

FOCUS ON EXCEPTIONAL CHILDREN

STRATEGIES FOR CULTURALLY DIFFERENT CHILDREN IN CLASSES FOR THE RETARDED

Oliver L. Hurley¹

MINORITY AND CULTURALLY DISADVANTAGED IN SPECIAL CLASSES

During the past few years there has been increasing concern over the misplacement of children in special classes for the educable mentally retarded. Most such children are minority group members, poor, or both. The President's Committee on Mental Retardation (1970, 1971a, 1971b, 1972) has documented this problem in recent years and made recommendations.

The fact remains, however, that a sizeable percentage of our special class children are culturally different; that the special class must meet their needs and teach them so that they can fulfill their own potentials rather than our predictions. The fact remains that proportionately few in special education have heard the expression, "The Six-Hour Retarded Child," and even fewer are attempting to do anything about it at the local level. The purpose of this article, therefore, is to suggest some methods that may help us work with these children.

THE INDUCTIVE APPROACH

One of the things that can be done is to teach the youngsters in special classes in such a way that their specific pedagogic needs are met and their potential released.

First of all, there should be a general methodology used within special classes that has as its ultimate objective the development of independent learners. One such method is the inductive approach described by Goldstein (1969) and used as a guiding assumption in the development of the Social Learning Curriculum. This Curriculum assumes that "materials should be presented systematically so that while a child is learning facts, skills, and concepts he is also learning how to learn" (p. 24). In order to accomplish this "learning how to learn," the Curriculum focuses at all times on the questions asked by the teacher and suggests a sequence of questioning based upon the five steps of the inductive method. It should be pointed out here that classroom verbal interaction research supports the soundness of this emphasis on teacher questions. Research with both the gifted (Gallagher, 1965) and the EMR (Minskoff, 1967) reveals that children produce the kinds of responses called for by the teacher's questions. This point will be returned to later. One implication from the data is that certain kinds of thinking are fostered if appropriate questions are asked.

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The inductive process includes the following steps:

1. Labeling
2. Detailing
3. Inferring
4. Predicting
5. Generalizing

Labeling is the naming or identification of parts of a problem, elements in a picture. Labeling questions enable the teacher to diagnose areas of experiential or vocabulary deficiency.

Detailing is closely akin to labeling but requires finer discriminations and closer observation of stimuli. A response to a labeling question might elicit the words "orange" and "apple." A detailing question might call for attention to similarities and dissimilarities in color, shape, texture, location if in a picture or physically present, or any peculiarities specific to the stimuli present. Detailing is an elaboration of the label. Detailing questions serve to focus the students' attention on relevant and irrelevant characteristics. Detailing is the basis for categorization and multiple categorization of the same stimulus item.

Inferring is the process of applying the data collected in the first two processes. It is a step in the direction of going beyond the concrete. For example, if a picture of fruit also shows a few fruit flies buzzing around, the teacher might

ask, "Why do you think the fruit flies are buzzing around?"—which requires the inference that the fruit is a bit overripe. Inferences are guarded predictions. They are tentative statements made with the option to withdraw or change them. Once an inference is made, a check of the data is necessary—that is, returning to the detailing phase to see if any cues were missed or misinterpreted. If the recheck of the data reveals that some relevant cues (details) were not taken into account, then one can draw another inference. If the data support the inference, then one can move on to the next step.

Predicting is using the information collected to conjecture about what will happen in the future. For example, "What will happen to the fruit if it is not eaten soon?" Predictions should be verifiable to some degree. There are various ways of verifying: reading the next paragraph, performing an experiment, teacher or other pupil confirmation from previous experience, looking at the next picture, reassessment of the data. Sometimes, of course, exact verification of the prediction is not possible. This happens when the data is sparse or alternatives are possible. In such cases, the teacher should discuss the alternatives and their ultimate, probable, and possible outcomes with the class. For example, a discussion of "bullies" can lead to making predictions about the outcomes relative to the bully—"He'll get beat up by my big brother," "No one will like him," "He'll get sent to the Principal," etc.—or relative to those bullied—"They'll be unhappy," "They'll be afraid to come to school," "They'll cry," etc. Each of these predictions can be pursued—e.g., "If they cry, what will the bully do next?" The prediction, thus, becomes another detail added to the others and becomes data for further inferences, predictions, and generalizations. It is important to free children from the belief that there is only one right answer in all situations; therefore, it is important for us to accept and work with alternatives.

Generalizing, of course, is the development of principles or rules that have application beyond the immediate situation—for example, "Do fruit flies always show up when overripe fruit is left exposed?" "When don't they show up?" "What precautions should we take when we see them buzzing around fruit stands?"

The first two processes can be called data collection and the last three data processing. The assumption is that, if a child—guided by his teacher's questions—is required to do the kind of thinking involved in these processes often enough and whenever appropriate, he will learn not only the knowledge the teacher wishes to convey but also how to learn.

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Practice Is Necessary

Minskoff's (1967) study revealed that teacher-questions in EMR classes are preponderantly the cognitive-memory (labeling, detailing) type, with a very small percentage of questions requiring productive thinking (inference, prediction, generalization). These classes failed to provide the opportunity for the pupils to learn how to manipulate and use information (i.e., to think) since memorization and regurgitation were sufficient. In order to learn how to learn, one must learn not only how to collect information but also how to process that information. Furthermore, one learns how to collect and process information by being required to do so again and again, week after week, year after year. In other words, practice is necessary.

The inductive method as described provides this practice. After a certain amount of such directed practice (research does not tell how much), the learner will begin to follow the procedure by himself. This will free him from a dependence on the teacher, for he will have learned how to collect information and what to do with it once he has collected it. Thus, he is now free to pursue areas of interest to him, to ask appropriate questions, etc. above and beyond what may be the current topic of instruction in the classroom.

In such a situation a six-hour retardate will be able to reveal his potential, especially if the teacher listens to the content of his responses rather than the grammatical form (this will be discussed in the next section). Likewise, then, if a child does indeed become an independent learner, he is limited by his own motivation rather than by our predictions, so often based on insufficient data collection.

Teaching inductively is extremely hard work for the teacher and class, especially initially. Usually, there is much cycling back to the detailing phase because of missed or misinterpreted relevant cues or because of the intrusion of irrelevant cues. The proper wording of questions is difficult because of the necessity for the right amount of cuing within the question itself. Often, rewording a question without giving away the answer seems impossible. Further, most teachers have developed the habit of asking questions requiring only a "yes," "no," or other one word response. We have been imbued with the notion that teachers "teach" (which, translated, means "lecture"), and too often this means regurgitating what has been said by the lecturer. Overcoming this habit is very difficult.

The students, on the other hand, initially will produce so few and such impoverished responses—thus forcing the teacher to rephrase and rethink the question often—that

frustration results: it is easier to lecture. It must be remembered, however, that the situation is new for the student too. He is not sure of the ground rules. No one has ever asked him to think before. Even simple questions become difficult because the student has been conditioned to look for the "trick" in questions. Constantly responding to thought questions is hard work because it is an active process, whereas listening to a lecture is a passive process. But with time and perseverance on the part of the teacher, the process becomes easier. This is true with college classes—how much more so with EMR classes that have had so little practice in productive thinking! Teaching inductively is, indeed, hard work; but the rewards are more than compensatory.

