ABSTRACT

A PROPOSED SPECIAL EDUCATION PROGRAM FOR THE STATE OF ALASKA WITH EMPHASIS ON RURAL SCHOOLS

By

Anna Barbara Crumpler Smart

The purpose of this study was: (1) to make an extensive survey of the literature regarding special education administration which has been published since the passage of the Cooperative Research Act in 1956, (2) to analyze the special education programs in ten selected states in which conditions are similar to those in Alaska or which have certain model provisions in their laws or rules and regulations, (3) to summarize the current special education provisions in Alaska, and (4) to develop a proposed special education program for that state.

The field of education is often criticized because of the amount of time which elapses between the development of new knowledge and its acceptance as a part of the general practice in school systems. An opportunity for shortening the process exists in Alaska at the present time because, with the exception of a few of the larger communities such as Anchorage and Fairbanks, special

education services are either minimal or non-existent. Therefore, as a result of research and systematic planning, practices which are consistent with current knowledge could be established deliberately instead of having to evolve from long-existing programs based upon deeply entrenched beliefs and customs.

In this study an attempt was made to summarize some of the recommendations of authorities in the field of special education concerning the operation of special programs and to outline the provisions in ten states which might be relevant to the education of handicapped children in Alaska. Because of the recognized shortcomings of programs based on traditional medical and psychological definitions of handicapping conditions, an effort was made to develop an outline for a program which is based primarily on a definition of educational handicap and a hierarchy of services arranged according to the extent of a child's need for special educational provisions. Recommendations were limited to those concerning an organizational framework for the delivery of services for handicapped children, the definition of exceptionality, the process of establishing eligibility for services, ways of delivering services, and a plan for putting the proposals into practice. The related topics of a census and registry of handicapped persons and of extending services to individuals outside the age-range usually found in schools were considered briefly.

The major features of the program which is proposed for Alaska are as follows:

1. A statewide, state-operated special education service district should be established.
2. Special education services should be offered through a system of centers located in sixteen communities in different parts of the state.
3. Individuals everywhere in the state should have easy access to the resources of the centers through the services of itinerant personnel and by means of radio or telephone contact.
4. Exceptionality should be defined in terms of educational deficit and according to the extent of services required.
5. Eligibility for services should be established by diagnostic teams consisting of the classroom teacher, a special teacher, an educational diagnostician, and other appropriate persons when they are needed.
6. Services should be provided at different levels, and the child should remain in the regular classroom and in the home community whenever possible.

7. The proposed comprehensive special education service program should be developed in four stages according to a plan which would provide services in all areas of the state as soon as the first four centers are completed.
8. The registry of handicapped persons which has been authorized should be funded, and a complete census of handicapped persons should be conducted.
9. The special education services program should be extended downward to include preschool children and upward to coordinate with the vocational rehabilitation program.

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By

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A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Elementary and Special Education

1970

DEDICATION

To my mother, my husband, and my son, who have allowed me to live in the way that I must--and to Anna Kalwies who makes it possible.

ACKNOWLEDGMENTS

I most gratefully acknowledge and appreciate the loyal support provided by my doctoral committee. Without the steady wisdom of Dr. Charles V. Mange, my major advisor, this study could not have been completed. The other members of my committee, Dr. Elsie M. Edwards, Dr. Charles V. Henley, and Dr. Fred Vescolani, each made unique contributions by their example, advice, and teaching throughout my doctoral program. For his help in launching this probject, I would like to thank Dr. Donald Sellin.

My appreciation is also extended to the many people in Alaska who took time to reply to my requests for information, and to Carolyn Piersma, who patiently typed my dissertation under the difficult circumstance of being separated from me by many miles during the preparation of the final copy.

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CHAPTER I

INTRODUCTION

The state of Alaska covers an area equal to one-fifth that of the continental United States; and in January, 1970, it had an estimated population of 292,000, or approximately .5 person per square mile. Over half the people live in towns of fewer than 1,000 or are in villages of 100 to 250 inhabitants scattered throughout the "unorganized borough." Only two cities, Anchorage and Fairbanks, have more than 10,000 people.

The entire state has about 6,500 miles of road, much of which is only gravel and does not connect communities. The 537 mile Alaska Railroad, the only railroad which is operated by the federal government, mainly serves the cities of Seward, Anchorage, and Fairbanks. It is not connected to Alaska's other railroad, the narrow gauge White Pass and Yukon, which operates between Skagway, Alaska, and Whitehorse in the Yukon Territory of Canada. Some towns are reached primarily by boat; the "Marine Highway," a system of ferries, provides transportation along 550 miles of coast in southeastern Alaska. Many villages can be reached only by air; and even this means of travel becomes unavailable when landing areas, which may be lakes or rivers, are in

the process of freezing or thawing. The State Department of Education conducts a system of correspondence courses for those children who live too far from a school to allow regular attendance; at least one village uses an airplane as a school bus.

Traditionally, Alaska has attempted to organize and support schools wherever enough children could be assembled; and when Alaskans drafted their constitution in anticipation of statehood, they followed a pattern prevalent in the other states by obligating the legislature to establish and maintain a system of public schools open to all children of the state. In keeping with this philosophy, a permissive special education law was enacted in 1959; and in 1965 the legislature amended it to make it mandatory. The State Department of Education hired its first full-time special education consultant in 1966, and the following year the Bureau of Indian Affairs created and filled a similar position for the schools operated by the federal government for the Eskimo, Aleut, and Indian children in the state.

Need for the Study

The legal provisions for special education services encompass a wide variety of disabilities; but when one considers that prior to the 1970 legislative session a child was required to have a physical and psychological evaluation prior to placement in a special class

for the handicapped,[1] and that in 1965 there were eight psychiatrists and twelve psychologists in the state with only four of them in schools,[2] it becomes apparent that compliance with the law, mandatory or not, has been extremely difficult or impossible, especially in the areas outside the largest cities. Only the most populous communities have been able to provide special education to any extent. Because of the difficulty of hiring qualified teachers and the problems involved in getting children evaluated and organized into groups of five to ten who could "successfully be provided special services in the same facilities and classes,"[3] special education services in the rural schools prior to 1968 were almost non-existent. Mentally retarded children who were not disruptive were allowed to enroll in regular schools on the theory that all rural education is really "special education." However, teachers who are trained to deal with specific handicaps are not usually found in small village schools; and special materials and equipment are difficult to obtain. Therefore, the needs of an exceptional child in a regular school are likely to be

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[1] The Compiled School Laws of the State of Alaska (1969 edition; Juneau: Alaska Department of Education), p. 62.

[2] Mildred L. Hayes (coord.), Report on Alaska's Plan to Combat Mental Retardation (n.p., December, 1965), p. 76.

[3] The Compiled School Laws of the State of Alaska, p. 60.

subordinated to the teacher's first responsibility of teaching fifteen to twenty-five other children whose ages may range between six years and adolescence. During the 1968-69 school year federal funds enabled the Department of Education to hire nine special education teachers, six of whom were assigned to the Bethel schools. For several years some handicapped children from rural communities have been placed in foster homes to attend school in the larger cities, and others have been sent to facilities in the continental United States.

Prior to 1967 neither of Alaska's two universities offered courses preparing teachers to meet the state eligibility requirements for special education teachers, but during the summers of 1967 and 1968 seminars were offered, and some special education courses were being planned for the coming school year.[4]

Hayes[5] summarized the extent of services for the mentally retarded in 1965 as follows:

> Resources within the state and the services they provide, special or generic, relating to the problem of mental retardation, appear impressive when reviewed. When explored in detail we find that services provided are fragmented, uncoordinated, and do not extend adequate coverage to all areas and all population groups

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[4]Governor's Advisory Committee on Mental Retardation, Progress in Alaska's Plan to Combat Mental Retardation and Guidelines to the Future (Juneau: September, 1968), p. 16.

[5]Hayes, Report on Alaska's Plan to Combat Mental Retardation, p. 41.

> within the state. Gaps in service are obvious in providing a continuum of services needed for optimum development of the mentally retarded. Embryonic beginnings of new services are noted with increasing focus on the special needs of the retardate in other services.
>
> In many instances the services provided by existing agencies are meager due to manpower shortages, lack of understanding of the special needs of the mentally retarded, lack of focus on the problem, and inadequate funding.

Although some progress has been made since that time in providing education for mentally retarded children and for those with other handicaps, there are still many whose needs remain undiagnosed and who receive no special attention. The effects of their disabling conditions, many of which could be eliminated or minimized, are allowed to become chronic; and the children grow up to become part of the 15.2 per cent of the population who are considered by the Office of Vocational Rehabilitation in the Alaska Department of Education to be handicapped to the extent that they will be prevented from "successfully utilizing their remaining abilities in a productive manner,"[6] or they become candidates for institutionalization at an estimated cost in excess of $25 per day.

Alaska's special education program has been developing parallel to those in the other states, and some of the features of its laws and regulations such as the

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[6]Alaska Comprehensive Statewide Planning Project for Vocational Rehabilitation Services, Survey of Handicapping Conditions, Keith J. Anderson, Dir. (Juneau: November, 1968), pp. 28-29, 59.

descriptions of various categories of disability have been patterned after programs which have been in operation for many years. However, this development appears to be running counter to some of the current thinking in the field regarding the direction in which education for handicapped children should be going. This thinking is exemplified in an article by Lloyd M. Dunn[7] in which he says in reference to some classes for children who have been labeled "educationally mentally retarded" that ". . . a large proportion of this so called special education in its present form is obsolete and unjustifiable from the point of view of the pupils so placed. . . ."

He further states:[8]

> A moratorium needs to be placed on the proliferation (if not continuance) of self contained special classes which enroll primarily the ethnically and/or economically disadvantaged children we have been labeling educable mentally retarded. Such pupils should be left in (or returned to) the regular elementary grades until we are "tooled up" to do something better for them.

Instead of disability labels, he says that we may need to substitute labels which describe the type of educational intervention which is needed.

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[7]Lloyd M. Dunn, "Special Education for the Mildly Retarded--Is Much of It Justifiable?" Exceptional Children, XXXV (September, 1968), 6.

[8]Ibid., p. 11.

Alaska is currently enjoying an economic spurt brought about by the discovery of vast oil deposits on the North Slope. In September of 1969, leases were sold for approximately $900 million at a single bidding. It is reasonable to assume that education will receive the benefits of some portion of this money. However, in order to make the wisest use of this wealth and avoid the piecemeal extension of current programs on the basis of whatever pressures are brought to bear during a legislative session, extensive planning is imperative.

Anticipating the need for a revision in the present state foundation program and in recognition of the current trend toward greater state funding of local school programs, the governor recently initiated a study under the direction of the Department of Education and an advisory council for the purpose of reviewing the present foundation program and investigating its impact on Alaskan children. Consequently, a study of special education in Alaska is a timely one. Its successful completion and its subsequent adoption by the state would have a direct influence on the education of exceptional children in Alaska. Inasmuch as one of the most vexing problems with regard to special education in several of the less densely populated areas in other states has been that of extending services to children in sparsely settled areas, some of the features of a plan devised for Alaska might be adaptable for use in other states.

Purpose of the Study

Despite the fact that Alaska has made rather steady progress throughout the last decade toward meeting the needs of her handicapped children, it is evident that the provisions that have been developed to date are far from adequate for fulfilling her obligation of educating all the children in the state. Therefore, this study was undertaken for the purpose of examining the literature in the field of special education administration, analyzing the special education laws and rules and regulations in selected states, describing the current status of special education in Alaska, and developing a proposed special education program for the state.

Method of Research

The field of education is often criticized because advances in knowledge gained by the leaders in the profession are slow to be incorporated into practice at a level where children can benefit from them. In this study an extensive survey of the literature concerning the administration of special education programs was made in order to determine what recognized authorities consider to be requirements of model special education programs.

The special education laws and rules and regulations in California, Colorado, Georgia, Michigan, Minnesota, Montana, Utah, Washington, Wisconsin, and Wyoming were analyzed. Features of programs in these states which might

be adaptable for use in Alaska were summarized. Very little has been written about handicapped children in Alaska. The summary of the status of special education in the state at the present time was based mainly upon information contained in publications of the Department of Education and in personal correspondence with various people in the state.

Limitations

The literature selected for review was limited, with few exceptions, to that published after 1956, the year in which the Cooperative Research Act, P.L. 83-531, was passed. This law stimulated research which resulted in an improvement and expansion of programs for the education of handicapped children throughout the nation.

The states whose laws and rules and regulations were selected for study were limited to those in which some conditions are similar to conditions in Alaska and to those in which certain provisions are considered to be exemplary.

Although gifted children were brought within the definition of exceptionality during the 1970 session of the Alaska Legislature, only the needs of the handicapped were considered in this study. Recommendations concerning the special education program in Alaska were limited to those concerning an organizational framework for the delivery of services for handicapped children, the definition of exceptionality, the process of establishing eligibility for services, ways of delivering services, and a plan for

putting the proposals into practice. The primary emphasis of the study was on the education of exceptional children of school age. However, the related topics of a census and registry of handicapped persons and of extending services to individuals outside the age-range usually found in schools were considered briefly.

No attempt was made to provide a cost estimate or to present recommendations concerning special education curriculums or teaching methods.

Overview of the Remainder of the Study

In Chapter II a review of the literature pertaining to special education in the United States is presented; Chapter III contains an analysis of the special education laws and rules and regulations in ten selected states. A description of Alaska's current special education program is presented in Chapter IV, and a proposed special education program for the state is outlined in Chapter V.

CHAPTER II

REVIEW OF THE LITERATURE

Historical Background

The Development of Special Education

Educators at least as far back as Plato have recognized that there are differences among individuals. Comenius urged the acceptance of nature and the adjustment of materials and instruction to the child's level.[1] Rousseau maintained that:

> . . . each progresses more or less according to his genius, his taste, his needs, his talents, his zeal, and his opportunities for using them. . . . None of us has measured the possible differences between man and man.[2]

Almost any teacher in a classroom today would at least give lip-service to the idea that "instruction should begin at the child's level of development and proceed at his rate of learning," and those charged with the education

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[1]Fred T. Tyler, "Conceptions of Human Variability," in Individualizing Instruction, The Sixty-first Yearbook of the National Society for the Study of Education, Part I (Chicago: The University of Chicago Press, 1962), p. 1.

[2]Jean Jacques Rousseau, Émile, trans. by Barbara Foxley, Everyman's Library edition (New York: Dutton, 1911), p. 29.

of the young during different periods in history have made various recommendations for coping with the problems engendered by lack of homogeneity. The special education programs established in each of the fifty states are evidence of administrative effort toward solving the problems which arise because some children are so different from the majority of their classmates that they cannot be swept along with the stream of learning but instead become hooked on snags along the bank or swirl helplessly in some backwash.

Even though most educators acknowledged differences among their pupils, few of them became leaders in setting the patterns for the development of special education programs. Many of the earliest professional workers who took an interest in the education of the handicapped were medical practitioners. Yet Itard, and later Seguin and Montessori, who tried to improve the functioning of mentally retarded individuals, depended largely upon sense and muscle training and most often used didactic methods rather than the usual surgical tools and medicines of the physician. Itard believed that "the progress of education . . . ought to be illumined by the light of modern medicine . . . ," and he referred to his system as "medical education."[3]

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[3]Jean-Marc-Gaspard Itard, The Wild Boy of Aveyron, trans. by George and Muriel Humphrey (New York: Appleton-Century-Crofts, 1932), pp. 50 and 55.

The majority of the educators of the day were oriented toward imparting traditional knowledge as it was preserved in books and were most likely unaware and unconcerned that the medical workers were assuming an educational role. They were willing to let the doctors "treat" the disabilities in privately supported institutions. Since the people who were most instrumental in the treatment of exceptionality, whether physical or mental, were doctors, medical and psychological terminology was used in delineating categories of disability.

Even without severely handicapped children in the schools, educators found it necessary to modify organizational plans in order to lessen the differences among children. During the colonial period the schools were small and ungraded. Much of the teacher-pupil relationship was tutorial. As the population grew and increasing numnumbers of children attended school, a more efficient system was required. About 1850, graded classes emerged as a means of teaching children with about equal academic attainment in a group. Since the children were, in fact, not equal, adaptations such as non-promotion and homogeneous grouping within grade levels were tried; and finally nongraded schools were rediscovered. Shane speculates that:

> . . . perhaps hundreds of proposals have been made to devise organizational structures and activities intended to improve grouping, promotion policies, special services, the use of teaching aids, and numerous other elements in the milieu of the school having both direct

and indirect bearings on the recognition of individual differences.[4]

When none of these methods satisfactorily solved the problems caused by the presence of those who were the least able scholastically, the practice of taking them out of the mainstream of education evolved; and the first public school "special education classes" were organized.[5] Between 1898 and 1902 Alexander Graham Bell influenced the National Education Association to establish a Department of Special Education. His major interest was in aiding the deaf, but he included the blind and mentally deficient in his recommendations regarding an "annex to the public school system" for those who were too handicapped to "profit" from ordinary instruction.[6] By the end of the 1920's over 200 of these special classes were to be found in the larger cities in the United States. During the next decade researchers were beginning to question the value of such programs, for the evidence pointed to the conclusion that those in special classes derived no more academic benefit than did similar students left in the regular classes,

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[4]Harold G. Shane, "The School and Individual Differences," in Individualizing Instruction, The Sixty-first Yearbook of the National Society for the Study of Education, Part I (Chicago: The University of Chicago Press, 1962), p. 44.

[5]B. R. Gearheart, Administration of Special Education (Springfield, Ill.: Charles C. Thomas, Publisher, 1967), p. 8.

[6]Ibid., p. v.

although there was some indication that the social development of individuals was more advanced in the special classes.[7] Nevertheless, the programs continued to expand until in 1966, according to Mackie,[8] approximately 6,700, or more than half the nation's public school districts, either maintained their own special education programs or participated in cooperative arrangements with other school systems. Over two million handicapped children were being served. Even so, she estimated that only about 35 per cent of the children who needed such special services were actually receiving them. Clearly, further development was necessary; and the nation continued to increase its efforts by extending programs already in existence, starting new ones, and providing additional financial support.

Much of the stimulation for growth in these programs resulted from the observed success with rehabilitating injured World War II soldiers. However, the increasing demand for public school personnel who had been trained to work with handicapped children could not be met; prior to 1950 colleges offered few appropriate courses. They could not provide such training because of the scarcity of

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[7]G. Orville Johnson, "Special Education for the Mentally Handicapped--A Paradox," Exceptional Children, XXIX (October, 1962), 62-69.

[8]Romaine P. Mackie, Special Education in the United States: Statistics 1948-1966 (New York: Teachers College Press, 1969), pp. 4-7.

professors in the field of special education. In 1958, Fouracre[9] reported on a survey of university facilities for training post-master students in "all areas of special education" and stated that a total of thirty-eight doctoral degrees in that field were to be completed during the 1957-58 school year at approximately three-fourths of the facilities which offered such training. It is not clear exactly which areas were included, but only five of the thirty-eight doctoral degrees were in mental retardation, one of the most prevalent and educationally significant disability areas.

The Role of the Federal Government

A tiny trickle of federal support began in the 1930's with the passage of some bills designed to help states contribute to the cost of programs in local communities on a formula basis,[10] and in 1956 the passage of the Cooperative Research Act, P.L. 83-531, made more funds available although they were not for direct support of education for the handicapped. Special education had to

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[9]Maurice H. Fouracre, "Exceptional Children: An Increasing Responsibility," in Frontiers of Elementary Education V, ed. by Vincent J. Glennon (Syracuse: Syracuse University Press, 1958), p. 38.

[10]Romaine P. Mackie, "Converging Circles--Education of the Handicapped and Some General Federal Programs," Exceptional Children, XXXI (January, 1965), 250.

compete with many other areas of education in which additional money was needed, but the United States Office of Education committed two-thirds of its first year's appropriation under this law to be used for research projects on education of the mentally retarded. The real break came with the passage in 1958 of P.L. 85-926, later amended by P.L. 88-164 and P.L. 89-105, which made available unprecedented financial support for persons who were studying to be special education administrators or teachers of the handicapped. The Elementary and Secondary Education Act, P.L. 89-10, of 1965, although not exclusively for the benefit of exceptional children, did allow funds for compensatory education to go directly to local educational agencies; and many of the children who qualified for these programs as culturally deprived had concomitant handicapping conditions. The financial risk to local communities that desired to start new programs was diminished because money was payable in advance rather than according to the usual reimbursement policies. This law, along with the Head Start program under the Office of Economic Opportunity, opened possibilities for preventing defects which are due to environmental influences. Later amendments, specifically Title VI, further extended the benefits of the law to all handicapped children, including babies and post-secondary adolescents. In Title VI the term "handicapped" includes "mentally retarded, hard of hearing, deaf, speech

impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired children." The categories bear traditional labels; but according to Irvin,[11] the specific listing is not intended to discourage the development of programs for children with multiple handicaps. He further states that "other health impaired" includes children with learning disabilities provided that contributing health or central nervous system impairment can be identified. The new category of learning disability was legally recognized in a 1969 amendment to the Elementary and Secondary Education Act.

In order to focus the effect of the diverse programs which were being funded under the Elementary and Secondary Education Act, in 1970 Congress included in Title VI the establishment of the Bureau for Education and Training of the Handicapped and the National Advisory Committee on Handicapped Children.

In 1968, the Handicapped Children's Early Education Assistance Act, P.L. 90-538, was passed. It provides for the establishment of model programs for the education of preschool handicapped children. This law was a landmark for special education; for according to LaVor and Krivit,

> . . . it was the first time in history that Congress approved an action exclusively for the education of all the handicapped without attaching it to any other legislation. Heretofore, Congressional action

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[11]Thomas B. Irvin, "Assistance to States for Education of Handicapped Children Under ESEA Title VI-A," Exceptional Children, XXXIV (March, 1968), 566.

> for special education has been generally masqueraded, disguised, or "tacked on to any piece of business" that happened to be up for consideration. With this Act, however, special education has come into its own.[12]

Paralleling the laws which brought direct benefit to children were others setting up Instructional Materials Centers and Education Resources Information Centers for developing and disseminating teaching materials to increase the impact of the other programs. The most recent of these laws, P.L. 91-230, which was enacted in April, 1970, authorized the Secretary of Health, Education, and Welfare to establish a National Center on Educational Media and Materials for the Handicapped. Its purpose is to strengthen and coordinate the efforts of the previously established media centers and clearing houses.

Philosophical Foundation

Prior to 1900

Interwoven with the historical events in the field of special education has been a gradual shifting in the nation's philosophy. Schools during the 19th century required that a knowledge of reading, writing, and arithmetic be acquired relatively early. Most children who could not master the subject matter soon left school with virtually

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[12]Martin LaVor and Daniel Krivit, "Law Review: The Handicapped Children's Early Education Assistance Act, Public Law 90-538," Exceptional Children, XXXV (January, 1969), p. 379.

no education or training in the skills which, even in the days before modern technology, were required for economic and social adequacy. Only those who could meet the requirements were privileged to attend school. A court in 1874 ruled that "a principal of a public graded school may refuse to admission a child who has not sufficient education [italics added] to enter the lowest grade of such a school."[13]

Dunn mentions that " . . . courts upheld school boards for expulsions based on a child's acts of negligence, carelessness of posture while sitting or reciting, or for equally innocuous causes."[14]

These infractions, according to our present knowledge, could have been the result of conditions within the child but beyond his control.

Cook and Clymer point out that during the early 1800's when our graded system of public schools was evolving, educational research was unknown.[15] Therefore,

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[13]Empress Young Zelder, "Public Opinion and Public Education for the Exceptional Child--Court Decisions 1873-1950," Exceptional Children, XIX (February, 1953), 188.

[14]Lloyd M. Dunn, "An Overview," in Exceptional Children in the Schools, ed. by Lloyd M. Dunn (New York: Holt, Rinehart and Winston, Inc., 1963), p. 5.

[15]Walter W. Cook and Theodore Clymer, "Acceleration and Retardation," in Individualized Instruction, The Sixty-first Yearbook of the National Society for the Study of Education, Part I (Chicago: The University of Chicago Press, 1962), pp. 179-81.

educational practice could only be justified on philosophical grounds. The normal school graduates who staffed the schools had been taught the techniques of mass instruction considered to be necessary in imparting what was to be learned at each grade level to increasing numbers of students. A general belief that any person who had been trained to be a teacher was capable of teaching all children assigned to him was accepted for some years. This notion was consistent with our democratic ideal that all men are created equal and the assumption that providing equal opportunity is synonymous with offering the same educational program to everybody.

Early Twentieth Century

In the early 1900's courts began to rule in favor of the right of an individual to attend the public school except when his presence interferred with the "general welfare."[16] This coincided with the passage of child labor regulations and compulsory school laws ostensibly for the child's own good, but equally important to maintaining the balance in the labor market. With all children theoretically required to be in school for a certain number of years, only those who were so deficient in some capacity that it was believed that they could not profit from the instruction or those whose presence would be disturbing,

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[16]Dunn, "An Overview," p. 5.

disrupting, or depressing to others in the group were excused.[17] Neither the child nor his parents had any voice in the decisions regarding whether or not the program offered to him did indeed fit his needs.

In 1938, Goodier and Miller summarized the prevailing philosophy as follows:

> For many years mass instruction as it is practiced in the public schools of the United States has been considered to be consistent with the ideals of democracy in which the children of all the people are supposed to receive the same educational advantages. . . .
>
> Students of school problems have long been aware that children differ widely in ability. The general reaction to this situation has usually been one of indifference. The prevailing philosophy has been that variations in ability cover a wide range and nothing can be done about it. . . . the school did not feel any responsibility for adapting itself to the special needs of the individual. A spirit of fatalism or self-sufficiency pervaded the schoolroom. No need was felt for altering the traditional practices or disturbing a sacred curriculum. The school offered its advantages to all, and the pupil could take them or leave them. The responsibility was his.[18]

They stated that recently the schools had become aware of the "acuteness of the problem of backwardness" and had begun to realize that something had to be done about individual differences. They defined a handicapped child as "one who has some physical, mental, or social disability which places him at a disadvantage with his fellows."

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[17]Claude C. Lammers, "The Right to Attend School," Personnel and Guidance Journal, XLIII (January, 1965), 481.

[18]Floyd T. Goodier and William A. Miller, Administration of Town and Village Schools (St. Louis, Missouri: Webster Publishing Company, 1938), pp. 199-200.

With increasing numbers of exceptional children being allowed to attend school, it seemed to be more practical to assign someone the specific job of teaching those who did not learn under the normal classroom conditions of the day. Therefore, in many instances, special education simply became an appendage to general education. The organizational unit for the elementary school was the self-contained classroom; so the special education class was allotted its cubicle and often bore a euphemistic label such as "opportunity room." Since atypical children did not make normal progress in the regular classroom with a teacher who possessed the usual qualifications, it was generally concluded that they required specially trained teachers who could provide adapted materials and a unique approach. This assumption was supported by the results of a series of thirteen studies begun in 1952 by the United States Office of Education.[19] The purpose of these studies was to learn more about the competencies and special preparation needed by teachers of exceptional children. Lists of competencies which a group of respected educators and superior teachers

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[19]U.S., Department of Health, Education, and Welfare, Teachers of Children Who are Mentally Retarded, A Report Based on Findings from the Study: Qualifications and Preparation of Teachers of Exceptional Children, by Romaine P. Mackie, Harold M. Williams, and Lloyd M. Dunn, Bulletin No. 3 (Washington, D.C.: Government Printing Office, 1957), pp. 70-71.

considered to be important for teachers of atypical children were compiled and published during succeeding years.

Eventually the school's legal right to classify pupils was questioned, but the courts ruled that the parent had " . . . no right to interfere with the board's exercise of its discretion, and demand for his children, instruction in certain classes or grades against the judgment of the board."[20]

Later Twentieth Century

About 1950, according to Zelder, court decisions began to reflect a belief that the exceptional child not only has a right to attend school, but he must be offered instruction suited to his requirements, even though his parents object.[21] Zelder cited a case concerning a deaf boy who was required to attend a residential school against his parents' wishes.

