simply because they have a disability would be a mistake. (a questionnaire respondent)

You can get anybody in this world who knows about disability related issues. But if that person doesn't know about children or how they work, or have direct experience working with children, it's not going to work. (a community volunteer)

Simulation activities -

Interviewees also acknowledged the potential value of simulation activities if these are introduced carefully. Typical comments included:

We learned a lot doing these (simulation activities). The kids got a feel for what it's like to be disabled. (a teacher)

Children should be able to play with the adaptive equipment, to demystify it. . . . (Simulations) will help them recognize and deal with any discomfort and fears. (a questionnaire respondent)

Others crticized the efforts of some to make simulation activities too formal. One community volunteer who is also disabled remarked, "I don't think much of these experiential exercises, of making kids finish running around with their blindfold in 15 minutes and drinking their apple juice. Have the equipment available and accessible without being so structured".

One person, who works for an agency that has been very invovled with presenting and examining programs, offered the following insights:

What we found through simulation activities where kids
got to learn first hand what it might be like if you had
a visual impairment, was that the kids did gain a better
understanding of what it was like to have a visual
impairment, but that they didn't gain a sense of the
more emotional side. The kids were scared. They became
frightened in some way. They understood more, but they
were less likely to approach a kid who was visually
impaired because they were more afraid.

The same person suggested that if a visually impaired

person, had been present during the simulation activities to

explain what it's like to have the impairment and how it's

possible to cope and have a pretty constructive life, then

the experience would have had much more value.

Interactions -

Interviewees strongly endorsed providing nondisabled

students with the opportunity to interact with disabled

students. However, they did not at all recommend that

disabled students be asked to make presentations.

Interviewees indicated rather, that interactions with

disabled students should happen through mainstreaming in as

natural a way as possible. Comments that supported this

included:

I don't know if I would want to put that kind of
pressure on a disabled child, to be used as an example
of a disabled person. (a person who works for an agency
and who knows personally the experience of being used as
a poster child)

It's (having disabled children make presentations) a
little bit of a risky thing. Maybe it's better if an
adult who has a disability were there to do it. (a
person who works for an agency)

We need to have children mainstreamed, no big
thing, not to draw attention to them. Let it be an
integrated process. (a teacher)

. . . simply arrange joint kinds of activities, maybe a
trip, maybe a science project, something in which the
two groups of children interact, some issue that doesn't
have anything to do with disabilities. (a community
volunteer)

If the school system doesn't have it (mainstreaming),
then they should somehow manage to get these disabled
youngsters into the school. (an administrator for the
central office of a school department)

Setting up interactions was also viewed as a two-way
process requiring the close cooperation of regular and
special education staff. One person, who works for a large
agency that monitors mainstreaming, described the experience
of a special education teacher who first invited regular
education students into her room:

The first event was a puppet show which was a
combination of a science lesson which she (the special
education teacher) had done with her children, who were
mentally retarded. She did not even enter into it (the
disability). . . . The next thing that happened was that
the regular classroom teacher invited the (special
needs) children into her class for a specific activity.
And this is how they did their interaction, around an
activity. It wasn't artificial.

Although interactions with disabled students were thought
of as being extremely valuable, interviewees stressed that
these had to be arranged carefully. One person, who works
for the central office of a school system, maintained,
"You've got to set the stage in school and structure these
experiences. You don't just bring in the disabled without

some meaningful introduction".

Another person, who works for an agency that promotes mainstreaming, summarized the concerns of many other interviewees and offered the following advice:

> There are a lot of problems that can arise (with interactions), and if the teacher is not sensitive to that knd of thing, then the mainstreaming can really be more harmful than good. And yet, . . . I do believe that there should be mainstreaming, but that when it occurs, it has to be acknowledged that it is occuring and that there are certain issues that have to be addressed.

5. Resources

Question   — What resources should be provided to homeroom teachers of participating students?

Proposition   — Homeroom teachers of participating students need and deserve appropriate resources, and program consultants and specialists should be made available.

Statistical results.

Based on an analysis of the questionnaires, it is evident that respondents felt that homeroom teachers of participating students need and deserve a number of appropriate resources, and that program consultants and specialists should be one of these. Using the calculated

mean figure, four resources (in-service training workshops, appropriate instructional materials, program consultants/ specialists, and complete curriculum kits, respectively) were rated as being very useful. It was also determined, through the Chi Square tests, that complete curriculum kits were considered as being significantly more useful by persons who presented programs to students in the larger school systems.

Direct comments.

