

A SURVEY OF CASE DISMISSALS IN THE
PUBLIC SCHOOL SPEECH CORRECTION
PROGRAMS OF MICHIGAN

Thesis for the Degree of M. A.
MICHIGAN STATE COLLEGE
Chester Arlington Richard, Jr.
1954

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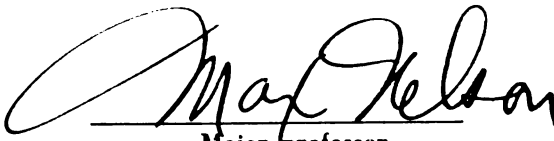
A Survey of Case Dismissals in the Public School
Speech Correction Programs of Michigan

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A SURVEY OF CASE DISMISSALS IN THE PUBLIC SCHOOL SPEECH
CORRECTION PROGRAMS OF MICHIGAN

Chester Arlington Richard Jr.

AN ABSTRACT OF A THESIS

Submitted to the School of Graduate Studies of Michigan
State College of Agriculture and Applied Science
in partial fulfillment of the requirements
for the degree of

MASTER OF ARTS

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I. THE PROBLEM

Statement of the problem. The purpose of this study is to survey the speech correction programs within the state of Michigan (1) to determine what percentage of the 1952-53 case loads were considered corrected and adjusted to speech normalcy, and consequently dismissed; and (2) to recognize the disposition and quantity of cases that are released before they are considered ready for dismissal.

II. PROCEDURE

Methods. Investigation of literature revealed an almost complete lack of information concerning the dismissal of cases from speech reeducation programs. A list of all areas having speech correction programs was obtained from the Division of Special Education, Michigan State Department of Public Instruction. A list of all public school speech correctionists was compiled from the State Department "Directory of Programs and Teachers of Physically Handicapped," and the "Directory of the Michigan Speech Correction Association." A questionnaire, with an accompanying letter explaining the writers intent, were sent to the individual speech correctionists of all the representative types of programs; those under the jurisdiction of county, township, and municipal administration, situated

in various geographical locations of the state. Only full time public school programs were considered. Incomplete questionnaire returns were not included in the final analysis.

III. RESULTS

The average pupil population serviced by speech correctionists was 3,687. The percent of speech defectives in the total pupil population was 5.1. The average number of cases carried, through a complete program, by all speech correctionists was 173.2.

The total number of cases dismissed as corrected, per program, was 52.1. Twenty-eight and four tenths percent of 770 stutterers were dismissed as adjusted to speech normalcy. Forty-six of the forty-eight programs carried cases that had defective hearing and defective speech caused by impaired hearing.

The total number of cases that dropped out of all programs was 768. The total percent of drop-out was 8.4. The outstanding reason for drop-out was moving, that is, the transfer of students from one school system to another.

IV. CONCLUSIONS

These conclusions are based on the findings of this survey study of 29% of the full-time speech correction programs in the public schools of Michigan during the 1952-

53 school year, and are applicable only to this study.

I. Case Dismissals

A. According to this study approximately one-third may be considered the expected average number of cases dismissed as corrected from a state-wide program.

1. The results of this study show that stuttering can be alleviated to the extent that the stutterer is considered adjusted socially, and his speech typical of accepted speech patterns.
2. On the basis of this study results, public school students handicapped by impaired hearing appear to be aided by speech correction programs.

II. Drop-out Cases

A. The number of drop-out cases denotes a need for the continuing education of both parents and public school students concerning the necessity for, and advantages of, reeducation of the speech handicapped child.

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CHAPTER I

THE PROBLEM AND DEFINITIONS OF TERMS USED

It is important to recognize the contribution that all factors make to a total speech correction program. The specific phase of the program considered in this paper is the final stage of dismissal wherein the correctionist considered speech cases completely corrected or adjusted to the extent that remedial carry-over indicated these cases were no longer reliant on speech therapy. Closely akin to cases dismissed as corrected are those cases that drop out before their individual programs are completed. Information concerning those cases is also presented.

The etiology of a case is a recognized prime requisite of case study. Members of the field of speech correction are constantly studying, appraising, and practicing advocated theories of remedial treatment. Many authoritative research papers are found in professional publications concerning the effectiveness of specific methods and techniques practiced in this field. Standards set up by the office of the Superintendent of Public Instruction guide the operation and organization of Michigan's speech correction program. The School Code pertaining to the education of the physically handicapped is explicit in regard to the (1) eligibility

of pupils, (2) certification of teachers, (3) instructional programs, (4) auxiliary services, (5) housing and equipment, (6) reports, and (7) the minimum case load (reimbursement).¹

Yet -- to date there has been no account taken of the case dismissal results realized in Michigan's speech correction program. Claude E. Kantner has expressed the basic aim of the profession in this manner--". . . the sharp cutting edge of our field is the actual correction of someone's defective speech."² It is also not known how many cases drop out each year because of emotional involvement, parental objection, and the many other reasons given for discontinuance of remedial speech aid. Total program practices may be improved and refined, as the profession grows, by the continuing publication of facts obtained by observers. Familiarity with the facts and figures of each local situation as well as the state-wide program provides a basis for recommendations and future study in this field. No attempt has been made, in this study, to evaluate the state program nor qualify any of the findings in this study. The object is to present, through facts and figures, a picture of that

¹ "State Plan for Education of Physically Handicapped Children," Bulletin No. 1025 (Lansing, Michigan: Department of Public Instruction, 1954), pp. 1-7.

² Charles Van Riper, editor, Speech Therapy A Book of Readings (New York: Prentice-Hall, Inc., 1953), p. 271.

which existed at the time of survey. This information may be employed as a point of departure for future research and investigation of speech correction in Michigan.

The author found one published paper that is directly related to this problem. The Irwin³ study reported, in part, case dismissal results of the speech correction programs in the state of Ohio. During the two year period 1946 through 1948, 2,456 or 33% of the total number of children treated were considered, by the speech correctionist, corrected.

Some speech correctionists are requested to submit yearly reports to their school administrators. Mrs. Gladys E. Simpson, speech correctionist for the public schools of Ironwood, Wakefield, and Ironwood Township, Michigan, takes a survey of the preceding years work. Her 1952-53 report, (see Appendix), sixth year of survey, is a good example of this kind of report and one in which she treated the dismissal of cases. ". . . the number of incoming cases from kindergarten each year approximately equals the cases corrected each year, and that the overall correction rate is around fifty percent"

" . . . the correctionist ventures the guess that she is accumulating over the years the data for a good thesis on a doctorate. Not many such statistical records are available for a study in speech correction literature. . . ."

³ Beckey Irwin, "Speech and Hearing Therapy in the Public Schools of Ohio," Journal of Speech and Hearing Disorders, Vol. 14, 1949, pp. 63-68.

I. The Problem

Statement of the problem. The purpose of this study is to survey the speech correction programs within the state of Michigan (1) to determine what percentage of the 1952-53 case loads were considered corrected and adjusted to speech normalcy and consequently dismissed; and (2) to recognize the disposition and quantity of cases that are released before they are considered ready for dismissal.

Importance of the study. This study and its findings are deemed important in that the information is factual, fairly recent, and presents for the first time the quantitative case dismissal results of Michigan's speech reeducation program. The information derived from this study may be employed as an aid for further study. This information is fairly current and involves many of the people now working in and interested in this field. The author feels that there may be resultant value in stimulating professional interest and awareness. Knowledge of the incidence of various types of speech disorders present in a given school population may also be of value and interest.

II. Definitions of Terms Used

Case. In this study a case is interpreted as meaning any student enrolled in one of Michigan's public school speech correction programs; certified as an eligible pupil member of this program and exhibiting any of the syndromes of atypical speech i.e., speech that "deviates so far from the speech of other people that it calls attention to itself, interferes with communication or causes its possessor to be maladjusted."⁴

Dismissal. Dismissal is interpreted as meaning the final act of releasing any public school speech correction case from a remedial class when the speech correctionist considers the atypical speech of this case corrected or improved to such an extent that adjustment to normalcy in speech has taken place.

Program. Throughout the report of this study the term program is interpreted as meaning the organized plan of action established for "retraining those whose speech habits

⁴ Charles Van Riper, Speech Correction Principles and Methods (second edition; New York: Prentice-Hall, Inc., 1947), p. 15

are defective; (and for) devising ways and means of offsetting the effects of various maladies that disturb speech or prevent its development."⁵

Drop-out. Drop-out is interpreted as meaning the loss of any public school speech correction case from a remedial class before that case has completed a speech reeducation program.

⁵ Robert West, Lou Kennedy, and Anna Carr, The Rehabilitation of Speech (revised edition, New York: Harper and Brothers, 1947), p.5.

