

A SUGGESTED PLAN OF HEALTH EDUCATION FOR
DIMONDALE PUBLIC SCHOOLS
(MICHIGAN)

A Thesis Prepared by
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TRUSS

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To My Sons

Stuart Vail Nicholson

and

Hiram Adelbert Nicholson, Jr.

Whose Companionship Inspired This Thesis

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A SUGGESTED PLAN OF HEALTH EDUCATION FOR

DIMONDALE PUBLIC SCHOOL

(Michigan)

I. Introduction

One of the greatest educational problems confronting educators is that of health education. "The child is father to the man!" The adage may not be true literally, yet there is enough truth in it to illustrate the importance of giving attention today to the health of the citizens of tomorrow.

In this respect Bauer states: "There can be no doubt that the school has certain definite responsibilities for the health of the school child. Briefly, these responsibilities may be defined as follows: It is incumbent on school officials to provide an environment in which the child may not suffer from unwholesome surroundings. Environmental conditions include lighting, ventilation, drinking water, toilet and washing facilities, cleanliness of buildings and grounds, adequate play facilities, protection against accidents or excessive heat or cold, security against immoral influences, . . ." (1)

It is the intent of this thesis to present the status of health education in Dimondale Public School as found by the writer, and attempt to formulate a suggestive plan of health education for this school.

Dimondale is situated in Windsor Township, Eaton County, Michigan. The price of land in Windsor Township ranges from thirty

(1) Bauer, W. W., "School Health Policies", Hygeia, September, 1935, pp. 774

five to one hundred and twenty-five dollars per acre. According to Veatch⁽²⁾ the land is considered excellent for agricultural purposes. Nearly any crop that is common elsewhere in Michigan may be produced in Eaton County. A large number of the men in Dimondale work in Lansing, which is seven miles distant. There are at least seven former school teachers who reside in the school district.

The school debt is \$48,000 with an average payment of \$3,800 per year on bonds and interest. This fact, with the necessity of one additional teacher during 1935-36 and another one in 1936-37, compels the Board of Education to limit the budget for instructional supplies and general school expenses. The attitude of the Board of Education and school patrons is wholesome. The W. K. Kellogg Foundation* of Battle Creek and the Eaton County Health Department at Charlotte, have given considerable financial aid to the health program since 1933. The patrons are, in general, very much school-minded, as indicated by the voting of bonds for school improvements. The writer realizes the existing conditions and has made an effort to suggest a useable plan of health education that will not be too complicated to administer and at the same time one that will be possible with the financial resources.

In any system of education the child should be thought of as a unit or as a whole. He is a biological, social, religious being, capable of making purposeful plans. His character will be a by-product

(2) Veatch, J. O., Agricultural Land Classification and Types in Michigan. Special Bulletin No. 231. Michigan State College, 1932-pp. 23.

* The W. K. Kellogg Foundation will be referred to as Foundation.

of his inheritance and his environment. Wells writes of character: "Alberta, had also a pitiless conscience. It was almost the only thing she could not manage in her life. It managed her. It was a long, crystalline conscience... It was the gravitational centre and the rest of her could not get away from it."⁽³⁾ Kant says of character: "To have a character means to possess this property of will power by which the acting subject remains true to the guiding principle which he has put down for himself advised by his moral sense (praktische Vernunft)... In character it is not a question of what nature makes of man, but of what he makes of himself."⁽⁴⁾ If we regard the child as a whole, health will be an important consideration in training for personal culture, right social relations and the implications of the world of nature from which he cannot escape. At Dimondale, as elsewhere, health education will be a resultant of time, energy and money.

A health program is an enrichment program. Health instruction is the "organization of learning experience directed towards the development of favorable health knowledges, attitudes, and practices."⁽⁵⁾

It is not so much the specific subject matter materials with which we should be concerned as it is the way in which these subject matter materials are used in the teaching process. At best, subject matter

(3) From Christina Alberta's Father by H. G. Wells, p. 59. By permission of the Macmillan Company

(4) Die Welt als Wille and Vorstellung, Samtlich Werke, 2 Aufl. F. A. Brockhaus, Leipzig, 1891, B 2', 339, 346

(5) Committee Report of the Health Section, American Physical Education Association. "Definition of Terms in Health Education". Journal Health and Physical Education. Vol. 10:16, December 1934

material may be thought of as a vehicle for transmitting certain types of learning experiences. A knowledge of facts, therefore, is very important.

In health education, the teacher will come in contact with misconceptions of what is factual. Teachers need constantly to be on the alert in presentation of health materials to avoid extravagant and unscientific statements which may be made for the sake of teaching some particular idea. They should try to be scientists rather than faddists.

Forsythe comments on some things to forget in health teaching. His list includes water drinking, deep breathing exercises, eating between meals, health value of bathing, health value of good posture, eating food exposed in a tin, place of exercise in development of athlete's heart, ill effects of carbon dioxide in poorly ventilated rooms, green apples in causing stomach aches. . . (6)

Forsythe, in a later article, (7) gives positive suggestions regarding topics to be remembered. He mentions heredity, nutrition, activity, rest, personality reactions, poisons and drugs, trauma and accidents, parasitism, disease, and organic malfunctions.

Caldwell and Lundeen (8) state that lack of correct information is largely responsible for belief in unfounded ideas of a general science nature among high school students.

(6) W. E. Forsythe, "Things to Forget in Health Teaching". Journal of Health and Physical Education. Vol. 3:18 (March 1934)

(7) W. E. Forsythe, "Things to Emphasize in Personal Health Teaching," Journal of Health and Physical Education. Vol. 5:14 (May 1935)

(8) Caldwell, Otis and Lundeen, Gerhard, An Experimental Study of Superstitions and Other Unfounded Beliefs As Related to Certain Units of General Science, Bur. Pub., Teachers College, Columbia University, N. Y., 1932

Rhoten⁽⁹⁾ discovered a high percentage of prospective teachers believing health misconceptions. Some of the interesting statements are as follows:

"Formal education has failed in a marked degree to remove health misconceptions from the beliefs of the individuals here studied."⁽¹⁰⁾

"Old fashioned remedies for the treatment of diseases or injury, that have little or no scientific approval, are believed to be effective by a surprisingly large percent of all groups studied."⁽¹¹⁾

"There is evidence that commercial advertising is productive of numerous health beliefs among the better educated class of individuals represented by the subjects participating in this study."⁽¹¹⁾

Fishbein⁽¹²⁾ discussed many common superstitions and unscientific beliefs in his book on the subject.

The primary objective of all school health instruction should be the encouragement of scientific thinking on the part of boys and girls and their teachers.

The writer further hopes to suggest a plan for evaluation of the suggested Health Education Plan at Dimondale. He is aware of the fact that such an evaluation will take time.

(9) Rhoten, Paul, Health Misconceptions of Prospective Teachers, Penn. State Studies in Education #5, School of Education, Pennsylvania State College, (Ph.D. dissertation) 1932

(10) Ibid. pp. 64

(11) Ibid. pp. 65

(12) Fishbein, Morris, Health Superstitions, Wilcox and Follett, Chicago

The following poem by R. J. Gale expressed, in a measure, the writer's educational philosophy.

THE TEACHER MUSES

Year after year they come to me,
 These children with questioning look,
Year after they they leave me,
 As they leave their outgrown book;
And I wonder sometimes if I've taught them
 Just some of the worthwhile things,
Just some of the things they'll need in life,
 Be they peasants, or poets, or kings.

Of course, they've learned civics and history,
 And how to divide and add,
But have they learned that these are not all
 That make life sad or glad?
Have I taught them the value of smiling
 When things are at their worst?
Have I taught them there's nothing that helps like a song
 When the heart seems ready to burst?

Have I taught them the joy of clean living?*
 That Honor is better than Fame?
That good friends are the greatest of treasure?
 Wealth less than an untarnished name?
Have I taught them respect to the aged?
 Protection to those who are weak?
That silence always is golden
 When gossip bids them speak?

Have I taught them that Fear is a coward
 Who is beaten when they say, "I can"?
That Courtesy ranks with Courage
 In the heart of the real gentlemen?
Have I taught them these things and the others
 That will help make them brave, kind, and true?
If I have, then, I care not if they tell me
 That Irkutsk is a town in Peru!

R. J. Gale

*Writer's underscoring

II. A Brief History of Dimondale Public School

The history of education in Dimondale has been one of continuous growth, guided by the thoughts expressed in the Ordinance of 1785 and by one of the articles of the first Constitution of Michigan, "The legislature shall encourage by all suitable means, the promotion of intellectual, scientific and agricultural improvement."⁽¹⁾ The early settlers provided a teacher and a one room school house. Since that time education in Dimondale has been influenced largely by Lansing city schools and the Michigan State College of Agriculture and Applied Science at East Lansing.

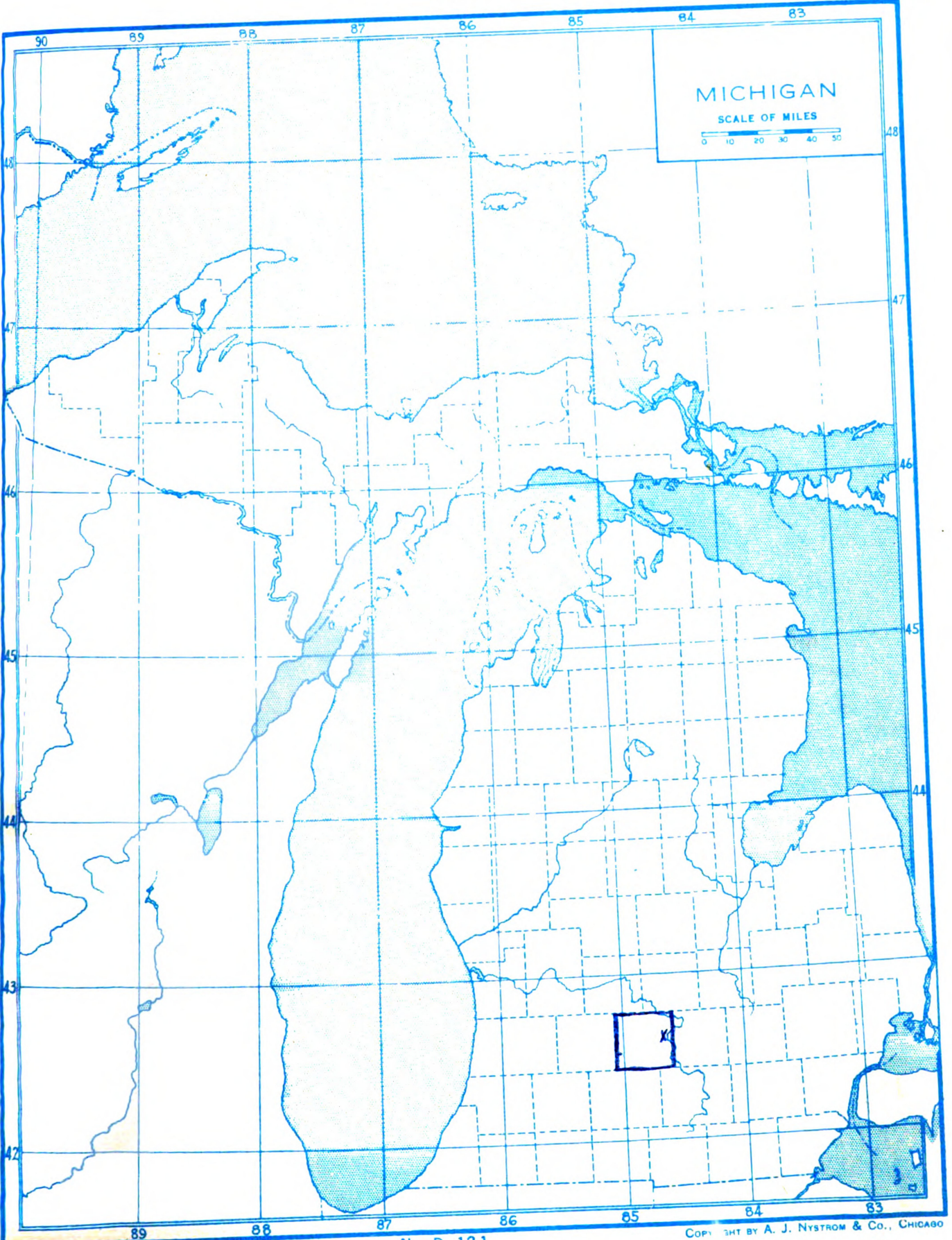
In 1898 a two room school was constructed in the present site. Later a ten grade school was established, and in 1928 the first class of six seniors was graduated from the twelve year high school. At one time a township unit school was organized but the project was discontinued.

A class of nineteen seniors was graduated in 1936. The present staff is made up of five high school teachers, three grade teachers, one janitor and one school nurse.

MAP I, page 8, shows the location of Eaton County and the village of Dimondale.

MAP II, page 9, shows the location of Dimondale Public School, district number six and the location of the rural school districts in Windsor Township.

(1) Report of Michigan Superintendent of Public Instruction, 1880.

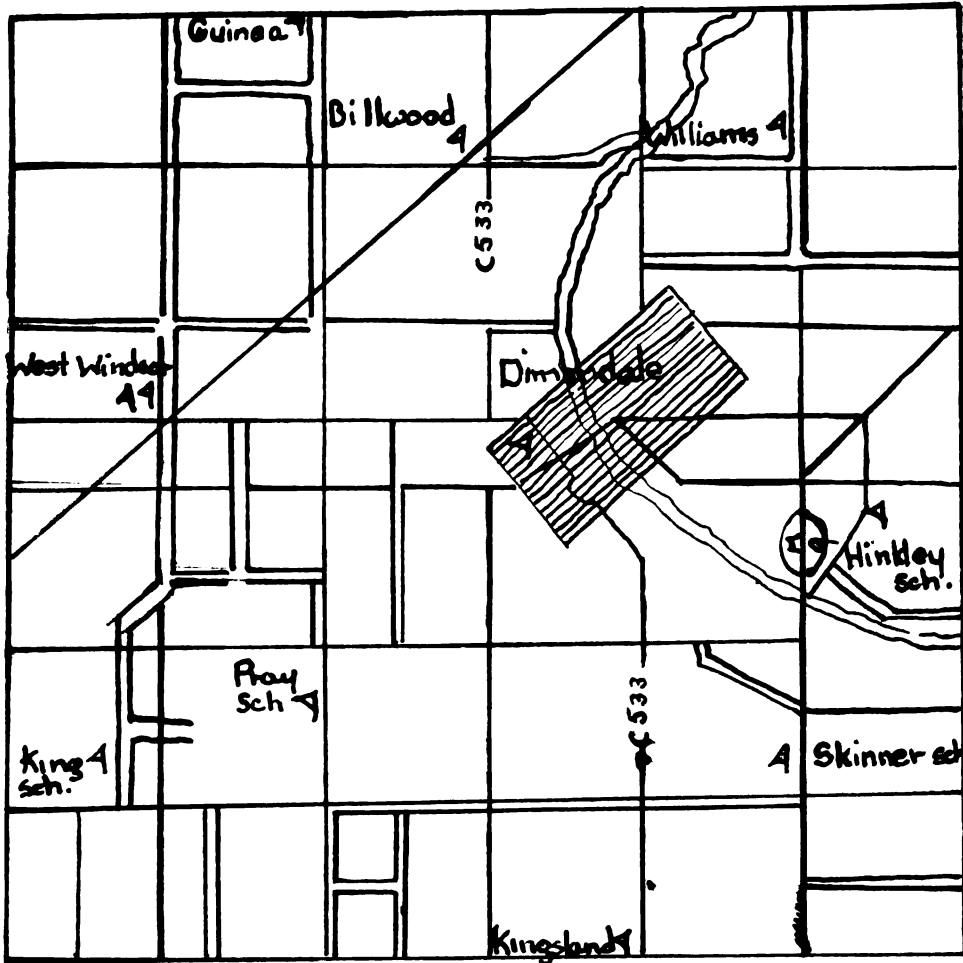


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MAP 1. LOCATION OF EATON COUNTY AND DIMONDALE, MICHIGAN.



P Rural schools.
PP Two room Windsor school.
▨ Dimondale school district

MAP NO. 2 - SHOWING LOCATION OF DIMONDALE PUBLIC SCHOOL
AND THE RURAL SCHOOLS IN WINDSOR TOWNSHIP

III. Aims and Objectives of Health Education

A. As found in life

A philosophy is important in formulating any plan. The following statements of philosophies and objectives of education, in general, will be used as a basis for the formulation of the proposed plan of health education for Dimondale Public School. Of the aim of education Curtis writes: "What is the aim of education? The student says books, the scholar says knowledge, the preacher says character, the minister says service, the philosopher says truth, the artist says beauty, the Christian says self-denial, the democrat says self-government, the statesman says cooperation, the ruler says loyalty, the sage says wisdom, youth says achievement, the editor says success, the manufacturer says efficiency, the banker, wealth, the dreamer says vision, the child says play, the man says health, the geologist says judgment, but the true educator says all of these and more."⁽¹⁾

B. Philosophies of education

Throughout all times educators have given us their viewpoints as to the ultimate aims of education. Curtis gives the following philosophies of education:

1. Athenians, B. C. 450

Education is the training which results in harmony between the inner thought life and the outer life conduct.

(1) Curtis, S. A., Philosophy of Education, Michigan, Edward Brothers, 1930, pp. 68

2. Plato, B. C. 400

Education is the process of developing guardians of the state who are philosophical, high-spirited, swift-footed, and strong.

3. Bacon, 1600

Education is the transmission from one generation to the next of the substance of learning and culture of the past.

4. Milton, 1650

I call, therefore, a complete and generous education that which fits a man to perform justly, skillfully and magnanimously all the offices, both private and public, of peace and war.

5. Locke, 1700

Education is that which trains and disciplines and fortifies the mind.

6. Rousseau, 1750

Education is the preparation necessary to meet and master the ordinary conditions and accidents of life.

7. Pestalozzi, 1890

Education consists in developing according to natural law the child's various powers, moral, intellectual, and physical, with such subordination as is necessary to their perfect equilibrium.

8. Froebel, 1825

Education consists in leading man as a thinking intelligent being, growing into self-consciousness, to a pure unsullied, conscious and free representation of the inner law of Divine Unity, and in teaching him ways and means thereto.

9. Herbart, 1800

The one problem, the whole problem of education may be comprised in a single concept, -- morality. Lead the pupil to realize his own free personality in choosing the good and refusing the evil.

10. Dewey

Education is living and growing.

11. Thorndike

The aim of education is the change of human beings for the better, so that they will have more humane and useful wants and be more able to satisfy them.

12. Encyclopedia Brittanica

Education is the conception that it denotes an attempt on the part of the adult members of a human society to shape the development of the coming generation in accordance with its own ideals of life.

13. Commission on Reorganization of Secondary Education,
N.E.A., 1914

Education within a democracy should develop in each individual the knowledge, interests, ideals, habits and powers whereby he will find his place in society and use that place to shape both himself and society toward nobler ends."⁽²⁾

The objectives of education have been stated by authorities of education in the past as follows:

1. Spencer, 1861⁽³⁾
 - a. Self-preservation
 - b. Ability for gaining a livelihood
 - c. Reproduction
 - d. Citizenship
 - e. Relaxation

2. The Commission on the Reorganization of Secondary Education, 1918
 - a. Health
 - b. Command of fundamental processes
 - c. Worthy home-membership
 - d. Vocation
 - e. Citizenship
 - f. Worthy use of leisure time
 - g. Ethical character

(2) Ibid, pp. 88

(3) Ibid, pp. 88

3. Bobbitt, 1924⁽⁴⁾

- a. Language activities; social inter-communication
- b. Health activities
- c. Citizenship activities
- d. General social activities
- e. Keeping mentally fit
- f. Religious activities
- g. Proper home life and parental activities
- h. Non-vocational practice activities
- i. One's job

The Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association states in its report, Health Education, "Health education can be promoted only by emphasizing all aspects of health, physical, mental, social and moral. The teacher of health should look for normal development of the child from all these points of view. The ideal of health is not mere freedom from obvious deformities and pathological symptoms. It is the realization of the highest physical, mental, and spiritual possibilities of the individual."

The Foundation states in its report: "The W. K. Kellogg Foundation was established in June 1930 by Mr. W. K. Kellogg for the purpose of advancing child health and welfare in all its various phases without restriction as to race, creed, or geographical boundary."⁽⁶⁾

(4) Bobbitt, Franklin, How to Make a Curriculum, Houghton Mifflin, 1934, pp. 45

(5) Wood, Thomas D., M.D. and Lerrigo, Marion Olive, Ph.D. Health Behavior, Public School Publishing Co., Bloomington, Ill., 1930, P. 1

(6) W. K. Kellogg Foundation - Foundation Publication January 1, 1935

"Health education is the sum of experiences in the school and elsewhere which favorably influence habits, attitudes and knowledge, relating to individual, community and racial health."⁽⁷⁾

"Important phases in the psychological development of the pre-school child are: 1. the development of speech and the ability to express ideas; 2. the development of neuro-muscular control, and the conception of form, size and distances; 3. development of emotional control; and 4. development of simple conceptions of weight, number and time."⁽⁸⁾

Concerning the emotional and social growth of the child, Fishbein writes: "However, the emotional and social growth of the child is greatly influenced by environmental factors . . . Control of anger, fear, jealousy, is essential for healthy growth"⁽⁹⁾

The following statement regarding school health instruction is made in the White House Conference Report: "The primary objective of all school health instruction should be the encouragement of scientific thinking on the part of the boys and girls and their teachers."⁽¹⁰⁾

We find the recognition of the importance of health in every definition and statement. Health education, then, should be flexible, emphasize activity, bring about change, supply direction, and grow

(7) Ibid, pp. 10

(8) Ibid, pp. 11

(9) Fishbein, Morris, Op. Cit. pp. 42

(10) White House Conference on Child Health and Protection, Section 1. Medical Service, I. A. The Century Company, New York City

out of and be a part of the educative process. The ultimate purpose of education should be to discover where the child is and help him from where he is to where he ought to be by use of his heredity and the existing environment.

C. Aims and Objectives for Dimondale Public School.

1. Use examinations to discover the status of health.
2. The development of healthy pupils and teachers in a healthy environment by giving attention to:
 - a. Body structure
 - b. An emphasis on hygiene
 - c. A study of useful facts
 - d. An application of useful facts
 - e. A motivation of conduct tending toward healthy living
 - f. A development of critical attitudes toward:
 - (1) Fakes and fakers
 - (2) Frauds
 - (3) Fads and follies
 - (4) Fallacies
 - (5) Superstitions
3. To improve the attitude of students and provide for adjustment through the mental hygiene approach to education.

