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# An analysis of the first grade books of five basal reading systems for health and safety content.

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Service Paper

AN ANALYSIS OF THE FIRST GRADE BOOKS OF  
FIVE BASAL READING SYSTEMS FOR  
HEALTH AND SAFETY CONTENT

Submitted by

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## INTRODUCTION

According to the Cardinal Principles of Education,<sup>1</sup> Health is the first objective of education. The purpose of this study is to analyze the first grade books of five basal reading systems to determine possible health and safety concepts contained in them.

The teaching of the principles of healthful living is a primary objective of elementary education. The inculcation of hygienic habits in the pupil by every practical means is necessary so that his conduct may contribute to healthful and successful living. Although the pupil may receive health instruction from sources outside the classroom, the teacher still has the opportunity and responsibility of presenting material in this area.

As most teachers teach beginning reading through a basal reading system, it seems important to find what material in the most widely used basal systems might be used in teaching health and safety concepts.

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<sup>1</sup>Department of the Interior, Bureau of Education.  
"Cardinal Principles of Secondary Education." Bulletin 1918,  
No. 35. p. 11.

CHAPTER I

SUMMARY OF PREVIOUS RESEARCH



CHAPTER I

SUMMARY OF PREVIOUS RESEARCH

Health Education

The place health must take in education has increased in emphasis throughout the past decade. Health has been recognized as an objective of education, probably, with a realization of the basic nature of good health as a foundation for "living most and serving best".<sup>1</sup> This is a deviation from the belief that health merely refers to physical well-being; and suggests that it also includes the ability of the individual to serve. Physical health is fundamental, but social adaptability and emotional stability must take their respective places, too. In other words, conduct is an alternate criterion of health, and such interpretations must be considered in the school curriculum.

The aims of health education as set forth by the Joint Committee on Health Problems<sup>2</sup> are:

1. To instruct children and youth so that they may conserve and improve their own health.
2. To establish in them the habits and principles of living which throughout their school life and in later years will aid in providing abundant vigor and vitality which are a foundation for

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<sup>1</sup>National Committee on School Health Policies. "Suggested School Health Policies." Journal of Health and Physical Education 11: 358; June 1940.

<sup>2</sup>National Education Association and American Medical Association, Joint Committee on Health Problems in Education. Health Education. Washington, D.C.: The National Education Association, 1941. p. 15.

the greatest possible happiness and service in personal, family, and community life.

3. To promote satisfactory habits and attitudes among parents and adults through parent and adult education and through the health education program for children, so that the school may become an effective agency for the advancement of the social aspect of health education in the family and in the community, as well as in the school itself.
4. To improve the individual and community life of the future; to insure a better second generation and a still better third generation, to build a healthier and fitter nation and race.

Thus, health education requires such adequate activities and environmental factors as are paramount to the fulfillment of these aims.

The promotion of health through education constitutes a distinct challenge to present-day curricula. The White House Conference<sup>1</sup> report of 1930 states:

The school program must be arranged to protect and improve the physical, mental, and emotional health of every child and to preserve that most sacred thing to every child--his personality--and allow him the fullest opportunity to develop his best self.

A mere accumulation and mastery of facts is totally inadequate in health teaching. The improvement of healthful living should be the goal. A great deal of that which is termed education is in reality health education. Intelligent

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<sup>1</sup>White House Conference on Child Health and Protection. Addresses and Abstracts of Committee Reports. New York: Century Company, 1931. p. 170.

self-direction thus becomes a goal worthy of attainment by all. The organization of the curriculum should make provisions for offering experiences and instruction for children which will manifest acceptable health practices, attitudes and comprehension of sound health principles.<sup>1</sup>

As Richardson<sup>2</sup> explains:

Present day health education reflects the past; knowledges are acquired, habits are learned, interests and attitudes are developed. However, it has outgrown the narrow boundaries of prescribed subject matter, it has moved from the learning of facts and the limiting walls of the classroom toward a broader program of living healthfully extended to reach the whole of the school program, and to reach outside the school into the home and the community. This modern health education merges with trends and practices of the modern school curriculum, a curriculum developing around living problems which demonstrate both individual and social responsibilities.