LANGUAGE AND LANGUAGE TEACHING

In the sixties much of the work with culturally different children dealt with language differences. The work of Bernstein (1961) influenced thinking concerning the language characteristics of disadvantaged students and the evaluation of them by educators and linguists. The assumption behind compensatory programs was that the culturally different child spoke a language deficient in many respects (Bereiter & Englemann, 1966). Most literature of the early and middle sixties spoke of deficiencies. More recently, linguists have maintained that the language of minority group children is different rather than deficient. Much of the work was done with Black English (Cazden, 1972; Houston, 1971) which has been shown to possess all the characteristics of any language system. Thus, there has been a slow change in mental attitudes toward children and the language they bring to school within regular education as well as an attempt by some to use the children's language as a vehicle for instruction.

The current view of many linguists is reflected by Houston (1971) who presented evidence and arguments for the following propositions: that the language of disadvantaged children is not deficient, although it may differ from "Standard English;" that within their language system disadvantaged children do use words properly, contrary to the "Giant-Word Syndrome" hypothesis advanced by Bereiter and Englemann (1966); that the language of the disadvantaged child does provide him with an adequate vehicle for thinking, contrary to the Bernstein (1961) and Lawton (1968) assumptions, since "the innate ability to abstract, generalize, conceptualize, and so forth is necessary in order for language, generally speaking, to be

present" (p. 244); that the disadvantaged child is verbal. Unlike some other linguists, Houston also believes that the child should be taught the language of the schools. Her discussion of the concept of "register" is of value to special class teachers. In her research she found that disadvantaged children possessed and used at least two language registers—a "school register" and a "nonschool register"—i.e., styles of language that appear in different social situations or environments. Thus, these youngsters speak one way to teachers and other authority figures and another way to their peers, friends, and family. Whereas the school register possesses many of the characteristics termed deficient by previous researchers, the nonschool register showed all of the syntactic patterns expected of any language as well as the abilities of any language to specify events and relationships in the environment. Labov (1972) presents a discussion which is relevant at this point. He reproduced the transcripts of two conversations with the same child. The first involved only the boy and the interviewer; the second involved the boy, his friend, and the interviewer. Labov showed the difference in content, level of linguistic performance, and use of logic between the two social settings by the same child. He discussed how easy it would have been to decide that the child was relatively "dull" after the first interview when, in reality, he was a perceptive and thinking child. This research is interesting, and anyone working with disadvantaged children in special classes should become familiar with it.

In spite of the evidence which Labov and Houston presented, it is this writer's belief that some children who do get labeled and placed in EMR classes may have language deficiencies even in their nonschool registers. Many disadvantaged children are tested, but all do not score low enough to be labeled EMR. Those who do score below 75-80 on the Stanford-Binet or WISC fall into two groups. One group, like Labov's boy, will appear dull because the children fail to respond adequately in the testing situation (thus failing to provide a more accurate picture of their competence); the other group will consist of those youngsters who, indeed, have language deficiencies in both registers. Thus, what the teacher does must accommodate and meet the needs of both these groups.

One thing a teacher can do is listen to the children and allow them to speak. More strongly, she should encourage them to use their nonschool register in school. This will not happen, however, if the teacher pays attention only to form (Standard English) and not to content and if she criticizes the child's natural language. Use of the inductive approach will help the teacher stay focused on the content,

the content is under study. Turning social learning lessons, for example, into language or reading lessons discourages participation by the children.

Potential Problems

By listening to her pupils, the teacher can begin to identify those who are thinkers. However, there still must be some instruction in the language of the school since there are three potential sources of problems for the children and the teacher: phonological, lexical, and syntactical (Channon, 1968).

Phonological

Phonological problems arise from the sounds of the language. Thus, a child may view the words *foal* and *fold* or *pin* and *pen* as homonyms. Channon (1968, pp. 6, 7, and 11) describes vividly how phonology can sometimes interfere with communication. In one case she describes a lesson rhyming words with *old* (pronounced by the children as *ole*). The children produce *fole* (fold), *bole* (bold or bowl?), *cole* (cold), *pole*, *sole* (sold), and *role*. In a confounding of spelling and sound (and a failure to realize that the class has not once produced the final *-d* sound), the teacher rejects *pole*, *role*, and *bole* if, by using it in a sentence, the child indicates *bowl*. The resulting confusion and tension on the part of the children is described. Enough experiences of such misunderstanding may lead to a view of school as a useless exercise that makes no sense. In her other example, Channon describes the resulting confusion when children heard the words *meadow*, *medal*, and *metal* as homonyms. Cazden (1972) points out that dialects and Black English differ phonologically from Standard English in important ways. She suggests that some teachers may expect a higher degree of auditory perceptual competence from children than they expect of themselves, since teachers often expect children to understand their dialect but excuse their own incompetence in understanding the children's dialect: "It's so hard to understand them!"

Lexical

Lexical problems are, of course, vocabulary problems. The child may not know the word *pen*, meaning an enclosure, although he knows what a writing *pen* is. Children cannot make sense out of material they cannot decode meaningfully. In cases such as the different meanings of the word *pen*, children will often try to

change the sentence so that it does convey some meaning to them. For example, the sentence, "The pig is in the pen," may be changed to "The pig is *on* the pen" or "The pig *ate* the pen" or to some more creative statement. Such changes should serve as cues to possible problems for us.

Syntactical

Syntactical differences are variations in the structure of sentences or the use of certain morphological structures to indicate tense or time. For example, speakers of Black English often omit the final *-s* in the third person singular verb form; the copulative *is* is often but not always omitted. At the same time, the word *be* is used in ways not found in Standard English. The linguists tell us that there are rules which govern these productions and that they are accompanied with different meanings. For example, consider the two statements, "He gone" and "He be gone." The latter represents a tense not found in Standard English; it means that he is *usually* (habitually) gone. The former means simply that he is gone *at the present time*. Syntactical differences give rise to problems when the successful completion of a task or the successful answering of a question relies on the information imbedded in the morphology of a sentence or in function words (prepositions, conjunctions, etc.) that would not occur in the children's natural language (nonschool register).

The teacher can deal with these potential problems by being aware of them and recognizing when communication is being interfered with. Language education should occur not only during the language arts period but should permeate the whole day.

Guidelines

In an earlier report, Hurley (1967) commented on the lack of opportunity in special classes for children to use the language they do have during instructional periods. He noted the lack of variety and complexity in the children's school language and suggested that Stearns's (1967) guidelines be adopted. These were guidelines for specific language lessons dealing with the school register and for general teacher behavior throughout the school day. (It is important to reiterate that all lessons should not become language lessons.) Since these are general, they will be discussed before discussing more specific ways of dealing with the problems identified by Channon.

Stearns's guidelines focus on three areas that he calls verbal definition, verbal feedback, and response elaboration.

Verbal Definition

Verbal definition refers to the teacher's supplying the children with the correct responses and talking through her own actions. This technique provides a model for the children to imitate and demonstrates the relationship between the school register and behavior—a relationship such children are already aware of in terms of the nonschool register. In addition, there is research (Galperin, 1957; Slavina, 1957) that indicates such verbal self-monitoring is a necessary step in the learning of a new skill.