By 1956, authorities were becoming critical of the policy of categorical segregation.[22] Under this system, a

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[20]Robert T. Glenn, "Rights of Assignment," The Journal of Special Education, I (Fall, 1966), 100, citing School Trustees v. People 87 Ill. 303, 29 Am. R. 55 and 79 C.J.S. Schools and School Districts, 484c.

[21]Zelder, Public Opinion and Public Education for the Exceptional Child--Court Decisions 1873-1950, pp. 194 and 196-98.

[22]Arthur S. Hill, "A Critical Glance at Special Education," Exceptional Children, XXII (May, 1956), 316; F. E. Lord, "A Realistic Look at Special Classes," Exceptional Children, XXII (May, 1956), 342.

child who experiences difficulty in school is taken out of the educational setting and diagnosed from a medical or psychological orientation. The teacher then receives a report in terms of physical problems, mental retardation, or emotional disturbance which offers a reason for the child's lack of success. The natural conclusion follows that he cannot learn because he has the problem. Nothing is offered to the teacher in terms of an educational prescription. Educational placement is virtually decided by non-educators, yet the responsibility for educational decisions belongs to the schools; and the educators are the only ones with the legal right or the professional training to make such decisions. On the other hand, the teacher is not professionally trained to attack the medical or psychological problem. The net effect is that the child's failure to learn is merely justified, not modified.

In 1968, Dunn reported that a suit had been brought before the courts in California regarding the placement of students in self-contained special classes and labeling them mentally retarded without allowing the parents a hearing.[23] After spending a professional lifetime fighting for special education for handicapped children, he further stated that he, himself, if he were a parent in the slums, would go to court to prevent a child of his from being labeled as

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[23]Dunn, "Special Education for the Mildly Retarded--Is Much of It Justifiable?" pp. 7-8.

mentally retarded and consigned to a self-contained special school or class. He warned that the day might not be far off when self-contained special classes would be declared illegal.

An alternative to categorical segregation is one in which special education is conceptualized as a service to individuals. The child is diagnosed in terms of his ability to perform specific learning tasks. The medical and psychological findings and recommendations are taken into consideration, but the decisions regarding educational placement and educational treatment are made by educators, a job for which their professional training fits them. A model for this approach exists in speech correction services which cut across all disability categories to concentrate on the specific skills to be developed.

Until recently textbooks in the field and teacher-training and certification procedures followed the traditional pattern. However, there is an increasing use of the term "educational handicap" to refer to any disability which is relevant to the learning process. Reger expressed the growing dissatisfaction with non-educational diagnostic classifications systems by pointing out the following negative implications for programming which is based on them:

1. There is a built-in necessity for educators to wait passively until newly recognized syndromes

are categorized and teaching prescriptions are developed by professional workers in some other field.

2. Many children cannot meet the demands of the regular school curriculum and are, therefore, educationally handicapped; but they do not fit any niche in the diagnostic scheme and are not eligible for services.
3. Children who bear the same categorical label may be very different as far as their educational needs are concerned, yet two children whose observable educational problems are similar may not both be eligible for special education.

Reger goes on to say that:

> The concept of educational handicap applies to all children who require special educational programming, whether or not these children have been "diagnosed" by medical personnel or others as blind, mentally retarded, "normal," or whatever. The basis for requiring special educational programming is determined by observations that, for any reason, a child is having significant problems with his educational curriculum.[24]

He defines an educationally handicapped child as one who "is unable by certain local standards to meet minimal expectations in the general curriculum, or [one who] finds the curriculum inappropriate and intolerable."

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[24]Roger Reger, "Concepts in Special Education," Education, LXXXVII (February, 1967), 329-31.

He contends that educators should not be expected to "cure" the medical or psychological handicapping condition. They should be expected to provide an appropriate educational program which takes the condition into consideration.

Since a private tutor for every child is beyond possibility, this broad term "educational handicap" must be subdivided so that children with similar learning difficulties can be taught together. Selznick suggests grouping children according to communication disorders, behavioral disorders, and special learning needs.[25] Dunn suggests the broad term "school learning disorders" under which special instruction in language or cognitive development, sensory training, personality development, vocational training, and other areas could be given.[26] Quay has outlined a grouping scheme consisting of forty-one cells representing educational variables arranged according to sensory-motor and social modalities along one axis and according to input, response, and reinforcement parameters along the other.[27] A recent textbook is organized around visual, auditory,

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[25]Harrie Selznick, "Direction for Future Action," Exceptional Children, XXXI (March, 1965), 357.

[26]Dunn, "Special Education for the Mildly Retarded--Is Much of It Justifiable?" p. 15.

[27]Herbert C. Quay, "The Facets of Educational Exceptionality: A Conceptual Framework for Assessment, Grouping, and Instruction," Exceptional Children, XXXV (September, 1968), 25-31.

non-verbal, and associational processes.[28] Its authors concur with a proposal by Swartz that teachers should be trained as generalists in special education because the process of teaching a child with a specific handicap to read or to perform other learning tasks is not radically different from teaching any other child, although adaptations must be made to match his level of accomplishment and personal characteristics.[29] This practice would solve the problem of where to place a multi-handicapped person since special services would be provided on the basis of his learning deficits rather than according to which of his disabilities supposedly contributed most to his lack of school success.

Quay aptly expresses the most recent philosophy of special education when he says that " . . . it must become that branch of education concerned with the development and delivery of an educational technology for children who suffer from impairments in their abilities to learn and perform in the classroom . . . " and that its emphasis " . . . is not on causes or cause-removals in the disease-model sense but on the remediation of dysfunction in . . .

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[28]Roger Reger, Wendy Schroeder, and Kathie Uschold, Special Education, Children with Learning Problems (New York: Oxford University Press, 1968).

[29]Louis Schwartz, "An Integrated Teacher Education Program for Special Education--A New Approach," Exceptional Children, XXXIII (February, 1967), 411-416.

the learning process or on the circumvention of totally unremedial defects."

He states further:

> Viewed in this way, special education becomes a resource of the total educational program and its techniques are made available on an as-needed basis, to the total school population. In this context, the attachment of medico-psychological disability labels is not necessary. All children are assessed in terms of learning functions and receive whatever "special education" may be warranted. It seems very likely that the locus for the delivery of such a "special education" may most likely be the regular classroom or the multipurpose resource room. The self-contained special class should exist only as an initial placement for severely handicapped children who require intensive remediation or a high degree of special programming.[30]

Besides keeping more children in school and developing special programs for them, there is increasing emphasis on extending our interest down to the preschool years and beyond the upper compulsory school age. Under a broadened philosophy regarding the obligations of the schools, other restrictions which at one time would have been considered as precluding a child from "profiting from schooling" or being "educable" are being relaxed. For example, requirements that a child be ambulatory or toilet-trained are no longer universal. Thus, the way has been opened for trainable children and the severely orthopedically handicapped. Cruickshank states that although there is no longer disagreement regarding the state's ultimate responsibility for

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[30]Herbert C. Quay, "Remarks on a Model for Special Education," Newsletter, Michigan Federated Chapters of the Council for Exceptional Children, XV (December, 1969), 5.

the training, care, and treatment of children with intelligence levels below 50, there is still some difference of opinion as to whether the public school is the appropriate community agency for providing the training.[31] However, since 1950, an increasing number of states have recognized the difficulty of separating the concept of "learning" into the concepts of "trainable" and "educable" and have made schools responsible for children described as "trainable."

Gradually over a century and a half society's attitude has changed from regarding special education as an administrative device for the purpose of shunting aside those children "who are at a disadvantage with their fellows" so that they cannot interfere with classroom routine to a more humane and constructive philosophy. The emerging rationale for the term special education today is that of bringing to the individual child, wherever he is, the additional services he needs in whatever amounts are necessary to enable him to make his way step by step through an educational program suited to his unique characteristics. Wherever this idea is accepted, opportunity for schooling can no longer be regarded as a privilege for only those who have at any point already attained some certain level of

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[31]William M. Cruickshank, "Current Educational Practices with Exceptional Children," in Education of Exceptional Children and Youth, ed. by William M. Cruickshank and G. Orville Johnson (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1967), p. 48.

development. Education then becomes truly the right of all children as guaranteed in most state constitutions.

Prevalence of Handicapping Conditions

Difficulty of Determining Prevalence

An exact count of the handicapped children in the United States has never been made, but there are several widely varying estimates in each of the different special areas. Their magnitude is influenced by the viewpoint of the estimator, the degree of disability which he considers to be handicapping, and the conditions which he decides to include. In most state laws, the three broad areas of exceptionality for which some educational provisions are made are: physical handicap, mental retardation, and emotional and/or social disturbance. In some states exceptionalities such as speech impairment and specific learning disabilities are included within one of the three major areas, and in other states they are considered to be separate categories.

In the area of physical disability the presence of a handicap can usually be verified objectively by an examination. In the other two major areas the determination of whether or not a child is handicapped and should be included in incidence statistics is largely judgmental. In assessing mental retardation, probably all researchers would include individuals whose retardation is attributable to an organic condition such as Mongolism. However, members of a much

larger group, generally referred to as functional retardates, who are usually identified in terms of scores on intelligence tests and for whom no physical basis for their mental subnormality can be demonstrated may be counted in one locality and ignored in another; or they may be considered to be retarded for the purpose of one survey and omitted in others. Thus the range of scores designated as denoting mental retardation is determined arbitrarily to fit a specific locality or to coincide with performance expectations external to the individual whose intellectual status is being assessed.

As technological advances have increased the need for more highly trained personnel, the school curriculum has become more demanding resulting in larger numbers of children who find it increasingly difficult to meet the demands of the regular school program and who are considered, therefore, to be retarded at least to some extent. Until a few years ago educable retarded children were categorized as those whose I.Q.'s were approximately 50 to 75, and trainable children were defined as having I.Q.'s in the 30 to 50 range, but Lord states that "there is an increased interest in redefining these limits to an I.Q. range from 60 to 80 or 85 for the educable retarded and from 40 to 60 for the trainable retarded."[32] Clearly, the incidence of

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[32]F. E. Lord, "The Exceptional Child in the Public School," in Cooperative Programs in Special Education, ed.

mental retardation reported in a state which places the upper limit for the categorical definition at 85 will be higher than it will be in a state which sets the limit ten points lower.

Somewhat analogous to the reasons for state to state differences in incidence estimates of mental retardation are variations among school systems and even among classrooms within a given district with regard to performance expectations and decisions based upon levels of intellectual functioning. An individual with an I.Q. of 75 to 80 might be reported as retarded in a student body which is composed mainly of high-achieving, college-bound children in a district with adequate resources for diagnosis and special programming. Yet a child with similar intellectual ability would not be reported from a less prosperous district or from one where the academic requirements are less demanding and where there may be many others functioning at a lower level. In such an environment the individual with an I.Q. between 75 and 80 would be considered by contrast to be intellectually adequate rather than mentally retarded.

The prevalence of emotional disturbance is even more difficult to ascertain than the incidence of mental retardation, for the criteria by which it is defined are

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by F. E. Lord and Robert M. Isenberg (Washington, D.C.: The Council for Exceptional Children and the Department of Rural Education, National Education Association, 1964), pp. 1-2.

more nebulous. In some localities in order to be regarded as emotionally disturbed for the purpose of being assigned to a special program, the individual must have no other handicapping conditions. In some instances, the definition excludes those children whose emotional handicap is temporary, and in other cases both temporary and relatively permanent conditions are included. In areas where diagnostic services are minimal, many individuals with emotional handicaps may be merely regarded as discipline problems which do not qualify for a designation as emotionally disturbed and are, therefore, not reported in incidence studies. If specific programs are oriented toward the "emotionally and/or socially maladjusted," children with atypical behavior patterns may be included in the prevalence estimates even though their behavior deviations may not be related to emotional disturbance.

Some Incidence Estimates

Because of the difficulties involved in conducting surveys which will produce reliable data, few incidence studies, even on a statewide basis, have been made. Authorities have implied their acceptance of the findings of other researchers by citing the results of previous studies without validation of the results. One rather comprehensive survey was conducted in 1958-59 in Illinois in which all teachers, administrators, and agencies concerned with children participated. According to the survey, nearly 20 per cent of the children in that state had some type or

degree of exceptionality. However, this figure included the gifted.[33] In 1965, Wirtz estimated that about one out of every ten school children, or 4,847,850, needed special education services; and he said that the number was growing by about 80,000 a year as more exact diagnoses became possible and the handicapping conditions underlying "discipline problems" were recognized.[34] Dunn's estimate is more conservative at approximately 8 per cent of the school-age population.[35]

Probably Mackie's figures are quoted more often than those of any other authority because of her association with the United States Office of Education, which published her reports and made wide circulation of them possible.[36] Her most recent survey of children enrolled in special education programs was conducted in 1965. Questionnaires were returned from 6,298 public school systems and public and private residential schools. No private day schools were included. With the exception of speech and hearing

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[33]Ray Graham, "Responsibility of Public Education for Exceptional Children," Exceptional Children, XXVIII (January, 1962), 256.

[34]Morvin A. Wirtz, "Something for the Special Child," American Education, I (September, 1965), 14-15.

[35]Dunn, "An Overview," p. 17.

[36]Mackie, Special Education in the United States: Statistics 1948-1966, pp. 55-62.

deficits, children were counted only once and only in the category of their major disability.

Respondents were instructed to follow the definitions and classification criteria accepted by their own agencies. Using percentages based on information from her surveys applied to a school-age population of 50,749,000 taken from an Office of Education projection of educational statistics, Mackie estimated that in 1966 about 12 per cent of the population between the ages of five and seventeen years had some type of exceptionality. Her figures included 2 per cent who were gifted (Table 1).

TABLE 1.--Estimated number of school age children (5-17 Years) in need of special education: 1966.

Area of Exceptionality	Estimates of Prevalence (Per Cent)	Estimated Need 1966
1	2	3
Total	12.0	6,025,000
Blind	.003 } .1	16,000
Partially seeing	.067 } .1	34,000
Deaf	.1	50,000
Hard-of-hearing	.5	251,000
Speech-impaired	3.5	1,757,000
Crippled	.75	377,000
Special health problems	.75	377,000
Emotionally disturbed and socially maladjusted	2.0	1,004,000
Mentally retarded	2.3	1,155,000
Gifted	2.0	1,004,000

Source: Romaine P. Mackie, Special Education in the United States: Statistics 1948-1966 (New York: Teachers College Press, 1969), p. 61.

The information upon which Mackie's percentages are based was gathered prior to the passage of the Elementary and Secondary Education Act and do not reflect our increased awareness of environmentally caused handicaps. Neither do they reflect the broadened philosophy which would include under special education any condition which interferes with a child's ability to make normal progress in a regular school curriculum. For example, reading problems may contribute to a lack of school success; yet reading disability, until recently, has not been considered to be a special education category. However, in the words of Cawley,

> Reading is important to the child, his parents, his teachers, and to all the elements of his socio-cultural environment. Reading is so important that children who are not ready to read, children who are unable to read, and children who dislike reading must be taught to read.[37]

It follows that if this skill is so vital, a child who has difficulty reading the instructional materials in use in the grade in which he is placed is educationally handicapped, sometimes to a considerable degree. Recognition of the seriousness of this disability is beginning to receive national attention as a result of a declaration by United States Commissioner of Education, James E. Allen, Jr., in which he equated an individual's right to read with

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[37]John Cawley, "Reading Disability," in Methods in Special Education, ed. by Norris G. Haring and Richard L. Schiefelbusch (New York: McGraw-Hill Book Company, 1967), p. 209.

his fundamental rights of life, liberty, and the pursuit of happiness.[38] In his address, he stated that 25 per cent of the nation's population has such limited reading skill that "the door to the whole world of knowledge and inspiration available through the printed word" has never opened.

Accurate estimates of the prevalence of reading disabilities are as difficult to obtain as are reliable data regarding the extent of other handicapping conditions. Strang states

> Estimates of the frequency of reading disabilities vary greatly, depending upon the definition and type of reading disability, the population sampled, the tests used, the statistical methods employed, and the investigator's interpretation of what constitutes a reading disability. The incidence of severe reading disability now usually called dyslexia, and less often designated as "congenital word blindness," in the school population has been estimated as from less than 1 per cent to 4.5 per cent. The frequency of reading disabilities as defined by psychologists has been estimated as from ten to forty per cent. If the point at which a reading disability is said to occur is set on the distribution of reading scores below one sigma, 13.3 to 20.8 per cent of the school population would be classified as disabled readers; of those above 100 I.Q., 4.9 per cent; and of those above 90 I.Q., 8.5 per cent. In general, estimates range from 10 to 25 per cent of the school population.[39]

In a 1960 study of special education conducted by the Los Angeles City School District, leaders in the field

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[38]James E. Allen, Jr., "The Right to Read--Target for the 70's," Journal of Reading, XIII (November, 1969), pp. 95-101.

[39]Ruth Strang, Reading Diagnosis and Remediation (Newark, Delaware: International Reading Association Research Fund, 1968), p. 2.

indicated that they would omit remedial reading.[40] However, a textbook by Haring and Schiefelbusch published in 1967 includes "reading disability" along with the traditional classifications and the more recently recognized "specific learning disabilities."[41]

It can be assumed that many of the children who are handicapped in reading are also handicapped in some other area and would be counted twice in a census of exceptionalities, as were the children with speech and hearing disorders in Mackie's study. The double counting may be justified because of the practice of sometimes providing remedial services for children with these disabilities in addition to other special education provisions. However, if Strang's estimates of the extent of reading disability are considered along with Mackie's estimate that 10 per cent of the school children are handicapped in some other way, it is reasonable to conclude that approximately 20 to 25 per cent of the children in the United States require some sort of auxiliary educational assistance in order to succeed in the school setting. This is not to say that all these children ought to be segregated into special classes or

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[40]Frank M. Hodgson, "Special Education--Facts and Attitudes," Exceptional Children, XXX (January, 1964), pp. 196-197.

[41]Norris G. Haring and Richard L. Schiefelbusch, Methods in Special Education (New York: McGraw-Hill Book Company, 1967).

even that they need personal contact with someone other than their regular teacher. It is possible that their needs might be met through appropriate consultative services or the provision of special materials or teaching devices.

Organization

The Development of Categorical Patterns

Current organizational patterns grew logically out of the practice of using a medico-psychological diagnostic system and terminology. The development of the structure of programs was both an adding-on and a dividing-within process. Schools accepted the responsibility for physically handicapped children first. In metropolitan areas where there were enough of them to be noticeable, parents and special interest groups were able to exert pressure to cause classes for them to be established. These classes served as models when programs in other disability areas were added later. In rural areas there were so few children with the less prevalent disabilities that they were generally overlooked. Special education programs were not established to any great extent until schools began to accept the responsibility for mentally handicapped children. Because of the higher incidence of mental retardation, there were enough of these children to demand attention; so the classes established for them became the nucleus of the special education program in areas outside the population

centers. More recently there has been a sort of mitosis occurring within categories, especially in classes for the mentally retarded. Teachers began to realize that certain children "just didn't belong" in the special class to which they were assigned. Advances in research and refined evaluation techniques supported the teachers' observations, and separate programs were developed for brain-damaged and emotionally disturbed children. When, as was often the case, brain-injury could not be objectively established even though the children exhibited many of the classical symptoms, classes bearing such labels as "learning disabilities," "perceptually handicapped," or "hyperkinetic" were organized.

The boundaries for the category of "emotionally disturbed" have never been firm; and the classes are often designated as being for the emotionally handicapped "and/or" socially maladjusted, although a person may be either emotionally disturbed or socially maladjusted or both at the same time. There have been attempts to further subdivide this category according to severity of disturbance or the symptoms displayed.[42] Quay differentiates between the "personality problem child" and the "conduct problem

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[42]Cruickshank, "Current Educational Practices with Exceptional Children," p. 50-51, citing Mental Health--Exceptional Children Institute, 1955-56 (Tallahassee, Florida: State Department of Education, 1956), pp. 51-52.

child."[43] According to his schema, the former is withdrawn and needs a permissive, pleasurable, fear-reducing atmosphere; and the latter is aggressive and requires firm control and impulse inhibition.

Doyle expressed the future direction of the historically rooted trend in the organizational patterns of special education programs when he said:

> . . . It is possible that from studies of commonalities and differences among the specializations, new categories will arise, approaches to teacher education will be modified, pupil assignment will be quite different, and laboratory tested instructional patterns will emerge.[44]

Where communities support categorical programs with enough children to allow further subdividing, classes are organized at the preschool, primary, and intermediate levels; and sometimes work-study or "tracking" plans at the secondary level serve some handicapped students.

In addition to full-time classes, some services such as speech correction have been provided on an itinerant basis since their beginning in the 1900's; and since about 1963, there has been a growing tendency to try to reach a greater number of children by providing itinerant and

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[43]Herbert C. Quay, "Some Basic Considerations in the Education of Emotionally Disturbed Children," Exceptional Children, XXX (September, 1963), 28-30.

[44]Frank W. Doyle, "Foreword," Professional Standards for Personnel in the Education of Exceptional Children, Professional Standards Project Report (Washington, D.C.: Council for Exceptional Children, National Education Association, 1966), p. iii.

resource personnel in the other branches of special education. Such provisions have enabled many partially-sighted and hard-of-hearing children of normal intelligence to be enrolled in regular classrooms.

Alternatives to Categorical Segregation

Recently authorities have strongly criticized educators for apathetically allowing a further proliferation of categories when the alleged merits of special class placement have not been verified by research.

Newland referred to the deleterious side effects of labeling and special class placement which may be strong enough to nullify the benefits derived from working in a smaller class with a specially trained teacher and adapted instructional materials.[45]

Rosenthal and Jacobson warned of the effect of the "self-fulfilling prophecy" which results in a teacher's expecting from the student the performance which is implied by his label and then getting the performance expected.[46] In the Rosenthal and Jacobson experiments, children who were randomly selected were designated as "having unusual

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[45]T. Ernest Newland, "Possible 'Side-Effects' of Special Education," Education, LXXX (February, 1960), 323-28.

[46]Robert Rosenthal and Lenore Jacobson, Pygmalion in the Classroom, Teacher Expectation and Pupils' Intellectual Development (New York: Holt, Rinehart and Winston, Inc., 1968), pp. vii-viii.

potential for intellectual growth," and their teachers were told that they would probably make unusual gains in I.Q. When they were tested later, these children did actually make more significant gains than comparable children who had not been labeled.

In 1968, Dunn outlined a proposal for a dually oriented program in which special education would be responsible for the "total education of more severely handicapped children from an early age" and would serve in a supportive or resource capacity for the "vast majority of the children with mild learning disabilities [for whom] general education would continue to have central responsibility."[47]

He recommended that the large number of children designated as "educable mentally retarded" who come primarily from an ethnically or economically deprived culture be left in or returned to the regular grades until the required retooling in the special education field could be accomplished. The organizational pattern proposed by Dunn would allow special educators to serve as "diagnostic, clinical, remedial, resource room, itinerant and/or team teachers, consultants, and developers of instructional materials and prescriptions for effective teaching."

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[47]Dunn, "Special Education for the Mildly Retarded--Is Much of It Justifiable?" pp. 11-15.

The type of program he recommended would include the following features:

1. Thorough diagnosis for prescriptive teaching would be accomplished in one of three ways.
   (a) The most preferred system would require a large district or several smaller cooperating districts to establish a "Special Education Diagnostic and Prescription Generating Center." Children with learning problems would be enrolled at the Center up to approximately a month while a staff of specialists, including non-educators such as physicians and psychologists conducted an evaluation and devised an appropriate educational program for the child.
   (b) A less desirable procedure would provide for a "generalist in diagnostic teaching" to perform the diagnosis and develop the teaching prescription.
   (c) The least desirable plan would allow "15 to 20 per cent of the most insightful special educators to be prepared for and/or assigned to prescriptive teaching" in which the diagnosis, prescription, and teaching would be done by the same person. For this kind of service to be more than merely a

program in name only, extremely small groups, large blocks of unassigned teacher-time, and ample assistance by teacher-aides and other supporting personnel would be mandatory.

2. Itinerant and resource teachers would support the general educators by making preliminary evaluations and developing prescriptions for children who are not handicapped to the extent that they would require the services of the Special Education Diagnostic and Prescription Generating Center. They would provide the materials and supplementary instruction necessary in implementing any child's educational prescription. Their services would be available to all children except the severely handicapped, who would be in self-contained classrooms.
3. Severely handicapped children would remain the responsibility of special education.

Willenberg states that "the unit for educational service is the individual exceptional child."[48] He proposes an organizational scheme based on levels of service ranging from Level One at which the child is educated in

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[48]Ernest P. Willenberg, "Critical Issues in Special Education: Internal Organization," Exceptional Children, XXXIII (March, 1967), 511-12.

the regular classroom and requires only such adjunctive services as special transportation or medication to Level Six, at which the homebound or hospitalized child receives services, and Level Seven, which provides education to institutionalized individuals in a residential facility.

Reynolds presents a similar concept in the form of a triangular chart (Figure 1) with its broad base representing the large number of children with minor handicaps who can be educated in the regular classroom and its apex representing children in hospitals and treatment centers.[49] He believes that special education should be centered on programs rather than on categories and that school systems should provide several alternative ways of learning a subject such as reading. To implement his recommendation, educators would be trained to offer specific instruction such as braille or the "Gillingham-Orton" system of teaching reading.[50]

A modification of the triangular representation and the designation of levels is Evelyn Deno's "cascade" system of services (Figure 2). It consists of two triangles joined at the vertices. The point of contact indicates the division between children who are assigned to the school

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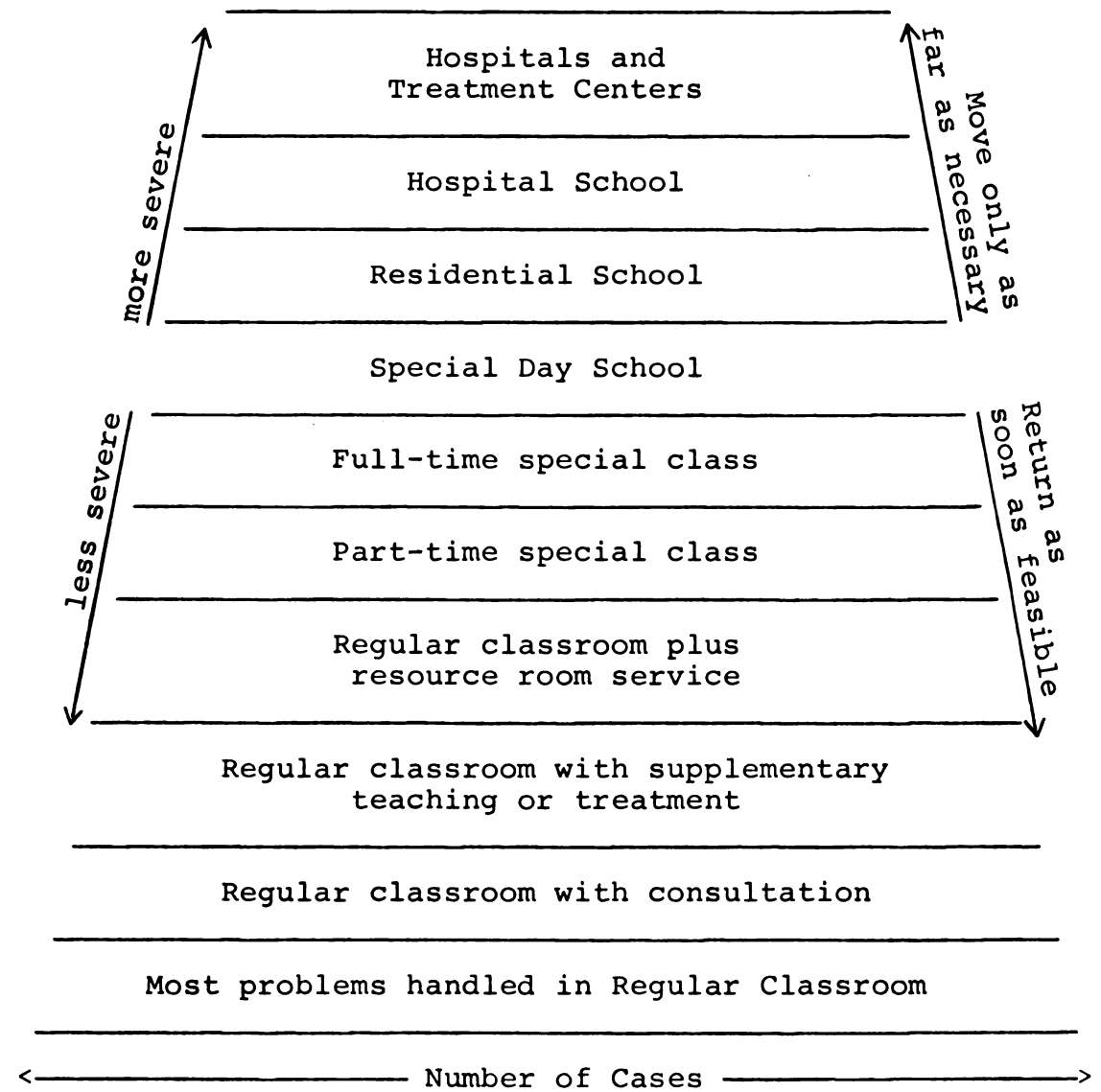
[49]Maynard C. Reynolds, "A Framework for Considering Some Issues in Special Education," Exceptional Children, XXVIII (March, 1962), 367-70.

