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A survey of educational opportunities for physically handicapped children in the state of Maine

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A SURVEY OF EDUCATIONAL OPPORTUNITIES
FOR PHYSICALLY HANDICAPPED CHILDREN
IN THE STATE OF MAINE

Submitted by

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INTRODUCTION

The State of Maine provides many opportunities for the education of physically handicapped children. There was no single source of these opportunities available. Since many people are in positions to refer such children, it seemed wise to procure information about these services; therefore, the purpose of this study is to survey through a questionnaire all available opportunities for physically handicapped children in the State of Maine, and to summarize the findings.
CHAPTER I

SUMMARY OF PREVIOUS RESEARCH AND LITERATURE IN THE FIELD

Definitions:

1. **Physically handicapped**
   Mentally normal children handicapped by some physical disability such as, crippling condition resulting from polio, cerebral palsy, rheumatic fever, or those with visual and hearing defects, epilepsy, severe accidents, etc. are called, for the purposes of this paper, the physically handicapped.

2. **Blind**
   A blind person is one who cannot use his eyes for education.

3. **Partially-sighted**
   The following groups are considered partially-sighted: those having a visual acuity between 20/70 and 20/200 in the better eye after all medical and optical help has been provided; those with serious, progressive eye difficulties; and those suffering from diseases of the eye or diseases of body that seriously affect vision.


4. **The Deaf**

Technically, the definition includes only persons who have had no hearing since birth, who lost their hearing before they achieved speech, or who lost it so soon after achieving speech that the speech gained had been lost.

5. **The Hard-of-Hearing**

All individuals who lose their hearing after speech has been permanently achieved are classified as hard-of-hearing.

6. **The Speech Handicapped**

All individuals whose speech attract unfavorable attention or is not understandable are considered speech handicapped.

7. **The Crippled Child**

A crippled child is an individual under twenty-one years of age who is so handicapped, through congenital or acquired defects, in the use of his limbs and body musculature as to be unable to compete on terms of equality with a normal individual of the same age.

The physical disabilities of crippled children are generally classified as:

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4/Ibid. p. 231


1. Conditions due to infection, such as poliomyelitis, tuberculosis of the bone, and osteomyelitis.
2. Cerebral palsy.
3. Congenital anomalies, such as dislocated hip or hips, talipes, torticollis, and spina bifida.
4. Traumatic conditions, such as burns, fractures, amputations, accidents.
5. Birth injury, such as Erb's palsy.
6. Conditions of unknown, uncertain, and miscellaneous cause such as spinal curvatures, muscular dystrophy, and Perthes' disease.

8. The Epileptic
An epileptic is one who has a disorder of the nervous system which involves the sporadic occurrence of altered states of consciousness.

9. The Poliomyelitis Case
If a child is crippled by poliomyelitis, the cause is thought to be a virus which weakens or destroys a nerve that controls one or more of the muscles in the limbs.

10. The Cerebral Palsy Child
Cerebral palsy may be defined as an impairment of motor function by injury to certain portions of the brain which govern muscular control. The manifestations of cerebral palsy


vary greatly in degree and extent, although over half the cases show some involvement of all extremities and of the speech mechanism. Different areas of the brain may be damaged, causing different types of cerebral palsy. Spasticity, athetosis, rigidity, ataxia, and tremor are the ones commonly recognized, with the largest number of cases falling into the first two groups.

11. The Child with Lowered Vitality

The concept of "lowered vitality" is broad. It is used to designate the condition of a child who is below par, who lacks energy or drive. It covers the condition commonly known as malnutrition but goes further to include other manifestations in addition to the purely physical.

12. The Slow-Learning Child

A slow learner may be the result of anything from poor teaching to the handicap of an IQ that is slightly or considerably below the accepted normal level.

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Provisions for:

1. **The Blind**
   The blind are educated at Perkins Institute and Massachusetts School for the Blind at Watertown, Massachusetts, in regular classrooms, and at the Maine Institution for the Blind, Portland, Maine.

2. **The Partially-sighted**
   Special sight-saving books and materials are furnished students in regular classrooms whenever possible. There are sight-saving classes in the schools of some cities and larger towns.

3. **The Deaf**
   The Maine School for the Deaf is a State Institution in the Department of Institutional Services. The purpose of the school is to provide education for deaf children and to train them to become useful, self-supporting, law-abiding citizens.

4. **The Hard-of-Hearing**
   Provisions are made for those who need lip-reading instruction and those who would benefit from such instruction in regular and special classes where lip-reading teachers are available. Those include:
   1. Children who need lip-reading instruction and special attention in order to profit from school work
2. Children who need hearing aids and lip-reading instruction.

3. Children who need otological treatment in order to preserve or to improve their hearing.

5. The Speech Handicapped

Classes in Speech Correction are held in schools chosen as centrally available. Instruction is given bi-weekly, in periods of one-half hour each. Although group instruction predominates, individual therapy is given to serious cases in the school by a speech therapist.

Consultation service is given to cases as part of diagnostic service by a private physician. Parents are invited to be present at these diagnostic clinics, and both parents and teachers receive counseling in dealing with these children.

The Division of Crippled Children's Services, Department of Health and Welfare has a disc recording machine to use in speech-correction classes. An individual progress record is kept for each child. The discs are used for motivation and as a teaching device.

6. The Crippled Child

It takes many different plans and types of school organization to meet the varying needs of all the crippled children. In Maine, these boys and girls are now receiving education in regular classes, special classes, hospitals,
convalescent homes, through home instruction, and in residen-
tial institutions including sanitoriums.

Every boy or girl who enters a class for physically
handicapped children or is to have home teaching is placed
there on the basis of recommendation by a recognized physician,
and the approval of the State Director of Special Education for
Physically Handicapped Children.

7. The Epileptic

Epileptic children who are otherwise normal and
whose seizures are adequately controlled, are in regular class-
rooms. In cities and towns which have Special Health Classes,
epileptics who are otherwise handicapped and who attempt to
control the seizures as adequately as possible, are admitted so
as to afford them all the opportunities which they may enjoy
within the limits of those other handicaps. Home teaching is
available, in many communities, to those who are incapacitated
to the extent that they can not bring seizures under control.

8. The Poliomyelitis Case

The Maine State Chapter of National Foundation for
Infantile Paralysis services the poliomyelitis cases. Many of
these are sent to the Hyde Memorial Home, Bath, Maine, which is
a convalescent home. Others are receiving regular class edu-
cation or are on a home program.
9. **The Cerebral Palsy Child**

Very recently there has been formed in the State of Maine a Chapter of United Cerebral Palsy Associations. This new Chapter is known as the Down East Cerebral Palsy Association. At present their program is undefined.

Some cerebral palsy children are receiving special treatment and training at the Hyde Memorial Home, Bath, Maine. Others are on home programs and a few are in regular classes.

10. **The Child with Lowered Vitality**

In the cities and larger towns that have special health classes, as many as possible of these children with lowered vitality are enrolled for at least a half year and the more serious cases for one or more years.

Many schools in smaller towns provide a hot lunch program which is a great benefit to these children.

Whenever possible, necessary additional nutrition is urged for children of lowered vitality, together with special rest periods, and special consideration during physical education activities.

There are educational programs in the three state sanitoriums in Maine.

11. **The Slow-Learning Child**

In many schools the slow-learning child is provided for in regular classes with as much concentration upon his needs as is possible.
Some schools have adjustment classes which segregate these children. These children have been recommended by the Guidance Department or a School Principal for a specialized educational program in order that they might make a more satisfactory school adjustment.

There are a few terminal classes for adjustment pupils of junior and senior high school age.

Slow-learning junior and senior high school pupils who have demonstrated some ability to carry junior and senior high classes are given counseling and selective subjects in order that they may make a satisfactory school adjustment.

Research:

I. Those Whose Handicap Involves One or More of the Special Senses.

1. The Blind

Perkins Institute. Upon the request of the parents or guardians, the Department of Health and Welfare may send such blind children as it may deem fit subjects for education to the Perkins Institution and Massachusetts School for the Blind at Watertown, Massachusetts.

This is a residential institution and offers instruction during the school year. Special instruction is given such as, lessons in braille and the use of the Talking Book.

Regular Classes. Other blind children are referred by the Department of Health and Welfare to regular classrooms or home programs. Eleanor G. Powers, State Director of Special Education for Physically Handicapped Children states:

"We have blind children in our regular classrooms in Maine because that is the only place for them to receive an education.

The Department of Health and Welfare, Division of Services for the Blind, sends approximately twenty five children to Perkins Institution for the Blind. Only so many can be sent there each year, due to the expense of such programs and because of limited enrollment at the school.

Some blind children are not socially mature enough to be taken away from home and sent to a residential school; some who went were unhappy because they could not adjust to rules and routine of living in a large group or institution. For these reasons, several children who are technically or totally blind are in our regular classrooms at the present time."

