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Ann Larson Gallagher

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MAINSTREAMING:

AN ALTERNATIVE

by

Ann Larson Gallagher

A RESEARCH PAPER
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TABLE OF CONTENTS

Chapter		Page
I.	INTRODUCTION	1
	Statement of Problem	2
	Limitations	3
	Definitions	3
II.	REVIEW OF CURRENT RESEARCH	6
	Introduction	6
	General Research Findings	16
	Models for Mainstreaming	21
	Review of Specific Research Findings	32
	Wisconsin Models for Mainstreaming	48
III.	SUMMARY	55
	
	APPENDIX	59
	BIBLIOGRAPHY	65

CHAPTER I

INTRODUCTION

As more states begin mandating education for handicapped children, there is a definite trend toward integrating these children into the mainstream of the regular classroom. This is a point in time for the field of education to take stock of what has been done and where the field is going and/or could go. This is the time for questioning--methods, techniques, and basic assumptions concerning the special child. Education has an opportunity to develop a new outlook for the handicapped child and this opportunity should not be wasted.

One of the major questions which needs to be resolved is that of the placement of the handicapped child in the school system. Historically, education has come full circle in terms of handling these children. At one point in time the handicapped child was included in the regular classroom although he spent much of his time observing other children or in the principal's office. Educators then began to recognize that this helped neither the child nor the community so emphasis was placed on segregation into special classes. This method produced some positive results educationally for the children, relief for the teacher of the regular class, but social disaster for the children who were then called "retards" or "mentals". The last

decade has gradually brought the field of education around to complete the circle and view the child as an individual who can be mainstreamed into the normal classroom situation.

The thrust of mainstreaming is that of a kind of humanism--the belief that these children do not have to be different, either in the eyes of other children or in the child's image of himself. Over the years the special education room has become a problem centered area of the school. In this room people concentrate on weaknesses and problems to the exclusion of the recognition of strengths and sameness with others in the school. Current research now points to mainstreaming as the best potential method for educating the child with a learning or behavior problem. In this method integration is provided with normal children in the regular classroom with supportive help available for both the teacher and the handicapped child.

Statement of Problem

How is the exceptional child best served by a school system? Should this child be segregated into a special class with others like himself, only to be released for physical education, and music? Will the teacher of the regular classroom accept a handicapped child in his/her room? How much supportive help will be available if he/she does? These are all questions which face educators, parents and children when the placement of a handicapped child is discussed. The major thrust of this paper was to discern whether or not mainstreaming

the exceptional child is a viable, humanistic, and educationally sound alternative to the self-contained special class.

Limitations

In reviewing current research the writer has included articles from 1964-1974. There has been quite a bit written about the integration of all exceptional children into the regular classroom. However, this writer has concentrated only on the child classified as educable mentally retarded, learning disabled, or emotionally disturbed. Although research has been done in all parts of the United States and Canada and will be referred to throughout the paper, one section will deal exclusively with projects within the state of Wisconsin. A further limitation was placed in considering only school age children while eliminating references made to preschool and infant programs.

Definitions

There are several terms which will be used throughout this paper. The following definitions have been included in order that the reader be aware of the author's use and understanding of the terms.

educable mentally retarded:

educable retarded children have been defined as having IQ's from 50 to 75; they are expected eventually to achieve academic work at least to the third grade level by school-leaving age; as adults, they are expected to be socially adequate and capable of unskilled or semi-skilled work.¹

¹H. Robinson and Nancy Robinson, The Mentally Retarded Child: A Psychological Approach (New York: McGraw Hill Book Company, 1965), p. 461.

-EMR: educable mentally retarded

-learning disabled:

Children with special (specific) learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, learning or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage.¹

-emotionally disturbed:

children with emotional problems severe enough to prevent them from making the necessary adjustments for effective functioning in the culture. They have acquired habits of behavior sufficiently different from other children reared in similar circumstances so that their behavior is considered to be personally and socially deviant. Their behavior may range from aggressive destruction to complete withdrawal. They are unable to do what is expected of their normal peers and are to be found in any social class and in a variety of families. Their social and personal learning has been inappropriate, but the reasons for this are vague.²

-mainstreaming:

. . . the process by which handicapped children are educated primarily within the regular education mainstream rather than solely in self-contained special school 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

¹National Advisory Committee on Handicapped Children, Special Education for Handicapped Children: The First Annual Report (Washington, D.C.: Government Printing Office, 1968), p. 14.

²C. Telford and J. Sawrey, The Exceptional Individual (Englewood Cliffs, N.J.: Prentiss Hall, 1967), p. 399.

to provide the necessary individualized instruction for exceptional children and youth utilizing the skills of both special and general educators.¹

Summary

The field of education is at a decision point in development. The time has come when parents and legislation are forcing the school systems to fulfill their responsibility in educating all exceptional children. This is an era when within all schools all children should be placed in such a way as to maximize their opportunities for the best education possible. Failure to develop adequate choices in programming, which results in confinement in special classrooms, is indefensible. There are children who are going to need the individual attention, security, quiet, and relief from a bombardment of stimulation that a special class may provide. Yet, with help, there will also be a point in time when these children and hundreds of others will be ready for varying degrees of integration into the regular classroom. The door to the regular classroom should and must be open to them.

¹Kenneth Blessing, "CREDO for Mainstreaming," Bureau Memorandum 13 (Spring 1973):1.

CHAPTER II

REVIEW OF CURRENT RESEARCH

Introduction

The principal thrust of modern educational theory is that an individualized learning program should be developed for each child. And, as this concept gains increasing acceptance, there is increasing realization of the challenge to school systems to make their educational program for exceptional children more than a terminal branch of the total school program. As individualization develops in the regular classroom, school districts are having to reorient their thinking toward the mainstreaming of some of their special students.¹

The concepts of mainstreaming and individualization are intertwining theories--each, to some extent dependent on the other. Mainstreaming has already been discussed and defined in the previous chapter. Individualization is that concept which takes into account human differences which occur in the classroom. In operation it provides for a group of children to accomplish assigned tasks at their own pace. If this type of programming is in effect in a school system,

¹R. Cormay, "Returning Special Education Students to Regular Classes," Personnel and Guidance Journal 48 (April 1970): 646.

it is easier to enable the exceptional child to take part in activities in the regular classroom. It is individualization which gives the child the realistic opportunity to exposure to the normalization process. When referring to successful mainstreaming programs and/or models, the writer will assume that this kind of individualization is in existence.

The Goals of the Special Education Room

The special education room in a school should serve two different populations. The first goal is to provide educational services to that group of children whose needs cannot be adequately met in regular programs.¹ There is and probably always will be a segment of handicapped children who will not be able to cope with the regular classroom in any way; these children will need the continued protective environment of the self-contained special class. However, there is another population of handicapped children who may only need a minimum amount of time in the special classroom before they are ready to return to the regular class for some portion of the school day. It is for these students that the special class should be a part-time facility and resource room. The child's length of time in this room may fluctuate with age, subject area and class size. But during the last three decades, the second goal of part-time use of the

¹Christopolos, G. and Renz, P., "Critical Examinations of Special Education Programs." The Journal of Special Education 3 (Winter, 1969): 371.

special classroom has not been widely achieved. Instead, special education rooms have too often become dead ends for the children who entered them. It is this dead-end philosophy that educators are trying to change:

Some years ago I heard a statement that the doors of education must open in as well as out, but there is at least one door in our schools that often opens out but seldom in. This figurative door is the one that opens to let a student out of the regular classes and into special education classes.¹

It should be emphasized that it is not a goal of special education to seek more students or to create more special classes. It is "to stress the need to individualize programs, express care and concern for the individual child, and develop curriculum, methods, and materials compatible with the assets of the child."²

Current Problems of Applying the Theory of Mainstreaming

By 1975 a problem has been created within the field of education as academicians and researchers proclaim the assets and achievements of mainstreamed students, while the regular classes find themselves ill-equipped to handle these special students. There is a need for an evaluation of goals and services within the field of special education in order to match the theory and the practice. But this evaluation cannot produce meaningful answers without a similar probing occurring

¹Cormay, p. 641.