[50]"Statement by Maynard C. Reynolds," Newsletter, Michigan Federated Chapters of the Council for Exceptional Children, XV (February, 1970), 7.



Source: Maynard C. Reynolds, "A Framework for Considering Some Issues in Special Education," Exceptional Children, XXVIII (March, 1962), 368.

Figure 1.--Special Education Programs

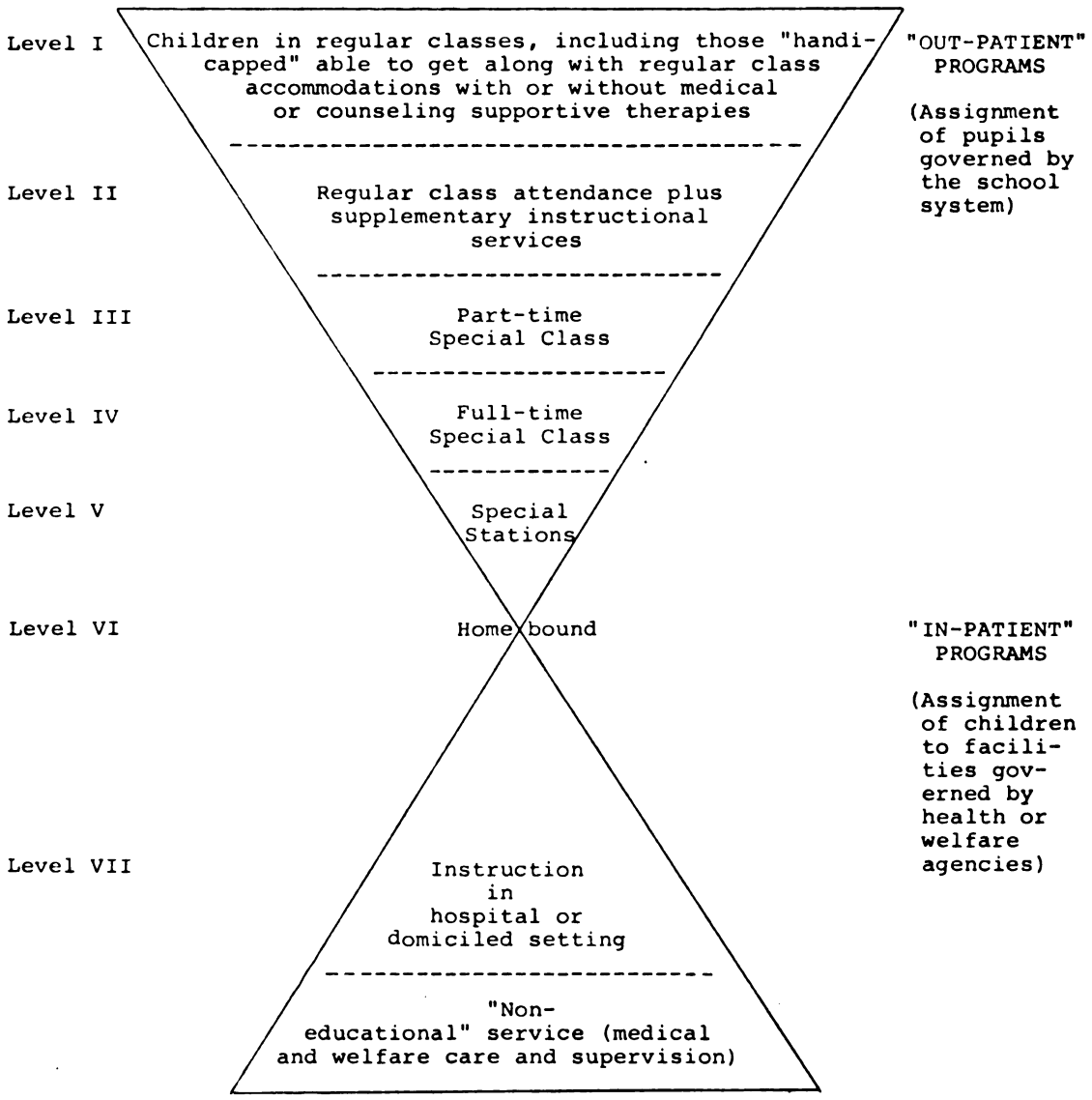


Figure 2.--The Cascade System of Special Education Service: A Representative Range of Service Options

system and those who are primarily the responsibility of health or welfare agencies. The tapered design indicates that the most specialized services will probably be needed by the fewest children for the longest time.[51]

Possible Effects of Recently Proposed Organizational Patterns

One of the strongest arguments in favor of including mildly handicapped children in the regular classroom is that the stigma of special placement often outweighs the benefits to be gained. However, Voelker, in agreement with a viewpoint expressed by Graham and Engel in 1950, emphasized:

> A child cannot be more cruelly segregated than to be placed in a room where his failures separate him from other children who are experiencing success. The nonreader, the deaf, or the mentally retarded may be segregated by placement in a regular classroom where his needs are not understood or met.[52]

A total special education program such as those proposed by Dunn, Willenberg, Reynolds, and Deno would allow

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[51] Special Learning Disability Program Guidelines (St. Paul: State of Minnesota Department of Education, August, 1969), p. 15, (Mimeographed), and "Statement by Maynard C. Reynolds," Newsletter, Michigan Federated Chapters of the Council for Exceptional Children, XV (February, 1970), p. 7.

[52] Paul H. Voelker, "Administration and Supervision of Special Education Programs," in Education of Exceptional Children and Youth, ed. by William M. Cruickshank and G. Orville Johnson (Englewood Cliffs, N.J.: Prentice Hall, Inc., 1967), p. 672; Ray Graham and Anna M. Engel, "Administering the Special Services for Exceptional Children," in The Education of Exceptional Children, The Forty-ninth Yearbook of the National Society for the Study of Education, Part II (Chicago: The University of Chicago Press, 1950), p. 24.

for the degree of physical segregation required in each individual case. A positive, success-oriented philosophy coupled with the extensive supportive resources for the regular teacher which these authorities recommend could reduce the extent of psychological segregation described by Voelker and Graham and Engel.

If the majority of the mildly handicapped children are left in the mainstream of education, all educators must face the responsibility for performing the act of teaching for which their professional training fits them rather than unduly emphasizing the evaluation, grading, and sorting process. Since the report card system in many schools is tied to the grade distribution related to the normal curve, the teacher often has no alternative but to judge children in terms of the accomplishments of their peers and attribute a comparative lack of progress to a need for special placement in a program which may or may not exist in the specific school. However, even when marking system pressures are removed and individual classroom teachers accept the challenge of providing successful learning experiences for all except the very severely handicapped, extensive supportive resources must be available to the regular teachers. Otherwise, it is unrealistic to expect them to carry out several highly individualistic prescriptions in an already overcrowded classroom.

Erickson makes the point that:

> . . . Many mentally retarded children require program adjustments that cannot be accomplished in a regular-class setting. The classroom teacher may be fully aware of the problems and needs of the mentally retarded child in the class, and may be willing to make program adjustments to accommodate his needs. However, the regular class is designed to meet the needs of normal children, most of whom learn through group presentations, and who are able to transfer learning from one situation to another. If the learning problems of the mentally retarded child are such that he cannot use the same materials or methods as the other children in the class, he requires additional time and consideration from the teacher. This time may be given at the expense of other children who also have individual needs that deserve consideration . . .[53]

In distinguishing between "general" and "special" education, Peckham emphasizes that because of necessity, tradition, or otherwise, the focus of the two programs are different. He says:

> . . . General education, with its larger classroom groupings as well as its societal responsibilities, has had to address itself most conspicuously to the content aspects of the curriculum. The immense informational output, the technical needs of our society, even our very chances for national survival require an extremely knowledgeable generation to succeed us.
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> Thus, even though the teacher training institutions, or educational philosophers anywhere, take an impeccable attitude on the "individual differences" approach or the "child growth and development" theory, the classroom teacher is still "belting out" content as efficiently as he can. No matter what disclaimers the general educator may argue as to where the emphasis is in the classroom, he knows only too well the absorbing amount of attention that is given to the "new math" and other modern curriculum breakthroughs.[54]

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[53]Marion J. Erickson, The Mentally Retarded Child in the Classroom (New York: The Macmillan Company, 1965), p. 39.

[54]Ralf A. Peckham, "Clinical, Not Special Education," Michigan Education Journal, XLIV (May, 1967), 7, 50.

In contrast, special education is concerned with individual limitations and the emphasis on curriculum content is subordinated to the diagnosis and treatment of individual adjustment problems which include, in addition to "physical and mental 'atypicalities,'" a wide range of "personal, social, and educational adjustment difficulties in which the focus is essentially on the individual pupil rather than upon a generalized group."

Special educators have been accused of too readily accepting mildly handicapped children and allowing general education to ignore its responsibility for dealing with individual differences, but the trend toward leaving greater numbers of exceptional children in the regular classroom must not become an excuse for the failure to provide appropriate facilities for special placement for those children who really need more than a teacher in a room with thirty or more normal children can be expected to give.

Special Education in Rural Areas

Unique Problems

Cruickshank has listed the minimum essentials of a program for exceptional children as follows:[55]

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[55]William M. Cruickshank, "The Exceptional Child in the Elementary and Secondary Schools," in Education of Exceptional Children and Youth, ed. by William M. Cruickshank and G. Orville Johnson (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1967), pp. 123 and 137.

1. Early discovery.
2. Diagnosis and selective placement.
3. Survey and continuous census.
4. Psychological services.
5. Inservice and preservice staff orientation.
6. Continuous counseling and guidance services.
7. Assistants for teachers who teach exceptional children.
8. Adequate transportation facilities.
9. Competent teachers.

He points out that it is unrealistic to think that every small public school district is capable of establishing or should be expected to provide a program which meets these criteria.

Any community, large or small, which decides to extend the quality of education advocated by Cruickshank to all its handicapped children will be faced with many problems. Travelstead summarized the ones he considered to be most acute as those having to do with: (1) the attitudes of the public, school administrators, and regular classroom teachers, (2) financial support, (3) preparation of competent personnel, and (4) development of resources.[56]

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[56]Chester C. Travelstead, "Problems in the Education of Handicapped Children in Sparsely Settled Areas," Exceptional Children, XXVII (September, 1960), 52.

Whereas in city school systems the main obstacles to providing services are: an excess number of handicapped children, a tightly stretched budget, and a shortage of personnel; in rural areas children may be denied services because there are too few of them with similar needs to justify establishing appropriate programs. Yet, as Obermann speculates, "It can probably be shown that the prevalence rates of disabilities among rural children are higher than among nonrural children."[57] Lack of access to corrective therapy at an early age and the unwillingness or inability of a family to travel great distances for medical services allow correctible defects to become chronic. The large, economically marginal family cannot easily migrate to population centers, and many who cannot compete in an urbanized society relocate in small communities.

Plans for Combining Resources

The organizational schemes through which districts combine their resources in order to provide for children in less populous areas might be conceptualized as a hierarchy with its base represented by those plans in which the local district either provides the services or sends its children to a neighboring district on a contractual or a

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[57] C. Esco Obermann, Coordinating Services for Handicapped Children, A Report of the National Institute on Services for Handicapped Children and Youth (Washington, D.C.: The Council for Exceptional Children and the National Rehabilitation Association, Inc., 1964), p. 28.

tuition basis. At the next level would be the voluntary cooperative agreements whereby services are provided, but no taxing body is created. Next would come the special district with a board of education and tax-levying authority, and definite functions limited to those specified at the time of its organization. The special district would be followed by the intermediate district which has more flexibility and broader authority. At the top would be a plan under which the state education agency would have the full responsibility for all special education services.

Some of the authorities in special education administration, particularly Lord and Isenberg, have discussed the advantages and disadvantages of the various plans for combining resources in meeting the needs of exceptional children.[58] Consideration of these cooperative agreements and special organizational patterns is especially relevant in sparsely settled areas.

Tuition agreements and service contracts.--If a small district is near a larger one which has the type of service required by some of the students in the small school, the district which cannot provide for a child may enroll him in the larger district and pay his tuition, or a

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[58]F. E. Lord and Robert M. Isenberg, eds., Cooperative Programs in Special Education (Washington, D.C.: The Council for Exceptional Children and the Department of Rural Education, National Education Association, 1964).

contract to purchase service from the neighboring school may be negotiated. In some cases two or more districts may agree to establish a special program and share the costs. The contract system has the advantage of being relatively easily instated because no legislation is required. However, it requires initiative at the local level which might not be strong enough in some communities, especially if only one or two children are involved. Since contracts are usually agreed upon for a year at a time, programs may be discontinued after a short trial or when key personnel move out of the district. In the case of shared programs, one district may become unwilling to renew the agreement and leave the others unable to continue to offer services. Chalfant points out that enrolling children from a small district in a school in a larger district is likely to meet the needs of very few children in the small community; and if the agreement provides for the large school system to run the program and simply bill the smaller one for services, the small district usually has no voice in planning and administering.[59] Children in the large district may have priority when placement decisions are being made, and the unexpected withdrawal of a participating school may leave the large district with the problem of having on its staff

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[59]James C. Chalfant, Factors Related to Special Education Services, CEC Research Monograph Series B, No. B-3 (Washington, D.C.: The Council for Exceptional Children, 1967), pp. 5, 53-54.

specially prepared teachers with tenure who have too few pupils to justify their classes. He states that joint agreements are not likely to be used in areas where there is no large urban center to serve as a nucleus. He found in his study of special education in Illinois that low expectancy counties had not availed themselves of the opportunity to establish shared programs under the law. He concluded that certain communities would not be able to support specialized programs even if it were mandatory for them to do so and that it is not sufficient to provide permissive legislation and then expect nonurban areas to apply for incentive state support.

Voluntary cooperative agreements.--In some states cooperative districts at a more formal level have been established. They often cover a fairly wide area and function in a manner similar to that of business cooperatives except that the members are school districts rather than individuals. They are generally organized to provide a specific service. Therefore, once established, they may hinder the development of other programs which are outside the particular orientation of the staff hired by the cooperative. Since they are voluntary associations and not legally recognized agencies of school government, they receive no tax support and have no access to funds other than those raised by assessment of the member districts. Lord and Isenberg point out that they are difficult to establish

unless someone with strong leadership ability undertakes the responsibility.[60]

Special districts.--Some state laws permit the organization of a special school district with a board of education, tax-levying authority, and the right to receive state financial support. Voters must authorize the establishment of such districts, which usually include several regular districts. An advantage of the special district is its access to state assistance in developing an organizational procedure. The special district is responsible for its own policies and budget. The regular school districts receive the services but do not have to account for them in their own budgets and have no administrative responsibility for the programs.

The special district may be handicapped by its size and become so remote from its constituency that dissatisfactions arise because of diminished communication between the special district and its patrons. Since it is established to provide specified services and not others, it cannot expand; but enabling laws allow for other special districts to be created. Therefore, a network of special districts with separate boards, taxes, and policies may

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[60]Lord and Isenberg, Cooperative Programs in Special Education, p. 16.

evolve with overlapping geographical areas and confusion regarding responsibility.

Intermediate districts.--The intermediate school district has been authorized by some state legislatures as a unit between the local districts and the state department of education. The traditional intermediate units were the county school offices, but their boundaries may include several counties or parts of neighboring counties. They have the advantage of being empowered to provide a variety of services rather than being limited to a special purpose, and they function in the direct channel of school organization rather than an auxiliary capacity. They may provide on a regional basis whatever supplementary services are needed by local school districts. Some of the assistance related to special education which might not actually be provided by some other type of special district includes: clinical or diagnostic services, instructional materials, inservice staff development, and, in some instances, direct services to handicapped children. Lord and Isenberg state:

> . . . For most school districts, the initiative and resources required by other approaches are likely to prevent their development. Yet all districts in a state could be served by specialized programs if an appropriate number of service-oriented intermediate units were created.[61]

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[61] Ibid., p. 20.

The statewide approach to providing services.--The directly opposite approach from leaving the provision of special education services entirely as the responsibility of the local district is a statewide plan under which the department of education has the full responsibility. If no other agency exists and there is strong resistance to the establishment of other taxing bodies, the strong state agency may be more efficient at securing funds and attracting personnel than would the scattered efforts of many well-meaning small districts. However, the remoteness of the state department of education may make it extremely difficult to provide services when they are needed. The state's obligation to all facets of the educational program and to all areas in the state may cause the needs of handicapped children to be by-passed, or a special program may be denied to one community because it cannot be provided in other localities at the same time. Since state budgets must be passed upon by the legislature, the quality of programs may fluctuate according to the politics of the state.

Advantages to be Gained by Combining Resources

Chalfant used statistical analysis techniques to isolate six factors which are related to the establishment of services in a community.[62] He found that the urban

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[62]Chalfant, Factors Related to Special Education Services, pp. 47-48.

factor, which is primarily the popualtion density of an area, was the strongest influence. The second most important factor was the educational attainment of the community. The socio-economic level, occupational patterns, financial ability, and the growth factor were important, but to a lesser extent. He stressed the need for enlarging the population base and enumerated the following advantages to be gained by cooperative agreements:[63]

1. A legal contract provides continuity and stability.
2. Administrative and financial arrangements are defined.
3. There are enough children with different handicapping conditions to allow a variety of services to be offered.
4. The per capita cost for special services is reduced.
5. Space and facilities may be shared.
6. A competent professional staff trained in the education of exceptional children can be employed.

Gearheart mentions that besides providing for a more economical grouping of pupils, overlying districts have the advantages of a broader tax base, a school board

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[63] Ibid., pp. 5-6, 55.

which has special education as a primary responsibility, and the likelihood of more favorable reimbursement from state sources.[64]

No matter which organizational pattern is followed, Lord and Isenberg consider the following characteristics to be desirable:

1. Broad and comprehensive responsibility for both elementary and secondary education and their specialized aspects.
2. Broad and generally oriented professional administration.
3. An area of operation large enough to permit the efficient development of most services local school systems cannot provide for themselves.
4. Adequate and dependable financial support with some degree of flexibility in its use.
5. The ability to adapt programs and direction as circumstances and needs change.
6. A sufficient stability to assure the continuation of service in spite of changes and realignments among participating local school systems.
7. A responsiveness to the needs and desires of local school systems as seen from the local level.
8. The ability to secure a staff sufficiently competent to have something substantially worthwhile to offer participating districts.[65]

They conclude that any regional approach which meets these general characteristics is "certain to extend educational opportunities far beyond what local school systems will ever be able to do by themselves."

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[64]Gearheart, Administration of Special Education, p. 47.

[65]Lord and Isenberg, Cooperative Programs in Special Education, p. 21.

Finance

Several plans whereby a state assumes a share of the financial responsibility for special education programs in local districts have evolved. There are three theories growing out of the underlying philosophy that the public school system, although an extension of the state, is primarily the responsibility of the local community.[65]

The partial equalization theory is based on a minimum state standard of education for all children. All districts levy local taxes, but the poorer districts receive more state support than the richer ones as a result of the state's effort to assure that every child receives at least the standard education.

Two other theories are based on the supposition that certain educational provisions, including those for special education, are not an integral part of the regular school program. They differ mainly according to where financial responsibility is placed for the parts of the school program which are designated as basic education. Under a stimulation theory, the local district is considered to be responsible for the basic program. Since it costs more to educate handicapped children than it does to educate normal children, districts are often reluctant to establish special education programs. They are "stimulated"

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[66]Gearheart, Administration of Special Education, pp. 38-39.

to do so by being allowed extra state funds which they would not receive if they did not provide the special services. In some areas the local district is expected to provide the same amount of money for its handicapped children that it does for its normal children. The state bears some portion of the expense in excess of what it would cost to educate these exceptional children if they were not handicapped. Sometimes the entire support for the special program is provided by the state as a means of encouraging the local district to provide special services. In some localities more emphasis is placed on the recognition that education is a state function. Therefore, the state is considered to be responsible for providing a minimum foundation program. Local districts are authorized to tax themselves to provide additional services, including special education.

Recently the dichotomy between special education and regular education is becoming less pronounced. As more states have demonstrated an increased willingness to support special education programs, there is an increasing conviction that special education should be recognized as a part of the basic educational program rather than an extra luxury. At the same time, an increasing number of communities are finding that local taxes cannot provide enough funds to support their school systems adequately. Consequently, state legislatures are beginning to restructure

finance laws to place a greater responsibility for school support at the state rather than the local level.

Various applications of these theories are evident at the federal level as Congress makes proportionately greater funds available in deprived communities and either partially or totally supports innovative and supplementary programs in every state.

In states which have some form of special reimbursement for programs for exceptional children beyond that for the general program, formulas may either be developed to provide support to a special education unit or on a per pupil basis. Under a unit formula, a salary allowance for a special teacher for a certain number of pupils is granted. The number of pupils is generally smaller than the number required for a regular classroom. Sometimes only a certain percentage of the cost of the unit is assumed by the state and allotments for special facilities and equipment may be included.

There are three types of per pupil reimbursement formulas. The simplest one provides for the state to pay a specified sum for each exceptional child in addition to what the district would receive for him if he were not handicapped. In other instances the district computes the excess cost of educating the handicapped child and the state reimburses the district for all of the excess or a percentage of it. Sometimes a weighted formula is developed

in which a multiplier is used to allow each exceptional child to be counted more than once in computing state reimbursement.

The Role of the State Department

Education is legally recognized as a state function; but during an earlier period in history when poor communication and transportation caused school districts to be more isolated from each other and the seat of government than they are today, it was necessary to delegate the actual operation of schools to local communities. The main concerns of the state department of education were: gathering statistics, budgeting and disbursing funds, and, in some instances, serving in an advisory or consultative capacity. The consultative responsibility grew out of the practice of school inspection, which was primarily concerned with the physical plant, and the systems of supervision designed to compensate for some of the shortcomings of teachers who had the minimum professional training which was provided by the normal school.

In 1950, as a result of a study of state departments of education, Beach classified their main duties under leadership, regulation, and operation.[67] At that time, he

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[67]Fred F. Beach, The Functions of State Departments of Education, Office of Education, Miscellaneous No. 12 (Washington, D.C.: Government Printing Office, 1950), pp. 3-17.

pointed out the conflict between the concept of direct state supervision and the American tradition of local self-determination. Ten years later Blessing re-emphasized this conflict, but he noted that more recently the state department had assumed increased leadership functions.[68] The newer concept which was evolving in the Sixties recognized the state as a partner of the local community in developing and strengthening educational programs. Teachers, who were meeting higher requirements for certification, were more adequately prepared and were no longer so much in need of supervision. However, the knowledge explosion in education was comparable to that in other disciplines, and it became more difficult to keep up with new developments both in the teacher's major area of study and in related fields. The state consultant began to be viewed as a supplier of information on a colleaguial rather than a supervisory basis. The concept of serving a local area rather than controlling it was becoming more evident.

Even so, as Coffin points out, the basic administrative structure still reflects today a bygone era when society was less mobile and the educational process was less

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[68]Kenneth R. Blessing, "The Function and Role of the Modern State Department in Providing Special Educational Services for Exceptional Youth," Exceptional Children, XXVI (April, 1960), 395-400.

complex.[69] However, the mounting local tax burden and other socio-economic developments have placed an increasing demand upon the state to participate in the solution of problems at the local level. More recently, with expanded federal involvement, the state department of education has become the body through which most of the federal funds are channeled; and it has the responsibility for approving or disapproving programs which will receive such support. The social changes which have affected education in general have had a more intense effect on special education. The shift from a rural to a mobile, impersonal urban society places increased demands upon the capabilities of the individual, and the state is in a position to view the needs of handicapped people from a broader perspective than is the local community.

The tendency toward increased state involvement was predicted in an observation made in 1950 by Graham and Engel that few communities had actually developed services for exceptional children, although constitutions and regular school laws contained all the necessary enabling authority, until the state further demonstrated a willingness to subsidize the programs by providing a share of the

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[69]Edwin C. Coffin, "Designing an Administrative Structure for a Changing Educational System," Journal of Secondary Education, XLIII (January, 1968), 26.

funds.[70] Even then, the local area was likely to be spending all its resources yet attacking only one small facet of the problem such as providing a room for the mentally retarded at the elementary level. Notwithstanding, a clear trend in special education statutes began to emerge toward making special education mandatory even to the extent that it applies to "trainable" as well as "educable" children. Many small districts, lacking some or all of the factors later identified by Chalfant found it impossible to comply with these mandatory provisions.[71] Since education is fundamentally a state responsibility, the implication is clear that if the mandatory provisions of the laws cannot be enforced, it is the responsibility of the state department to provide the lacking services. The concept of self-determination need not be sacrificed if communities are allowed the option of providing services themselves if they choose to do so, or of accepting them directly from the state. However, the desire to maintain its local autonomy should not be allowed to serve as a shield for a community which cannot or does not elect to provide an appropriate education for some of its children. If a suitable program is not available in a locality, the state must have the

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[70]Graham and Engel, "Administering the Special Services for Exceptional Children," p. 32.

[71]Chalfant, Factors Related to Special Education Services, pp. 47-48.

authority to offer services directly at state expense. A precedent for this practice has existed for many years in the federal public health services such as immunization programs and well-child clinics which are available at the community level in some localities for any individual who chooses to participate. More recently, educational programs such as Head Start and the manpower training projects are being conducted outside the structure of the local school system and are supported either totally or partially by federal funds.

Grieder, Pierce, and Rosenstengel report that in 1961 the National Council of Chief State School Officers emphasized the service aspects of both the state board and the state department of education.[72] They concluded that the two major functions of those bodies were: regulation, to see that the will of the state is carried out; and leadership, to help local areas help themselves by providing services. However, they mentioned that the state does operate certain programs such as: community colleges, adult education classes, vocational education, and library services. In the field of special education, this function is represented by the operation of state residential schools for the blind and deaf and, to some extent, by educational

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[72]Calvin Grieder, Truman M. Pierce, and William Everett Rosenstengel, Public School Administration (New York: The Ronald Press Company, 1961), pp. 52-53.

and vocational training programs in state institutions for the mentally handicapped.

