

1-1-1973

Feasibility of mainstreaming educable mentally retarded children into regular classrooms

Warren Johnson

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THE FEASIBILITY OF MAINSTREAMING
EDUCABLE MENTALLY RETARDED CHILDREN
INTO REGULAR CLASSROOMS

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by

Warren Johnson

A RESEARCH PAPER
SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS IN EDUCATION
(EDUCATION OF MENTALLY HANDICAPPED)
AT CARDINAL STRITCH COLLEGE

Milwaukee, Wisconsin

1973

This research paper has been
approved for the Graduate Committee
of the Cardinal Stritch College by

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Date May, 1973

ACKNOWLEDGMENTS

Gratitude is acknowledged to Sister Gabrielle for her guidance on this research paper, to Sister Joanne Marie for her concentrated advice in my total Master's program, and to Sister Camille for her statistical advice and research techniques.

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CHAPTER I

INTRODUCTION

The current discussion of the accountability and the credibility for providing for individual needs of all children has brought about the controversy concerning the feasibility of mainstreaming educable mentally retarded children into the regular classroom. The legal aspect of the individual's rights and privileges has introduced a valid argument concerning the integration of the retarded child into a regular classroom climate. Mainstreaming mentally retarded children is not a new trend but a renewed emphasis on an old idea.

The rapid increase of special classes for the mentally retarded during the past two decades occurred because prominent educators felt that these children needed special methods and materials to help them achieve academically and acquire social acceptance. Regular teachers were not trained to meet the needs of the retarded child and the retarded child was often rejected by his peers, thus presenting a social developmental problem. These teachers maintained that many of the retarded required a different curriculum or the standard curriculum presented at a much slower pace. Today these beliefs and assumptions concerning the value of special

class placement are being questioned.

In 1950, Orville Johnson made a study of the social position of the mentally handicapped child in the regular grades. It was his purpose to determine whether mentally retarded pupils in regular classes were accepted, isolated, or rejected by their classmates. He used 659 typical and 39 retarded pupils from 25 regular public school classes, each of which contained at least one retarded pupil. The retarded pupils had Binet IQ scores of 70 or below plus other criteria. A sociometric rating technique was used to determine stars, isolates, and rejected pupils. He found that the retarded pupils were isolated and rejected in the regular class. The reason given for isolation and rejection by the typical pupils of the same chronological age appeared to be associated with more antisocial behavior than poor academic achievement. This study gained wide national publicity and was at least partially instrumental in the increase of the number of classes for retarded children.¹

With the lure of federal monies given to this area as top priority in Federal Title III programs, many school districts got on the bandwagon and as a result segregated special classes became an accepted method for providing for the educable mentally retarded.

¹Orville G. Johnson, "A Study of the Social Position of Mentally Handicapped Children in the Regular Grades," American Journal of Mental Deficiency, LV (January, 1950), 60-89.

The common consensus of opinion among educators concerning the severely retarded, especially those with multi-handicaps, is that they should certainly continue in segregated, self-contained classrooms. Legal demands and judicial rights, however, are coming to the fore with consideration for more "equal" educational privileges for even the trainable or severely handicapped students.

Definition of Terms

In order to facilitate communication within the scope of this paper, the following terms are defined.

Mainstreaming generally designates the process by which handicapped children are educated primarily within the regular education mainstream rather than solely by self-contained special classes.

Educable mentally retarded refers to those students who fall within the 50 and 80 IQ range. The specific group, however, under present consideration for integration or mainstreaming are the students within the upper one-third commonly referred to as educable mentally retarded. Students under consideration for this first step in mainstreaming should have no major secondary handicap such as speech, emotional, or hyperactive problems.

EMR refers to educable mentally retarded.

Regular classes refers to the normal classes within the total school structure. The teachers of these classes

should have had college level courses dealing with students' individual differences. (Ideally, the special education teachers would act as consultants and work closely with all of the faculty within the framework of the total school program. Under these conditions the student would have the advantages of contact with both the regular teacher and the special education teacher.)

Accountability has many intangible aspects of meaning currently within the terminology of educators, administrators, and the community-at-large. For the purpose of this paper accountability shall refer to the community's responsibility for the education and social development of the educable mentally retarded.

Efficacy studies are studies made on the special placement of EMR students indicating the justification and validity of such classes.

Summary

"Equality of Opportunity" for exceptional children is the byword of special educators. The pros and cons of segregation or integration of these children has been argued for several decades with little valid evidence to lend support to either viewpoint. Several questions are obvious and beg clarification. Do exceptional children profit from partial or total integration with so-called normal peers? What are the advantages and disadvantages of special class or special

school placement? Are exceptional children better able to become well-adjusted, contributing members of our society because of their integration with normal children?

The paucity of research prior to 1956 on the acceptance and rejection of handicapped children is rather striking. Very little research and very few articles show concern for this problem prior to that time. Special classes for the educable mentally retarded were organized to take care of the unique individual needs of the retarded child. It was felt that only through this process could the retarded child achieve to his maximum potential. Theoretically, the special classes were felt to be advantageous because a specially trained teacher could give more individualized instruction, and children were placed where they could work on their own level at their own rate of speed without frustration of competition with more capable peers.