The Maine Institution for the Blind. The Maine Institution for the Blind, located at Portland, Maine, is a private corporation, state aided and is managed by a Board of Directors, one of whom is the State Commissioner of Education. The Institution supplies the only refuge for the blind in Maine where they may have a home, an opportunity to learn a vocation whereby they may be usefully employed, and contribute in part to their own support. Persons from sixteen years of age on are provided care, training and education.

2. The Partially Sighted Sight-Saving Class. One sight-saving class in

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Maine is set up under the following policy:

1. As a matter of administrative convenience, the sight-saving class is a part of the school. The principal of the school is, therefore, the immediate administrative head of this class. The sight-saving class teacher and the regular classroom teachers are expected to look to the principal for assistance in all matters having to do with the sight-saving class.

2. Experience indicates that segregating a partially seeing child tends to emphasize his difficulties by depriving him of contact with normally seeing children of his own mental age and ability. For this reason the sight-saving class is conducted on the cooperative plan, the handicapped pupils carry on all work requiring close use of the eyes, such as reading and writing, in the sight-saving classroom, and all other activities such as discussion, dramatization, listening with normally seeing pupils in the regular grade classroom.

3. The special teacher and the regular teacher share the responsibility of educating partially seeing children. Each must work closely with the other in order to understand the problems and to cooperate in solving them.

4. Minimum standards of achievement for partially seeing pupils, so far as possible, should be the same as those of the regular grade.

5. It is the regular teacher's privilege and obligation to do for the child what the special teacher cannot do, namely, make him feel that, though handicapped in vision, he is
not inferior to normal children in other respects. She is in a position to do much to help build up confidence in himself. Bernice Hughes, State Supervisor of Education of the Visually Handicapped, Salem, Oregon, states that the proper classroom environment plus suitable equipment and supplies are the essential features in providing an educational plan for the child whose handicap is impaired vision. The educational procedures used for the normally seeing should also be applied to the partially seeing and in those cases where the eye problem is not discovered early enough to avoid retardation in reading, the usual remedial reading techniques are employed. The partially seeing child is different only that he needs print of a size he can see and needs aid in learning to develop and use his other senses, particularly his sense of hearing to supplement his limited vision.

Opportunities abound for vitalizing and enriching the experiences of the boys and girls with visual difficulties through the utilization of the greater variety and improved quality of new learning media promoting the wholesome growth of the pupils. Some new learning materials and their sources are mentioned by an authority.

A modern and continuous reading progress is made possible through the publication of Scott Foresman’s Curriculum Foundation Reading Series in

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large type by two concerns: the Stanwix House Publishers and the American Printing House for the Blind. The titles in the large type edition series range from pre-primer level through eighth grade level and in the future new books will be progressively available. This well known reading series, provided with guide books of all grades for the teachers and work-books for second, third and fourth grades for the children is making a contribution to the basic reading program by assisting in the establishment of a firm foundation in reading habits and skills.

The Winston Dictionary for schools, printed in large type, is proving to be a great help in fostering independence in study habits in sight conservation classes.

Interesting materials are introduced in other areas of children's experiences. New large-type books are released in such fields as health, science, language and spelling, and arithmetic. Informational books, with enlarged type, pertaining to studies such as Eskimo Life, Indian Life, and to the studies of other people may be obtained. Enlarged type editions of modern textbooks are being started in the field of social studies.

A suggested list of equipment and supplies for visually-disabled pupils has been prepared by the National Society for the Prevention of Blindness and is sent upon request.

16/Stanwix House Publishers, 1306 Highland Building, Pittsburgh, 6, Pennsylvania.

17/American Printing House for the Blind, 1839 Frankfort Avenue, Louisville, Kentucky.


3. The Deaf

The Maine School for the Deaf. Every parent, guardian, or other person having control of any mental normal child between 6 and 18 years of age, too deaf or too dumb to be materially benefited by the methods of instruction in vogue in the public schools, unless it can be shown that the child is receiving regular instruction during the same period in studies usually taught in the public schools, shall be required to send such child or youth to the Maine School for the Deaf in the City of Portland. Such child or youth shall attend such school year after year until discharged by the superintendent upon approval of the department.

There are two methods of teaching the deaf: the oral method, which employs speech and lip reading, and the manual method which employs hand signs and finger spelling. The oral method is used at the Maine School for the Deaf as it is felt that it fits the child best to take his place in society.

The four special approaches that this school makes in the education of its pupils, which differ from those used in the education of normal hearing children, are: lip reading, auricular training, speech, and language.

Lip reading gives the child the knowledge that lips can convey the thoughts of others and the knowledge that thoughts can be expressed by the motion of the lips and facial muscles. Lip reading must go hand in hand with auricular work.

which is training in listening in order to learn. Hearing aids support reading.

Auricular training goes hand in hand with speech training. The purposes of teaching speech to the deaf is not for the sake of speech itself but to facilitate thinking. Thinking verbally is the direct process of thinking. Even the best speech the school staff can secure from these children cannot be normal. However, with a few exceptions it can be made intelligible and eminently satisfactory.

It is stressed at the Maine School for the Deaf, that there is no more important consideration in teaching the deaf than the salvage of residual hearing. This is done with the Group Hearing Aid. This does not give hearing but if there is a fragment of residual hearing, the hearing aid stimulates it and makes it usable. For the more severely deaf, this may be restricted to the enjoyment of music; but this is definitely beneficial.

The general purpose of language is mental development. The school tries to make language a real vehicle through which a child may express his thoughts, feelings and emotions.

The school's main factor in presenting language is "learning through doing." The most effective thing the staff does is to stimulate the desire for language until a child demands it to express feeling.

4. The Hard of Hearing

Regular and Special Classes. As long as a child is
hearing voices, he seldom realizes that he is not hearing normally. If the child has never heard normally, he will likely have a speech defect, for he is reproducing speech as he hears it. When the hearing loss occurs after the speech pattern is well established, it is harder to detect; yet there are certain signs or symptoms which indicate a hearing loss such as: inattention, undue restlessness, says "what" to everything, says "yes" to everything; habitual turning of the head to bring the better ear nearer the speaker; dreaminess; tendency to play alone; puzzled or blank expression on the face; defects in voice and speech, such as substitution of sounds, clipped endings of words, monotony or lack of inflections in voice, and metallic ring to the voice.

In the Maine Public Schools if there is an indication that a child has a hearing loss, he is referred to the school nurse. She gives him a word test and if he shows a hearing loss on this, she arranges for further tests which, in many of the Maine schools, is a pure tone audiometric test. Also she frequently arranges for a physical checkup of the child. If the pure tone audiometer shows hearing loss, the parents are advised to consult an otologist. In many cases, the cause of the hearing loss is removed and the hearing restored to normal.

Lip reading is begun as soon as possible after the hearing loss is discovered, in the cities and towns which are so fortunate as to have teachers who have special training in lip reading methods. The special teacher helps to develop the
proper attitude of the hard-of-hearing toward the class, but
the classroom teacher creates the proper attitude of the class
toward the hard-of-hearing.

In a report on types of hearing problems, these
21/ authorities summarize:

A child with a middle ear impairment will
probably have little or no speech problem as a
result of a hearing loss with the exception, per­
haps, of a little difficulty in keeping his voice
loud enough for his classmates to hear. They
suggest, a teacher might help him learn to feel
the loudness of his voice when it is at a good
level for listening.

A child with inner ear impairment has a much
more serious speech problem. He may exhibit
sound substitutions, distortions, and omissions
in his speech. His voice may tend to be exces­
sively loud, with a monotonous pitch pattern and
a muffled voice quality.

II. Those Whose Handicap Results in Motor Disability or
Limitations

1. The Crippled

Much can be done for crippled children today. Under
an adequate program of treatment and training many of them can
be cured, and large numbers of them will improve to the point
where they will be able, for all practical purposes, to lead
normal lives. The successful adjustment of such large numbers
of boys and girls comes only through the team work of profes­
sional people working closely together with the parents. The
physician, nurse, teacher, medical social worker each

21/Wendell Johnson, and others, Speech Handicapped
contributes to the restoration and development of these boys and girls.

It would be economically and socially wasteful to find the crippled child and to give him medical and health care if, at the same time, he were not to have access to education. Even where educational opportunities are available for the crippled child, they seem to be mainly in elementary grades.

In a study made in 1942, the grade distribution of more than 10,000 crippled children were reported. Approximately 80 per cent of these boys and girls were in grades 1 through 8. Only 4.4 per cent were in nursery school and kindergarten classes and only 7.4 per cent were in higher grades than the eighth. The others were classified as ungraded.

Every boy and girl in Maine who enters a class for physically handicapped children or is to have home teaching is placed there on the basis of recommendation by a recognized physician, and the approval of the State Director of Special Education for Physically Handicapped Children.