Obermann, recognizing the changes in society and the needs for adaptations in the administrative structure, points out the desirability of coordinated efforts among the various agencies which deal with handicapped individuals.[73] Knowledge is expanding more rapidly than we can use it, and the resources now being applied would yield more results if they could be better coordinated to reduce overlapping, fragmentation, and duplication of services. As states have increased their financial participation in local programs, there has been greater concern for the economical expenditure of funds and the assurance that services are provided on an equal basis throughout the state. The modern state department of education is increasing its involvement in providing for the special needs of handicapped children through activities of the following kinds:

1. Locating cases and maintaining a state registry.
2. Supplying consultant services on request to school districts which maintain their own special education programs.
3. Operating programs in state institutions or where local districts cannot provide services.

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[73]Obermann, Coordinating Services for Handicapped Children, pp. 20-24.

4. Establishing Instructional Materials and Resource Centers.
5. Presenting comprehensive legislative programs.
6. Improving teacher-training and certification practices.

In fulfilling its responsibility for the education of all children, the state must assure that all handicapped children, no matter where they live, how frequently their parents move, or how they are described, have equal access to special services. Often the community that has the greatest need is the least able to support an adequate program, or there is no one in the locality to take the initiative in establishing the facilities. The handicapped child cannot do this for himself, and his family may be likewise limited in its ability to secure what he needs. As Obermann warns, " . . . the disabled child who lives to be a handicapped adult often represents a failure from too little help, too late."[74] The state is often in a better position to provide this help than is any other political entity.

A Summary of Current Trends in Special Education

According to Mort and Ross, studies indicate that approximately a fifty-year period elapses between the

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[74] Ibid., p. 39.

recognition of a need and the development of a successful invention to satisfy it.[75] Then, in the field of education, fifteen years of experimentation follow during which a very small minority of the schools tentatively accept the innovation. Another thirty-five years pass before the practice is generally accepted. This means that nearly three school generations of handicapped children can receive their entire education under the strange circumstance in which the means for improving that education exists but is not accessible to them. Gallagher emphasizes their dilemma when he states:

> Even if we made a great breakthrough in discovery--such as new ways to stimulate language development for the deaf, or new educational methods to treat children with specific learning disabilities, or in finding ways to substantially improve the intellectual performance of mentally retarded children--we must ask ourselves an embarrassing question. How long would it take to distribute such knowledge and skills throughout the country?[76]

However, as we enter the Seventies, certain trends seem to be emerging which hold a promise for vastly improved educational practices, not only for atypical children, but for others as well. An examination of recent journal articles in the field of special education provides a composite description of the kind of special education

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[75]Paul R. Mort and Donald H. Ross, Principles of School Administration (New York: McGraw-Hill Book Company, Inc., 1957), p. 181.

[76]James J. Gallagher, "Organization and Special Education," Exceptional Children, XXXIV (March, 1968), 491.

program which is evolving and which is possible now instead of fifty or seventy-five years hence, provided that educational decision makers take advantage of the comparatively recent concentration of public interest, increased availability of funds, and improved communication and educational products made possible by technological progress.

Some localities are already setting the pace. Their innovations can be summarized under five general headings: (1) legal provisions, (2) categorical boundaries, (3) professional roles, (4) administrative structure, and (5) finance.

Many legal modifications are being enacted at the federal and state levels which extend programs to include individuals who have not previously qualified for services. In response to evidence supporting the importance of prevention and early identification of handicapping conditions, legislatures are revising statutes to allow for prenatal and preschool programs and for registries to aid in early case-finding and continuity of service. Programs at the secondary and post-secondary level are becoming more common. Individuals who are so severely handicapped that they would not have been considered the responsibility of public schools a few years ago are more often being included under state laws which either extend school provisions or allow funds for home services. Mandatory, rather than permissive legislation, at least with regard to "educable" children is

becoming more prevalent. Although federal legislation is still lacking for an extensive service to gifted children, at least fifteen states have recently included that category.[77]

As descriptive labels are coined to fit newly delineated categories, as more precise definitions of various handicapping conditions are formulated, and as the practical problems associated with providing for large numbers of children multiply, some of the boundaries separating the programs for children with specific handicaps from each other are becoming more rigid. However, there are signs that, in some instances, the dividing lines within special education and those separating it from other fields of endeavor are becoming less distinct. At a philosophical level, the merging of special education with the total educational program is becoming more widely accepted. Some of the new terms in special education point toward a less strict adherence to the classic categorical boundaries. McCarthy calls "learning disabilities" the "newest and most ambiguous categorical area of special education," but there is some indication that it, along with the term "educational

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[77]Maynard C. Reynolds, "Special Education," in Encyclopedia of Educational Research, ed. by Robert L. Ebel (New York: The Macmillan Company, 1969), p. 1255, citing U.S., Office of Education, Talent: A State's Resource, A State's Responsibility, ed. by J. Ned Bryan, Bulletin No. 34 (Washington, D.C.: Government Printing Office, 1963).

handicap," may become the all-encompassing concept which allows traditional categories to merge into program-oriented services directed toward specific learning deficits.[78] The programs, rather than the pupils, will carry the labels; and they will be available to all children on an "as needed" basis, thus avoiding the discriminatory practice of consigning the majority of certain ethnic groups to special classes. With the disappearance of categorical boundaries, homogeneity of grouping will be accomplished by assigning students on the basis of educational needs rather than according to increasingly precise classifications of medical or psychological exceptionality. This synthesis of the categories will allow the problems of the multi-handicapped child to receive more empahsis. The broader definition of eligibility will allow special education to be reduced at the same time that it is being extended. The reduction will be evident in a decrease in the number of self-contained classes for children who are only marginally handicapped or culturally different; the extension will come about through the wide range of services made available to all students. The distinction between special education and regular education will become less evident as improved prosthetic devices such as electronic hearing aids and low

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[78]James J. McCarthy, "SEIMC'S and the Teacher of Children with Learning Disabilities: A Useful Partnership," Exceptional Children, XXXIV (April, 1968), 629.

vision equipment make it possible for children who would previously have been permanently assigned to a special class to spend more time in the regular classroom with only supportive instruction being supplied as a special service. Sharp chronological divisions will have less importance, at least in the field of special education, and possibly in other areas as well, as children are allowed additional time to master certain skills with the assistance of special resource personnel or through interim classes between the standard grade levels. The practice of housing all diagnostic and evaluation services under one roof for purposes of economy and convenience will make the divisions between special education and related professions less sharp as practitioners cooperate in analyzing the needs of individual children and devising appropriate educational prescriptions. As other agencies cooperate with schools in programs of prevention, and more non-professional adults participate in parent-child projects or as volunteers, the distinction between special education and other community services will become less apparent. Because of a decline in residential placement, there will be more children at home who, for various reasons, cannot attend school, yet they will be able to take part in classroom activities by means of telephone connections or a cartridge device such as Gough describes which will turn the home television set into a

teaching machine.[79] The increased interaction between the home and the school necessitated by such an arrangement will further erase the customary line between the two.

With categorical compartments virtually eliminated, teacher-training programs will be altered to produce two basic types of special education teachers, the generalist and the specialist. The generalist will have the wide background necessary for working with a single child with several handicapping conditions or a group of children with comparatively mild, but differing disabilities. The specialist's training will be more concentrated in one or two areas such as communication skills or perceptual deficits. The profusion of scientifically designed commercial materials, will reduce the need for the teacher to develop devices or new techniques, but the increased emphasis on individually tailored teaching prescriptions will make it imperative for him to be informed on the results of research and the availability of improved materials and equipment. Gallagher contends that curriculum development is too complex a task to be left to an individual teacher or a committee, and it should be the job of full-time developers.[80]

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[79]John A. Gough, "Educational Media and the Handicapped Child," Exceptional Children, XXXIV (March, 1968), 562.

[80]James J. Gallagher, "New Directions in Special Education," Exceptional Children, XXXIII (March, 1967), 442-43.

To provide such information on a more continuing basis than is possible through the teacher's returning to a university campus for a course every year or two, a new type of professional position will be developed. An individual, referred to by Geer and Deno as a "director of continuing education" will have the responsibility of sifting the research, evaluating new educational products to identify the most promising ones, and communicating his findings to the teachers who work directly with children.[81] Through this director, the teacher can have access to inservice training, computer-stored information, and the resources of instructional materials centers.

While professional roles are being adapted to harmonize with decreased categorical distinctions, the administrative organization will be restructured into a hierarchy arranged according to the intensity of service required so that large numbers of individuals can receive a limited amount of help for rather minor problems, yet intensive care for the severely handicapped is available for those who need it. Because every community cannot provide a full range of services, this triangular pattern will be applied geographically as the majority of atypical children remain in schools in their home communities,

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[81]William C. Geer and Evelyn D. Deno, "CEC and Legislation--Now and in the Future," Exceptional Children, XXXII (November, 1965), 192.

leaving the residential centers for the more seriously disabled.

The increased spending for special education, especially at the federal level, is evidence that while the public is demanding more from special education than ever before, it is also willing to invest the money to make it possible for the schools to meet the demands.

Mackie expresses the hoped for outcome of the kind of special education program that is gradually becoming reality when she says:

> In view of the kind of developing diversity in many of the schools, one must raise further questions about children with functional handicaps. Is it possible that hundreds--perhaps even thousands--of so called handicapped pupils may find a satisfactory opportunity in a diversified program, . . . and may never need special education?[82]

Withrow accentuates Mackie's optimistic query when he states:

> . . . Special education may be the one catalyst in all of education which leads the way into the twenty-first century by providing imaginative, individualized, and prescribed instruction for all children, based upon their abilities and needs.[83]

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[82]Romaine P. Mackie, "The Handicapped Benefit Under Compensatory Education Programs," Exceptional Children, XXXIV (April, 1968), 606.

[83]Frank B. Withrow, "Enlarged Responsibilities for Educational Services to Handicapped Children," Exceptional Children, XXXIV (March, 1968), 554.

CHAPTER III

AN ANALYSIS OF THE SPECIAL EDUCATION PROVISIONS IN TEN SELECTED STATES

For this study, copies of the special education laws, rules and regulations, and publications of the Departments of Education in twenty states were obtained. From those twenty states, the special education programs in California, Colorado, Georgia, Michigan, Minnesota, Montana, Utah, Washington, Wisconsin, and Wyoming were selected to be analyzed for the purpose of summarizing the provisions and practices which might be adaptable in developing a special education program for Alaska. The states were selected because of their similarity to Alaska or because certain features of their programs are considered to be innovative or exemplary.

The provisions which were summarized are those which concern: (1) the organizational framework of the programs in the states, (2) definitions of exceptionality, (3) the processes of establishing eligibility for special education, (4) ways of delivering services, (5) census and

registry of handicapped persons, and (6) provisions for extending services to individuals who are outside the age-range normally served in the public schools.

Organization

Although the State Department of Education in every state has broad responsibility for special education programs as a part of its obligation to provide for the education of all children, the amount of responsibility which is actually delegated to the local community varies. In Montana the law definitely states:

> The determination of the children requiring special education and the type of special education needed by these handicapped children shall not be the responsibility of the local board of trustees but shall be the responsibility of the state superintendent of public instruction in co-operation with appropriate medical, psychiatric and psychological advice.[1]

Several other states, among them Georgia, Washington, and Wisconsin, place the primary responsibility for special education programs at the local level and emphasize a supportive and consultative function for the State Department of Education. In some instances, the democratic right of the local community to manage its own affairs is stressed. In others the emphasis is upon the responsibility of the local community for the welfare of its citizens.

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[1]Revised Codes of Montana, 1947, Section 75-5003, as amended, 1969.

Whether or not the concept of local autonomy is accentuated, in each of the ten states whose special education provisions were analyzed, there is some recognition of the futility of trying to provide comprehensive services for all handicapped children independently in every local district. Each of these states provides some means of pooling resources or combining units which serves to increase the population base for providing special education. The legal provisions may be minimal, as they are in Montana where the only cooperative arrangement described in the special education law is that of sending children outside their home district on a tuition basis; or they may involve reorganization schemes of varying complexity.

Wyoming

In 1969 Wyoming authorized Boards of Cooperative Educational Services to be established. Under this plan the members of two or more boards of trustees may meet together to establish a cooperative board which is composed of members elected from the participating boards of trustees. The services to be provided cooperatively include, but are not limited to, vocational-technical education, adult education, and services for exceptional children. The costs of the services are paid according to whatever plan is agreed upon by the boards of trustees of the participating school districts.

Minnesota

In Minnesota, school district administrators are advised that minimum enrollments which enable a school to provide a breadth and depth of curricular offerings in general education are insufficient as bases for comprehensive special education programs. In that state, where programs for the education of handicapped children of school age, with the exception of trainable and culturally disadvantaged children, are mandatory, all districts may enter into agreements to provide services. Districts which do not have a minimum number of eligible children as specified by the State Board of Education must cooperate with other districts "to maintain a full sequence of programs for education, training and services for handicapped children. . . ."[2]

According to a criterion statement issued by the Minnesota Department of Education, a district must have a minimum enrollment in grades K-12 of approximately 3,000 students to operate a screening program for the identification of exceptional children and provide adequately for their evaluation and placement. If a comprehensive and thorough diagnostic service is to be provided, a district requires an enrollment of approximately 10,000 students; or it must rely on cooperative arrangements. If a complete

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[2]Minnesota Laws Relating to Special Education (St. Paul: State of Minnesota Department of Education, Special Education Section, n.d.), p. 1. (Mimeographed.)

special education program, including services for children whose handicapping conditions are the least prevalent, is to be made available, a district must have an enrollment of at least 20,000 students from kindergarten through high school.

The parent or guardian of a child who resides in a district which does not offer a suitable program may submit an application for services to the Commissioner of Education. If, upon investigation, he finds that the child's home district is not providing a suitable program, he must arrange for the child to receive the special instruction in another district. In such cases, the child's district of residence must pay for the tuition, transportation, and board and lodging.

California

In California, where programs for the physically handicapped and mentally retarded are mandatory and programs for the educationally handicapped are permissive, the county serves as the cooperative unit. The county superintendent is charged with the responsibility for insuring that every physically or mentally handicapped child in the districts under his jurisdiction has the opportunity to participate in an appropriate program. The size of the total enrollment in the local district determines whether the county superintendent's responsibilities are consultative and coordinative or whether he must

provide special education services directly. Large districts are required to provide certain services, and all districts may operate programs individually or in cooperation with other districts; but if a district with less than 901 students does not provide services for educable mentally retarded children, or if a district with less than 8,000 children does not offer programs for trainable or physically handicapped children, the county superintendent must establish and maintain the program. He may enter into agreements with elementary, unified, or high school districts; or he may contract with other county superintendents.

As in Minnesota, if parents or guardians question the adequacy of the provisions for a handicapped child, they may appeal. If the county superintendent determines that the program is inadequate, he must order the school district to provide the services or enter into a contract with another school district.

Wisconsin

Wisconsin's Cooperative Educational Service Agencies, which came into existence in 1965, replaced the 102-year-old county superintendency system in that state as the intermediate educational unit. The special education program in Wisconsin is operated according to the principle that local school decisions are properly made at the local level, but in that state the local

community has been redefined by combining small districts into larger geographical units to allow services to be provided on a regional basis. Some of the reasons for adopting the new organizational structure were expressed by the State Superintendent of Public Instruction, William C. Kahl, when he said:

> . . . it is quite apparent that many new developments in school services can be administered--only awkwardly and inefficiently by a single, average district's effort. Individual district efforts of this type create fiscal situations unacceptable to local taxpayers. On the other hand, when school leaders minimize or ignore the importance of needed services, they dilute their obligation to the school's patrons. The integrity of purpose by which school people approach their responsibilities should not allow local inadequacy to prevail under the banner of local autonomy.[3]

The Cooperative Educational Service Agencies have no jurisdiction over the school districts which they serve, and they have no taxing power. They receive some state funds, and each constituent school district pays for the services for which it contracts. Their purpose is:

> . . . to serve educational needs in all areas of Wisconsin and as a convenience for school districts in cooperatively providing to teachers, students, school boards, administrators and others, special educational services including, without limitation because of enumeration, such programs as research, special student classes, data collection, processing and dissemination, in-service programs and liaison between the state and local school districts.[4]

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[3]William C. Kahl, "Foreword," Cooperative Educational Service Agency Handbook, II (n.p.: Wisconsin Department of Public Instruction, May, 1969).

[4]1967 Laws of Wisconsin Relating to Public Schools (Madison, Wisconsin: Department of Public Instruction, 1967), p. 2256.

Under Wisconsin's plan, the state is organized into nineteen coterminous service districts. The smallest district has a total enrollment in grades K-12 of 19,160, and the largest has 215,619 students. Each is under the direction of a coordinator selected by a board of control which is composed of members of the school boards in the districts within the service area. Besides the board of control, a professional advisory committee consisting of the school district administrators in each school district served by the agency is provided for each service agency. An agency school committee of seven lay members appointed by the board of control has some responsibility in matters relating to school district organization.

Each regional office functions primarily as a coordination agency to handle shared-service contracts so that programs which are impractical for a local district to provide can be offered on a regional basis. The rationale is that certain services can be provided more efficiently to a large population than to a small one. Local districts are expected to provide physical facilities with adequate working space in a central location for the staff of the pupil services program.

In establishing the Cooperative Educational Service Agencies, certain criteria were considered, including the following:

1. There should be no more than twenty-five agencies created.
2. Agency territory should be compact and contiguous.
3. The maximum radius between school attendance centers and agency headquarters should be about sixty miles.
4. There should be a minimum enrollment of about 25,000 pupils.
5. Districts should be grouped according to common regional orientation and interests.
6. Areas of concentrated pupil population should be left intact to take advantage of existing administrative and service arrangements.[5]

During the brief period that these agencies have existed, certain questions have been raised concerning them. Among them are the following:

1. Should administrative responsibilities for local school districts be included along with the service function?
2. Should the agencies have taxing power?
3. Should the agencies be a base to regionalize some of the services and technical assistance which is provided from the state level?

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[5] Cooperative Educational Service Agency Handbook, II (n.p.: Wisconsin Department of Public Instruction, May, 1969), p. 2.

4. Can the agencies better assume some kinds of services which local agencies now provide?[6]

The services offered by the agencies are not limited to special education. They include, in addition, the areas of guidance, health, psychology, pupil accounting and appraisal, and social work.

Michigan

Michigan created its intermediate districts in 1963 to allow certain state-approved programs other than those for vocational-technical education to be offered over a wider geographical area than the local school district. The intermediate school district may contract with one or more of its constituent districts for services or it may carry children in membership and provide services directly in the same manner as is done in local school districts. It has a separate board of education, and it may levy and collect taxes which have been authorized by the voters in the intermediate district. The intermediate district is entitled to its proportionate share of any state special education funds available.

Any school district which has a school census of at least 25,000 students between the ages of five and nineteen and offers at least five special education programs

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[6]Bureau of Planning, A Report on Elementary and Secondary Education Prepared for the Kellett Task Force on Education (n.p.: Wisconsin State Department of Public Instruction, February 26, 1969), pp. 92-93.

can elect not to become a part of the intermediate district. The intermediate district may contract with a constituent local district or a district which has elected not to join the intermediate district for the construction and operation of a special education center which will receive children from districts outside the one in which the center is located. It may make grants of money to the district for the purchase of land, buildings, or equipment to be used for special education provided that the district in which the facility is located agrees to receive non-resident children for at least fifteen years after the date of the contract. Any school district which operates a program for handicapped children must receive non-resident children unless it can present evidence to the Superintendent of Public Instruction that such service is impracticable.

Before establishing a program for handicapped children which will operate directly, the intermediate district must obtain a written statement from each of the local districts from which the children will come to the effect that they are unwilling or unable to provide such a program within the local district.

Two or more districts may operate a program jointly with the state special education allowance being paid to the district which is designated in writing as the sponsor of the program.

Definitions of Exceptionality

In each of the states in this study, the definition of exceptionality includes physical and mental handicap. Emotional disturbance is either specifically defined, or it is included within a related term. For example, in Colorado "educationally handicapped children" are defined as "those persons between the ages of five and twenty-one who are emotionally handicapped or perceptually handicapped, or both, and who require special educational programs."[7]

In several states, definitions have been extended to include children who would not be eligible for special education services under the usual provisions for physical, mental, or emotional exceptionality. In 1963, after defeating proposed legislation in 1961 to aid children with behavior problems and neurological handicaps, California included in its special education law "educationally handicapped minors" who are:

> . . . minors, other than physically handicapped minors . . . or mentally retarded minors . . . who, by reason of marked learning or behavioral problems or a combination thereof, cannot receive the reasonable benefit of ordinary education facilities.[8]

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[7] Colorado School Laws (Denver: Colorado Department of Education, December, 1969), p. 300.

[8] Laws and Regulations Relating to Education and Health Services for Exceptional Children in California, compiled by F. W. Doyle (Sacramento: California State Department of Education, 1969), p. 21.

Georgia defines exceptional children as:

> . . . those who have emotional, physical, communicative, and/or intellectual deviations to the degree that there is interference with school achievement or adjustment, or prevention of full academic attainment, and who require modifications or alterations in their educational programs. This definition includes children who are mentally retarded, physically handicapped, speech handicapped, multiple handicapped, autistic, intellectually gifted, hearing impaired, visually impaired, and any other areas of exceptionality which may be identified. [Italics added.][9]

In 1968, the National Advisory Commission on Handicapped Children defined children with special learning disabilities as those who:

> . . . exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written languages. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing or motor handicaps, to mental retardation, emotional disturbance or to environmental disadvantage.[10]

Both Minnesota and Georgia have recently authorized special education programs based on this definition.

A task force on learning disability in Minnesota defined special learning disabilities as:

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[9]H.B. No. 453 (SUB-AM), passed by the 1968 Georgia General Assembly and signed by the Governor on March 7, 1968. (Mimeographed.)

[10]National Advisory Committee on Handicapped Children, First Annual Report (Washington, D.C.: U.S. Office of Education, January 31, 1968) cited in Program for Exceptional Children: Regulations and Procedures (Atlanta, Georgia: Georgia Department of Education, June, 1969), p. 37.

> . . . those educational problems which are not effectively reduced by ordinary and generally available educational techniques and facilities. They may be related to perceptual, intellectual, attitudinal, developmental, motivational and social factors which adversely affect the child's educational attainment.[11]

For the purpose of certifying teachers, this category is subdivided into: (1) problems which are the result of severe emotional disturbance or social maladjustment, and (2) those which are based "primarily in severe learning disability."

Wisconsin makes a division in the definition of special learning disability by providing programs which emphasize communication disorders and programs which are focused on motoric and perceptual deficits.[12]

A definition of academic handicap in Utah relates exceptionality to a child's grade placement in school. Generally the mental age of academically handicapped children is more than nine-tenths of their chronological age, but with prior approval certain children with I.Q.'s between 75 and 90 may be included. These children are "seriously academically retarded below mental age and the norm for their grade placement in reading and/or other

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[11] Special Learning Disability Program Guidelines (St. Paul: State Department of Education, 1969), p. 14.

[12] Division for Handicapped Children, Handbook of Services (n.p.: Wisconsin Department of Public Instruction), p. 47.

fundamental academic processes, . . . [and] are otherwise generally mentally and physically adequate."[13]

Establishing Eligibility for Special Education Services

The process of establishing a child's eligibility for services sometimes starts with a screening program. Often the screening is done by lay volunteers or classroom teachers who are trained and supervised by specialists. Wisconsin's hearing conservation program, which began in 1947, is an example of this means of identifying handicapped children. Each year approximately 4,000 volunteers using borrowed audiometers screen about 190,000 children; and every Wisconsin child has a hearing test at least every third year. State hearing consultants, assisted by speech therapists or public health nurses, recheck children who use hearing aids, pupils in special education classes, and any children who do not pass the screening test. Those children who do not pass the second test are given a diagnostic evaluation at a hearing clinic sponsored jointly by medical societies and the Division for

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[13] Special Education Program Standards and Legal Provisions (Salt Lake City: Utah State Department of Public Instruction, September 8, 1965), p. 5, and Special Education Report Prepared for Utah State Board of Education (Salt Lake City: Utah State Board of Education, 1968-69), p. 7.

Handicapped Children's Services in the State Department of Public Instruction.[14] Both medical and educational follow-up are based on the evaluation.

The laws in several states provide for children to be admitted to special education programs upon the recommendation of a committee composed of diagnosticians, administrators, special and regular teachers, and other professional personnel. In Colorado, the members of the committee are appointed by the board of education in the local school district. Georgia provides for the members to be elected by the local board, and school districts may combine to use a single committee. The committee is chaired by the Director of Special Education and is responsible to the local school superintendent. Michigan's educational planning committee is appointed by the local school administrator. Usually the admissions committees make recommendations regarding eligibility and placement after reviewing the results of examinations by qualified personnel, but Utah provides for admission to be "by decision of the committee."[15]

In some states the administrative head of the school district or an employee designated by him has the

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[14]Division for Handicapped Children, Handbook of Services (n.p.: Wisconsin Department of Public Instruction), pp. 15-22.

[15]Special Education Program Standards and Legal Provisions (Salt Lake City: Utah State Department of Public Instruction, September 8, 1965), passim.

final responsibility for a child's placement. In Wyoming, the eligibility of individual children must be reviewed and approved by the professional advisory committee provided for the State Department of Education. In some states the State Director of Special Education or the Superintendent of Public Instruction is responsible for the final decision.

The eligibility criteria for classes for the mentally retarded are usually based on individual psychological examinations and include specific I.Q. ranges. Several states add descriptions of behavior, intellectual functioning as compared to that of normal children, academic achievement, social adaptation, and expected economic usefulness. Eligibility for programs for the physically handicapped include some specific standards such as an amount of hearing loss defined in decibels or a distance ratio to describe visual acuity. Often the major requirement is a statement from a physician concerning the child's condition. Eligibility criteria for programs for the emotionally disturbed are less specific. In Michigan children may be included in programs for the emotionally disturbed if a clinical evaluation verifies brain damage; but they are not included if they are mentally retarded, have a severe physical handicap, are unable to adjust to any school program, require residential or hospital placement, or are in a temporarily disturbed state because of some external crisis. To be eligible for

a class for emotionally disturbed children in Utah, a child must have displayed an intensive pattern of disturbing behavior over a long period of time. A pupil personnel specialist or a psychiatrist must have recommended that he be placed in a special class, but he is not eligible if he has been recommended for intensive psychiatric treatment. The child's learning potential must be average or above average; but with prior approval from the State School Office certain children whose I.Q.'s are between 75 and 90 may be admitted.

In Wyoming, in addition to other eligibility criteria, a child is considered for special education if his academic performance on a group standardized achievement test indicates that he functions two years or more below his chronological age.

Speech handicapped children in Montana must be examined by a qualified speech pathologist whose diagnosis, prognosis, and prescribed therapy program, including the number and duration of treatment sessions per week, must be submitted to the State Superintendent of Public Instruction. In Utah, the speech and hearing correctionist and the school administrator determine a child's eligibility for the speech correction program. It is the responsibility of the speech and hearing correctionist to administer appropriate examinations or refer the child for other professional evaluation.

Eligibility criteria for special learning disability programs are usually quite detailed. Wisconsin's Handbook of Services[16] states that in determining eligibility for special learning disability programs it is important to use several different sources of information and measuring instruments. The list of recommendations includes a physical examination, behavioral records from the school, a neurological examination, a psychological examination, and other special tests. The special tests suggested are the Lincoln-Oseretsky Motor Development Scale, Kephart's Perceptual Survey Rating Scale, Raven's Progressive Matrices, The Illinois Test of Psycholinguistic Abilities, and the Frostig Test of Visual Perception. A visual examination by an optometrist or ophthalmologist is mentioned as a possible source of pertinent information.