The school does not assume total responsibility for health education. The home and community organizations tend to offer many other experiences in the health education of the individual. A child of pre-school age may acquire habits contrary to what seem to be for his best physical, social, and mental well-being, and so must be guided to better practices without arousing his emotions. The school thus becomes only one phase of a broader health improvement program. The opportunities for healthful experiences and the development of health understand-

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<sup>1</sup>American Association of School Administrators. Health in Schools. Twentieth Yearbook. Washington, D. C.: The Association, 1946. p. 59.

<sup>2</sup>National Education Association of the U. S. Health Education in the Elementary School 79: 208; 1941.

ings, therefore, should be carefully provided for.<sup>1</sup>

The best measure of the success of health education is the influence which it has had on child behavior. Health instruction in the elementary grades may help the child to live healthfully and to adjust himself more readily to changing situations. It, therefore, "becomes an aid to a way of life rather than a subject to be taught."<sup>2</sup>

A survey of the health programs in the Kansas schools reports<sup>3</sup> states:

The child is held responsible for very little specific knowledge in primary grades. The number of facts taught will increase from grade to grade as the child's natural curiosity demands more information and as his capacity for understanding becomes greater...the most important general objective in Grades I, II, III is to supplement the home in the establishment of proper habits on health and little energy be expended in giving the reasons underlying such habits.

Jesse F. Williams<sup>4</sup> claims that the physiologic needs of school children at the different ages seem not to vary greatly. All pupils need food, air, sunshine, rest and exercise irrespective of their age and grade.

Health instruction will vary with different grade levels

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<sup>1</sup>Op. cit.

<sup>2</sup>Op. cit., p. 60.

<sup>3</sup>Kansas State Policy Making Committee on Health Education. Health Education in Elementary and Secondary Schools. Kansas: 1946. p. 81

<sup>4</sup>Jesse F. Williams and Ruth Abernathy. Health Education in Schools. New York: Ronald Press Company, 1949. p. 191.

of pupils. In the primary grades emphasis will be placed on healthful living and the cultivation of attitudes which make healthful living enjoyable.

Most health instruction in the elementary grades is given by the classroom teacher. At this level, health teaching consists largely of supervising and directing pupils in healthful living and developing desirable attitudes for such. The alert, interested teacher sees the health significance of pupil activities throughout the day, and in the relationships of pupils with each other. She will relate most of her instruction to actual living experiences. Usually, no specific time allotment is necessary for health instruction in the inspection, because health is so thoroughly integrated with other topics and the teacher should feel free to use whatever time is necessary for furthering the health of her pupils.<sup>1</sup>

However, there is a significant difference in mental and emotional development at different age levels.

The Kansas report<sup>2</sup> listed as follows the specific objectives of the school in developing mental health:

1. To give every child a chance to achieve success in some measure.
2. To give the child a chance to express himself.
3. To train the child in the concentration of attention so as to promote an orderly association of ideas.
4. To train the child to take effective action when necessary.
5. To see that the child has normal social relationships.
6. To make the atmosphere of the school friendly, happy, joyous, and optimistic.
7. To train children to relax and rest.

<sup>1</sup>National Committee on School Health Policies. "Suggested School Health Policies." Journal of Health and Physical Education 11: 358; June 1940.

<sup>2</sup>Kansas State Policy Making Committee on Health Education. Health Education in Elementary and Secondary Schools. Kansas: 1946. p. 212.

Included also in the school curriculum and as a part of the teachers' responsibility is safety education. Instruction in safety is a very important phase of health education. In the primary grades, safe personal habits receive the chief emphasis.<sup>1</sup>

The conclusion derived in the Oregon Curriculum<sup>2</sup> is that one of the great values that may come from health education is not solely from health education alone, but through intergration and correlation with day to day experiences. The teacher must be every alert to utilize the numerous opportunities of day to day living and hourly experiences of the child in the teaching of healthful practices, wherever these opportunities arise whether on the playground, in the health class, in reading or arithmetic classes to develop sound health practices.

#### Basal Reading Systems

Reading, upon which formal education is largely based, is so intimately a part of everyday school life that it is the foundation for most school experiences. It may serve either to lead the pupil into purposeful activities, or to make more meaningful certain activities in which he has already participated.