Training -

The resource that was most talked about, and the one that rated highest on the questionnaire, was in-service training. Adequate training was viewed as an absolutely essential precondition for initiating disability awareness programs. Remarks that supported this conviction included:

> Homeroom teachers have to be involved. They have to be trained. They need to feel more comfortable themselves about disabilities. (a community volunteer)

> I would like to see it (the training) even more structured, so that teachers would be more tactful about explaining specific disabilities to children so as not to set up any (disabled) child for potential ridicule. (a teacher)

One person, who works for an agency that conducts in-service workshops, pointed out how sessions on disability awareness can provide the additional advantage of bringing together special education and regular education teachers:

Most regular education teachers have not been exposed to special education issues, not that this would be a special education issue per se, but rather that discussing special needs in general would have several benefits. I think it would help regular and special education teachers work together and have more understanding. . . . Special education teachers usually have good information about disabilities, . . . and they would be a critical person to get involved in programs.

Other resources –

Participants emphasized the necessity of providing homeroom teachers with adequate materials and support. Remarks that underscored this belief included:

I don't think the teacher should have to spend time collecting reading materials and contacting people who are to come in. (a community volunteer)

Initially there needs to be some sort of a kit that they (teachers) could do a beginning lesson with and then use for follow-up. (a person who works for the central office of a large school system)

On-site assistance and program coordination were definitely considered to be invaluable. Representative comments included:

If I didn't get some help with it (disability awareness), then I wouldn't be able to do that much. (a teacher)

. . . disabled adults should participate throughout the course of this unit, not just as speakers, but as competent persons in a leadership role. (a questionnaire respondent)

There definitely should be a coordinating team of persons who are familiar with the materials and who are comfortable with disability issues, so that they can act as supervisors and ensure the activities going on are well done. You want quality control at all levels of the

program, and that's probably most critical. (a person who works for an agency that has evaluated some disability awareness programs.

6. Design of programs

Question   -   Who should determine the design of

programs?

Proposition   -   Many should be involved in determining the

design of programs, and states' departments

of education should provide their input.

Statistical results.

Based on an analysis of the questionnaires, three

persons and organizations (local organizations of disabled

persons, homeroom teachers of participating students, and

special education teachers in participating schools,

respectively) were rated as being very useful. The

involvement of the State Department of Education was not

considered to be a high priority, since it was rated last

out of the seven listed persons and organizations.

Direct comments.

Support of local school systems -

Interviewees indicated that designing effective

disability awareness programs is a complex process that

demands the active support of the local school system.

Representative comments included:

> A school system would obviously have to take major
> responsibility for initiating the program, . . . and for
> bringing together people who are effective advocates and
> spokespersons for the kids with special needs. (a person
> who works for an agency)

> Any school system that's interested should explore the
> various programs and sit in on them and observe them. (a
> community volunteer)

> Programs have to be researched and studied, and then
> grants written so they can be piloted. (a person who
> works for an agency)

> It's time (for school systems) to bring it into the
> classroom now, not in a showcase or fishbowl fashion,
> but in a meaningful way. (a teacher)

Persons from within and outside the schools -

Interviewees argued that many different persons from

both within and outside the schools should be involved in

the design of programs and shared some interesting insights.

Typical comments included:

> The curriculum should be developed by people who have
> experience and backgrounds in disability (issues), and
> by persons who have classroom experience. (a teacher)

> Local organizations of disabled persons are the
> authorities on specific disability issues and their
> participation (in the design process) is essential. (a
> person who works for the central office of a school
> system)

> The principal is a key person because, . . . the success
> of your program and the way it's greeted by your
> teachers is going to be determined by the atmosphere
> that the principal has set up in the school already. (a
> person who works for an agency)

> . . . (since) disabled kids are often integrated into
> special class areas like music, gym, and cooking, it

sometimes becomes more important to get those people
involved. (a person who works for an agency)

Homeroom teachers are the most important persons to
involve in the design of programs because they are the
ones who know best the needs of the kids. (a teacher)

If the teachers don't like the curriculum, it's dead.
(a community volunteer)

Special education teachers usually have good information
about disabilities, . . . and they would be a critical
person to get involved in programs. (a person who works
for an agency)

Basically, they (the organizations of disabled persons)
get a hold of what they think the needs are and introduce
them to the principal and the teachers, . . . and elicit
ideas and suggestions from them. (an administrator who
works for the central office of a school system)

We've created activities and they (the persons within
the school) pick those that they feel comfortable about
and can work with . . . I encourage them to experiment.
(a person who works for an agency)

7. Ensuring implementation of programs

Question   — Who should ensure the successful

              implementation of programs?

Proposition — Many should be involved in ensuring the

              successful implementation of programs, and

              homeroom teachers' support is crucial.

Statistical results.

Based on an analysis of the quantitative findings, only

two persons and organizations (homeroom teachers of

participating students and special education teachers in

participating schools, respectively) were rated as being very useful. It was also determined, through the Chi Square tests, that participants who worked for the school or local school system rated the involvement of homeroom teachers as being significantly more useful, and that persons who did not work for the school or local school system rated the involvement of local organizations of disabled persons as being significantly more useful. Homeroom teachers' support was definitely considered the single most important factor in ensuring the successful implementation of disability awareness programs.

Direct comments.