²R.F. Simches, "The Inside Outsiders," Exceptional Children 37 (January 1970): 15.

in the regular classrooms. The need for special education cannot be considered as an isolated problem, because it depends on the spectrum of educational facilities that can be provided in the regular classroom.¹ If educators conclude, after this evaluative process, that special education classrooms should be restricted to those children that regular classrooms cannot reasonably be expected to accommodate, the question remains of how to provide continued services to the mainstreamed students. The most important question to those in special education is how "we can insure that the needs of the handicapped will be met in regular education."² Teachers in the regular classroom may assume that needs are being met when actually they are not. This assumption may be backed by administrators and school boards who may "prefer to assume that the needs are being met under mass instruction procedures because it is more economical to assume this."³ These assumptions, if not corrected, could prove to be hard on the children involved and could provide failure of such magnitude that it is undeniable and irreversible.

In addition to the problem of providing continued services to the mainstreamed child, another concern comes to the forefront:

¹M. Jansen et al., "Is Special Education Necessary? Can this Program Possibly be Reduced?" Journal of Learning Disabilities 3 (September 1970): 436.

²E. Deno, "Special Education as Developmental Capital," Exceptional Children 37 (November 1970): 234.

³Ibid.

Having had to travel a long painful road, employing many special appeals to secure attention for children locked out of education's doors as administrators proceeded to allocate finite resources on the principle of the greatest good for the greatest number, many special educators fear what consequences might ensue from blurring the identity of special education's clientele.¹

Finally, a problem in applying the theory arises in those classrooms where it has been forgotten that exceptionality is defined by the nature of the society rather than the nature of the individual. But this cannot be forgotten in talking about the present and the future of special education, exceptionality and programming. Exceptionality in education becomes the condition of not meeting general education goals set up by the educational system. Failure to meet these goals is so intolerable to some educators that it results in total or partial segregation of this group of students.² In order to return exceptionality to its status as a concept, it must be removed from the child. "Thus it is suggested that we move from defining 'exceptional children' to defining 'exceptional situations within the school'."³ In order to accomplish this change in view toward exceptionality, one group of special educators are convinced that the change must come not only in education practices, but also in

¹Ibid., p. 229.

²Christopolos and Renz, p. 373.

³M.S. Lilly, "Special Education: A Teapot in a Tempest." Exceptional Children 37 (January 1970): 48.

legislation, the focus of training programs, service delivery system forms, and structures of professional organizations. This group suggests that the viewpoints must switch from pathology to an approach which emphasizes that the problem exists not in the child, but in the mismatch which exists between the child's needs and the opportunities we make available to him.¹ Most important of all, it must be remembered that as we look at new concepts, theories, and research results, and as we talk about terminology, training programs, and committees, the child is at the center of these thoughts, discussions, and changes. That child's welfare and future is of foremost importance.

In the beginning, each of us must make promises to more than all children--to each child. And, our promises must be less on behalf of all men and more the declaration of one man, as each man must proclaim, 'I promise, and I will do, or the world will not change.'²

What Does Implementing Mainstreaming Mean?

The writer has previously presented a definition of mainstreaming and some of the concepts tangent to it. However, in talking about mainstreaming to a large group of public educators the question becomes "In reality, what does mainstreaming mean?" In answer to that question it can be said that:

¹Deno, p. 229.

²B. Blatt, "Public Policy and the Education of Children with Special Needs." Exceptional Children 38 (March 1972): 545.

Mainstreaming means different things to different people. To some, the concept is similar to what we have called integration, where children who were housed in isolated facilities are moved into regular school buildings and placed in special self-contained classes alongside classes of nonhandicapped children. At the other extreme, to some people the concept means the total elimination of any semblance of specialized grouping on the basis of type of disability. In this way, children are assigned to grades on the basis of age, as is done with most other children.¹

There is a distinction to be made between the philosophical concept of mainstreaming and the reality of program development. As presented in previous discussion, the philosophical question of mainstreaming revolves around the idea of the value of human differences. It means that heterogeneous grouping is more significant in promoting growth, both academically and socially, than is homogeneous grouping.²

That philosophy is accepted by many educators but the problem exists when transferring this philosophy into a workable program model.

Programmatically, mainstreaming means the implementation of a continuum of services in which a conscious effort is made to include everyone, as much as possible, with everyone else.³ There are some obvious restrictions in this model. It should be clearly understood that the implementation of the mainstreaming concept does not mean that all

¹Roger Reger, "What does 'Mainstreaming' Mean?" Journal of Learning Disabilities 7 (October 1974): 57.

²Keith Berry, "Mainstreaming: A Problem and An Opportunity for General Education." Focus of Exception Children 6 (November 1974): 1.

³Ibid., p. 2.

handicapped children will be placed in classes with nonhandicapped children. To apply the concept in that extreme form would only put many children back where they were before the advent of special education.¹

The next natural question is, "How do school systems decide which children will be integrated?" One rationale for making this decision is whether or not a child is apt to be segregated in his adult life.² If a child is going to be forced to compete as an adult, then that opportunity and experience ought to be afforded him as a child. Consequently, the combination of the philosophical and programmatic ideas of mainstreaming result in the following declaration of desires and definition:

We all want for these children, for all children, the maximum that they are able to realize academically, the calmness which comes from safety and security, the happiness which comes from true learning and exploring, the open minds and compassionate hearts which come from a broad, enriching, and loving experience with concerned adults as guides. We have to ask ourselves, if, truly isolating a small number of children from all the others will help them in the long run to feel like all the others, to function like all the others, to grow like all the others.³

¹Reger, p. 58.

²Arthur Kraft, "Down with (Most) Special Education Classes." Academic Therapy 8 (Winter 1972-73): 209.

³O. Weininger, "Integrate or Isolate." Education 94 (November 1973): 146.

Problems in Programming

Some problems in applying the theory have already been discussed. The points included in this section will locate more specific problem areas which occur when the transfer is made from the philosophical acceptance of the concept of mainstreaming to the implementation of a program model. There are four major areas of concern that must be dealt with before a mainstreaming program will be successful. The first involves the preparation of the whole society that will be involved in the program. This includes all parents, children, teachers, other staff, and the administration. People have a multitude of preconceived ideas about and responses to the handicapped. If these people are not educated or if their responses are not planned for, then children will be subjected to a "painful and frustrating educational experience in the name of progress."¹ Next, as previously stated, it must be recognized that not all children can be mainstreamed. The wholesale elimination of all self-contained special education programs would be an extreme and unworkable form of action.² Third, school systems must recognize the complexity of program and curriculum changes that are involved when a philosophy, such as mainstreaming, is to be introduced successfully. Many teachers, administrators, and

¹Edwin Martin, "Some Thoughts on Mainstreaming." Exceptional Children 41 (November 1974): 150.

²Reger, p. 58.

board members will delight in seeing self-contained classes eliminated while forgetting that, unless basic changes in programming are made, the children will return to the failure situations that led to their specialized placement.¹ This kind of failure would be a devastating experience for these children and would block progress made in any other area. Finally, it must be recognized that not all staff members are going to be enthusiastic.

It is interesting to note that in the grouping of program preferences reported by the educators interviewed, significant differences were found between the views of teaching and non-teaching personnel: Classroom teachers more often favored retention of special classes for the exceptional, while non-teaching educators interviewed preferred integrating of the mildly exceptional into the regular classroom.²

These kinds of problems can be overcome but a program for mainstreaming will only be successful through careful planning on all levels.

Summary

Why mainstream? Hopefully, the answer is implicit in the foregoing. I would add that we should not mainstream if the basic motivations are pressure or anything smacking of faddism. I fear that we may already be into a 'pendulum swing' that could result in regression rather than growth. The only justification for mainstreaming must be its promise as a way to improve upon the past. Personally, I believe that a healthy concept of mainstreaming, with sensible implementation, can prove to be the most far-reaching and productive educational movement in this century. It has the potential for healthy revolution in our troubled educational systems. But we must make haste slowly.³

¹Ibid., p. 57.

²E. Barngrover, "Study of Educators' Preferences in Special Education Programs." Exceptional Children 37 (Summer 1971): 755.

³Beery, p. 2.

Educators are in danger of developing an approach to mainstreaming without full recognition of the barriers which must be overcome. The writer sees the potential for a naive, mad dash to mainstream children based on the hope of better things for them. It is crucial that educators and parents do not allow their belief in the promises of mainstreaming to cause them to be silent if they see faults in its application. With the newly recognized rights of children to appropriate education, there must be an equal responsibility to see that those rights are truly fulfilled.¹ That responsibility falls to each parent, each teacher and each administrator coming in contact with those children.