CHAPTER II

PROCEDURE

This chapter is devoted to an explanation of the origin of this study and the subsequent continuity of investigation. The different phases of the problem are covered in the same order in which they appeared in the questionnaire. The reasons for selection, the classification, and treatment of subject matter are presented under three main headings. The main topics are; the sources of data, explanation of data, and treatment of the findings.

I. Sources of Data

During the preliminary planning of this project the author requested the counsel of Miss Mary Blair, Consultant for the Division of Special Education, State Department of Public Instruction. Miss Blair suggested that the findings of a case dismissal study could be interesting and of value. Investigation of literature revealed an almost complete lack of information concerning the dismissal of cases from speech reeducation programs. An informal interview of thirty speech correctionists resulted in an unanimous expression of interest and a fairly wide range of presupposed results; ten to thirty percent. A list of all areas having speech correction programs

was obtained from the Division of Special Education, Michigan State Department of Public Instruction. A list of all public school speech correctionists was compiled from the State Department "Directory of Programs and Teachers of Physically Handicapped," and the "Directory of the Michigan Speech Correction Association." A more current change of teacher personnel was determined through informal personal contact. A letter and a copy of the questionnaire, (see Appendix), explaining the writer's intent were sent to the superintendents, special education coordinators, and supervisors of all public school systems having speech correction programs. Questionnaires were then sent to the individual speech correctionists. The returned information came from all representative types of programs; those under the jurisdiction of county, township, and municipal administration, situated in various geographical locations of the state. All information reported in the questionnaires, returned from full-time public school programs, has been utilized in this study. Incomplete questionnaire returns were not included.

II. Explanation of Data

Speech disorders arise from many sources, are variant in kind and in degree, and effect many syndromes. Each speech case is an individual person experiencing basically singular problems. It is essential that the scope and depth of a

speech problem be determined. A correctionist needs to know whether the problem is of a physiological nature, psychological, or both. If the case is a problem of perseveration or imitation the therapy must be a program of relearning and in other cases, such as cerebral palsy, one of initial learning. The variant causes and effects of atypical speech necessitate variant therapy and are indicative of the complexity of not only establishing criteria for case dismissal but also determining when the criteria is adequately met. The kinds of speech disorder considered in this study are a general classification of the type of cases serviced in the speech correction programs of Michigan.

Articulatory. The sounds (s-z), (l), (r), and (ʃ-ʒ). These four sound units are treated apart from other articulatory cases because they are so frequently defective among school children and are assumed to be the most prevalent in this classification.

" . . . four sound units (s-z), (l), (r), (ʃ-ʒ) have been selected for detailed discussion because they are frequently defective among both children, and adults, and because remedial procedures for their correction are more involved than those required for other defective sound units"⁶

The sound unit (ʃ-ʒ) replaced (ʃ-ʒ) in this study because the

⁶ Ibid. p. 315.

author believes that this sound unit seems to prevail as much as, if not more than, the latter one. This belief results from the author's experience, and is based on the expression of different authorities.

Articulatory. Those defects most specifically related to the imperfect structure or inaccurate function and manipulation of the organs utilized for articulation are considered under this classification. It is in this type of defect that a majority of public school cases are found. These defects are exhibited as; sound omissions, substitution, addition, and distortion.

Stuttering. There is no universally accepted definition of stuttering. Some definite statements can be made in the way of description. In a book prepared for the National Society for Crippled Children and Adults, by the American Speech and Hearing Association a number of speech authorities expressed some mutually accepted observations about stuttering.

" . . . Some stutterers hold their breaths or gasp; others repeat sounds; some of them come to a dead halt, flushing with inner upheaval; others give forth a mutilated word or syllable over and over again"⁷

Later in the text it is stated that the secondary stutterer

⁷ Wendell Johnson, editor, Stuttering (Chicago: The National Society for Crippled Children and Adults, Inc., 1948), p. 9.

expresses other forms of tense and anxious behaviour such as breathing disturbances and muscular tics.

Cleft palate speech. The physical deformation of cleft palate and cleft lip are defects that can scarcely be concealed even after surgical repair. McDonald and Baker⁸ concluded after a review of the literature dealing with cleft palate speech that most speech correctionists recognize three major speech production problems: hypernasality, nasal emission, and misarticulation.

Cerebral-palsy speech. Ainsworth⁹ states that slurring, omissions, and erratic substitutions are the primary articulatory problems of a cerebral palsied speech case. Voice problems are evidenced in excess nasality or nasal emission, muffled tones, harshness, and uncontrolled or monotonous pitch. ". . . loudness is affected by difficulties of breath control. Slowness of utterance should not be considered a defect, but jerkiness should be corrected." West, Kennedy, and Carr state that sixty percent is a conservative estimate of the cerebral-palsied individuals having speech disorders.

⁸ Eugene T. McDonald, and Herbert Koepp Baker, "Cleft Palate Speech: An Integration of Research and Clinical Observation," Journal of Speech and Hearing Disorders, Vol. 16, 1951, p. 9.

⁹ Stanley Ainsworth, Speech Correction Methods A Manual of Speech Therapy and Public School Procedures (New York: Prentice-Hall, Inc., 1949), p. 125.

"Half of all persons classed as cerebral-palsied cases have severely defective speech, in some cases quite limited or wholly incomprehensible."¹⁰

Voice defects. Voice defects are evidenced in atypical quality, pitch, inflection, modulation, and rhythm i.e., nasal or strident quality, extreme depth or falsetto pitch, monotonous lack of inflection, extremes of modulation, or irregular cadence.

Speech caused by impaired hearing. An individual must continually exercise a learned behavior so that he may retain command of this specific action. The fact that speech, a learned behavior, is reliant on both the reception and perception of sound obligates the correctionist to render service to cases that are handicapped by a hearing loss. The speech correctionist may service two kinds of hearing cases: (1) those who have a hearing loss resulting in defective speech and (2) those who experience a hearing loss but have no speech defects. West, Kennedy, and Carr¹¹ give three major classifications of the latter case; these are: the 'word deaf' or sensory dysphasics are defective not in the reception of the physical sounds but in the perception of their meaning.

¹⁰ West, Kennedy, and Carr, op. cit., p. 432.

¹¹ Ibid., p. 241-42.

The 'deaf' are doubly handicapped in that they fail to perceive the meanings usually attached to the sounds of speech and the sounds themselves.

The 'hard-of-hearing' are greatly in need of some technique of language reception and may have ultimate need of help in perceiving what is said to them.

Dysphasia. Head¹² defined four specific types of dysphasia. His description of (1) verbal dysphasia is --

" . . . the inability to discover the exact form of words and phrases necessary for perfect external or internal speech, together, with want of power to transform them into written characters. . . ."

(2) Syntactical dysphasia is " . . . a more or less gross disorder of rhythm and syntax" (3) Nominal dysphasia is characterized by " . . . the want of power to discover appropriate names, or to find categorical terms in which to express a situation." (4) Semantic dysphasia was defined as " . . . the lack of ability to recognize the full significance of words and phrases apart from their immediate verbal meaning." Cerebral-palsied speech and dysphasic cases expend a great deal of energy concentrating on speech during a remedial session. The period of time spent in each session must be regulated to prevent fatigue. Rehabilitation is likely to be slow in both types of speech.

¹² Henry Head, Aphasia and Kindred Disorders of Speech volume 2. (Cambridge, England: Cambridge U. press, 1926), pp. x-xix.

Delayed speech. Van Riper¹³ states that delayed speech is characterized by a narrow repertoire of consonants and unintelligibility, and that it often approximates the pattern of a very severe articulatory disorder. Examples are given, in his writing, pointing out that the degree of disorder is directly related to established norms and the situation.

Drop-out cases. Throughout the year cases drop out of remedial speech classes for various reasons. A section of the questionnaire was devoted to determining the nature and extent of cases released. A report of the type of defect as well as the number of cases and the reasons for drop-out were requested. To aid the correctionists seven of the prevalent causes of drop-out; moved, religious objection, low mentality, parental objection, lack of interest, physical illness, and emotional disturbance, were listed and numbered. This helped facilitate response and allowed time for necessary written explanation. Space was allowed for explanation of reasons other than those indicated.

Investigation of different aspects of the incidence of defective speech cases has been made with the aim of offering information of interest and enlightenment. This will indicate

¹³ Charles Van Riper, Speech Correction Principles and Methods (third edition; New York: Prentice-Hall, Inc., 1954), p. 26-33.

the common characteristics of speech correction programs and the speech handicapped child, as well as variation and deviations from that which might be expected.

