

SAM: A CASE STUDY IN THE
DEVELOPMENTALLY HANDICAPPED SETTING,

MASTER'S PROJECT

Submitted to the School of Education
University of Dayton, in Partial Fulfillment
of the Requirements for the Degree
Master of Science in Education

by

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UNIVERSITY OF DAYTON

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Approved By:

Official Advisor

This project is dedicated to
Craig and my parents for the support and
encouragement they provided.

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CHAPTER I

INTRODUCTION

I began this study based on the precognition I would not be a special-education teacher for much longer. I drew this conclusion based on several factors. In the past four years, I have never had more than seven students. This year, I have eleven. We were moved to a classroom half the size of our old one. Most troubling was the great variance in I.Q. and ability among my students. As shown on Table I, Student A has an I.Q. of 80, making him a borderline placement, while student I, tested with an I.Q. of 55, which classifies him as moderately mentally retarded.

TABLE I

TABLE OF I.Q. SCORES AMONG PRIMARY D.H. STUDENTS

<u>STUDENT</u>	<u>TEST</u>	<u>SCORE</u>
A	WISC-R	80
B	WISC-R	71
C	WISC-R	70
D	STANFORD-BINET	80
E	STANFORD-BINET	78
F	STANFORD-BINET	76
G	STANFORD-BINET	75
H	STANFORD-BINET	74
I	STANFORD-BINET	70
J	STANFORD-BINET	61
K	STANFORD-BINET	55

In light of my decision to move to the regular classroom next year, I felt this was the ideal time to take a closer look at one student and evaluate his situation, thereby providing me the opportunity to offer some suggestions that might make one student's life a little better. Sam was my case-study because he has been a favorite student of mine, since I first met him in August of 1990. He was my student for only eight weeks, at which time he was removed from the care of his parents and placed in a foster home. This happened as a result of the principal and myself reporting several incidences of Sam being beaten about the face, chest, and neck. Sam also came to school one day with what appeared to be, and later was proved to be rope or twine burns around his neck. In November of 1990, I testified as to my observations and conversations with Sam and his brother.

According to records I examined from Sam's pre-school placement at the Belmar County Board of Mental Retardation, delays are the direct result of this mother's drug use during pregnancy, and little or no pre-natal care. Due to the family's low-socio-economic conditions and dysfunctional home-life, Sam suffers from malnutrition, un-regulated and sometimes over-medication and delayed social and communication skills. Sam is an enigma and a challenge. I feel that once the key to understanding him a little better can be found, the door to a vibrant, teachable child can be opened.

Finally, the method of this study can be applied to the children I will teach in the future. No doubt that in the regular classroom there are children with special problems that have not yet been identified. By scrutinizing the child who may not be ready for promotion or who may need to be placed in a developmentally handicapped or learning disability program, I as a teacher, can be a valuable part of the multi-disciplinary team that makes such decisions.

CHAPTER II

THE ANECDOTES

1/21/92

Name: Sam S.
Place of Birth: River City, Ohio
Date of Birth: 12/09/82
Address: 666 Easton Street
River City, Ohio 45000
Chronological Age: 9 years, 4 months
Mental Age: 5 years, 8 months
Special Placement: Primary Developmental
Handicapped Class

Sam lives at home with his parents, one younger brother, Darrin, born 4/6/84 and one younger sister, Cissy, born 10/23/85. Sam's brother is also placed in the D.H. Program; and at the present time his sister is being evaluated for placement too.

Sam's parents are unemployed. They are welfare recipients. Sam's father has severe health problems and Sam's mother suffers mental illness. Sam is receiving counseling at the local Community Mental Health facility. Unfortunately, communication between school and counselor has been limited as result of no response from the agency.

Sam has been my student throughout 1991/92 school year. Last year Sam was in my class for approximately eight weeks. At the end of that time, he was removed from his parents' home and placed in foster care by Childrens' Services. Sam was returned to his parents last summer. Sam's family's case worker and I have contacted each other and maintained good communication.

CLASSROOM OBSERVATIONS

1/21/92

Sam did not come to school today.

1/22/92

Sam and his brother "D" (both in D.H.) returned to school today. "D" said his parents hadn't realized there was school yesterday (Monday had been a holiday). He brought in a doctor's excuse making reference to a lump I had noticed in Sam's shoulder (last Friday). "D" had been responsible for bringing in the note, even though it was Sam's.

Later

The principal came in yesterday and yelled at Sam, demanding to know where they were yesterday. Sam, doing the chewing, first pointed to his shoulder and then said, "Cold, me."

1/23/92

Sam was more animated than usual today. He interacted

with the first grade teacher during Science. She made him smile and he covered his mouth.

