

AN INVESTIGATION OF ELEMENTARY GUIDANCE IN  
PICKENS COUNTY

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A Thesis  
Presented to  
the Faculty of the Department of Guidance  
Appalachian State University

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts

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by  
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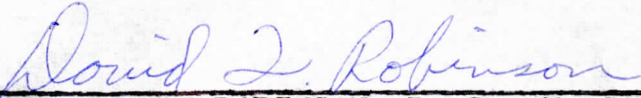
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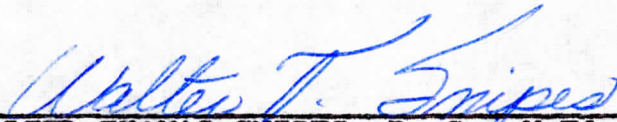
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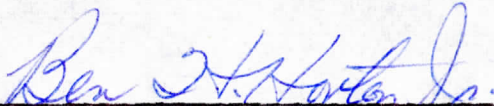
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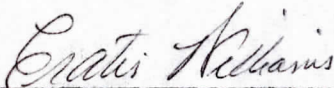
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ACKNOWLEDGMENT

To my wife  
and  
sons,

Mary Alice, Harry, and Richard

without whose patience and understanding  
this work could never have been written.

## ABSTRACT OF THESIS

Statement of the problem. It was the purpose of this study (1) to investigate the status of elementary guidance as it exists today through historical research; (2) to survey the members of the elementary faculty of Pickens County, Georgia, with regard to their opinion of the value of the various guidance and counseling activities conducted under a pilot study; and (3) to reach a conclusion regarding the organization and administration of an elementary guidance program that would meet the needs of the students and the community.

Procedure. Procedures followed in this study were in keeping with standard research practices, e. g., the exploration of the problem through experimental research and the investigation of the problem through historical research. A pilot study consisting of various guidance activities was conducted within Pickens County, Georgia, elementary schools. At the conclusion of the pilot study questionnaires, as shown in the appendixes herein, were circulated to the elementary school teachers of the county. These questionnaires were designed to assist in the satisfactory conclusion to the problem.

Conclusions. This study found that the responses to the questionnaires indicated that the majority of the teachers

avored the adoption of an elementary school guidance program consistent with the activites conducted under the pilot study.



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## CHAPTER I

### THE PROBLEM AND DEFINITIONS OF TERMS USED

Guidance services in the elementary schools are today receiving the impact of pressure from higher educational and vocational sources to develop programs of guidance that will meet the needs of elementary students. This pressure is now being felt by persons in authority at all levels of primary and elementary educational systems. More and more the value of a continuous program of guidance from elementary school to the post college level is being recognized.

#### I. THE PROBLEM

Statement of the problem. It was the purpose of this study (1) to investigate the status of elementary guidance as it exists today through historical research; (2) to survey the members of the elementary faculty of Pickens County with regard to their opinion of the value of various guidance and counseling activities conducted under a pilot study; and (3) to reach a conclusion regarding the organization and administration of an elementary guidance program that would meet the needs of the students and the community. The three facets of the problem sought to find procedures that could be evaluated and tested through the questionnaire process in order to form a program for adoption.

Importance of the study. The need for appraisal and evaluation within the framework of the local school system was, it seemed, a logical place to conduct the study. It was decided to conduct a pilot study within the elementary schools of the Pickens County School System in order that the elementary teachers might make observations and report their findings on subsequent questionnaires. The elementary schools of the system had never had an organized program of guidance and counseling and it was felt that the importance of establishing a program consistent in its aims could not be overemphasized.

The elementary guidance field of education is in the formative stage today. It was the recognition of this fact that provided impetus to the importance of the study. The same care and attention was given to the review of the literature of the field as was given the framing of the pilot study and the structuring of the questionnaires.

The need for more liaison between secondary educational and elementary educational counseling was, it seemed, apparent.

Included in such a program one would expect to find a recognition of the importance of the student as a unique individual. A recent study (Detjen and Detjen, 1952, p.1) has shown that guidance in the elementary schools should encompass the physical, social, emotional, and educational needs



of children. The recognition of this fact became an integral part of the philosophy of this study. The recognition of this fact also became a major factor contributing to the importance of the study.

## II. DEFINITIONS OF TERMS USED

Elementary. In this study the term elementary was interpreted as meaning the period of formal schooling from the first through the seventh grades.

Guidance. Many definitions of guidance were found in the guidance literature. A recent publication (Hatch and Costar, 1961, p.14) refers to guidance as a program of services specifically designed to improve the adjustment of the individual pupils for whom it was organized.

Pickens County. Pickens County, Georgia, is located in northwest Georgia at the extreme southern boundary of the Blue Ridge Mountains. The county is served by five elementary schools: Marble Hill, Tate, Jasper, Ludville, and Talking Rock. Georgia Marble Company is located in the county and much of its quarried product is shipped throughout the world, a factor which lends itself handsomely to the economy of the area. The area is mountainous and rural and the total enrollment at the five elementary schools serving the county is about 1,500 students, based on 1967 census.

### III. LIMITATIONS

This survey was limited to the study of elementary guidance only. References cited herein are specialists in the field of elementary guidance.

It is true that many colleges and universities do not make a distinction between training in counseling and guidance for service at the elementary level or the secondary level. It is also true that much of the literature makes no distinction between such service; however, for purposes of this study, references cited are recognized authorities in the area of elementary guidance. Such references may, at the same time, be recognized as authorities in guidance at all levels.

Historical Research. The historical research herein was limited to works published within the past decade where possible.

Experimental Research. The experimental research was limited to a pilot study conducted entirely within the county and the conclusions reached were the results of the opinions derived from answers to questionnaires distributed among the fifty-four elementary teachers in the county. The pilot study was structured from material that the questionnaires exploited.

Pilot study and Questionnaires. The pilot study and



questionnaires used were obtained from the Georgia State Department of Education. It is generally conceded throughout the State of Georgia that it will soon be necessary for a school system to employ elementary guidance specialists in its system in order to have its elementary schools recognized as accredited schools by the Georgia State Accrediting Commission. The Georgia State Department of Education has taken a great deal of interest in elementary guidance in the past few years and the National Defense Education Act of 1958, the Higher Education Act of 1965, and the Elementary and Secondary Education Act of 1965 have added impetus to this interest. At the present time most of the elementary schools in the State of Georgia do not have at their disposal the services of an elementary guidance specialist; therefore, most of the testing, guidance, and counseling at the elementary schools of Georgia is done by the classroom teacher, without the assistance of a trained specialist in her own particular school. This fact, while not in itself a vital limitation to this study, must be taken into consideration as far as the validity of the teacher responses to the questionnaires are concerned.

#### IV. PROCEDURES

Procedures followed in this study were in keeping

with standard research practices, e. g., the exploration of the problem through historical research and the investigation of the problem through experimental research.

Basic Areas Explored. The historical research had as its overall purpose the review of the following data:

- (1) The development of elementary guidance.
- (2) The need for elementary guidance.
- (3) The role of the elementary guidance person.
- (4) School social work services.
- (5) School attendance services.
- (6) Psychological services.
- (7) Psychiatric services.
- (8) Speech and hearing services.
- (9) Nursing services.
- (10) Medical services.

The experimental research, which included the pilot study and the questionnaires to the teachers in the elementary schools of the county, had as its overall purpose the review of the following data:

- (1) Pupil orientation services.
- (2) Pupil appraisal services.
- (3) Pupil informational services.
- (4) Group testing.

- (5) Records.
- (6) Planning services.
- (7) Referral services.
- (8) Adjustment services.
- (9) Services to parents.
- (10) Services to the school staff.

The experimental research included the compilation of the material to be used in the pilot study and the questionnaires. As previously stated, this material was obtained by contacting the Georgia State Department of Education and requesting that elementary guidance information be sent for use within the county.

The pilot study involved placing into practice the procedures to be observed. These procedures were guidance activities that will be further identified under the philosophical guidelines section in this chapter.

The questionnaires which followed the pilot study were designed to determine the observations made by the teacher of the effectiveness of the guidance activities in accomplishing the desired results. The desired results were, in all cases, the adjustment of the pupil to the educational process. This adjustment can be difficult in the elementary years.

The elementary teachers of the county, in responding to the questionnaires, were asked to rate guidance activities



performed under the pilot study as E-effective, P-partly effective, and I-ineffective. The results of their observations were then quantitatively analyzed and appraised in order that conclusions could be reached that would shape the framing of a guidance program for the elementary schools of the county.

#### V. PHILOSOPHICAL GUIDELINES

Philosophy. Philosophy, according to the definition found in most dictionaries, is a body of principles underlying a given branch of learning.

Philosophy of the study. The philosophy of this study is that elementary guidance principles should be in keeping with guidance practices found at higher levels of education. Expanding this philosophy one finds that a philosophy of guidance for elementary schools may be defined as a body of principles functioning as reference points for all guidance activity, both present and future. A recent study by two authorities (Hatch and Costar, 1961, p.13) suggests that when a teacher plans a guidance program of his own there is no provision for a continuous record of what principles underpin the program and, consequently, no provision for a continuous record of development and growth of the individual through his entire school experience. The individual teacher



in an elementary school can be far more effective in a guidance program if she follows an approved program in keeping with the basic principles established in the school with the future schooling and guidance of the individual in mind.

Guidelines of the study. All too frequently a student is sent from grade to grade, teacher to teacher, and is bombarded with a multitude of guidance practices, none of which resembles another. Would it not be more reasonable to determine basic factors about the student during his early elementary schooling and then follow through with a program of guidance that is tailor-made to suit him? This same program could be followed throughout the student's academic life. Program of guidance, as used here, refers only to the individual student's ability and trait-factor classification. This data would be of immense value to the secondary counselor and subsequent guidance persons. The guidelines of this study would provide for a great deal of liaison work between elementary and secondary guidance personnel.

Hatch and Costar (1961, p.16) defend this position by stating "the program of guidance in the elementary school should be a part of the total school program, which includes all elementary schools, junior and senior high schools, as well as the junior college." Such a program would provide for interschool visitation of pupils and the sending of the

student's complete records from the elementary school to the secondary school (Detjen and Detjen, 1952, p.229).

## VI. IDENTIFICATION OF ISSUES

Certain procedures are generally followed in the organization and administration of guidance services. In order that these guidance services may be identified the following items have been defined:

Organization and Administration. The superintendent of the individual school system is identified as the person responsible for the organization and administration of the guidance program in the system's schools.