Sex count. The number of male and female cases found in this study is compared to the expected make-up of a program as determined by authoritative sources. West, Kennedy, and Carr¹⁴ refer to "The White House Conference on Child Health and Protection of 1930" which contains a report concerning speech defectives found in the public school programs of forty-eight cities in the United States. On the basis of sex over 62% of 90,000 cases were male, the greatest differential was found in stuttering.

Grade level. This White House Conference report material also pointed out that the incidence of every type of defect is greatest during the first year of school life, except stuttering. Members of the field differ in opinion as to the value of offering remedial speech to kindergarten pupils. One school of thought suggests that in view of the fact that all children of kindergarten age are not expected to have acquired all speech sounds speech correction service isn't necessary in this grade level. West, Kennedy, and Carr¹⁵ set up a schedule of critical

¹⁴ West, Kennedy, and Carr, op. cit., p. 11-13.

¹⁵ West, Kennedy, and Carr, op. cit., p. 266.

ages by which time certain consonant and semi-vowel sounds should be consistently used in meaningful combinations in actual words. According to this schedule command of the last set of sound units is expected at approximately seven and one-half years of age. During this period of adjustment for the kindergarten child he may correct his errors and develop speech ability, at his own rate, through socialization with other children. This would allow the speech correctionists to offer more time and service to those children having more profound and firmly established defective speech patterns. The opposing school of thought contends that speech correction should be offered when the child is acquiring his speech so that any persevering errors may be corrected before they become firmly entrenched in the child's pattern of speech.

The distribution and quantity of cases in kindergarten, elementary, and secondary grades will give information concerning the make-up of the program investigated, also the varying practices existing at the time of this study.

Pupil population. The total public school pupil population within each speech correction program area was asked for so that this figure can be compared to the number of speech defectives serviced. This comparison determines the percent of pupils considered as speech handicapped.

III. Treatment of the Findings

Approximate number of active programs	165
Number of questionnaires returned	89
Number of questionnaires used in this study	48
Portion of the state program studied29.0%

The directory of the Michigan Speech Correction Association lists forty-eight speech correctionists in the Detroit Public Schools. That school system is not included in this study because their statistical records are set up to comply with the requirements of their business manager. These records are not readily available to the individual correctionists after they are reported and filed.

The questionnaire results were tabulated under the following subject headings.

1. General information about each program.
2. Corrected dismissals in each type of defect for the individual programs.
3. The comparative percent of dismissal for the individual programs.
4. Total dismissal for each type of defect.
5. Drop-out according to the type of defect.
6. Number of drop-outs from the individual programs.

CHAPTER III

RESULTS

The basic data derived from questionnaire returns are tabulated in arithmetical form. Employing tables offers a means of comparing individual programs, by showing the variance of results, as well as presenting a view of the statewide program.

Table I gives information pertinent to each program.

Tables II and III deal with case dismissals.

1. Dismissals for each program in relation to the types of defect.
2. Comparative dismissals realized by each program.

Table IV shows the total percent of dismissal relative to the type of defect.

Tables V and VI deal with cases that dropped out before the programs were completed.

1. The number of cases and the reason for drop-out relative to the type of defect for each program.
2. The total number of cases that dropped out from each program.

Each location, listed in the following tables, represents one program in that area i.e., Battle Creek #1 and Battle Creed #2 are each serviced by different speech correctionists.

This does not necessarily mean that there were only two speech correctionists in the Battle Creek public school system. This survey deals with information concerning 29.0% of the active, full-time speech correction programs operating in Michigan during the 1952-53 school year.

General Information About Each Program

Table I on the following page presents a graphic description of each program.

Data	Variation of range
Total pupil population *	1,318 to 7,800
Total case load **	94 to 242
Male cases	58 to 189
Female cases	26 to 100

In all but two programs the number of male cases exceeded the number of female cases.

Cases in kindergarten	0 to 53
Cases in grades 1-6	0 to 225
Cases in grades 7-12	0 to 128
Number dismissed as corrected	9 to 143
Percent dismissed as corrected	5.6% to 62.5%

* The pupil populations given are approximated because of the yearly fluctuation of public school enrollment.

** The case loads given do not include cases that dropped out before the completion of the years program.

TABLE I

GENERAL INFORMATION ABOUT EACH PROGRAM (Part I)

Schools	Total Pupil Pop.	Total Case Load	Male Cases	Female Cases	Kindergarten	Grades 1-6	Grades 7-12	Number dis- missed	Percent dis- missed
Ann Arbor	3,220	156	108	48	0	150	6	20	12.8
Battle Creek #1	2,484	222	147	75	25	197	0	61	27.4
Battle Creek #2	2,139	215	115	100	19	196	0	59	27.4
Cadillac	3,300	134	80	54	0	117	17	48	35.8
Dearborn	3,849	221	156	65	20	134	67	72	32.5
Farmington Township	3,150	189	121	68	49	127	13	33	17.4
Ferndale	7,200	235	173	62	18	213	4	81	34.4
Flint, #1	1,770	216	146	70	0	216	0	83	38.4
Flint, #2	5,542	159	113	46	1	119	39	55	34.5
Flint #3	5,159	171	99	72	19	122	30	35	20.4
Flint #4 (Kearsley Ag.)	4,800	233	138	95	3	219	11	27	11.5
Flint #5	2,200	212	124	88	2	210	0	80	37.7
Grand Rapids #1	3,000	181	120	61	8	172	1	46	25.4
Grand Rapids #2	1,318	132*	78	54	8	104	7	20	15.1
Hazel Park	4,000	186	128	58	6	156	24	35	18.8
Hillsdale	3,077	108	61	47	0	100	8	31	28.7
Ironwood, Wakefield, & Ironwood Township	4,000	242	159	83	0	225	17	143	59.0
Jackson (Vandercook Lake)	2,800	168	110	58	5	145	18	22	13.0

* 13 pre-school cases.

TABLE I

GENERAL INFORMATION ABOUT EACH PROGRAM (Part II)

Schools	Total Pupil Pop.	Total Case Load	Male Cases	Female Cases	Kinder- garten	Grades 1-6	Grades 7-12	Number dis- missed	Percent dis- missed
Jonesville	3,000	168	100	68	0	145	23	83	49.4
Lansing #1	3,000	220	136	84	14	206	0	32	14.5
Lansing #2	3,000	128	91	37	0	0	128	45	35.1
Marshall, Homer and Tekonsha	3,063	150	102	48	25	117	8	58	38.6
Melvindale	3,200	148	95	53	18	117	15	25	16.9
Menominee	2,701	112	79	33	0	95	17	35	31.2
Midland	7,800	217	138	79	0	217	0	115	53.0
Milwood, Oakwood, and Parchment	2,496	167	82	85	53	110	4	51	30.5
Monroe	5,000	186	117	69	0	174	12	46	24.7
Muskegon County	5,000	166	112	54	1	165	0	26	15.6
Muskegon Heights	2,800	152	86	66	26	110	16	73	48.0
Portage	2,500	215	189	26	27	146	42	118	54.8
Port Huron	6,858	137	59	78	5	132	0	35	25.5
Reed City	3,440	134	83	51	0	117	17	22	16.4
Rochester and Avondale	3,000	155	100	55	3	146	6	48	30.9

TABLE I

GENERAL INFORMATION ABOUT EACH PROGRAM (Part III)

Schools	Total Pupil Pop.	Total Case Load	Male Cases	Female Cases	Kindergarten	Grades 1-6	Grades 7-12	Number dis-missed	Percent dis-missed
Tomulus Township	4,500	159	129	30	0	137	22	33	20.7
St. Charles	2,886	160	105	55	25	123	12	9	5.6
Saginaw #1	6,350	214*	139	75	6	174	31	94	43.9
Saginaw #2	4,937	194	131	63	5	178	11	56	28.8
Sandusky	818	108	61	47	27	40	41	28	25.9
Sanilac County	3,771	128	86	42	0	119	9	59	46.0
Southfield Township	3,798	201	137	64	25	176	0	56	27.8
Tuscola County	4,000	139	90	49	0	138	1	32	23.0
Union City	2,835	155	99	56	22	111	23	47	30.3
Van Buren Township	2,700	151	90	61	9	134	8	39	25.8
Whitehall, Montague, and North Muskegon	3,000	205	123	82	15	158	32	60	29.2
Wyandotte	4,000	203**	130	86	0	195	21	82	37.9
Wyoming Park	3,000	147	94	53	23	111	13	92	62.5
Crystal Falls	3,362	94	58	36	2	80	12	15	15.9
Wayne	7,200	210	147	63	0	210	0	36	17.1

* Saginaw - 3 pre-school cases

** Wyandotte - 13 dialect and other unclassified cases

Corrected Dismissals in Each Type of Defect for the
Individual Programs

Table II on the following page presents this data in detail for each program.