Verbal Feedback

Verbal feedback is the conscious use of the reduction and expansion of the child's responses into the grammatically correct form of the school register. This technique reproduces the processes in children's normal acquisition of language as described by Brown and Bellugi (1964). In the course of learning any language, children and parents participate in verbal interactions in which the child imitates and reduces the parent's longer productions to a manageable length, and parents imitate and expand children's two or three word sentences into longer and correct statements or questions. This reduction and expansion is done without judgments of rightness or wrongness; it is simply done. Nor are all child productions expanded. Some are, some are not; the situation does not become stilted. Such expansions (verbal feedback) by the teacher may serve the same purpose as the mother's—to aid the child in acquisition of syntax. Such expansion of incomplete productions of the child provides a model for him to imitate. Note should be taken that syntactically incomplete productions by a child are not necessarily cognitively incomplete. For example, consider the following sequence:

Teacher: "What are two things that a busboy does?"

Student: "Pick up dishes and wipe the table..."

Teacher: "Yes, the busboy picks up the dirty dishes when people leave the table, and he washes the table so it will be clean for the next customer."

The student's answer is informationally complete. The subject is understood from the teacher's question. Such elliptical productions are natural in the flow of conversations and unless the teacher has established a condition—

everyone must speak in complete sentences for the next one-half hour—she should expect and accept them. The teacher, in the sequence above, has expanded the child's statement. Notice what she has done! She has introduced a qualifier ("dirty") and two dependent clauses. Thus, she has provided a model of the use of such subordinate clauses with content she is fairly certain he knows and indirectly encouraged him and the class to elaborate their responses. This is important encouragement, if she is also using the inductive approach. Lastly, without making a big deal out of it and putting the child on the defensive, she has added the morphological -s onto the verbs. If, in the vernacular, it is acceptable to omit the -s on third person singular verbs, comment about it may produce a defensive reaction. By simply accepting his response as correct and expanding it in the school register, she avoids a potential source of conflict while also teaching. This is not to say that at some time in her direct language teaching lessons she may not want to deal specifically with this difference between the school and nonschool registers. Lastly, it should be noted that the expansion is not a simple parroting-back of the child's statement. Neither simple repetition nor the expansion of every child production should be practiced. This means that the teacher must be continually alert and selective in the verbal feedback she gives.

Response Elaboration

Stearn's last guideline is response elaboration. Two facets of this are important and dovetail nicely with the use of inductive teaching. During some time of the day the teacher should insist on the use of syntactically complete productions by the children. As stated before, it is unreasonable to expect such productions all day, for it is not natural. The second facet is requiring more than just a naming response. Requiring detailing of the important and unimportant features of an item is important as is requiring the children to vocalize their categorizations and discriminations, their inferences, etc. The child gets practice using school language, and the teacher learns something about his cognitive style.

These guidelines combined with the inductive style will help the child to learn the school language, to use his natural language, to trust his own thinking ability, *provided* the general classroom atmosphere is nonpunitive and one of trust and mutual respect.

Specific Strategies

These guidelines can be considered general techniques useful for reinforcing and providing opportunities to practice what has been taught. A little thought would indicate that the use of verbal definition, verbal feedback, and response elaboration would help alleviate some of the problems that Channon identifies. But, there are still more specific things a teacher can do.

Phonological differences require that the teacher tune in. Since she is the adult, she must bear the major portion of the responsibility for being sensitive to sound (as sound) without confusing it with spelling. This confusion is normal. Classes of college students have been asked to orally give words rhyming with *ole* while the instructor wrote *old* on the board. In every case, one-half to three-fourths of the class confused the two. Eventually, a perceptive student will ask for clarification. We must be aware of the possibilities of confusion and correct them before they result in the "tuning-out" of the pupils.

Care must be taken to avoid making negative value judgments about the children's phonological patterns simply because they differ from ours. In the same way that Northerners moving South and Southerners moving North must work at attuning their ears to regional differences, so the teacher of culturally different children must work at tuning in on differences.

Vocabulary is developed through experiences. Since, ultimately, words must have a reality base, use of trips, films, pictures, and other media becomes necessary. Vocabulary building is an area most teachers are skilled in and requires no further elaboration. It is worth noting, however, that children learn those words that are necessary to learn in order to cope with the reality of their own lives. Thus, words we use in our instruction and words in reading material should be scrutinized and possible sources of confusion pinpointed and handled appropriately.

Local idiomatic use of words or expressions must be learned. This means listening to children, noting such usages and asking them for an explanation if the meaning is unclear. Also important is the establishment of a classroom climate in which the children feel free to ask us what we mean by a word, phrase or expression. An example comes to mind. A graduate student from a Northern state was working in a Southern state as a house painter during the summer. His boss told him, "Get shut of those cans!" The student, never having heard this expression before, proceeded to put the lids back on all of the empty cans, wondering why the cans needed to be recovered. The boss,

of course, had serious doubts about the "college student's" intelligence, since "everyone" knows he was told to discard them.

Syntax is best learned through the methods described previously which serve to provide a model for the children. Direct teaching may focus on comparisons between school and nonschool language. Channon insists that pattern practice is necessary. Certainly this is so if we consider that learning another dialect shares many of the same difficulties as learning a foreign language's syntactical particularities. Thus, the use of materials, such as *Distar Language* (Englemann *et al.*, 1969), which incorporate a certain amount of practice of the syntactical patterns of Standard English has been found useful in special classes. Such practice during designated time periods should be verbal so that the teacher can hear what is being said since research (Anastasiow, no date; Torrey, 1969) reveals that children will recode into their own dialects what they hear or read. Without self-correction and teaching-correction procedures, the child will not learn to spontaneously produce the syntactical patterns being taught.

With reference to Standard English syntax, it is necessary to realize that the children understand more than they spontaneously produce. The reconstruction of sentences reveals this. Anastasiow's subjects recoded the sentence, "Joe is good when he feels like it," to "Joe be good when he feel like it." Notice that the sense of the sentence is retained; that the original sentence was understood. With children like Anastasiow's, the teaching job is not to teach them what the sentence means but to get them to *produce* those morphological parts when the situation demands it.

READING

The concern for language differences is related to the question of teaching reading. That language skill and learning to read are related is unquestioned. The nature of the relationship, however, is unclear. It seems logical to say that children find it difficult to learn to read material which is not written in natural (for them) language and hence, in some degree, is incomprehensible. Cazden (1972) indicates that even though research on this point is inconclusive there are several attempts to develop beginning reading materials written in the Black dialect. These are basal reading books written in nonstandard dialects, some with the Standard English beside them, some with the Standard English in a companion book—content and pictures identical (see Cazden, 1972, pp. 158-159) which special class teachers may find useful.

Even though research does not clarify whether the use of dialect readers or regular readers is better, it is certain that children can learn to read (crack-the-code) using any dialect. The use of experience stories, dictated by the children themselves, as reading material is a viable technique, especially with older children whose interest level exceeds that of most materials on their reading level—the Fernald (1943) approach with or without the kinesthetic tracing. Initially, certain rules need to be followed. First, write the story the way it is dictated. If grammar is corrected, vocabulary changed, etc., it is no longer the child's story and some motivation is lost. Secondly, be sure to have the typed story ready the day after dictation.