1/27/92

Sam's mother called Mrs. V, "D's" D.H. teacher to say that the kids wouldn't be in because their furnace was broken. When Mrs. V. suggested that the kids would be warmer at school, she said they had a doctor's appointment. Mrs. V. said she was going to mention the conversation to the principal.

1/28/92

The principal called Children's Services. They said that they had been at the house. Both of the kids have severe upper respiratory infections and will be out for one week.

1/29/92

I spoke to Betsey Smith, Sam's case worker today. She said that his father is very ill and has to have oxygen. She also said that if something would happen to him, the children would be permanently placed in another home. I said I was still concerned about Sam's safety and the fact that I perceive him as the "whipping boy". She says dad is so weak that Sam is in no physical danger. However, when dad is sick, mom goes to pieces mentally and the household "goes to hell".

2/3/92

Sam returned to school today. He seems listless and "unreachable". While he usually enjoys working on the computer, even that seemed to be a chore for him. I checked and he had a low-grade fever of 99.5. I mentioned it to his mom after school. She said, "Okay". That was it.

2/5/92

Sam still doesn't recognize the letters of the alphabet. We have been working on letter identification since August. He cannot remember them from day to day. When he doesn't know something, Sam gives a blank stare. He also does the lip movement I call "chewing". Sometimes he seems to want to answer but doesn't. Instead he just mouths an answer. It's like he's afraid to be wrong. I checked with parents and have observed siblings, no other family member does chewing.

2/7/92

Today we worked on color words/following oral directions. Sam did a great job. It seems he is able to get the information he needs by looking at the color word chart and transferring it to his paper. Also, Sam is learning to write his numbers in Mrs. V's class I have noticed several times his counting things, kids, desks, letters, his fingers. This is encouraging.

2/10/92

Sam's mother has scheduled a parent-teacher conference this Friday morning. Hopefully, the school psychologist will have Sam's re-evaluation available for discussion by then. I helped him to complete the Vineland Scale of Social Maturity last Friday. Sam has the social skills of a three-year-old and the communication skills of a two-year-old.

2/11/92

I noticed Sam's chewing is becoming more and more frequent. The school psychologist suggests he may be developing a tic. He is also constantly biting at a growth on his lip.

Later

Mom says that Sam will have the growth removed and biopsed Wednesday after school

2/12/92

Sam got hurt in Gym today. Another child stepped on his hand. I know it hurt badly but Sam never shed a tear. He was really shaken and he started to babble. Sometimes it seems he's speaking his own language. I applied an ice-pack to his hand and the sound he made was like a cat crying. He is so pathetic at times. He did the chewing motion, too.

2/13/92

Sam came to school today with stitches in his lower lip. He said, "Me no eat hot. No hot lun(ch)." Because they receive free hot lunch--spaghetti was on the menu--I called his parents and suggested they bring Sam a sack lunch. His dad said, "Just tell him to blow on it. We ain't got nothing to fix here." I asked the cook to make him cheese sandwiches. Sam didn't understand why his lunch was different. I explained the situation to him and he smiled a little (covering his mouth).

2/14/92

Sam's mom had scheduled her conference for 9:00 AM. I sent a note home Wednesday changing her time to 9:20. At any rate, she arrived at 8:45. During the conversation it became painfully clear that she doesn't realize that Sam is seriously mentally handicapped. The majority of the time she wanted to talk about "D". "D" functions at a much higher level than Sam. She seems concerned with what grade they are in. She asked "Will "D" pass or be flunked?" I explained that students don't flunk in special education. "Oh," she said. "Are they still gonna be in special class next year?" She really has no clue about the situation. The psychologist tried to explain Sam's multifactored evaluation. She listened, but not much sunk in. I suggested that they work

with Sam on his letters each evening. She said, "He don't want to sit still at home. His dad is sick and he don't listen to me. He acts like an animal. I think I should never have sent him to that retard school." (refers to time spent at MR/DD pre-school.) Before she left, she asked me if she looked alright. "It's so hard to look pretty in the morning." I told her I thought she looked very nice.

2/18/92

Sam and "D" both got haircuts over the weekend. I'm going to describe Sam's appearance. He is of average height for this age, but he is very, very thin. His face is gaunt and his skin is pale. He has scruffy dark blonde hair. Sam always has dark circles under his eyes. He walks the slow awkward gait characteristic of the mentally retarded. He often wears the same clothes for 2-3 days in a row. Most days it is clear that he hasn't bathed.

2/19/92

I have been working on letter recognition with Sam and two other boys in the class. The other boys wondered why they weren't members of the other reading group anymore, but Sam never offered question or comment. He doesn't often laugh or cry. I mentioned this to the psychologist. Sam is basically "unanimated". Sam is seeing a counselor. All I know so far is that he has been prescribed Ritalin.