General Research Findings: Pros and
Cons of Mainstreaming

Persons involved in mainstreaming, whether educators or parents, have developed arguments both in favor of and against the concept of mainstreaming. The purpose of this section is to state, as strongly as possible, the arguments that can be made pro and con.

Pro-Mainstreaming

Current research suggests that viable alternatives to the self-contained class do exist within the confines of public school systems. The self-contained class has been viewed as the safest, most protected, non-damaging way to educate the handicapped child for the

¹Martin, p. 153.

past three decades. This arrangement has been seen as a way to find relief from the competitive pressure of the regular classroom and the cruel mocking of other children. The fact is, however, that in spite of the good remedial and perceptual work that was accomplished, the psychological effects of being different never wear off.¹ In a recent study in which fifty teachers were interviewed, twenty-three of these advocated integration into the regular programming to reduce this feeling of being different. They also mentioned other benefits stemming from mainstreaming including: more peer models and group pressure toward good behavior, higher expectations of progress, and widened horizons and stimulation for the special child.²

Another important factor in considering mainstreaming is that, in theory, it should reduce the need for labeling a child and a handicapping condition. Historically, the negative effects of labeling a child--deaf, blind, emotionally disturbed, or mentally retarded--have been observed. When this labeling was used, the child's educational program tended to be directed into limited channels.³ Certainly, none of these labels that have been applied to these children are badges of distinction. Also, the separation that occurs when a child is removed from his

¹Weininger, p. 144.

²Barngrover, p. 754.

³Edwin Martin, "A New Outlook for Education of Handicapped Children." American Education 6 (Volume 3, 1970): 8.

neighborhood and/or regular classroom for special class placement probably has a debilitating effect upon his self-concept.¹ Mainstreaming should provide an opportunity for these children to be integrated into regular programming via individualized instruction.

Progress has been made in education. The current trend toward an increased awareness of the needs and rights of the handicapped has resulted in a momentum to increase the availability of instructional options for all children. It has also produced an increased partnership between the special educator and the classroom teachers. There is a new sharing of information rather than defensive reactions. And finally, children are beginning to be viewed as learners with varying degrees of readiness rather than as being categorically labeled handicapped.² There is a great deal of research which supports the theory that many handicapped children can and should return to the mainstream of educational programming. Weininger describes and summarizes the benefits of the integrated class:

In an integrated class there is no need for labels, no need for isolation, no pointing out of this child as 'different' for the benefit of administrators, teachers, psychologists, or other students. Most importantly, the handicapped child sees himself as an ordinary child with some pretty specific problems which he can help to change, rather than some sort of horribly different and probably hopeless person who has to be shut away from others.³

¹Lloyd Dunn, "Special Education for the Mildly Retarded--Is Much of it Justifiable?" Exceptional Children 35 (September 1968): 9.

²Anne Carroll, "The Classroom As An Ecosystem," Focus on Exceptional Children 6 (September 1974): 1.

³Weininger, p. 145.

Con-Mainstreaming

Those who oppose mainstreaming and/or defend the special class begin their arguments with historical perspective. Special education programs were not initiated in response to the needs of the exceptional child. The use of self-contained rooms was actually begun to resist a perceived threat to the existing goals for normal children in the school system. The existence of self-contained rooms is defended on the basis of the argument that parent movements pressured public schools to accept hitherto excluded children, thus forcing the schools to provide separate classrooms to avoid disturbing the established regimen.¹ There are inadequacies in the present service delivery system of special education and these do need correction. However, it is felt that these inadequacies are not of sufficient scope to justify not using special classes as a means of education for handicapped children.² There is a need for more research on the feasibility of replacing special class programs with supportive service programs when using the conventional age-grade organizational pattern. Most importantly, if integration is going to be implemented it should be accomplished via the individualized, nongraded pattern of flexible placement.³

¹Christopolos and Renz, p. 373.

²C. Nelson and L. Schmidt, "Question of the Efficacy of Special Classes." Exceptional Children 37 (January 1971): 381.

³J.R. Shotel et al., "Teacher Attitudes Associated with the Integration of Handicapped Children," Exceptional Children 38 (May 1971): 682.

An argument against the integration of handicapped children revolves around teacher preparation. The regular class teacher has a great investment in her educational background. The preparation, however, has not, in most cases, provided adequate techniques for working with the educationally borderline child. It is this kind of teacher who, with the introduction of the special child into her classroom, is going to feel that her domain is being interrupted by a misfit. It will be very difficult for these kinds of feelings to be changed by pressure, parental demands, or exhortation.¹

In the study previously mentioned in which fifty teachers were interviewed regarding their thoughts on mainstreaming twenty-seven felt that special classes should be retained. Their reasons supporting this view included: less disruption of the regular class, fewer frustrations for the children, more success for the exceptional child, more individualized attention and specialized help. One final argument cited a more realistic preparation, in terms of skills, for the world.² This factor of teacher attitudes cannot be ignored since, as Shotel pointed out:

The unanimity among the teachers in this study concerning the need for special methods and materials may represent an obstacle to the integration of handicapped children. If regular classroom teachers believe they cannot teach handicapped children without an array of special methods and materials, then it is indeed unrealistic to expect them to accept with confidence major responsibilities for teaching the children.³

¹Ibid., p. 677.

²Barngrover, p. 754.

³Shotel, p. 682.

Models for Mainstreaming

Resource Rooms

Historically, children with learning problems have had available to them two distinct types of service arrangements in the public schools--regular education and special education. In the majority of situations, if the child's problem significantly interfered with his school achievement, he was labeled and placed in a self-contained special education classroom. If, however, the learning problem was viewed as mild the child would remain in the regular classroom without any kind of support. Unfortunately, this situation did not and does not account for those children who might be able to profit from the services of both programs.¹ Today there exists one alternative to this "either/or" type of programming--the resource room.

A resource room is basically any special educational instructional setting to which a child comes for specific periods of time on a regularly scheduled basis for remedial instruction. The key difference between a resource room and a self-contained special class is that the child attend the resource room only on a part-time basis, remaining for at least a portion of the day in his regular classroom.²

The movement toward the development of resource rooms in the public school setting is one of the most visible trends in American education today.³ The "resource concept" is a comprehensive term which

¹J. Lee Wiederholt, "Planning Resource Rooms for the Mildly Handicapped." Focus on Exceptional Children 5 (January 1974): 1.

²Ibid.

³A. Artuso and Frank Hewett, "Madison Plan Really Swings," Today's Education 59 (November 1970): 15.

should be interpreted broadly enough to encompass a variety of resource functions. It will include the resource room approach but also any function with the primary intent of helping other educators meet the educational needs of all pupils.¹ Thus, a resource person may be working with administrators, teachers, and/or pupils. The resource room model, evolving from the total concept, appears to be an alternative, the use of which may provide an enhanced education for children with mild to moderate behavior and learning problems.²

With the current trend toward mainstreaming handicapped children into the regular classroom the development of resource teacher/room programs has been rapid. The service delivery models of these programs seem to delineate themselves into three categories:

1. Direct vs. indirect service--the distinction made between these two systems is whether a child is receiving services directly from a resource teacher or from his own classroom teacher.
2. Ability vs. skills--this system is oriented toward a diagnostic/prescriptive approach.
3. Resident vs. itinerant delivery--the distinction here is made between the system in which a resource teacher

¹Howard S. Adelman, "The Resource Concept: Bigger Than A Room," Journal of Special Education 6 (Winter 1972): 364.

²Donald Hammill, "The Resource Room Model in Special Education," Journal of Special Education 6 (Winter 1972): 354.

is a full time member of one school staff or travels among several buildings.

Individual resource rooms are designed within the above parameters depending upon such variables as human and financial resources, educational philosophies, and incidence of handicapped children.¹

There also exists another means for differentiating between two kinds of resource room models. The first might be called the "categorical" model; that is, a particular resource room may be reserved for children who are labeled a particular disability. An example might be a room which is set up for the educable mentally retarded. The resource room would provide services only for those children functioning in the classroom with the help of the resource teacher and labeled EMR. This categorical model is one with which many teachers, parents, and legislators are comfortable. However, it does have some serious drawbacks since it makes imperative the labeling of some rather mildly handicapped children so that they are able to receive supportive services. Since this labeling does take place, the resource room continues to bear the same stigma as the self-contained classroom.