As was the case in determining the design of disability awareness programs, interviewees acknowledged that ensuring the successful implementation of programs is a complex process. One teacher, who is also disabled, argued that before trying to implement programs in schools, a first step should be to encourage more organizations to promote disability awareness to the general public:

> We (disabled persons) need to influence more groups like Lions Clubs and local government agencies to emphasize that there are disabled people who are successful. . . . We need to use the media, and television is one of the best, to show what disabled people have accomplished.

Persons from within and outside the schools -

Interviewees also emphasized that as many persons as

possible from both within and outside the schools should be involved with the implementation of programs. Comments that reflected this belief included:

> Use disability groups that are organized in the community. They are very cooperative. (a person who works for an agency)
>
> A core group of committed parent volunteers can make a big difference (a community volunteer)
>
> Special education teachers have a lot of expertise. . . . I think they're a critical person to get involved. (a person who works for an agency)

Homeroom teachers -

Participants definitely considered homeroom teachers to be the most important persons for ensuring the successful implementation of programs. Homeroom teachers were viewed as the central instructional person for children's learning experience. Their enthusiastic support and participation in disability awareness was seen as a critical factor.

Representative comments included:

> The program will not be effective unless the teacher backs it up completely in the classroom. (a person who works for an agency)
>
> Even if they're not running the workshops, teachers have to expand upon these lessons during the course of a school year. (a questionnaire respondent)
>
> We're the ones who have to make sure that this mainstreaming works. (a teacher)
>
> The teachers should be the most enthusiastic to implement the program. (a community volunteer)

Unfortunately, however, a number pf interviewees also
expressed serious concerns as to whether or not some teachers
are prepared enough to help implement programs successfully.
Typical remarks included:

> My concern is the attitudes of some teachers, and if
> they are fearful or confused about the issues, that will
> come across on the kids. (a person who works for an
> agency and is also disabled)

> I've seen teachers be very well meaning but
> paternalistic, and they keep children on a "they're
> (disabled persons) very different" attitude. (a teacher)

> I once saw somebody doing disability awareness, and the
> teacher was correcting papers and drinking coffee, and
> that gave the signal to the children that she thought it
> (the program) was not really all that important. (a
> person who works for an agency)

> It's just the nature of things that some teachers can
> handle it (disability awareness) better than others. (an
> administrator for the central office of a school
> department)

Despite these potential problems, interviewees argued
that more teachers certainly have to get involved in
disability awareness if programs are going to have a
significant impact. They alao emphasized again that without
sufficient resources, it is questionable as to how effective
even well-meaning teachers can be in ensuring the successful
implementation of disability awareness programs.

CHAPTER V

SUMMARY AND CONCLUSIONS

Background

Large numbers of persons in this country continue to
encounter much misunderstanding and discrimination because
they have a disability. Mainstreaming and integration are
important goals. However, the degree to which they are
achieved depends to a large extent on the knowledge,
attitudes, and behaviors of those who do not have a
disability.

Although most children have seen or met a person with a
disability, and although many deal on a regular basis with a
disabled or chronically ill relative, neighbor, or peer,
most children still have many misconceptions about
disabilities and about persons with disabilities (Barnes,
Berrigan, & Biklen, 1978; Biklen & Bogdan, 1977; Grant,
1980). Children have numerous questions about disabilities.
They also often feel uncomfortable around and are not always
sure what positive interaction with persons with
disabilities is all about (Gottlieb, 1980; Gresham, 1982;
Hazzard, 1981; Johnson, 1983; Wright, 1973). In addition,
children frequently wonder about and can become very
conerned over their own particular physical and mental

differences (Stein, 1974). Children certainly need to learn
more about differences, and they need to feel more at ease
and have more positive interactions with persons with
disabilities. Unfortunately, few have had the opportunity
to do so in their classrooms.

In response to this situation, disability awareness
programs have recently been initated in a number of
communities and schools across the country. Some of these
programs have been created entirely at the local level.
Others have been based on or adapted from some of the newly
developed curricula materials. Although there has been some
publicity, the vast majority of classroom teachers still
have little knowledge about disability awareness, and so
most students have still not been exposed to programs.
Teachers and other persons interested in initiating programs
need more information about disability awareness. They need
to learn about the insights and recommendations of persons
experienced in presenting programs.

The Study

The purpose of this study was to identify and examine
recommendations for the design and implementation of
disability awareness programs for elementary students from
the perspective of those who have been directly responsible
for presenting programs. The data base used for this study

was 82 persons who had been involved with presenting programs in Massachusetts to students in grades three, four, or five. These 82 program "pioneers" had been recommended by disability awareness experts working in the Commonwealth of Massachusetts.

The 82 participants represented a variety of backgrounds. Their positions, relative to the schools in which programs were presented, included: teachers, principals, counselors, paraprofessionals, central office administrators, school department support staff, representatives of agencies, paid consultants, and community or parent volunteers. As a group, participants had presented programs to students in cities and towns of various sizes. Although this was not included as one of the background categories, many participants also indicated that they had a disability.