4. To realize the accomplishments suggested in the White House Conference Report on Child Health and Protection through the following adaptation:

a. The health organism; physiologic health implies the well-being of each cell and organ, and their harmonious cooperation.

Two tests of this are:

- (1) Proper growth in height, weight, structural and functional, glandular, nutritive, respiratory, and reproductive.
- (2) Full efficiency of functions; muscular, nervous, mental, emotional, glandular, nutritive, respiratory, and reproductive.

b. The healthy personality; mental, emotional, moral, and social health; to picture the healthy, mental, emotional, moral and social qualities of the child is to describe the healthy personality.⁽¹¹⁾

5. Preparation of teachers in the fundamental subject matter derived from the following fields. This does not mean a complete course in each subject, but merely indicates the field from which the subject matter material should be selected:

(11) Ibid, as adapted.

- a. Nutrition
 - b. Community hygiene
 - c. Mental hygiene
 - d. Physical hygiene
 - e. Sex hygiene
 - f. School hygiene
 - g. Social hygiene
 - h. Hygiene of the worker
 - i. Health and care of infants and young children
 - j. Health of childhood and adolescence
 - k. First aid and safety
 - l. Christian religion
 - m. Home nursing and care of the sick
6. Health habits, attitudes and knowledge for pupils adapted from Wood and Lerrigo as follows:
- a. The healthy organism
 - (1) Nutrition
 - (2) Big brain-muscle activities
 - (3) Sleep and rest
 - (4) Education for parenthood
 - (5) Use of fresh air and sunshine
 - (6) Elimination of waste
 - (7) Care of skin and scalp
 - (8) Use of clothing
 - (9) Care of feet
 - (10) Care of hands

- (11) Care of teeth and mouth
 - (12) Care of nose and throat
 - (13) Care of voice
 - (14) Care of ears
 - (15) Care of eyes
- b. The healthy personality
- (1) Mental and emotional health
 - (2) Social health
- c. The healthy home and community
- (1) The home
 - (2) Control of infection
 - (3) Use of professional health service
 - (4) Safety⁽¹²⁾
7. Character building through personal, educational, moral, physical, social, and vocational guidance by causing the pupil:
- a. To review his occupation experience thoughtfully
 - b. To review his social experience thoughtfully
 - c. To examine his education and training critically
 - d. To form and consider his ambitions and desires intelligently.
 - e. To discover certain fields of work in which he is strong.

(12) Wood, Thomas D., M.D. and Lerrigo, Marion Olive, M.D. Health Behavior. Public School Publishing Company, Bloomington, Ill., 1930 Adapted.

- f. To find himself and form the habit of seeing himself through
- g. To understand some of the significant changes that are occurring in life
- h. To learn of professions or occupations in which the successful workers have tastes, interests and abilities similar to his own
- i. To recognize some of the reasons that have prevented him from gaining greater success
- j. To put him in touch with facilities through which he may train himself for an appropriate occupation and useful life
- k. To find opportunities to add new skills that are necessary in his work
- l. To plan avocational activities that will employ and develop special abilities and interests for which the occupation gives little opportunity
- m. To work out a life program that will contribute to greater happiness and success
- n. To make contacts that will be helpful in putting his plans into successful operation
- o. To gain a better command over his own life and over the conditions in which he is living
- p. To form a healthful philosophy of life

IV. Survey of Present Health Program at Dimondale Public School

A. The Foundation

The health education program at Dimondale Public School, since September 1932, has been sponsored by the Foundation through the Board of Education and the Eaton County Health Department at Charlotte.

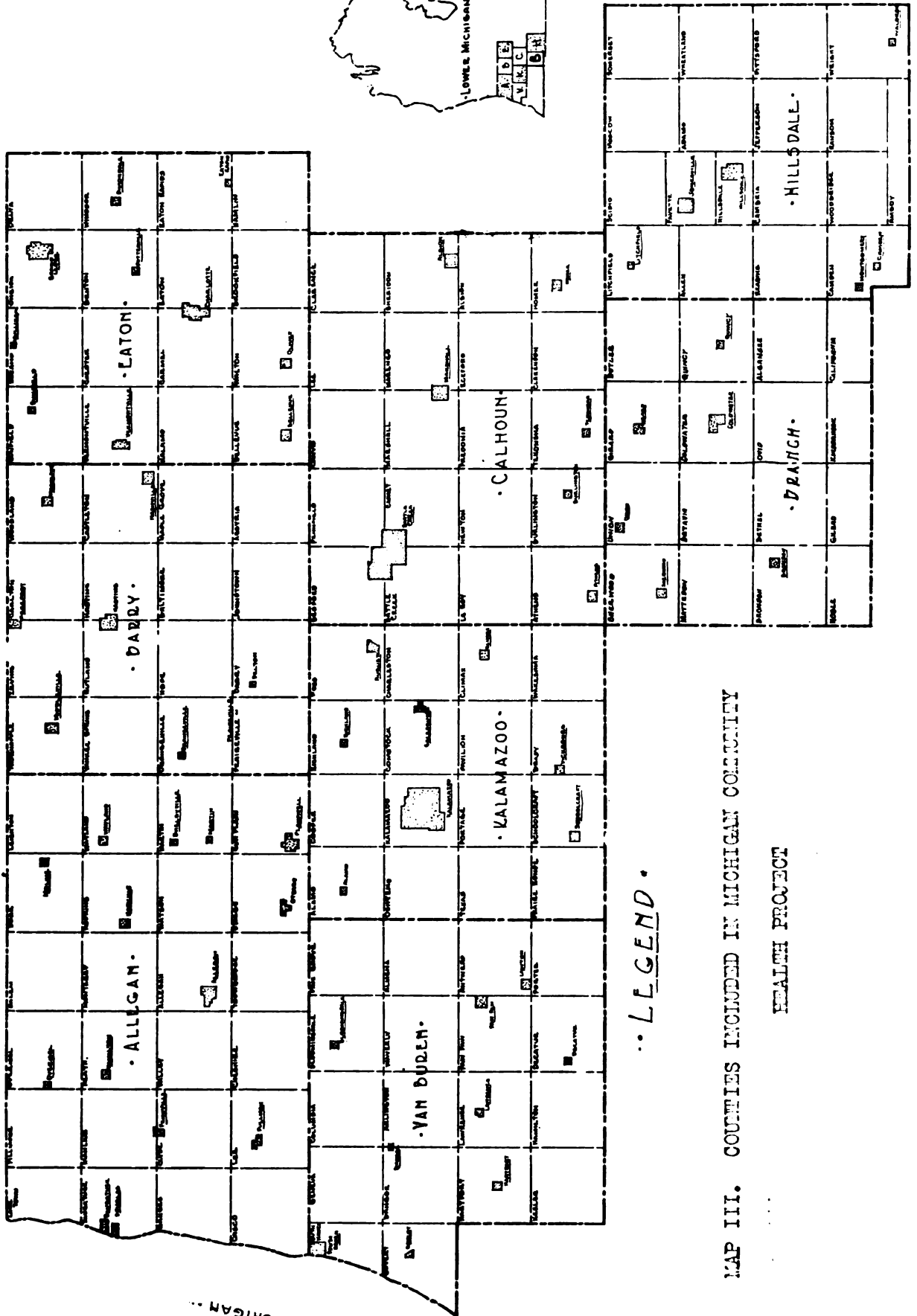
The Michigan Community Health Project* is one of the activities of the Foundation, and the only one that we are concerned with in this thesis. The work of the project is carried on in seven counties in southwestern Michigan. Map III, page 22, shows the location of these counties. Dr. Darling of the Foundation stated the general objectives of the project are to advance the health, happiness and welfare of the stream of growing children within this area, and to improve the human and physical environment, and to develop an integrated community plan for health and welfare service and education.⁽¹⁾ Dimondale has been included in the program.

There is one fundamental principle common to all foundation work. In many cases when an organization starts work, it takes over the responsibility for the entire project. The writer has observed that the Foundation studiously avoids this attitude. The project in Dimondale will be just as successful as the people make it, and the school system will get returns to the extent that it uses the program.

* The Michigan Community Health Project will be referred to in this thesis as project

(1) Darling, George B., Lecture "Michigan Community Health Project" Presented at University of Michigan, July 17, 1935

W. K. KELLOGG FOUNDATION
MICHIGAN COMMUNITY HEALTH PROJECT



B. Administration of the Present Plan.

The superintendent of schools at Dimondale is held responsible to the Board of Education for the administration of the health education program at Dimondale. The Board of Education has shown a favorable attitude toward the development of a health education program in the following ways:

1. Retention of superintendent of schools.
2. Granting permission to have the project operate in the schools.
3. Sponsoring of athletic and physical education programs.
4. Financing, to a limited extent, the health program.
5. Addition of two new courses, i.e. community problems and social problems.
6. Sponsoring a mental testing program.
7. Extension of the school building.

The voters of the school district have demonstrated their approval by supporting the Board of Education and by re-electing board members to office. The superintendent has been in his present position for the past three years, and was unanimously re-elected by the Board of Education for the school year 1936-37. In June 1936 the school was placed on the University of Michigan list of accredited schools for a two year period. This is the highest academic honor that has ever come to the Dimondale school.

It would seem that the setting at Dimondale is favorable for an educational experiment with a cooperative community, a progressive Board of Education and faculty including the janitor, and support from the Foundation and the Eaton County Health Department.

1. Background of Faculty

In the administration of any educational system the background of the members of the faculty is important.

The school nurse for 1936-37 received her degree of Bachelor of Arts from Albion College in 1928 after having graduated from the University of Michigan Hospital Training School in 1921 and having taken a post graduate course at Merrill Palmer School, Detroit in 1926-27. She had the following experience:

- 1921-1924 School Nurse, Albion
- 1925-1926 Michigan Tuberculosis Association,
(health education in rural schools)
- 1928-1933 School Nurse, Albion
- 1933-1936 Counselor, Eaton County Health Department,
Charlotte

She has attended short courses, seminars and field demonstrations.

TABLE I, page 25, shows the number of semester hours of college training each teacher has had in the various fields. An analysis of the college work that has a direct bearing on health education reveals the following facts:

Teacher Number 1 has fifteen semester hours of training at Alma College, Michigan State Teachers College, Central State Teachers College, University of Michigan, University of Chicago, and Michigan State College of Agriculture and Applied Science. The major in this case is education. Records show that the following courses have been taken; philosophy of education, mental and sex hygiene, school problems, growth and education, American thought and education,

TABLE I
COLLEGE TRAINING OF TEACHERS IN SEMESTER HOURS
DIMONDALE PUBLIC SCHOOLS
1936

Departments	Teachers							
	1	2	3	4	5	6	7	8
English	16 2/3	7 1/3	18 2/3	24	23 1/3	26		8
Science	16 2/3	22 2/3	13 1/3	42 2/3	42	16		8
Social Science	15	22 2/3	5 1/3	32	17 1/3	42		
Health Education	15	10	2 2/3	2 2/3				
Physical Education	10	36	10 2/3					
Military Science	(a)							
Education	70	25 1/3	16	26 2/3	15		2	12
Mathematics	60	2	5 1/3					
Language	15		17 2/3		8	5 1/8		
Art			10 2/3		5 1/3			
Dramatics	6			2 2/3	2 2/3	2	2	
Manual Arts	8							
Home Economics					18 2/3			
Music								58

(a) World War Service

Teachers 1, 2, 3, 4, 5, high school work

Teachers 6, 7, 8, grade work

Read the table thus: Teacher 1 has 16 2/3 semester hours of credit in English

genetic psychology, social and mental hygiene approach to education.

Teacher Number 2 is a graduate of Michigan State College of Agriculture and Applied Science. The major in this case is physical education. Records show that he has taken fundamentals of health education, school health problems, materials and methods in health education.

Teacher Number 3 has taken college work at Michigan State College of Agriculture and Applied Science, Michigan State Teachers College, and Northwestern University. She needs more work in health education.

Teacher Number 4 has taken work at Michigan State Teachers College and Michigan State College of Agriculture and Applied Science. Her work in science will enable her to make a scientific approach to a health program. The courses in biological science include vertebrate zoology, biology of reproduction, animal biology, the human body, biology of the frog and entomology. Her courses in education have included heredity and eugenics and educational sociology. She has taken work in social science that will have a direct bearing on the health education program. The courses of this nature are rural sociology, the problems of social education, and educational sociology. This teacher has $2 \frac{2}{3}$ semester hours of work in health education.

Teacher Number 5 has taken work at Ferris Institute, Central State Teachers College and Michigan State College of Agriculture and Applied Science. She has 42 semester hours of credit in science. Her transcript of college work does not show any credits in health education. She has only fifteen semester hours of credit in education.

Teacher Number 6 completed her college work at Olivet College. She is one of the grade teachers. She has taken the required courses

in physical education and education. She has 42 semester hours of credit in social science. This teacher has no credits in health education.

Teacher Number 7 has taken work at Michigan State College of Agriculture and Applied Science, Michigan State Teachers College and Northwestern University. The courses in speech correction and mental hygiene for primary grades will be of particular value in the health education program. This teacher is a grade teacher. College transcripts show no credits in health education and only the required credits in physical education.

Teacher Number 8 is a grade teacher. She has taken work at Ingham County Normal and Oberlin Conservatory of Music. Her work seems to be unbalanced due to the fact that she has taken the major part of her work in music. She has taken only the required amount of work in physical education and no work in health education.

TABLE II, page 28, shows the training or certification and the number of years of teaching experience for each teacher.

2. Health Examinations

During the school year of 1933-34 physical examinations and dental examinations were sponsored by the Foundation and were given by the local physician and by two county dentists, since there was no local dentist. Findings of the examinations were recorded on regular blanks furnished by the Foundation. These records were placed on file with the school nurse. One hundred sixty-two pupils were examined. Twenty-six needed the attention of a physician and fifteen needed the attention of a dentist. During the spring of 1936 the Foundation psychologist tested the hearing and vision of the fifty-

TABLE II
EXPERIENCE AND CERTIFICATION OF TEACHERS
DIMONDALE PUBLIC SCHOOLS
1936

<u>Teacher</u>	<u>Years of Experience</u>	<u>Training or Certification</u>
1	16	B. S. degree
2	2	B. S. degree
3	27	A. B. degree
4	17	A. B. degree
5	28	A. B. degree
6	1	A. B. degree
7	9	Life Certificate (Michigan)
8	3	First Grade (Michigan)

five grade school children. Health examinations were given to pre-school children of Windsor Township during June 1934.

During the school year 1934-35 all children in our system were given the physical examination and the dental examination. These examinations were sponsored by the Foundation. The tuberculin test was given to all school children and teachers under the joint sponsorship of the Foundation and the Michigan Tuberculosis Association. Five cases were questionable. One grade teacher was included in this number. X-ray examination was made of each reactor and expenses for this were paid by the Foundation. During the school year of 1935-36 physical and dental examinations were given to all pupils who showed signs of poor health.

3. Activities of the School Nurse

The school nurse has a triple responsibility. She is responsible to the Foundation, the Eaton County Health Department and the Superintendent of Schools. The school nurse spent an average of one half day each week in the school and in the community. She was on call at any time. She also did work at the Potterville school and at some of the rural schools in Windsor Township besides supervising the nurses of Eaton County.

4. Remedial Program for 1935-36

In each case when the teachers thought remedial work was necessary they reported to the superintendent. He referred the case to the school nurse. The school nurse held conferences with parents, pupil and home room teacher. The case was referred to the family physician or dentist if it seemed desirable. The number of cases sent for remedial purposes during the school year 1935-36 were as follows:

To physician - - - - -	14
To dentist - - - - -	6
To ear, eye, nose and throat specialist - - - - -	3

One grade school girl was sent to camp for remedial purposes during the school year. She came home with health much improved. She had been able to do most of her school work at camp and was qualified for promotion. Two boys were sent to camp during the summer of 1936. Two girls were sent to girl scout camp during the summer of 1936. The Foundation financed the camp projects.

5. Enrollment

TABLE III, page 31, shows the number of boys and girls in each grade for the school year 1935-36.

GRAPH I, page 32, shows the age-grade chart for school year of 1935-36.

6. School Sanitation

The pupils' desks are of the old unadjustable type. There is one shower that is used by boys and girls. There is one dressing room which is used by boys' teams. The girls' lockers are in the girls' toilet room, and they use this space for a dressing room. There is no rest room for teachers or ill pupils. There are two drinking fountains, spacious toilet rooms, and large halls. The gymnasium is on the second floor above classrooms. This makes it difficult to conduct a physical education program during school hours.

The janitor has a common school education and has supplemented this with attendance at the school for janitors at Michigan State College of Agriculture and Applied Science. He has served as janitor

TABLE III
ENROLLMENT BY GRADES
DIMONDALE PUBLIC SCHOOLS
1935-36

Grade	Pupils
Kindergarten	12
1	14
2	9
3	12
4	10
5	5
6	11
7	9
8	11
9	26
10	26
11	16
12	21
Post Graduate	<u>2</u>
Total	184

1935-36

SCHOOL YEAR

TEACHERS' NAME

Dimondale
CITYAll
GRADE AND CLASSPublic
SCHOOL

FOR THE PURPOSE OF THIS REPORT A CHILD'S SCHOOL AGE IS HIS AGE (ASSUMING THAT A CHILD, FOR ILLUSTRATION, IS SIX UNTIL HE HAS REACHED HIS NEXT BIRTHDAY) AS OF SEPTEMBER FIRST OF THE CURRENT SCHOOL YEAR. THIS AGE MAY BE FOUND BY THE TABLE ON THE REVERSE SIDE.

AGE	Under 5	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21 and over	TOTALS
Post Graduates																			
Twelfth													5	10	4	2			21
Eleventh												4	5	4	2	1			16
Tenth										1	3	13	7	2					26
Ninth									1	5	8	8	3	1					26
Eighth									3	8									11
Seventh								3	4	1									8
Sixth							3	5	2	1									11
Fifth							2	2	1										5
Fourth					3	5	2												10
Third					7	4	1												12
Second				5	4														9
First			8	5															13
Kindergarten	1	11																	13
Open Air																			
Blind																			
Crippled																			
Deaf																			
Mental Def.																			
Incorrigibles Truants																			
Special Preparatory																			
Special Advanced																			
TOTALS	1	11	8	10	14	9	8	10	11	16	11	25	20	17	6	3			181

INSTRUCTIONS FOR AGE-GRADE REPORT

1. The age-grade report is to be based on the names of the membership on..... The report is to include all children.
2. Each teacher should tabulate on a separate sheet the ages of the children, using the accompanying table for finding the age. (Example: If this report is made out in 1926 and the child's birthday was 7-12-1914, the age would be 12 years.)
3. From this tabulation count the number of children of each age and insert these figures in the proper space of the blank on the reverse of this sheet. (Example: If you are teaching a fourth grade and have 4 pupils of 8 years of age, 5 of 9 years, 12 of 10 years, 6 of 11 years, and 1 of 12 years, the figures under the corresponding ages of the row "Fourth Grade" would be 4-5-12-6-1. Total at right. This must equal the membership of your grade).
4. The principal should collect and consolidate all the reports of each school. Total all columns. The total of bottom row must equal the total of the right hand column.
All children falling within the heavy lines are considered "at age," while those in the stippled area are three or more years retarded.

TABLE FOR FINDING AGE AS OF SEPTEMBER 1ST, 1926 TO 1935 INCLUSIVE

The age of a child (assuming that a child, for illustration, is six until he has reached his next birthday) is the figure at the intersection in the column of the year in which this report is rendered and the row of dates between which the child's birth date falls.

If a child's birth date falls on or between—	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
9-2-1903 and 9-1-1904.....	22									
9-2-1904 and 9-1-1905.....	21	22								
9-2-1905 and 9-1-1906.....	20	21	22							
9-2-1906 and 9-1-1907.....	19	20	21	22						
9-2-1907 and 9-1-1908.....	18	19	20	21	22					
9-2-1908 and 9-1-1909.....	17	18	19	20	21	22				
9-2-1909 and 9-1-1910.....	16	17	18	19	20	21	22			
9-2-1910 and 9-1-1911.....	15	16	17	18	19	20	21	22		
9-2-1911 and 9-1-1912.....	14	15	16	17	18	19	20	21	22	
9-2-1912 and 9-1-1913.....	13	14	15	16	17	18	19	20	21	22
9-2-1913 and 9-1-1914.....	12	13	14	15	16	17	18	19	20	21
9-2-1914 and 9-1-1915.....	11	12	13	14	15	16	17	18	19	20
9-2-1915 and 9-1-1916.....	10	11	12	13	14	15	16	17	18	19
9-2-1916 and 9-1-1917.....	9	10	11	12	13	14	15	16	17	18
9-2-1917 and 9-1-1918.....	8	9	10	11	12	13	14	15	16	17
9-2-1918 and 9-1-1919.....	7	8	9	10	11	12	13	14	15	16
9-2-1919 and 9-1-1920.....	6	7	8	9	10	11	12	13	14	15
9-2-1920 and 9-1-1921.....	5	6	7	8	9	10	11	12	13	14
9-2-1921 and 9-1-1922.....	4	5	6	7	8	9	10	11	12	13
9-2-1922 and 9-1-1923.....		4	5	6	7	8	9	10	11	12
9-2-1923 and 9-1-1924.....			4	5	6	7	8	9	10	11
9-2-1924 and 9-1-1925.....				4	5	6	7	8	9	10
9-2-1925 and 9-1-1926.....					4	5	6	7	8	9
9-2-1926 and 9-1-1927.....						4	5	6	7	8
9-2-1927 and 9-1-1928.....							4	5	6	7
9-2-1928 and 9-1-1929.....								4	5	6
9-2-1929 and 9-1-1930.....									4	5
9-2-1930 and 9-1-1931.....										4

at Dimondale school during the past nine years.

The heating and ventilating plant is of the hot air type, which is not economical. There are no stokers. There is no automatic control of heat. There are no air screens in the air ducts.

High school inspectors have mentioned the fine type of janitorial service that we have. A systematic cleaning schedule has never been made. In general, sweeping has been done at the close of the school day. Dusting has been done in the morning. Toilet bowls and windows have been cleaned when necessary. The practice has been to use varnish on all floors.