Counselor Functions. The functions of the counselor include guidance services, e. g., orientation, appraisal, information, testing, records, planning, referral, adjustment, parental consultation, and services to the staff.

Orientation Services. Hold conferences with new students at the beginning of the school year and with each new pupil transferred into the school during the year. The conference would include familiarization with the school plant, program, and school standard operational procedures.

Appraisal Services. Conduct case studies of pupils presenting special problems. Administer sociometric and sociogram studies and provide individual conferences for



those children who wish to discuss the sociometric results and peer relationships.

Informational Services. Plan activities to stimulate interest in the world of work and the world of education.

Group Testing. Coordinate the school's testing program and provide for interpretation and analysis of the group test results.

Records. Provide for a cumulative record for each student.

Planning Services. Student body, class groups, and individual discussions and conferences at which school curricula, educational and vocational goals may be discussed.

Referral Services. Identify and refer students for conferences with the school psychologist, social worker, attendance officer, school nurse, speech therapist, hearing therapist, and school doctor.

Adjustment Services. Provide individual counseling on a continuing basis for those children presenting learning or other adjustment difficulties.

Services to Parents. Conduct parent conferences to discuss the academic progress and adjustment of the child in school.

Services to Staff. Provide in-service education for the staff members regarding all guidance services.



Evaluation. Allow the elementary school teachers in the county to participate in evaluating the guidance services and activities conducted under this pilot study.

## CHAPTER II

### REVIEW OF THE LITERATURE

Elementary guidance is not sufficiently advanced to warrant a great abundance of published literature. The role that guidance plays, the role that the guidance specialist plays, and the role of the teacher in elementary schools are causing writers a considerable amount of trouble. The field is relatively new. There is an increasing amount of interest in the field since recent federal legislation has provided financial assistance under the Elementary and Secondary Education Act of 1965, Title III.

Most of the interest shown in the field seems to stem from the need for liaison between secondary education and elementary education in determining guidelines that will be in keeping with mutual goals.

This chapter deals with the development of elementary guidance to date, as revealed from the literature, and with the various aspects of guidance that is characteristic of guidance at the elementary level, e. g., the role guidance plays, the role the teacher plays, the goals of guidance, social work services, attendance services, psychological services, psychiatric services, speech and hearing services, nursing and medical services.

## I. DEVELOPMENT OF ELEMENTARY GUIDANCE

One of the earliest studies in elementary guidance (Gordon, 1929) covered seventy-five selected cities in the United States and found that sixteen reported a counseling program in their elementary schools. The percentage of this ratio was twenty-one per cent. A later study (Rosecrance, 1936) found twenty-three out of seventy-five schools reporting guidance workers on their staff.

During the post-depression period of the thirties and the war period of the forties elementary guidance suffered along with other educational and technological advancements pending the conclusion of the war.

A more recent survey was made by the National Association of Guidance Supervisors and Counselor Trainers with the cooperation of selected state departments of education. In this study (1953), which had as its purpose the gathering of statistical data about the nature and growth of elementary schools, five per cent of the elementary schools in the country were sampled. This sampling revealed from 611 elementary schools that 1,797 respondents, representing 10,350 teachers, reported 34.7 per cent of the schools sampled had the services of a counselor.

The National Defense Education Act of 1958, which gave



financial support to guidance in secondary schools, stimulated an interest in guidance at the elementary school level. This interest, according to Smith and Eckerson (1966, p.1), resulted from the realization by educators and counselors in junior and senior high schools that frequently adolescents were offered guidance services too late to bring about reform of long-established ways of learning and behaving. Consequently, the revised National Defense Education Act passed in 1964 included guidance services in elementary schools.

Educators are now aware that it is in the early stage of their training that children acquire work habits, attitudes toward school, and basic preparation which determine the quality and often the extent of their formal education. It is also during this period that parents should be alerted to their children's abilities and become involved in educational planning (Smith and Eckerson, 1966, p.1).

Of even more interest is the increasing need for more emphasis to be placed by institutions of higher learning on the training and preparation of elementary guidance people. MacMinn and Ross (1959) sent questionnaires to 542 universities. Out of this number only 178 responded to the survey, and, of these, 128 offered the master's degree in elementary guidance and 47 offered the doctorate.

The impact of the elementary school guidance movement

is beginning to be felt in the universities. It is inevitable that more graduate programs will be designed to prepare elementary school teachers, counselors, and perhaps persons with undergraduate majors in behavioral sciences, for guidance functions in elementary schools. Hill and Nitzchke (1961, pp.155-159) report that preparation programs for guidance workers in elementary schools are as yet not well defined. Some of these programs, they continue, make little differentiation between preparation for the elementary guidance worker and preparation for the secondary guidance worker.

In the State of Georgia the Department of Certification makes no differentiation between a school counselor at the secondary level and a school counselor at the elementary level.

In their national survey, Smith and Eckerson (1966) traced the development of elementary guidance. Survey data reported in their study were collected in 1964, representing figures for the school year 1962-63. Their survey was based on a questionnaire entitled, "A Survey of Pupil Personnel Services in Public Elementary Schools." It was pretested on 86 principals in elementary schools with organized guidance programs involving a guidance specialist. The questionnaire responses were transferred directly onto magnetic tape which



was subsequently used with electronic computers to produce analyses of the information collected.

The Smith-Eckerson Survey (1966). The term, child development consultant (CDC), used in this survey includes counselors, school psychologists, and school social workers who spent at least an average of one day per week in an elementary school. The survey found that the services of child development consultants have had an impact on the development of children.

Limitations of The Smith-Eckerson Survey (1966). The following limiting factors were listed:

(1) The sample of schools was drawn from approximately 53,500 elementary school plants which enrolled over 100 pupils.

(2) The research was designed to study both pupil personnel services and guidance practices.

(3) The questionnaires were answered by elementary school principals. The answers, therefore, reflected the points of view of principals rather than guidance personnel.

Summary of The Smith-Eckerson Survey (1966).

(1) Almost 13,000 or one-fourth of elementary schools with enrollment over 100 had child development consultants in 1962-63. No child development consultants were employed in 41,000 elementary schools.



(a) The proportion of schools with child development consultants was found to be highest in the North Atlantic region (31 per cent) and the lowest in the Southeast region (11 per cent).

(b) Child development consultants were employed in forty per cent of schools with enrollment over 800 but in only fifteen per cent of schools with 100 to 349 pupils.

(c) Child development consultants were found in schools with kindergartens two to three times as frequently as in schools without kindergartens.

(d) Schools located in advantaged and disadvantaged areas had child development consultants more often than schools located in average communities.

(2) Three-fourths of the principals in schools without child development consultants expressed need for their services. Child development consultants were needed most in large schools, in disadvantaged areas, and in the Southeast region.

(3) One-fifth of elementary schools with child development consultants started their programs before 1948. Forty per cent of the programs started during the period 1958-63.

(4) Child development consultants described as having a background in psychology were more numerous than any other group of behavioral specialists; teachers with guidance

preparation ranked second.

(a) Principals expressed a preference for psychologists with courses or experience in elementary education. Teachers with guidance preparation were a fairly close second choice.

(b) Teachers with preparation in guidance and social workers were preferred more frequently by principals in below-average and disadvantaged areas than by principals in higher socioeconomic areas.

(5) About two-thirds of the child development consultants had master's or doctoral degrees, while eighty-three per cent of principals favored graduate degrees.

(6) Three-fourths of the elementary school principals expressed no preference as to the sex of their child development consultant.

(7) By far, the largest number of elementary school principals reported that their child development consultants worked more with children than with teachers or parents.

(8) Three-fourths of the principals mentioned that children with emotional problems and social problems were given high priority by their child development consultants.

(9) Consultation with parents, consultation with teachers, and counseling of children were included among the six most important functions of a child development person.



(10) The median number of child development consultant days needed (3.6 days) per week according to the principals was almost twice the median number provided (1.9 days) in their schools.

(a) Child development consultant services were available only one day a week (criterion for inclusion in the survey) in forty-three per cent of elementary schools.

(b) Schools in disadvantaged communities ranked first in the median amount of child development consultant time provided (3.4 days) for pupils.

(c) Principals in forty-one per cent of schools reported that their schools needed one full-time child development consultant or more. Only seventeen per cent of the schools had the equivalent of at least one full-time child development consultant. The gap between child development consultant services provided and needed was largest in the underprivileged communities.

(d) Principals in schools in the most privileged areas indicated a slightly greater need of child development consultant time than did principals in above-average and in average socioeconomic areas.

(e) The median number of pupils per child development consultant was 789 in schools that had child development consultants. The median number needed was 609.



Results of The Smith-Eckerson Survey (1966). Smith and Eckerson (1966, p.4) were the first to stress that the results of their survey were not intended to provide models to be copied. They found, in most instances, that guidance and child development consultant services were limited in quantity and quality. Too little time given by a specialist assigned to a school, or responsibility for too many children, may lead to a problem-centered emphasis rather than a developmental program of guidance for all children.

## II. NEED FOR GUIDANCE

Most authorities on the subject of elementary guidance feel that elementary guidance is a positive function dealing with the total needs of the child and the totality of growth. The point has already been made in this study that educators are generally in agreement that it is in the early stages of their training that children acquire work habits, attitudes toward school, and basic preparation which determine the quality and often the extent of their formal education. Parents of elementary children need to become acquainted with their children's abilities and become involved in educational and vocational planning. A child development consultant at this stage of the child's growth can alert the parents to any number of danger signals that threaten their child's growth.

One authority (Barr, 1958) suggests that our increasingly complex society means an increased heterogeneity of population with a greater variety of individual needs to be met. Early guidance, according to Barr, could meet these needs and in addition could prevent dropouts and juvenile delinquency and help society to identify the abilities and talents of our youth.

The United States Department of Health, Education, and Welfare (1963) has found that guidance in elementary schools is usually interpreted as a service to assist all children in making maximum use of their abilities, for their own good and for that of society. This study suggests early identification of the pupil's intellectual, emotional, social, and physical characteristics; development of his talent; diagnosis of his learning difficulties, if any; and early use of available resources to meet his needs.

Increased Enrollments. In still another study The United States Department of Health, Education, and Welfare (1960) has expressed the need for guidance in the elementary schools due to the increased enrollments. Their report found that departmentalization and specialization at the elementary level have created a need for child development consultant services.

Maladjustment. The Gluecks (1950) found that the need



for elementary guidance was quite evident in that one-half of the delinquents in their study indicated maladjustment before they had reached the age of eight.