2/20/92

Sam was absent today. "D" says he's not sick, but he wouldn't go to bed last night and he's real tired.

2/21/92

Sam's excuse for absence yesterday was illness. Sam's parents pick them up from school every day. When Sam is absent, they pick up "D" promptly. On several occasions "D" has been absent, I have had to call the house (up to 20-25 minutes after dismissal) to remind them to come and get Sam. They had forgotten him!

2/24/92

I scolded Sam, "D" and their little sister in the K room. I saw them walking down the middle of the street and pretending to jump in front of cars. Sam said, "me no, me no" and made the chewing motion. I said "Sam, I saw you. Just don't do it again. It's dangerous, you could get hurt very badly!" "D" said "O.K." Sam shook his head no and continued to eat breakfast.

2/24/92

Sam had speech therapy today. I asked the therapist if there was anyway she could see him more than once a week. She said no. I asked if it would help to see him individually, instead of a group of three. She said it would definitely

help, but that it wasn't possible. Her schedule is very full, I know. She said she has made written recommendations that Sam's parents arrange for more intensive therapy (it is available and billable to welfare) but they have not.

2/26/92

Mrs. Smith, our aide, made a big fuss over Sam's math paper today. He brought it over to show me and I gave him lots of praise and a big red star. Then he did something for the first time. He said, "Me show Mill Mitcher (the 1st grade teacher), my paper." I said "Sure." She gave him a sticker and he beamed the rest of the morning.

2/27/92

I took time to watch Sam on the playground at noon. He played mostly with his brother. They don't really have an organized game. They just run from one end of the court to the other, yelling and waving their arms.

2/28/92

Today in Science we finished our discussion of ecology. Each student was asked to draw a picture of themselves helping to save the earth. Sam drew a farm. I had him explain his drawing. He said, "Me farm, change land... apples." I had mentioned that farmers rotate crops to keep the land fertile. He remembered this concept and interpreted it in his picture.

3/2/92

This is right to read week. The kids will visit each room and learn about a different country. I asked several teachers to observe Sam during their presentations and let me know how he reacted.

3/4/92

Sam has been to Australia--teacher said he smiled at the stuffed Koala Bear and put his face down when she talked about kangaroo babies.

Italy--no responses noted. Teacher said, "He just sat there and stared at me."

Germany--Teacher said the Sam played with the velcro on his tennis shoes until she asked him to stop. Then she said, "He seemed to be chewing the rest of the time."

Nigeria--Teacher said, "Boy, he's really lost. He just really doesn't belong here, does he? I mean, what can he possibly be learning?"

3/5/92

Same has found a friend in first grade. Unfortunately, he spent most of the time talking to him during assembly. When I told him to be quiet, he chewed. Sam was teasing me today. He was very cheerful and talkative this afternoon. He initiated the room pickup at the end of the day.

3/6/92

Sam and his buddy were at it again today at a little play the third graders put on. I'm really glad to see him socializing and I hate to discourage communication, but I did scold him for talking. He smiled and said, "K".

3/9/92

Sam's parents pick up the boys in the car frequently (I have noted that they usually walk home with their mother on rainy days?) Today I recommended to Sam's father that he let the children come to the car. He is very impatient and he pulls into traffic the minute we exit the building. I explained this is a danger to all the children, as well as his own. Dad said, "OK, I'm sorry. Please don't call Child's Services." I said, "No, I won't. Thank you."

3/10/92

Pouring down rain today. Sam's mom walked down to get them after school. She had no umbrella.

3/11/92

I raised my voice to Sam for the first time ever. I didn't really yell but he jumped a little and did the chewing. Sams printing is beautiful. I've moved him back into his original reading group. He has picked up vocabulary "the" and "boy". I'm hoping he will learn words by sight as phonics

seem hopeless. I have been trying to teach him the alphabet forever.

3/12/92

Today I had Sam run an errand for me. I asked him to get me an ice-pack. I followed behind to make sure he went to the right place. He didn't. I reminded him of the right door and with a little help from another teacher, Sam made it. He was very proud. He smiled and covered his mouth.

3/13/92

Sam has retained recognition of "the" and "boy". Today I introduced "girl" and he did chewing throughout reading. He seemed nervous about trying something.

Later.....

Sam has made two friends in first grade. During Science he shares a desk and book with one or the other of two boys. One of the boys has a severe speech impediment just like his.

3/16/92

Sam brought a toy to school today. It was the kind that you try to get the rings on the stick (they're floating in water). He didn't take it out until the end of the day. I was amazed at how well he could manipulate it. The first grade teacher and myself made a big fuss. He smiled and covered his mouth.