By minimizing problems in comprehension, this approach avoids the problem of syntactical differences impeding the learning of reading. Most special class teachers have been trained in the use of experience charts, stories, etc. However, often the training has included the automatic simplification, correction, or other change of the children's product. What is being said here is to write the children's production the way they said it. If the objective is to teach code-cracking skills, why confound it with possible comprehension problems. This approach places greater responsibility on the teacher to understand the child's dialect. Further, it attaches a certain amount of legitimacy to the child's natural language, adds to the teacher's credibility in the eyes of the children, and reinforces or develops the notion that reading is talking written down. If there is a straightforward approach to the child's natural language, the teacher can always say something like "Yes, you're right! How would we say that in school language?"

CONCLUSION

This paper has recommended the use of inductive teaching with classes of EMR children. The language of culturally different children and some techniques for dealing with these differences have been discussed.

The difficulty of dealing with differences in a positive way is intensified by the fact that not all Black, Indian, Puerto-Rican, Chicano, or poor children speak a dialect; that there are dialectical variations within these groups. The difficulty is further compounded by the children's perceptions of the nature of school and of teachers and the attitudes engendered by these perceptions. Some of these attitudes can vitiate any methods or techniques used.

Therefore, this article has focused on those methods which may serve to establish a climate or opportunity for child self-expression and to alert the teacher to possible sources of difficulty.

Perhaps—by encouraging the culturally different child to use his nonschool language in school, by using natural language as a vehicle for teaching skills, by teaching the school language as an alternative (second) language, by focusing on content and ideas—it may become possible to gradually eliminate the placement of the six-hour retardate in special classes.

REFERENCES

- Anastasiow, N. J. "Language Reconstruction Patterns of Kindergarten, First and Second Graders as Indicators of the Development of Cognitive Processes: A Study Exploring the Difference-Deficit Explanations of Language Behavior." Bloomington: Indiana University, Institute for Child Study, (no date). Mimeo.
- Bereiter, C. & Englemann, S. *Teaching Disadvantaged Children in the Preschool*. Englewood Cliffs, N. J.: Prentice-Hall, 1966.
- Bernstein, B. "Social Class and Linguistic Development: A Theory of Social Learning." In A. H. Halsey, J. Floud, & C. A. Anderson (Eds.), *Education, Economy, and Society*. New York: Free Press, 1961 (288-314).
- Brown, R. & Bellugi, V. "Three Processes in the Child's Acquisition of Syntax." In E. H. Lenneberg (Ed.), *New Directions in the Study of Language*. Cambridge, Mass.: MIT Press, 1964. (131-161).
- Cazden, C. B. *Child Language and Education*. New York: Holt, Rinehart & Winston, 1972.
- Channon, G. "Bulljive—Language Teaching in a Harlem School." *The Urban Review*, 2 (4), 1968 (5-12).
- Englemann, S., Osborn, J., & Englemann, T. *Distar Language I, II: An Instructional System*. Chicago: Science Research Associates, 1969.
- Fernald, G. M. *Remedial Techniques in Basic School Subjects*. New York: McGraw-Hill, 1943.
- Gallagher, J. J. "Productive Thinking of Gifted Children." U. S. Office of Education, Cooperative Research Project No. 965, Final Report. Urbana, Ill.: University of Illinois, Institute for Research on Exceptional Children, 1965.
- Galperin, P. Y. "An Experimental Study in the Formation of Mental Actions." In B. Simon (Ed.), *Psychology in the Soviet Union*. Stanford, Calif.: Stanford University Press, 1957 (213-225).
- Goldstein, H. "The Social Learning Curriculum: How to Use, Evaluate and Field Test." New York: Yeshiva University, 1969 (mimeo).
- Houston, S. H. "A Reexamination of Some Assumptions about the Language of the Disadvantaged Child." In S. Chess & A. Thomas (Eds.), *Annual Progress in Child Psychiatry and Child Development 1971*. New York: Brunner/Mazel, 1971 (233-250).
- Hurley, O. L. "Teacher Language: Key to Learning?" *Education and Training of the Mentally Retarded*, 2, 1967 (127-133).
- Labov, W. "Academic Ignorance and Black Intelligence." *The Atlantic Monthly*, 229 (6), 1972 (59-67).
- Lawton, D. *Social Class, Language and Education*. London: Routledge & Kegan Paul, 1968.
- Minskoff, E. H. "An Analysis of the Teacher-Pupil Verbal Interaction in Special Classes for the Mentally Retarded." U. S. Office of Education, Project No. 6-8092, Final Report. New York: Yeshiva University, 1967.
- President's Committee on Mental Retardation. *The Six-Hour Retarded Child*. Wash., D. C.: U. S. Government Printing Office, 1970.
- President's Committee on Mental Retardation. *Placement of Children in Special Classes for the Retarded: Background Position Papers*. Wash., D. C.: P.C.M.R. 1971a.
- President's Committee on Mental Retardation. *A Very Special Child*. Wash., D. C.: U. S. Government Printing Office, 1971b.
- President's Committee on Mental Retardation. *MR 71: Entering the Era of Human Ecology*. Wash., D. C.: U. S. Government Printing Office, 1972.
- Slavina, L. S. "Specific Features of the Intellectual Work of Unsuccessful Pupils." In B. Simon (Ed.), *Psychology in the Soviet Union*. Stanford, Calif.: Stanford University Press, 1957 (205-212).
- Stearns, K. E. "The Effectiveness of a Language Development Program for Disadvantaged Children." Paper read at the Annual Convention of the Council for Exceptional Children, St. Louis, March 1967.
- Torrey, J. W. "Learning to Read without a Teacher: A Case Study." *Elementary English*, 46, 1969 (550-556).

CROSSCULTURAL EVALUATION OF EXCEPTIONALITY

Jane R. Mercer²

Although the United States is a pluralistic society consisting of persons from large numbers of different cultural backgrounds, the issue of cultural diversity and clinical assessment has been given relatively little attention. During the past decade, there has been a rising tide of

protest from the Black community, the Mexican-American community, and other cultural groups over the disproportional

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tionate assignment of children from non-European cultural backgrounds to special education programs designed for subnormal children. Although difficulties in crosscultural assessment using standardized "intelligence" tests have been recognized since the 1930s, the issue generally has been ignored in actual clinical practice and training (Eells et al., 1951).

In a study of the process by which persons are labeled as mentally retarded in a southern California community of 100,000, we found that most agencies were relying primarily on IQ tests in making diagnoses. For example, 99% of the persons in classes for the mentally retarded in the public schools had been administered an individual IQ tests but only 13% had been given a medical examination. We found no evidence that school psychologists were making allowances for cultural differences in interpreting individual scores. In fact, Black and Mexican-American children who scored below 79 on an individually administered IQ tests were slightly more likely to be recommended by school psychologists for placement in special education classes than Euro-American children with similar scores. Such practices resulted in a disproportionately large number of minority children being labeled as mentally retarded and placed in programs designed for children who are assumed to have subnormal biological potential.

Various approaches have been suggested for crosscultural assessment: developing "culture-free" tests; modifying existing tests by translating them into other languages; changing administration procedures in order to vary the speed vs. power components of a test; differential weighting of verbal and nonverbal portions of tests; and developing culture-specific tests for each major cultural group in American society. Some of the limitations of each of these approaches have been discussed elsewhere (Mercer, 1971). We are developing an approach which differs significantly from any of these methods, a system of multicultural pluralistic assessment. This system is based on a set of assumptions which differ markedly from the assumptions of traditional assessment.