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<sup>1</sup>American Association of School Administrators. Safety Education. Eighteenth Yearbook. Washington, D. C.: The Association, 1940. p. 68.

<sup>2</sup>Course of Study. State of Oregon Elementary Schools. Health. Salem: (State Printing Department) 1943. p. 23.

The teacher can plan to utilize the varied experiences of the child through the reading program. Reading is used as a tool in furthering the activities and interests of the children and both reading and other subjects are called upon as they are needed and as they enter naturally into the child's experiences.

The teacher guides the reading activities to insure opportunity to use reading in the various ways which will contribute to a well-rounded development of the different reading skills; but these skills are largely acquired as they are used in connection with activities organized about some central purpose or interest of the child. Thus, reading becomes an integral part of the pupil's total experiences.<sup>1</sup>

In most schools a basal-reading series is used in the primary grades because of its carefully planned vocabulary.

#### Definitions of Terms

The reasons for using basal readers as defined by authorities are as Gates<sup>2</sup> states:

The purpose of the basal program is to pave the way and provide the foundation and incentive for much wider, more enjoyable reading than would otherwise be possible. It is designed to free the teacher of much of the work that she would otherwise have to do, so that she can give more attention to the proper selection of the reading materials

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<sup>1</sup>Nila B. Smith. American Reading Instruction. Boston: Silver Burdett Company, 1934. p. 218.

<sup>2</sup>Arthur I. Gates. "The Place of the Basal Books in a Reading Program." Teachers' Service Bulletin in Reading, Vol. 1, No. 6 (February 1940) Macmillan Company.

and the proper guidance of children in their total reading program.

Betts<sup>1</sup> tells us,

In order to insure the efficiency of the basal-reader approach to reading instruction, the teacher should be competent in ascertaining the independent and instructional levels of the pupils and he should have a thorough understanding of the basic principles and procedures of a directed reading activity.

Directed reading activities in which basal-readers are used have been referred to several headings: "directed reading period", "directed study", "developmental reading", "developing a story", and "basic instruction in reading". Regardless of what labels are used, the chief consideration is the systematic development of reading ability by means of a series of reading lessons graded on difficulty.

According to Betts<sup>2</sup>

The degree to which pupils develop basic skills, abilities and attitudes from the use of basal-readers depends largely upon the competence of the teacher. For this reason, some of the basic principles and assumptions pertinent to the effective use of basal textbooks are summarized here:

- (A) Begin with the learner. This is usually done by grouping within the classroom.
- (B) Systematically prepare the pupils for the reading of each selection by insuring an adequate background of experience, by developing working concepts, and by stimulating interest and identifying a general motive for reading.
- (C) Silent reading should always precede oral reading.
- (D) Develop word recognition skills and comprehension during and immediately following the introductory reading.

<sup>1</sup>Emmett A. Betts. "Directed Reading Activities." Educational Administration and Supervision 30: 449-451; November 1944.

<sup>2</sup>\_\_\_\_\_. "Directed Reading Activities." Educational Administration and Supervision 30: 548, 550, 555; December 1944.



- (E) Re-reading--either silent or oral, depending upon the needs of the pupils, the type of material, and the situation should be done for purposes different from those used to guide the first reading.
- (F) Follow-up activities--group or individual--complement the book reading and are used to guide the first reading.

Individual needs in directed reading where basal-readers are used usually are recognized by providing silent reading before oral reading, by assisting the child immediately with problems during the introductory reading, by giving help on universal problems of the group immediately following the survey reading, by clearing up additional problems during the re-reading and by clean-cut activities in the follow-up to clinch learning.<sup>1</sup>

Also in the modern books which beginners use there is much picture material which presents many reading clues. Information may be obtained from such. The printed word is not the only means a child has for obtaining information. The value of illustrations has been pointed out by Dolch.<sup>2</sup>

Textbook illustrations are good nonverbal or non-language devices for insuring accurate concepts. For this reason, a systematic perusal of the illus-

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<sup>1</sup>Betts, op. cit., p. 105.