3/17/92

Today was St. Patrick's Day. I told the kids to wear green if they had it. Sam wore a green t-shirt. It was too small and it was dirty, but he was very excited. He came in and said, "Me green shir. . me green shir!" I gave him a hug and said, "Happy St. Patrick's Day." He grinned and even laughed a little. He covered his mouth.

3/18/92

Sam was absent today.

3/19/92

Sam had difficulty with a vocabulary quiz. I sent a note home indicating that if Sam wasn't helped at home, he would probably not do any better the next time. Sam had become nervous when I asked if mom or dad ever help him. He did the chewing and said, "No help."

3/20/92

Sam's father called. He said Sam was a "liar-kid". "I help him every night." I said, "OK Just keep up the good work." I did not discuss it with Sam any further. Later, though, when I asked if he had a word list at home to study from, he said no. I gave one to his mom when she came to get him. She said, "Sam lies. We study all the time." I told Sam I would see him Monday and to have a good weekend.

3/23/92

Information on Sam's permanent record chart was scant. He has not yet had his vision checked and only a date of 2/92 was recorded for a hearing test. Sam's height and weight, however, were available. As of September, 91 Sam weighted 64 pounds and stood 51 1/2 inches tall. Sam is approximately five pounds underweight.

3/24/92

Attached find the Psychological/Educational Evaluation on Sam. This is Sam's most recent evaluation, the one mentioned on 2/14/92.

Name _____

Date of Report 2-10-92

Date of Birth _____

CA 9-2 Building _____

School _____ Grade _____

School Psychologist _____

For your assistance in interpreting test scores and terminology,
see glossary on the back page.

Original is on file at above address.
Copy to be filed at child's school.

Name _____

REASON FOR REFERRAL

- Eligibility
- Below average achievement and/or possible retention
- Inappropriate adaptive behavior
- X Special Education re-evaluation
- Other _____

ACADEMIC ATTITUDE

_____ WISC-R _____ WAIS
 _____ Verbal Score
 _____ Performance Score
 _____ Full Scale Score

SUBTEST SCALED SCORES

VERBAL SCALE

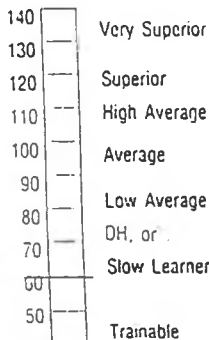
- _____ Information
- _____ Similarities
- _____ Arithmetic
- _____ Vocabulary
- _____ Comprehension
- _____ Digit Span

PERFORMANCE SCALE

- _____ Picture Completion
- _____ Picture Arrangement
- _____ Block Design
- _____ Object Assembly
- _____ Coding

STANFORD-BINET (L-M)

- _____ Basal
- VIII _____ Ceiling
- 5-8 _____ Mental Age
- 61 _____ Ability Score
- _____ Stanine



PEABODY PICTURE VOCABULARY

- 4-10 _____ Language Age
- 48 _____ Standard Score

ADAPTIVE BEHAVIOR OBSERVED

- _____ Independence
- X _____ Self Direction
- X _____ Peer Relationships

VINELAND ADAPTIVE SCALE

- 2-10 _____ Communication
- 3-2 _____ Socialization

S.S. S.S.
 34 2-2 Daily Living 49
 22 Low Motor

PSYCHOLOGIST'S OBSERVATION

(✓) Indicate Pertinent Behaviors

RELATIONSHIP WITH EXAMINER

- | | | |
|--|---|--|
| <input type="checkbox"/> Rapport Easily Attained | <input type="checkbox"/> Slowly Attained | <input checked="" type="checkbox"/> Poor Rapport |
| <input type="checkbox"/> Initiated Activities | <input checked="" type="checkbox"/> Compliant | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy | <input checked="" type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Interacts Easily | <input type="checkbox"/> Passive | <input type="checkbox"/> Hostile |

OBSERVATIONS

(Problem Solving Behaviors)