7. Physical Education

The physical education director for boys was a physical education major and a graduate of Michigan State College of Agriculture and Applied Science. He instructed boys' athletics and directed physical education for girls.

The physical education director for girls was a young lady and a graduate from Olivet College. She was prominent in womens' athletics in college. She coached girls' athletics but did not direct their physical education.

The schedule for physical education for 1935-36 is shown on page 34.

Physical Education Schedule for

Dimondale Public School

1935-36

Monday

11:15 - 12:00 Senior high and 8th grade boys
2:24 - 3:06 Primary room for 15 minutes
Intermediate room for 15 minutes

Tuesday

11:15 - 12:00 Senior high and 8th grade girls
2:24 - 3:06 7th and 9th grade boys

Wednesday

11:15 - 12:00 Senior high and 8th grade boys

Thursday

11:15 - 12:00 Senior high and 8th grade girls
2:24 - 3:06 7th and 9th grade girls

Friday

11:15 - 12:00 Primary room for 15 minutes
Intermediate room for 15 minutes

Physical education was not required of high school students. All pupils in grades below the seventh were required to take physical education. TABLE IV below shows the enrollment in physical education classes for the school year 1935-36.

TABLE IV
ENROLLMENT IN PHYSICAL EDUCATION CLASSES
DIAMONDALE PUBLIC SCHOOL
1935-36

Room or Grade	Enrollment
Primary	49
Intermediate	24
Junior high boys	12
Junior high girls	10
Senior high boys	26
Senior high girls	21
Total	142

TABLE V below shows the number of physical corrections attempted during 1935-36.

TABLE V
CORRECTIONS ATTEMPTED
DIMONDALE PUBLIC SCHOOL
1935-36

Correction	Number Attempted
Posture	6
Walk	4
Appendix removed	1
Tonsils removed	2
Chest muscles	2
Total	15

V. Suggested Plan of Health Education

This suggested plan has been built upon the present plan at Dimondale. It will be refined and modified as it develops. The program falls naturally into the following divisions of activity:

- A. Health Instruction
- B. Health Welfare Activities
 - 1. Health service
 - 2. Physical education
- C. Staff Training
- D. New Courses
- E. Cooperating Agencies

The personnel consists of the superintendent, principal, teachers, janitor, school nurse, and Foundation staff which includes a psychiatrist and a psychologist. The members of the staff are responsible to the superintendent who is responsible to the Board of Education and indirectly to the Foundation and the Eaton County Health Department.

The Eaton County Health Department will act as the coordinating and social engineering organization. The department is not to replace either the practicing physician or social worker. The details of organization for the department are explained under cooperating agencies.*

A. Health Instruction

The superintendent is director of health instruction. The classroom teachers have an important part in this phase of the plan. General adjustments, such as proper seating and temperature control,

*See pp. 78

should be made in each classroom. Attention is to be given to seating to provide for proper posture and comfort. Teachers are to be aware of their responsibility for the formation of health habits at all times. The following suggestions are made for teachers:

1. Make an analysis of the health assets and determine the needs of the pupils at the beginning of the school year by use of Form I* and Form V**
2. Make a careful study of the course of study, outlines and instructional materials, in order to discover what opportunities are available and what means can be provided for practical application of health lessons needed by the pupils.
3. Guide children's activities to enable them to meet individual needs.
4. Make a survey at the end of the term to discover what improvements have been made in the pupil's health habits, health knowledge and health conditions. Forms II,*** III, and IV**** are suggested.

The school nurse has an important contribution to make to the health program. She is to furnish important instructional material.

* See pp. 39

** See Appendix pp. 5

*** See pp. 40

**** See Appendix pp. 1 and 3 for Forms III and IV

Observations of Conditions of Pupils Health Public School

Teacher _____ Date _____

Name of Pupil	Grade	Age	Weight	Height	IQ	% below normal weight	% above normal weight	Signs of physical defects	Signs of emotional disturbances	Corrections made including dates	Remedial work	Infection during year - dates	Immunization including dates	Home Conditions

See appendix pp64 for directions
 Legend: Insert numbers corresponding to following words

1. Vision	4. nose	7. skin	10. nervous	13. extroverted
2. Hearing	5. throat	8. feet	11. shy	14. temper tantrums
3. Teeth	6. posture	9. glands	12. introverted	

Form II

Opportunity Record Dimondale Public Schools

Teacher Date

Name of pupil	School lunch	Play habits	Posture habits	Care of eyes	Hobbies	Elimination habits	Washes hands	Clothes clean	Uses school health facilities	Uses handkerchief	Removes wraps	Work habits	Emotional habits	Social Habits

- Legend
- 1. Excellent
 - 2. Good
 - 3. Fair
 - 4. Unsatisfactory

Graded instruction in fundamentals of health and disease prevention, with special reference to knowledge, attitudes, skills and health habits are provided for in each grade below the high school. These items are to be taken care of in the high school in the science and social problems courses. Health teaching has been correlated with other subjects. The teacher of English is to encourage the use of books on health for book report purposes. Pupils may select health topics for themes in English. Macbeth offers an opportunity for the teacher to teach some facts about mental health. Students in mathematics could compute the cost of improving the Island Park, or they might compute the cost of a sewage disposal system. They would not only learn mathematics but they would gain worthwhile health knowledge at the same time. Classroom teachers can identify acute cases of unhealthy mental conditions. The teacher can become a personal friend and give help, always keeping the confidence. It is proposed that teachers have the following philosophy: Do all that you can to help others, taking care not to reveal this fact outside the professional group, and always refuse to take financial rewards for help thus rendered. The homeroom teacher can work out plans for health inspections and drills in health habits. It is suggested that the pupils learn by doing. Probably real teaching consists in pupil activity, which calls for motivation on the part of the teacher. Special talks given by pupils and adults, plays written and given by pupils, movies, posters, health exhibits, field days and the like are important and useful adjunct.

B. Health Welfare Activities

1. Health Service

Sanitation is an integral part of this phase of the program. The sanitation engineer is to be furnished by the Eaton County Health Department and the Foundation. The janitor is responsible for the sanitation of the school building. The sanitation engineer is asked to visit the building each month. It is suggested that a plan of room inspection be worked out and sent to the superintendent's office. Teachers are held responsible for sanitation in their own rooms. Sweeping should be done at the close of the school day, after all pupils have left the room. Dusting should be done the following morning. Blackboards are to be cleaned each day. Special attention should be given to the sanitation of the heating, ventilating and lighting systems and to halls, desks, toilets, playgrounds, water supply at school and lunch room. Screens should be placed in the hot air ducts. Doors and windows are to be kept closed when the ventilating system is in operation. Teachers are instructed to use lights as often as they believe it is necessary to prevent eye strain. Engineers of the Consumers Power Company are to check the lighting situation during September 1936. Desks are to be cleaned inside and outside once each week. Samples of the school water are to be sent to the Michigan Department of Health at Lansing for analysis. The well pit is to be drained in order to prevent an accumulation of stale water that might endanger the purity of the water supply. Monitors are to be appointed to clean the lunch room. The junior high school principal will have charge of the sanitation of the lunch room.

Pupils will be asked to survey home sanitation, water supply, grounds, ventilation, refrigeration, toilets, lighting and cleaning and prepare reports as part of their class work in hygiene and science.

The pupils of the Community Problems class will make a map of the school district showing location of residences, park, river and places of business. They are to report on water supply, sewage disposal, garbage disposal, milk and food supply and inspection, insect eradication and playground supervision. Samples of water from the village wells will be sent to the Michigan Department of Health for examination.

Personal service is another item of the health service. Every member of the staff will have an important part to play in this important part of the health program.

Health examinations* are to be given to each pupil in the system on a voluntary basis. Family physicians and dentists will administer the examinations in their offices. Parents are to pay for the examinations if they are financially able, otherwise the Foundation will pay. Each pupil is required to take mental tests and achievement tests unless they have taken them.

The following intelligence tests and achievement tests are to be given during the first week of school. The results of the tests are to be used in advising pupils in the election of courses.

Intelligence Tests

1. The Otis Self-Administering Tests of Mental Ability

Intermediate examination for grades 5 to 9

Higher examination grades 9 to 12

* See Appendix pp. 21.

2. The Pintner-Cunningham Primary Mental Test for the kindergarten, first and second grades.
3. The Detroit Primary Intelligence Test for grades 3 and 4.

Achievement Tests

1. The New Stanford Achievement Tests
2. The Sengen Information Tests for Young Children

Other Tests

Tests selected from the following list will be given, as needed, for diagnostic purposes:

1. The Personality Inventory by Robert G. Bernreuter
2. Guess Who Test, Series of Character and Personality Tests
3. The Portrait Matching Device
4. Lehman's Play Quiz for grade 3 or above
5. Interest Questionnaire for High School Students by Garretson, Oliver K. and Symonds, Percival M.
6. Personal Health Standard and Scale by Thomas D. Wood, M.D.
7. Adjustment Questionnaire by Percival M. Symonds
8. Sims Score Card for Socio-Economic Status. Form C.
9. Gates-Starng Health Knowledge Tests
10. Haggerty-Olson-Wickman Behavior Rating Schedules
11. Telling What I do by Harry J. Bakes
12. Personal Data Sheet, Woodwath Mathews
13. Aids to the Vocational Interview Record, Form B.
14. The Harper Test in Social Beliefs and Attitudes
15. The Pressy X-0 Test for Investigating Personality

In acute cases the services of a psychologist will be used. The parents are to pay for this service when possible. Otherwise, the Foundation is to finance this service. This, in general, will be true of all remedial work if parents cannot or do not wish to pay the expenses. In cases where there is trouble with vision, hearing, or tonsils and adenoids the pupil will be taken to an eye, ear, nose and throat specialist. Eye glasses are to be fitted by a medical doctor. This is the advice given the Health Department of the University of Michigan. Pupils, who have speech defects, will be examined by the primary room teacher who has had training in speech correction. Acute cases of this type are to be taken to the University of Michigan or Michigan State College of Agriculture and Applied Science for examination and prescription. Pupils who have gland disorders will be taken to the University of Michigan for examination and treatment. The school nurse and family physicians are asked to make examinations in cases where there is twenty percent overweight or underweight.

In cases where there are emotional disturbances, a case study⁽¹⁾ will be started by the teacher of English or by the superintendent, after conferences with the pupil and parents. Expert advice will be obtained when necessary. It is suggested that emphasis be given to the follow-up.

Health promotion activities that can be done as a part of regular class work are, study of nutrition, sunshine, air, safety, first aid, rest, poison, narcotics, stimulants and infections. In

(1) Patry, Frederick Lorimer, Methodology in the Formulation of Mental Hygiene Case Studies for Teachers and Teachers in Training. The University of the State of New York Press, 1933

some cases it may be necessary for the pupil to make an individual study of these topics.

Health promotion through the mental hygiene program is an important consideration in this suggested plan. No effort is made here to outline in detail a proposed plan of mental hygiene at Dimondale. That is a subject worthy of another thesis. In the mental hygiene approach, a child may be thought of as a biological, mental, religious, social being, capable of making purposeful plans. The following principles for such an approach are suggested.

Principles of Mental Hygiene*

1. A sound physical basis makes easier the development of constructive emotional responses.
2. Recognition of reality as the state of affairs with which one must deal.
3. The most wholesome enterprises are those into which the whole self can enter without scruples of conflicts.
4. Unnecessary and wasteful conflict may arise between genuine desires and standards which people feel they "ought to" accept. In such cases integration demands rejection of the imposed standard and creation of new ones more appropriate to reality.
5. Comparison and competition is usually a vicious habit. The worth of any mode of living can be found more happily apart from the endeavor to surpass someone else.
6. Each individual can discover through tests, ratings, interviews, and especially through his own past experience, some things he

*Adapted from Spence and Watson, Education Problems for Educational Study

does better than he does other things.

7. A strong urge toward vague, yet marvelous greatness may often be recognized as compensation for some sense of lack, inferiority, or deprivation which is emotionally strong although practically of little consequence.
8. Few, if any, situations constitute hopeless handicaps.
9. Some people enjoy the sympathy they obtain so much that they continue to try to deserve this consideration.
10. There is a common tendency to attribute major responsibility for one's likes or dislikes to the persons or thing liked or disliked, rather than to recognize these feelings as characteristic only of the one who feels them.
11. Growth comes most easily to the person who can ignore the common impulsion to save his face, to show that he has been right from the beginning.
12. Day dreams about the future are not harmful when the end is carefully planned and executed.
13. The emotional maturity, which enables one to face the world alone, sufficient for whatever may happen, to make the best of it, independent of any particular person or type of persons, is probably a result of successfully assuming this self-reliance in many specific situations over a period of a year.
14. Some people are handicapped by the false assumption that they have problems and peculiarities which normal persons do not have.

15. Disagreeable obligations are made worse by attempts to ignore them, or put them off.
16. Persistent patterns, such for example, as a preference for the radical, a dislike of the new, an aversion to some persons others admire, a fondness for actions others eschew, and loyalty to unusual causes always have some reason for existence.
17. Some people are able, by a conscious attempt, to see the humor in each situation in which they might become worked up, to keep perspective. Others get a somewhat similar objectivity by imagining how trivial certain matters seem as viewed from ten, fifty, or a hundred years later.
18. It is possible definitely to limit the pleasant practice of reliving past glories and achievement.
19. Love contributes most to those who do not have to gratify their demands for recognition and importance, demands for protection and security, demands for romantic superhuman perfection, demands for effusive sympathy, through the love relationship.
20. Making things, writing, drawing, dancing, creating, sometimes for one's own taste alone, are among the commonly accepted aids to satisfactory living.
21. Greatest happiness seems to come, not with static achievement, but in the very process of moving from discomfort toward euphoria from being ignored toward being admired, from being disliked toward being loved, from failing toward succeeding, from monotony toward new experiences, from worry toward security.

22. It is usually easier to change a habit by altering the cue or stimulus situation than by conscious effort to build a new response while the old setting persists unchanged.
23. The fear of causing others discomfort may masquerade as kindness when it really ends in the most cruel suffering.
24. The plea that one meant well does not undo the effects of any blundering.
25. Living other people's lives is a dangerous experiment for everyone concerned.
26. The person who blames his heredity, the way his parents treated him, his teachers, his luck, the social order, the trivial events of the day, his associates, or fate in general for the mishaps of his life, may be surrendering his major hope; that is, intelligent reconstruction of his own responses.
27. Headaches, homesickness, temper outbursts, crying spells and many other disorders may, if they succeed once, continue to come at "convenient" times.
28. The most troublesome fear is the fear of a fear.
29. The friend who is most helpful may be critical rather than flattering, abrupt rather than tactful. Objectivity is a better gift than sympathy, insight is more to be desired than advice.
30. Sensitiveness to criticism is not a mark of fine breeding.
31. The most satisfactory life attitudes include a place for difficult, tiresome, monotonous, and unheroic activities.
32. Smug satisfaction with everything as it is, is the lowest level.

The following suggestions are made for counseling:

Some Suggestions for Counseling*

1. The best attitude is one of cheerful, thoughtful objectivity, avoiding pronounced sympathizing, condemnation, or an air of easy optimism, slap-em-on-the back.
2. Suggestion is temporarily useful if transference is effective, but it should not be confused with a real solution.
3. The problem as presented will seem to the person in trouble insoluble.
4. Expect resistance in dealing with problems most deeply concerned.
5. Make no mystery. Endeavor to guide the counselee to insight at all points.
6. Do not offer authoritative explanations.
7. Expect patterns.
8. Do not give advice. Give the experience of yourself and others so far as it is useful.
9. Be sure all available evidence is provided.
10. Avoid being maneuvered into emotional behavior.
11. Transference may be built up through success in minor adjustments at the beginning.
12. Take no chances on physical condition. Insist upon reliable examination and treatment.
13. Take no chance on mental examination. Secure adequate tests of intelligence of other relevant abilities.

*Adapted from Spence and Watson, Educational Problems for Educational Study

14. Begin at some point where the counselee feels a difficulty.
15. So far as possible, where mutual adjustment is involved, work out a solution in the presence of all persons concerned.
16. It is usually desirable to observe a problem child in his normal environment in the classroom, in his home and particularly on the street and playground.
17. It is seldom possible to depend exclusively upon the readjustment of the persons and objects in the environment, or upon the new insight and attitude of the person being advised.
18. Do not let the channels of exploration be determined by the emotional reaction of the counselor.
19. Do not use the term "psychoanalyze" and do not attempt the psychoanalytic technique. Use experts if necessary.
20. Recognize the limitations of the layman. Consult a psychiatrist.
21. It is sometimes necessary to study persons other than the one immediately involved.
22. Try to provide opportunities for success at interesting and socially approved enterprises.
23. Avoid dependence upon verbal solutions.
24. Avoid pet theories, cure-alls and standard suspicions.
25. Avoid letting the plans focus on too distant goals without adequate attention to immediate steps.
26. Don't try to save your own face. In many respects you may be less well adjusted than the counselee. Grow with him. Don't reach down a helping hand from too high up.
27. Seek to develop a process which will operate in a new situation as well as to secure adjustment of the present one.

28. One easy and frequently helpful step is to remove the counselee's fear that he is the only person in the world with his type of difficulty and that others will despise him for it.
29. Use great care to be fair to a point of view you do not support.
30. Watch for budding stereotypes.
31. Single experiences do not afford ground for general generalization.
32. Occasionally overhaul your motives in counseling. Try to keep these in proper proportion to the desire for the welfare of the counselee.
33. Avoid the tendency to encourage and discourage in accord with a pattern of behavior which you like best.
34. Encourage independence, doing what you do not approve, if it seems best to the counselee.

The six fold guidance program is a part of the mental hygiene program. The division of responsibility has been assigned as indicated in TABLE VI, page 53 .

All departments of our guidance program are to have the following kinds of service:

1. Information service. In vocational guidance this is occupational information.
2. Self inventory service
3. Individual accumulative record service
4. Consulting service (weight and evaluation)
5. Preparation service
6. Placement service
7. Follow-up

The follow-up is often most neglected of all.

TABLE VI
GUIDANCE ASSIGNMENTS

Phase	Teacher
Educational Guidance	Superintendent
Vocational Guidance	High School English Teacher*
Boy's Recreational Guidance	Principal and Boy's Coach
Girl's Recreational Guidance	Girl's Coach
Community Service Guidance	Junior High Principal
Industrial Placement Guidance	Superintendent

TABLE VII
ASSIGNMENTS OF CLASS ADVISERS

Grades	Teacher
K, 1	Grade Teacher
2, 3	Grade Teacher
4, 5, 6	Grade Teacher
7, 8, 9	Junior High School Principal
10	Coach
11	High School Teacher
12	High School Teacher

* This teacher has taken courses in guidance at Northwestern University

It is proposed that a survey be conducted among the Dimondale High School graduates to determine their attitude toward the school.

It is proposed that a survey be conducted among the pupils from grades five to twelve, inclusive. The survey is conducted to determine pupil attitude. The survey tests have been collected by the writer recently from tests that have been tried at the University of Michigan. The surveys that are to be given are as follows:‡

- Pupil satisfaction-dissatisfaction..... Grades 5 to 12
- Thurstone Inventory (Revised)..... Grades 7 to 12
- Worry..... Grades 5 to 12
- Play..... Grades 5 to 12
- Agreement-disagreement..... Grades 6 to 12
- Attitude..... Grades 5 to 12

The Dimondale Board of Education does not become responsible for illness or for injuries to pupils. Each pupil who takes part in physical education or athletics is required to have his parents complete and sign a blank releasing the school district from responsibility. It is proposed that pupils who are ill or injured be given first aid and then be taken home. The school nurse is asked to call on such pupils and report every case to the family physician and the Foundation. Pupils whom the family physician believe will profit from camp life are to be recommended for one of the Foundation Camps.

*See appendix pp. 30.

It is suggested that every effort be made to prevent and control communicable diseases. In every case where there is a question of communicable disease (colds included) the pupil is to be sent home. The case is to be reported to the school nurse, who is to visit the pupil and report to the family physician and to the health officer. It is suggested that teachers who do not feel well remain at home. It is suggested that ill teachers receive half pay while off duty. Infection is to be blocked by isolation, quarantine, protective inoculation and vaccination. It is suggested that the advice of the American Medical Association be followed. At the opening of school in September 1936, it is suggested that each staff member take a health examination. It is suggested that physical examinations be required of all teachers and janitor for the school year 1937-38. The school room is environment and the teacher is likewise environment. Every school should have healthy, happy, well paid, secure teachers. This is to be one of the aims of this program in the future.

The primary room teacher has had training in speech correction. It is proposed that she make use of this knowledge in her regular work. Pupils who show speech defects are to be sent to her for remedial work. Time has been provided to do this work. It is suggested that a list of pupils in Windsor Township who have speech defects be obtained from the school nurse. These pupils are to be sent to the primary room teacher for remedial work. The parents or teachers can bring them in after school or on Saturday.

2. Physical Education

The coaches are to be responsible for this phase of the health education program. The boys' coach is to take care of the program for the boys and the girls' coach is to take care of the program for the girls.

It is suggested that mats, bars and horses be purchased as soon as the financial condition will permit.

The physical examinations that have been suggested can be used by the directors of physical education. These are to be supplemented with physical capacity tests such as lung capacity test with the spirometer, lifting tests, anthropometric tests and posture tests.

Considerable attention is to be given to posture. Dr. Henry Eastman Bennett⁽²⁾ found that scoliosis, hyphosis and myopia were caused largely by improper seating. Vital capacity has been used, especially by cardiologists, as a fair index of the physical fitness of an individual. Some authorities⁽³⁾ have considered it dependable enough to state that anyone with as much as 10 percent vital capacity more than is normal for his class is probably suffering from some health-depressing condition. If he is as much as 15 percent below normal, it is practically certain that he is abnormal in this respect. It has been demonstrated that good posture has a close relation to good health.⁽⁴⁾

(2) Bennett, Dr. Henry Eastman, Scoliosis and School Seating, bulletin, American Seating Company, Ninth and Broadway, Grand Rapids, Michigan, 1936.

