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THE EFFECTS OF AN INSERVICE
TEACHER TRAINING WORKSHOP FOR REGULAR
CLASSROOM TEACHERS ON THEIR ATTITUDES
TOWARD HANDICAPPED CHILDREN

by
John Paul Mathey

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
(Education)
in The University of Michigan
1977

Doctoral Committee:

Professor Matthew J. Trippe, Chairman
Associate Professor Percy Bates
Associate Professor Richard Darnell
Assistant Professor Eleanor Lynch

DEDICATION

To Suzanne, whose dream of equality for
all will always be remembered
and pursued.

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CHAPTER I

INTRODUCTION

The American philosophy of educating handicapped children has presented the field of education with many challenges, both historically and in recent times. Philosophies have covered the continuum from no education available for handicapped children to the 1975 passage of the Education for All Handicapped Children Act, Public Law 94-142, guaranteeing free and appropriate education for all handicapped children. Also undergoing change over the years, along with who should be educated, has been the controversial subject of where handicapped children should be educated. At one point in the history of education, there was little questioning of the philosophy that handicapped children should be educated in segregated, isolated environments where more specialized educational treatments could be offered to them. But, in recent years, this isolationist philosophy has been challenged by many educators (Bradfield et al., 1973; Dunn, 1968; Birch, 1974). Many reasons have been stated for this philosophical shift:

1. A number of researchers have indicated that special placements may be harmful to the

pupil's motivation and self-concept (Meyero-witz, 1962; Zito and Bardon, 1969; Christop-olos and Renz, 1969; Dunn, 1968).

2. Research has documented that special class placement has not made a significant difference in respect to the cognitive and affective growth of handicapped students (Dunn, 1968; Guskin and Spicker, 1968).
3. It is believed by many that handicapped individuals should have more appropriate behavior models than they are currently receiving within the special classroom setting (Chaffin, 1974; Larkin, 1973).
4. The Human Rights Movements over the last two decades has advocated the education of handicapped children the least distance away from the mainstream of society which, in the case of education, is the regular classroom setting.
5. Recent court decisions have contributed greatly to the mainstreaming movement by legitimizing integration of the handicapped (Weintraub and Abeson, 1974; Bancroft, 1976).

These reasons are only a few of the many that have been discussed and utilized as a rationale for desegregated education for the handicapped.

Historical Perspectives

Mainstreaming is a rather new term, but the concept of integrated educational programs for the handicapped has been forming for many years, especially over the past two decades. Before the future of mainstreaming is discussed, it is essential to examine where special education has been.

For centuries the handicapped child has been viewed by society as uneducable and a burden. The challenge of societal attitudes provided the impetus for a number of educators throughout history, such as Jean Itard, Edward Seguin, Samuel G. Howe and Thomas H. Gallaudet, to prove this public opinion wrong. Reynolds (1974, p. 4) consolidated the history of special education into four main periods:

1. The development of residential schools in the late nineteenth century.
2. The formation of community prototypes of the residential schools during the first half of this century.
3. The period from about 1945 to 1970, characterized as a rapid dissemination of a simple model.
4. The present period which started about 1970, characterized as the period for a more integrated place in society.

The residential schools became the models for providing special education for blind, deaf and retarded children. The establishment of these institutions was beneficial in that a commitment to the education of the handicapped was beginning to emerge. However, the "out of sight, out of mind" concept was in operation, assisting in the formation and reinforcement of certain negative attitudes toward the handicapped.

Community prototypes of the residential model, housed in public day schools, began to emerge at about the turn of the twentieth century. The period developed slowly, however, due often to the poor attitudes of community programs toward exceptional children. "Special" classes and "opportunity" rooms emerged in many school systems and the resulting labels attached to these handicapped children soon took on derogatory connotations.

By 1911, over 100 large city school systems had established special schools and special classes for handicapped children and a number of states began to subsidize special programs by paying the excess costs of maintaining special classes (Aiello, 1976). But special education, due to its emphasis on individual problems and needs, is costly by definition and during the Depression of the 1930's, when school budgets were reduced, special class programs were not expanded. The federal government began to enter the special education scene around this time, precipitating a

more aware and enlightened attitude on the part of the general public. Many educators during that time viewed the White House Conference on Child Health and Protection of 1930 as the "milestone most significant to the field" in that it marked the first time that special education received national recognition as a legitimate part of the educational community (Aiello, 1976). Participants of the conference recommended that the Office of Education include a department of special education and, in the early 1930's, this was accomplished. Education for handicapped children continued to move slowly, however. Sloan (1963) attributed the educational lethargy during this time to "widespread public misinformation on genetics and criminal tendencies," and to the accepted attitude that mental retardation was for the most part a hopeless condition. Zigler (1969) felt that ideas about the "rigidity" of the retarded, which emerged during the 1930's, tended to become diffused in the public consciousness and to further delay and deny handicapped children opportunities for training.

The period following World War II through 1970 offered many developments to the field. Numerous teacher training programs began to proliferate in colleges and universities. Parents were more willing to publicly admit the presence and needs of their handicapped child. As a result the late forties gave rise to parent organizations, forcing the government to initiate major legislation resulting in

expanded funding systems and bureaus for special education (Reynolds, 1974).

World War II played a significant role in increased public awareness toward the handicapped. The human spirit was indomitable and many veterans returning as victims of battle refused to choose isolation and dependency as their fate, thus planting the seed for federally funded research programs. Knowledge gained in these programs was then provided to the schools, increasing educational program capabilities for handicapped children.

During the mid-1960's, as part of President Kennedy's "New Frontier", many American special educators visited other parts of the world, hoping to discover developments that might be helpful to the United States. Ideas concerning normalization, community-based structures and support systems to assist the handicapped in solving their problems began to emerge. This seed, planted in the mid-60's, continues to grow and is a powerful force in the field of special education today.