- | | | |
|---|--|---|
| <input type="checkbox"/> Absorbed in Tasks | <input type="checkbox"/> Attends to Tasks | <input checked="" type="checkbox"/> Performs Reluctantly |
| <input type="checkbox"/> Self-Initiated Work | <input type="checkbox"/> Needs Encouragement | <input checked="" type="checkbox"/> Gives Up Easily |
| <input type="checkbox"/> Eager To Continue | <input type="checkbox"/> Works Steadily | <input checked="" type="checkbox"/> Sees to Terminate |
| <input type="checkbox"/> Self Reliant | <input checked="" type="checkbox"/> Needs Reassurance | <input type="checkbox"/> Prone To Guess |
| <input type="checkbox"/> Aware of Mistakes | <input type="checkbox"/> Unsure of Mistakes | <input checked="" type="checkbox"/> Unaware of Mistakes |
| <input type="checkbox"/> Quick Responder | <input type="checkbox"/> Average Responder | <input checked="" type="checkbox"/> Slow Responder |
| <input type="checkbox"/> Systematic Worker | <input type="checkbox"/> Trial/Error Worker | <input type="checkbox"/> Impulsive Worker |
| <input type="checkbox"/> Follows Directions | <input checked="" type="checkbox"/> Needs Direc. Repeated | <input checked="" type="checkbox"/> Misunderstands Directions |
| <input type="checkbox"/> Elaborates Answers | <input type="checkbox"/> Responds to Questions | <input checked="" type="checkbox"/> Inappropriate Answers |
| <input type="checkbox"/> Very Attentive | <input type="checkbox"/> Average Attention Span | <input type="checkbox"/> Distractible |
| <input type="checkbox"/> No Speech Problem | <input checked="" type="checkbox"/> Some Speech Difficulty | <input type="checkbox"/> Speech Unintelligible |
| <input type="checkbox"/> Speaks in Sentences | <input checked="" type="checkbox"/> Uses Sing. Words/Phrases | <input type="checkbox"/> Disorganized Language |
| <input type="checkbox"/> Verbalizes While Working | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Anxious About Success |

SOCIAL-EMOTIONAL STATUS: Sam exhibited significant social-emotional immaturities and adjustment deficits relative to both age and grade expectations.

COGNITIVE DEVELOPMENT

(S) —Relative Strength (W) —Relative Weakness

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Vocabulary | <input type="checkbox"/> Associative Reasoning | <input type="checkbox"/> Practical Judgment |
| <input checked="" type="checkbox"/> Abstract Verbal Reasoning | <input type="checkbox"/> Memory-Short Term | <input type="checkbox"/> Numerical Reasoning |
| <input checked="" type="checkbox"/> Spatial Relations | <input type="checkbox"/> | <input checked="" type="checkbox"/> Memory Long Range |
| <input checked="" type="checkbox"/> Social Reasoning | <input type="checkbox"/> | <input type="checkbox"/> |

PSYCHOMOTOR DEVELOPMENT

BENDER-GESTALT

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Distortion | <input type="checkbox"/> Integration |
| <input type="checkbox"/> Rotation | <input type="checkbox"/> Perseveration |

VISUAL MOTOR INTEGRATION

- | | | | |
|---------------------------------------|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Organization | <input type="checkbox"/> Developmental Age | <input type="checkbox"/> Orientation | <input type="checkbox"/> Quality |
|---------------------------------------|--|--------------------------------------|----------------------------------|

TEST OF WRITTEN LANGUAGE:

ACADEMIC ACHIEVEMENTS

WIDE RANGE ACHIEVEMENT TEST

Grade Level _____

P-c-k-g . Word recognition
 P-a-k-g . Spelling
 P-e-k-g . Arithmetic

Standard Score _____

Reading Skills (Successful in checked areas)

- X _____ Matches letters and/or words
- _____ Identifies upper case letters
- _____ Identifies lower case letters
- _____ Sight vocabulary dominicals word recognition
- _____ Recognizes isolated consonant sounds
- _____ Recognizes isolated vowel sounds
- _____ Uses word attack skills successfully

PEABODY INDIVIDUAL ACHIEVEMENT TEST

Grade Level _____

_____ Mathematics
 _____ Reading recognition
 _____ Reading comprehension
 _____ Spelling
 _____ General Information
 _____ Total Test

Standard Score _____

Arithmetic Skills (Successful in checked areas)

- X _____ Role counting
- _____ Recognizes numerals
- _____ Simple addition
- _____ Simple subtraction
- _____ Multiplication
- _____ Division
- _____ Fractions
- _____ Counts objects
- _____ Recognizes two digit numbers
- _____ With renaming
- _____ With renaming
- _____ By 2 digits
- _____ By 2 digits
- _____ Decimals

Reading Achievement is _____ below
 Arithmetic Achievement is _____ below
 Written Expression is _____ below

SUMMARY/RECOMMENDATIONS

SAM was a lethargic, shy young man who required a great deal of urging to respond to the examiner's questions. He exhibited a flat affect, with little change of expression. Most responses consisted of one or two word expressions. Directions needed to be repeated and restated for SAM to respond appropriately. Eye contact, attention levels and response to encouragement showed adequate development. Direction taking and general problem solving were noted to be typical of a beginning kindergarten child. It is reported that SAM is doing much better in classroom participation within the past few months.