Minnesota's Special Learning Disability Program Guidelines state:

> . . . under the Minnesota S.L.D. service delivery system it is not necessary that a child be categorized or labeled as disturbed, maladjusted or learning disabled to become eligible to receive service under this program. The critical criteria are (1) whether the child requires special education service, and (2) which kind(s) of service a particular handicapped child may need to prevent unnecessary failure and increase his coping skills.[17]

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[16] Handbook of Services, pp. 48-49.

[17] Special Learning Disability Program Guidelines, p. 1.

However, it is emphasized that:

> This does not imply that children may be indiscriminately grouped for service purposes on the broad criteria that (1) they need service which the regular program is not able to provide, and (2) they would not be appropriately placed in any other special education program. . . . Although the S.L.D. program is in fact designed to take care of the special educational needs of that residual group of educationally handicapped children who fall between these program boundaries, the program assumes that children falling within that broad class will manifest a wide range of special needs which can only be met by individual diagnosis and carefully individualized programming.

Both California and Minnesota place a percentage limitation on the enrollments in some programs. In California no more than 2 per cent of the total enrollment in any district may be included in programs for the educationally handicapped without special authorization by the Superintendent of Public Instruction. Minnesota places a limit of 5 per cent of a district's school-age population on the enrollment in special learning disability programs. If a higher rate of need can be documented, the State Department of Education may permit a district to exceed the enrollment limit.

Sometimes trial placement or a diagnostic assignment is allowed. Utah provides for children to be enrolled in special education classes on a continuing trial basis. In Colorado the trial period cannot exceed nine months. A child in Georgia can be assigned for temporary special help with a crisis teacher on the basis of the judgment of the teachers, the director of the special education program,

and the principal if he presents a classroom management or achievement problem. If the child does not respond with the crisis teacher, he may be referred for a more thorough evaluation. Initial placement classes for psycho-educational assessment are also provided in Georgia. The length of time the child is assigned to the class is variable, but six months to a year is considered to be reasonable.

California maintains two residential diagnostic schools for handicapped children. Participants between the ages of three and twenty-one years who are suspected of having orthopedic or neurological disorders are referred by the local school district, public health authorities, or a private physician. During a two weeks' stay, a diagnostic team prescribes a medical and educational program to be followed in the child's community. If appropriate services cannot be made available by the community in which the child resides, he may be enrolled for education and treatment at one of the diagnostic schools for a period not to exceed nine months.

California's laws are quite specific regarding parents' rights to decide whether or not a child will be examined. A written notice of the school's intention to administer screening tests must be given to parents or guardians at least fifteen days prior to the administration of the tests, and copies of written tests must be filed with the school principal and made available for the parent

or guardian to examine. The parent or guardian's written approval must be obtained before a child can be given the screening test. Children are exempt from physical examinations if the parent files an annual statement that he will not consent to the examination. However, the child will be sent home if he has a recognizable contagious or infectious disease. A child cannot be required to take an examination for the purpose of establishing eligibility for a program for the mentally retarded if the parent or guardian objects on the ground that the examination is contrary to his religious beliefs.

In Colorado the parent or guardian must consent before psychological examinations or examinations to determine educational handicap can be given. If the parent or guardian disagrees with the psychologist's determination or the placement of the child, they may submit an evaluation at their own expense by a psychologist of their own choice, but the board of education has the ultimate right to decide on the child's placement.

The local director in Georgia must contact parents to explain the special education program to them and to obtain their consent for individual intelligence tests. In Washington a parent's written consent must be on file before any diagnostic personality tests can be administered.

In contrast, through Michigan's Juvenile Code, the legislature has set forth the principle that the state has the right, even above that of parents, in cases where "it

believes that the child is being neglected or denied his right to proper medical care, education and/or moral environment."[18]

In some states the compulsory school law emphasizes denial of admission if it is determined that a child is not educable or that his presence in a class will be hazardous to himself or to others. In Georgia and Utah the compulsory school laws stress exemption from school rather than denial of admission. A local district superintendent in Utah can issue a certificate of exemption if an evaluation team determines that a child is "unstable to the extent that he constitutes a potential hazard to the safety of himself or to others."[19]

The evaluation team established by the district board of education for determining exemption must include at least three persons: a division of health evaluation service representative, a qualified person designated by the local district superintendent, and a third qualified person skilled in the area of the handicap of the child being evaluated. A majority of the members of this team must not be employees of the school district. The parent or guardian may file a written protest within thirty days

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[18]Michigan Association of Intermediate District Special Education Administrators, Special Education Administrative Handbook (5th ed.; Kalamazoo, Mich.: Kalamazoo Valley Intermediate School District, 1968), p. 1.

[19]Special Education Report Prepared for Utah State Board of Education, p. 3.

after the certificate is issued. The case is then reviewed by a panel of three members appointed by the State Director of Special Education. The certificate of exemption becomes invalid at the end of the school year in which it is issued.

Ways of Delivering Services

Besides self-contained special classes established for groups of approximately six to fifteen children whose handicapping conditions are similar, the ten states whose special education provisions were studied offer many different types of services. Often a person who provides instruction or therapy works on an itinerant basis for several schools or in a resource program within a single school. In some instances itinerant personnel may serve as counselors or social workers who coordinate the handicapped individual's school program with other aspects of his development. In Washington, a distinction is made between "supportive personnel" whose services are provided exclusively for handicapped pupils enrolled in special education programs, and "itinerant personnel" whose services are provided for the total school population.[20]

Speech therapists are provided on an itinerant basis most frequently. Physical and occupational therapists are allowed under the special education laws of some

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[20]Louis Bruno, Special Education Handbook for School Administrators (Olympia, Wash.: Department of Special Education, 1970), p. 36.

states, and remedial reading services are sometimes provided as an itinerant or resource program. In Utah, an intensive remedial program for children with academic handicaps is authorized in which a teacher is provided for not less than ten or more than twenty-four students. Each child is scheduled for at least one hour but not more than one-half the school day for five days a week.

The special education handbooks of several states refer to the desirability of educating handicapped children in the regular classroom whenever possible. Washington's handbook includes a system for adjusting the regular teacher's class load when handicapped children, specifically the visually handicapped and hearing impaired, are included. Depending upon the grade, the age level of the child, and the child's competencies, the enrollment in the regular room is reduced by one to four children; and it is recommended that not more than three handicapped children be included in a single regular classroom.

When children cannot attend school because of the severity of their handicaps, the states usually make some provision for teachers to work with them in their homes or in hospitals. Physically handicapped children are most often the recipients of this kind of service, but in some states the laws allow children with other handicapping conditions to be included. The minimum amount of instruction provided ranges from one to five hours a week; and individual teachers visit up to twelve students, though

the average case load is probably eight children. The instruction is sometimes supplemented by a home-to-school telephone connection. California provides for teleclasses in which groups of homebound or hospitalized children are taught over telephone or television equipment. The teacher visits each newly enrolled child before he participates and must spend at least one-half hour every ten days with lower elementary pupils and at least one-half hour every fifteen days with upper elementary students. Montana operates a correspondence school from which homebound, incapacitated, or isolated children may take courses. Under Wisconsin's program, a home teacher, a school-to-home phone, a correspondence course, or any combination of these three services may be provided. The child may attend a regular school up to half a day and still be eligible for home instruction; and if he has not had 180 days of schooling during the year, the service may be extended into the summer.

Both California and Wisconsin have established a system of centers to serve children who do not require home instruction but who are handicapped to the extent that they cannot be educated in a regular school program. Michigan's intermediate districts provide similar services. In California, these "development centers" may be established by any school district or county. In Wisconsin, they are operated and supervised by the Division for Handicapped Children. The centers in Wisconsin are located in regular

elementary or junior high school buildings, and the children are integrated into the general school program whenever possible. Some children commute daily from their homes, and others live in more conveniently located boarding homes.

For children who cannot be educated in a regular school, a special day center program, their home, or a hospital, each of the ten states operates one or more residential facilities. If appropriate facilities are not available in a state, the law usually provides that children may be sent to another state.

Certain services are provided as a part of the special education program in some states and are considered to be auxiliary services in other states. Wisconsin combines medical, educational, and psychological treatment for crippled children in its Division for Handicapped Children's Services. The Division may purchase special equipment such as braces. It may pay for private therapy if it is not possible for a child to use the facilities in a treatment center under the Division's supervision; and under certain circumstances, it may provide for corrective surgery. In Montana, medical, psychiatric, and psychological services are under the jurisdiction of the Department of Health. In Michigan, the School Diagnostician Program is in the Department of Education, but it is regarded as a part of pupil personnel services rather than a component of the special education program.

Some programs which benefit children indirectly are related to special education services. California has established a Bureau for Educational Improvement of the Handicapped which administers Title VI-A of the Elementary and Secondary Education Act and coordinates other federal aid programs for handicapped children. It provides:

> . . . administrative, advisory, consultive and supervisory services to the State Department of Education, county superintendents of schools, and school districts to assist these agencies to initiate, expand and improve special education and related services to handicapped children at the preschool, elementary and secondary levels.[21]

Recently Wisconsin established the position of Instructional Materials Specialist in its Division for Handicapped Children. This person serves in a:

> . . . liaison and coordinative capacity between the state agency, the Regional Special Education Instructional Materials Center and the growing state network of associate instructional materials centers.
>
> The instructional materials specialist will also serve as a field person to sensitize the local special education personnel to the services available from the regional and associate centers and to new media and learning materials available in the various areas of special education. He will keep appraised of new developments within the instructional materials centers and assist in the development and improvement of new and existing associate and local Special Education Instructional Materials Centers.[22]

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[21] Special Education in California (Sacramento: California State Department of Education, 1969), p. 5.

[22] Handbook of Services, p. 56.

Census and Registry of Handicapped Persons

Several states have made some provision for determining how many of their residents are handicapped and for keeping records which will facilitate planning for special education services. Washington maintains a list of children who have been identified as handicapped but who are not being served. In Utah the clerks of the school boards, school enumerators, and attendance officers must report to the State Superintendent of Public Instruction all physically handicapped and mentally retarded children of preschool, school, and post-school age who are not being educated and trained. Such children must be examined by a psychologist as soon as possible, and a report must be made to the State Superintendent concerning their special needs.

Every school district administrator in Wisconsin is required to obtain information regarding handicapped children from birth to twenty-one years of age who reside in his district, and the information must be reported annually to the State Superintendent. All children who are born with a deformity or physical deficit must be reported to the Division for Handicapped Children by the State Board of Health in order that follow-up care may be planned.

In California, each county superintendent of schools is required to make an annual report to the State Superintendent regarding the number of children in each category of the special education program in the school districts under his jurisdiction. He must also report the name, address, and other pertinent information for each child for whom an application for enrollment in special education has been submitted by a parent or guardian, but who has been denied access to services.

The law in Montana provides specific directions for the county superintendent to follow in checking the school census reports submitted to him each year by the clerks of the local school districts. At the time the annual census is taken, the clerk, with the cooperation of the public health nurse, school nurse, or public health medical officer:

> . . . shall use reasonable diligence to ascertain the names of all handicapped children in the district and such information concerning the same as is required by the state superintendent of public instruction, except that such a survey of handicapped children need not be conducted annually but shall be made at the time of the annual school census when required by the state superintendent of public instruction in co-operation with the state board of health.[23]

Prior to 1967, a survey of handicapped children was required at least once every four years.

Included in Georgia's law is the requirement that each school system or combination of systems "secure a

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[23]From Xeroxed information supplied by the Office of the Superintendent of Public Instruction, Helena, Montana.

competent survey of the educational needs of exceptional children in each jurisdiction and . . . make an educational plan for these children."[24]

The law stipulated that the plan be presented to the State Department of Education within one year after passage of the bill, and biennial reports are required which indicate the extent to which the plan has been implemented and describe additional planning.

Provisions for Extending Services to Individuals Who Are Outside the Age-Range Normally Served in the Public Schools

There is an increasing emphasis on the early identification and training of preschool handicapped children. Some states, as is the case in Montana, do not specify a lower age limit for eligibility for services. Special programs for children under age six qualify for state reimbursement under the same regulations as programs for handicapped children of school age. In Washington, special education services for children three years of age and older are eligible for reimbursement from state funds. California's law provides for experimental programs for the education of deaf and severely hard-of-hearing children between the ages of eighteen months and three years. Minnesota's preschool program for hearing impaired children is operated on a regional basis and is

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[24]H.B. No. 453 (SUB-AM), passed by the 1968 Georgia General Assembly and signed by the Governor on March 7, 1968.

available for the child at birth or as soon as a hearing loss has been established. Children may remain in the program until four years of age when mandatory school district responsibility begins. Through this program services may be provided by placing the child in a class with normally hearing children, in a special class, or in a day center or residential school. There is a strong emphasis on parent involvement, and the child may be tutored individually in his home. California and Wisconsin have similar programs for deaf or blind children which allow guidance for the parents and instruction for the child to be provided in the child's home.

California operates institutes of one or two weeks duration for nursery school deaf children and their parents. Parents accompany their child to a school for the deaf and receive instruction to aid them in caring for the child and training him.

In recognition of the importance of providing the handicapped with a means of earning a living as adults, several states have developed ways in which special education programs can be coordinated with vocational training. California's laws provide for school districts or county superintendents to contract with the State Department of Rehabilitation or with sheltered workshops or other agencies to provide occupational training. School districts in that state may establish special classes in the school or in the facilities of non-profit organizations to provide

"civic, vocational, literary, homemaking, technical, and general education" for handicapped adults.[25] Home teacher-counselors may be provided for some individuals.

In Michigan there is an emphasis on vocational training at the secondary level, and districts are encouraged to develop cooperative agreements with the State Division of Vocational Rehabilitation. The Area Vocational Technical Education Program has been organized to provide systematic instruction for persons who are still enrolled in high school, those who have completed high school, those who have completed high school but have not entered the labor market, and persons who are already in the labor market who need training, retraining, vocational guidance, or counseling. This service is not available to persons who desire to prepare themselves for professional positions.

In an effort to meet the needs of the mentally retarded and seriously handicapped persons on the community level to the fullest extent possible, Colorado has established a community-centered program to facilitate cooperation and coordination among agencies which offer services and to allow the purchase of services from other public or private institutions. In the event that such facilities do not already exist, the Community Center Boards established to conduct these programs are authorized to develop

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[25] Laws and Regulations Relating to Education and Health Services for Exceptional Children in California, p. 12.

programs directly. Up to 75 per cent of the cost of services is provided by the state.

Utah has developed a cooperative agreement between the Office of Rehabilitation Services, the State Division of Special Education, and the local school districts. Its objectives are: (1) to coordinate programs so that more comprehensive and effective services can be provided for handicapped students in special education programs, (2) to provide more comprehensive services to senior students in the combined work and school program, (3) to establish and maintain a continuous, effective, and dynamic working relationship between the organizations involved in the agreement, and (4) to develop more adequate and effective use of the personnel of the organizations in providing for the handicapped.

The aim of Georgia's plan for cooperation between the Office of Instructional Services and the Office of Vocational Rehabilitation is to merge the programs so as to provide continuous and uninterrupted services "to prepare handicapped pupil-clients for employment."[26] School districts may apply for approval to operate cooperative facilities which will be housed in buildings with students

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[26] A Cooperative Plan for the Education and Rehabilitation of Handicapped Pupils in the Public Schools of Georgia, Xeroxed information supplied by the Georgia Department of Education, Atlanta, Georgia, April 7, 1970, p. 2.

of approximately the same chronological ages as the students who will be served by the cooperative program.

Summary

The special education provisions in each of the ten states whose programs were examined for this study have many features in common because certain problems connected with providing an education for handicapped children are almost universal. Many of the specific problems are subsidiary to the general problem of economically and efficiently providing special services which are required by a comparatively small number of individuals; but which are, nevertheless, of extreme importance to the individuals concerned. The specific problems generally involve the following areas:

1. Combining geographical areas in order to provide a population which will have enough handicapped individuals to justify offering a service.
2. Defining exceptionality in such a way that all children who are truly handicapped in their efforts to obtain an education can be declared to be eligible for special education services.
3. Identifying handicapped children early enough to prevent problems from multiplying because of neglect.

4. Establishing eligibility and diagnosing handicapping conditions without interfering with the rights of parents to provide for the welfare of their own children.
5. Providing a suitable education for all children without jeopardizing the safety or welfare of any individual child or group of children.
6. Devising ways of delivering services which are consistent with the needs of the children to be served.
7. Developing systems of record keeping which will insure that no child's needs are overlooked and which will aid in future planning.
8. Finding ways of coordinating the efforts of various agencies and providing for continuity in service programs which may extend from infancy through adulthood.

The unique solutions to these problems which have been incorporated into the special education provisions in each of the ten states reflect the characteristics of the individual states, the philosophy of their leaders regarding the education of exceptional children, and the circumstances which prevailed at the time that the programs were established or revised.

CHAPTER IV

SPECIAL EDUCATION PROVISIONS IN ALASKA

Background

There are four different types of schools in Alaska with varying degrees of relationship to each other. Prior to the 1970 legislative session, the state administered 115 schools or school systems on military bases and in the area outside the organized boroughs, and a small correctional facility located in the Matanuska-Susitna Borough. The total enrollment for these systems is approximately 15,820 students. Since the 1970 legislature provided for a board of education for these schools, which are known collectively as "District One" and which were previously under the jurisdiction of the State Board of Education, they will eventually no longer be directly operated by the state. There are twenty-eight independent borough or city school districts with an enrollment of about 61,040, including children whose education is provided on a contractual basis by the Anchorage Borough School District for the Alaska Native Medical Center, the Alaska Psychiatric Institute, and the George M. McLaughlin Youth Center. The Bureau of Indian

Affairs in the United States Department of the Interior operates seventy-three day schools and two boarding facilities which serve 6,780 Eskimo, Aleut, and Indian children. Approximately 1,600 children are enrolled in the twenty-one private and denominational schools in the state.[1] Besides the children who actually attend schools in Alaska, there are about 450 boys and girls, an increase of 100 over the 1968-69 school year, who live more than two miles from a school or transportation route and receive their education by means of correspondence courses supplied by the State Department of Education at the elementary level or the University of Nebraska at the secondary level.[2] Slightly over 1,200 Alaskans are educated in Bureau of Indian Affairs schools located in other states. The combined enrollments of these widely scattered but sometimes

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[1]These figures are based on information contained in the Alaska Educational Directory: 1969-70 (Juneau: Alaska Department of Education, September, 1969) and United States Department of the Interior, Bureau of Indian Affairs Office of Education, Fiscal Year 1969 Statistics Concerning Indian Education (Lawrence, Kansas: Publications Service, Haskell Institute, n.d.).

[2]According to The Compiled School Laws of the State of Alaska (1969 ed.; Juneau: Alaska Department of Education), p. 56, the compulsory attendance law does not apply to children who reside more than two miles from a school or transportation route. Under the Rules and Regulations, 1967 edition, revised 1969 (Juneau: Alaska Department of Education), pp. 4-80, the Commissioner of Education is authorized to provide correspondence courses for children "living in isolated areas where no State-operated schools are maintained, whenever he deems it necessary and is assured that the work will be properly supervised."

overlapping school systems make up a total school population of about 86,890 individuals (see Table 2).

District One is geographically the largest school district in the United States. Its immensity is sometimes conceptualized by comparing it to a hypothetical district with its central office in Denver, Colorado, and slightly over 100 schools ranging in size from 10 to 850 students scattered from Chicago to San Francisco. Most of this area has absolutely no ground communication since the Alaska Railroad and the highway system mainly serve the population centers within the organized boroughs. Within the District One system are the rural schools, the developing regional boarding school system, and the on-base schools. The 107 rural schools are located throughout the vast area outside the organized boroughs and cities which is referred to as the "unorganized borough." Thirty-one of the District One schools are grouped in four areas around Glennallen, Metlakatla, Tok, and Togiak.

Only the eleven largest communities in the unorganized borough are able to offer high school programs other than supervised correspondence courses, and six of these schools have a secondary enrollment of less than fifty students; so since 1966, the state has been developing a system of regional boarding schools and area high schools to serve students from communities which are too small to provide education beyond the eighth grade. The first of the regional high schools, William E. Beltz, was

TABLE 2.--School population in Alaska according to types of schools and school districts, 1969-70 school year.

		Number of Students
Enrollment in Independent School Districts:		61,040
Anchorage Borough School District	30,374	
Fairbanks-North Star Borough Schools	8,200	
Twenty-six Independent Districts other than Anchorage Borough and Fairbanks-North Star Borough	22,466	
Enrollment in District One (Schools outside the organized boroughs which were formerly operated directly by the State Department of Education):		15,820
107 Rural Schools and Alcantra Youth Camp	6,100	
7 On-base School Systems	9,553	
William E. Beltz Regional High School	167	
Enrollment in Bureau of Indian Affairs Schools:		6,780
73 Day Schools	5,929	
2 Boarding Schools	851	
Enrollment in 21 Private and Denominational Schools:		1,600
Enrollment in Bureau of Indian Affairs Schools Outside Alaska:		1,200
Correspondence Students:		450
Total		86,890

opened in 1966 at Nome. It has an enrollment for the 1969-70 school year of 167 and accepts about 50 new students each fall. A similar facility in Kodiak will become fully operational during 1970 when its dormitory to house 150 students is completed. Since the regional schools cannot accommodate all the secondary students from communities which have no classes beyond the eighth grade, certain schools have been designated as "area high schools," and arrangements are made to board students in homes in the communities, thus increasing the secondary school population enough to expand the programs in these schools. Federal funds supplied under Title I of the Elementary and Secondary Education Act are used to pay for boarding and travel, and the state pays the tuition and foundation program support costs; but the State Board of Education has recently proposed legislation which would require the parent or guardian of a boarding student to pay an amount equal to twice his state income tax up to a maximum of $1,500 for the student's support. In 1968, the boarding program involved over 350 students, and 40 had to be turned away because funds had been depleted. By December, 1969, there were 650 students in the program, with a projection of 980 for the coming school year.[3]

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[3]Minutes of the State Board of Education, State Board of State-operated Schools, and State Board of Vocational Rehabilitation, Tenth Regular Session (Juneau, Alaska: Office of the Commissioner of Education, December 2-5, 1969), pp. 5, 11. (Mimeographed.)

The on-base school systems located at seven military installations have been operated by the state under a contractual agreement with the federal government. Approximately 9,550 students attend these schools.

The ten boroughs, which have been organized around the centers of economic development, and eighteen cities operate independent school districts with enrollments ranging from 13 students in St. Mary's City School to 30,374 in the Anchorage Borough system. The only independent district besides the Anchorage Borough which has more than 5,000 students is the Fairbanks-North Star Borough with 8,200.

The Bureau of Indian Affairs in Alaska, as well as elsewhere, contends that "Indian children become better adjusted to living with all people in a community when they associate with other children in public schools."[4] Therefore, this agency has long encouraged the state to assume complete responsibility for the education of its native population; and over 12,000 children who are under the jurisdiction of the Juneau Area of the Bureau of Indian Affairs are currently enrolled in public schools either in Alaska or in one of the other states.[5]

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[4]Fiscal Year 1969 Statistics Concerning Indian Education, p. 2.

[5]Ibid., p. 8.

Since 1934 when the Johnson O'Malley Act authorized the Secretary of the Interior to enter into contractual agreements with states or territories for providing educational and other services for Indians, Alaska has been moving, but very slowly, toward merging the schools for native children with those provided for other children. Although Alaska and the Bureau of Indian Affairs agreed at the time statehood was granted that the state should assume full responsibility for the Bureau of Indian Affairs schools as soon as possible, only a few were actually transferred. The resistance which delayed the process, both prior to and after statehood, was primarily due to financial considerations. However, fourteen Bureau of Indian Affairs schools are scheduled to become part of the public school system in the fall of 1970, twenty-seven more are expected to be transferred in 1971, and the remainder by 1972.[6]

During the past five years Alaska has increased its effort to solve some of its most pressing educational and social problems. As a result of a long awareness of the irrelevance for non-urban native children of many of the traditional teaching materials developed for children in the other states, the Alaskan Readers, which are based on typical arctic situations, were developed through the

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[6]Alaska Education Association, Legislative Newsletter, XIII, April 23, 1970.

cooperation of the Northwest Regional Educational Laboratory, the Alaska State Department of Education, the Bureau of Indian Affairs, the Alaskan Federation of Natives, and the Alaska Rural Schools Project at the University of Alaska.[7] These books were introduced in several village schools in the fall of 1969. Other facets of the Rural Schools Project include increased consultant services from the state department, particularly in the state-operated schools, a teacher-training program at the University of Alaska which is focused on the unique problems encountered in village schools, and a resource and media center which supplies materials for use in the rural schools. Adapting curricular areas other than reading to the special needs of Alaskan children is currently in process.

In Alaska, as is true in other states, the problem of mental retardation has received more attention than other disabilities. Beginning as a subsidiary of a Citizens' Committee for Mental Health Planning appointed by the governor in 1964, the Steering Committee for Mental Retardation Planning, which later became the Governor's Advisory Committee on Mental Retardation has made numerous recommendations concerning prevention, case finding,

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[7] The Alaskan Readers, A Reading and Language Development System for an Intercultural Setting (Portland, Oregon: Northwest Regional Educational Laboratory, May, 1969).

research, education, employment, recreation, and the legal implications of mental retardation. In two publications[8] issued about three years apart this committee, partially supported by a federal grant, drew together whatever information was available on mental retardation in Alaska and made recommendations based upon their findings to the legislature and other government agencies. The local chapters of the Association for Retarded Children, working on their own and through the Committee on Mental Retardation, have also been instrumental in the progress which has been made. It was largely through the efforts of these two groups that the first full-time consultant for special education was hired in 1966 by the State Department of Education.

Incidence of Handicapping Conditions in Alaska

Scattered reports and a few medical studies during the past decade give evidence that the prevalence of handicapping conditions, especially among native children in the villages, is certain to be greater in Alaska than in the rest of the United States.[9] In 1967, Dr. Milo Fritz,

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[8]Mildred L. Hayes (coord.), Report on Alaska's Plan to Combat Mental Retardation (n.p., December, 1965) and Governor's Advisory Committee on Mental Retardation, Progress in Alaska's Plan to Combat Mental Retardation and Guidelines to the Future (Juneau, September, 1968).

[9]Rough draft of an Alaska Council for Exceptional Children suggestion for a complete overhaul of the state special education law.

referring to one of his many trips in which he conducted eye, ear, nose, and throat clinics in the villages, states, "The most appalling finding, as usual, was the prevalence of poor hearing from repeated attacks of otitis media and mastoiditis."[10]

An Indian Health Service report for 1967 indicates that otitis media is the most frequently reported disease among Alaska natives with a total of 2,834 cases that year, although there were 8 per cent fewer cases reported than in 1966. The report further states:

> It is recognized as one of the most serious health problems among Indians and Alaska Natives, inflicting serious and often permanent damage to those persons who contract the disease.
>
> As with many infectious diseases, there is a strong association between otitis media and impoverished living conditions. Crowded housing aids the rapid spread of upper respiratory tract infections. Inadequate sanitary facilities and substandard diets are apparent to some degree in the majority of Indian and Alaska communities and increase the susceptibility of its inhabitants to this disease. Epidemiologic studies have defined the population at greatest risk to otitis media as that group of children under the age of two. If the first attack of otorrhea occurs before the first birthday, the risk of repeated attacks is great. Some cases, in spite of medical treatment result in permanent damage such as badly scarred or punctured eardrums which require major reconstructive surgery and special facilities for treatment and hospitalization. By the time these afflicted children reach school age their hearing has often been so severely damaged that their ability to learn a new language and make significant progress in their classrooms has been

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[10]Milo H. Fritz, "A Clinic to St. Mary's--1967," Alaska Medicine, X (March, 1968), 61.

> drastically reduced. This chronic condition also restricts their opportunities for further vocational and social development.[11]

Brody, Overfield, and McAlister[12] found that 13 per cent of a group of Eskimo children which they studied had a severe hearing loss which they defined as a loss of forty decibels or more from frequencies of 1,000 to 3,000 cycles per second. They reported that 1 per cent of a group of Caucasian children in Wasilla, Alaska, and 1 per cent of a group of Aleuts on the Pribilof Islands had a severe hearing loss.