The second model is called the "noncategorical" model. In this situation the resource room is designed to service the needs of all pupils,

¹Joseph Jenkins and William Mayhall, "Describing Resource Teacher Programs." Exceptional Children 40 (September 1973): 35.

not only those who fit a special education label. Any child from any class who is having difficulty in adjustment and/or school work would be referred to the resource room for varying periods of time.¹ This noncategorical model may not be as neat and well defined but it does provide a myriad of services to many children without the imposed labels of a bureaucratic system.

To conclude, resource rooms may be one more approach in an attempt to bolster a sagging educational curriculum, but they do offer an opportunity which may lead to a major breakthrough in education. I wager that the learning rate in resource room programs would be substantially improved over that of special class programs. The cost would be the same (or less), the teachers happier, and the community agencies more successful.²

Problems In Implementing the Resource Concept

Although the effective use of the resource concept may, over a period of years, give educators a more defined answer as to whether there should be special classes, the resource room should not be viewed as a panacea for all of education's weaknesses. More specifically, the increasing use of resource rooms should not be perceived as a reason for doing away with all special classes. It is not yet clear how wide a range of students can be successfully mainstreamed, even with the supportive help of resource rooms.³ In reviewing the various models and means for

¹Wiederholt, p. 3.

²David Sabatino, "Revolution: Viva Resource Rooms." Journal of Special Education 6 (Winter 1972): 395.

³Adelman, p. 367.

educating handicapped children, it must be kept in mind that these children are demonstrably different than normal children. To deny these differences will not negate them. The issue that emerges is how different an education these children need. Will the resource room provide an adequate amount of supportive service to each child involved in the program?¹ It has previously been discussed that the self-contained special class has not always been a superior means for the delivery of special education. Those who defend the retention of special classes point out that "These classes too often do a poor job because of their abuse and misuse, not because of any weakness of the concept that led to their establishment."²

Other critics of the resource system wonder about the ability of many of the resource teachers. A teacher who cannot individualize instruction for a small group of children over an extended period of time will have problems with the constantly changing stream of children who come to her with a variety of disabilities.³ The resource room can be of no benefit to anyone in the school system unless it has a superior and flexible teacher at the head.

Another major argument directed against the resource concept also involves a criticism against the theory of mainstreaming in general.

¹William F. Ohrtman, "One More Solution Coming Up," Journal of Special Education 6 (Winter 1972): 380.

²Ibid.

³Ibid., p. 379.

That is, what is to be gained by putting a child back into a mainstream that is filled with questions of efficacy, quality, and relevancy? The uncertainty of the situation means that the regular class placement of the handicapped child must be cautiously considered.¹ The problems of mainstreaming through the resource concept are many and can only be solved through careful programming and thoughtful acceptance of the handicapped child.

What does the 12-year old child reading at the second grade level do when he returns after his half hour or two in the resource room to his regulation grade? How does he manage the continued onslaught of teaching he faces there, the competition he cannot manage, his inability to cope with subject matter and peers?²

In conclusion, the question of resource rooms as a basis for mainstreaming is an integral part of the total question of the efficacy of the special class. Some programs are good and some are bad, but all are improving as sophistication in the field of special education increases. It is an unjustified extreme to call a moratorium on special class placements. A continuum must be developed to provide program alternatives broad enough to fill the needs of every child. The resource concept is only one way to provide these options. Other examples of alternative programs follow.

¹Harold W. Heller, "The Resource Room: A Mere Change of Real Opportunity for the Handicapped?" Journal of Special Education 6 (Winter 1972): 371.

²Ohrman, p. 380.

The Madison Plan

In the Santa Monica Unified School District in California Dr. Frank Hewett has implemented the Madison Plan--a meshing of the resource concept with the engineered classroom. Essentially, the plan is an effort to create an administrative and instructional framework within which it might be possible to combine children who have a variety of handicapping conditions while providing them with supportive help and a direct line of return to the regular classroom.¹ In designing the program it was decided that an investigation was needed of all types of classroom settings in which children are expected to learn.

This investigation concluded that the major settings are:

1. teacher in front of a large class
2. child working independently in a large class
3. teacher working with a small group
4. child working independently in a small group
5. teacher working with a child.²

These types of classrooms then became the starting point for program planning. The Madison Plan evolved as a cycle for referral. The child is referred from the regular classroom for special programming and placed in one of four special classrooms: Pre-Academic I, Pre-Academic II, Academic I and Academic II. These classrooms represent

¹E. Blum and Frank Hewett, "Madison Plan as an Alternative to Special Class Placement." Education of Training of the Mentally Retarded 6 (February 1971): 29.

²Ibid. p. 31.

re-entry into the regular classroom.

The first area a student referred for special help would encounter is Pre-Academic I. This is a classroom of nine to twelve students where the emphasis is on the developmental sequencing of goals: attention, response order, exploratory, social and mastery. Pre-Academic II is the next step toward return to regular classroom. At this point the child is in a classroom of four to eight students and receives a highly concentrated program of remediation in academics. The emphasis here is on learning and the development of small group skills. After successfully completing work in Pre-Academic II the child is ready to move on to a larger group situation.¹

Academic I is a simulated regular classroom for twelve to twenty-four students. The children in this room work in large groups and receive help from both the teacher and student tutors from the regular classroom. These children also have a somewhat integrated program so that part of their day is spent in the regular classroom. Because of the flow back and forth of Academic I and regular classroom pupils, both the room and the students lose their previously held labels (MR, ED, LD). Academic II symbolizes the return to the regular classroom of twenty-eight to thirty-five students. This does not mean the end of supportive help, however, for these children are watched and followed as they progress through the grades.²

¹Keith Beery, Models for Mainstreaming (Souix Falls: Adapt Press, 1972), 108.

²Ibid., p. 110.

In all programs, motivation of the child is a key to success. This is especially true for the special child. The traditional reinforcers of grades, knowledge of good results, and acquisition of knowledge are often far beyond the exceptional children. These children often do not find it worthwhile to put themselves out for grades. Thus the concrete progression from level to level provides some tangible and attainable reinforcement.¹

The Madison Plan disregards the type of exceptionality when assigning a child to an academic level. Each child is considered in terms of which level will best suit his needs, and from that moment on, the child is seen as back on the way to successful functioning in the regular classroom. This concept of total programming for the exceptional child provides the needed structure for the child, teacher, and administration without that structure becoming too binding. Dr. Hewett sums up his thoughts about the concept behind the Madison Plan and the controversy surrounding mainstreaming:

This has been the great problem in the special versus the regular class controversy since the early fifties. Remember, the retarded youngsters who we studied seemed to learn more academically if they were left in the regular class, but oh what a price they paid. They were ridiculed and teased when they failed. They were miserable. So we said, 'They might learn more academically, but we can't do this to these poor kids. Let's put them in a special class where they will be happier.' Unfortunately, we

¹Blum and Hewett, p. 31.

found they didn't learn much because the program wasn't really academically oriented. We are probably trying to create the best of both worlds. We would like the academic learning orientation of a regular classroom coupled with the best psychological social sort of support and remedial help that we can provide.¹

The Open Classroom

The concept of an "open classroom" is a popular theory in modern educational thought. This theory structures the classroom in such a way that many activities can be scheduled simultaneously, enabling children to work at different levels. Many of the exceptional children who have been mainstreamed are encountering the open classroom, with mixed results. There are some very positive aspects to this type of programming.

The nature of open concept, when well designed with the special child in mind, can be, it appears to me, a marvelous contribution to special education; but open concept, without appreciation for atypical learning styles and knowledge of how to adjust the program to suit their needs, could be disastrous.²

Learning in the open classroom can be a positive element for the slow learner. It is often possible to provide manipulative, concrete objects and the programming of instructional materials for each child's own level of learning.³ Most importantly, the open classroom concept

¹Ibid. p. 38.

²Jean Palmieri, "Learning Problem Children in the Open Class." Academic Therapy 9 (Fall 1973): 91.

³Ibid. p. 95.

advocates the idea of measuring a child on his own merits, an idea which is crucial to the healthy psychological development of the child with a learning problem. It is essential for exceptional children to experience as much success in their daily lives as other children do.