TRADITIONAL VS. MULTICULTURAL ASSUMPTIONS

Traditional assessment procedures are based on the implicit, unstated assumptions of the "melting pot" theory of society. Historically, public policy and public education in the United States have been based on the assumption that all persons from diverse cultures who migrated to the United States should become "Americanized." Americanization meant that persons from non-Anglo cultural back-

grounds would relinquish their linguistic, emotional, and cultural ties to their culture of origin and conform to the predominantly Anglo-American core culture by learning English and accepting the values and traditions of Anglo-American institutions. The public schools have been the primary social institution for implementing the Americanization process. All instruction has, traditionally, been in English; and the curriculum has focused primarily on the study of Anglo-American history, literature, and social institutions.

Assessment has always been closely tied to educational institutions. Starting with Binet, the criterion for the validity of tests which purport to measure "intelligence" has been their ability to predict which persons will succeed in school. Because the public schools in the United States are the culture bearers for the Anglo-American culture, the content of "intelligence" tests inevitably has been selected from the Anglo cultural materials found in the curriculum of the school because such materials best predict academic success in the schools. Thus, clinical assessment has reinforced the "melting pot" process by defining persons who are not "melting" as subnormal. Assessment procedures have implemented a monocultural social policy.

Some cultural groups have attempted bicultural socialization for their children by sending them to private schools or developing supplementary educational programs outside the public schools. Such efforts are difficult to maintain in the face of a monocultural public school system. Although a child who can speak two languages and is familiar with more than one cultural tradition has a greater breadth of experience than the monocultural child, he may be assessed by standard clinical procedures as inferior to the child who is totally immersed in the Anglo-American cultural tradition and, consequently, may be more proficient in that single language and culture.

We believe that assessment procedures should be modified so that the bicultural child is not penalized for his biculturality by being defined as subnormal. To accomplish this end, we are proposing that multiple norms be developed so that the performance of the bicultural child can be evaluated *both* in terms of the dominant Anglo culture and in terms of the cultural milieu in which he is being socialized by his family.

Another assumption of traditional assessment as practiced by clinicians and psychologists is that evaluation of the academic skills needed to succeed in the public school provides a sufficient basis for making a diagnosis of mental retardation. The American Association for Mental Deficiency's definition of mental retardation defines a mental

retardate as one who is subnormal in intelligence and adaptive behavior (Heber, 1961). We found little evidence that clinicians in the community were systematically evaluating adaptive behavior in reaching a diagnosis of mental retardation. The system of pluralistic assessment which we are developing is based on two behavioral dimensions—academic readiness as measured by a standard test and a systematic measure of adaptive behavior.

We also believe that any systematic assessment, whether done by the schools or a medical clinic, should include information about the child's health history and should include a preliminary screening for possible physiological problems. Thus, we believe that vision, hearing, and manual dexterity should be screened as part of the regular public school assessment process.

SYSTEM OF MULTICULTURAL PLURALISTIC ASSESSMENT

Our system of multicultural pluralistic assessment requires securing information from two sources, the child's mother or principal caretaker and the child himself. An interviewer secures systematic information from the mother about the child's adaptive behavior, the socialization milieu in which the child is being reared, and the child's health history and present impairments. The child is administered a standard, individual "intelligence" test (WISC, 1973 revision) and is also screened for vision, hearing, and manual dexterity. Each of these procedures will be described briefly.

Adaptive Behavior Inventory for Children (ABIC)

A child's success in learning the roles expected of him in his family, neighborhood, peer group, school, and community is the basis on which his social adequacy is judged by persons playing reciprocal roles in those systems. As the child matures, the behavioral expectations of society become more demanding and the number and complexity of social roles he is expected to play increases. His ability to cope with these increasing expectations constitutes his adaptive behavior. The child's ability to perform successfully in the social roles considered appropriate for his age and sex forms the basis of our Adaptive Behavior Inventory for Children (ABIC).

Our construct of adaptive behavior incorporates the sociological concept of the social role as a unifying focus.

Adaptive behavior is conceptualized both as the development of skills in interpersonal relations and as an expanding, age-graded dimension in which the child gradually increases the number of social systems in which he participates and the number and complexity of the roles he plays in those systems. Increasing societal expectations revolve around three underlying dimensions: increasing complexity of the performance expected; the expectation that role performance will be progressively more motivated by internal than external controls; and increasing independence and freedom from adult supervision in role performance.

We are in the process of developing an Adaptive Behavior Inventory for Children (ABIC) based on these concepts which will be appropriate for children five through eleven years of age. This age span was selected because it is the period in life when children are most carefully scrutinized and are subject to the highest risk of being labeled as deviant. Items were designed so that they are as simple as well as very complex social role behavior to be evaluated. Items appropriate for children three through fifteen years of age are included in the inventory in order to provide a low enough floor to evaluate subnormal five-year-old children and a high enough ceiling to evaluate supranormal eleven-year-old children.

Question content for the inventory was collected from a variety of sources. The Adaptive Behavior scales developed for the Riverside epidemiology of mental retardation served as one source of items in all spheres of behavior (Mercer, 1973). Information from follow-up interviews with 268 mothers whose children had been placed in classes for the educable mentally retarded provided extensive information on the performance of children at home. Additional items were developed in consultation with Black, Mexican-American and Anglo parents of all socioeconomic levels who described in detail the typical activities of their children at home and in the community. Insofar as possible, behaviors were included that appeared to apply equally to all socioeconomic levels and all ethnic groups. Four social role spheres were covered:

Family Role Performance

- Care of own and family belongings
- Responsibility for younger children
- Care, dressing, and health of own body
- Preparation of food and use of equipment
- Family communication, decision-making, and scheduling of own time

Neighborhood Role Performance

- Independence in movement about the neighborhood
- Neighborhood play and peer group activities
- Work in neighborhood to earn money
- Neighborhood social affairs and activities
- Volunteer services to neighbors

Student Role Performance

- Learning and study habits
- Responsibilities assigned by teachers
- Responsibilities conferred by peers
- Social and athletic activities
- Academically-oriented activities

Community Role Performance

- Consumer-spender behavior
- Worker-earner behavior
- Independence in movement about the community
- Social, political, religious, and recreational activities
- Community service and volunteer activities

To pre-test the 500 items, mothers and fathers of children five through eleven years of age from all ethnic and socioeconomic levels were contacted. Pre-test questionnaires were completed by 250 Black parents, 230 Mexican-American parents, and 814 Anglo parents. To determine the approximate age placement for each question and the sequence in which questions should be placed in the age series, a least-squares, two-way analysis of variance was used. Responses to each item were compared for seven age groups (five through eleven years) by sex, by three ethnic groups (Anglo, Black, and Mexican-American), and by two socioeconomic groups (white-collar and blue-collar). Questions with significantly different patterns of response by sex, ethnic group, or socioeconomic status were discarded or modified. Redundant questions were eliminated or rewritten. Questions that respondents reported as ambiguous, inappropriate, unanswerable or unclear were either discarded or modified.