Various studies have been conducted on a cohort of 643 Eskimo children born in twenty-seven villages in the Bethel area in southwestern Alaska between October, 1960, and December, 1962. Maynard summarized one study on 322 of these children in which it was found that the median age for the first attack of otorrhea was six months, and 19 per cent of these infants had their first attack by the age of four months. He said:

> There is an increased probability of recurrence after initial attack, and the frequency of attack is directly related to the frequency of hearing loss;

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[11]"Illness Among Indians and Alaska Natives, Calender Year 1967," IHS (Indian Health Service) Annual Statistical Review, Hospital and Medical Services, Fiscal Year 1968 (Washington, D.C.: United States Department of Health, Education and Welfare, March, 1969), pp. 33-35.

[12]Jacob A. Brody, Theresa Overfield, and Robert McAlister, "Draining Ears and Deafness Among Alaskan Eskimos," Archives of Otolaryngology, LXXXI (January, 1965), 29-33.

> which loss is already occurring as early as the fourth year of life. . . . The basic point to be emphasized is that the pathogenic processes leading to chronic otitis media and subsequent hearing deficiency are already established by the end of the first year of life, and all programs of prevention and control must take cognizance of this fact.[13]

In another study, Reed, Struve, and Maynard[14] correlated episodes of otorrhea with hearing deficiency in 378 of the Bethel area children at ages three to five years. They compared their findings with statistics available from Great Britain which indicate that 1.2 per cent of the preschoolers in England and from 5 to 7 per cent of the school-aged children have a hearing loss. Nearly one-third of the Eskimo children in this study had a hearing impairment of twenty-six decibels or more by the age of four, and 6 per cent had a loss of at least forty-one decibels.

Estimates of the prevalence of hearing loss among American children vary widely. According to Silverman, Lane, and Doehring:

> If we examine the results of mass testing surveys among school children we find a range from 2 to 21 per cent reported as having defective hearing. This great variability in reports of hearing impairment is

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[13]James E. Maynard, "Otitis Media in Alaskan Eskimo Children: An Epidemiologic Review with Observations on Control," Alaska Medicine, XI (September, 1969), 94-95.

[14]Dwayne Reed, Susan Struve, and James E. Maynard, "Otitis Media and Hearing Deficiency Among Eskimo Children: A Cohort Study," American Journal of Public Health, LVII (September, 1967), 1657-62.

> undoubtedly due to differences in definitions of hearing impairment, in techniques, apparatus, and conditions of testing; and in the socio-economic status and climate of the communities in which the surveys were carried out. Our best estimate is that 5 per cent of school-age children have hearing levels outside the range of normal . . . , and that from one to two of every ten in this group require special education attention. . . .[15]

Mackie estimates that .6 per cent of the school-age children in the nation are deaf or hard-of-hearing. This figure represents "the profoundly deaf and children who have hearing impairments which, even after medical treatment has been given and mechanical devices have been applied, are still so severe as to interfere with their education."[16]

Myklebust stresses the importance of early identification and preventive treatment when he states:

> . . . much work in hearing conservation consists of identifying those in school populations who have slight hearing losses, thus needing attention in order to prevent further loss of hearing. When this group of children is included with those who are defined as being in need of special educational procedures, it has been estimated that approximately five per cent of school age children have hearing losses which require some type of attention.[17]

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[15]S. R. Silverman, H. S. Lane, and D. G. Doehring, "Deaf Children," in Hearing and Deafness, ed. by Hallowell Davis (New York: Holt, Rinehart and Winston, Inc., 1960), p. 416.

[16]Romaine P. Mackie, Special Education in the United States: Statistics 1948-1966 (New York: Teachers College Press, 1969), pp. 17 and 39.

[17]Helmer R. Myklebust, The Psychology of Deafness (New York: Grune & Stratton, 1964), p. 8.

Reed, Struve, and Maynard concluded that frequency of attacks, especially during the first two years of life, was a more important factor in hearing deficit among the children they studied than was age of onset; and they stressed the importance of respiratory infection as a predisposing factor in otitis media. Fleshman[18] noted that the increased illness and death rate for Alaska native infants is not due to diseases which are preventable by immunization but are those related to poor housing and hygiene, lack of sanitation, and a low level of education--conditions which are prevalent among Alaska Eskimos; and Maynard[19] mentioned that until the recent use of educational films on the subject of otitis media by the Alaska Department of Health and Welfare, native parents did not consider otitis media to be a disease since draining ears are so common among their children.

In a speech before the Twentieth Alaska Science Conference at Fairbanks in 1969, Dr. Fleshman, Chief of the Pediatric Service at the Alaska Native Medical Center in Anchorage, pointed out that although most children in America:

> . . . present no special problems in achieving their educational potential . . . Alaska Native children have suffered an excessive amount of illness and

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[18]J. Kenneth Fleshman, "Health of Alaska Native Children," Alaska Medicine, X (March, 1968), 40.

[19]Maynard, "Otitis Media in Alaskan Eskimo Children: An Epidemiologic Review with Observations on Control," p. 93.

> enter school with a significantly higher degree of handicaps that will interfere with learning . . . [and] will require special consideration to reach their full educational potential.[20]

He emphasized that since " . . . 90 per cent of Eskimo children who will ever develop otitis media do so by age two years," the accompanying hearing loss occurs during the years of most rapid language development resulting in a significant deficit in language skills at school age. He estimated that 2,500 school-aged children in Alaska have a damaged ear and that 625 of these children are "affected bilaterally and represent critical problems in education." [Italics added.] He also reported on an audiologic screening program conducted in the Bethel school during 1969 in which 20 per cent:

> . . . had a hearing loss in the speech frequencies in at least one ear of greater than 25 dbs. and . . . , would be expected to encounter difficulty in a classroom situation. Seventeen per cent . . . required some specialized medical and surgical procedure in an attempt to restore hearing.

He stated that "a remedial program to enhance verbal ability must be developed." However, he cautioned against compounding emotional and social problems by removing these children from the villages for placement in special education programs. He warned of the handicapping emotional concomitants of illness and high mortality within a family and emphasized the trauma to

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[20] J. Kenneth Fleshman, "Effect of Health on the Education of the Alaska Native Child," (paper presented at the 20th Alaska Science Conference, Fairbanks, Alaska, August 24-27, 1969), pp. 1-2, 5-9. (Mimeographed.)

the native child who becomes so ill in a village that he must be removed several hundred miles to a hospital where he spends from one to three months in a strange environment. Even though the child recovers physically, he may be so affected emotionally that he later develops learning problems in school. In Fleshman's opinion, parents who have lost many children allow family survival and a desire to keep the remaining children close to take precedence over the importance of formal education.

Applying what he designated as a nationwide percentage of 6.16 to a 1964 population of 66,000 Alaskan school children, William T. Zahradnicek,[21] who was at that time Commissioner of Education, estimated that there were 4,066 handicapped children in the state; yet only 378 or less than 10 per cent of them were in special education classes. Mackie[22] reported that in 1966, according to data submitted by local public school systems, there were an estimated 1,498 Alaskan children enrolled in special education programs in local public schools. This figure included 747 with speech and hearing deficits, 243 with "special health problems" and 182 in programs for the gifted, although the state special education law at that

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[21]Office of the Commissioner of Education, Guidelines of Programs of Special Education in Alaska (Juneau: Department of Education, 1966), p. 3.

[22]Mackie, Special Education in the United States: Statistics 1948-1966, pp. 25 and 50-51.

time made no provision for classes for gifted children. According to Mackie's report, there were only four blind children, thirty-four deaf children, and no partially-seeing or hard-of-hearing children enrolled in schools in Alaska; even though Zahradnicek stated in his publication issued the same year that, "It is reasonable to assume that the nationwide percentages for deaf and hard of hearing are much too low for certain rural areas of Alaska where otitis media is prevalent. . . ."[23]

Zahradnicek estimated that there were 1,715 educable and trainable mentally retarded children in Alaska in 1964. According to Mildred L. Hayes as of May, 1965, Alaska had 196 mentally retarded children and adults in institutions either in or out of Alaska, forty of whom were in the "mildly retarded" classification and who could have remained in their own communities. She concluded that at that time:

> The extent of mental retardation in Alaska is not known. We may approximate the national average, but assume that we exceed the average in areas of the State where prenatal, delivery, postnatal, and general medical care is not readily available. . . .
> . . . one suspects that our institutional population would be much higher if the mildly retarded in rural areas were not able to make a relatively acceptable adjustment in that less complicated society, in which demands made are not of a highly intellectual nature and useful manual skills may be developed with the help of the parents and an accepting community.[24]

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[23]Office of the Commissioner of Education, Guidelines of Programs of Special Education in Alaska, p. 3.

[24]Hayes, Report on Alaska's Plan to Combat Mental Retardation, pp. 17-18, 68.

A study based on a questionnaire sent to the teachers of 24,757 elementary students in Alaska in 1965-66 indicated that 2,202 or 8.2 per cent were perceived by their teachers as functioning as retardates. The teachers designated mental deficit and emotional, social, cultural, language, and physical problems as causes of the retardation.[25]

Mackie[26] listed an estimated 228 mentally retarded children in 1966. By 1967, according to another report[27] there were 567 educable and 65 trainable mentally retarded individuals receiving special education services. A different summary for the 1967-68 school year[28] based on a 12 per cent prevalence estimate, indicated that there were approximately 7,560 exceptional children in Alaska including 1,260 gifted youngsters. Although some of the information requested in the survey upon which the summary was based was not available, ninety children were reported as receiving full-time special education; and four were

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[25] Ibid., p. 64.

[26] Mackie, Special Education in the United States: Statistics 1948-1966, pp. 50-51.

[27] Governor's Advisory Committee on Mental Retardation, Progress in Alaska's Plan to Combat Mental Retardation and Guidelines to the Future (Juneau: September, 1968), p. 7.

[28] Gene Hensley and Daniel McAlees, Special Education in the West (Boulder, Colorado: Western Interstate Commission for Higher Education, August, 1969), p. 30.

reported as receiving part-time special services. At the same time, 127 special educators, including 11 consultants and administrators were reported.

These conflicting reports serve to emphasize the fact that, except for hearing impairment and general nutritional and health problems, the incidence of handicapping conditions among school children in Alaska is a matter for speculation rather than a matter of record.

Other statistics[29] refer to the high infant mortality rate for Alaska natives. Although between 1955 and 1967 the rate declined from 74.8 to 55.6 per 1,000 live births, it has fluctuated between 18 and 80 per cent above the rate for Indians in the rest of the United States during the thirteen-year period. In 1967, the infant death rate for all races in the nation was 22.4 per 1,000 live births or about 40 per cent of the rate for Alaska natives.

Conceivably, the higher death rate would indicate that many of the weaker children who would be most likely to have physical anomalies at school age die at or within a short time of birth. Therefore, one might think there would be comparatively few handicaps among the individuals who survive to reach adulthood. However, this conclusion is not born out by the results of a survey of handicapping

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[29]U.S., Department of Health, Education, and Welfare, Indian Health Trends and Services (Washington, D.C.: Government Printing Office, March, 1969), p. 8.

conditions conducted by the Office of Vocational Rehabilitation of the Alaska Department of Education[30] in 1968 which supports the obverse that children who manage to survive under the conditions which contribute to the high death rate grow up with a wide variety of disabilities.

The Vocational Rehabilitation survey was conducted for the purpose of developing "a Comprehensive Vocational Rehabilitation Program adequate to meet the needs of all the disabled persons in the State of Alaska by 1975." The study was funded by a federal grant and was based on a premise that, as stated in the Statewide Planning Grant Proposal,

> The rate and distribution of disabled people in Alaska is believed higher and qualitatively different than National patterns would indicate. Hence we are anticipating the need for well-planned field surveys to gather basic and heretofore unknown information about the population of our state.

This survey included all residents except military servicemen. All age levels were represented; and in addition to the usual handicaps manifested by school-aged children, it included such conditions as alcoholism, emphysema, and varicose veins. For the purpose of the study, a disability was defined as "any identifiable physical, mental or emotional problem"; and a handicap was identified as "a condition or disability which significantly limits the normal functioning of the individual."

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[30]Alaska Comprehensive Statewide Planning Project for Vocational Rehabilitation Services, Survey of Handicapping Conditions, Keith J. Anderson, director (Juneau: November, 1968), passim.

Since the study was concerned with vocational rehabilitation, a vocational handicap was specifically defined as "one which prevents an individual from successfully utilizing his remaining abilities in a productive manner."

Although not oriented toward handicaps among school children, the report emphasized hearing impairment accompanied by language problems superimposed on the native Alaskan's culture as some of the reasons for the academic retardation, defined in this study as "the number of persons under age twenty-one in school but in grade levels two years or more behind their age peers." The percentages ranged from 7.4 in Anchorage to 25.9 in the southwestern region of the state. A table in the report based on 1960 census data indicates that at least 7,023 students between the ages of six and nineteen are from two to five years academically retarded and 722 are more than five years behind their age mates. These figures represent about 13 per cent of the 1960 school population.[31]

It was pointed out in this report that in May, 1965, 66.5 per cent of the 196 Alaskans who were then institutionalized because of mental retardation were native; and the author speculated as to whether there are actually more congenital and infantile diseases resulting in mental retardation among natives or whether there is a value bias within the diagnosticians. This latter

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[31] Ibid., p. 8.

possibility received some consideration when a study was done by "qualified psychologists concerning the need for the development of 'valid' culture-free tests"[32] for use with Alaska natives. The psychologists concluded that adequate testing tools are available and that the problem lies in the area of professional selection and use of appropriate tools.

The disability rates identified by the survey varied among ethnic groups from 11.5 per cent to 41 per cent, but the overall rate for the state was 25.1 per cent. Approximately 26 per cent of those who reported a disability reported having two or more disabling conditions. According to this report, there are 36,160 Alaskans who are "physically or mentally handicapped to a degree which interferes with or limits their normal functioning as productive citizens." Another 22,000 are victims of "'social and environmental handicaps' which are likely to result in vocational handicaps." As stated in the conclusions based upon the survey,

> The best estimate of handicapped persons in Alaska in 1966, then, is at least 58,100--considering all causes. This is felt to be a conservative estimate based on the data of this Survey . . .
> Based on projections . . . , over 85,000 Alaskans will have claim to Rehabilitation Services by 1975.[33]

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[32]Governor's Advisory Committee on Mental Retardation, Progress in Alaska's Plan to Combat Mental Retardation and Guidelines to the Future, p. 6.

[33]Alaska Comprehensive Statewide Planning Project for Vocational Rehabilitation Services, Survey of Handicapping Conditions, p. 59.

The individuals who conducted the study considered psychoses, alcoholism, behavior disorders, and retardation to be underestimated because of the reluctance of interviewees to provide information on these less socially acceptable disabilities.

During the 1969-70 school year the Alaska State Department of Education conducted a survey known as the LEASCO Manpower Survey to obtain information concerning handicapped children. However, the data from this survey is not yet available. In lieu of such information, estimates obtained by applying Mackie's[34] percentages of handicapping conditions in the nation as a whole to a school population in Alaska of approximately 85,690 indicate that there are at least 8,569 handicapped children in the state (see Table 3). This is undoubtedly a conservative estimate. The table does not reflect the disproportionately large number of hearing-impaired children in Alaska. If the 5 per cent estimate reported by Myklebust and by Silverman, Lane, and Doehring[35] is applied to Alaska's school population of 85,690, there are at least 4,285 hearing handicapped children in the state who require either preventive therapy or special educational provisions. The table does not include children who are

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[34]Mackie, Special Education in the United States: Statistics 1948-1966, p. 61.

[35]Myklebust, The Psychology of Deafness, p. 8; and Silverman, Lane, and Doehring, "Deaf Children," p. 416.

TABLE 3.--Estimated number of school children in Alaska in need of special education: based on national percentages reported by Mackie applied to a school population of 85,690 for 1969-70.

Area of Exceptionality	Estimates of Prevalence (Per Cent)	Estimated Number of Children
Blind	.033	28
Partially Sighted	.067	57
Deaf	.1	86
Hard-of-Hearing	.5	428
Speech-Impaired	3.5	2,999
Crippled	.75	643
Special Health Problems	.75	643
Emotionally Disturbed and Socially Maladjusted	2.0	1,714
Mentally Retarded	2.3	1,971
Total	10.00	8,569

Note: Based on Romaine P. Mackie, Special Education in the United States: Statistics 1948-1966 (New York: Teachers College Press, 1969), p. 61.

educationally handicapped because of a reading disability. It does not include native children who are attending Bureau of Indian Affairs schools in other states, or any handicapped children who are in residential facilities outside Alaska.

An additional estimated 30,000 to 35,000 children in Alaska are preschoolers. Many of these children have handicaps which could be corrected or whose adverse affects could be counteracted if early diagnosis and treatment were provided.

When the results of the rather fragmentary studies and reports of handicapped children are compared with the estimates based on Mackie's percentages and the findings of the Vocational Rehabilitation study, it becomes apparent that the present educational services for handicapped children are far from adequate and that unless extensive revisions are made, hundreds of children who are now of preschool and school age will soon be candidates for vocational rehabilitation services to compensate for the wasted years during which they were not able to acquire an education which would enable them to become self-supporting members of the adult society upon termination of their schooling.

Extent of Special Education Services in Alaska

Special education services are offered, at least to some extent in seventeen of the twenty-eight independent districts. Anchorage has the most extensive program, which enrolls 666 students, including children in institutions which contract with the school district, children transported from nearby schools on military bases, and some students who are boarded in foster homes. There are seventy-one special teachers, not counting speech correctionists, in the Anchorage district. The Ketchikan Gateway, Greater Juneau, and Fairbanks-North Star Borough have ten, twelve, and fourteen special education teachers respectively. The Kenai Peninsula Borough has five teachers who work with exceptional children, one district has only a part-time special education teacher, and the remaining eleven systems with total enrollments of from 213 to 2,013 students have from one to three special teachers.

There are eight full-time and two part-time special education teachers who serve approximately ninety-five children in the rural schools. Six of these teachers are located at Bethel where there is a total enrollment of 849 students. According to the Alaska Educational Directory,[36] both the Eielson and Elmendorf on-base

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[36] Alaska Educational Directory: 1969-70 (Juneau: Alaska Department of Education, September, 1969).

school systems have two special education teachers, and there is one special teacher at Fort Richardson who is a special education teacher and a speech therapist. No special education personnel is listed for the William E. Beltz Regional School, but a publication of the Department of Education[37] states that the superintendent there makes an effort to hire people with a special education background.

Seventeen special education teachers serve 138 elementary school children in Bureau of Indian Affairs schools in eleven different villages.[38]

In summary, then, there are 129 full-time and 3 part-time special education teachers in the independent districts with over half of them in Anchorage. The District One schools have 13 full-time and 2 part-time special teachers with 5 of them located on military bases and 6 teaching in the largest rural community. If the 17 Bureau of Indian Affairs special teachers are included, there are 159 full-time and 5 part-time teachers to provide special education services in the three main school systems, which have a total enrollment of 83,640 students. Approximately 1,500 handicapped children in thirty-six

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[37] Rural Renaissance, New Opportunities for Young Alaskans (Juneau: Alaska Department of Education, October, 1968), p. 4.

[38] Letter from Earline Smith, Area Pupil Personnel Specialist, Juneau Area Office, Bureau of Indian Affairs, April 1, 1970.

communities are receiving special education. Exceptional children in the other 183 school systems in the independent districts, District One, and the Bureau of Indian Affairs schools receive only the special attention the regular classroom teacher is able to provide with the help of consultants and whatever special materials can be supplied.

Legal Provisions for Special Education

Article VII, Section 1 of the Alaska Constitution states:

> The legislature shall by general law establish and maintain a system of public schools open to all children of the State, and may provide for other public educational institutions. Schools and institutions so established shall be free from sectarian control. No money shall be paid from public funds for the direct benefit of any religious or other private educational institution.

The first special education law, which was enacted by the state in 1959 a few months before being officially admitted to the Union, gave evidence that the people, through their representatives, intended to fulfill the constitutional provisions. This law permitted school districts to provide education for exceptional children between the ages of five and eighteen with the stipulation that the classes be composed of no less than five children who could be taught together. Legislative revisions in

1965, 1966, and 1970 made the special education law mandatory and extended its provisions.[39]

Recognizing the need for a study of the funding patterns inherited from territorial days, in 1960 the State Board of Education appointed an advisory council familiar with school conditions and problems in Alaska and authorized the employment of a staff of consultants experienced with public school organization and finance in other states to analyze the various aspects of the entire school system and make recommendations. The report was completed in September 1961[40] and the legislature which convened the following January established the public school foundation program based on the report. Funding under the original foundation program was on the basis of an allowable number of teacher units, the average daily membership allotment, and the attendance center allotments.

The underlying philosophy of the foundation program is that education is a state function and that the state is, therefore, responsible for a minimum basic education, with extra services being provided at the option of the local district through local effort.

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[39] The Compiled School Laws of the State of Alaska, 1969 edition (Juneau: Alaska Department of Education), pp. 60-63, as amended by Ch. 144 SLA 1970.

[40] Erick L. Lindman, Dir., A Foundation for Alaska's Public Schools: Report of a Survey (Juneau: Alaska State Board of Education, September, 1961).

However, the state will soon assume a greater responsibility for the financing of education than it has in the past.

The 1970 legislature revised the foundation program to provide for funding on the basis of instructional units. Units are defined according to numbers of students, size and location of schools, and types of educational programs. Under the new foundation program, the state will pay the local districts according to a base of $19,250 per unit, or at least 90 per cent of the basic costs of education. A special education schedule is included which is based upon instructional units consisting of five through nine pupils in average daily membership.[41]

According to the recently revised special education law, a school district must provide special services when there are at least five exceptional children of legal school age residing in the area served by the school. A community is not prevented from offering services to fewer than five children. A child may be sent to a district other than the one in which he lives provided that the sending school or the state pays the receiving district an amount of money equal to the receiving district's local cost per pupil rate. If the cost of the child's education

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[41] The Compiled School Laws of the State of Alaska (1969 ed.; Juneau: Alaska Department of Education), as amended by Ch. 238 SLA 1970.

exceeds the local cost per pupil rate, the State Department of Education must pay the remainder. The purpose of the law is "to provide competent education services for the exceptional children of legal school age in the state for whom the regular school facilities are inadequate or not available."[42]

The 1970 legislative revisions broadened the definitions of exceptionality so that "exceptional children" means "children who differ markedly from their peers to the degree that they are better served by placement in a special learning program designed to serve their particular exceptionality; . . . "[43]

Provisions for children with learning disabilities and gifted children were added. Prior to the 1970 revisions, the law included only mentally retarded and physically handicapped children; but the Alaska Department of Health and Welfare with the cooperation of the Inter-Agency Council on Special Education had established standards for the examination and classification of exceptional children into the categories of mentally retarded, blind and partially sighted, profoundly deaf and hard-of-hearing, orthopedically or neurologically handicapped, emotionally disturbed, and multiply handicapped.

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[42]The Compiled School Laws of the State of Alaska, pp. 60-63, as amended by Ch. 144 SLA 1970.

[43]Ibid.

The parent or guardian or the school administrator is required to make application for the enrollment of a child in special education. However, if the administrator submits the application, it must be with the full knowledge and consent of the parent or guardian. Children must be evaluated by qualified personnel, according to regulations cooperatively established by the Department of Education and the Department of Health and Welfare, to determine whether or not they are capable of receiving benefit from enrollment in a special education program. The Commissioner of Education has the final responsibility for certifying students for special services.

A child of compulsory education age may be excused from attending a special education class established for his type of handicap on the basis of a physician's statement that his condition does not permit him to attend, or if the results of an evaluation as defined by Department of Education regulations demonstrate that he is not capable of benefiting from attendance. A child may be suspended from school or denied admission if he has a physical or mental condition which, in the opinion of competent medical authority, renders him "unable to reasonably benefit from the programs available" or will cause his attendance "to be inimical to the welfare of other pupils."[44]

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[44] Ibid., p. 57.

Besides the self-contained classroom programs organized for the education of groups of children whose handicapping conditions are similar, districts are authorized to provide instruction for hospitalized or homebound children. Such pupils who receive at least ten hours of instruction per week may be counted in computing the average daily membership allotments. In some cases, an exceptional child may be sent out of the state for special education with up to $6,000 annually being paid by the Department of Education plus an amount from the local district equal to its contribution toward the cost per pupil. If the cost of the child's education is greater than the total amount, the parent or guardian pays the remainder unless he is unable to pay. In that case, the Department of Education pays the additional amount.

The Department of Health and Welfare may provide professional guidance and financial assistance to organized groups of parents who are attempting to secure evaluation and special training for exceptional children who do not come within the special education laws because of their age or the severity of their handicaps. In order to receive such assistance, the parent group must request the assistance, and it must have arranged for the facilities and equipment for a training center for five or more children. The assistance is limited to evaluation,

professional guidance, and recruitment and payment of special teachers.[45]

In 1965, one of the recommendations made by the Steering Committee on Mental Retardation Planning was:

> . . . that the Division of Public Health establish a register of handicapping defects, including mental retardation [and that] as soon as possible the use of this register be expanded to plan follow-up services so that reported handicaps, including defects leading to retarded mental development, receive adequate treatment or correction.[46]

By 1968 legislation had been passed to create the registry, but the law has not yet been funded. Some efforts were being made by the Alaska Department of Health and Welfare during 1969 to implement the law, but specific information regarding handicapping conditions is not yet available.[47]

Two Proposals for Improving Special Education Services in the State

The State Department of Education is currently working on a proposal for a comprehensive plan to improve special education services in the areas outside the organized boroughs but including all the children who are now

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[45] Ibid., p. 134.

[46] Hayes, Report on Alaska's Plan to Combat Mental Retardation, p. 23.

[47] Letter from Donald K. Freedman, State of Alaska Department of Health and Welfare, November 19, 1969.

in Bureau of Indian Affairs schools. Under this plan, services would be directed toward the following categories:

1. Educable mentally retarded.
2. Trainable mentally retarded.
3. Deaf and hard of hearing.
4. Visually impaired.
5. Specific learning disability including those children requiring clinical reading therapy.
6. Educationally handicapped and emotionally disturbed.[48]

Important features of the plan include comprehensive screening of all children, establishing a strong central administration for the program, establishing fifteen special education centers, upgrading regular classroom teachers, and systematic evaluation of the program. Rural handicapped children would have the option of: (1) remaining in their villages to receive whatever services are possible, (2) attending school at centers near their villages, or (3) attending facilities outside the state if their handicaps are so severe that they cannot be served within the state.

The Alaska Council for Exceptional Children is advocating a complete revision of the state special

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[48] Proposal for Johnson-O'Malley Funds: Introduction, General Background, Initial Steps in Operation of Proposed Program (Anchorage: State of Alaska Department of Education, Division of State-operated Schools, n.d.).

education law. Under the proposed law, the State Department of Education would be required, among other things, to conduct a census of exceptional children according to classification of exceptionality and geographic distribution; analyze the problems of providing special services in metropolitan, medium sized, and rural communities, devise a program for preparation, recruitment, and post recruitment training of personnel; and provide a program for the development, acquisition, construction, and maintenance of facilities.

Local districts would be required to submit to the state education agency precise statements setting forth the extent to which standards are being met, the extent to which the state is providing services in the district, and an identification and description of the means to be employed by the local community in meeting standards for special education not provided directly by the state. Even though some children from independent districts receive special education in state schools, the local district would be responsible for educational planning and record keeping for such children. If, after a specified date and appropriate public hearings, the local district failed to provide the necessary education for exceptional children, the state would be permitted to provide the services directly and charge the district for the costs. During the time the state agency is providing services in a local district, one of its purposes would be that of assisting

the local district to assume full responsibility for the education of exceptional children.