(3) Dreyer, George, The Assessment of Physical Fitness. Quarterly Bulletin of the American Statistical Association, Vol. 17

(4) Christie, Chester D., and Beams, Argye, J., The Estimate of Normal Vital Capacity. Archives of Internal Medicine, Vol. 30, No. 1 (July 15, 1922) pp. 34-39

The following conclusions in regard to the effect of good body mechanics of the health and efficiency of grammar school children are based on experience with 1,708 children in the Williams School at Chelsea, Massachusetts, whose records were adequate for analysis.⁽⁵⁾ The posture group in this experiment included 961 children who were given training in proper body mechanics. The control group included 747 who were not given any posture training. In all other respects the school work of the posture and control children were similar. The two groups were similar at the first examination in respect to age, sex, nationality, and posture grade and the various physical indices. At the first examination most of the children had poor body mechanics. Judged by the standards of body mechanics used in the study, more than 90 percent of all observed had good posture, the boys ranking somewhat better than the girls. Good posture was more prevalent as the children grew older, but poor body mechanics was not outgrown to any marked degree. At least 80 percent of the children in each age period had poor posture. The children of the brood type of body physique had the largest percentage of good posture, and those of the thin type had the largest percentage of poor posture.

The prevalence of poor body mechanics was strikingly reduced by posture training. During the period of observation, six children in the posture class improved in posture to every one of the control children who improved. With adequate training 60 percent of children

(5) Klein, Armin, M.D. and Thoman, Leah C., Posture and Physical Fitness, Bureau of Publications No. 205, United States Department of Labor, Washington, D. C., 1931

above the first grade in school can be expected to improve in posture during a year of training, irrespective of age. The older children grasped the principles more quickly and improved more frequently, but improvement was manifest at all ages. Improvement can be eventually expected in nearly all children but some require longer training than others. Good posture once acquired was maintained, on the whole, over the two year period of observation by the children who received two years of posture training.

Improvement in body mechanics was associated with improvement in health and efficiency. More of the children who started with poor posture, when given training, improved their nutrition when they improved their posture. Improvement in posture was found to occur more frequently with training if there was improvement in nutrition as well. Among the children without posture training, improvement in posture occurred more frequently with those in the best nutritional condition. Training was the most essential factor in the acquisition of good body mechanics, and good body mechanics was associated in a small proportion of the children with improved nutrition. Since nutrition has been accepted as an important index of a child's health, posture training would seem to be an important factor favorable to health, as indicated by its association with improved nutrition.

In this investigation improvement in body mechanics was also associated with improvement in school work. The rate of absence due to personal illness decreased in children who received posture training until it was considerable lower than that of untrained children. The percentage of children who improved in scholarship was higher

among the trained children than among the untrained.

Posture training had no significant effect on the changes that occurred in the vital-capacity readings. Changes of this type were probably associated with growth.

A tendency toward the upper abdominal type of breathing was manifest with better body mechanics. A more even excursion of the ribs in respiration and therefore a greater possibility of better aeration of the lungs was also noticeable. Retraction of the lower abdomen, on request of the medical doctor, was effected by direct retraction as a rule only by children with good body mechanics. Posture training and better posture brought an improved sense of muscle position and, therefore, improved ability of direct retraction of the lower abdomen. This ability no doubt is of value in that with some practice, the retraction of the lower abdominal wall becomes habitual and steady. The result of this practice is the elevation of the stomach, intestines and other abdominal organs. Posture training is a safeguard against visceroptosis, which is often present in poor health.

It was found that posture training improved the tone of the abdominal muscles and reduced the fat deposited in the abdominal wall. This was indicated by decrease in depth. The effects of posture training, however, are not to be considered as merely reducing in character, for while improved posture is often associated with a decrease in abdominal girth, there is also at the same time, in a certain proportion of cases, improvement in the general nutritional condition.

Posture training and improvement in posture and not apparent effect on the breadth of the chest at the level of the xyphoid cartilage, nor on the distance between the acromion processes of the

shoulders.

The size of the costal angle varied with type of body build, being smallest for the thin type and largest for the broad type. Change in the angle at neutral and change at inspiration came with growth, but the average increase in the angle at inspiration was greater for trained children than for untrained.

About four-fifths of the children observed had pronate feet. This condition was most frequently associated with poor body mechanics. It was more frequent among children of the thin type and was less frequent among children with good nutrition.

Postural, habitual, or functional lateral curvature of the spine disappeared generally with improvement in body mechanics. Posture training was an aid in the correction of habitual scoliosis and also served as a specific prophylactic measure against scoliosis.

Analysis of the records of this study shows that favorable results may be attributed to the posture training. Posture training and the maintenance of correct posture contribute to the health and efficiency of normal grade school children.

The results of the above cited investigation gives one courage to go ahead with a posture training program.

It is suggested that the posture of each child be charted after the method suggested by Fradd.⁽⁶⁾ A side view can be taken of each child who shows a posture defect. The side view is to be compared with the

(6) Fradd, Norman, A New Method of Recording Posture, Journal of Bond and Joint Surgery, Vol. 5, No. 4 (October 1933) pp. 757-758

posture standards* suggested by the Children's Bureau, United States Department of Labor.⁽⁷⁾ Corrective drills, exercises and remedial education should be given to correct the posture defects. Home room and classroom teachers can assist in the carry over. In outstanding cases of posture defects, photo comparisons are to be made each month.

Football, basketball, baseball, tennis, track and golf are to be the forms of athletics that will be offered to boys. Basketball, baseball, tennis, golf and track are to be sponsored for girls. It is suggested that emphasis be placed on the small team form of athletics. After the average boy graduates from high school, how much football does he play? If he wants to play tennis he can find another boy or girl, rent a tennis racquet and a court, and he can have wholesome recreation.

The inter-class athletic program, in which the classes compete for the Edwin Rood trophy is to be continued. It is suggested that this particular program be carried on during the school year instead of during the spring months as has been the practice.

Health production activities are to be promoted through relation of the body to exercise, play, games, recreation, activity, Greek Ideal, strength and endurance, boxing, neuromuscular control, educational-mental, moral, social and character training by products of play, games, sports, athletic and scout groups. It is suggested that the scout programs be extended to serve more boys and girls. Leadership for the boy scout group should be strengthened. Scoutmasters should take the course in scout leadership that is offered each year in Lansing.

(7) Posture Standards of Children, bulletin, United States Department of Labor, Washington, D.C. 1936. Films loaned by this department.

* See page 62 to 67.

POSTURE STANDARDS

Stocky-Type Girls

Excellent Good

Poor Bad



A



B



C



D

EXCELLENT POSTURE

1. Head up—chin in (Head balanced above shoulders, hips, and ankles)
2. Chest up (Breast bone the part of body farthest forward)
3. Lower abdomen in, and flat.
4. Back curves within normal limits.

GOOD POSTURE

1. Head slightly forward.
2. Chest slightly lowered.
3. Lower abdomen in (but not flat)
4. Back curves slightly increased.

POOR POSTURE

1. Head forward.
2. Chest flat.
3. Abdomen relaxed (Part of body farthest forward.)
4. Back curves exaggerated.

BAD POSTURE

1. Head markedly forward.
2. Chest depressed (Sunken)
3. Abdomen completely relaxed and protuberant.
4. Back curves extremely exaggerated.

POSTURE STANDARDS

Stocky-Type Boys

Excellent Good Poor Bad



A



B



C



D

EXCELLENT POSTURE

1. Head up—chin in (Head balanced above shoulders, hips, and ankles)
2. Chest up (Breast bone the part of body farthest forward)
3. Lower abdomen in, and flat.
4. Back curves within normal limits.

GOOD POSTURE

1. Head slightly forward.
2. Chest slightly lowered.
3. Lower abdomen in (but not flat)
4. Back curves slightly increased.

POOR POSTURE

1. Head forward.
2. Chest flat.
3. Abdomen relaxed (Part of body farthest forward.)
4. Back curves exaggerated.

BAD POSTURE

1. Head markedly forward.
2. Chest depressed (Sunken)
3. Abdomen completely relaxed and protruberant.
4. Back curves extremely exaggerated.

POSTURE STANDARDS

Thin-Type Girls

Excellent Good

Poor Bad



A



B



C



D

EXCELLENT POSTURE

1. Head up—chin in (Head balanced above shoulders, hips, and ankles)
2. Chest up (Breast bone the part of body farthest forward)
3. Lower abdomen in, and flat.
4. Back curves within normal limits.

GOOD POSTURE

1. Head slightly forward.
2. Chest slightly lowered
3. Lower abdomen in (but not flat)
4. Back curves slightly increased.

POOR POSTURE

1. Head forward.
2. Chest flat.
3. Abdomen relaxed (Part of body farthest forward)
4. Back curves exaggerated

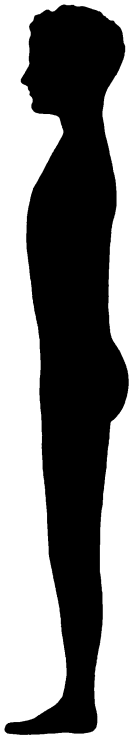
BAD POSTURE

1. Head markedly forward.
2. Chest depressed (Sunken)
3. Abdomen completely relaxed and protruberant.
4. Back curves extremely exaggerated

POSTURE STANDARDS

Thin-Type Boys

Excellent Good Poor Bad



A



B



C



D

EXCELLENT POSTURE

1. Head up—chin in (Head balanced above shoulders, hips, and ankles)
2. Chest up (Breast bone the part of body farthest forward)
3. Lower abdomen in, and flat.
4. Back curves within normal limits.

GOOD POSTURE

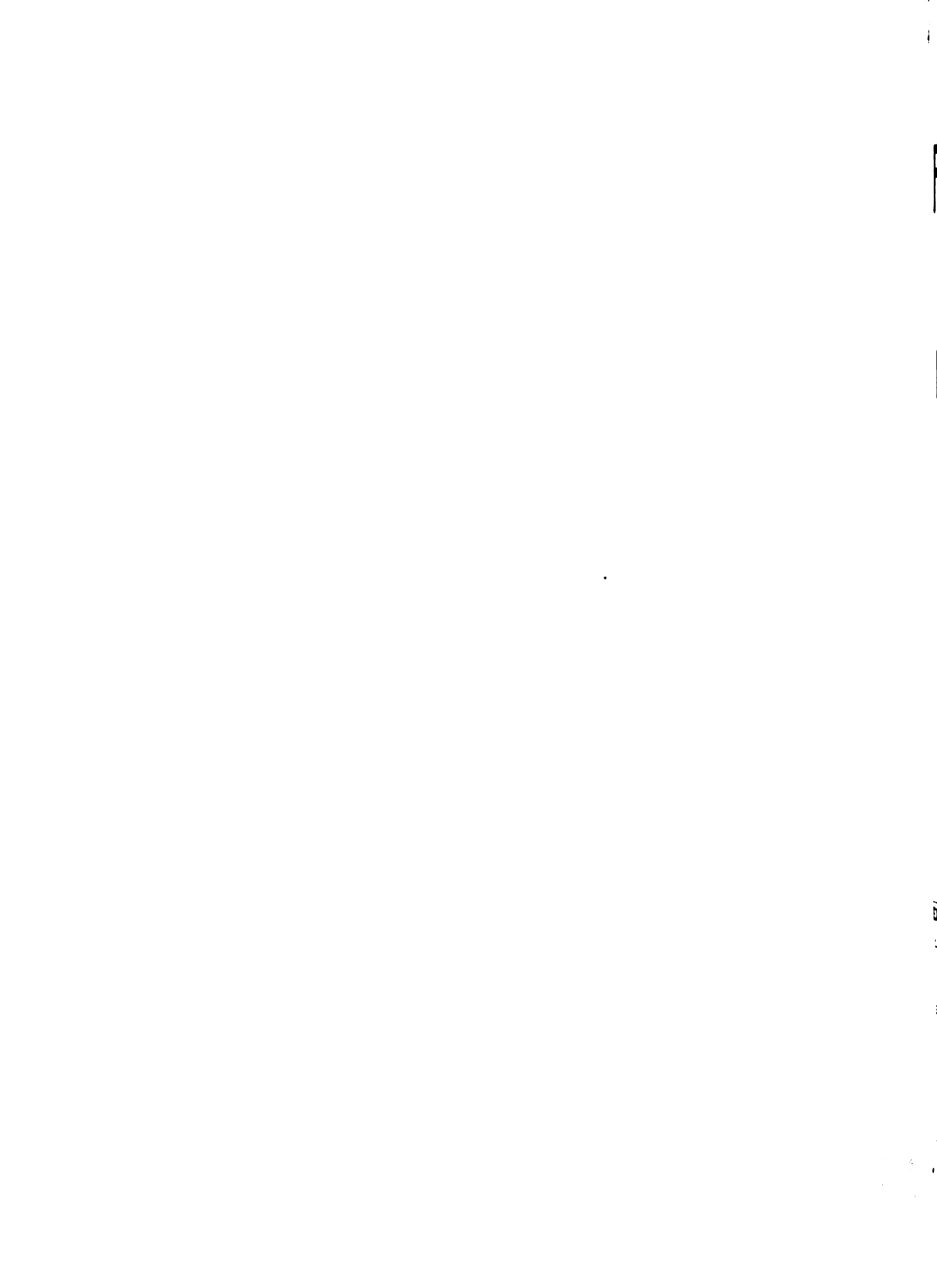
1. Head slightly forward.
2. Chest slightly lowered.
3. Lower abdomen in (but not flat)
4. Back curves increased.

POOR POSTURE

1. Head forward.
2. Chest flat.
3. Abdomen relaxed (part of body farthest forward)
4. Back curves exaggerated.

BAD POSTURE

1. Head markedly forward.
2. Chest depressed (Sunken)
3. Abdomen completely relaxed and protruberant.
4. Back curves extremely exaggerated.



POSTURE STANDARDS

Intermediate-Type Girls

Excellent Good

Poor Bad



A



B



C



D

EXCELLENT POSTURE

1. Head up—chin in (Head balanced above shoulders, hips, and ankles)
2. Chest up (Breast bone the part of body farthest forward)
3. Lower abdomen in, and flat.
4. Back curves within normal limits.

GOOD POSTURE

1. Head slightly forward.
2. Chest slightly lowered.
3. Lower abdomen in (but not flat)
4. Back curves slightly increased.

POOR POSTURE

1. Head forward.
2. Chest flat.
3. Abdomen relaxed (Part of body farthest forward)
4. Back curves exaggerated.

BAD POSTURE

1. Head markedly forward.
2. Chest depressed (Sunken)
3. Abdomen completely relaxed and protruberant.
4. Back curves extremely exaggerated

POSTURE STANDARDS

Intermediate-Type Boys

Excellent Good

Poor Bad



A



B



C



D

EXCELLENT POSTURE

1. Head up—chin in (Head balanced above shoulders, hips, and ankles)
2. Chest up (Breast bone the part of body farthest forward)
3. Lower abdomen in, and flat.
4. Back curves within normal limits.

GOOD POSTURE

1. Head slightly forward.
2. Chest slightly lowered
3. Lower abdomen in (but not flat)
4. Back curves slightly increased.

POOR POSTURE

1. Head forward.
2. Chest flat.
3. Abdomen relaxed (Part of body farthest forward.)
4. Back curves exaggerated.

BAD POSTURE

1. Head markedly forward.
2. Chest depressed (Sunken)
3. Abdomen completely relaxed and protruberant.
4. Back curves extremely exaggerated.

C. Staff Training

It is proposed that an effort be made to provide members of the staff with an understanding of the objectives of this plan and give them training in the techniques that are to be employed. The members of the staff should have a knowledge of subject matter in the field of health education. The rural school teachers in Windsor Township are to be invited to attend the teachers meetings. Ninth grade pupils are received from the rural schools and it is important that the rural teachers carry on much of the health education work in their schools. It is suggested that school board members be invited to attend the teachers meetings. The janitor is considered as a member of the staff. Staff training is to be accomplished by four means; bi-monthly meetings of the staff, extension training, reading courses, and visitations.

Bi-monthly meetings of the staff are to be held during the school year. It is suggested that these meetings be held in the school building in the evening following a supper. At the opening of school, staff members are to be asked to submit a list of topics that they would like to discuss. A committee composed of three teachers is to make up a program which is to give date of meeting, menu committee, program topics, speakers and leader. Speakers are to be brought in from outside the group. The following topics are suggested for the meetings:

1. New conception of the child
2. Heredity
3. The family
4. Glands of internal secretion and their relation
to personality

5. Scoliosis
6. Safety teaching
7. Mental hygiene
8. Vision defects
9. Case study method
10. Character as a by-product
11. Sex hygiene
12. Creative teaching
13. Education as change
14. Foundations of human nature as revealed by Dorsey
15. Motive and drives
16. Religion as related to education
17. Puberty
18. Nutrition
19. Speech defects
20. Interpretation of the I.Q.
21. Motives of men
22. Hearing defects
23. Mental diseases
24. Sanitation
25. Education as reaction
26. Philosophies of education
27. Syphilis
28. Foot hygiene
29. Gestalt psychology and personality
30. Worthy use of leisure

31. Worthy citizenship
32. Health teaching in the regular school subjects
33. Guidance
34. Left handedness
35. Fatigue
36. A study of worries
37. Teaching evils of tobacco, alcohol and narcotics
38. Crime prevention
39. Fads and quacks
40. Consumer research
41. Pupil attitudes
42. School testing program
43. Counseling
44. Physical education
45. Scientific thinking
46. Objectives of education
47. Objectives of health education

The following courses are suggested for Dimondale teachers unless they have taken them or their equivalent. The courses mentioned are given at the University of Michigan. It is possible to get similar courses at other colleges and universities.

Course Number

Education B 122	The High School Curriculum and Its Making
Education B 190s	Current Studies of the Camp as an Educational Agency
Education B 193	Administrative Work of Counselors of Girls in High Schools (for women teachers)

Education B	195a	State and National Trends in Education
Education B	196s	Current Studies in the Education Problems of Unemployed Youth
Education B	253	Problems of Personnel Management
Education B	255	Social Interpretation
Education C	102	Educational Psychology
Education C	105	Psychology of the Elementary School Subjects
Education C	110	Experimental Education
Education C	115	Educational Diagnosis
Education C	116	Character Education
Education C	119	Principles of Guidance and Adjustment
Education C	120	The Mental Hygiene of Adolescence
Education C	130	Psychology and Education of Exceptional Children
Education C	132	The Clinical Study of Exceptional Children
Education C	140a	Laboratory Problems in Experimental Education
Education C	165	The Administration of Tests, and the Tabulation, Interpretation, and use of Test Results
Education C	212s	The Measurement of Growth
Education C	216a	Character Education: Seminar in Educational Psychology
Education C	220a	C 220b Seminar in the Guidance and Mental Hygiene of the Adolescent
Education F	100	Principles of Vocational Education and Guidance
Education F	118	Tests and Measurements in Physical Education
Education F	121	Correlation of Health and Other Activities in the Public Schools
Education F	123	Curriculum Problems in Physical Education and School Health

In order to make it financially possible for teachers to pursue work in summer school, it is suggested that the Board of Education adopt the following minimum salary schedule:

<u>Position</u>	<u>Salary</u>
Superintendent	\$ 2000
Principal	1600
High school teachers	1400
Grade teachers	1200
Janitor	1000

It is suggested that books be added to the library for patrons and teachers.*

During the school month of October it is suggested that each teacher plan one day of visitation in some other school system for the purpose of observing methods and materials. A substitute teacher is to be provided, and only one teacher is to leave at the same time. It is suggested that the teacher visit at the University Elementary and High School at Ann Arbor, Michigan, the schools at Lansing, Michigan, the schools at Saginaw, the W. K. Kellogg schools at Battle Creek, or the schools at Jackson, Michigan. Teachers are required to report on the visitations. It is proposed to include the janitor, school nurse and members of the Board of Education in this visitation program.

*See writer's list "Books for Teachers and School Patrons"

D. New Courses

It is suggested that certain courses be reorganized as follows:

1. The science teacher in the junior high school, with the help of the grade teachers, is asked to reorganize the science course for the first six grades. An effort should be made to eliminate unnecessary repetition and relate the course to life and healthy living according to the objectives given by Wood and Lerrigo.⁽⁸⁾
2. The science teacher in the junior high school is asked to reorganize the course in science for the junior high school to meet the objectives given by Wood and Lerrigo.⁽⁹⁾
3. It is suggested that the teacher of Community Problems reorganize the Community Problems course giving emphasis to vocations and guidance, community health and well being, and community government.
4. The social problems course is to be reorganized to meet the following points and is to be called Adjustment and Guidance.

The purpose of this course is to arouse, strengthen and organize the social vision in high school students. It is designed to interpret the social movements of the day in the light of historical and psychological principles which apply, and to result in greater ability to help self and others.

(8) Wood, Thomas D. and Lerrigo, Marion Olive, Health Behavior, pp. 27-78.

(9) Ibid. 78-106.

The study of assignments and the discussions should yield an orientation to the main ideas, some critical evaluation of them and suggestions as to their possible applications to social problems of everyday life. The student should stress understanding, interpretation and application. Discovery of problems embedded in social attitudes, situations and practices should be the aim. The validity of the ideas and their relation to social problems should be striven for by the students. Class discussions from time to time will aim at clearing up difficulties that students encounter and the further development of suggestions as to interpretation and application.

The student's work in this course consists of three parts: First, the preparation of and the participation in the above plan; Second, submission of reports described below; Third, written assignments.

Reports:

1. Ten or more books
2. Twenty-five or more magazine articles

Each report should contain:

1. Name and author, title of book,
publishers,
2. Synopsis
3. Reaction

Objectives to be kept in mind:

1. To acquire some experience in reflective thinking
2. To formulate a sensible scale of value for reference

and evaluation of social situations.

3. To acquire a background for study of social problems.
4. To formulate a philosophy of life.

It is suggested that the lesson units be reorganized as follows:

1. Scientific thinking stressing the reaction method.
- 2.. Crigin and growth of life.
3. Heredity.
4. Mechanics of an animal body.
5. The creation and growth of culture
6. Human nature and how culture molds it - Epochs of Civilization.
7. How individuals may improve their environment
8. Glands of internal secretion
9. Four aspects of health
 - a. Mental health
 - b. The public health
 - c. Housing
 - d. Community planning
10. The making of personality
11. Principles of child guidance
12. The sex problem
13. Marriage and divorce
14. Making a home
15. Social conduct
16. The arena of politics
17. Conservation of
 - a. Human life
 - b. Plant and animal life

18. Leisure time

19. Crime and the criminal

20. Review and summary

The following is suggested as a part of the final examination in the course and is to be given to the pupils two weeks before the close of the year.