All 82 participants completed a questionnaire that was a revised copy of one that had been used in an earlier pilot study. A statistical analysis of these questionnaires was made with the assistance of the Computing Services Department of the University of Massachusetts Harbor Campus. In addition, 15 of the participants, who had expressed an interest and who represented the various backgrounds listed above, also participated in a follow-up interview. The audiotapes of the interviews were transcribed and all responses were grouped thematically. Subsequently, a

thorough analysis of both the statistical results and the
direct comments from interviews and questionnaires was
completed in order to address the general questions and
corresponding propositions that were listed in Chapter I.
The following are the major conclusions that have been drawn
from this study.

Conclusions

Disability awareness programs should definitely aim to
help students improve their interactions with persons who
have disabilities as well as to help students increase their
knowledge about and improve their attitudes toward persons
with disabilities (Cohen, 1983; Hazzard, 1981; Jenkins,
Speltz, & Odom, 1985; Salend & Knop, 1984; Siperstein & Bak,
1980; Slavin, 1986). Helping increase students'
understanding and helping students feel more comfortable
about persons with disabilities are important goals in and
of themselves. However, helping students to be more willing
and better able to interact more positively with persons
with disabilities is the ultimate goal of disability
awareness. For this reason, the cognitive and affective
goals of disability awareness programs nust be linked
closely to the behavioral goal of improving the quantity and
quality of interactions between disabled and nondisabled
children.

Recognizing that beliefs, attitudes, and behaviors are learned and conditioned over many years, it is important to note that the factors leading to the formation of these regarding persons with disabilities are quite complex (Conant & Budoff, 1983; Hazzard, 1981; Livneh, 1982; Nezer, Nezer, & Siiperstein; Strain, Odom, & McConnell, 1984)). Educators cannot expect to find quick and easy solutions to the problem of handicapism. As has been documented through the experiences of other minorities, achieving the goal of successful integration requires much energy, time, and support (Beal & Mayerson, 1982; Bowe, 1978; Funk, 1986; Grant, 1980; Jackman, 1983; Zames, 1982). School systems should not delude themselves into thinking that offering students isolated and limited disability awareness activities is a sufficient enough committment to achieve the above mentioned goals. In order to be effective therefore, it is recommended that at least 15 to 20 total classroom hours be designated for disability awareness programs for students in grades three, four, and five.

There are indeed many different kinds of disabilities, and it is important that many different topics be covered during the course of a program (Bookinder, 1978; Brightman, Story, & Richman, 1978; Sullivan, Brightman, & Blatt, 1979; West 1983). Disabilities such as visual imapirments, hearing impairments, orthopedic/motor impairments, and mental retardation are very popular topics. However, it was

emphasized that students should discuss any other disability (even if these are less noticeable and/or harder to understand) that people they mormally encounter may have. Learning disabilities are prevalent in most schools (Fiske, 1984). It is important therefore, that these be dealt with in every program. It is also important for students to recognize that there are degrees of impairment and that not all people having the same disability are alike. It is not recommended though, that discussions about any disability topic become too technical. Presenters should present only a general discussion of the actual impairments and should focus instead on the abilities and normalcy of the persons with the particular disability being covered.

Appropriate materials and instructional approaches are crucial for successful disability awareness programs (Anderson, Del-Val, Griffin, & McDonald, 1983; Binkard, 1985; Dobo, 1982; Engel, 1980; Kilburn, 1984; Potter, 1985; Salend & Knops, 1984; Watson, 1984). A wide variety of materials and instructional approaches that don't rely on textbooks and worksheets are recommended. These include: interactions with disabled students, class discussions, presentations by disabled adults, books or stories, films or video-tapes, simulation activities, puppet shows, and role-plays. All materials and instructional approaches should be selected and tailored carefully by program coordinators along with teachers to suit the particular

needs and interests of students. Special emphasis was placed on the need for both providing students with the opportunity to meet competent disabled adults who can relate well to children, and for "seting the stage" for natural yet guided interactions with disabled students. Extreme caution was urged to ensure that all of the above mentioned materials and experiences are used in such a way as to achieve the goals of helping students improve their awareness of, attitudes toward, and interactions with persons with disabilities.

Teachers involved with a new and comprehensive effort like disability awareness need many resources (Anderson, Del-Val, Griffin, & McDonald, 1983; Froschl & Sprung, 1983; Hazzard, 1981; Lieberman & Miller, 1984; Siperstein & Goding, 1985; Watson 1984; Zerchykov, 1985). Recognizing that many adults also have misunderstandings and umcomfortable feelings about disabilities, high quality in-service is viewed as an absolutely necessary precondition for initiating programs. The committment and positive attitudes of teachers toward disability awareness programs are vital, and everything possible should be done to enlist these before implementing programs in classrooms. In addition, appropriate instructional materials should be provided, and, particulary in large school systems, complete curriculum kits should be made available. Program consultants/specialists should assist teachers in setting up

and, when needed, in modeling classroom sessions. They
should be responsible for helping teachers become more
comfortable about presenting the unit, and they should offer
suggestions for appropriate follow-up activities. A program
coordinator should also be designated by the local school
department, and this person should take special effort to
ensure that programs are being implemented effectively.