Type of defect	Variation of range			Average number
(s), (l), (r), (th) sounds	60	to	196	120.0
Other articulatory defects	0	to	106	18.9
Stuttering	4	to	58	16.0
Delayed speech	0	to	33	5.8
Hearing	0	to	14	3.6
Voice disorder	0	to	11	3.4
Cerebral palsy	0	to	49*	2.2
Cleft palate	0	to	6	2.1
Dysphasia	0	to	2	.3

* One speech correctionist serviced children from a convalescent home.

TABLE II

CORRECTED DISMISSALS IN EACH TYPE OF DEFECT FOR THE INDIVIDUAL PROGRAMS (Part I)

Schools	(s-z), (l), (r),	(s-z), (l), (r),	Other Articula-	Dismissed	Stuttering	Dismissed	Dismissed	Cleft Palate	Dismissed	Voice disorder	Dismissed	Hearing	Dismissed	Cerebral Palsy	Dismissed	Delayed Speech	Dismissed	Dysphasia	Dismissed
Ann Arbor	112	15	2	0	23	2	3	1	0	6	3	2	0	0	0	10	0	0	0
Battle Creek #1	189	54	11	2	11	3	5	1	0	2	1	0	0	0	0	6	0	0	0
Battle Creek #2	159	45	26	7	14	5	5	2	1	4	1	0	0	0	0	10	0	0	0
Cadillac	64	23	42	16	12	0	0	1	0	8	3	4	1	0	0	2	0	0	0
Crystal Falls	64	15	4	0	13	8	0	0	0	1	0	1	0	0	0	8	0	0	0
Dearborn	110	49	35	6	32	0	8	2	0	11	9	8	0	0	0	23	0	0	0
Farmington Township	170	33	1	0	7	0	0	0	0	2	1	2	0	0	0	5	0	0	0
Ferndale	155	60	20	9	41	11	0	0	0	1	1	11	0	0	0	6	0	0	0
Flint #1	181	69	4	2	21	9	1	0	0	3	3	1	0	1	0	4	0	0	0
Flint #2	121	49	1	1	26	4	1	0	0	0	0	4	1	1	0	5	0	0	0
Flint #3	130	30	5	3	18	1	1	1	1	1	0	2	0	3	0	10	0	0	0
Flint #4 (Kearsley Ag.)	166	15	23	6	25	5	3	1	1	3	1	6	0	2	0	2	0	0	0
Flint #5	98	29	84	45	16	3	2	1	1	4	2	4	1	1	0	3	0	0	0
Grand Rapids #1	142	34	15	6	8	1	3	0	0	5	1	9	2	0	0	4	0	0	0
Grand Rapids #2	52	16	11	2	7	1	2	1	0	3	1	6	0	40	0	8	0	0	0
Hazel Park	96	24	28	1	24	6	0	3	0	10	3	1	0	7	0	11	0	0	0
Hillsdale	82	27	5	3	6	0	0	0	0	1	0	8	1	4	0	3	0	0	0

CORRECTED DISMISSALS IN EACH TYPE OF DEFECT FOR THE INDIVIDUAL PROGRAMS (Part II)

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TABLE II

CORRECTED DISMISSALS IN EACH TYPE OF DEFECT FOR THE INDIVIDUAL PROGRAMS (Part III)

Schools	Type of Defect																	22	
	(s-z), (l), (r)	(θ-φ), (l), (r)	Dismissed	Other Articulation	Dismissed	Stuttering	Dismissed	Cleft Palate	Dismissed	Voice Disorder	Dismissed	Hearing	Dismissed	Cerebral Palsy	Dismissed	Delayed Speech	Dismissed	Dysphasia	Dismissed
Port Huron	67	17	45	13	20	3	0	0	0	1	1	3	0	1	1	0	0	0	0
Reed City	112	18	4	2	10	2	2	0	0	2	0	2	0	0	0	0	0	0	0
Rochester & Avondale	133	40	3	2	10	4	1	0	0	4	0	3	0	1	0	2	0	0	0
Romulus Township	114	26	15	4	11	1	1	0	0	4	0	2	0	0	0	0	0	0	0
St. Charles	42	5	106	3	4	0	1	0	0	3	1	2	0	0	0	0	0	0	0
Saginaw #1	161	73	5	4	22	10	3	0	0	6	0	10	3	0	0	0	0	0	0
Saginaw #2	170	49	2	2	11	3	1	0	0	2	1	3	0	0	0	4	0	1	0
Sandusky	86	22	4	1	5	3	2	0	0	4	1	3	1	0	0	1	2	0	0
Sanilac County	79	42	28	12	14	0	0	0	0	2	1	2	1	0	0	3	0	0	0
Southfield Township	131	47	39	6	12	1	4	0	0	7	2	3	0	0	0	5	0	0	0
Tuscola County	110	29	14	1	7	0	1	0	0	1	1	3	0	0	0	3	1	1	0
Union City	98	29	34	10	11	4	1	1	1	3	1	5	1	2	0	2	1	0	0
Van Buren Township	96	31	4	2	9	0	2	1	1	1	1	8	1	1	0	3	0	0	0
Wayne	133	30	32	2	21	2	1	0	0	3	1	1	1	1	0	11	0	0	0
Whitehall, Montagne, & North Muskegon	160	37	20	16	11	3	2	1	1	5	1	5	0	0	0	4	0	0	0
Wyandotte	156	81	0	0	9	0	4	0	5	5	1	1	0	5	0	10	0	0	0
Wyoming Park	115	76	9	6	9	4	2	2	2	2	2	12	2	1	0	7	0	0	0

Comparative Percent of Dismissal for the Individual Programs

Table III on the following page presents this data, listing the school programs in ascending order of the percent of dismissal.

The total case load carried 8,316*
Total number of cases dismissed as corrected . . . 2,501
Total percent of dismissal as corrected 30.0%
Average number dismissed as corrected 52.1

The Irwin study, page three, was conducted in the public schools of Ohio during the 1946 and 1947 school years. The figures below compare the results of this study to the Irwin study.

	Years	Number dismissed as corrected	Percent dismissed as corrected
Irwin study	2	2,456	33.0%
Present study	1	2,501	30.0%

* The total case load carried does not include cases that dropped out during the year.

TABLE III
COMPARATIVE PERCENT OF DISMISSAL FOR THE
INDIVIDUAL PROGRAMS

Schools	Percent of dismissal as corrected
St. Charles	5.6
Flint #4 (Kearsley Ag.)	11.5
Ann Arbor	12.8
Jackson (Vandercook Lake)	13.0
Lansing #1	14.5
Grand Rapids #2	15.1
Muskegon County	15.6
Crystal Falls	15.9
Reed City	16.4
Melvindale	16.9
Wayne	17.1
Farmington Township	17.4
Hazel Park	18.8
Flint #3	20.4
Romulus Township	20.7
Tuscola County	23.0
Monroe	24.7
Grand Rapids #1	25.4
Port Huron	25.5
Van Buren Township	25.8
Sandusky	25.9
Battle Creek #1	27.4
Battle Creek #2	27.4
Southfield Township	27.8
Hillsdale	28.7
Saginaw #2	28.8

TABLE III (continued)
COMPARATIVE PERCENT OF DISMISSAL FOR THE
INDIVIDUAL PROGRAMS

Schools	Percent of Dismissal as Corrected
Whitehall, Montague, and North Muskegon	29.2
Union City	30.3
Milwood, Oakwood and Parchment	30.5
Rochester and Avondale	30.9
Menominee	31.2
Dearborn	32.5
Ferndale	34.4
Flint #2	34.5
Lansing #2	35.1
Cadillac	35.8
Flint #5	37.7
Wyandotte	37.9
Flint #1	38.4
Marshall, Homer, and Tekonsha	38.6
Saginaw Il	43.9
Sanilac County	46.0
Muskegon Heights	48.0
Jonesville	49.4
Midland	53.0
Portage	54.8
Ironwood, Wakefield, and Ironwood Township	59.0
Wyoming Park	62.5

TABLE IV
TOTAL DISMISSAL FOR EACH TYPE OF DEFECT

Defect	Number carried	Number dismissed as corrected	Percent dismissed as corrected
(s), (l), (r), (e-ə)	5,764	1818	31.5
Other articulatory	909	314	34.5
Stuttering	770	219	28.4
Cleft palate	104	19	18.2
Voice disorder	164	70	42.6
Hearing	176	27	15.3
Cerebral palsy	110	4	3.6
Delayed speech	280	31	11.0
Dysphasia	15	0	0.0
Dialect and other cases not listed	14		

Percent of the Total Dismissed as Corrected

(s), (l), (r), (e-ə)	72.6
Other articulatory	12.5
Stuttering	8.7
Voice disorder	2.7
Delayed speech	1.2
Hearing	1.0
Cleft palate	.7
Cerebral palsy	.1
Dysphasia	0.0

Drop-out According to Type of Defect

This subject matter is dealt with in Table V on the following page. The data from each program is tabulated separately because the reasons for drop-out are so variable.