<sup>2</sup>W. P. Edward Dolch. "Growth in Recognizing Words Accurately and Independently." William S. Gray, compiler and editor. Adapting Reading Programs to Wartime Needs. Supplementary Educational Monographs, No. 57. Chicago: University of Chicago, December 1943. p. 93.

trations can be a fruitful means of preparing children for the first reading of a new story or expositional selection.

This study is an attempt to analyze the basal-readers for Grade I of five series for content which might be utilized in developing health and safety concepts.

CHAPTER II

PLAN OF THE STUDY

## CHAPTER II

### PLAN OF THE STUDY

The purpose of this study was to analyze the basal-reading books for Grade I of five series for material around health and safety concepts.

In the elementary school the measure of success of health instruction is its influence on the behavior of the child; emphasis on facts and knowledge is of subordinate importance to the development of desirable, practical attitudes and understandings. The Twentieth Yearbook<sup>1</sup> states: "Health instruction in the elementary school is primarily a matter of helping the child to live most healthfully each day and to learn to meet changing situations in a healthful manner."

The Massachusetts Curriculum Guide<sup>2</sup> emphasized the following:

The material is organized to focus emphasis upon the growth of the child in three large areas. In each area are major fields representing the most vital needs of the elementary school child. The areas and major fields are as follows:

<u>Areas of Growth</u>	<u>Major Fields</u>
Organic Functioning	Eating Elimination Physical Activity

<sup>1</sup>American Association of School Administrators. Health in Schools. Twentieth Yearbook. Washington, D. C.: The Association. p. 60.

<sup>2</sup>Commonwealth of Massachusetts, Bulletin of the Department of Education. A Curriculum Guide for Primary Grade Teachers. Massachusetts Department of Education, Boston, 1947. p. 198.

Adaptation to physical environment

Adaptation to social environment

Sleep, rest, relaxation and recreation  
 Protection against disease and deterrents to growth.  
 Protection against injury.  
 Adaptations to atmospheric conditions.  
 Relationships to others.  
 Personal appearance and grooming.

Certain aspects of health education such as mental hygiene, safety, and dental hygiene are so closely interwoven with other health problems that they do not appear as such in the areas of growth or major fields, but are handled as units or parts of units appearing frequently in several fields.

The course of study for the State of Oregon<sup>1</sup> states:

In the primary grades, 1-3, emphasis should normally be placed upon the development of proper health habits and attitudes.... The responsibility for the development of these habits and attitudes will logically fall upon the classroom teacher. Health instruction in these grades will be correlated with other phases of the educational program. The plan of instruction used will be determined largely by the type of school in which the teacher is working, and in accordance with the needs of the children. This instruction should be informal and should be directed toward helping each child live happily and healthfully from day to day.

The areas to be covered in Grade I are:<sup>2</sup>

1. How to care for the body to promote health and to improve one's appearance.

Personal cleanliness  
 Personal appearance

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<sup>1</sup>Course of Study, State of Oregon, Elementary Schools. Health. Salem, 1943. p. 16.

<sup>2</sup>Ibid., p. 22.

Suitable clothing  
Care of eyes, ears, nose, throat  
Habits of sleep and rest

2. How to develop and maintain organic vigor and functional body symmetry through play and recreation.

"Cooling off" after exercise  
Good habits of elimination  
Sunshine and fresh air

3. How to procure, select and eat a diet conducive to optimal growth and development.

Foods that contribute to health

4. How to prevent and control communicable diseases.

Hand washing and cleanliness  
Habits to prevent colds  
Immunization and isolation

5. How to prevent and care for accidental injuries.

Care of wounds and skin infection  
Prevention of infection and injury to ears  
Safety to and from school

6. How to participate in social living and face life problems so as to develop emotional stability and optimal mental health.

Adjustment to classroom environment  
Responsibility to the group

7. How to utilize the sex instinct and affection as a constructive force in wholesome living as expressed in friendship, love, marriage and parenthood.