Lesson Unit 20

Review

1. Why must each adequate philosophy of life have in it an element of metaphysics?
2. Briefly compare our material achievements of the past one hundred years with our achievement in our social relations institutions.
3. Assuming that physical disarmament among the nations is desirable, show that mental disarmament is likewise needed. What is the problem for the social worker? Propose a solution.
4. State one or more personal problems. Arrange a conference with the instructor. State precisely your reaction.
5. The consciousness that you should do a thing is evidence that you can try. Suppose someone confides in you some personal desire. An appointment is made a week hence. Show concisely your procedure in the case.
6. Take any problem with which you were confronted in the past. State briefly your solution, then outline your procedure in the case.
7. "Where there is no vision the people perish." Cite evidence for and against that statement regarding education and life here during the past twenty-five years.

8. Show one or more ideas from the French Revolution that have affected our philosophy of life and education as training in the past. What principle can you deduce from the evidence?
9. Is deciding "no" greater than deciding "yes"?
10. Give in the order of their ranking (lowest first) words or concise statements which clearly define the epoch in which we live. What will you do about it?
11. What is the importance of individual culture?
12. Under what conditions do great men appear? Wherein lies greatness?
13. Compare the philosophy of life on an individual at 20 years with that of one at 70 years.
14. Is it possible to reform society? Where must change start?
15. Point out the importance of each idea received from each unit.
16. What do you consider the chief problem of human life?
17. "He is greatest among us who serves best". Show how this is involved in your philosophy of life giving examples.
18. On a scale with "self" at the left and the "universe" at the right, indicate your estimate of your point of view (a) at the beginning and (b) at the end of this course.
19. Make a chart of your philosophy of life.
20. We are told there is at present, a lost generation of some three million youths between the ages of sixteen and twenty-five years, who are drifting. What should be done to prevent this?

Thirty five pupils have indicated a desire to take the course during the school year 1936-37.

F. Cooperating Agencies

1. Mothers' Clubs

The teacher in the primary room sponsored the organization of a mothers' club for the mothers of the children in her room during the school year of 1935-36. Before school closed in June 1936 the following officers were elected for the school year 1936-37: president, vice president, secretary-treasurer, faculty adviser and program committee chairman.

It is suggested that bi-monthly meetings be held at the school house starting at 2:30 o'clock in the afternoon. The following order of business is suggested:

Meeting called to order by president

Roll call

Communications

Old business

Report of committees

Presentation of bills

Program

Adjournment

The program committee is to meet during September 1936 and make up a program for the year. It is suggested that the club be enlarged to include mothers from the other two grade rooms. It would not be wise to organize two more mothers' clubs because some of the mothers have children in each of the grade rooms. The following suggestions are made relative to topics for programs for 1936-37:

1. Philosophy of Education
2. Scientific Thinking
3. Recent Trends in Education
4. Nutrition School Nurse
5. Speech Correction
6. Guidance of the Young Child
7. Posture Defects and Their Correction
8. Vision Defects
9. Mental Hygiene in the Home
10. Home Study
11. Reading Difficulties
12. Health Program in the Home
13. Health Examinations
14. Glands of Internal Secretion

The members of the Mothers' Club are asked to encourage parents to have their children take the examinations that are to be given.

The Foundation is to furnish milk, crackers and oranges for the mid-morning lunch for children who cannot buy these food items. Mothers are to help serve the mid-morning lunch. It is also suggested that the club take charge of the hot lunch program. Students should be used.

2. Community Club

The present Dimondale Community Club was organized to take the place of the Parent-Teachers Club. It is proposed to have the Community Club organize as soon as school opens with president, vice president, secretary, treasurer and an executive committee of five

people. It is suggested that the activities of the Community Club be planned to reach school patrons. The club can sponsor the Boy Scout Cubs, Girl Scouts and Campfire groups. The club will also be asked to sponsor the camp program with the Foundation. The club can raise funds for the various activities by means of public entertainment.

3. The Dimondale News

The Dimondale News is a live, loyal community newspaper published weekly. The editor is a progressive school-minded man who has recently had children in school. He has covered school events very well and his publicity with reference to these activities has been of the type that has created community spirit of the desirable type.

It is suggested that the school items be inserted in the Dimondale News. The following departments with faculty advisers should be established: editorial, sports, flashlight, homeroom activities, health, book review, and music. A student assistant for each department is to be appointed each month.

4. Library

The general school library is housed in a room in the new addition. There is a library in each grade room. The books in the general library are classified according to the Dewey Decimal system. It is suggested that the books in the grade rooms be classified according to the Dewey Decimal system. General reference books should be left in the high school homerooms and classrooms. The complete library consists of 754 books.

A teacher is to have charge of the general library. The student assistant is to receive one-half unit of school credit in library science.

The library money is to be used as follows: one-half for grade room library, one-fourth for general library and one-fourth for teacher and patron part of the general library. The list of books for teachers and patrons has been suggested under Staff Training. One hundred or more library books have been ordered from the Michigan State Library on the Traveling Library plan. Books have been suggested in Vocations in Fiction.*

It is suggested that the grade rooms have a library hour each week during which time the pupils are to report on books that they have finished reading. In no case should the pupil attempt to make a complete review of the book. Enough of the contents should be given to interest other pupils in the book as far as creating a desire to read it is concerned. The pupil should tell why he liked or disliked the book.

The following magazines are suggested for the school reading table:

1. The Christian Herald
2. The American
3. The Hygeia
4. The National Geographic
5. Current Psychology and Psychoanalysis
6. The Pathfinder
7. The Readers Digest
8. Scholastic
9. The American Girl
10. The American Boy
11. Jobs and Careers

*Prepared by writer

5. Churches

There are three protestant churches at Dimondale. It is proposed to use the church as a character building agent in this program. One fourth credit per year is to be given for Sunday school attendance when a final examination is passed. It is suggested that the church and Sunday school programs be extended to serve more from the social standpoint and help the young people meet their problems in life.

6. Merchants

The merchants at Dimondale and in Lansing are to be used in the vocational guidance program. The merchants are to be used in the apprenticeship training program. For example, if a young man believes that he would like to become a barber when he finishes school, the director of vocational guidance should arrange for the boy to do some work at a local barber shop after school and on Saturday. The barber would pay the boy a small wage for his services. In this way the boy could get first-hand experience and knowledge about the barber trade. It is proposed to use this plan in all vocations.

7. Dimondale Home Culture Club

The Dimondale Home Culture Club is composed of school minded women, some of them mothers of school children. Their program committee has made out the schedule of programs for the year 1936-37 as follows:

<u>Date</u>	<u>Topic</u>
October 13, 1936	Short History of the Zither
October 27, 1936	Leisure, An Interpretation
November 10, 1936	Leisure Causes
November 24, 1936	Problem of Leisure

December 8, 1936	Problem of Leisure (Cont'd)
December 15, 1936	"The Carol, Its History and Origin"
January 12, 1937	Uses of Leisure-Educational
January 26, 1937	Michigan Centennial
February 9, 1937	Uses of Leisure-Educational and Recreational
February 23, 1937	Uses of Leisure (Cont'd)
March 9, 1937	Uses of Leisure (Cont'd)
March 23, 1937	Guest Speaker
April 13, 1937	Play Grounds and Sports as Vital Factors in Community Recreation
April 27, 1937	Play - "Dead End"
May 11, 1927	Uses of Leisure (Cont'd)
May 26, 1937	Book Parade of America's Best Sellers
June 8, 1937	"Family Party"

One of the teachers is chairman of the Dimondale Home Culture Program Committee. She has been asked to lend a helping hand to those who have papers, talks or juntoes to prepare. The president of the Mothers' Club has been asked to help.

The Eaton County Health Department

The following organization is proposed for the Eaton County Health Department:

The Director:

1. Collects and analyzes the vital facts pertaining to the county and organizes the health department program to meet the particular needs. The vital facts are:

- (1) Birth and death reports
 - (2) Morbidity pertaining to communicable diseases
 - (3) Reports on specimens submitted to state laboratory
for examination.
2. Directs activities of personnel of health department.
 3. Organizes county forces, and directs them toward the correction of the public health needs of the county.
 4. Acts as health officer of the county, with full responsibility for the administration of the health laws, rules and regulations pertaining to the control of communicable diseases under the advice and direction of the State Department of Health. These duties include:
 - (1) Diagnostic service to physicians
 - (2) Isolation and quarantine of reported cases of communicable diseases, and check-up on suspected cases and contacts.
 - (3) Epidemiological investigation of outbreaks of communicable diseases and check-up on suspected cases and contacts.
 - (4) Immunization of individuals in the community against smallpox, diphtheria and typhoid.
 - (5) Special tuberculosis program including:
 - (a) Provision of diagnostic clinic
 - (b) Tuberculin testing and x-ray
 - (6) Social venereal disease program
 - (a) Investigation of sources of infection and contacts

- (b) Return of those neglecting treatment
to physician
 - (7) Special rabies program when necessary
 - (8) Distribution of biologic products for use in
immunization, diagnosis and treatment of
communicable diseases.
5. Reports monthly to the health committee of the board of
supervisors the activities of the health department and
discuss with them the future work.
 6. School services include provision for:
 - (1) Immunization of school children against
diphtheria and smallpox
 - (2) Physical examination of school children
 - (3) Dental Society
 - (4) Medical Society
 - (5) Work with teachers' clubs
 - (6) Foundation activity
 7. Maintains newspaper contact with the general public
regarding communicable disease prevalence and special
projects.
 8. Addresses meetings of:
 - (1) Lay groups
 - (2) Medical Society
 - (3) Dental Society
 9. Prepares demonstration and exhibit material
 10. Writes circular letters and health department publications

(1) Letters to teachers

(2) Annual report

The Public Health Nurse

1. Communicable disease nursing

(1) Instruction of parents with regard to the home care of communicable disease patients for the purpose of preventing the spread of infection to other members of the family.

(2) Field service to tuberculosis cases, contacts, and suspects, and their instruction with regard to other members of the family, and facilities available for diagnosis and treatment.

2. Maternity hygiene

(1) Instruction of prospective mothers concerning preparation for confinement and their need for prenatal care according to directions of physician in charge

(2) Arranges prenatal clinics where desirable

(3) Supplies layettes to needy cases

(4) Supplies obstetrical kits to needy cases

(5) Postnatal instruction of mothers with regard to their own care and that of the baby according to direction of physician in charge

(6) Distributes of physician in charge

(7) Holds conference with midwives

3. Infant hygiene

(1) Instruction of parents with regard to the care of the baby. Sees that the directions of the physician are carried out.

(2) Interests parents in correction of defects.

(3) Conducts group conferences

(4) Distributes literature

(5) Distribution of literature

5. School service

(1) Communicable disease control activities include:

(a) Inspection for infections

(b) Exclusion of children suspected of having communicable disease until they present a health certificate

(c) Partial inspection for specific defects, such as diseased tonsils, poor vision, impaired vision, impaired hearing.

(2) Nutrition studies include:

(a) Weighing and measuring

(3) Home services for school children for the purpose of improving the health status of the children, and thereby their ability to learn.

(4) Consultation with parents at superintendent's office.

(5) Assistance to teachers in integrating health education with the regular classroom program.

(6) Health talks to pupils

(7) Interest parents and children in the Camp program

6. Crippled Children Activities

(1) Home calls on cases to inform parents of facilities available for diagnosis and treatment and to check on the posthospital care.

(2) Crippled children's clinics where desirable.

7. Assist in the preparation of demonstration and exhibit material.

The Sanitary Inspector

1. Communicable disease service includes:

(1) Control of community sanitation as it effects the spread of communicable disease.

(2) Control of water and milk to prevent their contamination with disease producing organisms

(3) Control of food handling and instruction of food handlers with regard to the safe handling of certain foods.

2. Inspection of private premises for the abatement of nuisances.

3. Inspection of public premise with regard to sanitation.

4. Inspection of heating, lighting, ventilation and sewage disposal of the school.

5. Inspection of swimming places

6. Resort inspection

7. Inspection of water supplies

(1) Municipal

(2) School water supplies

(3) Private wells on request

8. Inspection of slaughter houses
9. Inspection of milk handling establishments including:
 - (1) Municipal
 - (2) School supplies
 - (3) Pasteurization plants
10. Abatement of public health nuisances
11. Talks to interested groups
12. Preparation of exhibit and demonstration material
13. Distribution of literature pertaining to sanitation

The Clerk

1. Office routine business
 - (1) Make appointments
 - (2) Schedules conferences
 - (3) Takes care of routine correspondence
 - (4) Keeps files in order
 - (5) Keeps the accounts
2. Vital Statistics
 - (1) Receives birth and death reports from registrars
 - (2) Receives communicable disease reports from physicians
 - (3) Makes necessary reports to State Department of Health
3. Maps, charts and graphs
 - (1) Keeps spot maps up to date
 - (2) Prepares charts and graphs showing health status
of community
4. Responsible for supplies
 - (1) Containers for laboratory specimens

- (2) Biologicals
- (3) Health department forms
- (4) Literature for distribution⁽¹⁰⁾

(10) Adapted from Michigan Department of Health Bulletin,
Number 4, Vol. XXIV pp. 65, April, 1936

F. Program of Studies

Grades

It is suggested that the state course of study be followed except that the science course be reorganized. The following programs of studies are suggested for 1936-37:

Junior High School

Semester One

Semester Two

7th Grade

*Arithmetic
*English (Spelling, Penmanship)
*Science
*History
Music
Sewing
Shop

*Arithmetic
*English (Spelling, Penmanship)
*Science
*History
Music
Sewing
Shop

8th Grade

*English (Spelling, Penmanship)
*General Science
*Social Science
*Mathematics
Music
Sewing
Shop

*English (Spelling, Penmanship)
*General Science
*Social Science
*Mathematics
Music
Sewing
Shop

9th Grade

Art
Algebra
Biology
Community Problems
*English
General Mathematics
Music
Sewing
Shop

Art
Algebra
Biology
Community Problems
*English
General Mathematics
Music
Sewing
Shop

1. Note requirements for graduation
2. Chorus work is required of all pupils. One fourth unit of non-academic credit will be given to those who complete the work.
3. One fourth unit of non-academic credit will be given in physical education
4. *Indicates required courses.

Senior High School

Semester One

Semester Two

10th Grade

*English
Chorus
General Mathematics
High School Geography
Instrumental Music
Physical Education
Plane Geometry
World History

*English
Chorus
General Mathematics
High School Geography
Instrumental Music
Physical Education
Plane Geometry
World History

11th Grade

Adjustment and Guidance
Advanced Mathematics
Chemistry
Chorus
Economics
English 4
French 2
Instrumental Music
Physical Education
Play Production
Typewriting

Adjustment and Guidance
Advanced Mathematics
Chemistry
Chorus
*American Government
English 4
French 2
Instrumental Music
Physical Education
Play Production
Typewriting

12th Grade

Adjustment and Guidance
Advanced Mathematics
Chemistry
Chorus
Economics
English 4
French 2
Instrumental Music
Physical Education
Play Production
Typewriting

Adjustment and Guidance
Advanced Mathematics
Chemistry
Chorus
*American Government
English 4
French 2
Instrumental Music
Physical Education
Play Production
Typewriting

1. 10th grade students must take either plane geometry or general business.
2. *Required courses.
3. Seniors who wish to take typewriting should report to the instructor before they leave. Juniors may take typewriting if machines are available.

4. Students who have not taken English 3 must elect English 4.
5. Advanced mathematics will be given if five or more students elect the course.
6. Chorus and physical education each give $\frac{1}{4}$ unit of credit.
7. Play production and instrumental music each give $\frac{1}{2}$ credit.
8. A student must carry at least four academic units unless excused by the superintendent.

VI. Suggested Methods of Evaluating this Program in the Future

"There should be commendation of the good, condemnation of the bad and suggestions for the better"⁽¹⁾ Therefore this suggested plan of Health Education for Dimondale Public School should be evaluated in the future if we are to justify it. The taxpayers of the school district and the State of Michigan as well as the Foundation have a right to expect tangible evidence of the value of such a program.

A. General Methods of Evaluation

This plan may be evaluated formally and informally. In a formal way it may be evaluated through the aid of standardized tests of education and medicine; informally through the consensus of opinion of teachers, parents, and school patrons. Will the pupils who have been subjected to this plan suffer the usual break down at 40 years of age? Will they become better citizens? Will they profit more by their school work? Will they enter into a happier married life because of the instruction in sex matters? These and many more questions might be asked to evaluate from the informal point of view.

If the methods of health education are to be improved, steps must be taken toward the development of more adequate means of measuring the results from an educational standpoint. The Michigan Health Knowledge Test is suggested. In any measurement of results, the measuring device should be objective as far as is possible and diagnostic in character, considering each of the factors limiting the products of the instructional program. When data gathering devices of any sort are used they should be

(1) Barr, A. S., and Burton, W. H., The Supervision of Instruction, Appleton and Company, New York, 1935, pp. 523

validated. The general means of evaluating the products of this program may be of four types:

- (1) Analysis of examinations and tests.
- (2) Studies of progress of pupils by means of age-grade charts.
- (3) Studies of the reaction of teachers, parents, pupils, patrons and others.
- (4) Reaction of pupils after graduation and the records that they make.

B. Curriculum

Some attempt should be made to evaluate the educational curriculum and the objectives of the Dimondale Public School system for this plan should bring certain changes in the entire system. Dr. A. S. Barr⁽²⁾ mentions two techniques for evaluating the educational curricula and objectives of a school system as follows:

1. Quantitative studies of theory and practice
 - a. In the selection of content
 - b. In the selection of objectives
2. Devices for evaluating courses of study
 - a. Questionnaires
 - b. Rating scales

The above mentioned techniques should be given ample consideration by those who evaluate this program in the future whether they be teachers, physicians, psychologists, school patrons or others.

(2) Barr, A. S. Op. Cit., pp. 309

C. Improvement of Teaching

The plan should improve teaching. There are three common methods used to measure the change in teaching ability. They are: 1, measurement of the changes produced in pupils by the teacher; 2, the rating of teaching ability by means of rating scales and 3, the testing of teaching ability from tests taken by the teachers.⁽³⁾

The ultimate criterion of teaching success is the number, kinds and amount of desirable changes produced in the pupils.⁽⁴⁾ The teacher is environment for the pupils. Too often teachers are judged by their cooperativeness, good looks, and the fact that he is just a good looking fellow or she is a nice looking girl. These qualities all have their places but they do not produce real teaching. Teachers and schools exist for the child and not for school patrons. The child is being taught and not the subject. The teacher who accomplishes most toward educating the child is the most efficient. She produced the greatest number of desirable changes in the pupils.

Another method of evaluating the efficiency of teachers is by rating. The rating scale method of evaluating teaching efficiency is used in many school systems because of the availability of the scales and the ease with which they can be administered. Rating scales are subjective in a measure but they may furnish valuable information for both administrative and instructional purposes.

There are six types of rating scales in general use at the present time: (1) point scales (2) graphic scales (3) diagnostic scales (4) quality scales (5) human scales (6) conduct scales. The Teacher

(3) Barr, A. S. Ibid, pp. 330

(4) McCall, W. A. How to Measure in Education, Macmillan Company, 1922, pp. 150.

Rating Card-Long Form by the Michigan Education Association⁽⁵⁾ and the Human Scale Method⁽⁶⁾ are very useable.

The cooperating agencies that have been listed give an informal evaluation of the plan.

Whatever instrument or means of measurement that is applied to this plan in the future will need to be reliable. There are two factors of reliability that should be kept in mind:⁽⁷⁾

1. The reliability of the measuring instrument, and
2. The care and accuracy with which the instrument is applied.

Reliability is obtained in four ways: 1, objectivity 2, emphasis upon a relatively narrow and a definite field 3, accurate enumeration and measurement, and 4, accurate and complete records.

(5) Barr, A. S., Op. Cit. pp. 352

(6) Hebb, Bertha G., Samples of Teachers' Self-Rating Cards, City School Leaflet Number 18, Set, 1925.

(7) Almack, John C., Research and Thesis Writing, Houghton Mifflin Company, Chicago, Illinois, 1930, pp. 69.

VII. Summary and Conclusions

The writer has attempted to analyze existing conditions at the Dimondale Public School with reference to the health education program in Chapters one, two and four. Education, in general, has been one of natural development.

Chapter three gives the aims and objectives of education and health education in general, and the specific objectives of the Proposed Health Education at Dimondale Public School.

Chapter five gives the plan. The plan will be under the direct control of the Board of Education at Dimondale, Michigan. This body is responsible to the people. The superintendent of schools at Dimondale will administer the plan and he will be responsible to the Board of Education. The superintendent will detail various duties as outlined in the plan. All this is in keeping with modern educational practice. The plan proposed in this thesis is only a beginning. Help in the development of this plan should be obtained from the following non-official agencies which compose the Community Health Organization whose aim is "Better Community":

1. The Foundation
2. National and State Tuberculosis Association
3. American Public Health Association
4. National Organization of Public Health Nursing
5. American Child Health Association
6. Consumers' Research
7. American Social Hygiene Association
8. American Society for the Control of Cancer

9. National Society for the Prevention of Blindness
10. National Health Council
11. Foundations for Public Health Conferences (White House)
12. Various Foundations
13. Various Institutions, Colleges and Universities
14. Insurance Companies

The proposed plan is an enrichment program and not a specific course. Health is not a subject. It's aim is to create a healthy, well adjusted individual, who will know and be able to act his part well when the time comes. The individual is a unit. We should not judge him by his act, but by the motive back of the act. His training must consider his inheritance, and his environment. His teacher will be a part of his environment. The great outcome of the plan should be:

1. Personal culture
2. Right social relations
3. Implications of the world of nature.

Teachers will have to emphasize the "drawing out" process and not give all of their attention to the "pouring in" process. Teachers will have to be kind to pupils, do all that they can for their pupils, never let others know that they have given personal help to pupils except in a professional way, and always refuse to take financial reward for help thus rendered. Such a philosophy is what the Master, Jesus Christ, proposed.

In any program that prepares for life the individual always seeks happiness and security. The school should help him to meet the three real problems of life:

1. Maintenance of self
2. Social urge
3. Sex or the desire to reproduce

The plan includes a guidance program which is health-character building in nature. The character will be a by-product.

The mental hygiene part of the plan should be stressed for there must be good mental health if the individual is to enjoy life. Crime, insanity, suicide and the like are evidences of mental ill-health. Dr. Howard Y. McClusky puts it well when he writes, "The super-sensitive, conceited, anxious, irritable, stuffy, inhibited, jealous, disorganized, depressed, and flabby moments that most people occasionally experience are evidence that mental sickness is one of the most persistent and universal problems confronting human welfare"⁽¹⁾ The school is obviously only one factor in a comprehensive program of mental hygiene, but because it is the only institution that has jurisdiction over all the children of all the people at any age, and in an environment when the child can be observed and controlled, the opportunity, if not the obligation of the school, is unmistakably clear. No attempt was made to suggest a detailed mental hygiene program.