Persons from both within and outside the school system
should be involved in the design of programs. Local
organizations of disabled persons are viewed as being very
useful since they naturally can provide extensive
information and personal contacts. Homeroom teachers' input
is strongly encouraged because they are the persons who are
most familiar with students, and they are ultimately most
responsible for instructing and guiding them through change.
Special education teachers are also considered important
because they have much expertise in dealing with children
who are disabled and because their support and efforts for
facilitating more positive interactions are absolutely
necessary.

As many persons as possible should also become involved
in the implementation of programs. Parents can be very
helpful in assisting with activities in the classroom, and
the active support and enthusiasm of principals are crucial.
Although they should not take primary responsibility for
their implementation, local organizations of disabled

persons can certainly contribute significantly to programs.
Here too, special education teachers must play an important
role, particularly in those activities that directly involve
mainstreaming. Without question though, the key person for
ensuring the successful implementation of disability
awareness programs is the homeroom teacher. Facilitating
their active and positive support in implementing programs
must always be considered as much of a priority as the
actual activities themselves.

Final Statement

Perhaps in the distant future there will be no need for
special disability awareness programs. Perhaps the goals of
mainstreaming and integrating persons with disabilities will
have been achieved. Then there will be no need for separate
units about disabilities and about persons with
disabilities. Then these topics will be infused throughout
the curricula and discussed as they arise naturally. Until
that time however, when the general public is more aware of
the situation faced by millions of Americans with
disabilities (a situation that is caused more by socially
and environmentally imposed barriers than by physical or
mental limitations), effective disability awareness programs
need to be presented to children.

Disability awareness cannot be treated haphazardly.

School systems have to initially invest in programs by providing extensive training, sufficient resources, and on-site consultation and support. Persons from both within and outside the schoools need to collaborate in designing programs. Classroom teachers, with assistance, need to wholeheartedly endorse and implement recommended activities. Presenting effective disability awareness programs does certainly entail a large amount of effort. However, the goal of creating a society in which people can positively relate to each other despite differing abilities, and where people of all abilities can achieve the fullness of their potential, is a dream that can, if we we work at it, become a reality.

APPENDIX A

QUESTIONNAIRE

August 15, 1986

Dear Disability Awareness Program Presenter,

     As part of my individual research for my dissertation
in instructional leadership and as part of an effort to help
promote disability awareness in the Boston Public Schools, I
am asking for your response to the attached questionnaire.

     My doctoral research is in analyzing the
recommendations of program presenters about the design and
implementation of disabililty awareness programs for
elementary students in grades three, four, and five. I have
been active in initiating disability awareness in the Boston
Public Schools, and I have recently been asked to chair a
task force to develop a plan for implementing a
comprehensive program in our system. You have been
identified as one of the "pioneers" of disability awareness
programs, and I believe that experienced presenters and
educators like yourself have the best expertise to help
school systems plan and implement programs. Most elementary
teachers still have no idea how to do disability awareness.
Your input on this questionnaire is valuable.

     Please read and sign the written consent form on the
back of this letter, complete the questionnaire, and return
it to me in the enclosed self-addressed stamped envelope.

     Thank you for your assistance.

Sincerely,

William Henderson
25 Lindsey Street Dorchester, Ma. 02124
(617) 436-7374

WRITTEN CONSENT FORM-QUESTIONNAIRE

Recommendations of Program Presenters About the
Design and Implelmentation of Disability Awareness Programs
for Elementary Students

research conducted by William W. Henderson Jr.

As a doctoral student at the School of Education at the University of Massachusetts at Amherst, my individual research is focused on determining what program presenters think should happen in disability awareness programs for students in grades three, four, and five.

One major component of the research for my study is a questionnaire distributed to persons who have presented disabillity awareness programs in the Commonwealth of Massachusetts. I ask for your voluntary written consent below to participate in the questionnaire. This questionnaire will center around your recommendations for disability awareness programs for students in grades three, four, or five. Results of my research will be available for review by June, 1987 in the UMASS Boston Secondary Schools Project office, Room 1104, 250 Stuart St., Boston, MA 02116. Any question you have regarding the research can be addressed to me at: 25 Lindsey St., Dorchester, Ma. 02124, (617) 436-7374.

The questionnaire will take approximately 15 minutes to complete. Each questionnaire and subsequent documentation will be coded to maintain full anonymity. In all the documentation that may result from your questionnaire, I will not use your name, the name of your school, or the specific names of others you use within the survey. I will use the results of the questionnaire in my dissertation, subsequent journal asrticles, presentations, reports, and related academic work. Within 30 days of completing the questionnaire, you may freely elect to withdraw from participating and request that the questionnaire not be used in my research. In addition, you may withdraw your consent to have specific excerpts from your questionnaire used in any documentation within 30 days of completing the survey. Pleasse notify me of such requests in writing.