Care of the young (science)

8. How to become an intelligent consumer of health services and develop critical judgment regarding health practices.

Regular visits to the dentist  
Regular examination and correction of defects

9. How to help promote, maintain and make intelligent use of a healthful community and sanitary environment.

Room and lavatory cleanliness

The syllabus for health education in Grade I in the Texas schools includes the following requirements:<sup>1</sup>

1. Sleep, rest, relaxation
2. Clothing
3. Fresh air and sunshine
4. Care of the body
5. Proper and adequate food
6. Play and exercises
7. Posture
8. Safety

From an analysis of 154 courses of study from city and state departments by Fowlkes and Jackson,<sup>2</sup> the topics common to most programs are:

Care of the body  
 Personal cleanliness  
 Care of eyes, ears, teeth  
 Food  
 Air and sunshine  
 Work and play  
 Rest and sleep  
 Elimination  
 Posture  
 Clothing  
 Prevention, detection and correction of health handicaps  
 Prevention of communicable diseases  
 Stimulants and narcotics  
 Sex education

<sup>1</sup>Texas State Department of Education, Bulletin No. 475. Guide to Healthful Living in Elementary Schools. Produced by Child Health Development Workshop, North Texas State Teachers' College, Summer 1946. p. 31.

<sup>2</sup>Jesse F. Williams. Methods and Materials of Health Education. New York: Thomas Nelson and Sons, 1935. p. 180.

Safety education  
 First aid  
 Sanitation of Surroundings  
 Heating and ventilating  
 Community problems as safe water and milk supply  
 Helpers in health progress, such as doctors,  
 nurses, etc.

Mental Hygiene  
 Knowing one's self  
 Relaxation  
 Developing basic habits of eating  
 Cleanliness, elimination and sleeping  
 Elimination of fears

Development of Personality  
 Care of appearance  
 Training of voice, posture, walking

Character Education  
 Cooperation  
 Moderation  
 Self-reliance  
 Dependability  
 Considerateness

Citizenship  
 Cooperation  
 Safety  
 Community health and sanitation  
 Home-making

In regard to the extent to which these concepts are taught, there are two main criteria to remember. First, the child should not be given material that is beyond his ability to understand thoroughly and use. The capacity of the child must be considered--physically, socially and intellectually--second, no material should be given that cannot be justified as contributing directly to pupil or community health.<sup>1</sup>

<sup>1</sup>Dorothy Baruch and Elizabeth Montgomery. Good Times With Our Friends. Curriculum Foundation Series. Chicago: Scott, Foresman and Company, 1946.



From an evaluation of these courses of study, four areas were selected for the classification of health and safety concepts which might be found in first grade reading books. They are as follows:

1. Cleanliness
2. Building health and strength
3. Prevention of illness--proper clothing
4. Safety

The writer of this study wished to analyze basal first grade reading books for material which might be used in developing health concepts at this level. Five basal reading systems were selected for the analysis. The books were selected for their popularity and reputed values. The systems included were:

- I. Gates, Arthur, Huber, Miriam Blanton, Peordon, Celeste C., Salisbury, Frank Seeby. Today's Work-Play Books. New York: Macmillan Company, 1945.
  - A. Reading Readiness Book: On Our Way. Gates, Arthur I., Bartlett, Mary M. On Our Way (A Revision of All Aboard). New York: Macmillan Company, 1948.
  - B. First Pre-Primer: Come and Ride.
  - C. Second Pre-Primer: This is Fun.
  - D. Primer: Tags and Twinkle.
  - E. First Reader: Good Times On Our Street.
- II. Gray, William S., Monroe, Marion. Basic Readers: Curriculum Foundation Series. New York: Scott, Foresman and Company, 1946.