Crippled Children in the Hospital. The educational programs in a few of the Maine hospitals aim to educate the child as wisely and as fully as the hospital situation allows. It endeavors to give him the opportunity to express himself; to learn the necessary subject-matter skills; to develop basic social understandings; to develop his abilities—mental,

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manual, and social; and to grow into a good citizen. This program furnishes opportunities for each child to share experiences, to create, and to achieve goals that seem desirable to him.

The special problem in hospital schools is to carry on work in spite of the physical limitations of activity. At some time during his hospital stay, if not at all times, the child-patient's activity is limited in kind or amount. Many are confined to bed or wheel chair, some are able to sit at a table, and others are restricted in the use of hands or arms. It is a question of devising equipment which will make it possible for the child-patient to use the tools he needs.

A second problem is that of overcoming the difficulties presented by wide variation in backgrounds. Some of the children in the hospital have lost much time from school; others may never have been able to attend school. In either case, they are likely to be retarded in their school achievement. Some may have had home teaching for a limited number of hours per week. Possibly some of these children have missed a part of the usual subject matter and most, or perhaps if not all, of the group experiences that a classroom affords. As these classes are all multi-grade, all the problems of a rural school are present.

Individual help is a specific need of a hospitalized child, especially in reading more than in anything else. In fact, this is the field in which the hospital teacher renders
one of her most valuable services.

The teacher may be able to get advice from the principals of the schools from which the pupils come. By discovering the needs of the children, grouping them when possible, and giving individual help when necessary, the teacher can successfully meet the problem presented by the pupils' varied backgrounds.

Such a program in the hospital schools help to bring the child satisfaction, to further his total development, and to prevent worry about failing in his school work. All of these attribute as real aids in the cure of his physical ills.

**Crippled Children at Home.** In home programs, the education of the handicapped child must be undertaken in very close cooperation with the family.

A child who is to be confined to his home a semester or more is eligible for home teaching. The home teacher spends a minimum of two hours per week with each child. She works closely with the classroom teacher and the principal in planning the work and, at the same time, gives much attention to problems that may have been caused by the pupil's absence.

Since these children are temporarily, or permanently, physically handicapped, the programs must fit the needs of each individual. Very often, because of his particular handicaps, procedures and materials need to be revamped to suit the need and abilities. Learning, to him, is a matter of interest or of a desire to keep up with his age group. The home teacher's
goal is to get the child to make the greatest gain within his own capacities; the teacher does not pamper these children, but brings them encouragement and understanding. It is the home teacher's responsibility to guide them to accept their handicaps and to seek opportunities to attain their fullest development so that they can adequately meet future problems.

The majority of these children return to regular classes after a few months of home instruction and make satisfactory adjustment to the group program. A few of these children with severe cases of rheumatic heart disease, muscular dystrophy, cerebral palsy, rheumatoid arthritis, etc., have a home teaching program for many years.

A few cities and towns in Maine arrange for a regular high school teacher to aid students on the secondary level as one of his extra curricula activities.

Private Facilities for Crippled Children

There is in Maine a State Chapter of the National Society for Crippled Children and Adults, Inc., known as the Pine Tree Society for Crippled Children and Adults. This society operates a convalescent home at Bath, Maine, and a summer camp on North Pond, near Rome, Maine.

The Hyde Memorial Home. This home, the Hyde Memorial Home, is of brick construction; has twenty one rooms and nine bathrooms which provide pleasant living accommodations for forty five children. There is an elevator, a 65-foot indoor swimming pool and an Hubbard Tank which are used for hydro-
therapy. There are approximately one hundred fifty acres of woodlands, gardens, and lawns, also a large greenhouse.

The home is staffed with a director of professional services, physical, occupational and speech therapists, and a resident teacher, as well as registered nurses and attendants.

Most of the patients are victims of cerebral palsy or poliomyelitis. Patients remain here only as long as they respond to treatment, and no chronic cases are admitted.

The Society, realizing Maine's desperate need for Special education for crippled children, was responsible for a bill enacted by the 92nd Legislature, which established a Division of Education for Physically Handicapped Children in the State Department of Education.

The children have a nursery school, a speech therapist, and a grade teacher. Each child has instruction provided according to his physical capacity as determined by a visiting medical staff. These children come to the classroom on stretchers, crutches and in wheel chairs, accompanied by an attendant.

The chief problem in dealing with these cerebral palsy children in a school program is time. In most instances a greater length of time is required for the most simple task. Verbal acts are equally difficult.

The grade teacher and speech therapist are constantly devising reading, writing, and speech methods to compensate the handicaps of the cerebral palsied. Arm braces are made to hold the wrist and hand in position so that a child with arm
involvement may grasp a pencil or crayon.

The thought that one has aided a child to become a personality, adjusted to the conditions under which he must live inspires those who work with this type of physically handicapped child.

The Pine Tree Camp. The Pine Tree Society owns and operates its own camp at North Pond, Rome, Maine. Here there are accommodations for one hundred children to enjoy eight weeks of camp life. There are twenty nine log cabins and buildings on the one hundred acres of woodlands along one and a half miles of waterfront.

Any crippled child in Maine who is physically and mentally able to take care of himself and walk without assistance is eligible to attend camp. All child patients at Hyde Home, having been approved by an orthopedic physician, are eligible to attend summer camp and are enrolled first, the remainder of the quota is filled by crippled children as recommended by the Pine Tree Society.

The children at camp have physical, occupational, and speech therapy. They learn by doing and living with one another, and after eight weeks of real camp life they return home better able to care for themselves.

Polioomyelitis is the chief cause of orthopedic defects.

Observers have recorded that the disease caused its greatest damage in healthy and robust children. Berg states:

"It has been shown in monkeys that both fatigue and chilling tend to produce a more severe infection, a more extensive paralysis and a higher death rate. This may have a direct application to humans.

Paralysis is regarded now as caused by either permanent damage to motor nerve cells or the higher nerve centers and the brain. The disturbed course of nerve impulses due to damage of nerve cells can frequently be improved by muscle re-education. By appropriate treatment, unimpaired muscles still receiving impulses can be trained to take on the function of adjacent, paralyzed muscles."

When a child is allowed to attend school, the problem is for the child to continue to work on his own recovery. He must use the affected muscles, but not too much. The doctor will doubtless have given him directions. The teacher should also know the directions so that she can help. She must help the child to do what he should, and help keep him from doing the wrong things. The teacher must always remember the child is to be strengthened by his own endeavor. He must be confident that he can succeed. The process will require years but he must persevere. This is a difficult task for anyone, let alone a child. So adults need to help in a thoughtful and considerate manner.

John Lee, Dean of Graduate School, Wayne University, presents the opinion that in educating crippled children, indi-

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individual needs are acute, particularly with reference to their crippling condition. Differences in learning ability are fully as great among crippled as with non-crippled children.

Specifically, the educational program must be based on the needs, the capacities and the limitations of each child.

Since many cerebral palsied children have no ability to give oral responses, well-known authorities realize that some modification of ordinary techniques would need to be employed.

In discussing non-oral reading, James McDade has for several years been proving in the Chicago Schools that his system of non-oral beginning reading is an efficient and successful method for the physically normal child. His method has also many features that are most helpful in the teaching of beginning reading to the severely limited cerebral palsied child.

He affirms that it eliminates inner speech, provides individual differences, reduces retardation, and far exceeds the requirements of the course of study in the actual mastery of the fundamental reading skills: speed, accuracy, and comprehension.

This method is described in "Essentials of Non-Oral Reading" by the Plymouth Press.


27/The Plymouth Press, Educational Publishers, 2921 West 63rd Street, Chicago 29, Ill.
Education of the brain-injured child begins as early as possible. Lewis and Strauss emphasize that:

Teaching the Other Child is not a job for the mother. The child's instruction should be given by a person outside the family, preferably in a place outside the home. Within the home, the mother can encourage the child to do household tasks, which are an important part of his training and give him a feeling of accomplishment and participation in the household.

In general, the principle should be followed that the child is encouraged in what he can do well, but not at the expense of what he cannot do well.

Unless the brain-injured child is treated as a special case, his education is not likely to be successful in enabling him to compensate for his handicap; the nature of his deviation from normal society requires a method which takes his disability into account.

Strauss and Lehtinen present illustrative teachers' reports affirming that the response of the brain-injured child to the school situation is frequently inadequate, conspicuously disturbing, and persistently troublesome.

The undamaged portions of the brain hold resources from which the organism may substitute, compensate for, or restitute the disabilities resulting from the injury. It is this intact reserve which we attempt to reach in education.

The brain-damaged organism is abnormally responsive to the stimuli of his environment, reacting unselectively, passively, and without conscious intent.

---


III. Those Whose Handicap Results in Lowered Vitality

Many children are under par because of poor dietary habits. Children may not be receiving sufficient amounts or the right kinds of food. There may be loss of appetite caused by infection, poor eating habits, emotional tensions, or continuous hurry. Inadequate meals may also contribute to poor dietary conditions. Ignorance of food value may contribute to insufficient or poorly balanced food intake. During periods of increased growth, adolescents need a high caloric diet. Children must understand that they need time to eat, time for food to digest, and a period of quiet relaxation after each meal.