In signing this form you agree to the use of the
materials from your questionnaire as indicated above. If I
desire to use the materials from the questionnaire in any
way not consistent with what is stated above, I will contact
you to obtain your additional written consent. In signing
this form, you are also assuring me that you will make no
financial claims on me for the use of the materials in your
questionnaire. Finally, in signing this form, you are
stating that no medical treatment will be required by you
from the University of Massachusetts should any physical
injury result from participating in completing the
questionnaire.

    I, _____ have read the
above statement and agree to participate in completing the
attached questionnaire under the conditions stated above.

_____   _____
    (signature of participant)   (date)

_____
    (signature of researcher)

Questionnaire on Disability Awareness

1) Approximately how many years have you been involved with presenting disability awareness programs to students in grades three, four, or five:

_____ years experience

2) Please describe your primary position in the school/s in which you have been involved with presenting disability awareness programs to students in grades three, four, or five:

_____

Which of the following would best categorize this position:

_____ a) You worked as a staff member for the particular school (i.e. teacher, principal, counselor, or aide).

_____ b) You worked for the local school department as a whole rather than for any particular school (i.e. curriculum specialist, special project director, central office administrator).

_____ c) You worked as an individual paid consultant or as a staff representative from any other agency not part of the local school system.

_____ d) You were a parent or community volunteer.

3) Which of the following would best approximate the size of the school system in which you have been most involved with presenting disability awareness programs to students in grades three, four, or five:

_____ a) 1-7 total number of elementary schools.

_____ b) 8-14 total number of elementary schools.

_____ c) 15 or more total number of elementary schools.

4) Approximately how much total classroom time during the entire school year do you think is needed to present an effective disability awareness program to students in grades three, four, or five:

_____ total classroom hours

5) Please check (as many as you want) the topics that you think should be covered during the course of a disability awareness program for students in grades three, four, or five:

____ visual impairments   ____ orthopedic/motor impairments

____ diabetes   ____ chronic disease and pain

____ mental retardation   ____ emotional disorders

____ learning disabilities   ____ hearing impairments

____ addictions   ____ multiple sclerosis

____ epilepsy   other   (please specify

____ asthma   ____   _____

____ cerebral palsy   ____   _____

Of the topics listed above, circle the 4 that you think are the most important to cover in a disability awareness programm for students in grades three, four, or five.

6) Please check (as many as you want) the materials or instructional approaches that you think should be used during the course of a disability awareness programs for students in grades three, four, or five:

____ books or stories   ____ films or videotapes

____ records or cassettes   ____ puppet shows

____ simulation activities   ____ role-play

_____ class discussions   _____ student worksheets

_____ field trips   _____ research projects

_____ school-wide fairs   _____ textbooks

_____ presentations by   other (please specify)
      disabled adults

                               _____ _____

_____ interactions with
      disabled students   _____ _____

     Of the materials and instructional approaches listed
above, circle the 4 that you think are the most effective to
use in disability awareness programs for students in grades
three, four, or five.

7) Please rate 1-5, the value of the following resources
for those elementary classroom teachers whose students
participate in disability awareness programs:

     1 - not useful
     2 - perhaps useful
     3 - useful
     4 - very useful
     5 - extremely useful

a) in-service training workshops.......... 1   2   3   4   5

b) graduate level courses................. 1   2   3   4   5

c) teacher guides and resource books...... 1   2   3   4   5

d) program consultants/specialists........ 1   2   3   4   5

e) complete curriculum kits............... 1   2   3   4   5

f) appropriate instructional materials.... 1   2   3   4   5

g) other (please specify)................. 1   2   3   4   5

_____

8) Please rate 1-5, the value of the following persons or organizations for determining the design of disability awareness programs for students in grades three, four, and five:

    1 -   not useful
    2 - perhaps useful
    3 -   useful
    4 - very useful
    5 - extremely useful

a) homeroom teachers of participating students 1 2 3 4 5

b) parents of participating students.......... 1 2 3 4 5

c) principals in participating schools........ 1 2 3 4 5

d) special ed. teachers in participating
    schools.................................. 1 2 3 4 5

e) the local school system or school
    department............................... 1 2 3 4 5

f) the State Department of Education.......... 1 2 3 4 5

g) local organizations of disabled persons.... 1 2 3 4 5

h) other (please specify).......................1 2 3 4 5

_____

9) Please rate 1-5, the value of the following persons or organizations for ensuring the successful implementation of disability awareness programs for students in grades three, four, and five:

    1 -   not useful
    2 - perhaps useful
    3 -   useful
    4 - very useful
    5 - extremely useful

a) homeroom teachers of participating students 1 2 3 4 5

b) parents of participating students.......... 1 2 3 4 5

c) principals in participating schools........ 1 2 3 4 5

d) special ed. teachers in participating
        schools................................. 1 2 3 4 5

e) the local school system or school
        department............................. 1 2 3 4 5

f) the State Department of Education.......... 1 2 3 4 5

g) local organizations of disabled persons..... 1 2 3 4 5

h) other (please specify).........................1 2 3 4 5

_____

10) Please list what you think should be designated as the
primary goals of disability awareness programs for students
in grades three, four, or, five:

11) What other recommendations might you suggest for the
future design and implementation of disability awareness
programs for students in grades three, four, or five?
(Please use back of this paper.)