The course in Social Problems emphasizes the development of modern attitudes toward sex. Sex attitudes can be developed without a blush in either a mixed or "single" class of students under the guidance of a skillful teacher. Students should be made aware of the sex problem. Few of us realize that syphilis is one of our greatest menaces to health.

(1) McClusky, Howard Y. Dr., University of Michigan Bulletin, Ann Arbor, Michigan, October 1932

A suggested plan for future evaluation of the Health Education Plan for Dimondale Public School is given in chapter six. The plan of evaluation involves both the informal and formal. The writer realizes that all attempts of evaluation should be objective but the subjective element enters into life, try as we may to eliminate it.

The writer hopes that the plan will be justified and that it will be found practical, economical and utilitarian in the future.

VIII. Problems for Further Study

1. A proposed plan of health education in the rural schools in Eaton County, Michigan.
2. Counseling in the health program at Dimondale Public School, Dimondale, Michigan.
3. Minimum essentials in the health training equipment of a classroom teacher.
4. Survey of health training courses in teachers' colleges.
5. The cost of health education at Dimondale, Michigan.
6. Is the W. K. Kellogg Foundation Health Program worthwhile?
7. A proposed mental hygiene program at Dimondale Public School, Dimondale, Michigan
8. A proposed plan of educational guidance for Dimondale High School.
9. Vocational guidance.
10. Recreational guidance.
11. Community service guidance.
12. Social service guidance
13. A proposed plan for the placement of graduates at Dimondale High School.
14. A suggested plan for teaching sex hygiene in Dimondale High School.
15. A suggested health program for the pre-school child at Dimondale, Michigan.
16. A suggested plan for religious education in the churches at Dimondale, Michigan.

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APPENDIX

FORM III

Pupils' Estimate of Their Own Health Habits

Dimondale Public School

Name _____ Sex _____ Grade _____

Date _____ Age _____

Yesterday I did the things, each of which I have marked with a cross (X) in the list below. Complete sentences when necessary.

Check here.

- _____ 1. I took a full bath or shower.
- _____ 2. I washed my face and hands before breakfast.
- _____ 3. I brushed my teeth before coming to school.
- _____ 4. I brushed my teeth before supper, before I went to bed.
- _____ 5. I drank _____ glasses of milk. (In the blank space write the number of glasses of milk you drank yesterday.)
- _____ 6. I ate a hot cereal for breakfast.
- _____ 7. I ate fresh fruit yesterday.
- _____ 8. I ate green vegetables at some meal yesterday.
- _____ 9. I went to a moving picture show after school, before supper.
- _____ 10. I went to a moving picture show after supper.
- _____ 11. I washed my hands before every meal.
- _____ 12. I washed my hands after going to the toilet.
- _____ 13. I had a bowel movement before coming to school in the morning.
- _____ 14. I slept last night with windows open.
- _____ 15. I used my own towel and wash cloth, which no one else used, whenever I washed yesterday.
- _____ 16. I ate candy between meals yesterday.
- _____ 17. I got up at _____ o'clock. I went to bed at _____ o'clock.

_____ 18. I drank _____ glasses of water. (In the blank space write the number of glasses of water you drank yesterday.)

_____ 19. I drank _____ glasses of milk. (In the blank space write the number of glasses of milk you drank yesterday.)

_____ 20. I played out-of doors after school. The games I played were _____.

(In the blank space write the names of the games you played outdoors yesterday.)

_____ 21. I played indoors after school. The games I played were _____.

(In the blank space write the names of the games you played indoors yesterday.)

_____ 22. I worked yesterday after school. I did the following kinds of work: _____.

_____ 23. I helped mother or father, or someone else, yesterday. This is what I did. _____.

_____ 24. I had a good time yesterday, because _____.

_____ 25. I did not have a good time because _____.

FORM IV

The Parents' Estimate of Pupils' Health Habits

Date _____

Note to Parents:

We are trying to find out the health habits of the pupils in the Dimondale school, in order that we may teach the children the things which they need to know. It will be of great assistance to us if you will fill out this blank and return it promptly.

Yesterday my child _____ did the things which I have marked with a cross (X) in Column I.

In Column II, I have marked all the things which he had the opportunity of doing, whether he did them or not.

Complete sentences when necessary.

<u>Things</u>	<u>Oppor-</u>
<u>Done</u>	<u>tunity</u>
<u>Column</u>	<u>Column</u>
<u>I</u>	<u>II</u>

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Took a full bath. |
| _____ | _____ | 2. Washed face and hands before breakfast. |
| _____ | _____ | 3. Brushed teeth before going to school. |
| _____ | _____ | 4. Brushed teeth after supper, before going to bed. |
| _____ | _____ | 5. Drank 6 to 8 glasses of water during the day. |
| _____ | _____ | 6. Drank a pint to a quart of milk. |
| _____ | _____ | 7. Drank no tea or coffee. |
| _____ | _____ | 8. Ate a hot cereal for breakfast. |
| _____ | _____ | 9. Ate fresh fruit. |
| _____ | _____ | 10. Ate a green vegetable. |

<u>Things</u>	<u>Oppor-</u>
<u>Done</u>	<u>tunity</u>
<u>Column</u>	<u>Column</u>

I

II

- | | |
|-------|---|
| _____ | _____ 11. Played outdoors at least two hours. |
| _____ | _____ 12. Played indoors most of his spare time. |
| _____ | _____ 13. Went to a movie in the afternoon. |
| _____ | _____ 14. Went to a movie after supper. |
| _____ | _____ 15. Worked after school (or before school). |
| _____ | _____ 16. Washed hands before every meal. |
| _____ | _____ 17. Washed hands after going to toilet. |
| _____ | _____ 18. Had a bowel movement before going to school in
the morning. |
| _____ | _____ 19. Used his own towel and washcloth which no one
else uses. |
| _____ | _____ 20. Ate no candy between meals. |
| _____ | _____ 21. Arose at _____ o'clock. Went to bed at _____ o'clock.
(Had ten hours of sleep or amount appropriate for
age.) |

Signature of Parent or Guardian:

FORM V

Situations Test

Dimondale Public School

Name _____ Grade _____ Date _____

Directions:

In the blank on the left, put a (V) check mark in front of the things which you usually do, or which you would do if they happened to you. In this same blank put a (X) cross beside the things which you think you ought to do, whether you do them or not.

1. Whenever I weigh myself and find that I weigh less than I should weigh, these are the things I do:

_____ I begin going to bed early every night.

_____ I go with my mother or father to a doctor to see what is the matter.

_____ I eat a lot of fat meat and butter so that I will weigh more.

_____ I do not do anything.

_____ If I have not been eating a hot cereal, I begin eating hot cereal every morning.

If you do not do any of these things, and if you do anything else, write the things that you do in this blank space: _____

_____.

2. Whenever I take a drink from a drinking fountain, these are the things I do:

_____ I put my lips down close to the fountain fixture so that they are touching it.

_____ I turn the water on and let it run for a minute or two before I take a drink.

_____ I begin drinking as soon as I have turned the water on.

_____ I keep my lips away from the fountain fixture so that they do not touch it.

_____ If there is a cup hanging near the fountain I use it.

If there is anything else that you do, write what you do in this blank space: _____
_____.

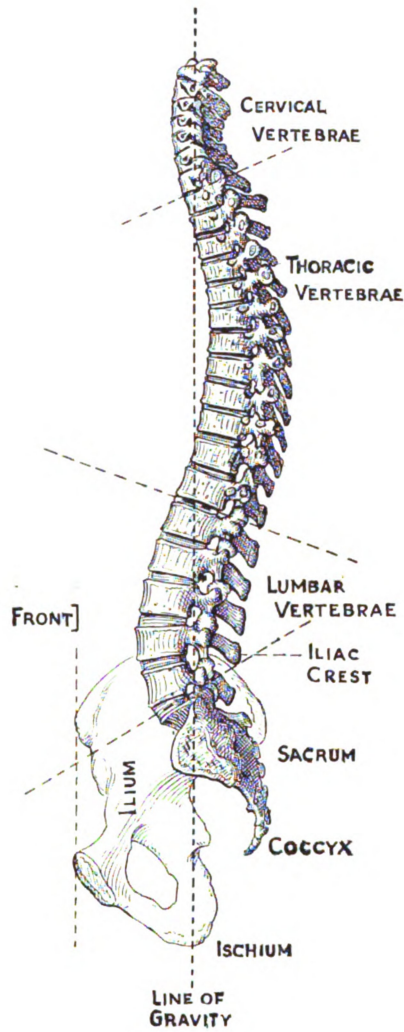


FIGURE 1

Spinal column in erect posture, showing its support upon the sacrum. Also showing the right innominate bone. Observe the angle formed by the top of the sacrum; the cervical, thoracic, and lumbar curves; and the line of gravity passing just in front of the tenth thoracic vertebra and through the ischium.

ESSENTIALS of HYGIENIC SEATING



A Summary by H. E.
BENNETT, Ph. D.,
Author of SCHOOL
POSTURE AND
SEATING, PSY-
CHOLOGY AND
SELF DEVELOP-
MENT, SCHOOL
EFFICIENCY, Etc.



This pamphlet is one of several on similar subjects, duplicates of which are available without charge upon request of AMERICAN SEATING COMPANY, GLENN HAZZARD, MICHIGAN. Copyrighted.



FIGURE 2
The white mark on the seat shows the position of the seat-bones. A white crescent indicates the apex of the hip. Note how the buttocks extend behind the seat-back.

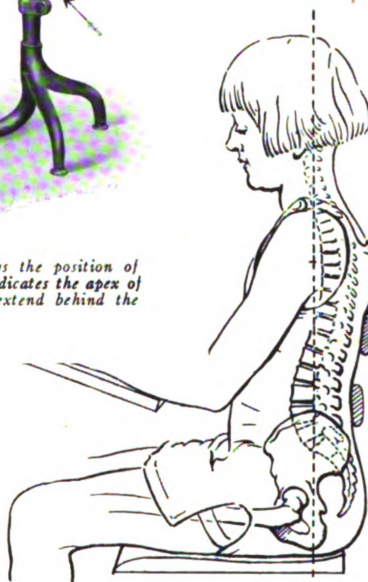


FIGURE 3
This sketch shows the position of the skeleton in the posture shown in Figure 2.

LINE OF
GRAVITY

3- Pelvis suggests attitude
of pressure on seat.

All these conditions are
virtually avoidable and
Good posture is merely
balance between any cause
fatigue.

Good sitting posture is
a more "art" and phy-
sical science, leading
to the complex and
the normal position of
factors, the fullest de-
velopment.

Good sitting habits are
human physical assets.

What is Bad Posture?

1- Slumped sitting posture
always present (See Fig.

1- Pelvis tilts backward
and the crest pro-
(See Figure 2)

2- Spine does not have
The body weight
weakened back mus-
cles. (The spine is
one merely sags while
over a desk, or else

3- Lumbar vertebrae tend to reverse their normal
curve.

4- Shoulders fall forward

5- Back muscles are stretched and gradually lose
their strength and contractility.

6- Chest is compressed and flattened, breathing
shallow and involving only part of lungs.

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FIGURE 4

This picture shows the inevitable posture when one seeks to make use of a chair-back of this shape. The pelvis is tilted back and shoved away from the back of the chair, the lumbar curve of the spine is reversed, and the thorax and abdomen are compressed.

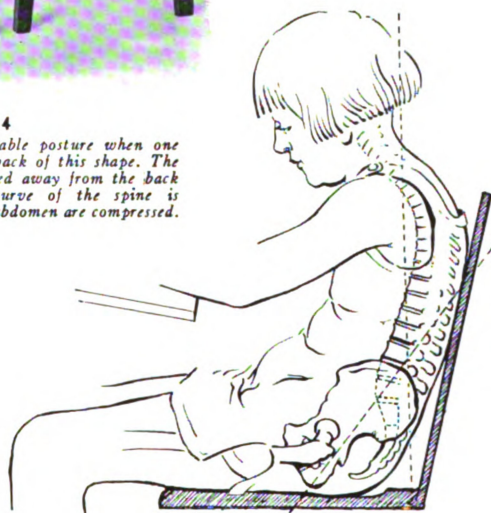
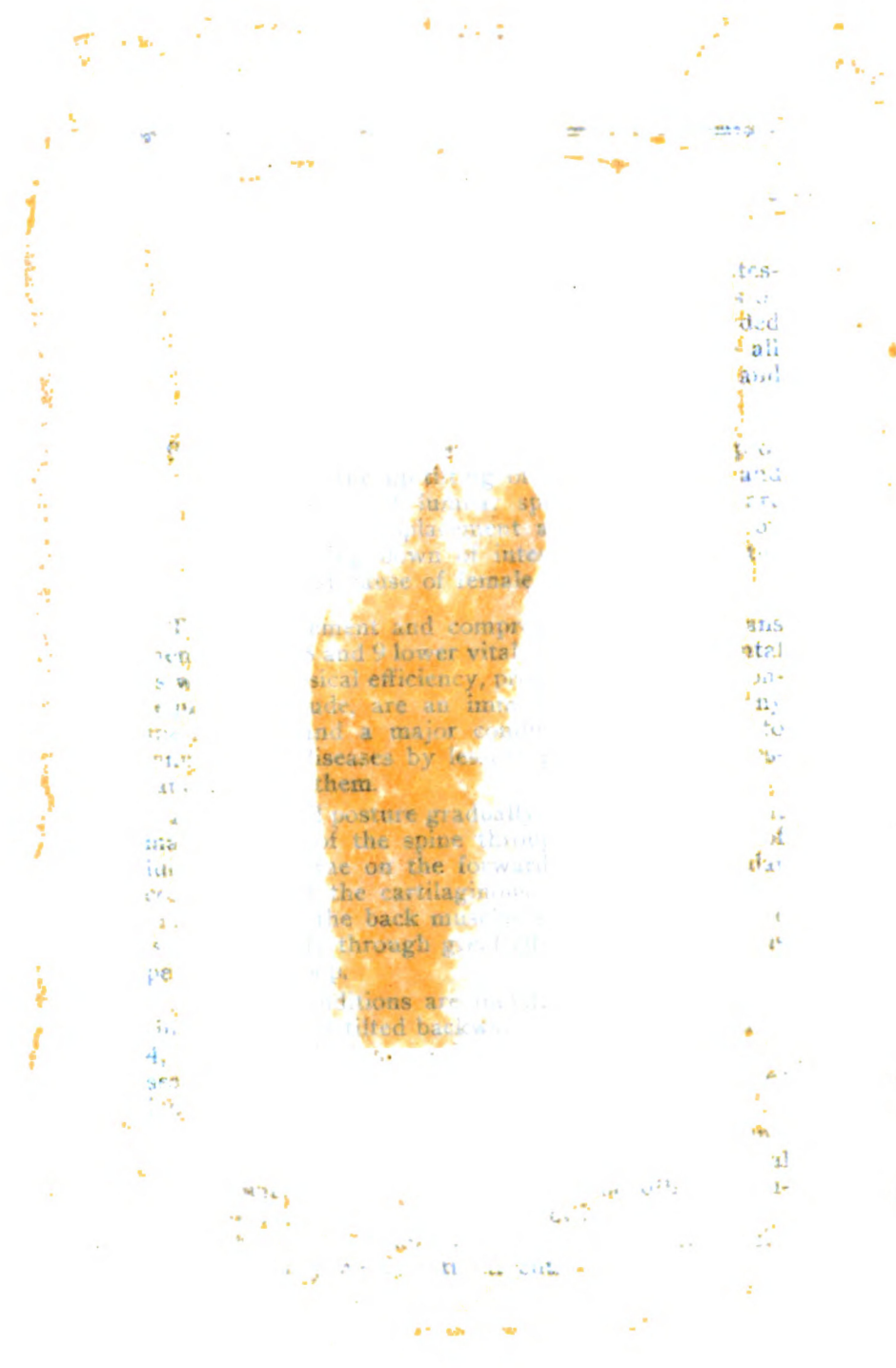


FIGURE 5

This sketch shows the position of the skeleton in the posture shown in Figure 4.

LINE OF PELVIC
SLOPE

LINE OF
GRAVITY



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15. the spine is

The spine is a
column of bones
which support
the weight of
the body and
serve as a
pivot for the
arms and legs.

The spine is composed of
26 vertebrae and
intervertebral discs
which are an
important part
of the body's
structure.

The spine gradually
curves forward
as the child grows
because the
weight of the
head pulls it
forward.

The spine is made
of many small
bones called
vertebrae.

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Table A
 Percentage distribution of seat heights according to grade.

SCHOOL GRADE	HEIGHT OF SEAT FROM FLOOR IN INCHES										Totals		
	9	10	11	12	13	14	15	16	17	18		19	20
Kindergarten	23%	47%	28%	2%									100%
I.....	3%	29%	50%	17%	1%								100%
II.....		7%	30%	51%	10%	2%							100%
III.....		2%	14%	44%	30%	8%	2%						100%
IV.....			2%	28%	43%	19%	7%	1%					100%
V.....				13%	42%	25%	17%	3%					100%
VI.....				3%	12%	44%	30%	10%	1%				100%
VII.....					6%	26%	40%	24%	4%				100%
VIII.....					3%	11%	39%	34%	11%	2%			100%
IX.....					2%	7%	26%	37%	22%	6%			100%
X.....					1%	5%	18%	28%	29%	16%	3%		100%
XI.....					3%	6%	18%	27%	20%	20%	5%	1%	100%
XII.....					1%	6%	19%	25%	21%	22%	4%	2%	100%

12

1. Front of pants have an comfortable slant edges and corners.

It is these features that make the trousers comfortable about the same as the old ones.

It is the ease of slipping on the trousers, the design of the front of the trousers, the way the trousers fit, the fact that they are made of a soft material, the responsibility of the trousers, the fact that they are properly adjusted or adapted to suit the individual requirements of the trousers.

Adjustment of Pants

No great pressure is required in the trousers, as a rule if seats of trousers are designed to be comfortable, they will be comfortable.

It is an individual matter, and the trousers should be adjusted to suit the individual. When the trousers are adjusted to suit the individual, the trousers will be comfortable. The trousers should be adjusted to suit the individual, and the trousers should be adjusted to suit the individual.

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Convenient adjustment by pupil.



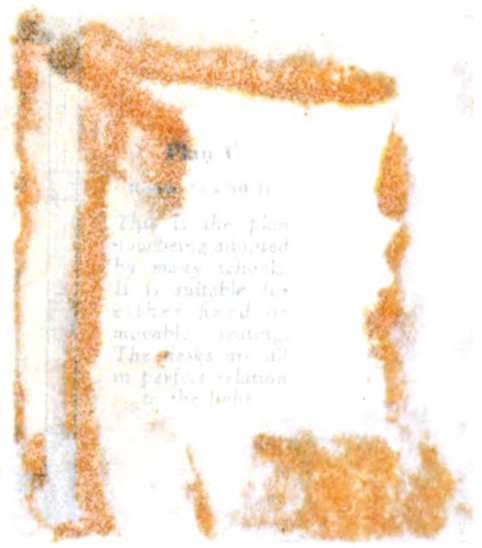
An Example of Good Posture



An Example of Good Posture



Patent Applied for
Showing book holder in use.
This attachment is also
available for use on desks
No. 214 and No. 204.





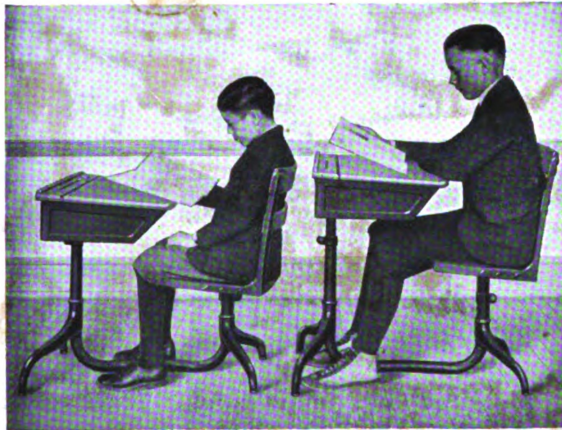
Inadequate Seating

This photograph was taken in a rural school in one of the most prosperous States in the Union. It is representative of thousands of schools which need modern seating.



Figure 3

Effect of elevating one arm upon a rest. Note the distorted curve of spine. (Chair has back omitted for demonstration purposes.)



An Example of Correct Adjustment

These two boys are the same age and the desks are the same size. The model is an earlier type of Universal desk.

Courtesy American Seating Company



adds to beauty and efficiency of classrooms, while standardization of design contributes to economy in equipment.

Tables and Chairs

There are innumerable purposes for which tables and chairs are better adapted than any other form of seating or furniture for the general school room purposes. Nothing is so important as desk, table and seat. We must have tables, like the tables and chairs, so we have many different styles of tables. There are so many high grade desks available, and in so many different styles, and sizes, and colors, and movable types, that it is no longer necessary to use the old-fashioned wooden type of school desk.

For these and many other reasons, nothing will be found superior to the American Universal line.



*Eye protection starts
with correct posture.
Universal desks in-
duce good posture.*



1941

1942

1943

1944

1945

1946

1947

1948

1949

1950

1951

1952

1953

SUGGESTION FOR USE OF FORM I

I. Actual Weight: Weight should be recorded to the nearest pound.

II. The teacher may calculate for each child the percentage above or below the normal weight. It is desirable to construct weight curve for each pupil to show the change in weight from month to month. If a pupil is 20 percent or more above the average weight, the advice of a physicial is desirable.

III. Posture. It is not necessary to record a posture observation for every child, only for those whose posture is believed to be poor.

The following points should be observed:

Standing Posture: Toes should be straight ahead, feet parallel; abdomen held back; chest held forward; the head up and the neck straight. A prominent abdomen and rounded shoulders, with head drooping forward, are the most typical signs of bad posture.

Sitting Posture: In correct sitting posture, the lower part of the back is resting against the back of the seat; the feet are flat on the floor; shoulders flat and even, and head up. In reading and writing, the child should not habitually bend low over the desk.

Following are some of the things which teachers may do to improve the posture of their pupils:

I. Check seating*

A. Seat.

When the child sits well back in the seat with his hips against the back of the seat, his feet should rest easily upon the floor. There should be no pressure of the front edge of the seat against the legs to interfere with the circulation.