Present intellectual level of development is within the slow learner range. Weakest aptitudes were apparent in the areas involving receptive language, associative reasoning, expressive language and functional comprehension. Stronger development included skills involving awareness of visual detail, functional vocabulary meanings, and basic number concepts. All academic readiness levels are pre-kindergarten to beginning kindergarten in growth. Adaptive behaviors show significant deficit in communication, socialization and daily living independence.

RECOMMENDATIONS: SAM continues to function within the slow learner range. He also exhibits pre-school academic readiness levels. The MFE & IEP teams will provide recommendations for placement.

GLOSSARY

Interpretation of Scores Grade Level Scores:

Grade level scores express the child's level of achievement so as to indicate the school grade and month in that school grade. A grade placement of 2.5 is interpreted as the fifth month of the second grade.

Standard scores:

Standard scores make possible comparison of the results from different tests. The standard scores reported are based on the age level of the child. They have a mean of 100 and scores between 85 and 115 form the "broad" average range.

When making a comparison of test scores, standard scores should be used rather than grade levels.

WISC-R or WAIS

Sub-tests are reported in scaled scores with a mean score of ten (10). Scaled scores of 8 through 12 are within the average range. Scores of 6 or below indicate significant problems while scores of fourteen or above indicate superior ability.

- Information:
- Arithmetic:
- Similarities:
- Vocabulary:
- Comprehension:
- Picture Completion:
- Picture Arrangement:
- Block Design:
- Object Assembly:
- Coding:

Reflects the range of previously learned facts
Tests numerical reasoning and concentration
Measures the ability to make abstract associations
Defines words orally. Success is highly influenced by prior experiences
Measures social concepts and practical problem-solving ability
Attends to essential details and has ability to see whole-part relationships
Measures logical visual sequencing based on general intelligence in social settings
The comprehensive measure of non-verbal intelligence requiring persistence in analyzing the whole into component parts
Measures the ability to assemble incomplete parts into a familiar configuration
Measures visual-motor coordination, reaction time, and on-task behavior

Stanford-Binet (L-M)

The test is arranged into age levels. At **BASAL** the child is successful with all items and at **CEILING** the child is unsuccessful with all items. The cumulative results indicate mental age

- Abstract Reasoning:
- Associative Reasoning:
- Spatial Relationships:
- Memory:
- Visual-Motor Skills:
- Social Maturity:

The ability to establish non-concrete relationships in problem-solving situations
The ability to establish relationships of likeness and/or difference. These tasks are more structured than Abstract Reasoning tasks.
Reasoning associated with the position and relationship of objects in space
This item includes both meaningful and non-meaningful memory tasks
Shows appropriate age level ability with paper-pencil tasks
Demonstrates age-appropriate behavior in the completion of tasks

Peabody Picture Vocabulary Test provides an estimate of the child's language ability by measuring his hearing vocabulary.

Visual Aural Digit Span Test is a measure of intersensory integration, sequencing, and recall.

Visual-Motor

- Distortion:
- Rotation:
- Integration:
- Perseveration:
- Organization:
- Paper-Pencil Skills:
- Overall Quality:

Loss of accurate design in the reproduction of the design
The reproduction of the design is turned from the plane in which it was presented
The ability to join the parts of the whole correctly
Continuing with a task or response inappropriately
Considers approach to task and arrangement of drawings
Relates to the physical manipulation of the materials
Primarily considers line quality and overall aesthetic appearance

Psychologists's Observations

- Report:
- Motivation:
- Impulse Control:
- Verbal Perseveration:
- Self Confidence:
- Verbal Fluency:
- Easily Frustrated:

The ease in establishing a positive relationship
An interested, conscientious approach to the tasks
The ability to direct and maintain appropriate on-task behavior
The immediate verbal response is influenced inappropriately by responses to previous tasks and/or an inappropriate elaboration of the response
The willingness to attempt difficult tasks without undue encouragement
The ease and speed of oral responses
Appropriate level tasks produce undue anxiety

CHAPTER III

THE SCIENTIFIC PROCESS

Recurring Patterns

Identifying and listing behaviors or situations that occur more than once in the case record help the observer to discover patterns that will offer some meaning for the child's life. The identification of recurring patterns is the first step in interpreting the results of a case-study.

Situation Sam misses school as a result of his parents' indifference. They fail to read school letters citing schedules or to make sure Sam gets enough rest (1/22, 1/27, 2/20). At other times Sam is sent to school when he could benefit by being at home. This was the case when Sam had stitches in his mouth and couldn't eat hot food (2/3).

Behavior Sam has a nervous habit of "chewing" when he is uncomfortable. "Chewing" is the only way I can describe this behavior. It is a pantomime activity that occurs when Sam is faced with an upsetting situation (1/22, 2/12, 2/24, 3/4, 3/5, 3/11, 3/19). Sam also displays "chewing"

when he is nervous about facing new task (2/5, 3/13).