In summary, the history of special education for exceptional children has had a gradual movement from isolation to "progressive inclusion." It is perhaps best described by Reynolds (1974) when he states:

Handicapped children have come from total neglect, first into isolated residential schools -- for just a few, and lately into more integrated arrangements for many children. In the long view, the current mainstreaming trend is not a minor pendulum swing or a temporary enthusiasm. It is

a steady, progressive, inclusive trend, and a trend, I believe, that testifies to a kind of moral development which I unashamedly claim for our society (p. 10).

Statement of the Problem

Mainstreaming can be viewed as a special education "phenomenon" and as a general education "problem." For the most part, regular classroom teachers have not asked to have handicapped children placed in their classrooms, and, to the contrary, have frequently abdicated responsibility for their education. The acceptance level of regular classroom teachers is closely linked to the attitudes of the general public and this similarity poses a unique problem to the mainstreaming movement.

Just as public acceptance of the handicapped has not occurred in any planned fashion, regular classroom teachers have not been prepared to deal "attitudinally" with the handicapped child in their classroom. Although the assumption has always been that teachers are "supposed" to like all children, this assumption is not always true. Attitudes cannot be taken for granted and attitudinal change should not occur by accident. If teacher attitudes toward the handicapped are not dealt with before integration occurs, the mainstreaming movement may fail.

The Education for All Handicapped Children Act (P.L. 94-142, 1975) discusses the concept of placing handicapped children into their least restrictive environment. More

specifically, it requires that:

States establish procedures to insure that, to the maximum extent appropriate, handicapped children are educated with children who are not handicapped, and that removal of handicapped children from the regular classroom environment occurs only when the nature of the severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (sec. 612, 1975).

Martin (1976) expressed concern about the haphazard attempts to mainstream without analyzing barriers that might contribute to mainstreaming failures. He states:

It is our feelings with which we must deal: our attitudes, fears, and frustrations about the handicapped, about something that is a little different. We can give skills and competencies, but our attitudes affect the delivery of them. In the design of our training programs, we must look at the attitudes of everyone involved - ourselves, the staffs, administrators, secretaries, and presidents of the colleges and universities - and make those attitudes the focus of our change efforts (p. 6).

Stating the problem addressed in this study is rather simple - how do we change attitudes of educators so they will become more accepting of handicapped children? The difficult but exciting challenge lies in the solution of this problem.

Rationale for the Study

This study was justified for a number of salient reasons. To begin, the mainstreaming movement is most definitely here to stay. It is not a minor pendulum swing or an educational fad. It is now the law and is

based firmly in the American philosophy of equal human rights.

Secondly, in too many instances, mainstreaming of handicapped children has occurred without regard for the feelings and attitudes of the regular classroom teacher. We must not only "look at the attitudes of everyone involved" as Martin (1976, p. 6) stated, but must also develop a planned strategy to begin changing attitudes where lack of acceptance and discomfort exists. The issue of attitude change needs to be an integral part of inservice training programs for regular classroom teachers. We can no longer afford to assume that because teachers are teachers, they will be accepting of all children.

Another rationale for conducting this study is that, with the advent of Public Law 94-142, school districts not only need additional information on how to assist regular classroom teachers in becoming more accepting of handicapped children, but they also need teacher training methods that are realistic, cost effective and replicable.

Purpose of the Study

The plan of this study is to determine the effect of an experiential, consecutive two-day inservice training program for regular classroom teachers (K-6) on their attitudes toward and integration of handicapped

children. This study presents an analysis of an attempt to change attitudes of teachers using a rather unique teacher training model. This model, and the rationale for its use, will be discussed in Chapter III.

It is the intention of this study to address the following questions:

1. What effect does participation in the training program have on participant attitudes toward handicapped children?
2. What effect does participation in the training program have on participant attitudes toward the inclusion of handicapped children in the regular classroom?
3. Can attitudes toward specific disabilities be changed as a result of the workshop experience?
4. Can attitude change be effected through an experiential workshop focusing on participant feelings and attitudes rather than acquisition of knowledge and skills?

Significance of the Study

This study is unique in many ways. The impetus for using an experiential two-day workshop grew out of this researcher's work over the past four years with Dr. Matthew Trippe, Professor of Education from The University of Michigan, which involved the development and implementation of workshop sequences focusing on changing atti-

tudes of professionals toward sexuality and disability. Specifically, the workshops were designed to assist professionals in dealing comfortably with sexuality issues relating to the handicapped.

A learning which emerged from these workshops was that the feelings and attitudes of the participants toward disability were so intense that the issue of sexuality often became secondary. It was theorized that anxieties and fears related to disability had to be confronted first, before other issues, such as sexuality, could be dealt with effectively.

In looking objectively at the outcomes of a variety of workshops following this basic format, two further conclusions may be drawn. First, attitudes toward sexuality of the handicapped (comfort level) changed as the participants dealt with their own sexuality; and secondly, attitudes can be effectively changed when and if participants are given the opportunity to examine and deal with their own feelings through an experiential workshop. (Poinsett, 1976; Mathey, 1976).

The concept of changing attitudes by having participants develop an awareness of their own values, so that they are not unintentionally imposed onto other people or allowed to affect interactions, is not an unexplored one. Most recently, the idea of experiential workshops, using small group discussions, simulations and films, has been

used effectively to change attitudes toward concepts of human sexuality (Poinsett, 1976). The rationale for using small group discussion after a simulation, film or guided fantasy is perhaps best explained by Lief (1976):

In a small group setting, lively discussions of diverse attitudes let the student recognize where he stands compared to others. He can then validate whether his attitudes are in the mainstream or at some extreme. This often produces changes in attitudes, especially in increased tolerance (p. 22).