A child or his parent or guardian would be permitted to petition the state education agency or instigate court proceedings for the correction of erroneous action or for other appropriate remediation if any of the following circumstances were alleged:

1. The child is being denied special education to which he is entitled according to law.
2. The education, special or otherwise, which he is receiving is insufficient in quantity or quality.
3. He is being offered educational services to which he is entitled only by governmental units or institutions other than those which have the primary responsibility for providing the services.
4. He has been inappropriately classified or categorized as exceptional or not exceptional.[49]

The adoption of either or both of these proposals would undoubtedly benefit many handicapped children, especially those in communities which have been able to provide only a minimal special education program or none at all. However, they are based on the medical and

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[49]Rough draft of an Alaska Council for Exceptional Children suggestion for a complete overhaul of the state special education law.

psychological classification systems under which most schools in the past have not had outstanding success in their attempts to educate their exceptional children, and which are being increasingly questioned and criticized by authorities in the field of special education. Alaska is still in a transitional stage between the absence of special education programs and a firmly entrenched, comprehensive system for providing services. Except in a few school systems, such services are so new that rigid patterns have not had a chance to develop to any extent. Therefore, it may be possible that a program which incorporates many of the features of these two proposals, but which is based on an educational definition of exceptionality and cuts across the classical categories, could reduce considerably the almost legendary time lag between knowledge and practice.

CHAPTER V

A RECOMMENDED SPECIAL EDUCATION PROGRAM FOR ALASKA

Inadequacies of a Categorical System

Since the attainment of statehood, improvements in the general educational program in Alaska have been notable. The growing boarding school program and the Rural Schools Project are innovative and exemplary. The foundation program, the result of careful study and consideration, focused attention on the importance of a sound basic education. Increasing willingness to merge the Bureau of Indian Affairs schools with the state school system is evidence of the state's recognition of its responsibility for all its children. The intention to provide for the education of exceptional children is apparent in the constitution, a statement by the board of education concerning the goals of education in Alaska,[1] the mandatory

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[1]According to the Minutes of the State Board of Education, the State Board of State-operated Schools, and the State Board of Vocational Rehabilitation, Tenth Regular Session (Juneau, Alaska: Office of the Commissioner of Education, December 2-5, 1969), p. 9 (Mimeographed), one of the goals of education is "to provide an environment wherein each person, regardless of any conditions affecting him is continually afforded the opportunity to reach

provision in the state special education law, and the recent legislative revisions which extended the law to include additional disability categories and brought gifted children within the definition of exceptionality. Yet in spite of the improvements in education in general and the declared intention of providing for exceptional children, only a small number, probably about 17.5 per cent, of the children in the state who would qualify under the classical medical and psychological definitions are receiving special education services. This percentage is about half as large as the percentage quoted by Mackie for the nation as a whole.[2] Theoretically, under a mandatory law every exceptional child is entitled to be educated to the limits of his capability.

Aside from the fact that Alaska was later than the older states in starting to make special provisions for its handicapped children, there are several reasons why the traditional categorical framework for special education programs has not proved to be an efficient vehicle for providing an education for those children for whom the regular school program is unsuitable. Adding more categories which will be recognized for state reimbursement does not necessarily improve the quality of the services provided nor does it insure that a sufficient number of

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his maximum potential as an individual and as a member of society." [Italics added.]

[2]Mackie, Special Education in the United States: Statistics 1948-1966, p. 5.

the kinds of classes already authorized under the law will be organized. The vast size of the state, the many scattered small communities, and their isolation from each other have, except in a relatively few areas, prevented the development of special education programs within the requirements of medical and psychological categories. Even securing the necessary examinations to establish a child's eligibility for service or his categorical classification may be highly unlikely or impossible in all but a few communities in the state. Parents cannot realistically be expected to make a journey of several hundred miles by air unless the need is clearly extreme. People who live in small communities within driving distance of the largest population centers often live under such economically marginal conditions that securing such examinations would only be undertaken in the most critical cases. The few psychologists in the state are involved with the programs in the largest school systems or other agencies and are not available to do evaluative studies involving large numbers of children in remote areas. Physicians are generally committed to their own practices and do not ordinarily travel to isolated communities.

Assuming that the problems of identifying and evaluating handicapped children were easily overcome, the difficulty of providing special education services in schools where the student body may number fewer than 100 individuals is obvious. In communities with larger school

enrollments, there may be enough children with the more prevalent disabilities to form special classes; but there may be no one in the community whose circumstances and personal characteristics are such that he can take the initiative in developing a special education program. Many times the parents of exceptional children are so involved in making a living, which may be more difficult because of the added burden of the handicapped child, that they cannot assume a power position in a community or develop the cooperative contacts with other parents through which pressure can be directed toward securing an appropriate education for their children. Many parents may not be sufficiently aware of the legal provisions to know how to go about locating enough children with needs similar to the needs of their child and to insist that the mandatory provisions of the law be enforced. The parents of a child with an uncommon handicap may find themselves standing virtually alone in seeking special services for their child even though he is legally entitled to them.

The chief school administrator as the educational leader in the community is in the most logical position to assess the needs, secure the required state approval, locate the necessary personnel, and see that the facilities, materials, and equipment are provided; but his professional training, in most cases, leaves him ill-equipped and insecure in his knowledge concerning the needs of the handicapped. The many problems of running a school for the

majority of the children in a community absorb his attention, and he may remain unaware of the needs of specific children. Unless there is a strong pressure group on the faculty or in the school district, he may be reluctant to apply for state funds or budget for the local portion of support for a new program which he regards as extraneous and of benefit to only a few children even though many different kinds of categorical programs could be authorized under the law.

Without strong leadership, the quality of any special program whether it consists of a single class or several, is almost entirely dependent upon the individual teachers, who are relied upon to provide whatever special adaptations their training, which at this time in Alaska can amount to as little as six semester hours beyond a bachelor's degree,[3] equips them to provide. Small, isolated

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[3]The Rules and Regulations, 1967 editions, revised 1969 (Juneau: Alaska Department of Education), 4-17 state: "A special education certificate valid for five (5) years shall be issued to all teachers who hold regular teaching certificates and have twenty-four (24) semester hours from an accredited college or university in the education of exceptional children, prior to the granting of the bachelor's degree, or to those persons who have earned six (6) semester hours in the special area they are teaching, subsequent to the granting of the bachelor's degree; provided that if a teacher otherwise fully qualified cannot initially meet the requirements, but hold a bachelor's degree from an accredited institution and lacks specific courses for a regular certificate may be issued a provisional special education certificate valid for one (1) year. This may be renewed by earning six (6) semester hours (not more than one (1) course by correspondence). If, at the expiration of the second provisional special education certificate, the teacher has not completed the deficiencies for the

communities which can establish only one or two special classes may be unable to attract teachers who have, in addition to adequate training, the independence and executive ability which will enable them to operate sound programs without access to the frequent consultation, advice, and direction specific to the educational problems of handicapped children which the regular administrator usually cannot provide.

In areas where the less prevalent disabilities are represented by very few children who are so widely scattered that assembling them in groups according to categories is impossible, the alternative has been to provide transportation and foster home care in a larger Alaskan community or to place the child in a facility in one of the other states. In such cases, the child is deprived of any emotional support his family would provide; and if there is no one in the community who is willing to assume the responsibility for initiating the process of applying for special education services, if the appropriate qualifying examination cannot be easily obtained, or if the child's parents are reluctant to allow him to leave home, he may never receive the attention he needs; or he may receive it after many years of neglect have contributed to the severity of his handicap.

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regular certificate, an emergency certificate may be issued on a year-to-year basis, and the teacher may not progress on the State salary scale." Alaska's certification requirements are expected to be revised by the 1970-71 school year.

Prior to statehood the practice of sending atypical children and adults to institutions in the other states was justified because of the territory's dependent status. The older states, as members of the federal government, were, in a sense, indirectly responsible for the welfare of the inhabitants of Alaska. However, because of the isolation of individual communities, comparatively few handicapped children came to the attention of the authorities; and the construction of federal facilities within the territory for the care of these few would have been less feasible than placing them in facilities which were already in existence. With such a historical precedent, the incentive for seeking ways of educating children whose handicapping conditions qualify them for membership in the categories which have the lowest incidence has not been notably strong.

Applicability of Practices Developed in Other States

The special education programs in the states which were pioneers in the field and which served as models for later programs were consistent with what was known at the time they were established. At least in metropolitan areas, and to some extent in other localities, they made education possible for many handicapped children who would have been ignored if the laws had not been enacted. However, in recent years several states have extensively

revised their statutes, and others are now in the process of revision in an attempt to incorporate practices which are more in accord with contemporary knowledge. Several of the newer practices are of such general validity that they could be adopted in any state, including Alaska, with resulting improvements in the educational programs provided for handicapped children. In some instances conditions in Alaska are similar to those in other states, and in some respects the needs of children everywhere are the same. Therefore, a sound procedure in one locality would be equally sound in another. By judiciously selecting the features of other laws which might be relevant in Alaska, it would be possible to benefit from some of the experience which preceded the adoption of newer practices in other states.

On the other hand, one of the problems which has not been solved in any state at the present time is that of providing a suitable education for handicapped children in sparsely settled areas. The conditions in other states which have hindered the development of programs which included children outside the metropolitan areas are magnified in Alaska by the distance between communities and by poor travel and communication facilities. There are few good models to follow in providing services in isolated communities, and any improvements must come as a result of the willingness of the people in the state to direct their

ingenuity toward devising unique methods for accomplishing the aim of educating every child.

Recommendations

A Statewide Special Education Program

A strong, statewide, state-operated special education service district is recommended because of the difficulties encountered by small Alaskan communities which attempt to develop special education programs, because the total school population in the state is smaller than the school population in many cities elsewhere, and because in some areas conditions are so adverse that no special education program at all is provided. The two main purposes of the special service district would be: (1) to guarantee that every child in the state has access to any supportive special education services which are necessary to enable him to profit from the regular school program, and (2) to provide complete special education services for those children whose handicaps are so extensive that they cannot participate in the educational program offered by the regular school system. This special service district would be operated by a separate division within the State Department of Education under a director who would be directly responsible to the Commissioner of Education. The Special Education Service Division would

have equal status with the other divisions which are now operated within the Commissioner's Office.

The two most accessible locations for the main administrative office of the Special Education Division are Anchorage and Fairbanks. Since the schools in District One are operated from an office in Anchorage, coordination of special education with the regular educational program in the smallest, most isolated schools could be facilitated if the headquarters for the Special Education Division were in Anchorage. In Fairbanks, the special division would have the advantage of being near the University of Alaska and the Rural Schools Project.

In District One and the independent districts which do not provide special education programs, the state would be required to develop and operate the service programs. However, it is recognized that in the few independent districts which have already developed special education programs, some of them quite extensive, there is certainly a great deal of local pride and probably a reluctance to turn the operation of their programs over to the state. It is conceivable that in other communities there might be reasons wny a locally operated program would be desired despite the state's willingness and ability to provide services. In such cases, elections could be held in the independent districts which operate programs and in those districts in which new programs are being considered to determine whether or not the special

education services will be operated by the local school system. An alternative which would eliminate the expense of holding elections would be to provide for the decision to be made by action of the local school boards in the districts concerned. In localities where a minimal program or only certain specific services are offered by the local district, the state would be responsible for developing services to extend or complement those offered by the district. The adequacy of specific programs would be judged according to the extent to which all children who are in need of special education are actually receiving services. If there were any children in a district who were not receiving the special education services recommended by a diagnostic team authorized to establish eligibility, it would be the responsibility of the state to make the services available. Under no circumstances should it be possible for a community to elect to provide no special education program and at the same time prevent the state from providing services, thus depriving some children in the state of access to a suitable educational program; and no community should be prevented from providing any services it desires to provide at its own expense. It is anticipated that eventually nearly all of the special education services would be provided directly by the state; for if the state-operated program is extensive and efficiently conducted, there would be little reason for

local districts to continue to operate existing programs or to establish new ones.

All special education programs, those which are state-operated and those in districts which choose to operate their own programs, should be financed entirely by the state. This would make it possible for all children to have equal access to needed services without regard to the relative financial ability of the community in which they live. It is likely that in Alaska many children who are the most in need of services are in communities which are the least able to raise the funds to pay for even a part of a program.

In areas where the entire program or some supplementary service is provided by the state, the budget for the state-operated services would be developed by the Division of Special Education Service as a part of the budget for the State Department of Education. Under a state-operated program it would be possible for certain services and facilities to be purchased or leased from the local district or from other sources as needed. For example, the state might lease a room in a local school building to be used by a special class, or it might arrange to purchase the services of a physician or a psychologist in connection with individual cases. Certain children in the state program could be placed in a district program on a tuition basis. Locally operated services would continue to be funded under the foundation program. However, the

formula should be adjusted to provide that all excess cost of educating handicapped children in addition to the unit amounts to which the districts would be entitled if the children were not handicapped would be paid by the state so that local districts would be reimbursed for 100 per cent of the cost of special education programs which meet state approval.

If a district elected to allow the state to operate an existing program, an orderly plan of transition could be developed whereby personnel would be transferred to the Division of Special Services, and facilities and equipment could be purchased from the district, or lease contracts could be developed. Upon completion of the transfer, the district would no longer qualify for special education funds under the foundation program.

In summary, there would be three ways in which special education programs could be operated and funded: (1) The state could provide the entire program as a part of the budget of the Special Services Division in the State Department of Education. (2) A local district could provide the entire program and be reimbursed by the state for 100 per cent of the costs of state-approved services. (3) A part of a comprehensive program could be operated by the local district with 100 per cent reimbursement under the foundation program, and the rest of the program could be provided by the state through the Division of Special Education Services.

Regional Centers

The actual services would be channeled through a number of regional centers. Each center would be under the direction of a coordinator whose duties would be similar to those of a superintendent in the regular school system. Depending upon distances to be traveled and the number of handicapped children in various communities, a single center would generally serve an area in which the total school enrollment is at least 1,000 children. However, neither the area which would be served by a center located at Barrow nor the area which would be served by one located at McGrath have 1,000 students at the present time. Centers in those two towns could be justified because of the desirability of keeping distances to be traveled as short as possible. In densely populated districts, larger centers could serve a greater number of students, or it is conceivable that eventually more than one center could be located within a large district. Centers would be located near transportation routes, population centers, or related facilities such as boarding high schools. Possible locations for special education service centers are Anchorage, Barrow, Bethel, Dillingham, Fairbanks, Glennallen, Juneau, Kenai, Ketchikan, Kodiak, Kotzebue, McGrath, Nome, Palmer, Perryville, and Sitka. These towns were selected because they are generally accessible to the communities which the centers would serve. Some boarding facilities or foster home arrangements which

could possibly be extended have already been established or are soon to be available in a few of the communities in which the centers would be located. The suggested locations of the centers and the boundaries of the service areas are subject to change. It is possible that other towns would be equally suitable, and certain local conditions could influence more exact boundary designations. The map in Figure 3 indicates possible boundaries of the areas for which each of the sixteen centers would be responsible. Several factors were considered in designating the boundaries. Mountain ranges and river systems were used as guidelines when they provided natural separations between clusters of villages. An attempt was made to keep the distances to be traveled as short as possible and at the same time to include enough small communities to provide a population base large enough to allow personnel and equipment to be used efficiently. In the region around Cook Inlet, which has been organized into boroughs which are also school districts, existing borough boundaries were followed to some extent. However, it would not be necessary for all the communities within a borough school district to be served by the same center, and the responsibilities of a center located in a borough could be extended to include communities outside the borough boundaries. For example, Whittier is outside the organized boroughs but could be reached fairly easily from a center located in Anchorage.

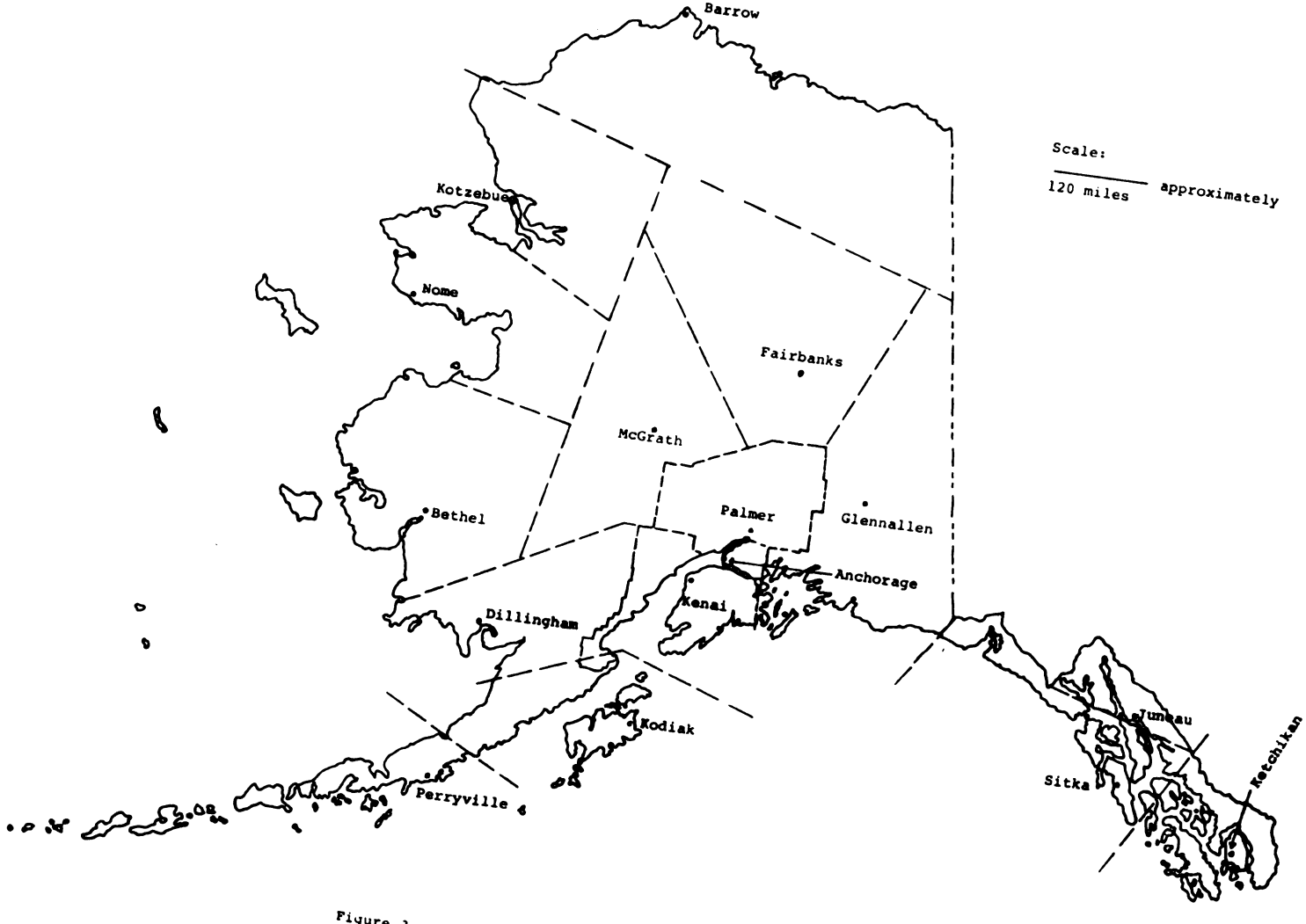

Figure 3.--Areas for Which Special Education Service Centers Would be Responsible

The special service centers would have a combination function. They would serve as the administrative office and headquarters for itinerant personnel and for people who are permanently assigned to one or two buildings. Located at each center would be a well-stocked "materials and equipment bank" from which teachers could select items according to the diagnosed needs of the children for whom they are responsible. These materials centers should be more than libraries from which teachers could borrow articles on a short-term basis. They should be the actual source of supply for the materials which would be the foundation of the educational programs of the children who receive special services. Some items could be taken or sent to a school as soon as a need is recognized, to be left there indefinitely. For example, a visually impaired child might be able to use the same piece of low vision equipment such as a page magnifier for several years. Other items, including non-consumable books, special programmed courses, teaching kits, and tape-recorded or multi-media lessons would be returned as children progressed through them. Consumable materials would be supplied as needed.

Besides evaluating and selecting commercial products which are already available for use with handicapped children, an important function of the resource centers would be that of developing materials which are uniquely suited to the teaching of handicapped children

in Alaska. One aim would be to devise units which would be usable in situations in which the actual responsibility for teaching a child may be given to someone other than a specially trained teacher of exceptional children, perhaps in some cases the child himself. Some adaptations of existing self-instructional materials might be accomplished, and some entirely new systems, programs, or materials might be developed which would enable a child to remain in his own community and receive appropriate instruction.

The personnel at the special service center would, of course, rely heavily on the materials center in providing for the children assigned to them; but regular teachers with handicapped children in their classes should be made aware of what is available and encouraged to draw upon the resources of the center. Besides receiving consultation in person when itinerant personnel from the service centers visit individual communities, teachers should be able to contact the staff of the instructional materials supply unit by telephone or radio in order to obtain special materials and advice concerning their use.

The Northwest Regional Educational Laboratory which cooperated in developing the Alaskan Readers[4] is in the process of designing and field testing multi-media, self-instructional systems and computer assisted programs for use in small rural schools in such subjects as welding,

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[4] Improving Instruction in Small Schools (Portland, Oregon: Northwest Regional Educational Laboratory, n.d.).

drafting, shorthand, and mathematics. The assistance and counsel of that agency could be sought in applying the principles followed in producing these systems to the development of similar instruction systems for use with isolated handicapped children.

One of the special services instructional materials centers, probably the one where the main office of the Special Education Service Division would be located, could be designated as the coordinating center for the others. These centers could become a part of the growing network of resource centers which are already in operation in Alaska; and they could draw upon the resources of the Northwest Regional Instructional Materials Center for Handicapped Children and Youth, which is financed by the United States Bureau of Education for the Handicapped, at the University of Oregon.

If there are enough handicapped children in the community in which the center is located, the center could contain classrooms for day programs for children who cannot profitably attend a public school but who do not require full-time residential placement. Other classroom and living facilities could be provided so that children and their parents could be brought to the center for periods of from two weeks to a month for short-term diagnostic teaching and observation for the purpose of determining the child's ultimate placement in a program.

Some parents who accompanied their children during the diagnostic assignment could care for their child, participate in the diagnosis, and learn ways of continuing certain kinds of therapy or educational activities at home. Some centers would serve as residential facilities for the comparatively few children who are so severely handicapped that they cannot remain in their own communities. Certain services, such as braille instruction, which few teachers can provide and which are required by a small number of children, would be offered at only one or two centers in the state.

The key to the effectiveness of the special services program would be its flexibility. The centers would be staffed with a variety of people with different backgrounds and levels of training. The most numerous professional personnel would be the itinerant and permanently assigned teachers and therapists who would serve in the capacity of consultants and resource persons for regular classroom teachers and who, in some instances, would work directly with the children who require special therapy, small-group instruction, or tutoring on a part-time basis. As consultants and resource teachers they would provide any materials and equipment or special aids which would enable a minimally handicapped child to remain in a regular classroom and participate successfully. Some of these teachers would provide services to homebound and hospitalized children. Some would have general special education

training and would be familiar with many types of handicap and various educational techniques and materials; others would be specialists in one or two areas. Case loads would be adjusted to compensate for travel time and to take into account the extent of services required by the children. Schedules should be established which would allow itinerant personnel time to remain at the center for the purpose of gathering materials and planning lessons for the students for whom they are responsible. Where individual schools are far apart, perhaps a week might be spent in the center and the other three weeks in a month would be spent traveling a regular route between the communities. In other situations, alternate weeks might be used for trips to schools. In a thickly populated area, schedules could provide for certain days in the week or parts of days to be spent at the center and others to be used for contacting people in the schools. In each community, materials and lessons would be explained to the teacher, teacher's aide, or parent who would be expected to supervise the child's school work between visits from the person from the special service center. On some trips, children might be evaluated or demonstration lessons could be taught. Some buildings might require the regular services of only one special education teacher who could work with children with varying handicaps. Others might be included in the routes of several specialists. In the event that any one center did not have enough

clients for a specific service, an individual might be attached to more than one center.

In many communities, it would probably be difficult or impossible to find suitable living quarters or space in the school building for the use of itinerant personnel. Wherever it is not possible or practical to lease space or build permanent facilities, portable units could be placed in the communities. These could be combination units containing both living quarters for the teacher and classroom space. In isolated areas, the units could be relatively permanent. Smaller, mobile units could be provided for use in communities located along the highways. Careful scheduling would make it possible for several different teachers, therapists, or diagnosticians to use a specific unit at different times.

Teachers for self-contained special classrooms could be assigned to specific buildings in larger districts where full class loads could be assembled. Others would be placed in charge of classes located within the centers.

Some of the teachers at the center would function as diagnostic teachers whose primary responsibility would be that of assisting in the determination of what would be the most appropriate ultimate placement for the child.

An important segment of the professional staff would be the personnel responsible for collecting, developing, and disseminating instructional materials and

equipment and consulting with teachers by mail, telephone, or radio concerning the use of the items supplied.

Besides instructional personnel and materials specialists, the centers would be staffed with diagnosticians who would spend some time in the local communities or individual school buildings and the rest of the time in the center. Primarily, the diagnosticians would be people skilled in making educational evaluations. They would determine a child's level of achievement and areas of academic weakness. Besides the usual subject-matter tests, their instruments would include those which have been developed for assessing the learning skills upon which a child's success or failure in an academic setting depend. These would include tests of perceptual-motor development, language development, and auditory and visual receptive and associative skills. As members of diagnostic teams, these educational diagnosticians would assist in determining the placement of handicapped children and make recommendations regarding their educational program.

Diagnosticians from other professional areas would be provided as needed whenever they are available. These "non-educators" or "paraeducational professionals," as Dunn refers to them,[5] would include physicians, psychologists, psychiatrists, social workers, audiologists, and

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[5]Dunn, "Special Education for the Mildly Retarded--Is Much of It Justifiable?" p. 12.

ophthalmologists. Such people are extremely rare in Alaska, and their services would be used only when the educational diagnosis yielded insufficient information upon which to develop a child's educational program. Although, ideally, every child who is experiencing an excessive amount of difficulty in a regular school program should have a thorough examination by specialists from other disciplines, it is possible to develop an educational program on the basis of educationally relevant deficits and proceed to adjust the educational program without waiting for an examination which may not be given for several years, if it is ever given at all. When case loads are large enough to require the full-time services of specialists who were trained in a field other than education, and when these people can be recruited, a center could hire them as part of the regular staff. Otherwise, their services would be purchased as needed in specific cases. From time to time, the centers could serve as coordinating agencies for diagnostic clinics conducted by specialists brought into the state from elsewhere for that purpose.

The centers should be kept open year-round to provide continuity in services and to maintain gains accomplished during the regular school year.

Definitions of Exceptionality and Levels of Service

Exceptionality, for the purpose of determining eligibility for special education services, should be defined in terms of educational deficit. Education is the responsibility of the school, and the function of special education should be that of remedying educational deficits which can be remedied and helping the child to compensate for those which are irremedial.

If children are assessed according to learning functions as Quay[6] recommends, Reger's[7] definition of an educationally handicapped child as one who is "unable by certain local standards to meet minimal expectations in the general curriculum, or [one who] finds the curriculum inappropriate and intolerable" is a reasonable one.

Divisions within the larger term could then be based upon the level or extent of services required rather than upon medical or psychological conditions which may or may not be contributing factors but which are irrelevant in defining educational handicap. This concept can be graphically presented as in Figure 4.

Roman numerals are a convenient way of designating the levels, and they have been used by other authorities

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[6]Quay, "Remarks on a Model for Special Education," p. 5.

[7]Reger, "Concepts in Special Education," p. 330.