Situation

Sam's parent's show a lack of concern for him. When Sam came to school with stitches in his lip, unable to eat hot food, and when his mother centered the parent teacher conference around Sam's brother. (2/13, 2/14), they showed a disregard for Sam's condition and progress. Sam's hygienic needs are not met (2/18), nor do Sam's parents make sure he gets the rest he needs (2/18). Sam's on his own while walking to school when he clearly hasn't been taught safety precautions (2/24). And when Sam's siblings are absent from school, his parents forget to pick him up (2/21). When Sam's father picks the children up after school he drives without consideration for other children, let alone his own (3/9). And when it's raining they make the children walk to school (3/10). Finally, when Sam was having a problem with reading vocabulary, Sam's parents denied his charges that they hadn't helped him and called Sam a liar (3/19, 3/20).

Behavior

Sam covers his mouth when he laughs or smiles.

Whenever Sam is given praise, encouragement or reassurance that he's a good child, he smiles but covers his mouth (1/23, 2/13, 3/12, 3/16, 3/17). Sam is very shy and seemingly uncomfortable with his physical self.

Behavior

Sam is comprehending some of what he is being taught. After months of struggling with letter identification, I chose to teach Sam words. He is succeeding in learning how to transfer information (2/7, 2/28), as well as learning his numbers (2/26) and Sam is learning simple vocabulary words (3/13).

Behavior

Sam is developing social skills. He is interacting with teachers (1/13, 2/26, 3/5), as well as making new friends (3/5, 3/6, 3/13).

MULTIPLE HYPOTHESES

This is the "brainstorming process" in which the observer lists as many possible causes for a behavior or situation as he/she can. The reasons can be supported (+) or negated (-) in the anecdotes. Deriving a multiple hypotheses is the second step in solving the "mystery" of a child's behavior.

I have chosen to examine the most frequent recurring pattern, Sam's chewing, for which to offer a multiply hypotheses.

Why would Sam, or any other nine-year-old developmentally handicapped student display a nervous physical reaction when faced with an upsetting situation?

1. This is just a habit Sam had developed. (Neither supported or negated.)
2. This is an uncontrollable neurological behavior. (+2/11)
3. This is a voluntary comforting reaction to an uncomfortable situation. (+1/22, +3/4, +3/5, +3/11, +3/13, +3/19)
4. This is a behavior Sam is patterning after somebody else. (-2/5)
5. Sam uses this behavior to control himself. (+2/12, +2/24)

Summary Questions

The final step in the scientific method applied in this case study is to frame answers for the following questions:

1. What was the child trying to accomplish?
2. What was he/she up against?
3. What asset does he/she have?

4. How has the teacher or school helped the child to reach his/her goals?

5. What can be done to help this child in the future?

By answering these questions, recommendations can be made as to how to better serve the student in the future.

A. What is Sam trying to accomplish?

1. Sam is trying to comfort himself when he is nervous or frightened. (Recurring Pattern #2, 1/22, 2/4, 2/12, 2/24, 3/4, 3/5, 3/13, 3/19).

2. Sam is developing social skills. (Recurring Pattern #6, 1/13, 2/26, 3/5, 3/6, 3/13).

3. Sam is striving to succeed in his school work. (Recurring Pattern #5, 2/7, 2/26, 2/28, 3/13).

B. What is Sam up against?

1. A severe mental handicap. (3/24-Psychological Report).

2. A severe speech impediment/language disorder. (1/21, 2/5, 2/10, 2/12, 2/24, 2/28, 3/17).

3. A lack of parental concern for and understanding of his condition. (Recurring Pattern #3, 2/13, 2/14, 2/18, 2/21, 2/24, 3/9, 3/10, 3/19, 3/20).

4. Neglect of his basic physical needs. (2/13, 2/18, 2/20).

5. History of physical abuse. (See Chapter I).

6. His family life is in turmoil. (1/21, 1/29)
- C. What does Sam have going for him?
1. Teachers who are concerned about his well-being. (See Chapter I, 1/27, 2/3).
 2. A support system that includes the school and Children's Services. (1/21, 1/28).
 3. Intervention by the school and Children's Services. (1/21, 1/28).
 4. He is making progress academically. (Recurring Pattern #5, 2/7, 2/26, 2/28, 3/13).
 5. He has friends. (Recurring Pattern #6, 1/13, 2/26, 3/5, 3/6, 3/13).
- D. How has the teacher or school helped Sam reach his goal?
1. An open line of communication has been established between the school and the case-worker. (1/29)
 2. Teacher/parent communication (1/27, 2/10, 2/11, 2/13, 2/14, 3/9, 3/20).
 3. Speech therapy has been provided. (2/24).
 4. Sam has been given the opportunity to interact with "normal" children his own age. (2/12, 2/28, 3/2, 3/4, 3/5, 3/6, 3/13).
 5. Sam is being taught to his strengths. (2/7, 2/28, 3/11, 3/13).
- E. What could be done to help Sam in the future?