Reasons	Total drop-out from all programs	Percent of all drop-out
Moved	484	63.0
Other reasons*	83	10.8
Low mentality	50	6.5
Lack of interest	42	5.4
Parental objection	34	4.4
Emotional up-set	18	2.3
Physical illness	17	2.2
Religious objection	2	.2

In one instance the speech correctionist did not give the reasons, numerically, for thirty-eight additional drop-out cases.

Some of the cases dropped out for two of the listed reasons. The author listed these cases under the one reason that seemed to be the most influential to drop-out.

* Some of the other reasons given by the speech correctionists were; the students entered parochial or special schools, quit school, graduated from school or graduated into a grade level that was not offered speech correction, and transportation to the remedial center was impossible.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

ANN ARBOR

Type of Defect	Reason for Drop-out							
	ॐ No.	Total Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (H-ə)	5							
Other				5*				
articulatory								
Stuttering								
Cleft palate	1	1						
Voice disorder								
Hearing	1**							
Cerebral palsy								
Delayed speech								
Dysphasia								

Type of Defect: Other Reasons:

(s-z), (l), (r), (H-e)

* According to the speech correctionist, five children have come as far as possible at this time.

Hearing

** One child was receiving outside help and the parents did not want help in school.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

BATTLE CREEK #1 (One area in city system)

Type of Defect	Reason for Drop-out					
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest
(s-z), (l), (r), (t-k-o)	15	14				
Other						1*
articulatory	3	3				
Stuttering	4	4				
Cleft palate	1	1				
Voice disorder						
Hearing	1	1				
Cerebral palsy						
Delayed speech	1	1				
Dysphasia						
Type of Defect:	Other Reasons:					
(s-z), (l), (r), (t-k-o)	* Poliomyelitis					

DROP-OUTS ACCORDING TO TYPE OF DEFECT

BATTLE CREEK #2 (Another area in city system)

[illegible]

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

CADILLAC

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (H-e) 6				5	1*			
Other								
articulatory	2			2				
Stuttering	1	1						
Cleft palate	1					1**		
Voice disorder	1	1						
Hearing	1							
Cerebral palsy								
Delayed speech	1	1						
Dysphasia								

Type of Defect: Other Reasons:

(s-z), (l), (r), (H-e)
Cleft palate

* Parents objected to child's missing regular classes.
 ** Child felt that his speech was adequate, and he resented the attention he received when he went to this special class.

Hearing

/ Transportation impossible.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

CRYSTAL FALLS

Type of Defect	Reason for Drop-out						
	Total	Moved	Religious	Low	Parental	Lack of	Emotional
	No.		objection	mentality	objection	interest	up-set
(s-z), (l), (r), (t-k-e)	5	5					
Other							
articulatory	2					2*	
Stuttering	1	1					
Cleft palate	2**						
Voice disorder							
Hearing							
Cerebral palsy							
Delayed speech	2			2			
Dysphasia							
Type of Defect:	Other Reasons:						
Other articulatory	* Two seventh grade students thought speech class unnecessary.						
Cleft palate	** One case graduated and another is waiting for dental repair.						

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

DEARBORN

Type of Defect	Reason for Drop-out					
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest
(s-z), (l), (r), (h-e)	18	15			3	
Other						
articulatory	4	4				
Stuttering	3	1				2
Cleft palate						
Voice disorder						
Hearing						
Cerebral palsy						
Delayed speech						
Dysphasia						
Type of Defect:	Other Reasons:					

DROP-OUTS ACCORDING TO TYPE OF DEFECT

FARMINGTON TOWNSHIP

Type of Defect	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (th-e)	51	24		2				1
Other articulatory								
Stuttering								
Cleft palate	1*							
Voice disorder	1					1**		
Hearing								
Cerebral palsy								
Delayed speech								
Dysphasia								

Type of Defect: Other Reasons:

(s-z), (l), (r), (th-e)

✓ Six went to a parochial school, two cases in two-room school within area but not included in speech correction program, and sixteen kindergarten children were brought up to accepted speech level according to the speech correctionist.

* Student went to a parochial school.

** Student liked her voice that way.

Cleft palate

Voice disorder

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

FERNDALÉ

Type of Defect	Reason for Drop-out					
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest
(s-z), (l), (r), (x-ø)	12	11				1
Other						
articulatory	2				2*	
Stuttering	4	2			2**	
Cleft palate						
Voice disorder						
Hearing						
Cerebral palsy						
Delayed speech						
Dysphasia						

Type of Defect: Other Reasons:

Other articulatory * Parents of two different cases felt children would out grow defects.

Stuttering ** Parents of two different cases didn't want the children stigmatized by having to attend speech classes. They felt that the children would improve with maturity.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

FLINT #1 (One area in city system)

Type of Defect	Reason for Drop-out						
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness
(s-z), (l), (r), (t)(k-e) 25	25	25*					
Other							Emotional up-set
articulatory							
Stuttering	4**	3					
Cleft palate							
Voice disorder							
Hearing							
Cerebral palsy							
Delayed speech							
Dysphasia							
Type of Defect:	Other Reasons:						
(s-z), (l), (r), (t)(k-e)	* Two schools are in colored districts that were very unstable.						
Stuttering	** One case went on into junior high school.						

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

FLINT #2 (Another area in city system)

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (t-k-e) Other								
articulatory	5*					2		
Stuttering								
Cleft palate								
Voice disorder								
Hearing								
Cerebral palsy								
Delayed speech								
Dysphasia								
Type of Defect:	Other Reasons:							
Stuttering	* One case dropped out of school and two others graduated.							

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

FLINT #3 (Another area in city system)

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (t-k-e) 18*	15							
Other								
articulatory								
Stuttering	4**	1		1		1		
Cleft palate								
Voice disorder								
Hearing	1							
Cerebral palsy	1							
Delayed speech	1							
Dysphasia	1							
<hr/>								
Type of Defect:	Other Reasons:							
(s-z), (l), (r), (t-k-e)	* One case graduated, one dropped out of high school, and a third was a part-time student.							
Stuttering	** One brain injured case.							
Hearing	Case did not adapt well to group therapy							
Cerebral palsy	One graduated.							

DROP-OUTS ACCORDING TO TYPE OF DEFECT

FLINT #5 (Another area in city system)

[illegible]

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

GRAND RAPIDS #1 (One area in city system)

Type of Defect	Reason for Drop-out						
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness
(s-z), (l), (r), (th-e)	30	-	-	-	-	-	-
Other							
articulatory	5	-					-
Stuttering	3	-			-		
Cleft palate							
Voice disorder	2						
Hearing	1	1					
Cerebral palsy							
Delayed speech	1	1					
Dysphasia							

Type of Defect: Other Reasons:

Voice disorder

/ Didn't have room for two cases in class.

(-) The speech correctionist did not give the numbers.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

GRAND RAPIDS #2 (Another area in city system)

Type of Defect	Reason for Drop-out					
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest
(s-z), (l), (r), (M-ø)	2					2
Other						
articulatory	4	4				
Stuttering	1*					
Cleft palate						
Voice disorder	1	1				
Hearing						
Cerebral palsy	8	8**				
Delayed speech	2	2				
Dysphasia						
Type of Defect:	Other Reasons:					
Stuttering	* One secondary stutterer was in a large class of younger articulation cases. The speech correctionist considered it better to work through his parents.					
Cerebral palsy	** Eight families either moved away, or else the children were discharged from a children's convalescent hospital.					

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

HAZEL PARK

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (h-e)	9	6						
Other					2*			
articulatory	2	1						
Stuttering								
Cleft palate								
Voice disorder								
Hearing	1**							
Cerebral palsy								
Delayed speech	2	2						
Dysphasia								

Type of Defect:

Other Reasons:

(s-z), (l), (r), (h-e)

* The parents of two cases would not accept the fact that their children had defective speech, and another case graduated into junior high where case load was already too high.