In most attitude change studies dealing with handicapped children, researchers have attempted to change attitudes in two ways: (1) by giving factual information about the handicapped, in hopes that increased knowledge will change attitudes (Meisgeier, 1973; Brooks and Bransford, 1971) and (2) by increasing the amount of experiences participants have with handicapped children, hoping that through increased exposure participants will become more comfortable and thus more accepting of the handicapped (Shotel et al., 1972; Guerin and Szatlocky, 1974; Bradfield et al., 1973). Research needs to be done on other alternative models for attitude change.

One alternative to be explored is to ask participants to examine their own attitudes, how they originated and how they are reinforced by society; and to begin making decisions for themselves about these attitudes. Just as alternative methods need to be tried in the classroom, so must alternative teacher training strategies be used to in-

investigate and determine if they can be effective in changing attitudes of regular classroom teachers toward handicapped children.

Intensive, short term self-analysis workshop experiences have been used effectively in changing attitudes toward sexuality (Poinsett, 1976) and, on a larger scale, have proven to be a catalyst for change in many lives within the widespread "consciousness raising" movement. Thus, utilization of a short term self-analysis workshop format, with the inclusion of specific related information, seems appropriate in attempting to change attitudes of regular classroom teachers.

Many research studies have focused their efforts on changing attitudes over a long period of time (Bradfield et al., 1973; etc.). This study will attempt to show that a shorter period of time may be more effective and also practical. The issue of practicality is a critical one. While many school districts throughout the country may recognize the need for teacher training programs focusing on attitude change, staff limitations and financial strain often prohibit school districts from implementing more intensive ongoing training models.

Thus, the combination of (1) a workshop design that is experiential in nature; (2) a workshop focusing on participant self-examination of values and attitudes; and (3) a two day consecutive period for the presentation of

this workshop adds to the uniqueness of this study.

Definition of Terms

For the purpose of this study, the following operational definitions will be used:

Attitude - Triandis (1971, p. 2) defines this term as "an idea charged with emotion which predisposes a class of actions to a particular class of social situations." Inherent in this definition are three generally accepted attitude components: cognition, affect and behavior. For the purposes of this study, Proctor (1967, p. 30) offers a cogent definition in summarizing that "it has been accepted that attitudes are organized reactions of an individual towards something in his environment as a result of previous knowledge and experience with the object."

Experiential Inservice Teacher Training Workshop - A specific two-day workshop that may be used with regular and special educators, with a format which includes personal participation in activities that are designed to change attitudes toward handicapped children.

Handicapped Children - Children who have been identified by an Educational Planning and Placement Committee (E.P.P.C.) as having a categorical handicap (e.g., mentally impaired, hearing impaired, etc.).

"Handicapped Children in the Regular Classroom"

Semantic Differential - An instrument specifically designed

to measure teacher acceptance of handicapped children in the regular classroom.

Mainstreaming - The integration of any handicapped child into a regular classroom setting for academic and/or social reasons for all or part of the school day.

Teachers - A forced sample of teachers selected from regular classrooms in four school districts in Wayne County, Michigan.

Specific Disability Areas - Refers to Physically Impaired, Visually Impaired and Hearing Impaired scores as measured by a semantic differential.

Limitations of the Study

This study has five major limitations:

1. Participants in this study were non-volunteers, thus motivation in attending the workshop and completing instruments might be low.
2. The instrumentation was such that the reliability and validity were not completely accessible. One of the instruments was designed by this researcher.
3. The workshop was presented near the end of the school year, which may tend to have an effect on motivation and commitment.
4. There might be a lack of external generalizability since Michigan has had the Mandatory

Special Education Act (P. A. 198) for a number of years.

5. The workshop presenters have had a great deal of experience in workshop presentations and, therefore, the independent variable might be highly personalized, depending upon the capacities and experiences of the presenters.
6. Because the workshop focused on attitudes toward disabilities, it is important to note that both presenters had a physical disability, one walking with the use of a cane and the other being confined to a wheelchair.

Overview of Dissertation

This dissertation will consist of four additional chapters. Chapter Two will include a review of literature relevant to the problem under consideration. Literature related to mainstreaming, the nature of attitudes and attitudes toward the handicapped will be discussed. Chapter Two will conclude with a review of inservice training models directed toward helping regular classroom teachers work more effectively with handicapped children.

Chapter Three will focus on the methodology incorporated, the instruments used to test the research hypotheses and a description of the workshop design. Chapter Four will report pertinent findings related to the origi-

nal hypotheses and summarize significant findings. Chapter Five will include a discussion of the results, recommendations for further research and general conclusions.

Hypotheses to be Investigated

This study will investigate the following hypotheses:

1. As a result of the workshop, experimental teachers will demonstrate more positive attitudes than control teachers toward handicapped children as measured by the total score on the Rucker-Gable Educational Programming Scale. This difference and all others will be statistically significant at or beyond the .05 level of confidence.
2. As a result of the workshop, experimental teachers will demonstrate more positive attitudes than control teachers toward handicapped children as measured by a composite score for each specific disability area on the semantic differential.
3. As a result of the workshop, experimental teachers will demonstrate a more positive attitude than control teachers toward handicapped children in the regular classroom as measured by the "Handicapped Children in the Regular Classroom" semantic differential.