B. Desk.

1. Height test.

- a. Child sits erect with arms at the sides and shoulders naturally low and even.
- b. Child bends arm at the elbow and rests fingers on the desk without changing the height of the shoulders.

2. Nearness test.

- a. Child sits erect in the seat with hips against the back of the seat.
- b. Arms are at the sides and the shoulders in normal position without being hunched up.
- c. Bend the arm at the elbow and rest the full length of the fingers on the desk without bending forward or moving the upper arm forward.

II. Strength and vigor. Under this heading may be noted whether the child is able to take part in games and vigorous activities commonly engaged in by other children of the same age without disadvantage due to weakness.

*See Appendix page 10.

III. Physical defects. Consult physical examination blanks.* The following observations may be made by the teacher:

Vision: The following points should be noted: Does the child exhibit any difficulty in reading books? Can he read easily when the book is held the correct distance from the eyes, i.e., twelve or fourteen inches? Does he make frequent mistakes in copying from the blackboard? Does he strain forward and twist around in his seat when reading from the blackboard? Are either the eyelids or eyeballs frequently red and inflamed? Do the children frequently shade their eyes from the light?

A few of the things which teachers can do to protect the eyesight of their pupils are suggested here:

1. Seat pupils with poor vision as advantageously as possible.
2. Help to see that children with uncorrected vision defects receive corrective attention. Often the cooperation of the teacher with the nurse may be effective when parents are indifferent.
3. The reading page should be twelve to fourteen inches from the eyes. The child should sit in good light falling over the left shoulder. No reading should be done in direct sunlight or in a poor light. Posture affects vision and vision affects posture. It is most important that children be required to work in erect positions, and their tendency to get the head very close to the work should be corrected.

*See Appendix pp. 21.

4. Watch the children to observe symptoms of eyestrain. The principal symptoms are headaches, red or inflamed eyes, blurred vision, and granulated eyelids. These and other symptoms which the careful reader will observe, are indications that the children may be suffering from some form of defective vision or eyestrain. If any of these symptoms are present, the teacher should notify the school nurse and have the children especially examined. This examination should be made promptly.
5. Insist that all pupils who have glasses wear them when they should. Keep a list of the children supposed to be wearing glasses and check this list frequently to see that glasses are being worn and kept clean. Pupils should be observed to see that they are wearing their own glasses and not those belonging to someone else.
6. Maintain favorable lighting conditions in the classroom as far as possible. The teacher can discover which boards are easily seen by sitting in each of the seats of her classroom. Sitting is better than standing, because the children usually are sitting down when reading from the blackboard, and occasionally a board may be distinctly seen by an adult when standing, but a child sitting in a low seat in the same place may have to face glare, because of the different angles from which they see the board. Her desk should not be placed to interfere with the use of these boards.

When talking to the class, the teacher should not stand in a position which will make the pupils face a glare of light if they look at her.

Sometimes a rearrangement of desks is possible in a classroom where lighting conditions are bad.

Window shades should be adjusted to prevent glare on books or blackboard if possible.

Glass covered pictures should not be hung where they will reflect glare into the eyes of pupils sitting at their desks.

Use chalk that makes a broad definite line on the blackboard. The minimum height of letters or numbers for blackboard writing, that are to be read from a distance of ten or more feet, should be two inches. Safeguard the children against the requirement of reading fine print.

Hearing: The following points should be noted: Does the child frequently fail to pay attention, or frequently misunderstand what is said? When anyone is speaking does the child usually sit with one ear turned sideways towards the speaker?

Teeth: A teacher may easily observe dirty teeth. It is more difficult for her to observe decay unless it is obvious. A bad breath is sometimes the result of decayed and uncared for teeth. If a dental hygienist or dentist has examined her pupils, she may secure from the examiner the list of her pupils whose teeth need attention. A few suggestions are made here of things that teachers may do.

1. Teach about the hygiene and care of the teeth.
2. Have the pupils keep tooth brushes at school and actually brush their teeth once or twice a day.

Nose and Throat Defects: The following points should be noted:

Does the child breathe through the mouth? Does his speech suggest that he may have adenoids? Does he have frequent colds and sore throat?

Nervous Defects: Nail biting, twitching or spasms of the facial muscles, stammering, emotional instability, easy excitability, are conditions which, especially if occurring in the same child, should not be dismissed as mere mannerisms or habits until a thorough health examination has been given the child by a competent physician. With such children the most important thing is to help them receive this expert attention. There are also some things which the teacher can do:

1. Use methods which calm and quiet the child rather than excite him. Such a child probably should not participate in exciting competitive events.
2. Expect results of work comparable to child's ability.
3. In recitations, let the child feel that he has plenty of time and is not hurried.
4. Try to keep the other children from making fun of him, or increasing his sensitiveness, but also try to help the child to overcome his own sensitiveness or embarrassment.

Health Examination Forms*

*Adapted from W. K. Kellogg Foundation and Eaton County Health Department Forms.

DENTAL EXAMINATION IDENTIFICATION CARD

Name _____ Date of Birth _____ Date _____

Head of Household _____ Grade _____

Address _____ School District _____

To Parent or Guardian:

We urge you to make an appointment with your family dentist for the examination of _____ teeth. Even if the teeth look all right to you this is very important because the cheapest and most lasting work a dentist does is finding and filling small cavities that you often cannot see. Please have the dentist sign this card and give to the child to return to the school.

_____ Teacher

I have examined the above child and find his teeth O. K. , needs fillings , extractions , prophylaxis .

_____ D. D. S.

W.K.K.F.

M.C.H.P. 23

DENTAL EXAMINATION

Name _____ Date of Birth _____ Date _____

Head of Household _____ Grade _____

Address _____ School District _____

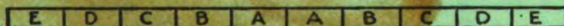
Signature of Family Dentist _____



EXAMINATION KEY

- Cavity 1
- Filling (Present) ... 2
- Pulp Involved 3
- Roots Retained 4
- Missing 5
- Calculus 6

Place Key Number under Tooth Form



Prophylaxis _____

Health
Dept.
Copy



M.C.H.P. 21

W.K.K.F.

(Child's Last Name) (First Name) School _____
(or District)

COUNTY HEALTH DEPARTMENT Report of Medical Examination

Below are recorded those findings of the medical examination which the teacher will wish to know about and to take into consideration in directing the school activities of this child.

Disease	Date			
_____	_____	Nutrition_____	Heart_____	
_____	_____	Skin_____	Lungs_____	
_____	_____	Speech_____	Nervous System_____	
_____	_____	Vision: R_____ L_____	Posture_____	
_____	_____	Hearing: R_____ L_____	Feet_____	
Smallpox Vaccination_____	_____	Nose_____	_____	
Diphtheria Immunization_____	_____	Throat_____	_____	
_____	_____	Oral Hygiene_____	_____	

Code: O-Normal; OO-Corrected Defect; X-To be watched; XX-Needs med. attention; XXX-Immediate med. attention

Date of Examination _____ 193_____ M. D.

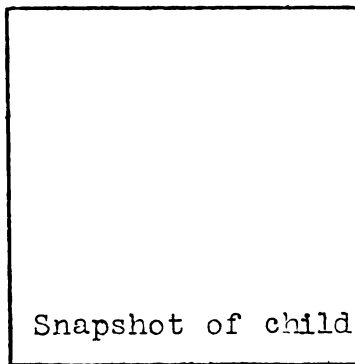
W.K.K.F.

(Use reverse side for supplementary comments.)
Examining Physician

10M-4.36-M.C.H.P. 44

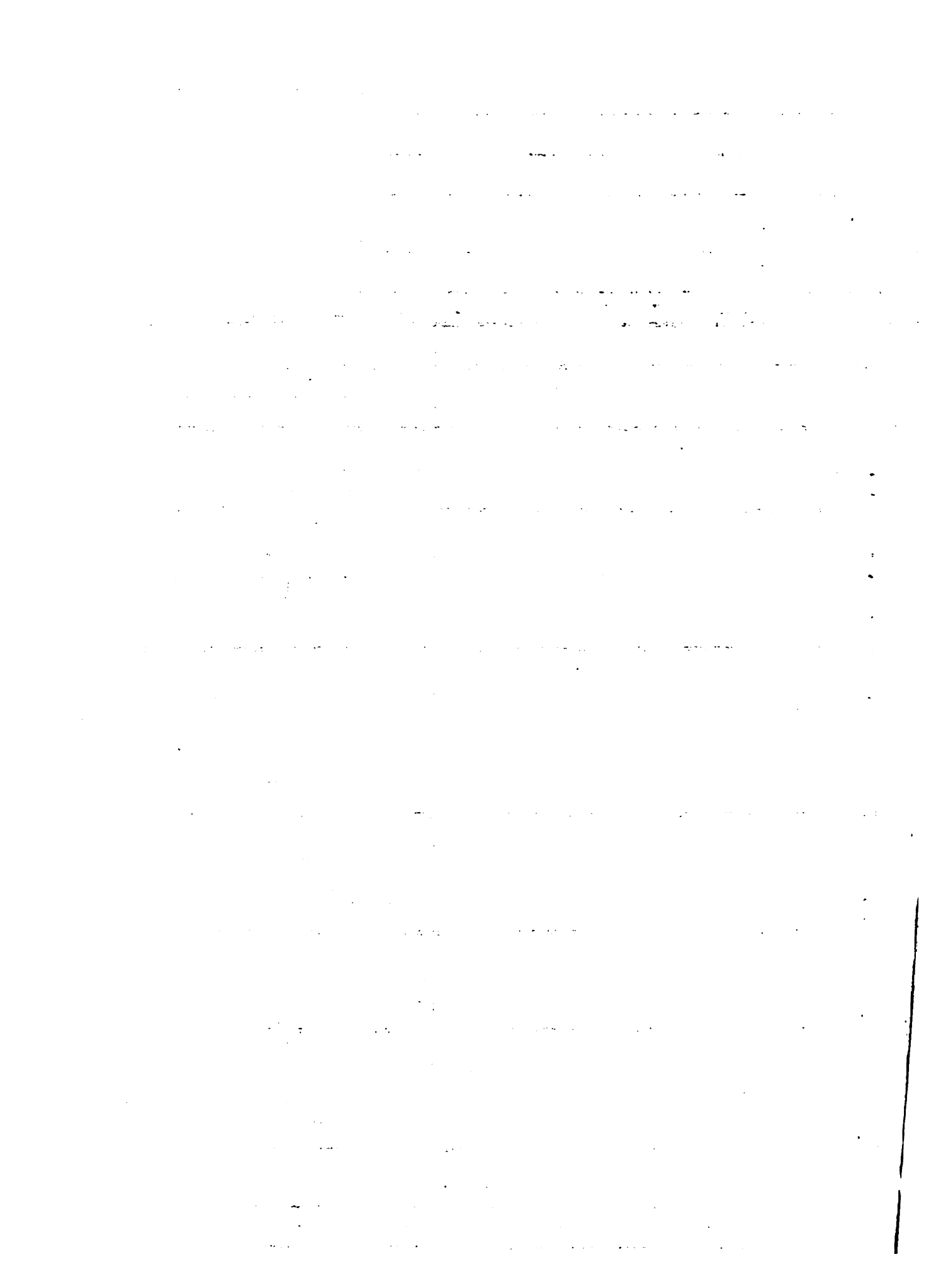
INDIVIDUAL HEALTH INVENTORY

- 1. Name _____
- 2. Date of birth _____
- 3. Address _____
- 4. Father's name, nationality, occupation _____
- 5. Mother's name, nationality, occupation _____
- 6. No. of brothers _____ 7. No. of sisters _____



Date of interview _____		
8. General appearance as to physical vigor and alertness:		
9. Posture and carriage: a. Sits and stands well b. Walks with ease and grace		
10. State of cleanliness: a. Has clean hands, face and ears b. Has hair combed and scalp clean c. Evidence of frequent bathing d. Clothing is neat and clean e. Has clean teeth		
11. Apparent state of nutrition: a. Eating habits are (1) Regular (2) Has good table manners (3) Eats slowly (4) Eats essential foods b. Gains in weight at normal rate		
12. Evidences of sufficient rest and sleep: a. Enjoys work and play b. Is alert c. Has good posture d. Sleeps under healthful conditions		
13. Apparent physical defects: a. b. c.		
14. Social adjustments: a. Works and plays happily in groups b. Can enjoy working and playing alone c. Gives and takes in groups d. Is responsive		

15. Cooperation of the home: _____



MEDICAL EXAMINATION

COUNTY HEALTH DEPT.

COUNTY MEDICAL SOCIETY

PUBLIC SCHOOLS

Parent Present	
Yes	No

Head of Family _____ Date _____
 Name of Child _____ P. O. Address _____
 Location of Home _____ School _____ Grade _____
 Birth Date _____ Birth Place _____ Sex _____ Race _____

Previous Examination Dates:

HISTORY (give dates)	Other Illness:	Additional Information
Communicable Disease	Acute Respiratory Infections	
Whooping Cough	Pneumonia (type)	
Measles	Tuberculosis (type)	
Scarlet Fever	Contact	
Diphtheria	Heart and Circulatory Disease	
Chickenpox	Rheumatic Disease	
Mumps	Abdominal	
Smallpox	Genito-urinary	
	Allergy	
	Operations	
Immunization and Tests	Habits	
Diphtheria	Appetite	
Smallpox	Diet	
Tuberculin Tests	Sleep	
Chest X-ray	Bowels	
	Enuresis	

Examination:	Eye	Glands	Genitals
Appearance	Vision R__ L__	Chest	Nervous System
Weight	Ear	Heart	Posture
Height	Hearing R__ L__	Lungs	Spine
Nourishment	Nose	Abdomen	Feet
Skin	Throat	Hernia	
Speech Defect	Oral Hygiene		

CODE: 0—Normal, 00—Corrected Defect, X—To be watched, XX—Needs medical attention, XXX—Immediate medical attention

Physician's Memorandum:

Signed _____ M. D.

COUNTY HEALTH DEPARTMENT

Maternity Hygiene Record

Head of Family _____ Date _____ No. _____

Surname _____ Name _____ P. O. Address _____

Location of Home _____ School Dist. _____

Birth Date _____ Para _____ Race _____ M.S.W.D. _____

Occupation of Pt. _____ Husband _____

Family Phys. _____ Family Dentist _____

Referred by _____ Sources of Relief _____ Agency Referred to _____

Home Conditions: G___; F___; P___ Econ. Cond.: G___; F___; P___ Intelligence: G___; F___; P___

Family History _____

Past History _____

Mens. History _____

Marital and Puerperal History _____

Present Pregnancy _____

Children _____; Ages _____; Weights at Birth _____ Health _____

Date of last Mens. _____ Expected date of Confinement _____

PRESENT COMPLAINTS (DURATION)

Persistent Vomiting _____ Repeated Headaches _____

Dizziness _____ Dist. Vision _____

Muscle Twitching _____ Numbness _____

Constipation _____ Urine _____

Abd. Pain _____ Vag. Disch. _____

Heartburn _____ Backache _____

Puffiness of face _____; hands _____; feet _____; ankles _____

Varicose Veins _____ Hemorrhoids _____

Other Complications _____

Literature Given: _____

Physician's Recommendations: _____

Remarks: _____

SERVICES RENDERED PRENATAL PERIOD

MO. OF GEST.	1	2	3	4	5	6	7	8	9	10	Over 10	At Del.	Not Seen	UNKNOWN
Seen by Phys.														
Seen by Dent.														
Seen by Nurse														

CONFINEMENT

Delivery: Date _____ Normal _____ Abnormal _____

Home or Hospital _____ Complications of labor _____

SERVICES RENDERED POSTNATAL PERIOD

WKS. POST-PAR.	1	2	3	4	5	6	Not Seen	Unknown
Seen by Phys.								
Seen by Dent.								
Seen by Nurse								

COUNTY HEALTH DEPARTMENT

Crippled and Handicapped Children's Record

Head of Household _____ Date _____

Surname _____ Name _____ P. O. Address _____

Location of Home _____

School District _____

Home Cond't _____ Econ. Cond't _____

Birth Date _____ Birthplace _____

Sex _____ Race _____ S.M.W.D. _____ School Attended _____ Grade in School _____

Father _____ Occupation _____

Mother _____ Occupation _____

Names of brothers (date of birth) _____

Names of sisters (date of birth) _____

Causes _____

Type of ailment _____ Date of Onset _____

Part involved _____ Ambulatory _____ Apparatus _____ Mentality _____

Family Phys. _____ Address _____

Exam. at Clinic _____ Exam. Phys. _____ Date _____
(Where)

Hospital Treat. _____
(Where, Dates)

Phys. Recommendations _____

Special School: _____

Rehabilitation _____
(16-21 years of age)

Self supporting: _____

FOLLOW UP

Remarks: _____
(Date and Signature of Family Health Counselor)

(OVER)

Remarks: _____
(Date, Signature Family Health Counselor)

Lined area for writing remarks.

COUNTY HEALTH DEPARTMENT

Infant Record

Head of Family _____ Date _____

Name of Child _____ P. O. Address _____

Location of Home _____

_____ School Dist. _____

Birth Date _____ Birthplace _____ Sex _____ Race _____

Family Physician _____ Address _____

Family Dentist _____ Address _____

Arrangements for Well Baby Care _____

No. Visits for Well Baby Care Since Birth _____ Interval _____

Phys. Recommendations _____

Mother Received Prenatal Care _____ No. of Visits _____ Month of Gest. first visited _____

Nature of Del. _____ Home or Hosp. _____ Weaned at _____ Months

Birth Wt. _____ Present Weight _____ Ave. Weekly Gain _____

Feeding: Br. _____ Months; Br. and Art. _____ Months; Art. _____ Months

Regular _____ Irregular _____ Interval _____ No. Night Feedings _____

Reason for Artificial Feeding _____

Formula _____

Secured from: Physician _____ Other _____

Milk _____ C.L.O. _____ O.J. _____ Egg Yolk _____ Veg. _____ Cereal _____

Stools: Normal _____ Constipated _____ Regular _____

Vomiting _____ Colic _____ Teeth _____

Thumb Sucking _____ Pacifier _____ Sleep Alone _____

Sunbaths _____ Baths _____

Immun.: Smallpox _____ Diph. _____ Other _____

History of Diseases _____ Date _____ Date _____ Specify, Date _____

Physician's Examinations: dates, findings _____

Present Condition of Baby _____

Present Condition of Mother _____

Literature Given: _____

Phys. Recommendations: _____

Remarks: _____
(Date, Signature Family Health Counselor.)

Lined writing area with horizontal lines for text entry.

Eaton County Health Department PRESCHOOL CHILD RECORD

Head of Family _____ Date _____
(Surname First)

Name of Child _____ P. O. Address _____
(Surname First)

Location of Home _____ School Dist. _____

Birth Place _____ Birth Date _____ Sex _____ Race _____

Family Physician _____ Address _____

Family Dentist _____ Address _____

Visits to, or by, Physician (Give dates and notes) _____

Visits to Dentist (Give Dates and Notes) _____

Immunization: Diphtheria _____ Smallpox _____ Other _____

History of Illnesses _____

RECORD BY COUNSELOR

Date	Sleep	Fresh Air	Reg. Stool	Enuresis	Toilet Training	Cleanliness	Milk	Fruit	Vegetables	Cereals	Vitamin D	Mental Hygiene	Phys. Develop.	Physical Defects (Specify)	Notes

CODE: O—Satisfactory; 1, 2, 3—Slightly, moderately, markedly unsatisfactory; X—Needs medical attention; A—No information obtained; Notation circled — correction.

Literature Distributed: _____

REMARKS:

Handwritten notes on a ruled page, including the word "REMARKS:" at the top left. The page contains approximately 25 horizontal lines of red-inked handwriting, which are mostly illegible due to blurring and fading. The text appears to be a series of entries or observations, possibly related to a field study or survey, given the context of the "REMARKS:" header.

COUNTY HEALTH DEPARTMENT

Tuberculosis Record

Head of Household _____ Date _____
Surname _____ Name _____ P. O. Address _____
Location of Home _____ Sch. District _____
Birth Date _____ Sex _____ Race _____ S.M.W.D. _____
Occupation _____ Employer _____
Reported by _____ Date _____ First Visit _____
Family Physician _____ Co-op. Agencies _____
Diagnosis _____ Physician _____
Condition: Active _____; Quiescent _____; Arrested _____
Sputum: _____
Tbc. test _____; Physician _____
X-ray Diagnosis _____ Phys. _____
Probable source of infection _____
Home Conditions _____

Other Members of Home	Rel. to Case	Date of Birth	Date of Exam. and Result	TBC. TEST		X-RAY		Dispos.
				Date	Result	Date	Result	
1								
2								
3								
4								
5								
6								
7								
8								
9								

OTHER CONTACTS	LOCATION	DISPOSITION

Deceased Members of Household	Rel. to Case	Age at Death	Cause of Death	Place of Death	Remarks

If case is post-san. give:

Name of Institution _____
Date of Admission _____
Date of Discharge _____
Status on Discharge _____
Physician's Recommendation: _____

Additional Information: _____

What Do You Worry About?*

Age

Grade

Sex

Sometimes young people worry about things which they keep to themselves. They may be troubled about their health, about some member of the family, about their boy friend or girl friend, about what they are going to do when they leave school, or about money matters, about something they have done for which they are sorry, about religion and similar problems. Whatever it is, they think about it so much they are not as happy as they might be and cannot do their best work.

Read the following sentences and answer the ones that describe you. Be honest and frank. Do not be afraid to write what you feel, for you are not supposed to sign your name to this page.

A. Life goes very smoothly for me and I never worry about anything.

If this sentence describes you, draw a circle around the letter A.

B. Most of the time life goes smoothly for me, but like most people I occasionally worry or get bothered about something.

If this statement describes you, draw a circle around the letter B and write a few sentences telling what you worry about.

C. Sometimes I am happy, but most of the time I feel pretty low and worried. If you feel like this, draw a circle around the letter C and write a few sentences telling what you worry about.

* Adapted from University of Michigan tests.

Pupil Satisfaction - Dissatisfaction

We are interested in discovering what young people think of school.

Use a sheet of paper. Write down your - 1. Date of birth. 2. Grade. 3. Sex. Do not sign your name. Think back over your experiences in school this year, or earlier years, and try to recall the times you have been very happy or satisfied with school. Now write down as many of these experiences as you can think of. In other words, make a list of the things that have happened in school that made you happy and satisfied with school.