APPENDIX B

INTERVIEW

WRITTEN CONSENT FORM-INTERVIEW

Recommendations of Program Presenters
About the Design and Implementation of
Disability Awareness Programs for Elementary Students

research conducted by William W. Henderson Jr.

As a doctoral student at the School of Education at the University of Massachusetts at Amherst, my individual research is focused on determining what program presenters think should happen in disability awareness programs for students in grades three, four, and five.

One major component of the research for my study is to interview persons who have experience presenting disability awareness programs. I ask for your voluntary written consent below to participate in the interview.

This interview will center around your recommendations about the design and implementation of disability awareness programs for students in grades three, four, and five. It will take approximately 60 minutes to complete. The interview will be taped and subsequently transcribed, but it will be coded to maintain full anonymity. In all the documentation that may result from your interview, I will not use your name, the name of your school, or the specific names of others you may mention.

Results of my research will be available for review by June 1987, in the BSSP office, Room 1104, 250 Stuart St., Boston, MA 02114. Any questions you have concerning the research can be addressed to me at any time at: 25 Lindsey St., Boston, MA 02124, 436-7374.

Finally, in signing this form, you are assuring me that you will make no financial claims on me or the University of Massachusetts for the use of any information resulting from this interview.

I, _____ have read the above statement and agree to participate in the interview under the conditions stated above.

_____   _____
(signature of participant)   (date)

_____
(signature of researcher)

INTERVIEW QUESTIONS

1) Please describe the disability awareness programs for grade three, four, and five students in which you have been involved.

2) What would you say have been the major strengths of these programs?

3) What would you say have been the major areas in which these programs could be improved?

4) What do you feel should be the primary goals or impact of disability awareness programs for students at this level?

5) Do you feel that structured interactions with disabled students should be a component of disability awareness programs and, if so, how do you think they should be included?

6) Do you feel that students should discuss less noticeable and sometimes referred to as hidden handicaps (e.g. learning disabililties, asthma, and diabetes) as well as the more visible handicaps?

7) What do you think should be the role of the homeroom teacher in a disability awareness progrm?

8) What do you perceive to be the potential problems or dangers of disability awareness programs for students in grades three, four, or five?

9) What suggestions would you make for ensuring the most successful design and implementation of disability awareness programs for students in grades three, four, or five?

10) what other recommendations would you make about disability awareness programs for students in grades three, four, or five?

APPENDIX C

RESULTS OF QUESTIONNAIRE

Questionnaire on Disability Awareness

1) Approximately how many years have you been involved with presenting disability awareness programs to students in grades three, four, or five:

<u>4.68</u> median years experience

2) Please describe your primary position in the school/s in which you have been involved with presenting disability awareness programs to students in grades three, four, or five:

(answers varied - categories reflected below)

Which of the following would best categorize this position:

<u>32</u> (39.0%) a) You worked as a staff member for the particular school (i.e. teacher, principal, counselor, or aide).

<u>11</u> (13.4%) b) You worked for the local school department as a whole rather than for any particular school (i.e. curriculum specialist, special project director, central office administrator).

<u>25</u> (30.5%) c) You worked as an individual paid consultant or as a staff representative from any other agency not part of the local school system.

<u>14</u> (17.1%) d) You were a parent or community volunteer.

3) Which of the following would best approximate the size of the school system in which you have been most involved with presenting disability awareness programs to students in grades three, four, or five:

<u>32</u> (40.0%) a) 1-7 total number of elementary schools.

<u>14</u> (17.5%) b) 8-14 total number of elementary schools.

<u>34</u> (42.5%) c) 15 or more total number of elementary schools.

(Note: Two participants checked all three boxes and so their responses were not tabulated for this item.)

4) Approximately how much total classroom time during the entire school year do you think is needed to present an effective disability awareness program to students in grades three, four, or five:

<u>17.0</u> median total classroom hours

5) Please <u>check</u> (as many as you want) the topics that you think should be covered during the course of a disability awareness program for students in grades three, four, or five:

<u>78</u> (95.1%) visual impairments

<u>39</u> (47.6%) diabetes

<u>79</u> (96.3%) mental retardation

<u>71</u> (86.6%) learning disabilities

<u>34</u> (41.5%) addictions

<u>53</u> (64.6%) epilepsy

<u>41</u> (50.0%) asthma

<u>60</u> (73.2%) cerebral palsy

<u>74</u> (90.2%) orthopedic/motor impairments

<u>31</u> (37.8%) chronic disease and pain

<u>50</u> (61.0%) emotional disorders

<u>77</u> (93.9%) hearing impairments

<u>40</u> (48.8%) multiple sclerosis

(Note: No topic was indicated more than four times for the "other" category on this questionnaire item.)