4. As a result of the workshop, experimental teachers will demonstrate greater willingness to have a handicapped child in their classroom, as measured by the volunteer score (Question Five) on the data survey.
5. As a result of the workshop, experimental teachers will view the presence of a handicapped child in their classroom as more of an asset to themselves, other children and the handicapped child than control teachers, as measured by the asset scores (Question Seven) on the data survey.
6. As a result of the workshop, experimental teachers will demonstrate a decrease in fear of specific handicapping conditions compared to control teachers, as measured by the score from the "most feared handicapping condition" item (Question Eight) on the data survey.

CHAPTER II

REVIEW OF THE LITERATURE

The need to explore and change teacher attitudes toward integration of handicapped individuals into the regular education "mainstream" was discussed in Chapter I. In this chapter, literature felt to be relevant to the present study will be reviewed.

In the first section of this chapter, a review of the mainstreaming movement, including definition and rationale, will be presented. As this study is specifically focusing on teacher attitudes, the second section will present an overview of the general nature of attitudes, including their formation and function.

Subsequent sections will deal with relevant research on public attitudes toward the handicapped and, specifically, present knowledge and research concerning teacher attitudes toward the handicapped and their integration. The final section of this chapter will focus on training models designed to facilitate the positive and effective integration of handicapped students into regular education programs. Within Chapter II, it is the researcher's intent to not only demonstrate a working knowledge of related research but to also emphasize the relevancy of the present study.

Mainstreaming

Definition

Mainstreaming has been defined as a concept, a movement, a thrust and as a basic philosophical statement of human rights. With the passage of Public Law 94-142, The Education for All Handicapped Children Act in November, 1975, mainstreaming has become a reality for both the handicapped and the non-handicapped in our society. Mainstreaming has been defined in a variety of ways but a survey of recent literature indicates a growing solidarity among educators as to a basic "working definition."

Mainstreaming, as defined by the National Advisory Council on Education Professions Development (1976) is the conscientious effort to place handicapped children into the least restrictive educational setting which is appropriate to their needs. Birch (1974, p. 4) defines mainstreaming as the enrolling and teaching of exceptional children in regular classes for the majority of the school day under the charge of the regular class teacher, and assuring that the exceptional child receives needed special education services. Reynolds (1974) believes mainstreaming is the principle of educating the most children in the same classroom and providing special education based on learning needs rather than on categories of handicaps. Brenton (1974, p. 21) further simplifies the definition as moving handicapped children from their segregated status in special education classes and

integrating them with "normal" children in regular classrooms.

Many educators offer a critical view of what mainstreaming is not, in an attempt to further clarify its meaning. Brenton (1974, p. 23) states mainstreaming does not mean that all handicapped children will be unloaded on teachers and regular students or that special classes will be eliminated. The Council for Exceptional Children (1975) emphasizes mainstreaming is not the wholesale return of all exceptional children in special classes to regular classes; is not permitting children with special needs to remain in regular classrooms without the support services they need; and is not ignoring the need of some children for a more specialized program than can be provided in the general education program.

Mainstreaming is often defined as an instructional alternative. Kaufman (1975, p. 2) defines it as:

A range of administrative and instructional options available as part of the comprehensive educational services provided for retarded children. It has not evolved as a single option but as a range of instructional directives as well as an array of organizational arrangements and staff utilization patterns.

While literature on mainstreaming as an instructional alternative frequently focuses on the most appropriate educational placement for the mildly and moderately mentally impaired, it is important to note that mainstreaming, as an evolving movement, involves integration of children with

a variety of handicapping conditions, including mental impairment, physical impairment, emotional impairment, etc.

Rationale

The current trend toward "normalization" programs for the handicapped was traced by Reynolds (1974) to the efficacy studies of Bennett and Pertsch in the 1930's. During the last twenty years, researchers have increasingly questioned the value of segregating the handicapped in order to provide educational services. Connor (1964, p. 207) expressed concern over the practice of placing children in a special class because they cannot be handled in the regular program regardless of their being able to learn in the special setting available. Reger (1974, p. 650) questioned the appropriateness of using medically derived criteria for grouping handicapped children rather than criteria reflecting their educational and social needs.

Relevant literature indicates general agreement that the concept of mainstreaming became a controversial issue with the publication of articles by Christopolos and Renz (1969); Johnson (1962); Dunn (1968) and Lilly (1970). Johnson (1962, p. 66) exposed the paradox that mentally handicapped children, having specially trained teachers and enrolled in expensive classrooms designed to provide for their unique educational needs, were accomplishing the objectives of their education at a lower level than similar mentally handicapped children who had not had these advan-

tages and had been forced to remain in the regular classroom. Dunn (1968, p. 6) supported the position that, because of lack of evidence to the contrary, special classes should be abolished for the often-mislabeled mildly handicapped.

Christopolos and Renz (1969) questioned the justification for special classes for all populations served by the schools. Lilly (1970, p. 43) supported the view that traditional special education services as represented by self-contained special classes should be discontinued immediately for all but the severely impaired.

Rationale for the emphasis on mainstreaming programs for the majority of children with special needs was summarized by Chaffin (1974, p. 1) as:

1. The results of research negating the effectiveness of special classes for the mildly handicapped.
2. The awareness that many of the diagnostic issues for identifying special needs children were culturally biased, which often resulted in inappropriate diagnosis and placement of children into special classes.
3. The realization on the part of special educators that the effect of labeling a child may be more debilitating than the diagnosed handicap.
4. Court litigation in special education related to the placement practices and rights of children to

appropriate educational treatment.

In summary, a review of the literature clearly indicates that mainstreaming, defined as the integration of the handicapped into regular education classrooms, is gaining momentum both as a philosophical commitment and as a general practice (Lilly, 1970; Reynolds, 1971; Brenton, 1974).