- A. Reading Readiness Book: Before We Read. Gray, William S., Baruch, Dorothy, Montgomery, Elizabeth. Basic Readers: Curriculum Foundation Series. New York: Scott, Foresman and Company, 1946-47.
- B. First Pre-Primer: We Look and See.
- C. Second Pre-Primer: We Work and Play.
- D. Third Pre-Primer: We Come and Go.
- E. Primer: Fun with Dick and Jane.
- F. First Reader: Our New Friends. Gray, William S., Arbuthnot, May Hill. Basic Readers: Curriculum Foundation Series. (A Revision of the Elson Gray Basic Readers.) New York: Scott, Foresman and Company, 1946-47.
- III. Hahn, Julia Letheld. Child Development Readers. Boston: Houghton Mifflin Company, 1939.
- Little Primer: Who Knows.
- Primer: Reading for Fun.
- First Reader: Finding Friends.
- IV. Hildreth, Gertrude, Felton, Allie Lou, Henderson, Mabel, Meighen, Alice, Pratt, Marjorie. Easy Growth in Reading. Philadelphia: The John C. Winston Company, 1940.
- A. Pre-Primer Level One: Mac and Muff.
- B. Pre-Primer Level Two: The Twins, Tom and Don.
- C. Pre-Primer Level Three: Going to School.
- D. Primer Level One: At Play.
- E. Primer Level Two: Fun is Story.
- F. First Reader Level One: I Know A Secret.
- G. First Reader Level Two: Good Stories.
- V. O'Donnell, Mabel, Coughlan, Selma. The New Alice and Jerry Basic Readers: Reading Foundation Series. Evanston, Illinois: Row, Peterson and Company, 1949.

- A. First Pre-Primer: Skip Along.
- B. Second Pre-Primer: Under the Sky.
- C. Third (Basic) Pre-Primer: Open the Door.
- D. Fourth (Parallel) Pre-Primer: High on a Hill.
- E. Basic Primer: The New Day In and Day Out.
- F. First Reader: The New Round About.

All the books in the five basal reading systems were then analyzed page by page for health and safety content in the four areas chosen for the study.

In listing health and safety concepts, distinction was made between text material and picture.

"Before We Read",<sup>1</sup> page 21, presents a full page of four pictures in a series introducing the ideas of working and helping at home. This provides an opportunity for establishing the concepts on cleanliness, the need for preparing the food for eating, proper and adequate diet, and desirable table manners.

"Our New Friends",<sup>2</sup> page 32, presents a concept on knowing the name and variety of good foods in the text as follows:

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<sup>1</sup>William S. Gray, Marion Monroe. The Basic Readers: Before We Read. New York: Scott, Foresman and Company, 1946-47.

<sup>2</sup>William S. Gray, Mary Hill Arbuthnot. Basic Readers: Curriculum Foundation Series. Our New Friends. New York: Scott, Foresman and Company, 1946-47.

"Oh Jane," said Patty  
 "I cannot go home in the rain.  
 So I am going to eat at school.  
 I have pennies to buy something.  
 But I do not know what to buy.  
 Will you please help me?"

"Yes, Patty," said Jane.  
 "Susan and I are going to eat at school, too.  
 We will all get something good."

Pages 2 and 3 in "On Our Way"<sup>1</sup> give an illustration of a safety concept. Safe play places are in yards and playgrounds.

An example of health material in the area of--Prevention of illness--proper clothing--is in an illustration on page 18 in "Our New Friends",<sup>2</sup>--adjustment to atmospheric conditions.

"Our New Friends" also presents one of the health concepts listed in the area of Building health and strength--in the text on page 98.

Animals and children must have the right foods to attain best growth.

It was time for the children to go home from school.  
 But Nancy did not go with them.  
 It was her time to feed the pets.  
 Every pet had to have its dinner.  
 First she ran to feed the rabbits.  
 Then she went to feed the chickens and the little  
 yellow bird.

Although many of these concepts which are implicit in exciting interesting stories are not explained didactically, yet the concept itself is present and can be used for basic

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<sup>1</sup>Arthur I. Gates, Mary M. Bartlett. On Our Way. (A Revision of All Aboard). New York: Macmillan Company, 1948.

<sup>2</sup>Gray, op. cit.

teaching. The concepts can be brought out under teacher guidance in informal discussions concerning the activities of the story.

After the books of the five basal reading systems were analyzed for health and safety concepts, tables were set up to compare the amount of health material in the different systems, as well as the amount of health material in the books within a series. Each table lists the frequency of the health and safety concepts found in this analysis.

For purposes of summarizing, a list was made to show the data compiled in the five frequency tables. The books are listed as Readiness Books, Pre-Primers, Primers, and First Readers; and these can be easily classified to ascertain content of health material in a specific book and a specific area.