Next - think back over your experiences in school this year, or in earlier years, and try to recall the times you have been very unhappy or dissatisfied with school. Now write down as many of the things as you can think of that have made you unhappy and dissatisfied with school.

Name _____ Age _____ School _____ Date _____

The following items were given by a large group of high school students as the things which have caused them the most dissatisfaction during their high school career.

Draw a ring around the figure that best expresses your feeling of dissatisfaction according to the following key:

Key for Marking:

- X - Have not experienced.
- 0 - No feeling about it.
- 1 - Slight or little feeling of dissatisfaction.
- 2 - Moderate or average feeling of dissatisfaction.
- 3 - Very unusual, extreme feeling of dissatisfaction.

	0	1	2	3
1. Having to study history	X	0	1	2 3
2. Having teachers who are too strict	X	0	1	2 3
3. Having a lot of noise in the halls	X	0	1	2 3
4. Having to take English	X	0	1	2 3
5. Having to take arithmetic	X	0	1	2 3
6. Having to take courses in which you do poor work	X	0	1	2 3
7. Having study halls during school	X	0	1	2 3
8. Having too much home work to do	X	0	1	2 3
9. Having to sit in seats that do not fit	X	0	1	2 3
10. Having an overcrowded school building	X	0	1	2 3
11. Having teachers who do not understand your viewpoint	X	0	1	2 3
12. Having students in class act up to attract attention	X	0	1	2 3
13. Having to bring money to school for papers	X	0	1	2 3
14. Having teachers who are cross	X	0	1	2 3
15. Having to hurry from one class to another	X	0	1	2 3
16. Not being able to work at the blackboard enough	X	0	1	2 3
17. Having teachers who will not answer your questions	X	0	1	2 3
18. Not having a swimming pool	X	0	1	2 3
19. Having to take social studies	X	0	1	2 3
20. Having classes that are monotonous	X	0	1	2 3
21. Having teachers fuss about little things	X	0	1	2 3
22. Not having time enough to get drinks between classes	X	0	1	2 3
23. Having to stay after school	X	0	1	2 3
24. Having lavatories which are not clean	X	0	1	2 3
25. Having whole class stay after school when the teacher cannot find the offender	X	0	1	2 3
26. Having to take chemistry	X	0	1	2 3
27. Having to draw maps and charts	X	0	1	2 3
28. Having to give book reports	X	0	1	2 3
29. Having to associate with students who are not courteous ..	X	0	1	2 3
30. Not having time enough for things you like to do	X	0	1	2 3
31. Having study hall periods that are too short	X	0	1	2 3
32. Being bossed around by teachers	X	0	1	2 3

- | | |
|---|-----------|
| 33. Having to stand alone in front of a class to give reports or speeches | X 0 1 2 3 |
| 34. Having people throw paper wads | X 0 1 2 3 |
| 35. Having work books in classes | X 0 1 2 3 |
| 36. Not having a large playground | X 0 1 2 3 |
| 37. Having to pay to attend athletic games | X 0 1 2 3 |
| 38. Having teachers who talk too much | X 0 1 2 3 |
| 39. Having formal grammar work | X 0 1 2 3 |
| 40. Having too few school parties | X 0 1 2 3 |
| 41. Having a teacher who talks during study period while students are working | X 0 1 2 3 |
| 42. Having to study physics | X 0 1 2 3 |
| 43. Having teachers who are not modern | X 0 1 2 3 |
| 44. Having teachers who do not understand or like young people | X 0 1 2 3 |
| 45. Learning dates in history | X 0 1 2 3 |
| 46. Having teachers who find fault with other people | X 0 1 2 3 |
| 47. Having teachers who wise-crack about you | X 0 1 2 3 |
| 48. Having parties close too early | X 0 1 2 3 |
| 49. Having to take Latin | X 0 1 2 3 |
| 50. To be treated like "babies" | X 0 1 2 3 |
| 51. Having teachers who have pets and favorites | X 0 1 2 3 |
| 52. Having an unfair system of marking | X 0 1 2 3 |
| 53. Having too large a group in each class | X 0 1 2 3 |
| 54. Having to take French | X 0 1 2 3 |
| 55. Having teachers who act superior | X 0 1 2 3 |
| 56. Having teachers grade carelessly in physical education ... | X 0 1 2 3 |
| 57. Having to take geometry | X 0 1 2 3 |
| 58. Having teachers who are mean | X 0 1 2 3 |
| 59. Having too many tests | X 0 1 2 3 |
| 60. Having too much intimacy between students and teachers ... | X 0 1 2 3 |
| 61. Having a lack of friendliness between students and teachers | X 0 1 2 3 |
| 62. Having teachers who are too old | X 0 1 2 3 |
| 63. Having students pick up articles which do not belong to them | X 0 1 2 3 |
| 64. Having teachers who let students get away with things ... | X 0 1 2 3 |
| 65. Having home rooms | X 0 1 2 3 |
| 66. Having teachers who do not control their tempers | X 0 1 2 3 |
| 67. Having teachers who lack enthusiasm | X 0 1 2 3 |
| 68. Not being allowed to chew gum while studying | X 0 1 2 3 |
| 69. Having teachers who think their particular subject is the only one taught | X 0 1 2 3 |
| 70. Having to take subjects you will never use | X 0 1 2 3 |
| 70a. Put names of these subjects on following blanks: | |
| <hr/> | |
| 71. Not having a lot of school spirit in the school | X 0 1 2 3 |
| 72. Not having a good music course | X 0 1 2 3 |
| 73. Having rooms that are over-heated | X 0 1 2 3 |
| 74. Not getting report cards often enough | X 0 1 2 3 |
| 75. Incorrectly and hurriedly made tests | X 0 1 2 3 |

- 76. Teachers who do not have study period during class hour .. X 0 1 2 3
 - 77. Having to study in a noisy study hall X 0 1 2 3
 - 78. Teachers who use too much makeup such as rouge, powder,
lipstick, etc..... X 0 1 2 3
 - 79. Having to pay so much for books X 0 1 2 3
 - 80. Not having a sufficient amount of activity in classes X 0 1 2 3
 - 81. Not having student government X 0 1 2 3
 - 82. Having to sit in a cold room X 0 1 2 3
 - 83. Having teachers who cannot read well X 0 1 2 3
 - 84. Having students skip school and get away with it X 0 1 2 3
 - 85. Not having more copies of greatly used reference books in
the library X 0 1 2 3
 - 86. Having to read 'dry' books for English X 0 1 2 3
 - 87. Not having more interest in Bible study in the school X 0 1 2 3
 - 88. Conceit of some students X 0 1 2 3
 - 89. Being teased because you are dumb or smart X 0 1 2 3
 - 90. Students who are not friendly X 0 1 2 3
 - 91. Shop work X 0 1 2 3
 - 92. Having long assignments over week-end X 0 1 2 3
 - 93. Having teachers who are sarcastic X 0 1 2 3
 - 94. Not being able to dress as well as others X 0 1 2 3
 - 95. Students who cheat X 0 1 2 3
 - 96. Having to give speeches in English class X 0 1 2 3
 - 97. Having teachers who talk too fast X 0 1 2 3
 - 98. Having nothing to do during noon hour X 0 1 2 3
 - 99. Not having more information about hobbies, professions,
jobs, colleges, and so on X 0 1 2 3
 - 100. To have school work crowded because of shortened school
year X 0 1 2 3
 - 101. Crowded conditions in gym and locker room X 0 1 2 3
 - 102. To have to be graded on your school work X 0 1 2 3
 - 103. Students who smoke in and around school X 0 1 2 3
 - 104. To have other students get good marks by cheating when
you get poor marks honestly X 0 1 2 3
 - 105. Having to take biology X 0 1 2 3
 - 106. Not having a wide choice of subjects X 0 1 2 3
 - 107. Having to take algebra X 0 1 2 3
 - 108. Having teachers who do not know the subjects they teach .. X 0 1 2 3
 - 109. Having teachers investigate your home life and talk to
your parents about you X 0 1 2 3
 - 110. Having teachers who are snoopy X 0 1 2 3
 - 111. To have to be in classes with children of other races X 0 1 2 3
 - 112. Having to be with offensive children, i.e., dirty, etc..... X 0 1 2 3
 - 113. Having teachers who lack disciplinary control - too easy.. X 0 1 2 3
 - 114. Having teachers cover work too rapidly X 0 1 2 3
 - 115. Having to pay fees for school activities X 0 1 2 3
 - 116. Having to use textbooks that are out-of-date X 0 1 2 3
 - 117. Having teachers who do not talk loud enough X 0 1 2 3
 - 118. To be scolded by teachers and parents for poor grades X 0 1 2 3
 - 119. Having to take gym X 0 1 2 3
-

Thurstone Inventory (Revised)

0 means "no", "never" or "not at all". 1 means "somewhat", "sometimes" or "a little". 2 means "about as often as not", or "an average amount". 3 means "more than an average amount". 4 means "practically always", or "entirely".

Draw a ring around the number that best describes you

Name _____	Age _____	Sex _____			
1. Do you get stage fright?	0	1	2	3	4
2. Do you worry too long over humiliating experiences?	0	1	2	3	4
3. Are your feelings easily hurt?	0	1	2	3	4
4. Do you keep in the background on social occasions?	0	1	2	3	4
5. Are you happy and sad by turns without knowing why?	0	1	2	3	4
6. Are you shy?	0	1	2	3	4
7. Do you day dream frequently?	0	1	2	3	4
8. Do you become discouraged easily?	0	1	2	3	4
9. Do you cry easily?	0	1	2	3	4
10. Does it bother you to have people watch you at work when you do it well?	0	1	2	3	4
11. Does criticism hurt you badly?	0	1	2	3	4
12. Do you often feel just miserable?	0	1	2	3	4
13. Do you hesitate to volunteer in class recitation?	0	1	2	3	4
14. Are you often lonely?	0	1	2	3	4
15. Do you feel self-conscious before superiors?	0	1	2	3	4
16. Do you lack self-confidence?	0	1	2	3	4
17. Are you self-conscious about your appearance?	0	1	2	3	4
18. If you see an accident, are you quick to take an active part in giving help?	0	1	2	3	4
19. Are you troubled with feelings of inferiority?	0	1	2	3	4
20. Is it hard for you to make up your mind until the time for action has passed?	0	1	2	3	4
21. Are you afraid of falling when you are on a high place?	0	1	2	3	4
22. Do you say things on the spur of the moment and then regret them?	0	1	2	3	4
23. Do you like to be alone?	0	1	2	3	4
24. Do you cross the street to avoid meeting someone?	0	1	2	3	4
25. At a reception or tea do you avoid meeting the important person?	0	1	2	3	4
26. Do you have difficulty in starting a conversation with a stranger?	0	1	2	3	4
27. Do you often feel lonesome even when you are with other people?	0	1	2	3	4
28. Do you consider yourself a rather nervous person?	0	1	2	3	4
29. Do ideas often run through your head so that you cannot sleep?	0	1	2	3	4
30. Are you frequently burdened by a sense of remorse?	0	1	2	3	4
31. Do you worry over possible misfortunes?	0	1	2	3	4

- | | | | | | |
|---|---|---|---|---|---|
| 32. Have you ever had spells of dizziness?..... | 0 | 1 | 2 | 3 | 4 |
| 33. Do your interests change quickly?..... | 0 | 1 | 2 | 3 | 4 |
| 34. Do you have difficulty in making friends?..... | 0 | 1 | 2 | 3 | 4 |
| 35. Are you troubled with the idea that people are
watching you on the street?..... | 0 | 1 | 2 | 3 | 4 |
| 36. Does your mind often wander badly so that you lose
track of what you are doing?..... | 0 | 1 | 2 | 3 | 4 |
| 37. Have you ever been depressed because of low marks in
school?..... | 0 | 1 | 2 | 3 | 4 |
| 38. Are you touchy on various subjects?..... | 0 | 1 | 2 | 3 | 4 |
| 39. Are you often in a state of excitement?..... | 0 | 1 | 2 | 3 | 4 |
| 40. Do you frequently feel grouchy?..... | 0 | 1 | 2 | 3 | 4 |
| 41. Do you feel self-conscious when you recite in class?.. | 0 | 1 | 2 | 3 | 4 |
| 42. Does some particular useless thought keep coming into
your mind to bother you?..... | 0 | 1 | 2 | 3 | 4 |
| 43. Are you frequently in low spirits?..... | 0 | 1 | 2 | 3 | 4 |
| 44. Do you find it difficult to speak in public?..... | 0 | 1 | 2 | 3 | 4 |
| 45. Do you feel you must do a thing over several times
before you leave it?..... | 0 | 1 | 2 | 3 | 4 |
| 46. Do you have ups and downs in mood without apparent
cause?..... | 0 | 1 | 2 | 3 | 4 |
| 47. Are you in general self-confident about your
abilities?..... | 0 | 1 | 2 | 3 | 4 |
-

What Do You Worry About?

Age

Grade

Sex

Sometimes young people worry about things which they keep to themselves. They may be troubled about their health, about some member of the family, about their boy friend or girl friend, about what they are going to do when they leave school, or about money matters, about something they have done for which they are sorry, about religion and similar problems. Whatever it is, they think about it so much they are not as happy as they might be and cannot do their best work.

Read the following sentences and answer the ones that describe you. Be honest and frank. Do not be afraid to write what you feel, for you are not supposed to sign your name to this page.

- A. Life goes very smoothly for me and I never worry about anything.

If this sentence described you, draw a circle around the letter A.

- B. Most of the time life goes smoothly for me but like most people I occasionally worry or get bothered about something. If this statement described you, draw a circle around the letter B and write a few sentences telling what you worry about.

- C. Sometimes I am happy, but most of the time I feel pretty low and worried. If you feel like this, draw a circle around the letter C and write a few sentences telling what you worry about.

D. If you drew a circle around sentence B or sentence C, would you like to talk to someone to get some help about your worries and troubles if you could trust this person?

E. Do you know of anyone you would feel free to talk with who would understand your difficulty and sympathize with your questions?

F. Whom could you talk to? _____

What Do You Do When You Play?

Age

Grade

Sex

1. In what organizations outside of school do you spend considerable time, such as the Sunday School, Hi-Y, Camp Fire Girls, Boy Scouts, Girl Scouts, Girl Reserves, Christian Endeavor, Epworth League, 4-H Clubs, etc? Write in the name of any organization not mentioned here. If you do not belong to any organization, make a note of that fact.

2. Do you have a chance to make as many friends as you would like to make? _____
3. Do you have a hobby? What is it? _____
4. Would you like to learn a hobby of some kind? What would you like to learn? _____
5. If you could have things your own way, what would you have the church, or school, or the town (or district, if you live in the country) do to give its young people more profitable and wholesome recreation? Be frank. If you think things are all right now as they are, say so, but if you think things could be improved, say so. Write what you think on the blank space below. Use the other side of this page if you need to.

School _____ Grade _____ Age _____ Sex _____

Give name of person with whom you are now living: Father; mother; step-father; step-mother; guardian.

There are no two people who agree exactly on all questions. At times we disagree with our parents on certain topics and agree with them on others. Ask questions about things you do not understand.

Put a cross (X) in the column which best describes how you agree or disagree with your parents on each question.

A cross placed in column 1 means that you disagree with your folks on that question.

A cross placed in column 2 means that you disagree with them more than you agree.

A cross placed in column 3 means that you have never thought about it.

A cross placed in column 4 means that you agree with them more than you disagree.

A cross placed in column 5 means that you agree with your parents.

Remember there is no right and wrong answer to a question. It is merely the extent to which you agree or disagree.

Item	1	2	3	4	5
1. Time of getting up in the morning					
2. Amount of spending money					
3. Recreation in the home					
4. Time of going to bed					
5. School marks					
6. Amount of work about the home you are to do					
7. Going out at night					
8. Use of car					
9. Time of getting in at night					
10. Studying at home					
11. Your choice of friends					
12. Going to church					
13. Number of parties to be attended a week					
14. When you should take care of brother or sister					
15. The kind of recreation you enjoy outside the home..					
16. The amount of studying to be done at home					
17. Wanting to quit school					
18. Places you like to go for amusement					
19. Taking part in school activities					
20. Selecting your own clothes					

Item	1	2	3	4	5
21. Entertaining friends in the home					
22. The kind of reading you do for pleasure					
23. Bringing your friends home for entertainment					

If you have any problems not mentioned above, write them in the blanks below.

24. _____
25. _____

If there are any comments you would like to make regarding any of the items given above, use the space below.

Put a + before each question to which you can answer yes.

1. Can you always be depended upon to do what you say you will do?
2. Do you go out of your way cheerfully to help others?
3. Are you careful not to exaggerate.
4. Do you resist the temptation to be sarcastic?
5. Do you refrain from showing off how much you know?
6. Are you able to keep from feeling superior to most of your associates?
7. Do you refrain from bossing people not employed by you?
8. Do you refrain from reprimanding people who do things that displease you?
9. Are you careful never to make fun of others to their backs?
10. Do you refrain from trying to dominate others?
11. Do you keep your clothing neat and tidy?
12. Do you avoid being bold and nervy?
13. Do you refrain from laughing at the mistakes of others?
14. Is your attitude toward the opposite sex free from vulgarity?
15. Do you refrain from grumbling about things when you cannot change them?
16. Do you let the mistakes of others pass without correcting them?
17. Do you lend things to others readily?
18. Are you careful not to tell jokes that will embarrass those listening?
19. Are you willing to let others have their own way?
20. Do you generally keep control of your temper?
21. Do you keep out of arguments?
22. Do you greet others cordially?
23. Do you refrain from talking almost continuously?
24. Do you keep your nose entirely out of other people's business?
25. Have you patience with modern ideas?
26. Do you avoid flattering others?
27. Are you careful not to gossip?
28. Do you refrain from asking questions just to keep the conversation going?
29. Do you refrain from asking people to repeat what they just said?
30. Are you careful not to ask favors of others?
31. Do you refrain from trying to reform others?
32. Do you keep your personal troubles to yourself?
33. Are you natural rather than dignified?
34. Are you usually cheerful?
35. Are you conservative in politics?
36. Are you enthusiastic rather than lethargic?
37. Are you careful to avoid slovenly diction and incorrect pronunciation of words?
38. Do you look upon others without suspicion?
39. Are you energetic?
40. Do you refrain from borrowing things?
41. Do you refrain from telling people what they should do morally?
42. Do you refrain from trying to persuade others to your point of view?
43. Do you refrain from talking rapidly?
44. Do you refrain from laughing loudly?
45. Do you avoid making fun of people to their faces?

To Dimondale High School Graduates

You are asked to furnish the following information. The date requested will be used in improving the work in our school. You are not asked to give your name and no effort will be made to determine your identity. Kindly return the survey blank as soon as possible.

1. Are you married?
2. Occupation.
3. How long have you been in your present position or occupation?
4. Did you attend college or nurses training school?
How many years?
Did you graduate?
From what college or university?
5. Did you choose an occupation while in high school? Yes No
If so, did you receive any help from the high school in making the choice? Yes No If so, was help received primarily from teachers or from the principal?
6. Is the occupation in which you are now engaged the same as the one you chose in high school? Yes No If no, why did you change?
7. Have you any suggestions about what the high school could do to provide better guidance for vocations?
8. High School subjects.
Which were the most valuable for your present occupation?

Which the least?

Which subjects were most valuable for the enrichment and enjoyment of life?

Which the least?

9. If you attended college was your high school preparation sufficient?
Yes No If so, in what respect?

10. If you were in athletics, do you suffer any injury?

Were athletics beneficial? Yes No

11. If you were a member of a high school club, do you consider it valuable?

12. Have we over-emphasized the money value of education? Yes No

13. Should we give more character training in high school?

Should we give more training to prepare young people for parenthood - not sex education but child care and similar subjects?

14. Have you any other suggestions about the subjects which should be taught?

15. Which teachers did you like best?

16. Why did you like these teachers best?

17. What did you worry about while you were in school?

Reading Material for Teachers' Library

The following reading material is suggested for members of the staff. The material that is not in the school library can be obtained from the Michigan State Library, Michigan State College Library, and W. K. Kellogg Foundation Library. The books can be purchased through the Michigan School Service, Grand Avenue, Lansing, Michigan.

Magazines:

1. From Hygeia - the health magazine.
 - a. Fostering Health Education by Solving Everyday Problems, by Nettie E. Brogdon, Vol. 11. January 1933, pp. 68.
 - b. Improving Personal Appearance Through Daily Experience, by Kathleen Dyer, Vol. 11. January 1933, pp. 70.
 - c. The Charm School, by Albertine Parker McKellar, Vol. 12. April 1934, pp. 348.
 - d. A First Grade Studies Care of the Hair, by Katherine Farkey, Vol. 11. January 1933, pp. 71.
 - e. How We Grow, by Letitia Weatherly, Vol. 11. February 1933, pp. 168.
 - f. Health Shop, by Kenneth D. Widdener and Harry L. Hopkins, Vol. 9. August 1931, pp. 740.
 - g. Teaching Nutrition in the Grades, by J. Mace Andress, Vol. 11. August 1933, pp. 742.
 - h. A First Grade Cafeteria Project, by B. L. Butts, Helen Langsford, F. M. Wyss, Vol. 8. June 1930, pp. 569.
 - i. What are the Health Situation and Materials Through Which Children Learn? Fleta McWerter, Vol. 12. June 1934, pp. 557.
 - j. Correlating Health Examinations with Class Teaching, by Earl E. Kleinschmidt, M.D. Vol. 12. January 1934, pp. 76.
 - k. Integrating Physical Health in the Summer Play Schools, by Osa Youngblood, Vol. 10. June 1932, pp. 557.
 - l. Games with Cardboard Traffic Lights, by J. Frances Gibson, Vol. 11. December 1933, pp. 113.

- m. Working Together Works Magic, by Bertha Streeter, Vol. 10. April 1932, pp. 332.
- n. Helping Boys and Girls to Develop Wholesome Personalities, by Edna J. Robinson, Vol. 11. 1933, pp. 933.
- o. The Third Grade Studies Bananas, by E. M. Holway, Vol. 10. February 1932, pp. 170.
- p. Fifth Grades Sponsor a Vegetable Race, by Margaret Kallfelz, Vol. 11. October 1934, pp. 939.
- q. Vegetable Dolls Stimulate Interest in Foods, by Helen C. Large, Vol. 11. October 1933, pp. 939.
- r. School and Health Section, by J. Mace Address. The Classroom Teacher at Work (health teaching by seasons).
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