Gickling and Theobald (1974, p. 317) in attempting to describe the rapid momentum of the mainstreaming movement, note that:

Mainstreaming is cited so frequently that one might mistakenly think it a magic elixir rather than a particular orientation toward supplying special education services for the majority of the mildly handicapped.

Gickling and Theobald (1974) further point out that neither the results of articles which were critical of mainstreaming nor the admission of methodological inadequacies within efficacy studies has slowed down the mainstream movement (p. 317). They describe the most often quoted articles advocating mainstreaming (Christopolos and Renz, 1969; Dunn, 1968; Lilly, 1970) as being posited on a philosophical rather than a research foundation, in that they did not furnish original research to the data field (p. 318).

Cruickshank (1975, p. 502) cautions that "the fad of 'mainstreaming' . . . is being employed in thoughtless ways at high cost to thousands of exceptional children and their families."

To state that mainstreaming is an idea whose time has

come is to harbor a simplistic hope that, by simply integrating handicapped children into regular education programs, the benefits attributed to mainstreaming will naturally evolve. Stannard (1976, p. 146) voices the concern that mainstreaming will not--cannot--succeed without a massive change in teacher attitudes and skills, by stating that:

Too many teachers now in training in our institutions have been instructed, have been very well taught, have been convinced, that one of their professional duties is to identify, locate, and assist in the placement of exceptional children in special classes. We have been trained to exclude, not to accept and include.

Martin (1976, p. 3) shares this concern by describing present barriers to effective mainstreaming:

First, is the question of the attitudes, fears, anxieties and possibly overt rejection, which may face handicapped children, not just from their schoolmates, but from the adults in the schools. Principals, teachers and teacher-aides are, after all, only human. Their attitudes are created by their experiences and most have had no formal training or experience with the handicapped child.

The Nature of Attitudes

Attitude Formation

Although literature offers many similar and dissimilar definitions of "attitude", the common element running through most definitions is the "readiness to respond" to a situation. A review of accepted definitions would be incomplete without including Allport's (1935) definition

that an attitude is a mental or neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual (p. 798).

Choate (1958, p. 3) was able to integrate many divergent concepts with Allport's (1935) conditions for attitude formation and summarize:

An attitude . . . is the way an individual is disposed to act toward something as a result of previous experience. It is dynamic in quality and influences further action. It may be negative and it may vary in intensity.

The dynamic quality of an attitude was recognized by Boyd (1943, p. 8) who defined two viewpoints in defining attitudes, one which "holds that attitudes can be defined only in terms of overt behavior" and the other that "attitudes may exist emotionally without being evidenced through overt behavior."

In synthesizing various definitions of attitudes, three components become apparent. First, there is a cognitive component, defined as the "idea" or categorization inferred from consistencies in response to discriminably different stimuli. Second, there is an affective component, defined as the emotion or feeling which charges the idea. Thirdly, there is a behavior component, defined as a predisposition to action (Triandis, 1971, p. 8).

Function of Attitudes

A functional analysis of attitudes often focuses on the functions performed by attitudes in the "economy of

personality" (Smith et al., 1956), in that attitudes often express some aspect of an individual's personality. Triandis (1971) offers the following "functional" reasons why individuals have attitudes:

1. To help them understand the world around them, by organizing and simplifying a very complex input from their environment.
2. To protect their self-esteem, by making it possible for them to avoid unpleasant truths about themselves.
3. To help them adjust in a complex world, by making it more likely that they will react so as to maximize their rewards from the environment.
4. To allow them to express their fundamental values (p. 4).

Attitudes can be seen as helping individuals to adjust to their environment by providing a certain amount of predictability through an established repertory of reactions to a given category of attitude objects. If a given repertory is effective, it adds predictability to the events in our environment (Triandis, 1971, p. 5).

An attitude about mainstreaming is defined by Schorn (1976, p. 31) as:

. . . a relatively enduring organization of beliefs about children with varying degrees and types of handicapping conditions predisposing a teacher to accept or reject these children into the regular school program.

In reviewing Triandis' (1971) definition of the functions of attitudes, one can better understand the negative attitudes of many regular classroom teachers toward the integration of the handicapped:

1. By rejecting responsibility for educating the handicapped in the regular classroom, the teacher is able to protect his/her self-esteem by minimizing opportunities for their possible "teaching failure."
2. By displaying negativism toward the handicapped and their integration, the teacher can maintain a sense of compatibility with the larger society and reinforce commonly held public attitudes.

Public Attitudes Toward the Handicapped

For the non-handicapped in our society, there is always the possibility that the American dream can become a reality. For many handicapped individuals, that chance is often non-existent. The slow progress of the handicapped in achieving equal educational opportunities was discussed in Chapter I. The resistance displayed by our educational institutions in recognizing the needs and rights of the handicapped can be viewed as an outgrowth of public attitudes toward the handicapped.

The "minority" status of handicapped individuals in our society was described by Tenny (1953, p. 260) as similar to that of other minority groups, in terms of education,

jobs and acceptance. Cowen et al. (1958, p. 304) found "significant correlations between negative attitudes to blindness, and anti-minority, anti-Negro and pro-authoritarian attitudes . . ." Roeher (1961, p. 69) reported that societal attitudes toward the physically handicapped are similar to those which other minority groups face, such as social distance, segregation and vocational disadvantage. The negative attitudes of society toward the handicapped have been viewed by some (Tenny, 1953; Roeher, 1961) as one of the principal limitations imposed upon the handicapped.

Many of the research studies focusing on public attitudes toward the handicapped (Siller, 1963; Gottwald, 1970; Gottlieb and Corman, 1975; Greenbaum and Wang, 1965) have examined attitudinal variables such as age, sex or level of experience and contact. Although the research findings are often inconsistent, they offer firm evidence that negative attitudes toward the handicapped are an integral part of our society.