Special schools composed entirely of classes of retarded children gained a good deal of prominence ten or more years ago. Since that time there has been a movement toward decentralization of the special classes so that the children could attend schools in their own neighborhood. The proponents of this practice felt that it was important for the retarded children to have daily contacts with average children of their own social-cultural area.

CHAPTER II

RESEARCH

Efficacy Studies

The concept of mainstreaming educable mentally retarded students has recently become a focal point of attention among teachers and administrators at the state and federal level. Dr. Kenneth R. Blessing, director for the Bureau of Exceptional Children at Madison, Wisconsin, states:

"Mainstreaming" generally designates the process by which handicapped children are educated primarily within the regular education mainstream rather than solely in self-contained special schools and special classes. Mainstreaming or integration plans may exist in numerous forms, combinations or degrees. Mainstreaming as a concept recognizes the right of handicapped children to exposure to the normalization process. Further, it delimits the emphasis upon the disability and assumes that modern education has the professional and technological know-how, desire and flexibility to provide the necessary individualized instruction for exceptional children and youth utilizing the skills of both special and general educators.

The Wisconsin State Department of Public Instruction, and more specifically the Division for Handicapped Children, has always espoused the philosophy that any handicapped child should be maintained either full or part-time in the mainstream of regular education if regular education can provide the appropriate educational experiences for that child.¹

The success that has been realized in mainstreaming some EMR students would suggest that we can no longer be

¹Kenneth R. Blessing, "Credo for Mainstreaming," "Bureau" Memorandum, XIII (Spring, 1972), 1.

content with placing all of these children in a special education class with a specialized teacher on a full-time basis.

All of the literature, however, is not in agreement, but the consensus indicates that at least a curriculum of partial participation in a regular classroom setting would be advantageous to at least the borderline 65 to 80 IQ range of students.

The following efficacy studies (including Table 1, pp. 8-10 below) shall be reviewed to further indicate the current emphasis on the subject of mainstreaming. These studies evaluate both the academic achievement and social and emotional adjustment of EMR children in both regular and special class placement.

A program of mainstreaming EMR students at Stevens Point and Wausau, Wisconsin, has met with some success in the 1970-71 school year. The results of the pilot programs indicate that the children are developing better socially and about as well academically. Many of the problems encountered were of a nature of adjustment from the contained class program of previous years. The thinking of the educators involved, including psychologists, administrators, and teachers, is that the advantages gained socially and the peer acceptance is of enough significant value to continue the program in the years to come. The evaluators did indicate, however, that the program is best suited for the higher one-third or borderline students and that the severely

TABLE 1

A REVIEW OF EFFICACY STUDIES ON SPECIAL CLASS VERSUS REGULAR CLASS PLACEMENT^a

Academic Achievement Studies				*Social and Emotional Adjustment Studies			
Author	Number in Sample			Author	Number in Sample		
	Special MR	Regular MR	Regular Normal		Special MR	Regular MR	Regular Normal
Mullen '61	350	350		Johnson '61	16	16	
Platt '58	75	50		Lapp '57	16		
Bennett '32	50	50		Miller '56	40		
Cassidy & Stanton '59	100	94		Baldwin '58	31		
Thurstone '59	650	650		Mullen '61	140	140	
Goldstein '65	969	969		Kern & Pfaeffle '63	31	31	31
Hoeltke '66	25	25		Meyerowitz '62	60	60	
Schell '59	54	54		Fine & Caldwell '67	21	21	
				Joynt '68	126		115
	2348	2317	0		481	268	146

^aCompiled by Steve Banks, Project Associate, Title VI-B, EHA. Source: "Bureau" Memorandum, XIII (Spring, 1972), 7.

TABLE 1--Continued

***RESULTS:

- M'61 1. Children in special classes responded better and had better behavior and adjustment.
B'58 2. Special class children were more socially mature than regular class children.
B'58 3. Delinquency and behavior records of special class children and regular class children do not differ significantly.
G'65 4. Normal children in neighborhood reported playing more often with regular class subjects.
B'58 5. Teachers' ratings on social maturity and emotional stability in favor of special class kids.
B'58 6. EMR children experienced much less acceptance than normal peers.
M'56 7. Out of 40 EMR children, 33 were placed in a neutral category by their peers, indicating indifference toward a close friendship with them.
J'61 8. Social acceptance of special class retarded to be superior to that of retardates in regular class.
M'61 9. Special class group significantly greater decrease on hostility scale over two year period.
K'63 10. Retarded in special classes and special schools showed much better school adjustment than did retardates who are in regular schools. 6
M'62 11. EMR children used significantly more derogatory statements in describing themselves than normal children and EMRs in regular classes.
J'68 12. Scales showed special class enrollees hold a more positive attitude toward themselves as a learner than their peers in regular classes.

**RESULTS:

- G'65 1. No statistically significant differences in IQ gains.
G'65 2. Special class beneficial to children with IQs 80 and below.
G'65 3. Special class not necessarily an effective educational setting for significantly improving academic achievement of those classified borderline or slow learners (IQ above 80).
G'65 4. Special classes encouraged MRs to display originality and flexibility in thinking.
B'58 5. Using California Achievement Tests--reading, arithmetic and language achievement of both groups were not significantly different.
B'58 6. Special class children improve more academically from one year to next than regular children.