The question format adopted for the final version of the adaptive behavior inventory currently being standardized allows for three levels of response: nonperformance of the role behavior described, emergent behavior, and mastery. The interviewer enters the question sequence at the chronological age of the child and works backwards to establish a floor below which role behaviors have been "mastered." The questioning then proceeds forward in the chronological age sequence until a ceiling is reached beyond which role behaviors have not been performed by

the child. A separate series of questions deals with non-age graded behaviors and focuses on interpersonal behaviors.

It is anticipated that the Adaptive Behavior Inventory will yield three additional measures that can be used to describe the socialization milieu of each child: a Level of Information Scale, an Opportunity Scale, and a Restrictiveness Scale. The Level of Information Scale will be based on the number of questions, both in the ABIC and the Health History and Impairment Inventories, to which the respondent gives a "Don't Know" response. Children being reared in foster homes or by persons other than biological parents or relatives may experience a type of anonymity in which the significant adults in their lives know very few of their personal historical details. The Level of Information Scale should provide a means of identifying anonymous children, and this factor can be taken into account in interpreting the meaning of a particular set of clinical scores.

During the pre-test, we found that some parents, especially in rural areas, were reporting that their children did not have the opportunity to perform certain social roles. Distance from populated centers meant that their children had not learned certain role behaviors because those particular roles were not a part of the socialization setting in which the child was being reared. The Opportunity Scale will be developed from these responses to provide a measure of environmental limitations on role performance. These limitations can also be taken into account when interpreting scores on clinical measures.

During the pre-test we found some parents reporting that they did not permit their children to perform certain types of roles because these roles were not culturally permissible for a person of the child's age and/or sex. For example, in the traditional Mexican-American home, an unmarried girl is not permitted to stay overnight with friends or relatives unless her parents are present. Consequently, all role behaviors which involve a girl's unchaperoned absence from the home after nightfall are culturally prohibited. A Restrictiveness Scale will be developed based on the "Not Allowed" responses. This information will also be used to help describe the socialization milieu in which each child is being reared.

Health History and Impairment Inventories

The system of pluralistic assessment also includes a Health History Inventory and an Impairment Inventory. Each of these measures consists of a systematic set of questions which the child's mother or principal caretaker

answers concerning the child's health history and present impairments. The inventories are designed as standardized instruments which can be used by a school nurse, a welfare worker, a school psychologist or other agency persons wishing to secure a brief health history or report of impairments in order to identify those children who may need further medical evaluation or special educational resources. The inventories are *not* medical evaluations. They depend entirely upon the report of the mothers and are subject to all the errors found in such reports.

The Health History Inventory covers four dimensions: prenatal and postnatal complications, serious acute illnesses, chronic conditions, and major operations and/or injuries. The inventory consists of a series of funnel questions. An affirmative answer to a lead question is followed by a systematic set of probing questions designed to reveal the nature and extent of the health problem as understood by the mother.

The Impairment Inventory covers six dimensions: vision, hearing, speech, use of members, activity limitations, and need for home care. In general, response categories covering each dimension are arranged in ordinal fashion from the least to the most severe. The respondent is asked to indicate which of the descriptive phrases best describe the current functioning of the child.

Sociocultural Modality Index

The third section of the mother interview covers the characteristics of the socialization setting in which the child is being reared. The index secures information concerning family structure; the socioeconomic level and education of adults in the family; information about the environment settings in which the parents were reared; a series of questions dealing with parental participation in community activities; questions on parental values; and questions on the use of Spanish in the home. Responses to these items together with information yielded by the Level of Information Scale, the Opportunity Scale, and the Restrictiveness Scale will be developed into a measure of the socialization milieu in which the child is being reared. This measure will be the basis for developing multiple normative frameworks within which the performance of a child can be interpreted.

Individual Evaluation of the Child

The test session with the child includes two primary measures: a measure of general academic readiness based

on his performance on the Weschler Intelligence Scale for Children (1973 revision) and a Physical Dexterity Battery. The Physical Dexterity Battery includes the Bender-Gestalt Test for Young Children and a selected group of fine and gross motor-coordination tasks, height and weight data, and the psychometrist's ratings of the child's response to the test situation.

The Motor Coordination Screening includes short exercises that ask the child to touch the tip of the nose with an extended index finger, to hop, to tandem walk, and to tiptoe walk along a line of the floor. Use of the hands is observed for dominance and coordination with foot tapping. Other items include observation of the child following verbal directions using normal conversational tones. All of the performances evaluated in this battery are tasks which require a minimal amount of equipment and can be performed by a school psychologist in his office. Standardization data will provide important information which can be used in clinical evaluations.

Prognosis vs. Diagnosis

The use of the multicultural pluralistic assessment system requires rigorous differentiation between prognosis and diagnosis. A fundamental confusion in traditional clinical procedures has been one of mistaking prognosis for diagnosis. A *prognosis* is a clinician's estimate of the probable future course of any given condition and is his prediction of the probable outcome. *Diagnosis*, on the other hand, is an investigation of the probable cause or nature of a given condition. In medical practice, the physician ordinarily makes a diagnosis first and, on the basis of his diagnosis, then makes a prognosis.

Binet's original test was designed specifically for making a prognosis, that is, a prediction concerning which children would succeed in the regular school program without supplementary help. Although Binet's test was designed for prognosis, he gave it a name which had a diagnostic rather than a prognostic connotation. He named it a test of "intelligence." Today, testmakers usually name a test according to the type of behavior it predicts, statistically. That is, testmakers name a test for the kind of prognostic statements they can make based on the test score. If Binet had followed this principle, he would have named his test a test of general academic readiness because academic performance is the type of behavior his test predicted. Instead, he chose to give his test a name with diagnostic rather than prognostic implications and called it a test of

"intelligence." Thus, educators, clinicians, researchers, and lay persons have come to view the IQ test as a diagnostic measure, a measure of the individual's "raw resources," his biological potential. They forget that the criterion used for establishing the validity of "intelligence" is no different from that used for establishing the validity of an "achievement" test. Both are designed to predict the child's academic performance. Both are prognostic measures.

If a child scores 75 on an IQ test, the school can predict with a high degree of accuracy that that child will need special help beyond the program offered in the regular classroom. This prognosis holds regardless of the child's race, ethnic group, physical disabilities, or socialization milieu. A similar prognosis could also be made from performance on an academic achievement test. Such predictions are useful information for educational programming. It identifies those children who will need supplementary assistance. However, it is essential that we recognize that a child's score relative to the standard norms on either a so-called test of "intelligence" or a test of academic achievement provides *only* prognostic information. The standard norms, alone, cannot provide diagnostic information for any child. They cannot tell us *why* a child's score is low.

The psychologist usually wants to go beyond prognostic statements. He wants to understand *why* a child has achieved a particular score. In other words, he wants to use an IQ test score not only for prognosis but also for diagnosis. There are many reasons why a particular child might achieve a low score on an IQ test. He may be emotionally disturbed by stress at home or school. He may have undetected problems in vision, hearing, or other physical handicaps that interfere with his learning the material in the test or with his test-taking performance. He may be excessively anxious in the test situation because of fears generated in the school situation. He may have been socialized in a sociocultural setting in which he had little opportunity to learn the kinds of cultural materials contained in the test. He may have less biological potential for learning than other children. Any or all of these factors may explain why a particular child received a low score on an IQ test. The task of the psychologist is to make a differential diagnosis and to determine which of these factors probably explain the child's score. The type of educational program prescribed for the child will depend upon this diagnosis.