Age as an Attitude Variable

Conflicting results have been found in studies designed to measure the significance of the age variable in the attitudes of society toward the handicapped. Findings that younger people, especially those between twenty and thirty years of age, express more positive attitudes than older persons toward integration of retarded children in

the school and the community were reported by Hollinger and Jones (1970) and Gottwald (1970).

In a study relating disability attitude to quantitative measures of personality, Siller (1963, p. 12) analyzed self-report questionnaires completed by 284 college students, 229 senior high school and 235 junior high school students in a sex-balanced sample. Comparisons of attitudinal responses between age levels revealed that college subjects were consistently more accepting of the physically handicapped than high school and junior high school students (p. 13). However, the high school students expressed significantly greater aversion to the handicapped than the other age groups (i.e., junior high and college students) on a Feeling Check List. The Feeling Check List was an experimental instrument on which the subject indicated how he/she felt in the presence of a physically disabled person (e.g., very uncomfortable, repelled, indifferent, etc.)

In their study to measure attitudes of teachers toward disability and the integration of the handicapped, Harasymiw and Horne (1975, p. 157) noted that younger teachers in both an experimental and control group displayed more positive attitudes than older teachers. The researchers felt that these results were related not solely to age, but to the experience and background of the teachers, namely previous exposure to the philosophical

rationale for integration of the handicapped.

Gottlieb and Corman (1975, p. 73) compared attitudinal responses of 430 persons divided into three distinct age groups. One-half of the subjects were between the ages of twenty and thirty, one-third were between thirty and fifty and the remaining 18 per cent were over fifty years of age. Age of the respondents had a significant effect on (a) positive stereotype, (b) segregation in the community and (c) segregation in the classroom. Younger people, regardless of their sex or educational background, were less likely than older respondents to accept the positive stereotype (i.e., ascribing positive attributes to the retarded in terms of appearance, health and morality). Although tending to reject the generalized stereotype, younger people were significantly more positive than older persons in favoring integration of the retarded in the school and community (p. 78).

Similar results were found in Greenbaum and Wang's (1965) study measuring four specific population groups' conception of terms related to mental retardation and mental illness. While not statistically significant, age appeared to give consistent direction to the data, with older subjects most positive in their image of the mentally retarded (similar to Gottlieb's positive stereotype), followed next by the middle age group, with the youngest

group being least positive in their conception of the retardate (p. 271).

Sex as an Attitude Variable

Although earlier studies reported a significant difference between males and females in their attitudes toward the handicapped (Jordan, 1968; Richardson, 1961; Siller, 1963), more recent studies indicate conflicting data on the significance of the sex variable on the formation of attitudes toward disability.

Siller (1963, p. 12) examined the personality and demographic characteristics which influence attitudes toward physical disability. He found femininity, low rigidity, low authoritarianism and low aggressiveness to be most related to acceptance of the physically handicapped. Using an experimental disability measure, the Social Distance Scale, Siller found that women were more favorably disposed to the physically handicapped than were men, and these findings were replicated for all disabilities depicted on the Social Distance Scale (p. 14).

Richardson et al. (1961) conducted a study to examine the reactions of children to the physical handicaps of other children. The subjects, ten to eleven year old boys and girls with and without physical handicaps, were asked to rank, according to preference, six drawings depicting children with and without physical handicaps. The

researchers' data supported the hypothesis that the rank order of preference would be (1) a child with no physical handicap; (2) a child with crutches and a brace; (3) a child in a wheelchair; (4) a child with the left hand missing; (5) a child with a facial disfigurement and (6) an obese child (p. 242).

In analyzing the sex variable in their results, Richardson et al. (1961, p. 245) noted some differences between boys and girls. The girls, in comparison to boys, preferred less those children with social impairments (e.g., obesity and facial disfigurement). Drawings of children with a physical impairment were preferred less often by boys than by girls. Although both boys and girls ranked those with a social impairment lowest, the girls emphasized the social disabilities more consistently than boys.

Greenbaum and Wang (1965, p. 271) used a 21-scale semantic differential to measure the conception of terms describing mental retardation and mental illness by 346 respondents from the following populations: (a) parents of mentally retarded children; (b) professional experts in the field of mental retardation; (c) potential employers and (d) paraprofessional and volunteer workers in an institutional setting.

In analyzing their sample data by sex, Greenbaum and Wang found that the means of the females were in a more

positive direction on 18 of the 21 scales, with the sign test showing significance beyond the .01 level (p. 270). The researchers noted, however, that the results may be misleading in that women were more heavily represented than men in the parent and paraprofessional groups and both of these groups, in total, evidenced more positive attitudes than the other sample groups. In the employer group, consisting of equal numbers of men and women, a comparison of their semantic profiles on 21 scales indicated no reliable sex differences (p. 271).

The Harasymiw and Horne study (1975, p. 155) measured the attitudes of 352 teachers toward a newly enacted state law requiring the integration of handicapped children into the regular classroom. Their hypothesis that female teachers would have a more positive attitude than male teachers was not confirmed as no significant differences were apparent between the acceptance scores of male and female teachers. The authors attributed part of this result to the kinds of personality and value structures of males and females in the elementary school environment (p. 156).

Gottlieb and Corman (1975, p. 78) noted that the commonly held notion that women hold more favorable attitudes than men toward retarded persons may be oversimplified. In their study of 183 males and 247 females, the two groups did not differ in their attitudes toward integration of retarded children in the classroom nor in their

perception of retarded children as handicapped. However, female high school and college graduates were significantly more likely to ascribe positive attributes to the retarded than males with similar education. Men and women with less education were equally likely to reject this positive stereotype. Gottlieb and Corman (1975) suggest that differences in attitudes between males and females cannot be considered without regard to educational level and that differences by sex, reported in previous attitudinal studies, in which the sex-education interaction was not examined, cannot be generalized to a population differing in educational background (p. 78).