TABLE 1--Continued

- B'32 7. Special class children were found to be significantly below regular class children in reading, arithmetic and spelling.
- + 8. Higher mean scores were obtained for children without special class training in paragraph meaning, word meaning, arithmetic computation and arithmetic reasoning.
- C'59 9. Of 9 academic tests administered, 6 significantly showed the regular class group performing more adequately than members of special class group.
- C'59 10. Breaking IQ into levels (50-59, 60-69, 70-79) the regular group still superior at each level.
- T'59 11. Data showed special class retardates to be inferior academically to their regular class peers.
- T'59 12. Brighter children (IQ 70-79) achieved more than duller children (50-59, 60-69).
- M'61 13. Regular class group made significantly larger gain in arithmetic over one year period than special class group.
- G'65 14. At end of two year period regular group showed superior reading skills.
- G'65 15. Low IQ special group tendency to score higher on arithmetic achievement and language.
- ++ 16. Significant results found only in reading in favor of partially integrated group.
- H'66 17. EMR children in regular classes scored significantly higher on each achievement subtest.
- M'61 18. Regular group of EMRs made higher gain in ratings of overall classroom work over 2 year period.
- G'65 19. Tendency for regular class group with IQs above 81 to achieve higher academic success than special class group with IQs above 81 or greater.
- G'65 20. Regular class group consistently superior in word discrimination and reading comprehension.

+ Elenbogan, M. L. 1957

++ Carroll, A. W. 1967

retarded and the retardates with multiple handicaps can be better served in a continued special class climate.²

Other authors also support the idea of mainstreaming the EMR student. M. Stephen Lilly emphatically concurs with a forum held in the CEC Convention in Chicago in 1970. He states:

It is the position of this writer, based upon consideration of evidence and opinion from many and varies sources, that traditional special education services as represented by self contained special classes should be discontinued immediately for all but the severely impaired. . . .³

Studies have produced conflicting evidence concerning special class programs with the weight of evidence suggesting that special programs have produced little that is superior to what is produced in the regular class setting.

Jordan suggests that the mildly retarded can be distinguished from the more seriously retarded in that there are more of the mildly retarded and the mildly retarded are capable of moving toward some degree of independent living in an industrial society.⁴ We can safely assume, then, that

²Arlon E. Parkin, "Mainstreaming the Educable Mentally Retarded Student," "Bureau" Memorandum, XIII (Spring, 1972), 3-5; Clarice Adams, "A Program for Mainstreaming at Stevens Point," "Bureau" Memorandum, XIII (Spring, 1972), 9-11.

³M. Stephen Lilly, "Special Education: A Teapot in a Tempest," Exceptional Children, XXXVII (September, 1970), 43.

⁴Thomas E. Jordan, The Mentally Retarded (2d ed.; Columbus, Ohio: Charles E. Merrill Books, Inc., 1966), p. 384.

the upper segment of what is now classified as EMR school populace can better be served within the mainstream of the regular school curriculum. Jordan also contends that college education classes should provide for better instruction about individual differences within the classroom. The EMR student strategically placed could then receive the necessary attention to meet his special needs without the added stigma of classification as different.

Cassidy conducted an investigation of educational placement of mentally retarded children. It was her purpose to assess the significant factors involved in the learning and adjustment of retarded children in special classes contrasted with those remaining in regular classes. The subjects were 100 pupils from special classes for the mentally retarded from 16 different school systems and 94 mentally retarded pupils in regular classes from 20 school systems having no special class services. Ages ranged from 12 to 14-11 and the IQ range was 50 to 75. A four-hour battery of tests was administered with the following results. The mentally retarded pupils in regular classes showed a higher level of academic achievement than the retarded children in special classes. Special class pupils, however, demonstrated greater personal and social adjustment as evidenced by the California Test of Personality and teachers' ratings.⁵

⁵Viola M. Cassidy and Jeanette E. Stanton, An Investigation of Factors Involved in the Educational Placement of

It would seem that there is a weakness in Cassidy's study in that we have no knowledge as to the ability or training of the teachers involved in both categories, nor knowledge that the pupils were equivalent initially. Also special class teachers generally concentrate or emphasize the development of personal and social skills, whereas the academic skills are the predominant effort in regular classes.