Poor home control, neglect, over-stimulation, and overwork may contribute to "lowered vitality."

Special Health Classes

Surveys are made in certain towns and cities each spring and fall to locate pupils who need special physical examinations. In this group are cases of malnutrition, tuberculosis contacts and arrested cases, cardios, epileptics, and sometimes chorea, or other forms of physical handicapping conditions.

Home calls are made by the Supervisor of Classes for Physically Handicapped Children and the parents are given the opportunity of having their child enrolled in a special health class for the school year.

There is a physical examination by a pediatrician, at the school with the parent or parents present. If it is
deemed advisable, a pupil is referred to his own private physi-
cian or to Tuberculosis, Pediatric, Cardiac, Dental, or Psych-
istic Clinics for further diagnosis and treatment.

The daily schedule follows the work of regular
grades as much as possible. There is one session from 8:30 to
2:30 with one half hour for a hot luncheon, and forty minutes
for a rest period.

Free luncheon is served in the school cafeteria each
noon through the Federal Government Lunch Program. A trained
dietitian plans the menu in all school cafeterias.

Individual weight charts are kept and weights record-
ed weekly. Sometimes the growth shows a gain of from fifteen
to twenty five pounds during the thirty eight weeks of the
school year.

In the Special Health Classes at Portland, there are
accommodations for fifty children on bunk beds and cots. Each
child is provided his own pillow case and blanket which are
kept in cabinets when not in use.

Florence C. Stein, a school psychiatrist, Bureau of
Child Guidance, Board of Education, New York City, believes:

The nearer a normal life an epileptic child
can lead, the better. The only reason for ex-
clusion from school should be: marked physical
disability; too frequent seizures; and rare in-
stances when behavior or personality problems are
too severe.

The teacher must remain calm when a child has
a seizure as the reactions of the other pupils
in the classroom will depend on her attitude. The

30/Florence C. Stein, "Answers to Questions of Parents
and Teachers about the Child with Epilepsy," Exceptional
teacher and parents must give these children understanding and attention.

It has been estimated that epileptic seizures can be reduced by three fourths in 75 per cent of the children thus afflicted. In guiding the epileptic who attends regular classes, one group of educators suggest the following:

As fatigue brings on seizure, extra rest is necessary. Over-protection is not so beneficial as it is detrimental. Most of these children, if allowed to be busy and active, will have less severe and frequent seizures than otherwise. If over-protected, there is a tendency for them to be preoccupied with their handicap.

The epileptic must not be treated as an outcast or as being peculiar, but as one who is afflicted with a condition which in many instances affects the individual far less than many of the commonly accepted diseases. This objective attitude on the part of others will do much more than anything else to strengthen the confidence of and give poise to both the epileptic and his family.

Central and Western Maine Sanatoriums. Central Maine Sanatorium at Fairfield and Western Maine Sanatorium at Greenwood Mountain, Hebron, admit adult tuberculosis patients. There is a full time secondary school teacher at each institution.

The students usually take two subjects at a time and receive daily tutoring at the bedside. There is definite accomplishment noted, and the opportunity to do some school work keeps up the students' spirits and points to the day when

they will recover sufficiently to return to school at home.

Helpful cooperation has been shown by one superintendent of schools, who has supplied advice and materials. Principals of various high schools from which the patients came have also shown intent interest in the programs.

Northern Maine Sanatorium. Northern Maine Sanatorium at Presque Isle admits child as well as adult tuberculosis patients.

At the present time, there are forty school-age children who are able to attend classes in the schoolroom. These children range from the beginners' group through the eighth grade. The lower grade children attend school mornings and the upper graders afternoons. They participate in activity programs and go on field trips on the extensive acreage when weather permits.

A regular weekly Sunday School program is carried on most of the time.

IV. Those Who are Speech Handicapped

1. Crippled Children's Speech Clinics

There is a Speech Consultant, Division of Maternal and Child Health, State Department of Health and Welfare who conducts speech clinics in all six health districts in Maine. Children eligible for these clinics, to receive speech therapy, are referred from the State's Crippled Children, Pediatric, Cardiac, and Hard-of-Hearing Clinics. Consultation service is
given to cases referred by private physicians.

Clinics are held weekly in Portland, twice a month in Lewiston with an irregular clinic in Rumford, monthly in Waterville, with an occasional clinic in Rockland, and irregularly in Bangor, Machias, and Aroostook County.

Two hundred twenty five children received some service from September 1951 to June 1952, with over fifty per cent of this group being below school age.

Many teen-aged children who are not now on regular appointment are found to use speech materials regularly while others tell of resuming exercises when they feel speech is not satisfactory.

Parents are found to be cooperative and display understanding as to the importance of their children's speech training.

Regular textbooks, loose leaf workbooks that are developed, Little Golden Books, and other similar materials are adapted for drill.

The speech consultant works closely with any teacher who shows interest and additional material for her use is supplied.

2. Speech Correction Classes

In one Maine city, there is a speech-correction teacher who analyzes and diagnoses major speech cases, such as stuttering, delayed speech, lisping, cleft palate, nasality, and others. Her aim is to develop the habit of clear, relaxed,
confident speech free from mannerisms or impediments. She is also concerned with the mental and emotional development of the child. For this development she works for the close cooperation of the classroom teacher and the parents.

This speech-correction teacher works on a regular schedule to meet the needs of the children in various buildings.

Another responsibility which she tries to meet is that of counseling the room teacher on the diagnosis and treatment of minor speech cases. This program tends to prevent minor cases from developing into major ones.

V. Other Literature in the Field

1. Financial Problems in Special Education

The fact that education, as well as other state services, is becoming increasingly costly gives state officials grave concern. There is evidence of a desire to shift more of the costs for local services back to the community. Some local school officials feel that, if given adequate funds from local sources, they would provide special services as needs and desires of their local communities require.

John W. Tenny, former President of the International Council for Exceptional Children, suggests:

1. That our public relations program must be such as to keep influential people aware not only of the needs of physically handi-
capped children, but also of the social gains resulting from their proper care and education.

2. That those who work at the state level should keep regulations and reports as simple and brief as possible, consistent with the assurance of sound and adequate programs for these children.

3. That each of us, on our particular job, review our program and our efforts, to be sure that we are giving the best possible service at the least possible cost.
2. Division of Special Education for Physically Handicapped Children in Maine

In the five-year period between 1946 and 1951, the number of physically handicapped pupils enrolled for some form of special education in Maine doubled.

1950 - 1951 Program

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of applications received</td>
<td>284</td>
</tr>
<tr>
<td>Total number of cases given service</td>
<td>231</td>
</tr>
<tr>
<td>Number of towns and cities whose pupils were served</td>
<td>89</td>
</tr>
<tr>
<td>Number of towns and cities that carried on programs</td>
<td>60</td>
</tr>
<tr>
<td>Number of children served by</td>
<td></td>
</tr>
<tr>
<td>Hospital programs</td>
<td></td>
</tr>
<tr>
<td>Home instruction (elementary)</td>
<td>79</td>
</tr>
<tr>
<td>Home instruction (secondary)</td>
<td>7</td>
</tr>
<tr>
<td>Home instruction and hospital instruction</td>
<td>6</td>
</tr>
<tr>
<td>Transportation (elementary)</td>
<td>15</td>
</tr>
<tr>
<td>Transportation (secondary)</td>
<td>3</td>
</tr>
<tr>
<td>Transportation and hospital instruction</td>
<td>1</td>
</tr>
<tr>
<td>Transportation and home instruction</td>
<td>2</td>
</tr>
<tr>
<td>Sight Conservation Programs in the State</td>
<td></td>
</tr>
<tr>
<td>(Cooperation with Division of Services for the Blind)</td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>6</td>
</tr>
<tr>
<td>Secondary</td>
<td>3</td>
</tr>
<tr>
<td>(Special Education)</td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>5</td>
</tr>
<tr>
<td>Secondary</td>
<td>2</td>
</tr>
<tr>
<td>Portland Sight Conservation Class</td>
<td>14</td>
</tr>
<tr>
<td>South Portland Lip-reading Program</td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>19</td>
</tr>
<tr>
<td>Secondary</td>
<td>5</td>
</tr>
<tr>
<td>Lip-reading in State</td>
<td>4</td>
</tr>
<tr>
<td>Berkshire Home</td>
<td>3</td>
</tr>
<tr>
<td>Coburn Classical Institute</td>
<td>1</td>
</tr>
<tr>
<td>Bangor Special Class</td>
<td>11</td>
</tr>
</tbody>
</table>
Total Hospital Instruction

Elementary Hospital Instruction
- Hyde Memorial Home (approved cases) 25
- Combination Hospital and Home Instruction 6
- Combination Hospital Instruction and Transportation 1
- Maine General Hospital (total 30) - approved 16