There are several problems, however, in integrating handicapped children into open classroom settings. In this type of room children are not required to sit still and be quiet. This poses an immediate problem for the distractible and/or hyperactive child who requires a setting controlled for minimum sound and movement. This child is going to encounter difficulty since his attention span is short and his mind wanders easily from assigned tasks.¹ The student in the open classroom is required to be responsible for independent work tasks and to complete these within varying time parameters. The hyperactive pupil may have a poor conception of time and/or scheduling and may encounter difficulty without a great deal of adult assistance. Finally, the varying schedules which often occur in the open classroom may confuse the handicapped child who may have a weak concept of passing time. Many of these children benefit more from an orderly day with a constant schedule.²

In summary, there are several different models available for the smooth and successful integration of the exceptional child into

¹Ibid. p. 93.

²Ibid. p. 94.

regular classroom. The difficulty comes in matching the individual child with the specific model and then being able to provide that model in the school system. Each of the plans presented had some very advantageous points for certain children but deficits for others.

Review of Specific Research Findings

Introduction

In reviewing current literature, the writer has found that many efficacy studies have been conducted to determine the feasibility of special class versus regular class placement. The majority of these studies have used EMR children as their subjects because it is widely felt that there are the greatest number of these children in special classes who might possibly be functioning in the mainstream of regular education. Although the writer did find some studies specifically involving the emotionally disturbed and/or the learning disabled child, these studies are quite limited in number. The small number of studies involving the latter two groups of children in these two groups are already integrated or are receiving help on a resource basis. Studies using all three groups will be presented in the following sections.

The Educable Mentally Retarded Child

Special Class Placement

One primary issue concerning the education of the EMR child has centered around whether these children are better placed in a regular class with normal peers or whether they should be segregated

in special classes. Many of the arguments for both sides have been previously presented in this paper. The issue, however, is a most important one, serving not only academic interest but pragmatic and economic ones as well.¹ The proposals that the traditional diagnosis and placement of EMR children be abandoned has led educators to review these practices and examine the reasons that the continuance be desirable. The concensus was that there are four major reasons why diagnosis and placement in special classes for the mentally retarded should be continued. They are as follows:

1. These children require special teaching methods because their learning processes differ from those of normal children.
2. The EMR child requires special educational goals and cirricula.
3. They are below chronological age standards in achievement.
4. These children are not accepted by other children in regular classes.²

Historically, administrators have assumed that a child who was mentally retarded should be placed in a segregated setting where he

¹William Cegelka and James Tyler, "The Efficacy of Special Class Placement for the Mentally Retarded in Proper Perspective." The Training School Bulletin 67 (January 1970): 38.

²R.P. Iano, "Shall we disband special classes?" Journal of Special Education 6 (Summer 1972): 167.

would have a chance for success with intellectually comparable peers. Advocates of the special class contend that these classes promote in children the acquisition of a more nearly realistic and healthy self-concept. The thought is based on the assumption that the regular class presents the child with standards so out of reach that the EMR child has no basis for self-evaluation.¹ Those who speak in favor of maintaining the special class key into the idea of self-concept and social acceptance in the regular classroom.

There is a very vocal group of researchers, however, who have determined that there is an opportunity for children to improve when programs are structured to their individual needs. These researchers feel that intelligence is a function of assets and deficits, and that deficits are remediable or can be compensated.² With this position, it is felt that programming needs to be more flexible than the traditional either/or situation of the regular classroom/special classroom. The special class organizational pattern has been challenged on the grounds that it results in unnecessary segregation of children with little benefit to them.³

¹Ann Carroll, "The Effect of Segregated and Partially Integrated School Programs on Self-Concept and Academic Achievement of Educable Mentally Retarded." Exceptional Children 34 (October, 1967): 93.

²P.W. Trembley, "The Changing Concept of Intelligence and its Effect on Special Class Organization." Journal of Learning Disabilities 2 (December, 1969): 523.

³Iano, p. 167.

A number of alternatives to the special class pattern have been proposed, including itinerant teaching, resource room programs, special education consultants to general education teacher, and special educators serving as developers of prescriptive programs to be used by general educators. The alternatives all emphasize (a) maintaining handicapped children within the general education program, (b) greater flexibility in selection, placement, and programming for handicapped children, and (c) increased coordination between general and special education.¹

With earlier and more flexible programs many retarded children should not need to be relegated to the type of special education typical in the last two decades. Finally, the position of those who are against EMR children being isolated in special classes is that the conventional grade system is the factor which necessitates segregation.

Research Findings

Social acceptance and self-concept are two major areas, in conjunction with academic progress, that researchers study when measuring the success of a program which integrates retardates with the normal population. Some educators have felt that the EMR child would be accepted socially in a nonacademic class more easily than in the academic environment. Rucker et al tested this hypothesis with 23 junior high EMR students who were integrated on a half-day basis.²

¹Ibid. p. 175.

²Chauncy Rucker et al, "Participation of Retarded Children in Junior High Academic and Nonacademic Regular Classes." Exceptional Children 35 (April 1969): 617.

(See Appendix, study 1 for details) The subjects' social acceptance and self-concept were measured by the use of the Ohio Social Acceptance Scale. The results suggest that the retarded are less accepted socially than their non-retarded peers. Those integrated may be gaining an experiential background but are rarely making close social contacts with other students in the regular academic program.

The present study suggests that if they (MR) do gain something, that which is gained cannot be termed true socialization. The retarded may need to associate with normal children in order to realistically prepare for adult life, but further research is needed to determine the nature and extent of whatever benefit they derive.¹

Another study supports the findings reported above. The concept of the hypothesis differs in that Goodman used the ungraded classroom setting to conduct his research.² (See Appendix, study 2, for details) Again, however, social acceptance is studied; this time using the Peer Social Acceptance Scale as the measuring instrument. This researcher also found that the integrated EMR children were not accepted socially. He also found that male children were more apt to accept the segregated EMR's than those who had been integrated into the regular program.

It is of interest to speculate on the possible reasons for the greater rejection of integrated EMR children. It may be that regardless of intellectual level, the labelling of certain children as retarded may affect the expectations that nonEMR children maintain for them. In other words, nonEMR individuals may accept more readily deviant behaviors when the behaviors are

¹Ibid. p. 622.

²H. Goodman et al, "Social Acceptance of EMR's Integrated into a Nongraded Elementary School." American Journal of Mental Deficiency 76 (January 1972): 412.

manifested by children who are clearly defined as being deviant. Integrated EMR children, on the other hand, who are not labelled as retarded may be expected to conform to the behavioral standards of nonEMR children. The failure of the integrated EMR children to adhere to these standards may result in their social rejection.¹

The thrust of the results of these two studies, then, is that the integrated EMR child is exposed to the realistic world but is not accepted socially by its members. The label and sheltering environment of the special education class is gone but the other children have lost the identifier for the sometimes "different" behavior of the EMR child.

A child's academic achievement is directly tied to his self-concept. Carroll sought to determine the effect of a segregated setting versus a partially integrated setting on the EMR child's self-concept and academic achievement.² (See Appendix, study 3) The questions and uncertainties facing both parents and educators when placing the exceptional child in a particular program are overwhelming.

When an EMR child is placed in a segregated educational setting, the following questions must be raised: What impact is there on the youngster's self-perception when he is singled out from a classroom of friends and neighbors, and placed in a different room, if not in a different school? Does this action confirm or stimulate any existing feeling of unworthiness?³

Carroll's research in the Denver area tended to confirm that there was an impact on an EMR youngster's self-perception when he was singled out from a classroom of friends or neighbors and placed in a

¹Ibid, p. 417.

²Carroll, p. 93.

³Ibid, p. 94.

different room. The study also indicated that those children who were partially integrated made significant growth in reading but no difference was found between the groups in spelling and arithmetic. Thus Carroll's work suggests that the EMR child's self-concept is higher in an integrated setting but does not touch upon his social acceptability by his normal peers.