In the past, public school testing programs and psychological practices have been based on the assumption that the primary reason for a low score on an IQ test is low

biological potential. It has been assumed that the other factors listed above have relatively little effect on a child's score and can be ignored, except in those cases in which a child has suffered serious physical trauma or emotional disturbances. The system of multicultural pluralistic assessment will provide the psychologist with culturally relevant norms so that he can make a diagnosis as well as a prognosis for a particular child.

PLURALISTIC ASSESSMENT

In pluralistic assessment, the clinician begins his evaluation by identifying the sociocultural milieu in which the child is being socialized. We anticipate that five to eight sociocultural settings will encompass the major variations to be found among the elementary school children in California on whom the system is being standardized. In order to make a *prognosis*, the clinician will compare the child's performance with the socioculturally appropriate norms for the WISC and the ABIC. He will also examine information from the child's Health History, Impairment Inventory, and Motor-Coordination Screening to determine the extent to which the child's performance may be influenced by organic problems or physical disabilities. If the child's performance on the prognostic norms (i.e., standard norms) is subnormal but his performance on the diagnostic norms (i.e., socioculturally relevant norms) is normal and there is no indication of organic problems, then the clinician would conclude that the child's performance is reflecting cultural differences rather than individual subnormality. The child's educational program would be designed accordingly. Thus, pluralistic assessment would make it possible to distinguish between individual subnormality and cultural difference and would alleviate some of the monocultural biases resulting from exclusive reliance on standard, prognostic norms.

REFERENCES

- Eells, K. et al. *Intelligence and Cultural Differences*. Chicago, Ill.: University of Chicago Press, 1951.
- Heber, R. F. "A Manual on Terminology and Classification in Mental Retardation." *American Journal of Mental Deficiency*, 64 Monograph Supplement (2nd ed.) 1961.
- Mercer, Jane R. "Institutionalized Anglocentrism: Labeling Mental Retardation in the Public Schools in *Race, Change, and Urban Society*." In P. Orleans & W. R. Ellis (Eds.), *Urban Affairs Annual Reviews*, Vol. V. Beverly Hills, Calif.: Sage Publications, Inc., 1971.
- Mercer, Jane R. *Labeling the Mentally Retarded*. Berkeley, Calif.: University of California Press, 1973.

**EARLY INTERVENTION WITH DEVELOPMENTALLY
DELAYED AND HANDICAPPED INFANTS: A
BIBLIOGRAPHIC GUIDE TO
METHODS AND MATERIALS**

Carl J. Dunst³

The increased interest in early educational intervention as an antidote and preventive measure for social, emotional, intellectual and motor retardation is clearly indicated by the ever increasing number of infant intervention programs for developmentally delayed and handicapped children (Appalachian Regional Commission, 1970; Bureau of Education for the Handicapped, 1971; Butler, 1970; Grotberg, 1971). Some of this interest has clearly been generated by Caldwell's (1970, 1971) rationale for early intervention. However, the gap between the rationale and program models (Butler, 1970; Grotberg, 1971) and the curriculum content of these infant programs is great indeed. A review of the literature clearly indicates that this latter area has been highly neglected. This bibliographic guide is aimed at bridging the gap between "programs" and "programming." What is presented is a selected number of source materials on methods, techniques and materials applicable for early intervention with handicapped and developmentally delayed infants.

The most comprehensive and detailed bibliography on infant studies in that by Kessen, Haith and Salapatek (1970) with over 2,000 references. Although not aimed at treatment procedures, this bibliographic guide provides information that should provide helpful hints to the development of intervention techniques as suggested by Honig (1972, p. 15). Far less detailed, but more aimed at providing information regarding program content, are bibliographies by Johnson (1971—31 references, 10 specifically related to treatment procedures) and by the Nisonger Center-Ohio State University (no date—224 references, 11 related to treatment procedures). Honig (1972) in discussing problems in intervention with infants cites six references (total 63) pertaining to program content. Although these three sources did not have as their aim detailing intervention techniques, the percentage ratio of program content (intervention techniques) to rationale, program models, etc. is only 8% indicating a clear need for more comprehensive source materials on intervention procedures and program content.

Included in the bibliography that follows are a number of articles reporting research findings that provide excellent frameworks from which infant activities can be developed.

References

- Appalachian Regional Commission. *Programs for Infants and Young Children*. Washington, D.C.: A.R.C., 1970.
- Bureau of Education for the Handicapped. *Programs for the Handicapped*. Washington, D.C.: U.S. Dept. of H.E.W., 1971.
- Butler, A. *Current Research in Early Childhood Education: A Compilation and Analysis for Program Planners*. Washington, D.C.: American Association of Elementary-Kindergarten-Nursery Educators, 1970.
- Caldwell, B. "The Rationale for Early Intervention." *Exceptional Children*, 36, 1970 (717-726).
- Caldwell, B. "Impact of Interest in Early Cognitive Stimulation." In H. Rie (Ed.), *Perspectives in Child Psychotherapy*. Chicago: Aldine-Atherton, 1971 (293-334).
- Grotberg, E. *Day Care: Resources for Decisions*. Washington, D.C.: Office of Economic Opportunity, 1971.
- Honig, A. "Infant Development Research: Problems in Intervention." Paper presented at the Merrill-Palmer Institute Conference on Research and Teaching of Infant Development, 1972.
- Johnson, A. *Infant Studies: An Annotated Bibliography*. Educational Resource Information Center, 1971.
- Kessen, W., Haith, M. & Salapatek, P. "Human Infancy: A Bibliography and Guide." In P. Mussen (Ed.), *Carmichael's Manual of Child Psychology, Third Edition*. New York: John Wiley and Sons, 1970 (287-445).
- Nisonger Center-Ohio State University. *Bibliography: Developmentally Delayed Infant Education Project*. Mimeograph.

BIBLIOGRAPHY

- Badger, E. *Infant-Toddler Learning Program*. Washington, D.C.: Edufax, Inc., 1971. (168 p., 3 refs.)
- Bardwell, A. et al. *Piagetian Based Infant Stimulation Curriculum*. Cincinnati, Ohio: Nisonger Center, Ohio State University, 1972. (46 p., 15 refs.)
- Bobath, B. "The Very Early Treatment of Cerebral Palsy." *Development Medicine and Child Neurology*, 9, 1967 (373-390).
- Bobath, K. "The Prevention of Mental Retardation in Patients with Cerebral Palsy." *Acta Paedopsychiatry*, 30, 1963 (141-150). (8 refs.)
- Bryan, D. *Guide for Parents of Preschool Visually Handicapped Children*. Springfield, Illinois: Office of Public Instruction. (65 p., 71 refs. to agencies providing services and information regarding visually impaired children)
- Downs, M. "Identification and Training of the Deaf Child: Birth to One Year." *Volta Review*, 70, 1968 (154-158). (12 refs.)
- Edwards, E. *Wonder of Growing*. Sears, Roebuck and Co., 1971. (127 p., no refs.—this text describes the nine-series goals for the Wonder of Growing development toys which are available from Sears)
- Esche, J. & Griffin, C. *A Handbook for Parents of Deaf-Blind Children*. Lansing, Michigan: Michigan School for the Blind, 1965. (24 p., no refs.)
- Finnie, N. *Handling the Young Cerebral Palsied Child at Home*. New York: F. P. Dutton and Co., 1970. (224 p., 23 refs. to manufacturers of toys and adaptable equipment)

3. Carl J. Dunst is a Cognitive Development Specialist, Infants' Program, Western Carolina Center, Morganton, North Carolina.