CHAPTER III

ANALYSIS OF DATA

## CHAPTER III

### ANALYSIS OF DATA

The data was analyzed for health and safety content in five basal reading systems of the first grade books.

Table I shows the frequency of health and safety concepts found in each book of Today's Work-Play Books.

TABLE I  
 CONCEPTS IN TODAY'S WORK-PLAY BOOKS

Health and Safety Concepts:	Reading Readiness	1st Pre- Primer	2nd Pre- Primer	Primer	First Reader
	On Our Way	Come and Ride	This is Fun	Tags and Twinkle	Good Times On Our Street
1. Cleanliness	2	1	0	1	1
2. Building Health and Strength	7	3	1	3	6
3. Prevention of Illness- Proper Clothing	0	0	0	0	1
4. Safety	5	1	0	0	1
TOTAL	14	5	1	4	9

This table shows the Readiness Book of Today's Work-Play Books has fourteen concepts. The Pre-Primer has only one concept.

Table II shows the results of the Curriculum Foundation Series.



TABLE II  
 CONCEPTS IN CURRICULUM FOUNDATION SERIES

Health and Safety Concepts:	Reading Readiness	1st Pre-Primer	2nd Pre-Primer	3rd Pre-Primer	Primer	First Reader
	Before We Read	We Look and See	We Work & Play	We Come and Go	Fun with Dick and Jane	Our New Friends
1. Cleanliness	1	0	0	0	0	2
2. Building Health and Strength	6	2	1	2	3	13
3. Prevention of Illness- Proper Clothing	0	1	0	0	0	4
4. Safety	2	2	1	1	1	7
TOTAL	9	5	2	3	4	26

This table shows that there is some material suitable for teaching health and safety. The First Reader contains the largest number, 26; the Second Pre-Primer the fewest, 2.

Table III shows concepts in the Child Development Readers.

TABLE III  
 CONCEPTS IN CHILD DEVELOPMENT READERS

Health and Safety Concepts:	Little Primer	Primer	First Reader
	Who Knows	Reading For Fun	Finding Friends
1. Cleanliness	0	2	1
2. Building Health and Strength	2	3	6
3. Prevention of Illness- Proper Clothing	0	0	0
4. Safety	0	4	1
TOTAL	2	9	8

This table shows that each book in the series has some health and safety content. The Primer has the most material, and the Little Primer has the least.

Table IV shows concepts in Easy Growth in Reading.

TABLE IV  
 CONCEPTS IN EASY GROWTH IN READING

	Pre-Primer L/1	Pre-Primer L/2	Pre-Primer L/3	Primer L/1	Primer L/2	First Reader L/1	Second Reader L/2
Health and Safety Concepts:	Mac & Muff	The Twins	Going to School	At Play	Fun in Story	I Know A Secret	Good Stories
1. Cleanliness	0	0	1	0	0	0	0
2. Building Health and Strength	2	3	0	6	1	6	1
3. Prevention of Illness- Proper Clothing	0	0	0	1	0	2	0
4. Safety	0	1	1	1	0	1	0
<b>TOTAL</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>8</b>	<b>1</b>	<b>9</b>	<b>1</b>

This table shows some material in all of the books. The Primer has eight units and the Pre-Primer and the Second Reader, one each.

Table V shows the results found in The New Alice and Jerry Basic Readers.

TABLE V  
 CONCEPTS IN THE NEW ALICE AND JERRY BASIC READERS,  
READING FOUNDATION SERIES

Health and Safety Concepts:	1st Pre-Primer	2nd Pre-Primer	3rd Pre-Primer	4th Pre-Primer	Primer	First Reader
	Skip Along	Under the Sky	Open the Door	High on a Hill	The New Day In and Day Out	The New Round About
1. Cleanliness	1	0	0	0	1	1
2. Building Health and Strength	4	3	3	1	4	8
3. Prevention of Illness- Proper Clothing	0	1	0	0	2	4
4. Safety	1	1	3	1	0	3
<b>TOTAL</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>7</b>	<b>16</b>

This table shows some content in each book with the largest amount in the First Reader and the least in the Pre-Primer.

Table VI shows the total results for the five series.