In 1969 the state of California funded a project in North Sacramento which had as its objective the return of the majority of educable retarded and educationally handicapped children to the regular classroom.¹ The selected regular classrooms were modified to accommodate the special child and to provide individualized instruction more effectively to all children in that class. The design of the project provided for an addition of six EMR children and an aide to a classroom of twenty-two normal third grade students. The plan was to expand to the fourth and fifth grades in the following two years. Additional support was provided for the teachers involved with the mainstreamed group through an inservice workshop and a wide range of curriculum materials. The major thrust of the program was to show that by modifications in regular class programs, the special child can gain as much or more than the child in the regular class. The thought behind the program design was that the EMR child will always have to live in a

¹Robert Bradfield et al, "The Special Child in the Regular Classroom," Exceptional Children 39 (February 1973): 384.

world with his nonhandicapped peers and experience both the benefits and indignities of that world.¹ The results of the model project were most encouraging. In the model class the integrated EMR students made significant gains in reading, language, and spelling over those students remaining in the special class. (See Appendix, study 4) Bradfield and his associates have shown that educators might maintain the special child within the regular class program and still provide an effective learning situation for all children. However, he has also made the point that modifications must be made in the regular class procedures but that these changes can be made to benefit not only the special child but the entire class as well.²

The last study to be considered studied EMR students who traditionally had been included in the regular classroom and tried to determine if their social adjustment was improved by some parttime tutoring in a special education program.³ (See Appendix, study 5) It was found that those students identified as EMR by their attendance in the special class had a lower rate of promotion to the next grade level. The researchers hypothesized that this lower promotion rate may have been caused by the teacher's thought that the special class student

¹Ibid., p. 390.

²Ibid.

³Tim Flynn and Lynda Flynn, "The Effect of a Parttime Special Education Program on the Adjustment of EMR Students." Exceptional Children 36 (May 1970): 680.

was incapable of academic work at a higher level.¹ The study concludes that a program of individualized instruction for both retarded and normal students, within the regular class setting, would remove any stigma attached to the EMR child by his special class attendance, while insuring a majority of success experiences for all students.

To summarize the five studies presented, the EMR child faces tremendous academic and social problems when mainstreamed into the regular classroom. The integration affords these children an opportunity to know the real world and learn to cope with it but only the very lucky ones know true friendship and acceptance by their normal peers. The successful mainstreaming of the exceptional child depends not only upon that child, the teacher and the type of classroom, but also upon the preparation and maturity of the normal children involved. There are gains to be made academically from the stimulation of the normal classroom, but only if it is structured to accommodate the special child. All of the studies reviewed were lacking in number of subjects used and length of follow-up time. These two factors were weaknesses in considering the validity of the research results. The findings of each were indefinite and so dependent upon many structural contingencies of the programs involved that the writer feels that none of them could clearly indicate that mainstreaming would definitely be beneficial

¹Bradfield, p. 381.

academically and socially for the EMR child. The individual school situations and personalities of the children will need to be considered along with research results when making a determination to integrate.

The Emotionally Disturbed Child

The emotionally disturbed child can be found in a variety of programs in school systems today. Some very disturbed children are educated in special classes housed away from the mainstream of education. Others of these children are in self-contained special classes or integrated into the regular class and receiving help on a parttime basis. A few remain undetected and without supportive help. Again, the decision must be made whether to mainstream when approaching the type of education the ED child receives. The severity of disturbance will be a key factor in deciding the kind of placement the child will receive. It is those who could possibly fit into the regular school program with whom this writer is concerned.

Schools and teachers must change their attitudes toward the disturbed child if the schools are to meet their responsibility to serve all children. Otherwise the disturbed child may be left out of the meaningful educational process altogether. Teachers need to understand what causes disturbed children to act the way they do. School systems need to look for new ways to use their resources--time, space, techniques, and personnel--to educate the disturbed child.¹ There is no magic

¹William C. Morse, "Disturbed Youngsters in the Classroom," Today's Education 58 (April, 1969):31.

or single cure for the problems of the disturbed child in the schools. The job of incorporating this child into the school program demands an extension of individualization that calls for specially planned curricular experiences. Special supportive help for the ED child may occur through extra teacher help, psychological consultation, special class placement, or the intervention of a social worker. For many, the help can be received on a short term basis.

For a great number of emotionally disturbed children, special education should be regarded as a temporary intervention which can prepare students for their return to regular classes. If a special class is provided which helps the emotionally disturbed child develop acceptable behavior patterns while maintaining academic skills, it is likely that some students will be able to be integrated into regular classes. In too many cases, however, a child considered ready for integration faces a major impediment-- a stumbling block created not by the child's deficits but rather by the apprehension and lack of knowledge felt by the regular school staff toward the child.¹

In the long run, most disturbed children are and will continue to be in the regular classroom, and teaching will have to change if the schools are to fulfill their ever-increasing responsibility for the social and emotional development of these children.²

Special Class Placement

The question of special versus regular class placement is no less vigorously debated in regard to the emotionally disturbed child

¹Jerome J. Schultz, "Integration of Emotionally Disturbed Students: The Role of the Director of Special Education." Exceptional Children 40 (September 1973):39.

²Morse, p. 37.

than with other exceptional children. Dealing with ED children does, however, create some special problems in self-concept and socialization.

And the special class bears a stigma. Students seldom see the value of being "special" and attitude is a critical part of the impact. Particularly at the secondary level, they resist being set apart. To adolescents, the stigma is so oppressive to their whole quest for a self (and a normal self) that it generates a great deal of friction. The stigma is strengthened because teachers and school administrations are seldom eager to welcome back a "cured" student. Nevertheless, special class provisions, if properly handled and staffed, are part of the sequence of support needed in every school program.¹

Morse also feels that the special class falls short for other reasons. These often include lack of individualization, teacher training, and family follow-up. He feels that if these areas are not superior in quality, then the child should not wear the stigma of the special class.

Cohen believes that special classes for emotionally disturbed children are a very important resource for helping these children. He sees these classes as a response to the chronic shortage of trained psychiatric and psychological personnel and to the ineffectiveness of individual therapy without additional environmental supports. The special class is an answer

to the demands of educators that children who bother them-- children who don't fit into or passively tolerate school programs as they currently exist--should be banished from their classrooms. These are needs which cannot be ignored or minimized. Nor are they likely to diminish substantially in the near future. While

¹Ibid.

there are other valuable resources for some of these children, at present I do not see any other single facility which has the potential to be as helpful to as large a number of disturbed children as the special class set into the regular school.¹

In relation to the regular class, the special class can substitute a program designed to fit the child for one in which the child experiences hours of abrasive interaction. The self-contained special class is able to reach out to children and support the goals of individual psychiatric treatment in a way that the regular class is not set up to do.²

To conclude, the availability of special class placement is most important for the emotionally disturbed child. These children often do not benefit from the stimulation of the regular classroom, as the EMR child does, but are only confused by it. One of the most important objectives of special education programs for emotionally disturbed children is to return them to the regular education programs as soon as possible. For the ED child, the special class should serve as a temporary intervention, a time to re-educate the child away from his ineffectual behavior and toward patterns necessary for functioning in society.³

¹S. Cohen, "Problems and Possibilities of Special Class for Emotionally Disturbed Children." Psychology in the Schools 6 (October 1961): 410.

²Ibid.

³Judith Grosenick, "Assessing the Reintegration of Exceptional Children into Regular Classes." Teaching Exceptional Children 2 (Spring 1970):113.

The Learning Disabled Child

The child must be seen as a whole functioning individual with unique needs. In teaching the child who has learning disabilities it is not enough to classify or label him. We must work towards integration of two sorts in the education of children with learning problems. First, we need to integrate the child's own experiences with school experience. Second, we need to integrate the child into the regular academic class at his grade level.¹

Educational methods geared to the learning disabled child have really only surfaced in the last decade. For a long time the LD child simply got lost in the grades, suffering frustration which increased his inability to learn. At first the public schools chose to ignore these children. The attitude was that this child looked normal and if he could not learn with the other, he could suffer or be removed from school. Later the schools began to put everyone who showed the inability to function into special classes, regardless of the problem. The teachers were untrained to deal with this potpourri of academic problems and thus many of these children finished school with little academic training. The next step toward educating learning disabled children was to categorize them and place them in small self-contained units with a trained teacher to remediate their academic weaknesses.

We are now beginning to see the results of such isolation of children by problem areas into special classes. The results are not all that we had hoped for. Many among us now feel that integration of children with specific learning disabilities into regular academic classes, with resource people to provide extra help and support, is desirable.²

¹Weininger, p. 139.

²Ibid.