Hearing

** One case graduated into junior high.

Other articulatory

✓ One case graduated into high school where no classes are offered.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

HILLSDALE

Type of Defect	Reason for Drop-out					
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest
(s-z), (l), (r), (h-e)	12	10			2*	
Other						
articulatory	2**					
Stuttering						
Cleft palate	1			1		
Voice disorder						
Hearing						
Cerebral palsy						
Delayed speech						
Dysphasia						
<hr/>						
Type of Defect:	Other Reasons:					
(s-z), (l), (r), (h-e)	* The parents of two cases thought that their children would be considered abnormal if they were enrolled in a speech class.					
Other articulatory	** Two cases were sent to mental hygiene clinic. The speech correctionist felt that uninterrupted routine would be better for child.					

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

IRONWOOD, WAKEFIELD, and IRONWOOD TOWNSHIP

Type of Defect	Reason for Drop-out					
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest
(s-z), (l), (r), (h-e)	5	5				
Other						
articulatory	2	2				
Stuttering	2	2				
Cleft palate						
Voice disorder						
Hearing						
Cerebral palsy						
Delayed speech	1	1				
Dysphasia						
Type of Defect:	Other Reasons:					
					Physical illness	Emotional up-set

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

JACKSON (Vandercook Lake)

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (t-k-e)	6	2		1	1*	2		
Other								
articulatory								
Stuttering	1				1**			
Cleft palate								
Voice disorder								
Hearing								
Cerebral palsy								
Delayed speech								
Dysphasia								

Type of Defect: Other Reasons:

(s-z), (l), (r), (t-k-e)

* One parent preferred that child spend his time on school work.

Stuttering

** One parent thought child wasn't improving enough.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

JONESVILLE

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (th-θ)	8	8						
Other								
articulatory								
Stuttering	4							4
Cleft palate								
Voice disorder	1					1		
Hearing	1	1						
Cerebral palsy								
Delayed speech								
Dysphasia								
Type of Defect:	Other Reasons:							

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

LANSING #1 (One area in city system)

Type of Defect	Reason for Drop-out					
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest
(s-z), (l), (r), (th-ø)	26	21			1*	3
Other						1
articulatory						
Stuttering						
Cleft palate						
Voice disorder						
Hearing						
Cerebral palsy						
Delayed speech						
Dysphasia						

Type of Defect:

Other Reasons:

(s-z), (l), (r), (th-ø)

* One parent thought speech only a habit and that the child could break it if he wanted to.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

LANSING #2 (Another area in city system)

Type of Defect	Reason for Drop-out						
ᳵ No.	Total Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (ᳵ-ᳵ)	9*	5	1		1		
Other							
articulatory	2**						
Stuttering	4		1				
Cleft palate	2						
Voice disorder	1				1		
Hearing							
Cerebral palsy							
Delayed speech							
Dysphasia							
Type of Defect:	Other Reasons:						
(s-z), (l), (r), (ᳵ-ᳵ)	* Two graduated.						
Other articulatory	** Two graduated.						
Stuttering	/ Three graduated.						
Cleft palate	// Two graduated.						

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

MARSHALL, HOMER, and TEKONSHA

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (h-e)	11	8		1		2		
Other articulatory								
Stuttering	1	1						
Cleft palate								
Voice disorder	1*							
Hearing								
Cerebral palsy								
Delayed speech	1	1						
Dysphasia								
Type of Defect:	Other Reasons:							
Voice disorder								* One case left out because of class scheduling problem.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

MELVINDALE

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (th-e)	9*	5				2		
Other								
articulatory								
Stuttering	2	1						1
Cleft palate								
Voice disorder								
Hearing								
Cerebral palsy								
Delayed speech								
Dysphasia								
Type of Defect:	Other Reasons:							
(s-z), (l), (r), (th-e)	#One case a traffic fatality, and another was sent to detention home.							

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

MENOMINEE

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (h -e) 15*	3			1		3		
Other articulatory	6**	2		1		1		
Stuttering								
Cleft palate	2/	1						
Voice disorder								
Hearing	2//				1			
Cerebral palsy								
Delayed speech	1	1						
Dysphasia								
Type of Defect:	Other Reasons:							

(s-z), (l), (r), (~~h~~-e)

* Eight cases. Speech correction program withdrawn from parochial schools and two of the three schools did not choose to send their students to public school for correction.

Other articulatory
Cleft palate
Hearing

** Two transferred to a parochial school.

// One case graduated.

// One case went to parochial school; the parents of the other weren't interested in help.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

MIDLAND

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (ʃ-θ)	31*	13		7	6*		5	
Other articulatory	4							
Stuttering	3	2		2			1	1
Cleft palate					1**			
Voice disorder								
Hearing	1					1		
Cerebral palsy								
Delayed speech								
Dysphasia								
Type of Defect:	Other Reasons:							
(s-z), (l), (r), (ʃ-θ)	* Parents of six cases felt speech would correct itself as child grows.							
Stuttering	** One case released on advice of doctor, according to the parents.							

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

MILWOOD, OAKWOOD, and PARCHMENT

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (th-ø)	6	6						
Other articulatory								
Stuttering	2*							
Cleft palate								
Voice disorder								
Hearing								
Cerebral palsy								
Delayed speech								
Dysphasia	1**							
Type of Defect:	Other Reasons:							
Stuttering	* Two cases were sent to W.M.C. clinic.							
Dysphasia	** Case sent to W.M.C. clinic.							

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

MONROE

Type of Defect	Reason for Drop-out					
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest
(s-z), (l), (r), (t-k-e) 12*	10					
Other						1
articulatory	2	2				
Stuttering						
Cleft palate						
Voice disorder						
Hearing						
Cerebral palsy						
Delayed speech						
Dysphasia						
Type of Defect:	Other Reasons:					
(s-z), (l), (r), (t-k-e)	* One case was considered a malingerer.					

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

MUSKEGON COUNTY

Type of Defect	Reason for Drop-out					
	Total	Moved	Religious	Low	Parental	Physical
	No.		objection	mentality	objection	illness
	(s-z), (l), (r), (d-e)	4	2		4*	Emotional up-set
Other						
articulatory						
Stuttering						
Cleft palate						
Voice disorder						
Hearing						
Cerebral palsy						
Delayed speech						
Dysphasia						

Type of Defect: Other Reasons:

(s-z), (l), (r), (d-e) * Parents of four cases felt that children were missing too much school.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

MUSKEGON HEIGHTS

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (t)(d)	7	4		2		1*		
Other								
articulatory								
Stuttering								
Cleft palate								
Voice disorder								
Hearing								
Cerebral palsy	1			1				
Delayed speech								
Dysphasia								
Type of Defect:	Other Reasons:							
(s-z), (l), (r), (t)(d)	* Child refused to accept usage of correct (s).							

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

PORTAGE

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (th-θ) Other	1						1*	
articulatory	1	1						
Stuttering	1				1**			
Cleft palate								
Voice disorder								
Hearing	1				1/			
Cerebral palsy								
Delayed speech								
Dysphasia								
Type of Defect:	Other Reasons:							
(s-z), (l), (r), (th-θ)	* One case had a bad heart ailment. The parents felt students defect wasn't severe enough to bother about.							
Stuttering	** The parents did not want to admit their child stuttered.							
Hearing	/ Parents felt that child was merely trying to escape responsibility.							

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

REED CITY

Type of Defect	Reason for Drop-out					
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest
(s-z), (l), (r), (h-θ)	17	12		3	1	1
Other						
articulatory	2	2				
Stuttering	2	2				
Cleft palate	1	1				
Voice disorder	1	1				
Hearing	1					
Cerebral palsy						1
Delayed speech						
Dysphasia						
Type of Defect:	Other Reasons:					

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

ROCHESTER and AVONDALE

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (h - o)	5	4						
Other				1				
articulatory								
Stuttering								
Cleft palate								
Voice disorder								
Hearing								
Cerebral palsy								
Delayed speech								
Dysphasia								
Type of Defect:	Other Reasons:							

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

ROMULUS TOWNSHIP

Type of Defect	Reason for Drop-out							
	Total	Moved	Religious	Low	Parental	Lack of	Physical	Emotional
§ No.	No.		objection	mentality	objection	interest	illness	up-set
(s-z), (l), (r), (h-o)	8	8						
Other articulatory								
Stuttering	1	1						
Cleft palate	1*							
Voice disorder								
Hearing								
Cerebral palsy	1				1			
Delayed speech								
Dysphasia								
Type of Defect:	Other Reasons:							
Cleft palate	* Correctionist considered the case unmanageable.							