Eligible but no service given
- Went to private schools 4
- No teacher available 2
- Parents decided to wait 2
- Superintendent did not arrange programs 3
- Too ill to have service 4
- Moved out of State 2
- No special service available and children in regular class 4

Not eligible
- Unable to get medical report 2
- Doctor reported recovery and no need of service 9
- Mentally retarded 8
- No physical handicap 5
- No special service necessary - can go on school bus 3

Referred to Vocational Rehabilitation 2

Referred to School for the Deaf 3
### Types of Handicaps Given Service

#### 1950 - 1951 Program

<table>
<thead>
<tr>
<th>Type of Handicap</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatic Fever</td>
<td>10</td>
</tr>
<tr>
<td>Heart condition</td>
<td>16</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>4</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>26</td>
</tr>
<tr>
<td>Paralysis</td>
<td>9</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>33</td>
</tr>
<tr>
<td>Spina Bifida</td>
<td>6</td>
</tr>
<tr>
<td>Spinal Injury</td>
<td>1</td>
</tr>
<tr>
<td>Brain injury</td>
<td>1</td>
</tr>
<tr>
<td>Muscular Dystrophy</td>
<td>7</td>
</tr>
<tr>
<td>Perthes' Disease</td>
<td>3</td>
</tr>
<tr>
<td>Stills' Disease</td>
<td>1</td>
</tr>
<tr>
<td>Scoliosis</td>
<td>1</td>
</tr>
<tr>
<td>Muscles not developed</td>
<td>1</td>
</tr>
<tr>
<td>Congenital hip dislocation</td>
<td>1</td>
</tr>
<tr>
<td>Osteomyelitis</td>
<td>1</td>
</tr>
<tr>
<td>Club Foot</td>
<td>1</td>
</tr>
<tr>
<td>Chorea</td>
<td>1</td>
</tr>
<tr>
<td>Breaks bones easily</td>
<td>1</td>
</tr>
<tr>
<td>Broken jaw</td>
<td>1</td>
</tr>
<tr>
<td>Broken leg with complications</td>
<td>4</td>
</tr>
<tr>
<td>Amputated leg</td>
<td>1</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>18</td>
</tr>
<tr>
<td>Tuberculosis of hip or spine</td>
<td>3</td>
</tr>
<tr>
<td>Loss of lung</td>
<td>1</td>
</tr>
<tr>
<td>Infected lungs</td>
<td>1</td>
</tr>
<tr>
<td>Asthma</td>
<td>2</td>
</tr>
<tr>
<td>3rd degree burns</td>
<td>2</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>5</td>
</tr>
<tr>
<td>Hydrocephalus</td>
<td>1</td>
</tr>
<tr>
<td>Hemophelia</td>
<td>1</td>
</tr>
<tr>
<td>Gland difficulty</td>
<td>2</td>
</tr>
<tr>
<td>No speech</td>
<td>1</td>
</tr>
<tr>
<td>Impaired Vision</td>
<td>34</td>
</tr>
<tr>
<td>Impaired Hearing</td>
<td>28</td>
</tr>
<tr>
<td>Multi-handicapped (encephalitis, spastic, and epilepsy)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>231</td>
</tr>
</tbody>
</table>

Total Number of Cases: **231**
CHAPTER II

PLAN OF STUDY

I. The Questionnaire

The first step in planning this survey was to build a suitable instrument to obtain necessary information. The questionnaire, Appendix A, was planned at the 1951 summer session of Boston University.

On August 10, 1951, this project was discussed with Miss Eleanor G. Powers, Director of Special Education for Physically Handicapped Children, Augusta, Maine. This department showed its interest, approval was given, and its Director personally endorsed the letter accompanying the questionnaire. In addition, many worthwhile suggestions were offered.

After much planning, a questionnaire covering the field of special education with subdivisions of topics covering special fields was prepared. The complete questionnaire appears in Appendix A.

The first topic covers the general classes and programs offered physically handicapped children in Maine school programs. The next five topics pertain to present services offered in specific areas. The last topic asks for plans of future services to the handicapped.

The questionnaire was arranged in the form of a folder printed in black ink on white paper, with spaces left for check
marks or single and multiple word answers.

The questionnaire, subdivided as it is, made tabulation of the findings less complicated and easier to interpret than might have a more general questionnaire.

II. THE LETTER

In order that the receiver understands clearly the purpose of the survey, a brief letter was prepared to accompany the questionnaire.

An enthusiastic response brought prompt return of the questionnaires. It is considered that the following contributing factors prompted this response:

Miss Eleanor G. Powers', State Director of Special Education, approval of the survey, and Mr. Donald M. Rosenberger's permission to use the Children's Hospital School letterhead, plus the mailing of the questionnaires at a time when school pressures were low.

A copy of this explanatory letter appears in Appendix B.

III. MAILING LIST

A directory of Superintendents of Schools was secured from the Office of the State Department of Education. The name of the Director of Schooling in Unorganized Territory was added to this list of superintendents, and to each one of these
was sent a questionnaire.

By each reporting the educational opportunities available for physically handicapped children in his superintending jurisdiction, it was felt that all communities regardless of remoteness would be represented in this survey.

IV. MAILING OF THE SURVEY

Christmas vacation coming as it did from December 21, 1951, to January 2, 1952, it was felt that this would be an appropriate time to send out the letters and questionnaires, as school pressures would be low. December 22, 1951, was chosen as the mailing date and one hundred fourteen questionnaires and letters were sent out to all the public school superintendents in Maine and to the one Director of Schooling in Unorganized Territory.

V. THE RETURN

Of the one hundred fifteen questionnaires sent out, eighty nine were returned within a three-week period. This is a seventy seven per cent return and it appeared by those concerned that this was an excellent and very prompt response.

The questionnaires were grouped into three general classifications, according to population size.

1. Cities above 10,000
2. Cities and towns between 4,000 and 10,000
3. Towns under 4,000

The results of the analysis are presented in the next chapter.
CHAPTER III

ANALYSIS OF DATA

The data was classified according to pupil population of the reporting communities. A total of one hundred fifteen questionnaires was submitted to the Superintendent of Schools and the Director of Schooling in Unorganized Territory. Of this number, five were from cities where the pupil population exceeded 3,000; forty nine from towns with pupil population ranging from 1,000 to 2,999; and thirty five from towns with pupil population fewer than 1,000.

On this basis the extent of cooperation was as follows:

Group One  (pupil population above 1,000)  62.5 percent
Group Two  (pupil population between 1,000 and 2,999)  83.0 percent
Group Three (pupil population below 1,000)  72.9 percent

The tables are arranged according to the seven major areas covered in the questionnaire.

Table I shows the results of the general question covering the education of the physically handicapped in regular and special classes, home teaching and institutional programs. Many communities provide all types of services listed.
TABLE I
SERVICES FOR PHYSICALLY HANDICAPPED CHILDREN

<table>
<thead>
<tr>
<th>Population</th>
<th>Population</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>3000-up</td>
<td>1000-2999</td>
<td>Below 1000</td>
</tr>
<tr>
<td>Num-Per-</td>
<td>Num-Per-</td>
<td>Num-Per-</td>
</tr>
<tr>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>--------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>Regular classes</td>
<td>5 3 60</td>
<td>49 26 53</td>
</tr>
<tr>
<td>Special classes</td>
<td>5 2 40</td>
<td>49 8 16.3</td>
</tr>
<tr>
<td>Home teaching program</td>
<td>5 5 100</td>
<td>49 39 79.5</td>
</tr>
<tr>
<td>Institutional program</td>
<td>5 1 20</td>
<td>49 14 28.5</td>
</tr>
</tbody>
</table>

From the above table it is evidenced that the greatest amount of education for the physically handicapped is provided through the Home teaching programs: 100 percent in Group One, 79.5 percent in Group Two, and 45.7 percent in Group Three. The least is in Special classes.
Table II shows the available services at present for the Blind and Partially-Sighted children.
TABLE II