There are basically two types of programs available for the LD child in the public school system today--the self-contained special class and the integrated program. All the problems with the special class that have been mentioned previously apply to this child. Most importantly, isolating these children with problems throughout their academic career only tends to fortify and magnify their problems.¹ Some excellent remedial work can be done with primary age LD children, but as these children reach the middle grades some unfortunate results of this isolation appear. The feeling of being different--to themselves, to the children at school, to children in the neighborhood--is a very difficult tag to lose. When a child is isolated in a special class he tends to miss out on important peer interaction. The LD child has very little chance to learn to get along with children of varying personality types and does not get an accurate picture of standards of behavior.²

For the LD child, an integrated schedule eliminates the need for isolation and pointing out of the child as "different" for the benefit of teacher, administrator, or other students. In the study detailed below school systems found a way to integrate the LD children into the mainstream of education while still providing academic growth and stimulation.

¹B. Robert Anderson, "Mainstreaming is the Name of a New Idea." School Management 17 (August 1973):28.

²Weininger, p. 143.

Vogel conducted a study in which LD children were integrated into a junior high school core program. (See Appendix, study 6) One of the most important aspects of this study was the type of ability programming which was pursued.

It was known beforehand that fundamental to the implementation of the program would be the scheduling for the individual students. It was imperative to maintain a time when each academic teacher would receive only the nine severe LD children.¹

Care was taken to provide these children with realistic classroom tasks and assignments while making social contacts and interaction available throughout the day. It must be remembered that mainstreaming does not mean dropping the handicapped child back into a failure situation; it does mean providing the needed support structures.

The learning disabled child has potential for success in an integrated setting. These children usually do not suffer from the physical disfigurement that the retarded child does, nor do they often suffer from the emotional extremes that the disturbed child does. However, the LD child does suffer from knowing that he is "not quite right" and that he has some very specific learning problems. These children do need extra help and early identification to achieve their full potential. They need to be aided by a unique plan to help each

¹Arnold L. Vogel, "Integration of Nine Severe LD Children in a Junior High School Core Program." Academic Therapy 9 (Fall 1973): 100.

individual child overcome his disability and recover lost ground. Most of all, they need consistent warm support from the school, their home, and their friends to become adjusted and fulfilled adults.

Mathematically, the whole is equal to the sum of the parts. As a parent and as an educator I know that the whole child is in fact much, much more than the sum of his individual parts. I want to help each child to fully realize his "wholeness". I do not believe this can be done by concentrating on the parts, the problems. I believe that if we are concerned with the whole child, we must educate the whole child by allowing him to see himself as a whole person, and not just as a "different" child with a learning disability--a neat category for adults but a lonely one for a child.¹

Wisconsin Models for Mainstreaming

Mainstreaming is being implemented in Wisconsin with the blessing of the Department of Public Instruction. Throughout the state there are various types of programs and degrees of integration involving children exhibiting a diversity of handicapping conditions. In addition, programs are being scrutinized and alternatives explored. The Wisconsin State Department of Public Instruction, Division for Handicapped Children has stated that:

any handicapped child should be mainstreamed either full or part-time in the mainstream of regular education if regular education can provide the appropriate educational experience for that child.²

The current educational climate in the state is conducive to the

¹Weininger, p. 146.

²Kenneth Blessing, "CREDO for Mainstreaming," Bureau Memorandum 13 (Spring 1972):1.

expansion of the range of educational opportunities available to all children. The department has developed proposal guidelines, for those districts interested in exploring options, which suggest a comprehensive statement of goals and objectives for all proposed projects. The Division of Handicapped Children states:

Not all handicapped children can be mainstreamed nor are all school districts in a comparable state of readiness for program modifications involving a highly integrative component. But we do believe the departmental philosophy, support and guidelines permit considerable freedom and flexibility to local districts to explore other programming approaches than the more traditional self-contained model. There seems to be no legitimate reason for local school districts to delay development of exploratory approaches under the assumption that the state department supports only the self-contained model.¹

The following discussion presents descriptions of some of the experimental approaches to mainstreaming that are being tried by school systems in Wisconsin.

Wausau²

The educators at Lincoln Elementary School in Wausau evaluated the instructional alternatives offered to students in their school. In 1969 there existed a classroom designed specifically for use by the mentally retarded children, but no other option was available to these students. It was felt that an alternative should allow some EMR children to be integrated during part or all of the day.

¹Ibid., p. 2.

²Alton Parkin, "Mainstreaming the Educable Mentally Retarded Student," Bureau Memorandum 13 (Spring 1972):5.

In September 1970 the school was in a prime position to implement a mainstreaming approach. A new building had been built with an open design which provided flexibility for regrouping of students. The new location of the building had resulted in a change in school population, the enlarged enrollment of which fifty percent of the students would be new. It was at this point that the school implemented a Title VI project in mainstreaming.

During the project two groups of ten EMR students were tested and followed--a mainstreamed group and a control group. After the academic year had ended and the program carefully evaluated it was found that the mainstreamed students' academic achievement increased significantly over the control group. The personnel involved felt that because of the type of programming and environment the mainstreamed students were able to successfully integrate, academically and socially, into the larger primary grouping. It should be emphasized that those involved in the project carefully selected those mainstreamed students and that they feel that this type of program is most successful when begun with primary age youngsters.

Wausau is well pleased with the type of program that they have developed. The conditions were ideal and the time was right. The success of this project is leading to the exploration of other types of alternatives:

The success that we have realized in mainstreaming some EMR students would suggest that we can no longer be content with placing all of these children in a special education class with a specialized teacher on a full time basis. Many of these 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.¹

Stevens Point²

During the 1970-71 school year the teachers at Jackson Elementary School approached the question of mainstreaming their older EMR students. The school was philosophically committed to the idea of individually guided education and teachers felt that this group of students could benefit from new types of school experiences. The school building and existing programming were well suited to integration since the classrooms were open, team teaching and grouping techniques were being used.

The decision was made that in August 1971 the EMR students would become members of and integrated into homerooms, social studies, science reading, and math groups. The special education teacher became a consultant to several groups in setting behavioral objectives and arranging learning situations for the EMR students.

The concept of the program involved both academic growth and increased socialization.

¹Ibid.

²Clarice Adams, "A Program for Mainstreaming at Stevens Point," Bureau Memorandum 13 (Spring 1972): 9-11.

Another of the goals for the special education, in addition to being able to relate to more than one adult figure, was to be able to relate to peer groups, to socialize. Their future life is not going to be a segregated one in a hot house environment. If our goals are to make them ready to assume a full fledged role as a contributing, self-sufficient member of society, some practice experience within a positive framework is necessary. What better place than the school setting?¹

The integration of these EMR students is reported to be very successful. There were no miraculous adjustments but gradually the special education students stopped clinging together and they were included in various groups throughout the school. The reaction of the parents has been enthusiastic. Parents reported growth and increased sensitivity in the regular students as well as behavior change on the part of the special student.

Janesville²

The 1970-71 school year was also one of re-evaluation in the Janesville Public Schools. A pilot project of mainstreaming EMR students in a multi-unit school using team teaching led to a decision to broaden the project. Three schools with approximately equal socio-economic aspects of the neighborhoods served were selected for the mainstreaming program. The schools and type of program each provided are as follows:

¹Ibid., p. 10.

²Janesville Public Schools, Special Education Department, Instructional Integration through Mainstreaming (Janesville, Wisconsin: Janesville Public Schools, 1971).

- (1). Lincoln School: traditional self-contained classroom
Program: fifteen EMR students were integrated into seven classrooms and received additional instruction from a "special problems" teacher and an aide.
- (2). Van Buren School: Open design with children divided into three learning pods.
Program: The special education teacher was not identified as such and functioned as an integral part of the teaching staff. Children were grouped by ability which resulted in most EMR students being with the special teacher for reading and arithmetic.
- (3). Wilson School: Team teaching approach
Program: Special education students were integrated into two of the units.

The goals of the program included academic growth and greater social acceptance for the mainstreamed students. Evaluation of the program along these lines occurred with the use of the Wide Range Achievement Test, student attitude inventories, and self-concept inventories.

The results of the project showed that mainstreaming EMR students is feasible from several points of view:

- the acceptance by teachers of the students in the special education program
- the parents' attitude toward the program
- the students' attitude toward school and self
- gain in academic achievement scores.

It must be pointed out that the success of the program was greatest with the children in primary classes where the cumulative deficits in their academic achievement had not reached a point which separated them widely from their classmates. The Janesville Public Schools have provided three important successful models of mainstreaming. The system is committed to the concept for those children who are ready to benefit by its implementation.