Of the topics listed above, <u>circle</u> the <u>4</u> that you think are the most important to cover <u>in a disability</u> awareness programm for students in grades three, four, or five.

<u>62</u> (75.6%) visual impairments

<u>02</u> (02.4%) diabetes

52 (63.4%) mental retardation

39 (47.6%) learning disabilities

08 (09.8%) addictions

03 (03.7%) epilepsy

01 (01.2%) asthma

11 (13.4%) cerebral palsy

55 (67.1%) orthopedic/motor impairments

03 (03.7%) chronic disease and pain

20 (24.4%) emotional disorders

55 (67.1%) hearing impairments

04 (04.9%) multiple sclerosis

6) Please check (as many as you want) the materials or instructional approaches that you think should be used during the course of a disability awareness programs for students in grades three, four, or five:

72 (87.8%) books or stories

40 (48.8%) records or cassettes

69 (84.1%) simulation activities

76 (92.7%) class discussions

35 (42.7%) field trips

18 (22.0%) school-wide fairs

72 (87.8%) presentations by disabled adults

73 (89.0%) interactions with disabled students

72 (87.8%) films or videotapes

68 (82.9%) puppet shows

59 (72.0%) role-play

23 (28.0%) student worksheets

26 (31.7%)   research projects

16 (19.5%)   textbooks

(Note: No material or instructional approach was indicated more than three times for the "other" category on this questionnaire item.)

Of the materials and instructional approaches listed above, circle the 4 that you think are the most effective to use in disability awareness programs for students in grades three, four, or five.

32 (39.0%)   books or stories

05 (06.1%)   records or cassettes

45 (54.9%)   simulation activities

50 (61.0%)   class discussions

04 (04.9%)   field trips

04 (04.9%)   school-wide fairs

54 (65.9%)   presentations by disabled adults

48 (58.5%)   interactions with disabled students

30 (36.6%)   films or videotapes

30 (36.6%)   puppet shows

19 (23.2%)   role-play

01 (01.2%)   student worksheets

02 (02.4%)   research projects

01 (01.2%)   textbooks

7) Please rate 1-5, the value of the following resources for those elementary classroom teachers whose students participate in disability awareness programs:

    1 - not useful
    2 - perhaps useful
    3 - useful
    4 - very useful
    5 - extremely useful

	mean	standard deviation
a) in-service training workshops	4.46	0.92
b) graduate level courses	2.79	1.05
c) teacher guides and resource books	3.68	0.98
d) program consultants/specialists	4.09	0.86
e) complete curriculum kits	4.00	1.03
f) appropriate instructional materials	4.37	0.76

8) Please rate 1-5, the value of the following persons or organizations for determining the design of disability awareness programs for students in grades three, four, and five:

    1 - not useful
    2 - perhaps useful
    3 - useful
    4 - very useful
    5 - extremely useful

	mean	standard deviation
a) homeroom teachers of participating students	4.09	0.96
b) parents of participating students	3.54	1.17
c) principals in participating schools	3.47	1.13
d) special ed. teachers in participating schools	4.09	0.89
e) the local school system or school department	3.37	1.16

f) the State Department of Education   3.00   1.23

g) local organizations of disabled   4.30   0.91
   persons

9) Please rate 1-5, the value of the following persons or
organizations for ensuring the successful implementation of
disability awareness programs for students in grades three,
four, and five:

    1 - not useful
    2 - perhaps useful
    3 - useful
    4 - very useful
    5 - extremely useful

	mean	standard deviation
a) homeroom teachers of participating students	4.65	0.65
b) parents of participating students	3.58	1.20
c) principals in participating schools	3.79	1.10
d) special ed. teachers in participating schools	4.11	1.02
e) the local school system or school department	3.54	1.10
f) the State Department of Education	2.98	1.17
g) local organizations of disabled persons	3.78	1.15

10) Please list what you think should be designated as the
primary goals of disability awareness programs for students
in grades three, four, or, five:

    66   (87%)   indicated knowledge related goals

    53   (70%)   indicated attitude related goals

    38   (50%)   indicated behavior/interaction related goals

(Note: Six participants did not indicate any goals and so
the per cent figure was calculated from a possible total of
76 respondents.)

11) What other recommendations might you suggest for the future design and implementation of disability awareness programs for students in grades three, four, or five? (Please use back of this paper.)

(Note: A thematic analysis of these responses was conducted according to the general questions and propositions outlined in Chapter 1. Significant responses are discussed in Chapter 4.)

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