PRESENT SERVICES FOR THE BLIND AND PARTIALLY-SIGHTED

<table>
<thead>
<tr>
<th></th>
<th>Population 3000-up</th>
<th>Population 1000-2999</th>
<th>Population Below 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Num- Per- cent</td>
<td>Num- Per- cent</td>
<td>Num- Per- cent</td>
</tr>
<tr>
<td>The Blind</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Institution</td>
<td>N 5 1 20</td>
<td>N 49 0 0</td>
<td>N 35 0 0</td>
</tr>
<tr>
<td>Perkins Institute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home program</td>
<td>N 5 0 0</td>
<td>N 49 0 0</td>
<td>N 35 1 2.8</td>
</tr>
<tr>
<td>Other</td>
<td>N 5 2 40</td>
<td>N 49 3 6.1</td>
<td>N 35 3 8.5</td>
</tr>
<tr>
<td>The Partially-Sighted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular classes</td>
<td>N 5 4 80</td>
<td>N 49 32 65.3</td>
<td>N 35 25 71.4</td>
</tr>
<tr>
<td>Special classes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special help</td>
<td>N 5 2 40</td>
<td>N 49 3 6.1</td>
<td>N 35 1 2.8</td>
</tr>
<tr>
<td>Clear type books provided</td>
<td>N 5 4 80</td>
<td>N 49 17 34.6</td>
<td>N 35 5 14.2</td>
</tr>
<tr>
<td>Teachers with special training in sight-saving methods</td>
<td>N 5 2 40</td>
<td>N 49 4 8.1</td>
<td>N 35 1 2.8</td>
</tr>
</tbody>
</table>
The greatest number of blind are in Perkins Institute, the largest number of partially-sighted children are in regular classrooms. Few teachers are specially trained for the work.
Table III shows available services for the Deaf and Hard-of-hearing children.
TABLE III

PRESENT SERVICES FOR THE DEAF AND HARD-OF-HEARING CHILDREN

<table>
<thead>
<tr>
<th>The Deaf</th>
<th>Population 3000-up</th>
<th>Population 1000-2999</th>
<th>Population Below 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Num- BER cent</td>
<td>Num- BER cent</td>
<td>Num- BER cent</td>
</tr>
<tr>
<td>State Institution</td>
<td>5 3 60</td>
<td>49 16 32.6</td>
<td>35 10 28.5</td>
</tr>
<tr>
<td>Special classes</td>
<td>5 1 20</td>
<td>49 5 10.2</td>
<td>35 1 2.8</td>
</tr>
<tr>
<td>Home program</td>
<td>5 0 0</td>
<td>49 3 6.1</td>
<td>35 1 2.8</td>
</tr>
<tr>
<td>Other</td>
<td>5 1 20</td>
<td>49 4 8.1</td>
<td>35 1 2.8</td>
</tr>
</tbody>
</table>

|                                               | Num- BER cent      | Num- BER cent        | Num- BER cent         |
| Regular classes                               | 5 5 100            | 49 39 79.5           | 35 28 80              |
| Special classes                               | 5 2 40             | 49 5 10.2            | 35 1 2.8              |
| Lip reading                                   | 5 3 60             | 49 4 8.1             | 35 0 0                |
| Special correction training                   | 5 1 20             | 49 5 10.2            | 35 1 2.8              |
| Acoustic training                             | 5 0 0              | 49 2 4.0             | 35 0 0                |
| Teachers with special training in lip reading | 5 4 80             | 49 4 8.1             | 35 1 2.8              |
The largest number of deaf are cared for in the State Institution. The largest number of Hard-of-hearing children are in regular classes. Nine superintendents reported that they have in their school systems teachers who have had special training in lip reading methods.
Table IV shows the services for children with speech problems.
TABLE IV

PRESENT SERVICES FOR SPEECH HANDICAPPED CHILDREN

<table>
<thead>
<tr>
<th>Population</th>
<th>N</th>
<th>Num-</th>
<th>Per-</th>
<th>cent</th>
<th>N</th>
<th>Num-</th>
<th>Per-</th>
<th>cent</th>
<th>N</th>
<th>Num-</th>
<th>Per-</th>
<th>cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>3000-up</td>
<td>5</td>
<td>5</td>
<td>100</td>
<td></td>
<td>49</td>
<td>31</td>
<td>63.2</td>
<td></td>
<td>35</td>
<td>17</td>
<td>48.5</td>
<td></td>
</tr>
</tbody>
</table>

Systems providing speech correction work

Work done by:

| Regular teachers | 5 | 4    | 80   |      | 49 | 26   | 53.1 |      | 35 | 16   | 45.7 |      |
| Special teacher  | 5 | 1    | 20   |      | 49 | 6    | 12.2 |      | 35 | 1    | 28.1 |      |
| Special classes  | 5 | 2    | 40   |      | 49 | 1    | 1.1  |      | 35 | 1    | 1.1  |      |
| Systems with teachers specially trained in speech correction methods | 5 | 4    | 80   |      | 49 | 12   | 24.4 |      | 35 | 6    | 17.1 |      |

Fifty three of the systems reporting have had some provision for these children. The largest number are cared for in regular classrooms. Twenty two superintendents reported that they have in their systems teachers who have had some training in speech correction methods.
Table V shows the opportunities for all other physically handicapped children.
### TABLE V

**PRESENT SERVICES FOR OTHER HANDICAPPED CHILDREN**

<table>
<thead>
<tr>
<th></th>
<th>Population 3000-up</th>
<th>Population 1000-2999</th>
<th>Population Below 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Num-</td>
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<td>Regular classes</td>
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Other Special Provisions

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</table>

Home Teachers

| Full time | 5 | 1 | 20 | 49 | 3  | 6.1  | 35 | 0 | 0.   |
| Part time | 5 | 4 | 80 | 49 | 35 | 71.4 | 35 | 13| 37.1 |

Hospital or Convalescent Home Children

| Systems reporting education provided | 5 | 5 | 100 | 49 | 31 | 63.2 | 35 | 11 | 31.4 |
| Systems reporting educational plans or pre-vocational training | 5 | 2 | 40  | 49 | 13 | 26.5 | 35 | 4  | 11.4 |

In groups 1 and 2 the largest number of crippled children have home teachers, in group 3 most of these children are in regular classes.

The practice of caring for epileptic children differs. Group 1 has the largest percent with home teachers, and groups 2 and 3 in regular classes.
There appears to be no consistent practice with cardiacs as group 1 has equal numbers in regular classes and under home teachers, while groups 2 and 3 have the largest numbers in regular classrooms.

Many other special provisions are listed including special transportation, lunch programs, hospital or convalescent homes and pre-vocational training.
Table VI shows the services for slow learning children.
TABLE VI

PRESENT SERVICES FOR SLOW-LEARNING CHILDREN

<table>
<thead>
<tr>
<th>Educated in:</th>
<th>Population 3000-up</th>
<th>Population 1000-2999</th>
<th>Population Below 1000</th>
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<tr>
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In all groups the greatest number of these children are in regular classes.
Table VII shows the future plans listed for caring for handicapped children.
TABLE VII

FUTURE PLANS FOR SERVICES TO THE HANDICAPPED

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<th>Considerations</th>
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Most school committees indicated an interest in the problem. There appears to be an increase in desire for home teaching and special services in regular classrooms.
CHAPTER IV

SUMMARY AND CONCLUSIONS

A great deal of interesting material and information was uncovered in this survey. It is hoped it will prove beneficial in extending Maine's program for the physically handicapped children.

From the study made based on the questionnaires and the results shown, the following conclusions have been made.

1. The greatest amount of education for the physically handicapped is provided through home teaching programs in cities and towns within Groups I and II, and in regular classes in Group III.

The opportunities that are provided for handicapped children fall into the following divisions in the various population groups:

Group I (pupil population 3,000 and up)

Home teaching program -- Most of the children are cared for in this program.

Regular classes -- The next largest percentage of physically handicapped children are educated in these classes.

Special classes -- A few cities in this Group provide special classes.

Institutional program -- The least amount
of education is provided in this type of program.

Group II (pupil population 1,000 to 2,999)

Home teaching program -- The highest percentage of teaching takes place in this program.

Regular classes -- Many physically handicapped children are cared for in these classes.

Institutional program -- Some children are educated in this program.

Special classes -- The least amount of education is provided through special classes.

Group III (pupil population below 1,000)

Regular classes -- Most of the education in this Group is in regular classes.

Home teaching program -- The next highest amount of education is provided in this type of program.

Special classes -- Some education is provided through special classes.

Institutional program -- The least amount of education is in the institutional program.

2. Most of the blind in Groups I, II, and III are educated at Perkins Institute.
Group I (pupil population 3,000 and up)

Perkins Institute -- Most of the blind children are educated at this institution.

Other Program -- The Department of Health and Welfare services those who are not eligible at Perkins.

State Institution -- Only one city reported educating a child at this institution.

Home Program -- No blind children in this Group are receiving home instruction.

Group II (pupil population 1,000 to 2,999)

Perkins Institute -- Most of the cities and towns reporting in this Group educate their blind children at Perkins Institute.

Other Program -- Some children are receiving equipment for individualized programs.

State Institution -- No children in this Group are receiving education at the State Institution.

Home Program -- No city or town in this Group are receiving education at the State Institution.

Group III (pupil population below 1,000)

Perkins Institute -- Most of the children in this Group are educated at this institution.

Other Program -- Some children are receiving special equipment for individualized
programs.

Home Program -- One community reported home instruction for a blind child.

State Institution -- No blind children in this area are being educated at this institution.

The largest number of partially-sighted are provided for in regular classes.

Group I (pupil population 3,000 and up)

Regular Classes -- Most of the cities reported their partially-sighted children receiving education in regular classes and being provided with clear type books.