Mainstreaming, as we see it, is not a panacea to cure the ills of educating the mentally retarded child. It is not a bandwagon approach. It is a carefully formulated plan of action that may, in the future, lead us to further edification and redevelopment for providing the best, most meaningful, relevant education of our children.¹

¹Ibid., p. 32.

CHAPTER III

SUMMARY

The advantages and disadvantages of mainstreaming have been presented, as have models, plans and projects. It has been noted that mainstreaming is not a panacea for all ills. There are problems in implementing plans for the integration of handicapped children into regular school programs. Continued services to these children are needed but not always available. Special educators worry that the removal of labels might take away needed funding and facilities. Major program changes must be made in many schools to provide individualized programs for integrated students. These changes demand time-consuming and often frustrating hours of planning for handling handicapped students in an integrated program. Teachers who have the most hope for the success of mainstreaming find that the slowest students still require a highly structured and controlled educational environment.

However, current research does suggest that mainstreaming is an option that should exist for some handicapped children. Some studies demonstrate that the special child who is able to attend regular classes at his neighborhood school achieves more academically

and is better adjusted emotionally. The integrated program takes the focus off the child's problems and on to his developmental channels.

There are other studies which conclude, however, that a move toward mainstreaming is a move backward into history. These researchers suggest that educators fought many years to establish self-contained classrooms and that the problems in these rooms are not of sufficient magnitude to justify closing them. Other problems exist with the teachers themselves and their preparation and attitudes toward having handicapped children in their classrooms.

If mainstreaming is to be implemented, there are existing models which provide guidelines. The resource room is one plan which provides an opportunity to mainstream while still providing supportive services to the handicapped child. This type of programming is feasible for the school with an open design, team teaching, or the traditional classroom and is being implemented in many systems throughout the country. The open classroom also provides another means by which a child's program can be individualized.

A majority of the researchers reviewed used the mentally retarded child as the subject of their studies and concluded that many of these children, if carefully chosen, can benefit from the increased socialization and academic stimulation that an integrated

program can provide. However, the emotionally disturbed child often has a harder time adjusting to the regular program and may need the security of one well-structured, consistent program without the confusion of a regular classroom. For these children the special class may serve as a temporary intervention serving to re-educate the child toward acceptable behavior patterns. The learning disabled child is the most likely to be found successfully integrated into the regular school program. It is most important for these children to have an educational program which recognizes their problems but is able to work around those problems.

The state of Wisconsin is encouraging the implementation of mainstreaming. Successful projects are in operation in many school systems throughout the state. Wausau, Stevens Point, and Janesville have all been able to implement extensive programs encompassing various types of schools and children.

Mainstreaming is not for every special student, but it does provide an alternative educational tool for helping some of these children develop into self-sufficient and confident members of our society. It is a vehicle that can provide momentum through which most children can reach goals and experiences that might have been unattainable in a traditional program. This alternative can prove to be an exciting concept for those in education, but one must caution all school systems against "jumping on the bandwagon" without adequate preparation.

Mainstreaming is a viable, humanistic, and educationally sound alternative to the self-contained special class. However, it is only an alternative for some handicapped children. It is viable only when the entire school is ready to receive the handicapped child. It is humanistic only when the child receives all the supportive services he/she needs and as many opportunities to succeed as his/her classmates receive. It is educationally sound only when programs are modified, children carefully selected, and teachers enthusiastic. Within these limitations, mainstreaming is a challenging concept to children, parents, and administrators concerned with receiving and providing the best education for all.

APPENDIX

Study 1: Rucker

- Purpose: To investigate the social acceptance of EMR children participating in academic and nonacademic regular classes at the junior high level.
- School: Enrollment of 1,089 represented an economic cross section of an Iowa town of 90,000.
- Special Education: One teacher for the EMR students, most of whom participated in regular classes more than half of the day. The regular classes included physical education, science, civics, geography, music, art, homemaking, and woodworking.
- Subjects: Twenty-three retarded students (14 boys, 9 girls) with a mean IQ of 71 and mean CA of 14-9.
- Instrument: Ohio Social Acceptance Scale. Each child in the study was provided with a set of paragraphs and a class list. The teacher read each paragraph while the students selected the children in the class who fit that particular description. This exercise provided a social position score for each child.
- Results: The social position scores of the retarded subjects were significantly below those of the nonretarded subjects. It appeared that retarded subjects were equally low in the social structure

of both their academic and nonacademic classes. The assumption that low intellectual ability would have more of a detrimental effect on the EMR children's performance in an academic class was not supported. Although the retarded were significantly low in the social structure of their classes, they were either unaware of this or denied this lack of acceptance.

Study 2: Goodman

Purpose:

To investigate the social acceptance of EMR children who were integrated in a nongraded school as it might relate to the age of their placement and the gender of the nonEMR judge.

School:

Suburban, with a total enrollment of 140 children. In four years the number of integrated EMR children have never exceeded 10.

Subjects:

Twenty male and twenty female average IQ children were equally divided between the primary and intermediate units of the school.

Instrument:

The Peer Acceptance Scale was used to obtain social status scores. During the testing each subject was presented with a list containing the names of the integrated EMR students. The subject was asked to respond to situation drawings and the list of names with the label of "friend," "alright," and "wouldn't like."

Study 3: Carroll

Purpose:

To test the following hypotheses:
(1). EMR children will show less improvement in self-concept when placed in a segregated setting.

(2). EMR children will show less growth in academic achievement when placed in a segregated setting.

School:

Five major school districts in suburban Denver supplied both the subjects and the setting. Some of the schools had partially integrated programs and others were segregated.

Subjects:

Thirty-nine children of elementary school age who had not had any previous experience in a special education program. All had been administered either the WISC or the Binet six months prior to the beginning of the study. The IQ scores fell between 60-80. Depending upon the organization of their school the children were assigned to one of two groups, partially integrated or segregated.

Instrument:

All children in the study were administered the Illinois Index of Self Derogation (IISD) and the Wide Range Achievement Test after the first month of school and again after eight months of school. No attempt was made to control teacher techniques.

Results:

It was found that EMR children in a segregated setting were significantly more derogatory of themselves than EMR children in a partially integrated setting. In terms of academic achievement, it was found that the partially integrated groups of EMR children made a significant growth in the area of reading but no difference was found in the areas of spelling and arithmetic.

Study 4: Blakefield

Instrument: Wide Range Achievement Test

Pre- and Post-Test Means in Reading, Spelling and Arithmetic for
the Third Grade Model and Special Classes

	Model Class				Special Class			
	EH*		EMR		EH*		EMR	
	pre	post	pre	post	pre	post	pre	post
Reading	1.4	1.8	2.6	3.1	1.6	1.9	1.9	2.5
Spelling	1.3	1.5	2.0	2.5	1.6	2.1	1.8	2.5
Arithmetic	1.9	3.0	2.2	2.8	1.9	2.5	2.4	3.7

For the Fourth Grade Model and Special Classes

Reading	2.0	3.5	2.2	3.9	3.8	5.9	1.8	2.6
Language/ Spelling	2.0	2.4	2.2	3.1	2.7	2.9	2.3	2.7
Arithmetic	3.4	4.2	2.9	4.4	4.2	4.9	3.0	3.0

*Educationally handicapped

Study 5: Flynn and Flynn

Purpose:

To determine if the personal and social adjustment of EMR students was improved by part-time placement in a special education program.

Subjects:

61 EMR students enrolled in special education, 61 EMR students who were eligible for special education but were waiting for placement, and 61 normals.

Instrument:

School Adjustment Scale.

Results:

Analysis of the data indicated no significant difference existed between special class and waiting list students on the SAS. The waiting list students were unconditionally promoted to the next grade at the end of the school year more frequently than the special class students. The 61 normal students were rated significantly higher on the SAS than both retarded groups.

Study 6: Vogel

Purpose:

Integration of learning disabled children into a junior high core program.

Subjects:

9 severe LD children who had demonstrated successful experiences in a self-contained atmosphere through the sixth grade.

Program:

The nine LD children were divided among four homerooms. Then during the morning program of academic subjects the LD children were grouped

together to travel to various subject areas. The afternoon program of music, art, industrial arts, and home economics provided an opportunity for integration.

Results:

The organizational structure provided an opportunity to learn. Nearly all students progressed in academic areas. The social interaction of the children was of an accepting nature and many more friendships were made. Only two of the LD children showed little academic or social growth.

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