Thurstone conducted a study to evaluate two types of education for the mentally handicapped, education in special classes and education in regular classes. She hoped to compare on an objective basis the growth or progress of the mentally handicapped children in the regular classrooms with the progress of those children in special classrooms. She chose 1,273 children with IQs between 50 and 79, of whom 769 were in special classes and 500 in regular grades. The administration of the Stanford Achievement Test in the second year of the study showed no significant differences between the gain scores for regular and special class children. With the lower IQ (50 to 59) group the gain scores except in arithmetic computation were significantly higher in favor of the special class children. Thurstone also found that the special class children seem to be better adjusted in school

Mentally Retarded Children: A Study of Differences Between Children in Special and Regular Classes in Ohio, U.S. Office of Education Cooperative Research Program, Project 043 (Columbus: Ohio State University, 1959).

and have more friends than the regular class retardates, who were rejected and were social isolates. In gross motor skills the retardates were consistently inferior in their accomplishment to normal children of comparable age. She also found in the area of academic achievement that there were significant differences in the three levels of intelligence 50-59, 60-69, and 70-79. Brighter children achieved more in absolute scores, but fell further short of their mental age expectancy in school achievement than their more handicapped classmates. Older children were also found to fall considerably further short of their expectancy than did the younger ones. Because of this she felt that mental development could proceed considerably beyond the age of adolescence.⁶

Blatt conducted a study in the same area of the physical, personality and academic status of children who are mentally retarded attending special classes as compared with children who are mentally retarded attending regular classes. He selected 75 retarded pupils with a mean IQ of 66 and a mean chronological age of 13-9 enrolled in special classes, and 50 retarded pupils with a mean IQ of 69 and a mean chronological age of 13-6 enrolled in regular classes in a school

⁶Thelma G. Thurstone, The Evaluation of Educating Mentally Handicapped Children in Special Classes and in Regular Grades, U.S. Office of Education Cooperative Research Program, Project No. OE-SAE-6452 (Chapel Hill: University of North Carolina, 1960).

system having no special classes. He evaluated them on the basis of physical characteristics, physical defects, motor skills, personal and social maturity, academic achievement and interests. No differences were found between groups in educational achievement. Scales of social maturity and emotional stability indicated greater emotional stability and social maturity in special class pupils. Scores on the California Test of Personality, however, indicated no differences between groups in personal and social adjustment.⁷

We can be assured from examination of all studies that mainstreaming of retarded children should begin with the upper IQ range of the total MR group. We can further conclude that the integration of these students should be on a gradual basis. Priority for placement should only be determined after exhaustive testing for manifestations of other learning disability characteristics.

It is not uncommon to find children with multihandicaps in the EMR classroom. Children exhibiting two or three distinct types of malfunctions can best be handled in a contained classroom. A child can have both physical and mental deficiencies of such a complex nature that the adjustment to a regular classroom can be overwhelming.

⁷Burton Blatt, "The Physical, Personality, and Academic Status of Children Who Are Mentally Retarded Attending Special Classes as Compared with Children Who Are Mentally Retarded Attending Regular Classes," American Journal of Mental Deficiency, LXII (May, 1958), 810-18.

Research on the social status of physically handicapped children was conducted by Force for the purpose of comparing physically handicapped and normal children in integrated classes at the elementary school level to determine the effect of physical disability upon social position of peers. The group to be studied consisted of 63 physically handicapped and 361 normal children of average intelligence in 14 elementary classes (grades 1 through 6) of three Michigan schools, including 7 visually handicapped children. A sociometric instrument was used to reveal choice behavior on three criteria: friends, playmates, and work mates. Teachers rated the children for positive and negative behavior traits.

The following conclusions were drawn:

1. Physically handicapped children are not as well accepted as normal children in integrated classrooms at the elementary school level.
2. Psychological integration of physically handicapped children among normal peers cannot be achieved by mere physical presence in a mixed group.
3. Psychological identification of sub-groups of normal children and physically handicapped children was made by elementary school children in their choice behavior.
4. Physical disability magnifies the difficulties of a child in achieving social acceptance from normal peers.
5. Physical disabilities have varying social values with cerebral palsy ranking lowest on a value scale.
6. Few physically handicapped children have enough positive assets to offset completely the negative effect of being labeled as 'handicapped' by normal peers.
7. The individual physically handicapped child who is highly accepted by a peer group manifests many social desirable traits and relatively few negative traits of behavior patterns.

8. Among the elements to be considered in integration is the number of physically handicapped children which a class can absorb without defeating the purposes of integration.
9. The problem of status and acceptance for the physically handicapped is one that exists for those who are as young as six years.
10. The problems of integration of physically handicapped children are closely allied to the whole field of dealing with prejudice. This fact gives a promise of an effective solution to the problem of acceptance through a continuing program of education.⁸

The purpose for adding Force's study at this point is to further validate the complexity of acceptance of any children who are "different" into a regular classroom. The problems of integration of physically handicapped children are closely related to the whole field of prejudice. It can be further noted that children who have both physical and mental deficiencies, a situation commonly found among the handicapped, poses a dual acceptance problem for the individual. These children could perhaps best be served by allowing them to remain in a contained special classroom at present. A more detailed discussion of priority placement for children with multihandicaps can be found in Chapter III of this paper.

Dunn emphatically denounces the continuance of special education classes as presently found throughout the nation. Because of the legal aspects and the civil rights issues currently being discussed in all areas, the equality of

⁸Dewey G. Force, Jr., "Social Status of Physically Handicapped Children," Exceptional Children, XXIII (March, 1956), 104.

educational privileges must be squarely faced. Dunn believes that the time is at hand for drastic changes in the educational curricula to provide adequate education for the special child.⁹

A better education than special class placement is needed for socioculturally deprived children with mild learning problems who have been labeled educable mentally retarded. Over the years, the labeling of pupils who come from poverty, broken and inadequate homes, and low-status ethnic groups has been questionable. In the years prior to 1930 these students were simply excluded from school. Then, with the advent of compulsory attendance laws, these children were forced into a reluctant mutual recognition of each other. This resulted in the establishment of self-contained special schools and classes as a method of transferring them out of the regular classes.