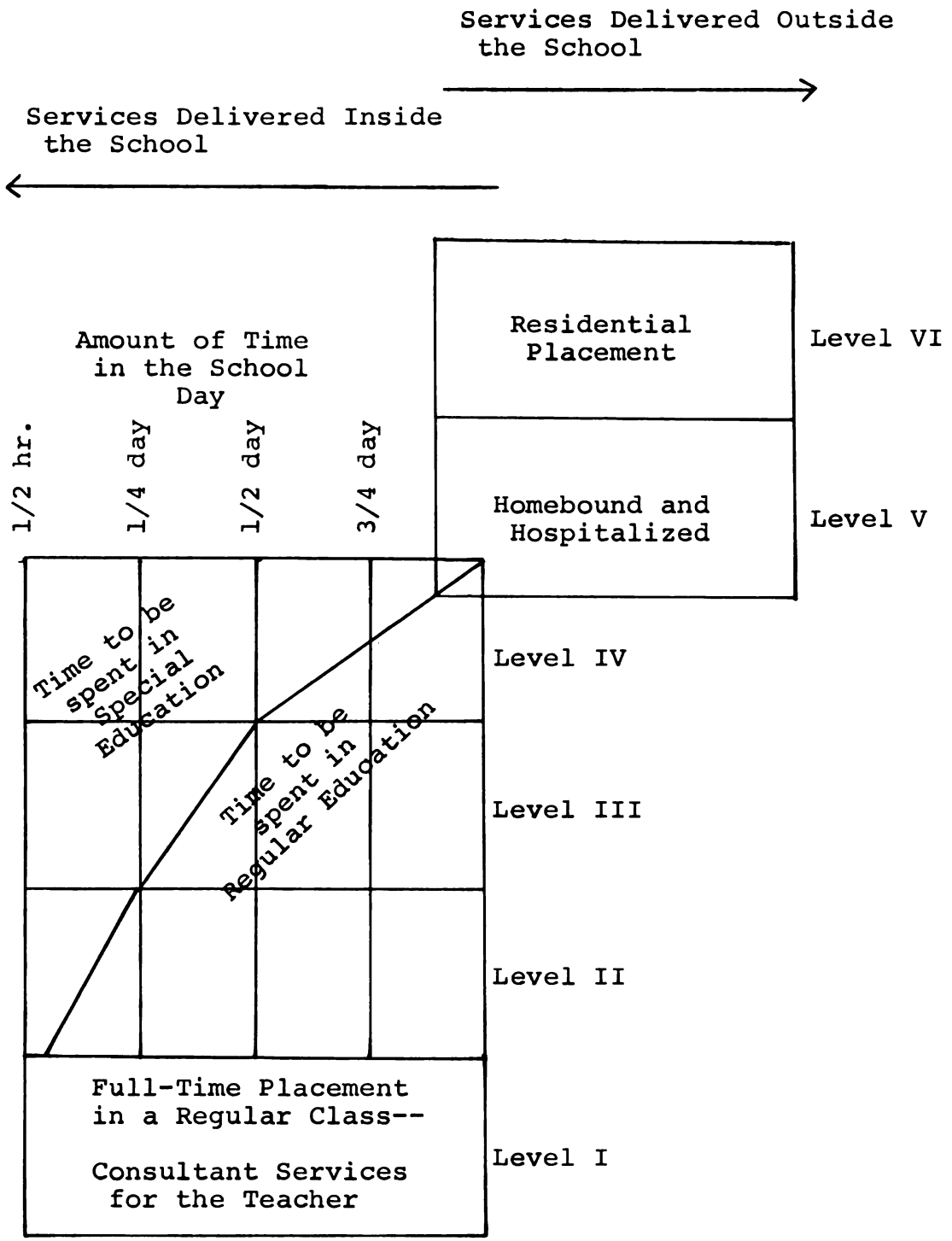

Figure 4.--Special Education Service Levels According to the Extent of Service Required

who have categorized special education services according to the intensity of the service required. In the recommended service-oriented program offered by special education centers in Alaska, Level I would refer to children who are minimally deficient in one or more areas but who can function adequately within a regular classroom if consultant services or special materials or equipment are provided.

Level II children would be those who must leave the regular classroom for special instruction or therapy for one-fourth of the regular school day or less. The instruction or therapy could consist of several different sessions with different specialists, or the time could be spent in a self-contained special education classroom. Examples of services provided at this level would be speech therapy, remedial reading, braille, or adaptations in certain basic subjects.

Level III children would be those who can profitably spend between one-half and three-fourths of the school day in the regular program. The time could be spent in a homeroom situation with one teacher, or the child could be scheduled into specific courses. The child's time in the special education program could be spent with one teacher or with several different ones.

Children at Level IV would be those who are so severely educationally handicapped that they must spend more than one-half day in the special education program.

The most severely handicapped children at this level would spend the entire day in special education. Others could spend almost a half-day in the regular program. This level would apply to children in special education classes in the regular schools and also to those who attend day classes at some of the special service centers.

Level V would refer to homebound or hospitalized students. Instruction for them would be provided by a school-to-home telephone connection, wherever possible, supplemented by visits by an itinerant teacher, or they would be taught in a hospital classroom. At this level, special education, regular education, and services delivered outside the school setting would overlap.

Level VI would pertain to children who require residential placement in one of the special service centers, a psychiatric or correctional institution, or a facility for the care of the mentally retarded.

The Process of Establishing Eligibility for Special Education Services

If educational exceptionality is defined in terms of educational deficit, the primary responsibility for determining eligibility for services should belong to educators. They are the people whose training and experience fits them for recognizing educational subnormality; and it is they who should decide, after gathering whatever information is relevant, what a child's educational

placement should be. The energies of practitioners in other fields must necessarily be directed toward identifying and treating deviant conditions in their main area of interest. In Alaska, especially, only those children with the most critical problems receive their attention and secure the necessary "stamp of approval" which entitles them to be placed in a special education program.

If teachers are used in the diagnostic process, schools have the necessary manpower for widening the bottleneck created by the requirement of examinations by specialists from other fields in the determination of eligibility for special education services. Almost all teachers have some training in educational diagnosis and evaluation. Therefore, they are qualified to participate in a series of successive screenings at different levels for the purpose of identifying handicapped children and determining their educational placement.

In most cases, the process of determining eligibility for special education services would begin with the classroom teacher in either a public school, a private school, or a Bureau of Indian Affairs school. However, referrals could be made by a parent or someone from an agency outside the school system. Theoretically, every child in Alaska would be eligible for special education services until it was determined by a diagnostic team that he did not need such assistance. The process of

establishing eligibility for special education services is illustrated in Figure 5.

The first level of the diagnostic process would usually consist of the classroom teacher's observations supported by the results of group achievement tests and possibly some individual tests which teachers can give or could easily learn to give. During the first week or two of the school year, the regular teachers would give achievement tests or study the results of those administered the previous spring. They would gather samples of work and make notes concerning the performance of their students. On the basis of this information, the names of children identified as achieving at a level significantly lower than that of the majority of the class would be submitted to the special services center to be referred to the diagnostic team which would be responsible for the area. Certain guidelines for what would be considered to be a significant deviation could be established by the State Division of Special Education Services, but the boundary between referral and non-referral should remain flexible. No child would be assigned to any kind of a special education program at this point in the diagnosis on the basis of only one person's judgment.

In some localities, it is possible that the scores on an achievement test would indicate that an entire class is achieving at such a low level that the curriculum

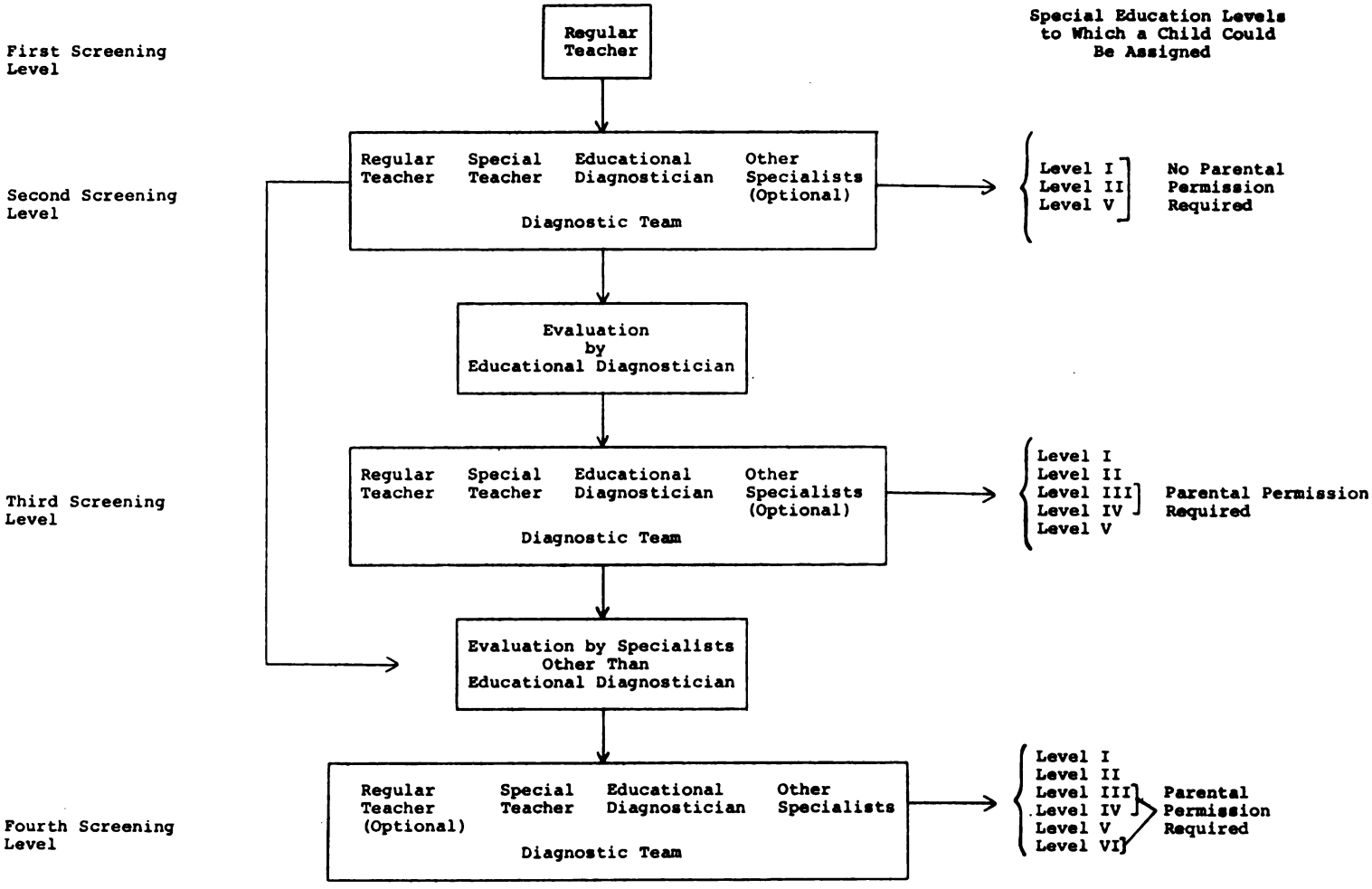

Figure 5.--Process of Establishing Eligibility for Special Education Services

materials which would usually be provided are inappropriate. Such a class would function as a part of the Rural Schools Project so that necessary adjustments in the curriculum could be made, but individual children in the class who were still unable to meet the adjusted local standards could be referred to the special service center. This procedure would be consistent with defining an educationally handicapped child as one who is "unable by certain local standards to meet minimal expectations in the general curriculum, or [one who] finds the curriculum inappropriate and intolerable."[8]

At the second level of screening two or more specialists from the center would meet with the teacher to begin the process of determining which level of the special education program would probably be the most suitable for individual children. An educational diagnostician and at least one special teacher, probably one who would later make regular trips or be permanently assigned to the community, would visit the school at some time during the first two or three weeks of September and at regular intervals throughout the school year. Other individuals, for example a speech and hearing specialist, a psychologist, or a physician, could be added to the team if they were needed in specific cases. The educational diagnostician would serve as chairman of the team, and in

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[8]Reger, "Concepts in Special Education," p. 330.

case the team could not agree concerning a child's placement, he would be responsible for making the final decision.

At the second screening level, the diagnostic team under the direction of the special service center would review the information which had alerted the teacher to the possibility of a need for special education. On the basis of a review of the information supplied by the teacher, the team could establish a child's eligibility for placement in the special education program at Level I, II, or V; or it could recommend further evaluation by an educational diagnostician or some other specialist. The child could be given a temporary placement until any necessary examinations could be given. Although the classroom teacher would probably have had some discussion with the parents regarding the child's educational difficulties, it would be the responsibility of the team at the second level to contact the parents to secure their permission for further evaluation. The program should be explained to them, but no permission would be required for assigning a child to Level I, II, or V.

The educational diagnostician would be responsible for assessing the child's level of achievement, his specific academic competencies, and his receptive, associative, and expressive learning skills. Other specialists would be called upon to furnish any educationally relevant information which the educational diagnostician is not

qualified to provide. The required examinations could be given by people on the staff of the special service center, or they could be given by someone from another agency or in private practice.

In many cases, the educational diagnostician and the specialists who visited a school as members of the diagnostic team could administer the eligibility examinations on a trip to the school. However, if a child were the only one in a remote area to be tested, if he needed to be examined by several specialists, or if a period in a diagnostic classroom were recommended, he could be transported to the service center responsible for the special provisions for children in his school. Since parents are normally expected to provide room and board for their children, they could be charged a reasonable fee for that purpose; but their inability to pay should not keep the child from receiving an appropriate evaluation. The actual examinations should be provided as a part of the child's educational program.

Decisions at the third screening level would be based on information obtained from the examinations administered by the educational diagnostician. On the basis of the educational evaluations, the team could assign a child to any special education program except those at Level VI; or they could refer the child for evaluation by specialists other than the educational

diagnostician. The parent's permission would be required for assignment to Level III or Level IV.

If examinations by other specialists were required, the composition of the team at the fourth level would be altered to include any specialists who had examined the child. The regular teacher's presence would be optional at this point. The teacher would generally be included if there were a possibility that the child would be assigned to one of the lower levels of special education. If it appeared that the child's future contact with the regular educational program would be limited, the classroom teacher would probably not be included in the team at this level. The team at the fourth level of screening could assign the child to any level of the special education program, but the parent's permission would be required for placement at Levels III, IV, or VI.

A child in a special education program should be re-evaluated at regular intervals on the basis of his progress. Appropriate tools for this kind of evaluation would be criterion tests directly related to the special program to which he was assigned. Reports concerning the child's progress should be stated in terms of levels of achievement or skills attained rather than relative success or failure. Any time that these evaluations indicated that the child might be eligible for placement at a different special education level or that he probably should be returned to the regular school program, his name

could be resubmitted to the team at the second screening level so that appropriate action could be taken.

Ways of Delivering Services

An approach which would cut across categories and make it possible to pool resources through the development of a network of regional special service centers would overcome many of the problems which are characteristic of a traditional, categorical approach to the education of handicapped children in small communities. The basic principles of a "levels of service" approach could be applied to both large and small schools, but there would be certain differences in the way services are delivered. In either case, the primary aim would be to keep the handicapped child in the regular classroom, in the regular school, and in his home community whenever possible. This practice would allow the child to benefit from normal contacts with his home and the school, and parents could continue to provide the room and board and personal care which greatly add to the expense of residential programs.

Most services in small schools would necessarily be provided at Level I or Level II by itinerant personnel. In some districts, a Level II program might be offered; and in others it would not be feasible to provide one at that level. Since there would not be enough children in a very small school to justify a Level III or a Level IV program which would require special teachers to be in the

school all the time, these alternatives would not be available unless it was decided that a child should leave the community.

Upon completion of the diagnostic process, eligible children who could be expected to progress in a regular classroom would be assigned to a Level I program. Each child would be placed on the case list of the person at the center who could best meet his needs by developing an educational program which could be supervised by the regular teacher, a teacher's aide, or a parent. It would be the responsibility of the special teacher from the center to locate materials and any special devices needed, plan lessons, and consult with the person who would supervise the lessons concerning the child's progress and unique problems. Some of the materials would be brought by the special teacher on regular trips to the school, and some lessons could be mailed. The regular teacher could contact the center for assistance by telephone or radio as is done in some areas of the state for the purpose of obtaining medical assistance. In the future, television and computer assisted instruction might become a part of the services supplied by a center.

The child's regular teacher would be expected to see that the assignments were explained to the child, that he had any necessary help, and that the completed assignments were checked. Certain lessons would be returned to the special teacher to aid in further planning.

If a community could provide someone other than the regular teacher who is qualified to provide at least thirty minutes of special instruction per day instead of, or in addition to, the supervised lessons supplied by the itinerant teacher, a Level II program would be possible.

Children receiving special instruction would not be expected to follow the program of the regular class in the areas in which they were receiving special services. They would participate in any social activities and in any parts of the regular program in which they were not considered to be handicapped.

Individuals who could qualify as homebound students would be assigned to Level V and would be included on the case list of the appropriate specialists who were assigned to their community. Generally, a parent would be responsible for supervising the lessons at home, but telephone participation in a regular class would be under the direction of the regular teacher.

Any children in a small district who were handicapped to the extent that they could not benefit from a Level I, Level II, or Level V placement would be sent to an appropriate facility away from home. Individuals who require full-time residential placement and supervision would, in some cases, be assigned to a unit located at a special service center. Others would be sent to various institutions within Alaska; and a few would be placed in

facilities in other states, although it is anticipated that eventually Alaska would no longer need to rely on other states to provide suitable placement.

Some children at Levels III and IV who live within transportation range of a center could become day students, and others might live at the center during the week and return home for the week-ends. Some would be full-time boarding students.

In towns where centers would be located, children could attend the regular school for part of the day and come to the center for certain classes; or they could be assigned to the center and attend the regular school for part of the school day. Therapists and special teachers from the center could spend some time in the local schools.

In larger communities where children with similar needs could more easily be assembled, special education personnel would be attached to the center, but in many cases they would be assigned directly to the schools. Programs at all six levels would be provided, but there would be less need for those at Levels III and IV to be located at the centers. They could be conducted in leased classrooms within the district's buildings or in portable, state-owned facilities. By locating classes in the schools, the aim of educating handicapped children within the regular school setting could more easily be achieved.

In smaller schools where the enrollment in a class would be between ten and fifteen students, it would not be feasible nor necessary to reduce the class load to compensate for the extra attention required by the handicapped child. For enrollments between sixteen and twenty-five students, a teacher's aide would probably be necessary. According to a Department of Education publication, "the State standard size of classes is 25 pupils."[9] However, in larger schools where class enrollments sometimes exceed thirty students per teacher, the regular teacher should not be expected to make the necessary preparation and spend extra time with a handicapped child and still provide adequately for the other children in the room.

A ceiling of perhaps twenty-five children could be established for the enrollment in regular classes which contain special students. To keep any single class from becoming a "catch-all" for handicapped children and to maintain the characteristics of a regular class, a limit should be placed upon the number of handicapped children assigned to any one room. The number of special children in the class could be adjusted according to the levels of the handicapped children assigned to the class and the availability of assistance for the teacher.

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[9]Alaska Department of Education, Alaska's Great for Teaching In (Juneau: Office of Public Information and Publications, January, 1970), p. 24.

Because Level I children would be in the class and under the direct supervision of the teacher all the time, the total enrollment in the class could be reduced by one person for each additional Level I child beyond the first one assigned to the class. No more than three Level I children who require an adjusted educational program would be allowed in the class unless a full-time teacher's aide were provided. No aide would be required if the special children merely needed some sort of compensating device in order to be able to participate in the regular program. Up to six Level I children would be allowed if the regular teacher had the assistance of an aide.

Level II children would probably require the least amount of attention from the teacher because their special instruction would be given by a therapist or special teacher outside the classroom. However, because of their disabilities they would probably have some difficulty with their regular assignments. The total enrollment ceiling of twenty-five students would probably not need to be reduced, but no more than six Level II children would be permitted in a class unless a full-time aide were assigned. The maximum number of Level II children in any one class would be ten.

Level III and Level IV children would generally be more severely handicapped than children at Levels I and II, but they would not be in the regular class for the full day. The total enrollment ceiling for a class containing

Level III and IV children could remain at twenty-five. No more than three Level III or IV children would be in a regular classroom at any one time unless an aide were assigned during the time the special children were under the supervision of the regular teacher. The number of handicapped children could be increased to six if an aide were provided.

Adjustments could be made to allow for different combinations of children at the various levels. In Tables 4, 5, 6, and 7, the possible composition of several different classes is illustrated. An aide would be required if there were more than four children at different special education levels in any one class. No more than six handicapped children at different levels could be assigned to a single classroom. If a ceiling enrollment for regular classes which contain special students were to be set at some figure other than twenty-five children, the other figures pertaining to the composition of classes could be adjusted accordingly. In some instances exceeding a ceiling figure might be justifiable, and provisions for securing special approval could be developed.

A Strategy for Developing a Comprehensive Special Education Services Program

The magnitude of the problem of providing special education services to every exceptional child in Alaska would make it impractical to attempt to extend complete

TABLE 4.--Composition of regular classes which contain Level I students.

Total Enrollment	Non-handicapped Children	Level I Children	
25	24	1	
24	22	2	
23	20	3	
22	18	4	Teacher's Aide Required
21	16	5	
20	14	6	

TABLE 5.--Composition of regular classes which contain Level II students.

Total Enrollment	Non-handicapped Children	Level II Children	
25	24	1	
25	23	2	
25	22	3	
25	21	4	
25	20	5	
25	19	6	
25	18	7	
25	17	8	Teacher's Aide Required
25	16	9	
25	15	10	

TABLE 6.--Composition of regular classes which contain Level III and IV students.

Total Enrollment	Non-handicapped Children	Level III and IV Children	
25	24	1	
25	23	2	
25	22	3	
25	21	4	Teacher's Aide Required
25	20	5	
25	19	6	

TABLE 7.--Possible composition of some regular classes which contain special students at all levels.

Total Enrollment	Non-handicapped Children	Handicapped Children
25	24	1 - any level
24	22	2 - 1 at Level I 1 at Level II, III, or IV
23	20	3 - 2 at Level I 1 at Level II, III, or IV
23	19	4 - 2 at Level I 2 at Level II, III, or IV
22	17	5 - 3 at Level I 2 at Levels II, III, or IV
23	17	6 - 2 at Level I 4 at Level II, III, or IV

Teacher's Aide Required

services to every community in the state all at once. Although Alaska's financial resources have increased considerably during the past year, funds are not limitless; and there are many other needs which must be met. However, if three or four centers could begin to operate within the first year after the adoption of a comprehensive plan, complete services could be offered in communities near the centers, and some specific services could be extended on a temporary basis to neighboring areas until other planned centers could be established.

If the state continued to place tuition students in the independent districts--the Anchorage, Fairbanks, Juneau, and Ketchikan borough school systems--which are operating programs of their own; and if the first four state-operated centers were established at Barrow, Bethel, Palmer, and Kodiak, a service network which would reach all areas of the state could result. At first, children in the Kotzebue area could have access to the facilities at Barrow. Bethel could serve as the headquarters for the Nome and Bethel regions. The Dillingham and Perryville areas could be temporarily assigned to the Kodiak region. The facilities at Palmer could be made available to children in the McGrath area.

The Kenai Peninsula Borough has a small special education program of its own, but some services could be provided on a contract basis through the larger program at Anchorage. Responsibility for the Glennallen area

could be divided between Palmer and Fairbanks. Supplementary services for the Sitka area could be purchased from the programs which are already in operation in Juneau and Ketchikan.

The second group of centers could be developed at Nome, Glennallen, Sitka, and Perryville. Upon their completion, the programs offered in communities to be served by those centers could be broadened beyond those services which had been received from the previously developed centers. The third group of facilities to be put into operation would be located at Kotzebue, Dillingham, McGrath, and Kenai.

The last group of centers to be developed by the state would be in the independent districts of Anchorage, Fairbanks, Juneau, and Ketchikan. They would be last because these districts are already operating special education programs and could continue to do so in the near future, allowing state resources to be concentrated at first upon establishing programs in the areas of the state which have previously had little or no special education services. The centers in these districts would be established essentially by a transfer of the local programs to the state-operated system, or they would be developed to supplement locally operated programs if the districts elected to continue to provide their own special education services.

Census and Registry of Handicapped Persons

Although a comprehensive special education program would not have to wait for the completion of a census of handicapped persons, future planning for all age levels and by various agencies could be more systematic if reliable information were available. Therefore, funds should be provided to conduct a complete census of handicapped persons in the state and to maintain the registry which was authorized during a previous legislative session. After it is established, persons in various agencies could be required to report certain conditions, individuals could register themselves in order to receive some kinds of benefits, and parents could register their handicapped children. Personnel at the special education service centers should have access to the information contained in the registry. Until such information is available, planning services on the basis of percentage estimates is justifiable since it is quite unlikely that the prevalence of most handicapping conditions would be less in Alaska than elsewhere in the United States. Specific services could be increased or decreased on the basis of experience and the results of screening and diagnostic programs in individual communities.

Provisions for Extending Services to Individuals Who Are Outside the Age-Range Normally Served in the Public Schools

In the course of their regular work, physicians and hospital and public health personnel can probably identify many very young handicapped children. They could become a referral source for the special service centers. Parents, suspecting that their child is handicapped, could request examinations.

At the earliest ages, services would primarily be directed toward instructing the parents in ways of helping their handicapped child to use his capacities to the fullest and to reach a maximum level of development before school entry. If the parents were unable to provide the necessary training under the guidance of an itinerant consultant, or if the child's condition were so serious that he required more intensive therapy or treatment, he could be placed in an appropriate center. Some preschool programs could be developed under federal funding, and the state's efforts toward prevention of handicaps and preschool therapy could be extended.

By varying the membership on the diagnostic teams and administering preschool screening tests, the process of determining eligibility for special education services could be started early enough to insure that a child would be placed in an appropriate program at the beginning of

his schooling instead of waiting until his needs are recognized because of his failure to make normal progress.

At the secondary level, the special education services could be coordinated with the vocational rehabilitation program to provide a smooth transition from school to an occupation or to further technical training beyond high school.

Summary

Although Alaska has vastly improved its educational program since the attainment of statehood, and there has been a special education law in the state for over ten years, there are still many handicapped children who are not receiving an adequate education. It is evident that a program organized on the basis of categories defined in terms of medical and psychological deficits and operating primarily by means of self-contained special education classrooms is not a satisfactory one where there are many small communities located far apart.

As a result of reviewing the literature in the field of special education administration, examining the laws and rules and regulations in ten selected states, and studying the special education provisions in Alaska, the following recommendations for extending special education services in the state are made:

1. A statewide, state-operated special education service district should be established.

2. Special education services should be offered through a system of centers located in sixteen communities in different parts of the state.
3. Individuals everywhere in the state should have easy access to the resources of the centers through the services of itinerant personnel and by means of radio or telephone contact.
4. Exceptionality should be defined in terms of educational deficit and according to the extent of services required.
5. Eligibility for services should be established by diagnostic teams consisting of the classroom teacher, a special teacher, an educational diagnostician, and other appropriate persons when they are needed.
6. Services should be provided at different levels, and the child should remain in the regular classroom and in the home community whenever possible.
7. The proposed comprehensive special education service program should be developed in four stages according to a plan which would provide services in all areas of the state as soon as the first four centers are completed.

8. The registry of handicapped persons which has been authorized should be funded, and a complete census of handicapped persons should be conducted.
9. The special education services program should be extended downward to include preschool children and upward to coordinate with the vocational rehabilitation program.

It is recognized that many of the details of the recommendations would be subject to revision as a result of more intensive study of any single element of the overall proposal, but the basic framework of the program has the potential for fulfilling the promise of an adequate education for every handicapped child in the state.

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