Changing World of Children. Today's elementary school children live in a changing world that demands flexibility. Many children are required to adjust to these changes under severe handicaps. The United States Department of Health, Education, and Welfare (1960, p.228) found for example, although 1,700,000 more children entered elementary schools in 1959-60 than during the year before, there was not a proportional increase in the number of qualified teachers.

W. M. Lifton (1963) has given further emphasis to the need for guidance in the changing world of children. When he appeared before the American Personnel and Guidance Association he stated that many pressures assault present day youngsters, including such things as the pressure to learn earlier and the confusion that children face when confronted with a "multiplicity of vocational opportunities" in a job market that fluctuates rapidly. These pressures will need to be modified by a comprehensive program of elementary guidance.

The United States Department of Health, Education and Welfare (1963, p.2) has shown that certain complexities are



causing difficult adjustments for children with one-fifth of the population moving each year from one home to another. It is not uncommon to find elementary students who are in the lower grades and have already attended several different schools. Mothers have entered the labor market in large numbers to raise the standard of living of their families, or because they are the family's sole support. Thirty per cent of mothers with children under eighteen are working and over twenty per cent of these mothers have children under the age of six, according to the Health, Education, and Welfare Department report (1963).

Waste of Talent. Another factor influencing the need for guidance at the elementary school level is the alarming dropout rate in our schools. Miller (1963) in a nationwide study, reported that 2,415,309 students entered the ninth grade in 1958-59. Four years later, in 1961-62, our nation graduated 1,682,609 or 69.7 per cent of those who started in 1958. This indicated that 30.3 per cent of those who started did not finish.

The fact that these dropouts did not make the proper adjustment leads one to believe that something more can be done, possibly at the elementary level, to bring about the required adjustment. Eckerson and Smith (1962) seem to think that the elementary classroom teacher, in what we have

labeled her self-contained classroom, is taxed to the limits of her endurance with updating her teaching, motivating the gifted, introducing new media, and growing with her subject, to give the necessary attention to the under-achiever, the handicapped, and all others with individual problems. An organized elementary guidance program is needed to meet the physical, emotional, educational, and vocational needs of these dropouts.

Elliot (1954) found that one million children under eighteen years of age were involved in misbehavior charges with police records. One-third of those apprehended were involved in charges serious enough to warrant being brought to court. In her study, conducted on a nationwide basis, approximately two-thirds of the group studied were school dropouts.

It may be that the failure of the elementary schools of our nation to meet the challenge of understanding and dealing with the individual differences of children has been a causative factor in the high percentage of dropouts. In their newsletter, Science Research Associates (1952) indicated that most dropouts can be traced back to the elementary school where proper screening and adjustment were not offered to the student through recognition of individual differences.



Shumake (1966) has reported that during the school year 1965-66 Georgia had 19,828 dropouts. The legal age at which a student may dropout of public schooling in Georgia is sixteen. Some improvement in the dropout ratio has been made recently, Shumake reported, with Georgia dropping from a forty per cent dropout ratio in 1961-62 to a thirty-seven per cent dropout ratio in 1964-65. The same ratio reported for the nation in 1964-65 was twenty-four per cent. It is certainly possible that the coming of elementary guidance to the schools of Georgia will lower its dropout ratio. These figures, as reported by Shumake, were based on the ratio between the number of students graduating in the years reported and the number of students in the same class who enrolled in the ninth grade.

Kowitz and Kowitz (1959) have suggested that with the passage of time it may develop that the greatest contribution of guidance services at higher levels of education will be to call attention to the need for guidance services while the student is in his early years of formal education.

### III. ROLE OF THE GUIDANCE SPECIALIST

The investigation and discussion of the literature concerning the role of the guidance specialist seemed to be a logical step following the review of the development of



the elementary guidance program in this country and the discussion of the literature with regard to the support given to the need of such a program.

Controversy. A great deal of controversy seemed to exist in the literature over just what the role of the guidance specialist should be. Two divergent points of view (Meeks, 1963; Patouillet, 1957) were found and these will be discussed at a later point in the text. Cottingham (1963) in a report at the convention of the American Personnel and Guidance Association, reported that a review of current literature uncovered at least six approaches to the role of the elementary guidance specialist:

(1) The first of these approaches found the elementary guidance specialist offering a program similar to that offered at the secondary level.

(2) A second approach to the role was revealed as the concept that guidance is simply good teaching. Two texts have been written in support of this theme (Barr, 1958; Willey, 1952).

(3) The problem-centered approach to the role of the specialist was the third area mentioned by Cottingham. It is sometimes referred to as the mental health approach and it proposes that the guidance worker functions mainly with the problem child. Two works (Detjen and Detjen, 1952; Kowitz

and Kowitz, 1959) are advocates of this approach.

(4) Cottingham mentioned the fourth general approach as being closely related to the duties of a school psychologist. This still does not shed much light on what the role of a primary resource person would be. It was noted that this approach bore a marked resemblance to the problem-centered approach mentioned above.

(5) The child development approach to the role of the elementary guidance specialist was designated as the fifth approach. At this point it was found that the views of Meeks and Patouillet, mentioned previously, were not in agreement. Patouillet (1957) has suggested that each three hundred children in a given elementary school could be effectively served by what he calls a "child development consultant." Meeks (1963) indicated that those who hold views similar to Patouillet's have over-looked the fact that the guidance specialist's concern is with school-centered problems and any attempt at psychotherapy can only bring about confusion and conflict.

(6) The final approach presented by Cottingham was the coordinated approach whereby the guidance specialist coordinates the many activities of the children. Martinson and Smullenburg (1958) supported this view by advocating that the primary resource person work actively to support

and increase the many guidance activities within a school.

Eckerson and Smith (1962) also find the role of the guidance specialist at the elementary level meeting with divergent points of view. They suggest that the overall climate that seems to prevail over these various approaches is the general agreement among writers that some type of organized program aimed at helping children, parents, and classroom teachers is of utmost importance. They also have expressed the hope that consultation aimed at identification and prevention of the client's problems will be common ground for agreement between the various approaches.

Discussion of the Controversy. Earlier in the text, in the description of the Smith-Eckerson Survey (1966), the term "child development consultant" was defined as being inclusive of counselors, school psychologists, and school social workers who spent at least an average of one day per week in an elementary school. Since the divergents points of view as to the role of the guidance specialist seemed to be a confusion over the principle functions of the specialist, it seemed in order to present here a distinction between responsibilities of the counselor, the psychologist, and the school social worker.

The United States Department of Health, Education and Welfare (1963, p.12) makes these key distinctions. The



social worker is prepared in the casework technique to help children, especially those whose problems have emotional bases. The psychologist is prepared particularly in intensive individual diagnosis of mental and personality traits. Guidance counselors receive training which is much broader and less intensive in some of its emphases. Therefore, the guidance specialist, the guidance worker, the guidance person, or the child development consultant may be identified as a social worker, a psychologist, or a guidance counselor depending on what his responsibilities are. Thus:

Each makes a distinctive contribution to services for children. The social worker helps pupils who have or appear likely to have serious problems of school adjustment which also involve aspects of social or emotional adjustment. The social worker has a major role in work with parents and community social agencies. The psychologist helps pupils who have serious learning or behavior difficulties due to mental, physical, or emotional handicaps and for whom an intensive clinical psychological diagnosis is sought by the school. The guidance consultant or counselor works with all pupils in the school on educational, vocational, and personal problems which are common among the age groups of a particular educational level (The United States Department of Health, Education, and Welfare, 1963, p.13).

In another survey made by the United States Department of Health, Education, and Welfare (1963) it was found that the guidance specialist, or counselor, as we shall now call him to distinguish him from the psychologist and the social worker, played the following role:

- (a) Tests and observes children who have learning difficulties, who are underachievers, who show signs of emotional disturbance, who need curricular advice or placement in special classes, and those who are being considered for referral to other specialists.
- (b) Counsels children with minor personal problems that interfere with school life.
- (c) Helps needy children obtain glasses, hearing aids, clothes, food, and other essentials.
- (d) Consults with teachers, principal, and parents to help them understand normal children as well as children with problems.
- (e) Refers children needing intensive diagnosis and treatment to pupil personnel specialists and community agencies and interprets their findings and recommendations to teachers and parents.
- (f) Provides in-service education for teachers.
- (g) Develops group guidance programs in common personal problems, study habits, occupational orientation, and preparation for the secondary school.
- (h) Interprets the guidance program to parent and community organizations.
- (i) Conducts research and evaluative studies relative to the effectiveness of the guidance program (The United States Department of Health, Education, and Welfare, 1963, p.506).

The results of the above survey, which had as its sample twenty-four elementary guidance programs from ten states, found that certain commonalities exist between the role of the elementary counselor and the role of the secondary counselor.



## IV. ROLE OF THE TEACHER IN ELEMENTARY GUIDANCE

Some opposition to the theory that a teacher can be a complete guidance worker appears in the literature. Such opposition points out that the elementary teacher has neither the time nor the training to perform a complete guidance function. No clear trend has developed to support either specialist-centered or teacher-centered guidance. The thinking on both sides has been presented by McCabe (1958) who has found that one side, the specialist centered, emphasizes the use of highly trained specialists to work with the students needing assistance while the other, the teacher-centered, emphasizes the periodic removal of the student from the educational complex and stresses guidance within a framework of the educational process itself, rather than a service which is adjunctive to it. The latter approach sees the guidance specialist as a consultant to whom the teacher may turn. The teacher then becomes the prime and contact therapist, not the counselor.

Teacher Screening and Referral. There is merit in both approaches according to Willey's (1952) summary of the possibility of the specialist and the teacher working together in a program complementary to each other. Willey has suggested that as long as the child is not taken out of the school environment, the aid of all specialists should be considered as



an aid to the teacher. It is to the teacher, Willey has found, that pupils will go to obtain help, not only in educational matters but in personal matters as well. Teacher screening and referral can be of invaluable aid to the counselor.

In an attempt to reconcile the differences between those who favor teacher-centered guidance and those who reject it, Mathewson (1962) has presented what might be called a compromise. He feels that the teacher can and does deal with problems of personal adjustment; time, he asserts, is the prime factor preventing the teacher from functioning as a guidance worker. Whenever time does not permit or where the nature of the problem is beyond the scope of the teacher, referral to the guidance specialist would be in order.

The Martin Study. Martin (1960) in an unpublished doctoral dissertation, which considered the problem of the teacher dealing with individual adjustment, found that the elementary teacher, with the aid of a guidance specialist, could be effective. Using guidance techniques which were designed to determine their effectiveness upon the personal-social adjustment and the concomitant educational achievement of four groups of fifth grade children, he employed the Rogers' Test of Personality Adjustment, The Science Research Associates Junior Inventory, and the California Achievement Battery in

the pre-test and post-test technique.