Special classes -- Some cities reported educating their partially-sighted in special classes and the same number of cities reported special help given these children.

Group II (pupil population 1,000 to 2,999)

Regular Classes -- Most of the partially-sighted children in this Group are educated in regular classes. Clear type books are provided for many of these children.

Special help -- Much special help is given the partially-sighted in this Group.

Special Classes -- A few cities and towns in this Group reported special classes for these children.
Group III (pupil population below 1,000)

Regular Classes -- Most of the children are cared for in regular classes.

Special help -- Many children receive special help. Clear type books are provided for many of these children.

Special Classes -- A few communities reported special classes for their partially-sighted children.

The most communities reporting teachers with special training in sight-saving methods was in Group II.

Group II reported four cities and towns, Group I two cities, and Group III one town with teachers who have had special training in sight-saving methods.

3. The largest number of deaf children are provided for at the State Institution.

Group I (pupil population 3,000 and UP)

State Institution -- Most of the children in these cities are educated at this institution.

Special Classes -- One city reported educating its deaf children in special classes.

Other Program -- One city reported providing for these children in other programs, namely, regular classes and a special program provided through the State Department of Education.

Home Program -- No city in this Group is educating its deaf children at home.
Group II (pupil population 1,000 to 2,999)

State Institution -- Most of the deaf children are educated at this institution.

Special Classes -- Some of these children are instructed in special classes.

Other Program -- A few children receive other type of instruction, one of which is in regular classes.

Home Program -- The fewest deaf children in this Group are educated at home.

Group III (pupil population below 1,000)

State Institution -- Most of the deaf children are educated at this institution.

Special Classes -- Only one superintendent reported Special classes, Home program and the Other which was/regular class program.

The largest number of hard-of-hearing children are in regular classes.

Group I (pupil population 3,000 and up)

Regular classes -- All cities reported providing for these children in regular classes.

Lip Reading -- Some cities provided instruction in lip reading.

Special Classes -- A few cities have these classes.

Special Correction Training -- Only one city reported this work.
Acoustic Training -- There was no acoustic training reported in these cities.

Group II (pupil population 1,000 to 2,999)

Regular Classes -- Most of the cities and towns reported educating these children in regular classes.

Special Classes -- Some superintendents reported instruction in special classes and of offering special correction training.

Lip Reading -- A few of these towns and cities have lip reading instruction.

Acoustic Training -- Two superintendents reported its hard-of-hearing children as receiving acoustic training.

Group III (pupil population below 1,000)

Regular Classes -- Most of the hard-of-hearing children are in regular classes.

Special Classes -- Only one superintendent reported special classes and special correction training.

Lip Reading -- No superintendent reported lip reading instruction or acoustic training in this Group.

Groups I and II reported four cities or towns, and Group III reported one town which have teachers with special training in lip reading methods.
4. More than half the school systems reporting have some provision for speech-handicapped children.

Group I (pupil population 3,000 Up)

All cities reported speech correction work, most of which is done by regular teachers. Two superintendents reported special classes and one reported providing a special teacher.

Group II (pupil population 1,000 to 2,999)

Many towns and cities reported speech correction work which is done mostly by regular teachers. However, six superintendents reported special teachers and one reported a special class.

Group III (pupil population below 1,000)

Some towns reported speech correction work done by classroom teachers, with one reporting a special teacher and a special class.

Many cities in Group I, some towns and cities in Group II, and a few towns in Group III have school systems with teachers specially trained in speech-correction methods.

5. Many services are offered for other handicapped children. In Groups I and II, most of the crippled children are educated at home, and in Group III, instruction is provided in regular classes.

Group I (pupil population 3,000 and Up)

Home -- All cities reported home instruction.
Regular Classes -- Many cities reported instruction of this type.

Special Equipment -- A few cities reported the use of special equipment.

Special Classes -- Only one superintendent reported special classes.

Group II (pupil population 1,000 to 2,999)

Home -- Most of the children are cared for in home programs.

Regular Classes -- The next highest percentage of these children are cared for in regular classes.

Special Equipment -- Some cities and towns have special equipment for these children.

Special Classes -- A few superintendents reported special classes.

Group III (pupil population below 1,000)

Regular Classes -- Most crippled children in these towns are instructed in regular classes.

Home -- Many children receive home instruction.

Special Equipment -- Some special equipment is provided.

Special Classes -- A few towns in this Group have special classes.

The practice of caring for epileptics differs in these Groups.
Group I (pupil population 3,000 and Up)

Home -- Most epileptics are instructed at home.

Special and Regular Classes -- Some epileptics are educated in both special classes and regular classes.

Group II (pupil population 1,000 to 2,999)

Regular Classes and Home -- Some of these children are educated in both regular classes and at home.

Special Classes -- There are no special classes for the epileptic in these cities and towns.

Group III (pupil population below 1,000)

Regular Classes -- Most of the epileptic children are instructed in regular classes.

Home -- Some of these children are taught at home.

Special Classes -- There are no special classes in these small towns.

There seems to be no consistent practice with cardiascs.

Group I (pupil population 3,000 and Up)

Home Programs and Regular Classes -- Most of the cardiascs in these cities are educated at home and in regular classes.
Special Classes -- Only one city has special classes for these children.

Group II (pupil population between 1,000 & 3,000)

Regular Classes -- Most of the cardiacs are cared for in these classes.
Home -- Some cardiacs receive home instruction.
Special Classes -- A few of these children attend special classes.

Group III (pupil population below 1,000)

Regular Classes -- Most of these children are in regular classes.
Home -- A few cardiacs receive home training.
Special Classes -- There are no special classes in this Group.
Many other special provision are offered crippled children.

Group I (pupil population 3,000 and Up)

Special bus transportation -- Most all crippled children are transported by special bus.
Special lunch plan -- Some cities reported special lunch plans.
Other plans -- Noen reported other plans.

Group II (pupil population 1,000 to 2,999)

Special bus transportation -- Many crippled
children are transported by special bus.

Special Lunch Plans -- Some towns and cities in this Group reported special lunch plans.

Other plans -- One superintendent reported the plan of one half day attendance.

Group III (Pupil population below 1,000)

Special bus transportation -- Some children in these towns are provided special bus transportation.

Special Lunch Plans -- A few towns reported special lunch plans.

Group I reported one city and Group II reported three cities or towns with full-time home teachers. All Groups provide many part-time home teachers.

Much hospital or convalescent home instruction is provided in Groups I and II and some of this instruction is offered in Group III. All Groups reported this program of education has been made possible through the State program for physically handicapped children.

Groups I, II and III report vocational preparation for handicapped children is carried on through the Division of Vocational Rehabilitation. No reports were made of pre-vocational work within the school systems.

6. In all Groups, the greatest number of slow-learning children are instructed in regular classes.
Group I (pupil population 3,000 and Up)

Regular Classes -- Most of these children are taught in regular classes.

Special classes -- Some cities have special classes for these children.

Special Instruction -- Only one superintendent reported special instruction.

Other -- No superintendent reported any other type of instruction for these children.

Group II (pupil population 1,000 to 2,999)

Regular Classes -- Most superintendents reported educating these children in regular classes.

Special Classes -- Some cities and towns in this Group provide special classes.

Special Instruction -- Superintendents reported some special instruction.

Other -- Individual instruction, special grouping, and special aid in the regular classroom were reported by some cities and towns as other methods of providing for slow-learning children.

Group III (pupil population below 1,000)

Regular Classes -- Most of these children are in regular classes.

Special Instruction -- Some children receive
special instruction in group work.

Other -- A few towns reported special groups and individual instruction for these children.

Special Classes -- A few towns reported special classes instructed by a regular teacher to assist these slow-learning children.

7. Many future plans for services to the handicapped are being considered by the cities and towns in Maine.

All superintendents in Group I, most of those in Group II, and many in Group III, reported their school committees as being favorable toward services to physically handicapped children. To the writer, this is one of the most encouraging aspects pointed out by this survey.

The following plans are being considered:

Groups I, II and III plan to organize a few special classes.

Groups I, II and III are considering some special services in regular classrooms.

Groups I, II and III want to employ a few special teachers to work with regular teachers.

Groups II and III are planning to organize more special home programs, while only one city in Group I wishes to expand its present home program.

Groups II and III are contemplating a few more parent education programs; no superintendent
in Group I reported a desire to extend such a service.

Groups I, II and III are planning more special transportation service for its physically handicapped children.

Groups I, II and III are anticipating more special lunch plans.

Groups II and III are considering sending these children to another district to attend special programs; no superintendent in Group I reported such plans.

Group II is planning to refer a few of its cases to medical, dental and mental clinics.

Groups I, II and III offered many suggestions for services in rural areas, such as traveling clinics to train classroom teachers, visiting specialists covering certain areas, transportation for handicapped children to central classrooms, home programs, a qualified specialist to outline the programs, and plans for a combined state and area function.