Dunn emphasizes the aforementioned educational dilemma in the following statement:

The number of special day classes for the retarded has been increasing by leaps and bounds. The most recent 1967-68 statistics compiled by the US Office of Education now indicate that there are approximately 32,000 teachers of the retarded employed by local school system --over one-third of all special educators in the nation. In my best judgment about 60 to 80 percent of the pupils taught by these teachers are children from low status backgrounds--including Afro-Americans, American Indians, Mexicans, and Puerto Rican Americans; those from

⁹Lloyd M. Dunn, "Special Education for the Mildly Retarded--Is Much of It Justifiable?" Exceptional Children, XXXV (September, 1968), 5-22.

nonstandard English speaking, broken, disorganized, and inadequate homes; and children from other non-middle class environments. This expensive proliferation of self contained special schools and classes raises serious educational and civil rights issues which must be squarely faced. It is my thesis that we must stop labeling these deprived children as mentally retarded. Furthermore we must stop segregating them by placing them into our allegedly special programs.¹⁰

Regular teachers and administrators have sincerely felt they were doing these pupils a favor by removing them from the pressures of an unrealistic and inappropriate program of studies. Special educators have also fully believed that the children involved would make greater progress in special schools and classes. However, the overwhelming evidence is that our present and past practices have their major jurisdiction in removing pressures on regular teachers and pupils at the expense of the socioculturally deprived children themselves.

In the following statement Dunn reiterates another facet of the change from the present educational provisions for the EMR:

Our past and present diagnostic procedures comprise another reason for change. These procedures have probably been doing more harm than good in that they have resulted in disability labels and in that they have grouped children homogeneously in school on the basis of these labels. Generally, these diagnostic practices have been conducted by one of two procedures. In rare cases, the workup has been provided by a multidisciplinary team, usually consisting of physicians, social workers, psychologists, speech and hearing specialists, and occasionally educators. The avowed goal of this approach has been to look at the complete child, but the outcome

¹⁰Ibid., pp. 5-6.

has been merely to label him mentally retarded, perceptually impaired, emotionally disturbed, minimally brain injured, or some other such term depending on the predispositions, idiosyncracies, and backgrounds of the team members. Too, the team usually has looked for causation, and diagnosis tends to stop when something has been found wrong with the child, when the why has either been found or conjectured, and when some justification has been found for recommending placement in a special education class.¹¹

Dunn sums up his attitudes concerning the educating of the EMR student with the following thought:

There is an important difference between regular educators talking us into trying to remediate or live with the learning difficulties of pupils with which they haven't been able to deal; versus striving to evolve a special education program that is either developmental in nature, wherein we assume responsibility for the total education of more severely handicapped children from an early age, or is supportive in nature, wherein general education would continue to have central responsibility for the vast majority of the children with mild learning disabilities--with us serving as resource teachers in devising effective prescriptions and in tutoring such pupils.¹²

Kirk also advocates a change from the present provisions for educating the EMR child. The stigma attached to a child attending a designated special school building led to the housing of these children with their chronological peers. The mere containment of these children in the same building does not, however, completely remove the stigma. Further integration of the EMR within the regular classroom continues to be the trend of thought among most educators. Kirk states:

¹¹Ibid., p. 8.

¹²Ibid., p. 11.

In a few school systems the mentally retarded have been housed in one school, a special school with different groupings according to age, mental age, and achievement level. Here a departmental organization is usually found in which children go to various teachers for physical education, arithmetic, reading, social studies, arts and crafts, and so forth at different periods of the day.

Special segregated schools, although relatively common in earlier days, are at present quite rare owing to a changing philosophy and to certain organizational problems. They have often been stigmatized as "dummy schools." Parents have objected to sending their children to a special school, preferring to have them go to the neighborhood school. Although there are some advantages to segregated schools of this type, most educators believe that such an organization is not a suitable one for the educable mentally retarded child. It tends to become institutionalized and certainly reduced the child's opportunities to associate with average children.¹³

Nelson and Schmidt lend a different slant on the subject of efficacy studies in special education. They hold that there are two distinct schools of thought on the problem. One side of the argument states that we must continue the segregated classroom status and the other argues that strong influences indicate that mainstreaming is the best answer.¹⁴

Nelson and Schmidt state:

During the past several years an increasing cleavage has split the ranks of special educators. Impetus for this division has been the publication of Dunn's (1968) article on the relevance of traditional categories of exceptionality to the problems of teaching handicapped children. In addition, articles such as Blackman's (1963) on research needs in the education of the mentally

¹³ Samuel A. Kirk, Educating Exceptional Children (Boston: Houghton Mifflin Co., 1962), p. 116.

¹⁴ Calvin C. Nelson and Leo J. Schmidt, "The Question of the Efficacy of Special Classes," Exceptional Children, XXXVII (January, 1971), 381-84.

retarded and books such as Roger's Special Education (1968) may be associated with an increased tendency for many special educators to take a different look at what they are doing.