Group I, the experimental group, was read stimulus stories dealing with behavior problems for one hour each week. This was followed by a free discussion of the story problem and a written expression about the story or discussion. The teacher of the control group had the results of the pre-testing and an evaluation of each child.

In Group II, the teacher was furnished the results of the pre-test and an evaluation of each child. The services of the guidance consultant were available if needed.

Group III was structured to the extent that the teacher scored the results of the pre-testing and an evaluation of each child. Consultant services were not available to Group III, and in Group IV, the teacher was not supplied test results and evaluations until the end of the experiment.

Martin's results were quite significant and might be the most conclusive with regard to the value of an elementary guidance program in which the teacher and the guidance consultant work together for the student's benefit.

There were significant differences in the educational achievement of the four groups; t-tests indicated significant differences between Groups I and II, Groups I and III, and Groups I and IV, but no significant differences between Groups II and III, and Groups III and IV (Martin, 1960, p.3632).

Martin also reported significant differences in the



personal-social adjustment of the four groups as indicated by a t-test. No significant differences were found between Groups II and III, and Groups III and IV.

The results of the survey caused Martin to conclude that:

Guidance services will bring about significant positive change in personal-social adjustment of fifth grade children when the services of a school counselor are devoted to a formal and systematic program of guidance activities that are integrated with the regular educational process. This change in student's behavior is unlikely when the teacher is provided only an evaluation and counselor consultation concerning their personal and social adjustment (Martin, 1960, p.3632).

There is a good possibility that the teacher may have the key role in elementary guidance. There can be no question but what she exerts powerful influence on the children placed in her charge. It is safe to hypothesize that her role can be made more effective with the addition of some type of specialized help. Until more research is accomplished and until more guidance people are permitted to assume duties on the elementary level, the teacher may be, for the present at least, the key guidance worker in the schools.

#### V. SOCIAL WORK SERVICES

According to Lide (1959) school social work began about 60 years ago in the eastern part of the United States. Lide has pointed out that this service originated from a

confrontation with increasing social problems by educators and public social agencies alike. Due to their mutual involvement, schools began employing visiting teachers to work with truant children, and social workers began liaison work between the schools and deprived children.

Kelley (1962) has found a divergent trend in the area of social work. Where social workers were formerly concerned primarily with the culturally deprived, they now deal with a wide range of personal and social disorders. In highly advantaged areas Kelley found that the role of the social clinician included intensive counseling with teenagers who were under severe strain resulting from pressure of high social and academic expectation. These pressures begin at the elementary level and it is here that social workers can provide therapy for internally directed as well as overt patterns of maladjustment.

The academic preparation of social workers prepares them to deal effectively with the problems of small children. Many school systems now require that people filling social worker positions hold the master or social work degree. The National Association of Social Workers stresses that holders of the degree must be made aware that the school is now a social institution (Kelley, 1962). Around the country the various institutions of higher education are now facilitating



emphasis. Currently, Kelley reports, there are an estimated 150 to 200 graduates each year who have had at least one school year of field training in public schools. In addition, many other social workers are recruited into the school setting and make the necessary adaptation through in-service training or additional education.

The school social worker has four major areas of function according to Smith (1964, pp.16-25) and Kelley. (1962, p.1). He is a caseworker who counsels with students and their parents. He is a collaborator who works cooperatively with other members of the school staff. He is a coordinator who serves as an agent to bring school and home and school and community into better working relationships. He is a consultant who is available to confer with other staff members even though he may not be directly involved with students or their immediate problems.

Having identified the four major areas of a school social worker's responsibility, Smith and Kelley have suggested certain emphases in developing these areas. The case-work method of counseling is highly developed by the social worker since social work education and practices place more emphasis on counseling than is true of most pupil personnel specializations. In counseling, the social worker's focus on strengths and growth potential is certainly compatible

with educational goals. The social worker has a professional optimism which is consistent with the general perception of the school experience as an opportunity to find and develop the student's potential.

The social worker's traditional view of a client's total situation led Smith and Kelley to emphasize "interdisciplinary collaboration" long before the "team" concept became popular. They suggest that the social worker should share concern and responsibility with others and should be skilled at helping to clarify the respective roles of each member of the interdisciplinary team.

The total perspective of the social worker is valuable in consultation services. His knowledge of human development and methods of helping children enable him to aid teachers in their relationship with students.

According to Smith and Kelley, perhaps the social workers most clearly seen advantage is his knowledge of and entry into the myriad of organized social resources of the community. He knows the system and often is in the most advantageous position to seek help from other professionals in referral, collaboration, or consultation. Often he can be directly helpful to the school administrator in respect to interrelationships of school and agency. Finally, there is a highly predictable competence which the school social



worker represents. School social workers receive graduate training which has now become standardized.

The Education of The School Social Worker. The school social worker, according to Smith (1964, pp.16-25), is not required to have any preprofessional curriculum in social work prior to entry into a graduate school. Generally speaking, schools of social work look for students with a broad liberal arts background and quality of academic performance or potential. Most graduate schools screen all applicants carefully to determine personal suitability for the profession.

Supplementary to the master of social work degree is an orientation to and knowledge of the public school. This background preparation may be variously acquired through in-service training during employment in a school, field work in a school as part of the graduate program, or courses in education.

The masters degree program for social work specifies, as a rule, three curricular areas: social welfare policy and services, human behavior and the social environment, and methods of social work practice. (Smith, 1964).

Group Social Work Services. Teachers often find that group instructional procedures do not always reach the hard to reach students. Vintner and Sarri (1964) have found that

the school, unlike other institutions, embodies formal and informal groupings of youngsters, yet the skill of the social group worker in promoting social growth has had only the most tentative time of testing in the school. Vintner and Sarri believe that in group work, there is a whole vista of potential for reaching some hard-to-reach students, and for reaching more students who need social help.

School-Community Social Work. Vintner and Sarri (1964) and Smith (1964) were in agreement that the widespread concern about juvenile delinquents, dropouts, culturally deprived, and unemployed youth has led to a wave of new programs; clues to the need have been provided in crime studies and in the riots that have now become a seasonal tradition. The old and honorable function of the school social worker as the liaison between the school and the troubled child will be enlarged to include all children and the whole community.

## VI. ATTENDANCE SERVICES

According to the United States Department of Health, Education, and Welfare, (1959) the first compulsory school attendance law was passed in Massachusetts in 1852. Its aims were to keep young children out of the New England factories by making school attendance compulsory for children up to fourteen years of age. Other legislation soon followed across



the nation enacting similar laws. However, there was much child labor abuse, and public opinion was still mixed as to the value of education for all children. In many instances, schools lacked methods of accurate child accounting and the necessary personnel to enforce laws, even when they were adequate.

By 1918, the United States Department of Health, Education, and Welfare, (1959) reported, all the United States had passed compulsory school attendance laws and the statute books across the nation proclaimed the belief of its people that each child not only had the right to benefit from an education but also the obligation to secure this advantage.

It was not until the middle 1930's that most of the states had adequate legal provision for sound attendance enforcement procedures. These laws contained three necessary elements; compulsory school attendance until at least age fourteen, legal requirement for a census, and provision to pay personnel to work especially with children having school attendance problems.

Conflicts and problems which inevitably arose led to the appointment of attendance workers to enforce the attendance laws. Thus, it was recognized that a child is dependent upon his parents and the authorized agents of the community for the fulfillment of his potential by attending

school. Where the parent fails, there must be a substitute community agent, or the child is automatically excluded from the benefits to which the state entitles him because of his very existence.

According to a report by the Council of Chief State School Officers (1960, p.18), the following professional services for attendance personnel should be required:

(1) Leadership in a program to promote positive pupil and parent attitudes toward regular school attendance.

(2) Assistance to teachers in the early identification of patterns of nonattendance indicative of inadequate pupil adjustment.

(3) Early professional action on problems of non-attendance, involving a casework approach to the pupil's problems; parent contacts; and cooperation with teachers, other pupil personnel workers, and appropriate community agencies.

(4) Supervision of the school's program of child-accounting, including the school census, issuance of employment certificates, and registers of attendance.

(5) Constructive use of authority pertaining to the enforcement of the school attendance laws of the system.

Certification of Attendance Workers. By 1950, reports from the United States Department of Health, Education, and



Welfare (1959), indicated nearly all State certificates to discharge the responsibility of an attendance worker required a minimum of a Bachelor of Arts degree. However, with the growth of professionalism and the recognition of skills necessary to work effectively with children, there has been an increasing interest in adding graduate courses in social work to the license provision for attendance workers.

For some time to come there probably will be no clearcut pattern over the country for a certificate in attendance work, primarily because attendance is a matter of local control.

Caseloads. The adequacy of attendance services is related to the caseload factor as well as to the professional competence of workers, the United States Department of Health, Education, and Welfare (1959) has shown. All studies of pupil-worker ratios have been affected by the lack of uniformity in reporting the number of pupils served, their research has found. Many studies have simply compared the number of attendance workers to the total school population. When such total enrollment figures include kindergarten or a city junior college, the actual ratio of attendance workers to pupils is inaccurate. Until there are fewer variables in the statistics used, caseload studies will have to be evaluated

with caution.

Another factor affecting the ratio in attendance services is the length of the workday of attendance personnel, according to the Department of Health, Education, and Welfare (1959). Frequently, their study has shown, attendance workers, home and school visitors, visiting teachers, or school social workers engaged in attendance work have the same workdays as teachers; longer workdays are required in many school systems. There is evidence of a trend to increase the workdays for attendance workers, enabling them to serve families after the close of the school day and during the summer.

Titles for attendance workers indicate that they are called by such titles as school social worker, visiting teacher, elementary school counselor, public welfare worker, and many others. There has been a marked trend toward using the title of school social worker in recent years, according to the United States Department of Education (1959). Many times these workers are known as visiting teachers, this study has found.

## VII. PSYCHOLOGICAL SERVICES

School psychology and the services of a school psychologist are becoming quite well-known in educational circles today. The study made by Magary and Meacham (1963, p.5)



has found that the number of school psychologists in the nation have increased from 520 in 1950, to 2,724 in 1960, or more than 500 per-cent.

The Clinical Function. Magary and Meacham (1963) have shown that today, the clinical function remains the predominant reason for the employment of school psychologists. The great majority of them devote most of their time to individual case studies of children referred to them because of learning problems, and to work with school staff, parents, community agencies, and other pupils.