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

ST. CHARLES

Type of Defect	Reason for Drop-out							
	ॐ No.	Total Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (tʃ-e)	4*	1				2		
Other articulatory								
Stuttering	4**					2	1	
Cleft palate								
Voice disorder								
Hearing								
Cerebral palsy								
Delayed speech								
Dysphasia								
Type of Defect:	Other Reasons:							
(s-z), (l), (r), (ʃ-e)								* One case quit school.
Other articulatory								** One case quit school.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

SAGINAW #1 (One area in city system)

Type of Defect	Reason for Drop-out					
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest
(s-z), (l), (r), (h-e)	10	8			1*	
Other						1**
articulatory						
Stuttering						
Cleft palate						
Voice disorder						
Hearing		2/				
Cerebral palsy						
Delayed speech						
Dysphasia						

Type of Defect: Other Reasons:

(s-z), (l), (r), (h-e)

- * The parent of one case felt that child would get an inferiority complex.
- ** Doctor recommended that family of another case move to a different school district, or out of town.
- / Two cases enrolled in the special education school, hard-of-hearing room.

Hearing

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

SAGINAW #2 (Another area in city system)

Type of Defect	Reason for Drop-out					
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest
(s-z), (l), (r), (th-e)	21	20				
Other						1
articulatory						
Stuttering						
Cleft palate						
Voice disorder						
Hearing	2	2				
Cerebral palsy						
Delayed speech						
Dysphasia						
Type of Defect:	Other Reasons:					

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

SANDUSKY

Type of Defect	Reason for Drop-out					
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest
(s-z), (l), (r), (h-θ)	11	10				1
Other articulatory						
Stuttering	1					1
Cleft palate						
Voice disorder						
Hearing						
Cerebral palsy						
Delayed speech						
Dysphasia						
Type of Defect:	Other Reasons:					

DROP-OUTS ACCORDING TO TYPE OF DEFECT

SANILAC COUNTY

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TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

SOUTHFIELD TOWNSHIP

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (h-e)	13*	7			1**	1		1
Other								
articulatory	4	4						
Stuttering	4	3						
Cleft palate								
Voice disorder								
Hearing								
Cerebral palsy								
Delayed speech								
Dysphasia								

Type of Defect: Other Reasons:

(s-z), (l), (r), (h-e)

* Two cases had German accent and wanted to try speech for a while, and another case didn't fit into class scheduling.

** Mother of one case felt child was missing too much school work.

Stuttering / Mother and teacher of this case felt child could adjust more satisfactorily in room, and not be 'singled out' as a special student.

DROP-OUTS ACCORDING TO TYPE OF DEFECT

TUSCOLA COUNTY

* One case quit school.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

UNION CITY

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (th-θ)	5	5						
Other								
articulatory	2			1		1		
Stuttering	2	2						
Cleft palate								
Voice disorder	1*							
Hearing								
Cerebral palsy								
Delayed speech								
Dysphasia	1	1						
Type of Defect:	Other Reasons:							
Voice disorder								* This case entered a parochial school.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

VAN BUREN TOWNSHIP

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (th-e)	8*	5						
Other								
articulatory	1	1						
Stuttering	1	1						
Cleft palate	1	1						
Voice disorder	1	1						
Hearing	1	1						
Cerebral palsy	1	1						
Delayed speech	3**	2						
Dysphasia								

Type of Defect: Other Reasons:

(s-z), (l), (r), (h-e) * It was impossible to schedule three cases.

Delayed speech ** One child died of pneumonia.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

WAYNE

Type of Defect	Reason for Drop-out					
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest
(s-z), (l), (r), (h-e)	10	6			1*	3
Other						
articulatory	2	2				
Stuttering	2	1				1**
Cleft palate						
Voice disorder						
Hearing						
Cerebral palsy						
Delayed speech	3	2		1/		
Dysphasia						
Type of Defect:	Other Reasons:					
(s-z), (l), (r), (h-e)	* Mother of one case felt that the child's problem was not severe enough to warrant speech correction.					
Stuttering	** One child is a visiting teacher case.					
Delayed speech	/ One case committed to the Northville Training School.					

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

WHITEHALL, MONTAGUE and NORTH MUSKEGON

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (h-ə)	1							
Other								
articulatory								
Stuttering								
Cleft palate								
Voice disorder								
Hearing								
Cerebral palsy								
Delayed speech								
Dysphasia								
Type of Defect:	Other Reasons:							

(s-z), (l), (r), (h-e)

* This case had a rheumatic heart condition. Physician did not agree with parent that the heart condition would be affected by speech therapy, to no avail.

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

WYANDOTTE

Type of Defect	Reason for Drop-out					
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest
(s-z), (l), (r), (h-ø)	13	10		1		1
Other						
articulatory						
Stuttering						
Cleft palate						
Voice disorder						
Hearing						
Cerebral palsy						
Delayed speech						
Dysphasia						
Type of Defect:	Other Reasons:					
					Physical illness	Emotional up-set
					1	1

TABLE V

DROP-OUTS ACCORDING TO TYPE OF DEFECT

WYOMING PARK

Type of Defect	Reason for Drop-out							
	Total No.	Moved	Religious objection	Low mentality	Parental objection	Lack of interest	Physical illness	Emotional up-set
(s-z), (l), (r), (th-θ)	6	6						
Other articulatory	1				1*			
Stuttering								
Cleft palate								
Voice disorder								
Hearing								
Cerebral palsy								
Delayed speech								
Dysphasia								
Type of Defect:	Other Reasons:							

Other Articulatory * Parent of this case felt that child was emotionally disturbed by calling attention to the speech problem.

Number of Drop-outs from the Individual Programs

The information in Table VI, on the following page is tabulated in ascending order of the percent of drop-out.

The total number of cases enrolled	9,084
Total number of drop-outs	768
Total percent of drop-out	8.4
Range of the number of drop-outs	0 - 53
Range of the percent of drop-outs	0 - 21.9

Type of defect	Total drop-outs from all programs	Percent of all cases according to defect
(s), (l), (r), (o - o)	559	all articulatory
Other articulatory	66	8.5
Stuttering	66	7.9
Cleft palate	15	12.6
Voice disorder	12	6.8
Hearing	18	9.2
Cerebral palsy	11	9.0
Delayed speech	18	6.0
Dysphasia	2	11.7
Polio	1	

TABLE VI
NUMBER OF DROP-OUTS FROM THE INDIVIDUAL PROGRAMS

Schools	No. of Drop-outs	Percent of Drop-out
Port Huron	0	0.0
Flint #4	0	0.0
Whitehall, Montague, and North Muskegon	1	0.8
Portage	4	1.8
Flint #2	5	3.0
Rochester and Avondale	5	3.1
Ironwood, Wakefield and Ironwood Township	10	3.9
Jackson (Vandercook Lake)	7	4.0
Ann Arbor	7	4.2
Wyoming Park	7	4.5
St. Charles	8	4.7
Milwood, Oakwood, and Parchment	9	5.0
Muskegon Heights	8	5.0
Saginaw # 1	12	5.3
Muskegon County	10	5.6
Flint #5	13	5.6
Wyandotte	13	6.0
Romulus	11	6.4
Union City	11	6.6
Melvindale	11	6.9
Monroe	14	7.0
Hazel Park	14	7.0
Ferndale	18	7.1

TABLE VI (continued)

NUMBER OF DROP-OUTS FROM THE INDIVIDUAL PROGRAMS

Schools	No. of Drop-outs	Percent of Drop-out
Sanilac County	10	7.2
Wayne	17	7.4
Jonesville	14	7.6
Marshall, Homer, and Tekonsha	14	8.5
Cadillac	13	8.8
Tuscola County	14	9.1
Southfield Township	21	9.4
Sandusky	12	10.0
Dearborn	25	10.1
Van Buren Township	17	10.1
Battle Creek #1	25	10.1
Lansing #1	26	10.5
Saginaw #2	23	10.5
Crystal Falls	12	11.3
Flint #1	29	11.4
Grand Rapids #2	18	12.0
Hillsdale	15	12.1
Lansing #2	18	12.3
Flint #3	25	12.7
Battle Creek #2	38	15.0
Reed City	24	15.1
Midland	39	15.2
Grand Rapids #1	42	18.8
Menominee	26	18.8
Farmington Township	53	21.9

CHAPTER IV

SUMMARY AND CONCLUSIONS

The total pupil population of the forty-eight programs investigated was 177,023. The range of population for all programs was from 818 to 7,800. The average pupil population serviced by speech correctionists was 3,687. The percent of speech defectives in the total pupil population was 5.1

Sex	Number	Percent	Averages of all programs
<hr/>			
Female cases	2,952	35.4	61.5
Male cases	5,364	64.6	111.7
Grade level			
<hr/>			
Pre-school cases	16	.2	.3
Cases in kindergarten	512	6.1	10.6
Cases in grades 1-6	7,003	84.2	145.8
Cases in grades 7-12	785	9.4	16.3

Two programs carried pre-school cases. Thirty-two, or two-thirds of all programs carried kindergarten cases. All but one program carried cases in grades one through six. The one exception was a correctionist assigned specifically

to high school grades. Over four-fifths or 38 programs carried cases in grades seven through twelve.