Educational Level as an Attitude Variable

As was noted in earlier sections dealing with the influence of age and sex variables on attitudes, inconclusive results were also found in studies focusing on the influence of educational background on public attitudes. In all studies reviewed, the fact that educational levels of the subjects do have some influence on attitudes was shown, but without consistency as to whether more or less education is an influential factor in the development of positive attitudes.

Higgs (1975, p. 496) selected ten groups of 30 subjects, each representing different educational backgrounds, and administered an Attitude Toward Disabled Persons Scale, a contact rating index and a knowledge test about physical

disabilities. High school subjects had lower contact ratings, lower levels of knowledge and less positive attitudes than other subject groups composed of college students, parents and professionals. The researcher described the high school subjects' less positive attitudes as not determined by the education variable alone, but as a result of lack of contact and lower levels of information (p. 497).

The hypothesis that persons with higher educational levels will exhibit more positive attitudes toward the handicapped was refuted by Greenbaum and Wang's (1965, p. 257) study of the conceptions of mental retardation and mental illness held by four distinct population groups. A semantic differential was administered to 330 subjects; 57 with less than a high school education; 75 with a high school education; 100 with college training and 98 with postgraduate training. An analysis of the semantic differential data indicated respondents with less than a high school education had a significantly more positive conception of the mentally retarded than did the other educational groups. Further, there was a consistent (though slight) progression toward the negative pole running sequentially from the group with less than a high school education to the college group through the postgraduate group (p. 267).

Greenbaum and Wang's (1965) results were supported by Harasymiw and Horne's (1975, p. 156) study of the attitudes of 352 teachers from integrated and non-integrated school settings. In both the experimental (integrated) and control (non-integrated) groups, teachers with less education (as measured by the degree obtained) exhibited more positive attitudes toward the handicapped than teachers with more extensive training. The researchers noted that, since teachers holding only a Bachelor's Degree were younger than most of the other teachers, their results could be confounded with the age variable (p. 156).

Contact and Experience as Attitude Variables

In reviewing research studies focusing on the influence of contact or experience with the handicapped on attitude formation, this variable is consistently shown to have a significant effect on attitudes toward the handicapped. However, as was noted in studies examining the education variable, considerable inconsistency is evident in determining whether this variable's effect is in the positive or negative direction.

Jaffe (1966) found that adolescents who reported they had contact with mentally retarded persons expressed more favorable attitudes than individuals who indicated they had not had contact. Strauch (1970), however, did not find that social contact resulted in the expression of more

favorable attitudes among his adolescent group. A limitation of the Jaffe and Strauch studies, according to Gottlieb et al. (1974, p. 10) was their failure to specify the nature of the subject's contact with the mentally retarded. They assert that the conflicting findings could have resulted from different amounts of contact, the specific person with whom the contact was made and whether the contact was volitional or forced.

In a study designed to replicate earlier investigations of the relationship between opportunities for social contact and attitudes toward mentally retarded children, Gottlieb et al. (1974) sampled 284 intellectually average children in rural New Hampshire. The subjects were administered five rating scales for each of the following concepts: "I Am", "I Would Like To Be", "Kids In My Class Are", "Mentally Retarded Children Are" and "Mentally Retarded Children Think They Are". Each five point rating scale was composed of ten pairs of adjectives (e.g., happy-sad, strong-weak), with the left-right position of the pairs randomly varied (p. 11). To analyze the attitudinal data collected, responses of subjects attending schools with integrated programs for the educable mentally impaired were compared with responses of subjects having no school contact with the mentally impaired.

For each adjective pair, a score of one was assigned to the least favorable response and a score of five to the

more favorable rating. Favorability was defined by each student's response to the adjective pair on the "I Would Like To Be" questionnaire. For example, if a subject indicated he would like to be noisy, that was considered the favorable end of the continuum (p. 12).

The findings of the Gottlieb et al. (1974) study clearly indicated that attitudes toward mentally retarded children were less favorable when regular class children had opportunities for social contact with them. They found that when regular class children were able to observe retarded children in either regular or special classes, their attitudes were less favorable than when they had no opportunity to observe them and responded to the attitude questionnaire in a stereotypical fashion (p. 15). A replication study, conducted four months later on an additional 215 students, yielded similar results.

Gottlieb's et al. (1974) study draws attention to the misconception held by many "mainstreaming enthusiasts" that increased contact between the handicapped and non-handicapped, through integrative programs, will lead to more positive attitudes toward the handicapped. Simply placing the handicapped in regular education classrooms will not promote acceptance without an earlier or concurrent endeavor to consciously develop understanding and positive attitudes among regular students and their teachers.

The premise that teacher attitudes toward integration of the handicapped into regular classrooms can be changed through a planned and conscious effort was demonstrated in the Harasymiw and Horne (1975) study of 352 regular classroom teachers, 191 of whom were experimental teachers involved in an integration project. Project teachers participated in a pilot-integration model involving the retraining of eighteen Special Education teachers, serving as generic specialists, to provide support and ongoing consultation to regular classroom teachers having handicapped students integrated into their classroom (p. 154).

Although the researchers' hypotheses regarding the effects of age, sex and level of education variables on the positive attitudes of teachers were inconclusive, their hypothesis that experimental teachers would demonstrate more positive attitudes than non-project teachers was supported. The average acceptance score of experimental teachers (27.67), on a questionnaire of 52 Likert and Social Distance type questions, was considerably higher than the average acceptance score of the control teachers (22.61) and significant at the .01 level (p. 155).