The Magary and Meacham report has found that a clinical case study is not routine psychometrics, but a professional task which is time consuming, varied, and which calls for the application of basic theory and the insight of experience in the interpretation of data. An individual test of intelligence to verify or correct the less valid data of group tests or teacher judgment is a frequent ingredient, but only as part of any case study. Such a test must be carefully selected by the psychologist according to the age, disabilities and needs of the child. In addition, the psychologist observes the child in life situations, in conversation, in play, in the hallways, on the playground, and in the classroom. He collects data from and shares data with the child's teachers, physician, parents, and others

who may be able to help. He studies the development of the child, securing as much data as he can on the health history beginning with prenatal days, the developmental history in preschool days, the school history, the pattern of friends, and relations with adults and peers. He uses further psychological instruments to gain insights on special aptitudes, interests, and personality characteristics. He is concerned about physical coordination; he looks for evidence of sensory defects, or clues to a possible perceptual handicap. Also, he considers the child's cultural background.

After the information is gathered, it is interpreted, not by the psychologist alone, but in discussion and conference with those most concerned. In some cases, the teacher, administrator, school nurse, school social worker, guidance counselor, attendance worker, and others may sit down to a formal staff conference with the psychologist, the parent, and concerned community workers in order to arrive at a synthesis of understanding and recommendations. More often, however, the psychologist accomplishes as much of this consultation as he can, less formally, in two-way conversations and interviews, in phone calls, or in small group meetings.

The Psychologist and Special Education. Bardon (1963) and Hodges (1960) have suggested that one of the most common referrals to the school psychologist is the child being



considered for placement in a special class for the mentally handicapped, gifted, emotionally disturbed, brain injured, or other types of exceptional children. A class for the mentally handicapped is a good learning environment for the child who is basically mentally handicapped and will not progress beyond a given level of academic achievement. On the other hand, it is the wrong place for a child whose present retardation in school subjects is due to cultural deprivation. He needs, primarily, to have his curiosities stimulated, his experiences broadened, his motivation toward achievement heightened, and remedial instruction provided. Likewise, it is the wrong place for a child whose potential is temporarily obscured by emotional problems.

To differentiate between special education cases is sometimes difficult. Magary and Meacham (1963) have shown that emotional disturbance can easily masquerade as a mental handicap. For example, the migrant slum child whose brief educational experiences in a variety of schools have left him convinced of his own stupidity can present a rather convincing picture of mental retardation if probings for the unused capacities are not made. Nothing less than a complete case study can justify a serious decision concerning a child's educational career.

Frequent referrals are made of children known to have

good intelligence, but who present general or specific problems in learning. Hall (1963) has shown that the child who does not respond to instruction in reading profits from a diagnostic reading evaluation and a complete case workup; the child whose immature, halting, or indistinct speech does not respond to the attention of the classroom teacher or speech therapist needs study; so does the child who is good in all subjects except spelling or arithmetic, or who has some other specific block. Also, a study is indicated for the child who did good work last year and now slides by at a minimally acceptable academic rate, perhaps daydreaming, or having occasional spells of sullenness or anger. The child who is chronically truant, who demands excessive attention, who is deliberately aggravating to teacher or classmates, or who is excessively shy or anxious may be a good candidate for study by the school psychologist. The child who never gets his work done because of a compulsive demand for perfection needs diagnosis (Eckerson and Smith, 1963) as much as the child whose work is excessively slipshod and careless.

Working with teachers, the school psychologist can provide keen insight into special education problems.

Working with teachers, the school psychologist can locate, diagnose, and provide therapy for special problems.



Working With Teachers. At the elementary level there can be little doubt that the school, or county, psychologist must involve the teacher throughout the case study. The United States Department of Health, Education, and Welfare (1963) has asserted that the teacher who is close to the child throughout the day is an essential member of the guidance team. Their report has suggested that the teacher is limited, however, in the kind and amount of attention he can give to any one child when he needs it. A teacher finds that he cannot leave his class to administer an individual test even if he has the training to do so; he cannot stop to reorient a disruptive child when engaged in teaching. In any event, the thorough case study needed to understand a pupil with problems requires skills possessed by few members of an elementary school staff.

The psychologist helps the school staff to understand pupil behavior in causative rather than in judgmental terms, to formulate the problem clearly as seen in the classroom, to be more discerning in discriminating serious symptoms from the less serious.

As data from various sources are accumulated, the teacher should have an opportunity to react and to assist in the interpretation. The greater the involvement of the teacher in the process of formulating recommendations, the more

likely those recommendations will be carried out effectively. Ideally, according to the United States Department of Health, Education, and Welfare (1963), there should be two or more case conferences - one early in the case study and one late in the process - attended by a selected group of the people most concerned, particularly the teacher and the administrator.

The psychologist is aware of possible negative as well as positive reactions to his inquiries and his implications. He is aware of differences in the readiness of both teachers and parents to accept a new point of view. He has learned that some teachers have professional training in mental health and that others, though not skilled in the latest psychological terms, have acquired a real insight into child development and child needs.

It is very possible that many teachers will grow in their ability to understand and handle children as they work with the school psychologist on the problems of one child.

Working With Parents. Wall (1956) has found that the diagnostic and treatment aspects of the psychologist's work may become more entwined as he moves from the teacher to the parent. From the parent, the psychologist gains insight into the cultural level of the home, the language, and experiential handicaps the child may have suffered, the pressures on



one child for achievement, or the despair and hopelessness that holds out no real goals to another.

The parent of a child, according to Wall, seeks help whether he admits it or masks it by overt hostility or indifference. Even though he is assured that an initial conference is exploratory only, and that no recommendations have been made, he goes away from the session more or less able to cope with his problems - seldom, indeed, with no change. As the case study proceeds toward plan formulation, the more the parent can be a part of the process, the more likely he will be able to cooperate with the school and to modify his own actions or attitudes, if necessary. Little is accomplished by announcing decisions to the parent, someone must help him work through the problem. Frequently, this is the task of the psychologist. Wall (1963), Eckerson and Smith (1962), and Magary and Meacham (1963) are all in accord on this point.

Working With Pupils. Some counseling, even some psychotherapy, is inextricably bound up in the process of the complete case study, according to Wall (1963). To obtain useful diagnostic information about the pupil, the psychologist has to gain his confidence by establishing a warm, friendly relationship. As the pupil talks about his problem and his previous school and community experiences, or as the

young child plays freely in the clinic playroom in the presence of an accepting and sympathetic adult, he is experiencing therapy.

The pupil is entitled to an interpretation of the results of the various tests and examinations to the extent that he is able to understand them. The older child and youth participate in making plans. Even in situations where the psychologist does not plan to see the child again after the case study, or until a reevaluation is planned or requested, he is aware of the therapeutic aspects of his rather prolonged relationship with the pupil during the case study. The psychologist's training in counseling and psychotherapy is used from the beginning.

There was some disagreement in the literature with reference to whether or not the school is the proper setting for extended psychotherapy. Play therapy within the school has been supported by Axline (1947) while Meeks (1963) feels that any attempt at psychotherapy in the school can only result in confusion and conflict. The general view of most authorities on the subject seems to support Meeks. However, much counseling that could well come within the definition of psychotherapy is done in the schools by a variety of staff members - the teacher, the guidance counselor, the principal, or anyone who has won the confidence of the child.



Although informal counseling is the most frequent pattern, there are school based clinics in several school systems where more formal continued therapy is carried on by one or more of the child guidance team. Axline (1947) has reported instances of play therapy groups for disturbed children, of therapeutic clubs for group work with adolescents, and of regularly scheduled treatment conferences. In some schools, the Axline report found, the psychological staff is expected to devote a considerable portion of its time to therapeutic counseling with pupils, though this remains the exception. Even if schools believe that they should offer therapy, few have sufficient psychological staff to do so.

Certification of the School Psychologist. Today most persons employed as school psychologists must meet training and experience standards determined by various State departments of education. Hodges (1960) found that twenty-three States and the District of Columbia had some form of certification requirements for school psychologists in his survey.

It is very likely that additional States have since instituted certification standards for school psychologists. Hodges found the master's degree universally required, and two graduate years commonly mentioned. The four States that specified a doctoral degree also had certification standards

for lower level psychological workers with different titles. In 1960, Hodges found, little emphasis was being placed on teacher certification as part of the requirement for school psychologist certification in that only fourteen States so required.

Bardon (1963) has reported that the American Psychological Association recommended at that time that full certification of a school psychologist require the doctoral degree, provisional certification after two academic years in graduate courses, and certification as a psychological assistant after one and one-half academic years of graduate training.

#### VIII. PSYCHIATRIC SERVICES

The psychiatrist may be defined as one who has had specialized training in the treatment of nervous and mental disorders and who, because of the pre-requisites for his specialization, has the degree of medical doctor. The psychiatrist can aid the individual in understanding how his neurotic or psychotic behavior originated. He can help the individual to see that weak methods of facing problems, perhaps learned in childhood, need changing to make possible a successful adjustment to adult life.

Need For a Psychiatric Consultant. The need for the



services of a psychiatric consultant in the school system has been recognized by Lindemann (1953), Klein (1961) and Caplan (1961). These authorities have reported that some local school jurisdictions completely ignore the existence of mental health problems in their children and consider their mission quite separate from mental health, least of all psychiatry.

On the other hand, there are school systems (Klein, 1961) which are highly sensitive to the mental health and social problems of their pupils and consider their solution or amelioration closely related to the task of educating a useful member of society. Caplan (1961) has reported that some of the largest psychiatric child guidance clinics in the country are now operated under school board auspices. Lindemann (1953) also noted the fact that a large number of schools have child study units, psychological clinics, school social casework, special classes, guidance counseling, and mental health units in their school health programs attests to the growing acceptance of the principle that schools must deal with the whole child and that an attempt should be made to give every child an education that befits his individual potential, even if he is handicapped by mental retardation or emotional illness. Education and mental health both seek the maximum development of the potential of each individual.

Almost any school system, especially one serving as many as 5,000 or more children, encounters a number of behavioral, emotional, and psychosomatic problems in its students as part of its daily operations. Klein (1961) has found that the aid of a psychiatrist brings about successful resolution of these problems permitting more staff energies to be devoted to the work of learning. In addition to helping its people resolve problems that interfere with the educational process, the school has two major mental health responsibilities - the prevention of behavior and emotional disorders stemming from the school situation, and the positive task of building personalities (promoting ego strengths) capable of effective learning and application of knowledge. In fulfilling these three mental health related obligations, a school system frequently turns to behavioral scientists, including a psychiatric consultant.