On the other hand, there is a significant segment of the profession which has either increased its efforts to maintain the status quo or has maintained its past behaviors as if the challenges had not been issued. Persons who tacitly or militantly defend special education as now practiced insist that the inadequacies in the present situation need correction, but that such inadequacies are not of sufficient scope to justify not using special classes as a means of education for handicapped children.¹⁵

Current studies dealing with the legal aspects in placement of students in special classes brings about still another confrontation concerning the validity of retaining status quo in EMR classrooms. Ross, DeYoung, and Cohen published a study done in Michigan. They stipulate that suits have recently been brought against public schools for placing certain children in special classes for the educable mentally retarded. Through the courts, parents are challenging the administration and use of standardized tests, placement procedures, and the effectiveness and harmful impact of special class placement procedures, and the effectiveness and harmful impact of special class programming. Special educators are urged to initiate immediate reform in testing and placement procedures or there is a likelihood that changes will be imposed by the courts. The possibility of punitive damages may stimulate these changes.¹⁶

¹⁵Ibid., p. 381.

¹⁶Sterling L. Ross, Jr., Henry G. DeYoung, and Julius S. Cohen, "Confrontation: Special Education Placement and the Law," Exceptional Children, XXXVIII (September, 1971), 5.

In the case of Hobson v. Hansen (1967) Judge Skelly Wright held that the tracking system of educational placement in the Washington D.C. schools was illegal since it was in violation of the equal rights clause of the United States Constitution. He therefore ordered the abolition of the track system. Under the system the students were given Sequential Tests of Education (STEP) and the School and College Ability Tests (SCAT) in the fourth grade, and Stanford Achievement Test (SAT) and the Otis Quick-Scoring Mental Ability Test in the sixth grade. The students were then placed in an honors, general, or special (educable mentally retarded) curriculum primarily on the basis of test scores. Judge Wright found that in Washington D.C. schools there were a disproportionate number of black students in special classes, and he attributed this inequitable distribution to culture biased tests.¹⁷

The following arguments are levied most often against current placement procedures:

(1) For many children, testing does not accurately measure their learning ability. Intelligence tests are generally standardized on white, middle-class student populations. The tests are heavily verbal and contain questions more easily answered by white middle-class students.

(2) The administration of tests is often performed

¹⁷Ibid., p. 6, citing Hobson v. Hansen, 269 F.Supp. 401 (1967).

incompetently. Even if proper testing equipment existed, many of the present public school personnel are not adequately trained to administer the tests nor qualified to interpret the results properly.

(3) Parents are not given an adequate opportunity to participate in the placement decision. Most school codes require that the parents be notified when the decision to place the child has been reached. Parents, however, are almost never involved before the placement decision has been reached. When parents are involved, it is usually in an effort to obtain their agreement to a decision which the professionals have already made.

(4) Special education programming is inadequate. Once a child is placed in an educable mentally retarded class, there is little chance that he leave it. Insufficient attention is given to the development of basic educational skills and retesting occurs infrequently, if ever. Contributing further to the lack of upward mobility is the student's poor self-image which is reinforced by such placement.

(5) The personal harm created by improper placement is irreparable. Special class placement becomes a basic factor in a self-fulfilling prophecy, frequently relegating the victim to an economic, educational and social position far below that which he has the ability to achieve. The social stigma surrounding the label "mentally retarded" remains with the individual his entire life.

Much of the literature dealing with efficacy studies and legal aspects of EMR students emphatically stipulates that educators must provide a more congenial and acceptable program for the education of the mildly retarded. Mainstreaming mildly retarded children seems to be the best solution for meeting their needs. A great deal of care should be used in the transition of the EMR student into the regular classroom. Teacher acceptance and cooperation are of the utmost importance. The role of the special teacher would change somewhat. Present special teachers would act in an advisory capacity to help provide the individual needs of the mildly retarded student in a regular classroom setting. Best results would be attained if the transition is made on a gradual basis. The children in the upper one-third IQ range should be given first priority. Most authorities agree that the moderately and severely retarded child can be served by continuing in a special classroom environment.

Social Adjustment

As experts have become aware of the leisure-time needs of retarded children, a debate has developed similar to the conflict regarding education. Should special recreational facilities for the retarded alone be developed or should a retarded child have the right to sample and share opportunities the community offers all children through its network of playgrounds, scouts, camps, and hobby clubs?

A group of educators has completed a five-year study at the Jewish Community Centers Association of Saint Louis concerning the participation of retarded children in regular recreational activities. The study shows that over this period, 41 retarded children joined numerous kinds of leisure-time activities at a community center. The study showed that 75 per cent of them had done niminalally well. Although instructors rated the social behavior of retarded members as significantly different from that of normal children in the same groups, differences were acceptable and often diminished with continued exposure to normal children. The performance of subjects in this study suggests that parents and teachers can feel fairly secure in encouraging the retarded to explore the world of normal children in their leisure time.¹⁸

Another study concerning social adjustment of EMR children was made by Meyerowitz at the University of Illinois. He contended that EMR children placed in a regular class environment tend to lower their self-image. Much of the evidence suggests that the superior social adjustment of students placed in special classes may be attributed to the absence of failure experienced in a regular grade due to pressure for academic achievement. This pressure is not felt