1. A continued awareness that the threat of physical abuse is possible. Also, continued contact with Sam's case-worker should be maintained.
2. Seek out other sources of speech therapy and actually make contact (with parental consent).
3. Insure that Sam will continue to be mainstreamed for social and less-structured learning activities.
4. Continue to challenge Sam academically. He should not be written off on the basis of a low I.Q.
5. Maintain communication with parents. By making them aware of the school's interest, they can, for lack of better terms, "be kept on their toes."
6. Avoid placing Sam in threatening situations. While this may mean offering some special attention, it is obviously necessary. Sam's placement in a small D.H. class allows for such special consideration.
7. Teacher should become more involved in the counseling process. Sam should be offered services by the new primary school counselor, as well.

CHAPTER IV

THE FINDINGS

Sigmon (1983) has referred to special education as a process of meeting the need for alternative methods of education for students who are physically handicapped, nonconforming or otherwise learning disabled. Sam meets all of the qualifications. He is clearly a child in need. And, unfortunately, his needs are not being met in either the school or home setting.

On the home-front, Sam's needs are sorely misunderstood. His parents do not have a full grasp of the extent of his mental retardation. Perhaps, as Yanok and Derubertis (1989) recommend, the linkage between home and school could be strengthened by the organization of a parent-support group or homebased programming. However, Sam's familial problems have been in existence long before he entered school. The history of abuse and neglect have indelibly left their mark on Sam's future. Even Sam's language problems are a direct result of this home-condition. Hoff-Ginsberg, (1991) notes that low-income, low-functioning mothers have been found to spend less time in play and talk, thus resulting in delayed language function. And if one believes, as do Powers, Singer, Stevens and Sorens (1992) that parents are the essential teachers and

modelers of community and independent living skills for their children, these needs, too, are being sorely neglected by Sam's parents.

I have learned from my observations that Sam's parents are trying, but it is my perception that they are incapable of providing a nurturing, loving environment for him. However, the involvement of Children's Services is encouraging in the Sam's best interests are being monitored.

With regard to Sam's education, I believe Sam's needs are being considered on a daily basis. The teachers and therapists with whom he is involved care for him. I am certain that, with references to Greer's (1992) question, "Can schools ever educate hungry and frightened children devastated by poverty and homelessness?" the answer is yes in Sam's case. Green continues to relate that it is time to reach every child, to do for the individual and not the masses. By employing the case-study procedure, I feel I have begun the true process of a special education for Sam.

People with disabilities often have difficulty making their needs known (Terapelle and Cipiani, 199?). Sam is making great strides in the area of communication. Sam is finding ways to make his needs and worries known to his teachers, both verbally and non-verbally. Sam is adapting to the school environment. As stated in Chapter III, Sam is

making friends. I believe this is a direct result of the mainstreaming provided by the first-grade teacher and myself. While there is plenty of literature to support mainstreaming of the handicapped, Haskett and Kistner (1991) offer that the integration of abused children with non-abused peers results in interaction and behavior similar to that of normal children. Sam's intermittent "chattiness" at inappropriate times reflects this opinion.

Mainstreaming also provides for more daily favorable appraisals to which everyone responds in a positive manner (Swan, Hixon, Stein-Serorissi and Gilbert, 1996). I believe Sam is developing self-confidence and abandoning his self-consciousness. According to Eichinger (1990), a multitude of research has demonstrated that cooperatively structured activities are more beneficial in promoting positive peer attitudes and social interactions. Due to the severe lack of social training at home, Sam's need for social skills instruction is being met at school. This instruction, according to Sabornie and Beard (1990) is crucial for mildly-moderately handicapped children.

Finally, Sam is developing cognitive abilities. His associative reasoning, no matter how delayed, is being nurtured and encouraged. And, while Sam has difficulties with the mechanics of reading, he does understand what has been

read to him. Regardless of the age or ability of the reader, the central goal of reading is the construction of meaning (Dole, Duffy, Roehrer and Pearson, 1991).

Up to the time I began this study, I viewed Sam as a victim. I now see Sam as a survivor who has developed his own set of defense systems. Yet, Sam is a willing participant in the process of his education.

Evaluation of all special education programs is mandated by the Education of the Handicapped Act. However, simple compliance monitoring is insufficient for obtaining data that will actually improve special education programs (George, George, and Grosenick, 1990). By taking a closer look at the children that we serve, programs can be properly designed and implemented, not just for the special education student, but for all.

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