There are six areas which Klein (1961), Lindemann (1953), and Caplan (1961) have mentioned as being vital to the school system, as far as psychiatric contribution is concerned: school health program; pupil personnel department; special education programs; child study unit; research and observation of dynamic processes; and consultant.

School Health Program. Here, according to Klein, Lindemann, and Caplan, the psychiatrist's clinical knowledge



can help general physicians and nurses assess the many tension and stress problems they see daily. School is one of life's major challenges, a required experience for children that is beset with pressures, demands, expectations, and failures. The problems come to the school health unit in the form of stomachaches, headaches, fatigue reactions, nervous symptoms, and frank anxiety attacks. Most school principals and nurses are not equipped to manage some of these problems and will gratefully use the counsel, training, emotional support, help in planning, and referral resources a psychiatric consultant can provide. This is mainly clinical consultation.

Pupil Personnel Department. In most school systems the largest concentration of mental health trained personnel is placed in this unit. The responsibilities, functions, and the numbers of psychologists, social workers, attendance workers, guidance counselors, remedial therapists, speech clinicians, and others vary widely from system to system. Some school boards hire only one kind of pupil personnel worker, while a few have developed collaborative teams of these specialists with certain roles in common, as well as unique role functions. A psychiatric consultant asked to serve such specialists must carefully diagnose their operational patterns, as actual roles may vary widely from stereo-

typed concepts of each discipline's function. Since professions may have various grades of specialists such as masters degree and doctoral level, and since natural capacity to relate to parents, teachers, and children often exists without relation to level or type of training, the roles assigned and accepted may show marked variation from the usual hospital and clinical functions of these same disciplines. Whatever roles they may perform, members of the pupil personnel staff all encounter difficult problems of assessment, diagnosis, interpretation, and interpersonal relations, and many of them welcome problem-centered consultation from a psychiatrist who is capable of translating his clinical understandings, derived from studies of the severely ill, into pragmatic help in dealing with these children who have minor problems.

Special Education Programs. Although various school boards organize them differently, most school programs provide a number of special education opportunities. These include provisions for tutoring, remedial reading, speech therapy, resource rooms, special classes, special schools, hospital or homebound teaching, as well as camps, special summer programs, or reduced time programs for children with varied mental or physical disabilities. The staff operating these programs not only has to deal with the emotional and



social aspects of physical handicaps, but also provide special educational experiences for trainable retarded, educable retarded, and emotionally handicapped children. These children are frequently grouped into helping classes of sixteen to twenty pupils or special classes of four to ten, or are managed in a regular class with special assistance to the teacher. In addition, the school frequently has individual and group contacts with the parents of these children where family interactions and attitudes must be managed very wisely if results are to be realized in school.

Frequently, the school staff members in each of these groups are confronted with quite difficult decisions and problems regarding screening, diagnosis, proper placement and grouping of students, routine assessments, evaluation of the program, and the task of interpretation to parents or other staff members. These are prime areas for psychiatric consultation.

Child Study Unit. The fourth area of concentration of psychiatric attention, according to Klein, Lindemann, and Caplan, focuses on the child study unit. Most of the larger school systems have developed centralized units to conduct psychological studies in depth. These operate under such names as child study unit, psychoeducational clinic, child guidance service, or clinic. In these settings the psychiatrist

usually functions as a member of an interdisciplinary team. In the more fully developed units, the psychiatrist is asked to provide diagnosis, treatment, supervision, staff training, consultation, and planning functions similar to those performed by a psychiatrist in a child guidance clinic.

Research Section. Increasingly over the last few years school systems, university laboratories, or demonstration schools have developed research programs utilizing psychiatric participation and consultation. Psychiatrists working in these settings may serve as assessors of the change of certain dependent variables, observers and interpreters of various dynamic processes, and occasionally, as part of the intervention. Those with research experience often share in the preparation of design and sample selection, as well as in the tool validation and reliability testing phases of the research.

Consultant. The works referred to above and on preceding pages by Klein (1961), Lindemann (1953), and Caplan (1961) are all in agreement that the service of consultant is the most important function of the school psychiatrist. It is here that he serves the teacher, the principal, and the school superintendent.

A psychiatrist usually meets with initial hospitality and high expectations from the school staff. Frequently he



is first perceived as an omnipotent clinician and will receive referrals of the most severe problem cases that have accumulated in the system over the years. Many of the first referrals will be total transfers of responsibility as the school seeks to rid itself of problems and unload them on the new specialist. This problem should be anticipated and should be carefully discussed with the administration ahead of time.

As stereotyped concepts give way to reality, a phase of testing often appears, Caplan (1961) reports. Through difficult referrals and other devices, the school staff tests the skills of the psychiatrist. As the psychiatrist passes these tests and demonstrates that he can identify with the mission of education, new opportunities are opened up to him.

From consultant in clinical matters regarding pupils and staff, he may be asked to counsel with parents, or consult with teachers on general classroom behavior management. As these missions are fulfilled, the psychiatrist may be invited to become a direct consultant to the central staff and the superintendent. The psychiatrist is usually well aware that this process of role evolution is gradual and can only come after confidence in his services has been established.

A psychiatrist who eventually serves the principal or superintendent as a more or less personal consultant will

frequently be asked to give counsel on difficult staff relationship problems, or asked to suggest ways to understand and cope with fanatics, professional critics, or with parents who harass the faculty. Thus, psychiatrists have a service to offer at all levels of the school system, from pupil to superintendent of schools.

#### IX. SPEECH AND HEARING SERVICES

Speech and hearing services are recognized as a very necessary part of the elementary school program. A report by the Committee on Identification Audiometry of the American Speech and Hearing Association (1961) has found that about five per-cent of our school-age children have speech problems.

The Role of the Speech and Hearing Specialist. The American Speech and Hearing Association (1961) have offered a clarification of the role of the speech and hearing specialist in the public schools. According to their report this specialist provides evaluative (diagnostic) and habilitative (therapeutic) services for individuals handicapped by impairments of language, speech, or hearing. His services must be integrated into the general goal of the school although his specific responsibilities, skills, and basic professional identity are those of the clinical worker in speech and hearing cases.



The educational requirements necessary for clinical competence and the nature of the services provided do not vary in any fundamental way for the employment of speech and hearing clinicians in different settings such as hospitals, clinics, and schools.

Even though he works in the elementary and secondary schools, the functions of the speech and hearing specialist are different from those of classroom teachers, including teachers of the deaf, teachers of the mentally retarded, and teachers of general speech or speech improvement. The work of the speech and hearing specialist is in the nature of evaluative and habilitative service which is related primarily to the communication handicaps of an individual.

The American Speech and Hearing Association (1961) have found that adequate clinical services require time for diagnostic evaluation, planning of individual therapeutic programs, individualized clinical and remedial services, satisfactory records, and the necessary counseling of parents and others. There are, however, many instances where speech and hearing specialists are required to serve children in numbers which preclude individual attention. Too often, the number of children seen, rather than the quality of service rendered, is the criterion for program evaluation. The use of educational television has relieved some pressure.

Establishing a Speech and Hearing Program. The American Speech and Hearing Association (1961) has suggested that in newly established programs of speech and hearing screening, an effort should be made to test all of the children during the first school year. Thereafter, an adequate program would include annual testing in kindergarten and grades one, two, and three, and less frequent testing in grades four through twelve. More important than scheduling hearing tests in certain grades every year is to make sure that no child fails to have his hearing tested at least every two or three years. According to the American Speech and Hearing Association an adequate program should include opportunity for immediate testing of pupils: (1) who are new to the school, (2) who were discovered by previous tests to have hearing impairment, (3) who have delayed or defective speech, (4) who are returning to school after a serious illness, (5) who are enrolled in adjustment or remedial classroom programs, (6) who appear to be retarded, (7) who are having emotional or behavioral problems, and (8) who are referred by the classroom teacher for a speech and/or a hearing test.

#### X. NURSING SERVICES

Struthers (1917) has reported that school nursing in



this country was founded in 1902, when Lillian Wald assigned Lina Rogers as the first public health nurse to serve children in New York City Schools. The United States Department of Health, Education, and Welfare (1960) reviewed five decades and found that the same Lillian Wald led a crusade to establish a Federal Children's Bureau which was realized in 1912 under the leadership of President Theodore Roosevelt. Florence Kelly, an ardent fighter against child labor, and Lavinia Dock, a leader in nursing, gave support to this effort. Over the years the Federal Children's Bureau has greatly influenced health services for children.

Swanson (1953) found that in 1952, there were 6,309 nurses employed by boards of education. Ten years later the American Nurses Association (1962) found that there were more than 12,000 so employed. An unknown number on the staffs of public health agencies are likewise engaged in school nursing.

Role of the School Nurse. Schools have employed and continue to employ nurses because of their unique contribution in evaluating the health of children. The degree to which the school nurse carries out these functions depends upon such factors as school policy, her own preparation and experience, pupil load, needs of particular pupils in the school, and the availability of other community services.

The American Nurses Association (1962) has defined the role of the school nurse. In their report they have listed the various titles that a school nurse may have; these include the title of administrator, director, supervisor, consultant, coordinator, or chief nurse. A nurse working alone assumes varying degrees of the functions of administration, coordination, and supervision.

In relation to the administration of a local school health program, the school nurse gives leadership and guidance in its development and maintenance, as well as in the planning of nursing activities. She assumes a leadership role in the identification of those pupils with health needs that interfere with effective learning, and teaches school staff and others to recognize and report health deviations. She participates in faculty and parents' meetings and serves on committees concerned with safety as well as emotional, mental, physical, and social health.

The school nurse gives first aid and emergency care and helps children develop improved attitudes toward health, acquire health knowledge, and assume personal responsibility for their own well-being. She provides counseling and guidance to pupils, parents, and school personnel directed toward eliminating or minimizing health problems of pupils. She cooperates with other pupil personnel specialists whenever



referral of children is indicated.

In summing up the role of the school nurse, the American Nurses Association (1962) has suggested that the nurse conduct studies in school health using available resources, and evaluates her program periodically in an effort to improve it. She reaches out to the community and provides leadership in the coordination of the school program with the total health program, working with professional associations, civic groups, and community agencies.

Preparation of the School Nurse. Troop (1963) has provided a study concerning school nurse professional preparation. Troop found that the 1920's recorded concentrated efforts in California, New York, Indiana, and Pennsylvania, followed by New Jersey and Illinois, to secure and upgrade certification requirements for school nurses. The study also indicated that approximately thirty States have followed this movement and many have secured regular upgrading of their certification requirements.