- Forrester, B., Brooks, G., Hardge, B., & Outlaw, D. *Materials for Infant Development*. Nashville, Tenn.: DARCEE, George Peabody College, 1971. (83 p., 9 refs.)
- Fricthl, C. & Peterson, L. *Early Infant Stimulation and Motor Development*. Champaign, Illinois: Herman Adler Center, 1970. (13 p., 11 refs.)
- Gordon, I. *Baby Learning through Baby Play*. New York: St. Martins Press, 1970. (121 p., no refs.)
- Honig, A. & Lally, J. *Infant Caretaking: A Design for Training*. New York: Media Products, Inc., 1972. (206 p., 25 refs.)
- Horton, K. & McConnell, F. "Early Intervention with the Young Deaf Child through Parent Education." Mimeo. Nashville, Tenn.: Bill Wilkerson Hearing and Speech Center, 1970. (10 p., no refs.)
- Lillie, S. "Principles of Parent Teaching for Language Handicapped Children under Four." Mimeo. Nashville, Tenn.: Bill Wilkerson Speech and Hearing Center, 1972. (15 p., no refs.)
- McConnell, F. "A New Approach to the Management of Childhood Deafness." *Pediatric Clinics of North America*, 17, 1970 (347-362). (6 refs.)
- Mueller, H. "Facilitating Feeding and Prespeech." In P. Pearson and C. Williams (Eds.), *Physical Therapy Services in the Developmental Disabilities*. Columbus, Ohio: Charles Merrill Publishing Co., 1972 (283-310). (19 refs.)
- Painter, G. *Teach Your Baby*. New York: Simon and Schuster, 1970. (223 p., no refs.)
- Rheingold, H., Gerwitz, J. & Ross, H. "Social Conditioning of Vocalizations in the Infant." *J. of Compar. and Physiol. Psychology*, 52, 1959 (68-73). (12 refs.—results indicate that infant social responsiveness is modifiable by responding adults)
- Seger, L. & Patterson, C. *Ways to Help Babies Grow and Learn: Activities for Infant Education*. Denver: World Press, 1970. (49 p., no refs.)
- State of Illinois. *Toys for Early Development of the Young Blind Child*. Springfield, Ill.: Office of Superintendent of Public Instruction, 1971. (10 p., no refs.)
- Tilton, J., Liska, D., & Bourland, J. (Eds.). *Guide to Early Developmental Training*. Lafayette, Ind.: Wabash Center for the Mentally Retarded, 1972. (514 p., 155 refs.)
- Todd, G. & Palmer, B. "Social Reinforcement of Infant Babbling." *Child Development*, 39, 1968 (591-596). (5 refs.—research describing the use of adult presence to increase vocalization rates)
- Tracy Clinic, J. *Getting Your Baby Ready to Talk: A Home Study Plan for Infant Language Development*. Los Angeles: John Tracy Clinic, 1968. (278 p., no refs.)
- Weisberg, P. "Social and Nonsocial Conditioning of Infant Vocalizations." *Child Development*, 34, 1963 (377-388). (10 refs.—research indicating that social and tactile reinforcement has the effect of increasing vocalization rates)
- White, B., Castle, P. & Held, R. "Observations on the Development of Visually-Directed Reaching." *Child Development*, 35, 1964 (349-364). (24 refs.—the research reported has led to the development of a series of toys available from the Kenner Corp. called Playtententials)
- Upchurch, B. *Easy-to-Do Toys and Activities for Infant Development*. Greensboro, N.C.: University of North Carolina, Infant Care Project, 1971. (42 p., no refs.)
- United Cerebral Palsy of Central Indiana. *Please Help Us to Help Ourselves: Inexpensive Adaptable Equipment for the Handicapped*. Indianapolis, Ind.: U.C.P., 615 N. Alabama St. (42 p., no refs.)

CLASSROOM FORUM

Edited by Norma Boekel
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PROBLEM 28

I will have an entirely new class of young EMR students this fall. Can you offer suggestions for getting off to a smooth start?

Getting off to a smooth start in the fall is a challenge faced by every teacher, every year. Both the experienced and inexperienced teacher can profit from suggestions made by others. Most of the following comments were contributed by readers of *Focus on Exceptional Children*.

The summer and fall issues of professional magazines provide a rich resource of ideas for the coming year. These magazines are available at your local library or your nearest IMC.

The staff in your building is another important source. Don't be afraid to ask questions or seek help. All teachers have unsolved problems. Most teachers have strengths to be copied. (You may seem threatening to other teachers if you appear too self-sufficient.)

If your program is new, attempt to explain it to others in a nonthreatening manner. Develop a supportive attitude that says "I'm here to help you" rather than "I'm here to cure all ills."

If you have a new assignment, acquaint yourself with the school policies and personnel. Oftentimes, we tend to overlook the influence of the adults (other than classroom teachers) who interact with students each day. Find ways to cultivate the support of the janitors, cooks, and bus drivers because they contribute so much to the success or failure of your goals for children.

The debate concerning whether or not to examine your children's cumulative records in advance continues. Certainly, you do need to be informed about their special health needs, etc. However, evaluations by psychologists and opinions of other teachers are often tentative and

should be regarded as possible starting points, not solutions. There is a growing body of evidence to support the theory that teacher expectations do influence the educational progress and behavior of students in a positive or negative direction. If you do choose to examine the records of your children before school begins, do so *objectively* and disassociate yourself from the opinions of others.

Before school begins, attempt to contact each child by telephone or letter and express your eagerness to meet him. Ask each child to bring a simple object (his choice or yours) to contribute to a game, lesson, or bulletin board. Use your students' objects and ideas the first day and make them feel the importance of each contribution, no matter how small.

Establish a line of communication to parents. Frequent notes or phone calls bearing "good news" will pave the way for the occasion when "bad news" may have to be discussed.

Create a classroom environment that is interesting and nonthreatening. At first, children should meet with experiences that are not only fun but also provide immediate rewards.

Sharpen up your observation techniques. Be alert to cues the children give about their emotional make-up as well as their development levels.

Make the students feel that the room is theirs, not yours. Encourage them to share the responsibilities for classroom management, housekeeping, bulletin boards, etc. Be certain that your pupils participate in planning. They should understand what they are going to do, why, and how to go about it.

Be well-prepared for those first days of school. It is the young EMR that is most easily led astray by poor teaching methods. Plans, carefully laid and executed, should balance academic goals with those that develop initiative, self-confidence, and responsibility.

What teachers and learners need to know is what we have known for some time: first, that vivid, vital, pleasurable experiences are the easiest to remember, and secondly, that memory works best when unforced, that it is not a mule that can be made to walk by beating it.⁴

All readers are invited to submit questions to the *Classroom Forum* column. Send your questions to the Editorial Offices, *Focus on Exceptional Children*, 6635 East Villanova Place, Denver, Colorado 80222.

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4. John Holt. *How Children Learn*. New York: Pitman Publishing Company, 1967.