FIVE SERIES

				PRIMERS				FIRST READERS						
Open the Door	High on a Hill	Tags and Twinkle	Fun With Dick & Jane	Reading For Fun	At Play	Fun in Story	The New Day In & Day Out	Good Times on Our Street	Our New Friends	Finding Friends	I Know a Secret	Good Stories	The New Round About	TOTALS
		P.122 (p)		pp.21, 22 (t) p.41(p)			p.106 (t)	pp.56,57 (p)(t)	p.56 (p) p.154 (p)	p.120 (t)			pp.64,65 (p)	
0	0	1	0	2	0	0	1	1	2	1	0	0	1	15
p.3 (p) p.33 (p) p.56 (t&p)	pp.17, 22 (p)	p.6 (p) pp.34,35 (p) p.89 (t) p.111(t) p.126(p)	pp.36,37 (p) p.69 (p) pp.71,83,88 (t)	p.38(p) p.90(p) p.99(t) p.105 (t)(p)	p.25,27 (p) p.34,36 (t)(p) p.40(t) p.67(p)	p.124 (t)	p.106 (t) p.148,149 (t) p.141 (t) p.150 (p)	p.39 (p) p.68,75(t) p.76,76 (t)(p) p.117 (t)(p) p.161 (t) p.163,175, 186 (t)	p.14,15 (p) p.32,33(t) (p) p.48,49 (p) p.50 (t) p.83 (p) p.88 (t) p.98 (t) pp.108,111,116, 123,134,135, (t)	p.48(p) p.52(p) p.55(t) p.60(t) p.112 (t) p.120 (t)	pp.26, 27 (p) p.50(t) p.58(t) p.78(t) p.79(p) p.105 (p)	p.59(t)	p.47 (p) pp.57,58 (p) p.69 (t) p.71 (t) p.94 (t & p) pp.98,99 (p) pp.161,163 (t) p.172 (t)	
3	1	3	3	3	6	1	4	6	13	6	6	1	8	100
					p.11(p) p.95(t) p.98(t)		pp.30,34(p) p.39(t&p)	p.131 (p)	p.18 (p) p.29 (p) p.31 (p) p.150(p)		pp.26, 27(p) pp.40, 41(p)		p.73 (p) p.75 (p) p.172 (t) p.190 (t)	
0	0	0	0	0	3	0	2	1	4	0	2	0	4	18
p.10 (p) p.19 (p) p.38 (p)	pp.17, 22 (p)		pp.130,131 (p)	p.1(p) p.34,36 (t)(p) p.63 (p) p.91(t)	p.27(p)			pp.24,25 (p)	pp.14,15 (p) p.29 (p) p.38,40 (p) pp.67,72(p) p.139,143,144(p)	p.120 (t)	p.27(p)		pp.76,77 (p) p.144 (t) pp.182,184 (t)(p)	
5	1	0	1	4	1	0	0	1	7	1	1	0	3	39

Table VI shows that in the five series the largest number of concepts pertained to Building Health and Strength, and the fewest to Cleanliness.

CHAPTER IV

SUMMARY AND CONCLUSIONS



## CHAPTER IV

### SUMMARY AND CONCLUSIONS

The purpose of this study was to analyze the first grade books of five basal reading systems for health and safety content. A total of twenty-seven books were analyzed for health and safety concepts. Five tables were then set up to compare the amount of health material in the different systems as well as the amount of health material in the books within a series. Each table listed the frequency of the health and safety concepts found in this analysis. Another table was made to show exact page numbers of the concepts as they appeared in each book and to give the total results of the five series.

The following conclusions may be drawn:

1. The Curriculum Foundation Series has more health and safety material than any other series analyzed. There were 49 in all. The New Alice and Jerry Basic Readers had 42; Today's Work-Play Books, 33; Easy Growth in Reading, 29; and Child Development Readers, 19.

2. The largest number of references were to Building Health and Strength. Safety was second; Prevention of Illness-Proper Clothing, third; and Cleanliness, fourth.

3. In the twenty-seven books analyzed, the material was introduced through pictures 117 times and in the text 55 times.

4. From the study, it would seem that Basal Reading books for first grade contain much material which might be used in increasing health and safety knowledge.

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