Troop also found that educators in nursing have endeavored to help, but they disagree with school practitioners who recommend that higher education should give specific training to school nurses at the undergraduate level. Continuing controversy regarding specialized nursing in schools versus generalized public health nursing has long clouded the

issue of better preparation for school nurses. Although the basic nursing curriculum in colleges and universities devotes a regular schedule to public health nursing training, it rarely includes field experience in school nursing for the interested practitioner. Chayer (1931) recommended such experience more than thirty years ago.

The United States Department of Health, Education, and Welfare (1960) believe that a nurse with baccalaureate preparation is adequate in a school setting if she is supervised by a nurse who has specialized in school nursing at the graduate level. The American Nurses Association (1962) found that thirty-nine per-cent of the more than 12,000 school nurses had a baccalaureate degree at that time. Such preparation is the minimum for acquiring specific professional skills applicable to a school setting.

## XI. MEDICAL SERVICES

According to Bonvechio and Dukelew (1961), medical doctors ought to have a voice in the construction and location of public school buildings, in the questions as to the age at which children should be admitted, the hours of study, and the general management of these institutions. They also expressed the belief that physicians should be placed on boards of education. There can be no doubt that the schools



at the elementary level would benefit from the counseling and advice of a physician, especially a pediatrician.

Benvechio and Dukelow (1961) reported on the findings of a survey conducted in 1960 by the American School Health Association of their members regarding the role of the school physician.

Role of the School Physician. According to the results of the survey in 1960 of the members of the American School Health Association, the school physician:

- (1) Works closely with school nurses to facilitate coordination of the health service program.
- (2) Belongs to and participates in medical organizations.
- (3) Encourages parents to have their children immunized.
- (4) Encourages pupils to have medical examinations done by a family physician when needed.
- (5) Assists in planning policies and procedures for emergency care such as for victims of an accident or sudden illness.
- (6) Assists and cooperates with school and public health officials in the exclusion and readmission policies of the communicable disease program.
- (7) Encourages periodic medical examination of handicapped pupils by family physician.

(8) Participates in or consults with existing local medical societies.

(9) Participates in public health programs to promote the coordination of school and public health programs.

The concept of the team approach to school health services involving the parents, nurse, teacher, and physician is common in the literature on school health practice.

## XII. DIFFERENCES BETWEEN ELEMENTARY AND SECONDARY SCHOOL GUIDANCE PROGRAMS

A final area of discussion that seems to receive considerable attention in the literature is that of differences between elementary and secondary school guidance programs. The views presented from the literature are, for the most part, unsubstantiated with research and are, consequently, theoretical. The undercurrent of feelings in the literature seemed to be that the programs at both levels, elementary and secondary, must be structured within a framework of commonality in order for them to prove effective.

Wrenn (1963) delved into the area of elementary guidance as it relates to current programs of secondary guidance. He pointed out that elementary guidance must learn from the experience of secondary school guidance programs and try to eliminate the problem-centered approach. He added that most



children at this age are considerably more dependent, resulting in the counselor working more with the school nurse, teacher, and parents than would the secondary counselor.

Farewell and Peters (1957) are in accord with Wrenn in that they feel the counselor's primary responsibility at the elementary level may be in working with adults; however, they feel that this may be so for different reasons. Their interpretation seemed to be that the elementary child does not have the sense of immediacy that is found in adolescence. In addition, they feel that the elementary child is limited in his choice of behavior by adults. These aspects, coupled with the differential structure that exists between elementary and secondary schools with regard to individual choice, make up the basic differences between the two programs, according to Farewell and Peters. They also added that the child in the elementary school will not use guidance services directly and may receive most benefits of such a program through their teacher.

Three Basic Differences. The United States Department of Health, Education, and Welfare (1963) has stated three basic differences between elementary and secondary guidance services. They find the counselor on the secondary level concerned with helping the students make decisions relating to their education, vocation, and personal problems.

On the other hand they find the elementary counselor playing a different role because (1) there is seldom a choice of courses in elementary schools; (2) vocational planning is not encouraged at this level; (3) only a limited number of children in elementary grades have the maturity of self-analysis and understanding needed for counseling on personal problems.

Riccio and Maquire (1961) have shown an interdependence of guidance services between the elementary and secondary levels, but they do admit that differences exist. According to them, elementary and secondary teachers view guidance services differently and hold different views as to which students can profit from guidance. They suggest that the elementary student views time as now, and the secondary student is capable of viewing time from both a present and future viewpoint; there is, they continue, a marked difference between the psychological development of elementary clients and that of secondary clients. Commensurate with the findings of the United States Department of Education, Riccio and Maquire found that the elementary school has a curriculum that determines what courses the elementary student will take, whereas a secondary student may have some selection in his program of studies.

Thus, differences apparently exist between the role



guidance plays at the secondary level versus the role of guidance at the elementary level. Those who see marked differences between the two roles point to the fact that the organization of the elementary school differs from its secondary counterpart, that the younger students require a different guidance emphasis, and a whole new concept of counseling may be needed. Others, including Anglin (1962), DeForrest (1957), and Mathewson (1962) see the difference as essentially one of emphasis upon the services performed.

## CHAPTER III

### THE MATERIALS USED AND GROUPS STUDIED

#### I. PILOT STUDY AND QUESTIONNAIRE

Pilot Study. The pilot study provided an opportunity for all of the elementary teachers in Pickens County, Georgia, to conduct guidance activities which were identified in this study under Chapter I, Section VI. The pilot study materials were obtained from the Georgia State Department of Education. Inclusive dates allowed for teacher-observation of the results of the pilot study activities were September 15, 1966, to March 15, 1967. Thus, a six month period was provided during which time the elementary teachers could observe the results of the study.

The Questionnaires. The questionnaires used were obtained from the State of Georgia, Department of Education. The teachers surveyed were given the questionnaires on March 15, 1967, and they were asked to return them by April 15, 1967. Appendix A is a sample of the letter of transmittal and Appendix B is a sample of the questionnaire. Both of these forms may be found in the Appendixes section of this study. A total of fifty-four elementary teachers in Pickens County, Georgia, participated in the study and the total of their responses to each activity may be found in Appendix B.



## II. THE GROUPS STUDIED

The Scope of the Study. This investigation surveyed fifty-four teachers who were actively engaged in elementary teaching in Pickens County, Georgia, during the school year 1966-1967. These fifty-four teachers represented the entire elementary faculty for the county for 1966-1967; therefore, 100 per cent participation was obtained. Table I shows the distribution of teachers and the pupil enrollment at each of the five elementary schools in the county during 1966-1967 school year:

TABLE I

DISTRIBUTION OF TEACHERS AND PUPILS IN  
PICKENS COUNTY, GEORGIA, ELEMENTARY  
SCHOOLS, 1966-1967

Name of School	Teachers	Pupils
Talking Rock	7	177
Tate	13	394
Jasper	19	514
Ludville	7	160
Marble Hill	8	179
Totals *	54	1,424

\* Note teacher-pupil ratio of one to twenty-six.

## CHAPTER IV

### THE ANALYSIS OF THE DATA

#### I. ANALYSIS PROCEDURE

The total number of elementary teachers surveyed by the questionnaires was fifty-four. In order for a particular service or activity to receive a majority of favorable responses it was necessary to define what comprised a majority. It was determined that a majority existed wherever one-half of the votes were found in any given response area. It was further determined that it would be necessary for a guidance activity or service to receive twenty-eight or more votes under the E column of the questionnaire in order for a favorable majority to exist. By the same criterion, unfavorable majorities existed wherever the E column received twenty-seven or less of the teacher responses. An X under the column headed CODE indicated that an unfavorable majority total existed.

#### II. THE RESULTS OF THE SURVEY

The results of the questionnaires indicated a favorable response to the majority of the activities conducted under the pilot study. The activities which did not receive a favorable response were identified by an X in the code



column of the questionnaire.

### III. POSITIVE RESULTS

Table II shows those guidance services that received favorable majorities as reported from the tabulation of the teacher responses to the study questionnaires in Appendix B:

TABLE II

GUIDANCE SERVICES RECEIVING FAVORABLE  
TEACHER RESPONSES AS TABULATED  
IN APPENDIX B

Guidance Services Surveyed	Total Number of Activities Tabulated	Response Positive	Response Negative
Orientation	7	7	0
Information	8	8	0
Records	5	5	0
Planning	5	5	0
Referral	7	7	0
Adjustment	13	13	0
Evaluation	4	4	0

## IV. POSITIVE AND NEGATIVE RESULTS

Table III shows those guidance services that received favorable and unfavorable majorities as reported from the tabulation of the teacher responses to the study questionnaires in Appendix B:

TABLE III

GUIDANCE SERVICES RECEIVING FAVORABLE  
AND UNFAVORABLE TEACHER RESPONSES  
AS TABULATED IN APPENDIX B

Guidance Services Surveyed	Total Number of Activities Tabulated	Response Positive	Response Negative
Appraisal	10	7	3
Group Testing	16	14	2
Parental	8	4	4
Staff	13	12	1



## CHAPTER V

### SUMMARY AND CONCLUSIONS

It was the purpose of this study (1) to investigate the status of elementary guidance as it exists today; (2) to survey the members of the elementary faculty of Pickens County, Georgia, with regard to their opinion of the value of various guidance and counseling activities; and (3) to reach a conclusion regarding the organization and administration of an elementary guidance program that would meet the needs of the students and the community.

#### I. SUMMARY

The investigation of elementary guidance as it exists today has revealed that twenty-five to thirty-five per cent of the elementary schools in the nation now have the services of a guidance counselor. These figures indicate that in approximately seventy per cent of the elementary schools of the nation guidance activities are conducted under the supervision of the classroom teacher or some other member of the pupil personnel team.

The majority of the literature consulted seemed to support increased liaison between elementary and secondary guidance programs.

This study has found that a need for elementary guidance exists due to the problems of increased maladjustments, enrollments, and dropouts.

While the role of the guidance specialist at the elementary level is subject to controversy, the overall climate that seems to prevail is the general agreement among writers that some type of organized program aimed at helping children, parents, and classroom teachers is of the utmost importance.

Finally, the study has attempted to clarify the roles of the other members of the pupil personnel team. These would include social work services, attendance services, psychological and psychiatric services, speech and hearing services, and medical services.