One superintendent in Group I plans for adult classes for the handicapped; Groups I and III have no plans for such a program.

Much interest was shown in Group I, and some in Groups II and III, in suggestions of regular night school classes for adults.
Much interest was shown in Group I and some in Groups II and III in suggestions of organizing special classes for adults.

Groups I, II and III offered many suggestions for special individual instruction.

Group II suggested that education for handicapped adults be carried on through a state program by a visiting specialist covering an area. Group III suggested instruction for rural areas and on-the-job training by industry.
CHAPTER V

RECOMMENDATIONS

In considering the outstanding needs which must be met if all physically handicapped children are to be provided with adequate educational services, certain observations are noted. Among these are:

1. That under the direction of the State Commissioner of Education there be a state supervisor of special education for the physically handicapped and another, a state supervisor of special education for the mentally handicapped; that these supervisors be free to travel the State to bring assistance and advise teachers working with handicapped children in regular classes, special classes, home teaching programs or institutional programs.

2. A reorganization of the State Institutional Plan whereby the Institution for the Blind becomes the School for the Blind for the purpose of educating Maine's blind children and providing adult training as a part of the program. That both the School for the Deaf and the suggested School for the Blind provide child and adult education under the direction of the Department of Education.

That a prevention program, medical care program, and health program be under the direction of the Department of Health with the Division of Rehabilitation and Department of
Welfare cooperating to meet the additional needs.

3. That more visually handicapped children be reported to the Department of Education in order that special equipment be provided, thus aiding these children to keep up in their regular classes.

4. That the present speech program be expanded so that speech correction will be available to all children in the State who could profit by it, and lip reading be available for those who could profit by it. This might be done by having local teachers trained in these fields who could use a part of their time in this specialized work, or an itinerant trained person who could cover a union or county.

5. That home instruction when necessary be extended for high school children, and that vocational training be provided.

6. That the State Department of Education be responsible for the education of all handicapped children whether they be in the public school systems, private school systems or state institutions, and that such services as offered by the Division of Special Education be available to all.

7. Scholarships to encourage specialization of teachers, better salaries to keep good teachers, better use of teacher talents, thus fitting teachers to the type of job for which they are best trained and fitted.

There must be increasingly better training of those who work with physically handicapped children in the special education field. For the regular classroom teacher, this would
mean providing sufficient knowledge for her to recognize the physically handicapped child, and to know how best to meet his needs. For the special teacher, preparation would include special techniques necessary to teach a partially-sighted, hard-of-hearing, speech handicapped or any seriously physically handicapped child.

Universities and Teachers' Colleges should be urged to provide summer and extension courses in their regular classes. Also that these universities and colleges provide demonstration centers and special training courses where teachers and administrators of programs for physically handicapped children, and teachers of special classes can become familiar with programs appropriate for the various types of handicapped children.

8. Information on special education be disseminated among school superintendents, teachers, parents, and the public in general as to the objectives of this work. This is most important because of the lack of such knowledge upon the part of those who should be most deeply concerned. Then various groups and individuals could work together toward ultimate aims rather than duplicate efforts or having gaps in services offered. Sometimes parents and teachers think a child is perhaps mentally retarded when actually the child has some physical defect.

9. More parent education must be afforded. There is great need for a complete realization on the part of the parents of the needs of handicapped children if the Plan for Special Education is to be a success. Parents must understand
the problems of their handicapped children in order to train
the children to take their place in normal society.

10. That there be established a more thorough liaison
between the clinics and the schools to the end that each may
have a better understanding of the problems affecting the phyl-
cically handicapped child. Existing district nursing agencies
and the school nurse should be utilized to a greater extent for
this purpose. Some areas are finding that a coordinator of
special education facilities is bringing about better team work
and better understanding between the medical program and edu-
cational program necessary for handicapped children.

11. That in many areas there be a more adequate means
of diagnosis on cases of the physically handicapped. It has
been suggested that there be a diagnosis and treatment program
available for various types and information as to the availa-
bility of services in local areas.

12. That all pupils enrolled in special education
classes should be given a mental evaluation as well as a physi-
cal evaluation before they are eligible for instruction.

13. That special education programs be examined from
time to time for selection of that which has proven profitable,
to be retained as a basis for a program to which will be added
new proven effective educational processes.

14. More direction of vocational training and placement
of the handicapped, to assist in their making a more productive
living in the communities of our state and nation.
15. To secure better educational opportunities for physically handicapped children, especially in small towns and rural areas where it will be necessary for such school jurisdictions to pool their resources for a joint program. Traveling clinics, traveling teachers from the County have been suggested. Also boarding these physically handicapped children in towns or cities where training is available or providing special transportation.

16. That an intense public education program be conducted by the Division of Special Education in cooperation with public and private agencies interested in the problems of the physically handicapped child.

It is to be hoped, then, that public pressures may be brought to bear upon state legislators so that they will be more aware of the needs of handicapped children.

It is hoped in the near future that an adequate statewide special education program can be set up with sufficient financial support to service all handicapped children.
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A SURVEY OF EDUCATIONAL OPPORTUNITIES FOR PHYSICALLY HANDICAPPED CHILDREN IN THE STATE OF MAINE

Kindly answer the following questions pertaining to physically handicapped children between the ages of five and twenty-one within your jurisdiction.

Are the physically handicapped children in your school system educated in:

1. Regular classes
2. Special classes
3. Home teaching program
4. Institutional program

Present services for blind and partially-sighted:

1. Are blind children educated in:
   a. State institution
   c. Home program
   d. Other — (please state)

2. Are partially-sighted children educated in:
   a. Regular classes
   b. Special classes
   c. Given special help during close eye work periods
   d. Are large clear type books provided?

3. Are there teachers in your system who have had special training in sight-saving methods?
Present services for the deaf and hard-of-hearing children

1. Are deaf children educated in:
   a. State institution
   b. Special classes
   c. Home program
   d. Other — (please state)

2. Are hard-of-hearing children educated in:
   a. Regular classes
   b. Special classes
   c. Given lip reading
   d. Given special correction training
   e. Given acoustic training

3. Are there teachers in your system who have had special training in lip reading methods?

Present services for speech handicapped children

1. Is speech correction work provided in your schools?
   a. Is this work done by:
      (1) Regular teachers
      (2) A special teacher
      (3) Special classes

2. Are there teachers in your system who have had special training in speech correction methods?
Present services for other handicapped children

1. Are crippled children educated
   a. At home
   b. In special classes
   c. In the regular classes

2. Are special seating arrangements and special equipment provided for crippled children?

3. Are epileptic children educated
   a. At home
   b. In special classes
   c. In regular classes

4. Are cardiac children educated
   a. At home
   b. In special classes
   c. In regular classes

5. What other special provisions do you have for physically handicapped children?
   a. Is special bus transportation available?
   b. Are special lunch plans made for these children?
   c. Other plans — (please explain)

6. Are there home teachers who go to pupils in their homes?
   a. Full time
   b. Part time

7. What provisions are made for children who are confined to a hospital or convalescent home?
   a. Is education provided?
   b. How?

8. What educational plans or pre-vocational training do you have for handicapped children who are nearing their 16th birthday? (End of legal school age)
PRESENT SERVICES FOR SLOW-LEARNING CHILDREN

1. Are slow-learning children educated in:
   a. Regular classes
   b. Special classes
   c. Special instruction
   d. Other — (please explain)

FUTURE PLANS FOR SERVICES TO THE HANDICAPPED

1. Is your school committee favorable toward providing special services to physically handicapped children?
2. Are you considering any of the following:
   a. Special classes
   b. Special services in the regular classroom
   c. Special teachers to work with regular teachers
   d. Special home programs
   e. Parent education programs
   f. Special transportation plans
   g. Special lunch plans
   h. Sending children to another district where special services are available
   i. Other plans, (please state)

3. How do you suggest physically handicapped children in rural areas be given special services to meet their needs?

4. Do you have adult classes for handicapped people?

5. How would you suggest educational needs of handicapped adults might be met?
   a. Regular night school classes
   b. Special classes
   c. Special individual instruction
   d. Other — (please explain)
CHILDREN'S HOSPITAL SCHOOL  
MAINE GENERAL HOSPITAL  
PORTLAND, MAINE

Portland, Maine  
December 22, 1951

Dear

With the approval of Miss Eleanor Powers, the State Director of Special Education for Physically Handicapped Children, I am making a study of educational opportunities available to physically handicapped children in Maine. The survey is to serve as a basis for my Master's thesis at Boston University.

My purpose in making this survey is to determine what educational provisions are being made for physically handicapped children in Maine and what future plans are being considered by educators who are guiding these children toward adulthood.

Perhaps your principals can assist in providing much of this information.

Your cooperation in helping me to prepare material for my thesis will be greatly appreciated as I know how busy you are especially at this time of year.

Yours sincerely,