¹⁸Muriel W. Pumphrey et al., "Participation of Retarded Children in Regular Recreational Activities at a Community Center," Exceptional Children, XXXVI (February, 1970), 453-58.

by a child placed in a special class.¹⁹

The other side of the coin presents a problem--the implications for self-concept. What impact is there on a youngster's self-perception when he is singled out of the classroom of friends and neighbors and placed in a different room? Meyerowitz suggests in his study that not all EMR children can be evaluated through placement. This contention is based upon the assumption that regular class placement confronts the EMR child with standards so out of reach that he has no realistic basis for self-evaluation. He points out, too, that post-investigation of academic progress in special classes offers little clear-cut evidence for or against the efficacy of these classes. However, the majority of the studies tend to support the superior social adjustment of the child placed in a special class.²⁰

Miller examined the social acceptance of superior, typical, and mentally retarded children in a study done at the University of Illinois. He concluded that the mentally retarded child was the least accepted socially among his age-mates and that he would thus function more advantageously in a segregated classroom situation. This study offers the argument that at least the lower segment of the total MR

¹⁹Joseph H. Meyerowitz, "Self-derogations in Young Retardates and Special Class Placement," Child Development, XXXII (December, 1963), 443-51.

²⁰Ibid.

populace could best be served in a segregated or partially segregated educational climate.²¹

Miller concludes:

In considering the social needs and adjustments involved in the special class controversy, it can be argued that since the retarded are being least socially accepted in the regular classroom, it would be socially beneficial for them to be in a more accepting group. So these data could be regarded as arguing in favor of special classes for the mentally retarded. The superior, however, seem to be most socially accepted by their classmates and consequently the evidence of this study would contribute in part to questioning a need for special classes for the gifted on the allegation that they are being socially spurned or rejected by their classmates in the regular classroom. This study, of course, has nothing to offer regarding academic or intellectual needs of the superior as bases for special classes.²²

Another author concerned with the social acceptance of the mentally retarded child in the regular classroom is Baldwin. The purpose of her study was to determine the social position of the mentally retarded child in the regular grades. She further wanted to determine the relationship of other factors to this position and to see whether in these findings there existed any implications for educational planning.²³ Her conclusions follow:

²¹Robert V. Miller, "Social Status and Socioemphatic Differences among Mentally Superior, Mentally Typical, and Mentally Retarded Children," Exceptional Children, XXIII (December, 1956), 114-19.

²²Ibid., p. 119.

²³Willie K. Baldwin, "The Social Position of the Educa-ble Mentally Retarded Child in the Regular Grades in the Public Schools," Exceptional Children, XXV (January, 1958), 106-8.

The degree of social acceptance of the mentally retarded children in the regular grades was much lower than that of the non-mentally retarded children in the regular grades. Of the mentally retarded children, 3.2 percent were placed in the first quartile position of social acceptance, and 61.3 percent were placed in the fourth quartile position of social acceptance. Of the non-mentally retarded children, 26.4 percent were placed in the first quartile position of social acceptance, and 22.7 percent were placed in the fourth quartile position of social acceptance.

The difference between the social acceptance scores gained by the mentally retarded children and the social acceptance scores gained by the non-mentally retarded children was significant at the one percent level.²⁴

Lapp studied the implications of the social adjustment of the slow learner. She compiled data from the results of a survey done on a questionnaire or sociogram type of study. The questions asked were devised to determine the social acceptance of the individuals placed in a regular class. The statistical findings of the study do not reveal the intangible evidences that make part-time assignments of special class children to the regular classes seem desirable. The very intimate nature of the questions could make some children hesitant to answer even after being assured that their answers would be held in confidence. Lapp concludes that other psychological and sociological studies should be made on the subject.²⁵

²⁴Ibid., p. 107.

²⁵ Esther R. Lapp, "A Study of the Social Adjustment of Slowlearning Children Who Were Assigned Part-time to Regular Classes," American Journal of Mental Deficiency, LXII (January, 1957), 254-62.

Perhaps one of the more recognized contemporary authors dealing with the social position of the EMR child is G. Orville Johnson. He shows rather clearly that the mentally handicapped children were significantly more isolated and more rejected than the typical children in the same classes. Evidence also is presented indicating that the isolation and rejection were probably due to intellectual differences rather than some other relatively unrelated factor such as a difference in chronological age or socio-economic status. He indicates that the regular classes were not meeting the needs of the mentally handicapped children, implying that a child may be socially segregated even though he is physically part of the group.²⁹

Most studies on the social development of the EMR child indicate that these needs can best be met in a segregated classroom environment. Because of the stigma attached to special class status, however, some of the child's social developmental needs can best be met in a partially desegregated program especially at the junior and senior high school age level. While most of the studies prove that little significant difference can be found academically between specially placed children and these same children in a regular class setting, it was found that specially placed children showed

²⁹G. Orville Johnson, "A Study of the Social Position of Mentally-Handicapped Children in the Regular Grades," American Journal of Mental Deficiency, LV (January, 1950), 60-89.

significant gains socially. Most of the literature indicates that plans for desegregation should begin slowly. Partial mainstreaming of the individual with particular subject matter seems to be the most feasible at present.