## II. CONCLUSIONS

Some specific conclusions and recommendations that this study, including the review of the literature and the field research, would suggest are:

1. The adoption by the Pickens County, Georgia, Board of Education, of the program of guidance shown in Appendix B herein for use in its elementary schools.

2. The early discovery, preferably at the elementary level, of potential school dropouts and the resolution of the attendant academic and social problems which are nurturing



the potential.

3. Group and individual counseling and educational guidance at the elementary level for underachievers, the educationally handicapped, and the culturally disadvantaged.

4. Group and individual counseling at the elementary level for all children.

5. Launching of a national campaign aimed at the public and professional educators to emphasize the necessity for trained, full-time counselors in the nation's elementary schools. This might be done under the direction of the American Personnel and Guidance Association and the United States Department of Health, Education, and Welfare.

6. Developing pre-service training programs for elementary school counselors by state departments of education with the assistance and cooperation of the colleges and professional counseling and guidance organizations.

7. Developing pilot programs, such as this study, in elementary schools in areas of great need, the effectiveness of such programs to be evaluated in terms of the presence or absence of long-term gains, e. g., reduction of dropout rates and academic failures, decreased occurrence of juvenile delinquency, greater teacher understanding of and sensitivity to student needs in terms of self-realization, earlier discovery of and catering to student aptitudes.

8. Developing textbooks, manuals, and other media for the training of elementary school counselors.

9. Making available to local administrators and boards of education the information obtained from elementary guidance pilot program studies.

10. Establishing of standards for certification in elementary guidance by state departments of education.



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**APPENDIXES**



APPENDIX A.

March 15, 1967

To: Pickens County Elementary School Teachers

Enclosed please find questionnaires to be completed and returned to this office no later than April 15, 1967. These questionnaires, when completed, are to reflect your opinion of the value of the various guidance services which you have been conducting as a part of the Pickens County Schools Pilot Study in elementary school guidance.

You are to circle the letter of your choice for each activity. The ratings are: E - effective; P - partly effective; and I - ineffective.

Thank you for your cooperation in this investigation.

Yours truly,

Pickens County Schools,  
Guidance Department

Enc: 1 set of questionnaires

## APPENDIX B.

### THE STUDY QUESTIONNAIRES

DIRECTIONS: For each item circle the letter indicating your rating of the effectiveness of the activity in terms of achieving the goals of the guidance program in your school. The ratings are: E - effective; P - partly effective; I - ineffective.

#### I. ORIENTATION SERVICES

	CODE	E	P	I
1. At the beginning of the school year have an individual conference with each child new to the school.		43	9	2
2. Have an individual conference with each new child transferring into the school during the year.		47	7	0
3. In the spring prepare pupils for the next higher grade or school by group discussion and visits.		36	12	6
4. In the fall conduct class discussions on school purposes, rules, facilities, and staff members.		46	8	0
5. Arrange get acquainted activities for pupils.		38	15	1
6. Take pupils new to the school on a tour of the school plant.		41	3	0
7. Meet with parent groups to acquaint them with the various aspects of the school program.		42	10	2



## II. APPRAISAL SERVICES

	CODE	E	P	I
1. Conduct case studies of pupils presenting special learning or adjustment problems.	X	13	29	12
2. Summarize and interpret the sociogram results and develop plans to facilitate peer adjustment.		43	8	3
3. Provide individual conferences for those children who wish to discuss the sociometric results and peer relationships.		43	9	2
4. Visit the homes of pupils presenting special problems.	X	12	32	10
5. Administer sociometric inventories to get additional peer adjustment information.		36	8	10
6. Discuss the sociometric results with the class in general terms without identifying any child.		39	7	8
7. Administer personal data blanks, autobiographies, or completion sentences as student appraisal devices.		41	11	2
8. Periodically make observations and write anecdotal records on pupils selected for study.		33	20	1
9. Make a visit to each child's home once during the year to better understand his total environment.	X	3	20	31
10. Involve pupils in self-appraisal activities so that they may better know their own strong and weak points.		46	8	0

## III. INFORMATIONAL SERVICES

	CODE	E	P	I
1. Evaluate instructional materials regarding the picture they give children concerning the world of work.	37	13	4	
2. Obtain and show guidance films and discuss them with the class.	52	2	0	
3. Plan activities to stimulate interest in the world of work.	35	16	3	
4. Help children develop the attitude that all honest occupations are worthy of respect.	54	0	0	
5. Develop and teach a unit on the world of higher education.	47	3	4	
6. Teach children methods for effective studying.	50	1	3	
7. Develop and teach a unit on how to study.	48	4	2	
8. Find supplementary reading materials and films which will broaden children's perspective of the world of work and the world of education.	39	15	0	

## IV. GROUP TESTING

	CODE	E	P	I
1. Discuss with the class the meaning of school ability test results.	37	10	7	
2. Interpret to each individual pupil his ability test results.	48	3	3	



	CODE	E	P	I
3. Discuss with groups of parents the meaning of school ability tests results.	X	18	30	6
4. Interpret to individual parents their child's school ability test results.		51	3	0
5. Discuss with groups of parents the meaning of achievement test results.	X	17	31	6
6. Interpret to individual parents their child's achievement test results.		51	3	0
7. Analyzing the instructional implications of the ability and achievement test results.		46	4	4
8. Test new pupils transferring to the school without adequate ability and achievement test results.		54	0	0
9. Administer school ability tests.		34	10	10
10. Administer achievement tests.		35	9	10
11. Discuss with the class the meaning of achievement test results.		49	2	3
12. Score school ability tests.		30	3	21
13. Score achievement tests.		42	7	5
14. Interpret to each pupil his achievement test results.		49	5	0
15. Record the test results in the cumulative folders.		54	0	0
16. Use the group test results for diagnostic purposes.		52	1	1

## V. RECORDS

	CODE	E	P	I
1. Discuss individually with a child the contents of his cumulative record except that material which is confidential.		46	3	5
2. Discuss with parents their child's cumulative record except for the confidential material.		44	9	1
3. Analyze cumulative record information to better understand the child.		46	5	3
4. Keep each child's cumulative record up to date.		49	5	0
5. Discuss with the class the purpose and contents of cumulative records.		50	2	2

## VI. PLANNING SERVICES

	CODE	E	P	I
1. Discuss with class groups their future educational plans.		28	17	9
2. Discuss with class groups their future vocational plans.		33	12	9
3. Develop a self-appraisal unit which pupils could complete.		41	9	4
4. Provide individual conferences in which pupils might discuss their future goals and plans.		38	11	5
5. Give educational-vocational preference tests and discuss results with individuals.		36	12	6



## VII. REFERRAL SERVICES

	CODE	E	P	I
1. Identify and refer children to the school psychologist.	52	1	1	1
2. Identify and refer children to the school psychiatrist.	50	2	2	2
3. Identify and refer children to community agencies.	49	4	1	1
4. Screen children for special classes by individual testing.	53	0	1	1
5. Identify and refer children to the school nurse or doctor.	50	3	1	1
6. Identify and refer children to the speech and hearing therapist.	48	3	3	3
7. Recommend children to be screened for special classes for the gifted or slow learners.	53	1	0	0

## VIII. ADJUSTMENT SERVICES

	CODE	E	P	I
1. Have an individual conference with each child who is not achieving well in school.	54	0	0	0
2. Meet with small groups of children on a regular basis who present attendance, behavior or learning problems.	51	1	2	2
3. Plan sessions to help the children to better understand and cope with their emotions.	37	15	2	2

	CODE	E	P	I
4. Schedule individual conferences for all children in which they may discuss matters of concern or interest to them.		39	15	0
5. Provide individual conferences for counseling on a continuing basis for these children presenting learning or adjustment difficulties.		46	6	2
6. Do diagnostic work with children presenting problems.		36	12	6
7. Help children who are not doing well in developing effective subject matter skills.		49	2	3
8. Develop and teach units on social and emotional adjustment.		52	1	1
9. Schedule and conduct class sessions in which children may express their feelings about matters concerning them.		50	4	0
10. Develop a mental health unit in which children discuss or write about their fears, their angers, and their problems.		42	9	3
11. Provide remedial help for children who have fallen behind in reading or mathematics.		53	0	1
12. Conduct group dynamics sessions so that children may better understand the way groups operate and their own role in groups.		34	16	4
13. Show films and slides relating to child adjustment.		47	7	0



## IX. SERVICES TO PARENTS

	CODE	E	P	I
1. Conduct parent conferences to discuss the child who exhibits social or emotional problems.		54	0	0
2. Conduct parent conferences to discuss the home or family problem affecting the child's school adjustment.	X	3	16	35
3. Conduct parent conferences to discuss a child's needing help in terms of a special class or agency referral.	X	12	32	10
4. Meet with small groups of parents on a regular basis when they have children with similar problems.	X	9	6	39
5. Conduct parent conferences to discuss the academic progress and adjustment of the child.		46	6	2
6. Conduct parent conferences to discuss the child who is having academic difficulty.		52	2	0
7. Conduct parent conferences to better acquaint them with the school and to develop a good home-school relationship.		52	2	0
8. Provide counseling for parents if the family problem is affecting the child's school adjustment.	X	21	18	15

## X. SERVICES TO STAFF

	CODE	E	P	I
1. Provide in-service education for staff regarding orientation services.		52	1	1
2. Provide in-service education for staff in the area of pupil appraisal.		50	2	2
3. Provide in-service education for staff regarding the standardized testing program.		53	1	0
4. Provide in-service education for staff regarding the effective use of school records.		54	0	0
5. Discuss referral sources and procedures with the staff.		54	0	0
6. Provide in-service education for staff regarding mental health in the classroom.		51	1	2
7. Provide guidance materials and films for the teachers.		47	5	2
8. Provide assistance for the teacher in the appraisal of the pupils.		54	0	0
9. Help the teachers cope with children who present learning or adjustment problems.		53	0	1
10. Provide the teacher with suggestions for more effective teaching techniques.		50	3	1
11. Conduct group sessions in which staff members may discuss their concerns.		48	4	2



	CODE	E	P	I
12. Allow teachers to make recommendations for curriculum change.		53	1	0
13. Provide counseling for teachers who have problems.	X	17	26	11

#### XI. EVALUATION

	CODE	E	P	I
1. Allow teachers to participate in evaluating guidance services.		52	1	1
2. Conduct research regarding guidance practices and services.		49	3	2
3. Has this pilot study been effective in increasing your understanding of the elementary teacher's role in guidance?		46	4	4
4. The adoption of an elementary guidance program in Pickens County based upon those items receiving a favorable majority of teacher responses on this questionnaire would be beneficial for the children.		47	6	1