During the 1952-53 school year certified speech correctionists were required, by the Department of Public Instruction, to carry a minimum of 125 cases. If there were two or more correctionists servicing the same school system each correctionist was required to carry a load of 175 cases. The results of this study show that the average number of cases carried, through a complete program, by all speech correctionists was 173.2.

The total number of cases dismissed as corrected was 2,502. The average number of cases dismissed as corrected, or adjusted, per program was 52.1. Of the cases having defective (s-z), (l), (4), and (-) sounds, 31.5 percent were dismissed as corrected. Of the cases that had defective sounds other than these, 34.5 percent were dismissed as corrected. Of all cases, 69.3 percent were defective in one or more of these sound units. Out of 770 stutterers, 28.4 percent were dismissed as adjusted to speech normalcy. Forty-six of the forty-eight programs carried cases that had defective hearing and defective speech caused by impaired hearing. While in the speech correction program of the state of Ohio, only one-half of the correctionists taught lip reading during the 1946 and 1947 school year.*

* Irwin study; page 3.

The total number of cases that dropped out of all programs was 768. The total percent of drop-out was 8.4. The outstanding reason for drop-out was moving, that is, the transfer of students from one school system to another. Sixty-three percent, 484 students, of all drop-outs were for this reason. The greatest percent of drop-out, according to the type of defect was 12.6 percent of all cleft palate cases. Eighteen programs lost ten percent or more of their initially enrolled cases.

Seventy-six students or 9.8 percent of all cases that dropped out of speech correction programs did so because of parental objection or a lack of interest.

Many speech correctionists reported that they were unable to answer the questionnaire used in this study because they either did not keep case records from one year to the next, or the speech correctionist preceeding them did not leave any records.

Speech is a part of any child of public school age; it is his main medium of expression. In educating children teachers must deal with the child's total behavior. A speech handicapped child has a behavioral problem, and to help this child a teacher must first become acquainted with the problem. A cumulative speech record would be of value to the classroom teacher and the parent. It is recommended that a cumulative record be kept of each case, giving; the name, age, grade level

description of the type of defect, and a brief account of the case's progress. This speech record card, or sheet, would become a part of the student's permanent cumulative record folder (CA-9, CA-39).

Conclusions

These conclusions are based on the findings of this survey study of 29 percent of the full-time speech correction programs in the public schools of Michigan during the 1952-53 school year, and are applicable only to this study.

I. CASE DISMISSALS

A. According to this study approximately one-third may be considered the expected average number of cases dismissed as corrected from a state-wide program.

1. The results of this study indicate that defective (s-z), (l), (r), and (-) sounds are generally not as readily corrected as other defective sound units.
2. The results of this study show that stuttering can be alleviated to the extent that the stutterer is considered adjusted socially, and his speech typical of accepted speech patterns.

3. On the basis of study results, public school students handicapped by impaired hearing appear to be aided by speech correction programs.

II. DROP-OUT CASES

- A. The study results of drop-out cases denote a need for the continuing education of both parents and public school students concerning the need for, and advantages of, reeducation of the speech handicapped child.

III. RECOMMENDATION

- A. The results of questionnaire returns and accompanying correspondence indicate a need for the keeping of accurate cumulative speech case records, throughout the state.

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APPENDIX

The following information is a synopsis of page two of Gladys E. Simpson's yearly survey report.

1952-1953

ANNUAL REPORT OF SPEECH CORRECTION IN THE PUBLIC SCHOOLS OF
IRONWOOD, WAKEFIELD, AND IRONWOOD TOWNSHIP

As means of comparing the effectiveness of the corrective program for speech cases, a study of these figures is of interest.

		For year 1952-53
Ironwood Schools average clearance for 6 years	50.0%	49.6%
Wakefield Schools average clearance for 6 years	49.6%	49.5%
Ironwood Township average clearance for 6 years	55.3%	54.2%
Over all average clearance for 6 years		51.6%.

On the basis of this survey, it may be stated that the speech correction program holds the number of speech defective children down to a 5% level, grades one through twelve whereas the national average is 10% or more, that the number of incoming cases from kindergarten each year approximately equals the cases corrected each year, and that the overall correction rate is around 50%.

As an elementary school principal and a speech correctionist of past experience I maintain an active interest in special education. This interest prompted me to choose speech correction case dismissal as the subject of my graduate study. In an effort to determine the number of corrected and adjusted cases dismissed from Michigan's remedial speech program in the past year, I am conducting a survey study.

Miss Mary Blair, Consultant for the State Division of Special Education, has expressed an interest in this survey.

A copy of the enclosed questionnaire is being sent to each speech correctionist in your school system.

Any assistance you may offer will be sincerely appreciated.

Sincerely yours,

Chester A. Richard

Dear Colleague:

Has it ever occurred to you that the proof of value in any reeducation program is the number of cases corrected or adjusted over a given length of time?

Experience as an elementary principal and as a speech correctionist of the past has made me strongly aware of the importance of special education in our public schools. To satisfy my intellectual curiosity as well as to fulfil graduate study requirements I selected the study of case dismissals in Michigan's speech correction program.

It would be impossible for any one person to make such a study as this without the cooperation and help of the correctionists in the field. In an effort to secure complete coverage this questionnaire is being sent to you and all other public school speech correctionists in the state.

Miss Mary Blair, Consultant for the State Division of Special Education, has expressed an interest in this project.

Will you please return this questionnaire as soon as possible. I will be required to compile the results in the very near future. May I thank you in advance for your assistance in this undertaking.

Sincerely yours,

Chester A. Richard
36663 Goddard Road
Romulus, Michigan

A survey of case dismissals in the public school speech correction programs of Michigan
for the year 1952-53

I. Case Dismissal

- A. How many (s), (l), (r), and (th) sound defectives were there in the total case load? _____
1. How many were dismissed as being corrected? _____
- B. How many other articulatory defectives were there in the total case load? _____
1. How many were dismissed as being corrected? _____
- C. How many stutterers were there in the total case load? _____
1. How many were dismissed as being adjusted? _____
- D. How many cleft palate cases were there in the total case load? _____
1. How many were dismissed as being adjusted? _____
- E. How many voice disorder cases were there in the total case load? _____
1. How many were dismissed as being corrected? _____
- F. How many speech cases due to hearing defects were there in the total case load? _____
1. How many were dismissed as being adjusted? _____
- G. How many cerebral palsy speech cases were there in the total case load? _____
1. How many were dismissed as being corrected? _____
- H. How many delayed speech cases were there in the total case load? _____
1. How many were dismissed as being corrected? _____
- I. How many dysphasics were there in the total case load? _____
1. How many were dismissed as being corrected? _____

Total Case Load _____

Total Number Dismissed _____

2. Cases Released for Other Reasons

Please indicate the reason by referring to the following number classification:

- | | | | |
|-----------------------|----------------------|--------------------|-------------------------|
| 1.Moved | 3.Low mentality | 5.Lack of interest | 7.Emotional disturbance |
| 2.Religious objection | 4.Parental objection | 6.Physical illness | 8.Other |

Example:

Articulation Number Reasons

 2 4 Explanations: Parent felt that child would
 correct his speech without help, considered class a waste of time.
 (2) etc.

	Number	Reasons	
Articulation	_____	_____	Explanations:.
(s,l,r, and th)			

Articulation	_____	_____	Explanations:
(other)			

Stutters	_____	_____	Explanations:
----------	-------	-------	---------------

Cleft Palate	_____	_____	Explanations:
--------------	-------	-------	---------------

Voice Disorder	_____	_____	Explanations:
----------------	-------	-------	---------------

Hearing	_____	_____	Explanations:
---------	-------	-------	---------------

C. Palsy	_____	_____	Explanations:
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Delayed Speech	_____	_____	Explanations:
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Dysphasia	_____	_____	Explanations:
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3. Supporting Data

- Indicate number for each sex in the total case load (male ____; female ____)
- How many cases were in kindergarten __, elementary (grades 1-6 __, secondary __.
- What was the total pupil population in your area? _____
- Do you feel that a yearly survey of this kind would be of value to speech correctionists and the state program? Please explain.

If you wish to receive a copy of the questionnaire results, please check here _____

Signature: _____

School: _____

ROOM USE ONLY

~~Mar 5 '55~~

Mar 19 '55

~~Jul 16 '55~~

~~Room 122~~

~~DEC 14 1955~~

~~JUL 23 1962~~

~~DEC 7 1963~~

~~JUL 30 1964~~

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~~Aug 1966~~

~~AUG 1966~~

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