CHAPTER III

SUMMARY

Efficacy Studies

A preponderance of research results denotes little or no significant academic achievement difference between educable retarded students in a regular class situation and those in a special class. The most favorable results of special classes are found in the social adjustment of the EMR students. Studies also indicate that mainstreaming would be most advantageous for the upper one-third of the special group presently designated as EMR. Educators are cautioned to move slowly in the mainstreaming process beginning with the special students in the upper IQ range. Exhaustive testing for particular learning disabilities should be done before the child is recommended for a partially or fully integrated schedule. Consideration should be given to the emotional status of the individual prior to regular placement. The adjustment involved in moving from a structured, self-contained classroom may be too overwhelming for an emotionally disturbed youngster.

Integration should begin slowly after first gaining the much needed acceptance and support from teachers involved. Students selected should not be overly aggressive,

hyperactive, or possess physical characteristics that would make them stand out in a group. They should possess social traits that will allow for ready acceptance with their peers. It might be well to begin the program with primary students who have not been in a special education class. When appropriate, the youngsters should attend the neighborhood school. It is desirable to have a certified special education teacher as a member of the regular teaching staff. Schools seriously considering mainstreaming should use caution. Plan carefully, establish goals and move steadily and gradually toward achieving them.

We as educators are committed to provide the best education possible for all students within the most favorable learning environment. In this day of consideration for ethnic rights and civil confrontation we are morally bound to provide equal educational opportunities for all children. A democratic philosophy would dictate that the most justifiable course of action in dealing with mental retardation would be the altering of classroom practices whenever possible rather than the segregation of deviant individuals.

Recently, parents have begun bringing suits against public schools for placing certain children in special classes for the educable mentally retarded. In many such cases judges have reluctantly made a decision as to how the child can best be served in the schools. Track systems have been attacked and are now illegal in some states. Even

Congress has taken action concerning services denied exceptional children that are available to others. They hold that these children are being denied their right to an equal educational opportunity.

Responsibility has been placed squarely on the shoulders of educational administrators to modify the regular classroom curriculum, further educate the regular classroom teacher, and provide other facilities necessary for serving the mentally retarded child. It is generally agreed, however, that the moderately retarded can best be served in a segregated educational setting.

Special educators are presently being urged to initiate immediate reform in testing and placement procedures or there is likelihood that changes will be imposed by the courts. As previously stated, most judges are reluctant to impose a reform that is by their own admission far removed from their own legal background. The judges are taking the position that certain aspects of placement must be changed but they leave the actual particulars to the educators. These changes must be provided by educators in the near future if we are going to continue to be the professional decision-makers in the field of education.

Many of the EMR students will function as well or better in a more normal learning environment which allows them to interact with many children of varying abilities and interests of similar age. This will help them develop a

better self-concept and aid them in fitting into their society as it exists outside of school. They should be much more willing to play with other children in their neighborhood and also will be better accepted. Such experiences will develop the self-confidence that is necessary to becoming well-adjusted, contributing members of our society.

Another reason self-contained classes are less justifiable today than in the past is that regular school programs are now better able to deal with individual differences in pupils.

Changes in school organization is in rapid progress throughout the nation. In place of self-contained regular classrooms, there is increasingly more team teaching, upgraded primary departments, and flexible grouping. Furthermore, public kindergartens and nurseries are becoming more available for children of the poor. Curricular changes are continually being implemented. Instead of a standard diet of Look and Say readers, many new and exciting options for teaching reading are evolving. More programmed textbooks and other materials are finding their way into the classroom. Ingenious procedures are being developed to teach oral language and reasoning to preschool disadvantaged children.

More ancillary personnel are now being employed by the schools, i.e., psychologists, guidance workers, physical educators, remedial educators, teacher aides, and technicians. Furthermore, some teachers are functioning in different ways,

serving as teacher coordinators, or cluster teachers who provide released time for other teachers to prepare lessons. Regular classroom teachers are also currently being trained better to provide for individual differences. Computerized teaching, teaching machines, feedback typewriters, and videotapes are making autoinstruction available as never before. With earlier, better and more flexible programs many of the children should not have to be relegated to the type of special education we have provided in the past.

Social Adjustment

While evidence clearly points out that EMR children do not necessarily achieve better academically in regular classrooms than in special classes, there is much to indicate that children in special classes have become more socially adjusted. The experience of specialized personnel can continue to be of value to the EMR student through the counseling of specialized teachers who would act as teacher consultants to the regular classroom teachers.

Mainstreaming is not a panacea for all ills. The planning, implementing, administrative procedure is time-consuming, often wearying and sometimes frustrating, but it is one way of giving validity to the statement which we in education have heard so often: Take a child where he is and let him achieve to the limit of his ability while using his style of learning to the fullest. The role of the

special education teacher has to change in a mainstreaming situation. No longer is he a teacher set apart along with the student, but he becomes dynamically involved as a planner and innovator in the learning experience. Special Education by its very nature has been individualized education, but mainstreaming takes it to where the action is, preparation for the mainstream of life.

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