The view that the attitudes of regular classroom teachers toward the handicapped will not differ from attitudes held by the general public was supported in a study by Efron and Efron (1967, p. 102) of attitude differences between special education teachers, general education

teachers and persons in other occupations.

While the primary purpose of the Efron and Efron (1967) study was to develop a set of scales to explore the dimensionality of attitudes toward the retarded, it was hypothesized that educators and students within and outside of the field of special education would differ in attitudes as well as in factual knowledge concerning retardation (p. 101). A Likert format questionnaire, consisting of seventy statements followed by a six-point agree-disagree continuum, was administered to 235 university students. Thirty-five per cent of the subjects were either teaching or preparing to teach in the field of special education, 55 per cent were teaching or preparing to teach in general education and 10 per cent of the subjects were from other occupations (p. 102).

Efron and Efron (1967) organized their seventy response items into six factors, each composed of items having a common underlying meaning. For example, Factor I (Segregation vs. Institutionalization) included eleven items and projected the view that the retarded should be removed from the mainstream of society since they represent a threat to its members. Other factor classifications included (II) Cultural Deprivation, (III) Noncondemnatory Etiology, (IV) Personal Exclusion, (V) Authoritarianism and (VI) Hopelessness (p. 105).

In analyzing their data, Efron and Efron found that

teachers and students in special education, compared with persons in general education and other occupations, were less authoritarian, had less inclination to segregate and institutionalize the retarded, were more accepting of intimate contact with the retarded, were more inclined to ascribe many cases of retardation to cultural impoverishment, and had more factual information about retardation. In addition, the data indicated general education teachers and students did not differ from those in non-educational professions on any of the measures (p. 107).

Utilizing the basic premise that contact with the handicapped can positively affect attitudes, researchers (Cleland and Chambers, 1959; Kimbrell and Luckey, 1964) have found significant shifts in attitudes induced by a guided tour of institutions for the mentally impaired.

LeUnes et al. (1975, p. 732) examined this attitude shift in a study of 179 undergraduate college students. Using a semantic differential scale on four concepts: mentally retarded child, state school for mentally retarded persons; mentally retarded adult and ward attendant in a state school for the mentally retarded, the researchers divided the subjects into positive and negative attitude groups. Seventy-two of the subjects volunteered to take an institutional tour and, two weeks after the tour, the semantic differential was re-administered to all subjects (p. 733). Analysis of the data revealed that both main

effects, tour vs. no-tour and subjects' initial attitude position, positive or negative, were significant for each of the four concepts measured.

Subjects expressing positive attitudes before the tour maintained their positive attitudes after the tour. Subjects who initially held more negative attitudes, however, changed more in the positive direction than did subjects whose initial attitude was positive, on three of the four concepts measured. The researchers note that this finding was expected in that the negative group had more room for change (p. 734).

On the fourth concept, the mentally retarded child, subjects who initially held more negative attitudes were affected no more by the tour condition than were subjects with initially more positive attitudes (p. 734).

In summary, the LeUnes et al. (1975) study has shown that an institutional tour may have a positive effect on attitudes toward (1) the institutional setting as a program alternative, (2) the residential setting staff and (3) the adult residents. In the LeUnes (1975) study, subjects toured a model facility in which adult residents were engaged in meaningful educational and vocational activities. The study does not, however, show the same significant effect on attitudes toward the mentally retarded child (p. 734).

Summary

In summarizing the results of research studies designed to measure public attitudes toward the handicapped, the following statements can be made:

1. Attitudes of the public toward the handicapped are often similar to the attitudes displayed toward other minority groups in our society (Tenny, 1953; Cowen et al., 1958; Roeher, 1961).
2. In measuring public attitudes toward the handicapped, some studies (Hollinger and Jones, 1970; Gottwald, 1970) have shown that younger persons display more positive attitudes than older persons, while other studies (Siller, 1963; Greenbaum and Wang, 1965) have refuted these results.
3. In measuring differences in attitudes between males and females toward the handicapped, some studies (Siller, 1963; Jordan, 1968) have shown females to be more accepting, while others (Richardson et al., 1961; Greenbaum and Wang, 1965; Gottlieb and Corman, 1975) have shown no significant differences in attitudes based on the sex of the respondents.
4. In measuring the effects of subjects' educational levels on their attitudes toward the handicapped, some studies (Greenbaum and Wang, 1965; Harasymiw and Horne, 1975) have shown persons with less education to be more tolerant, while other studies have

shown those with more education to be more accepting (Higgs, 1975).

5. Contact or experience with the handicapped was found to promote positive attitudes in some studies (Jaffe, 1966; Harasymiw and Horne, 1975; Efron and Efron, 1967) but not in others (Gottlieb et al., 1974; Strauch, 1970).

In attempting to meaningfully assess the conflicting data reported concerning public attitudes toward the handicapped, it appears critical to view the variables of age, sex, educational level and contact in terms of their interactions rather than as single variables.

Several researchers (Harasymiw and Horne, 1975; Gottlieb and Corman, 1975; Greenbaum and Wang, 1965) have recognized this interaction in discussing their research data. Harasymiw and Horne (1975) found younger teachers displayed more positive attitudes than older teachers but cautioned that the results "were related not solely to age" but to the experience and background of the teachers (p. 157). Gottlieb and Corman (1975) summarized that differences in attitudes between males and females "cannot be considered without regard to educational levels" and suggested examination of the "sex-education interaction" in attitude studies (p. 78). Greenbaum and Wang (1965) noted that their findings that teachers with less education were

more accepting of the handicapped than teachers with more education "could be confounded with the age variable" (p. 210).

In further analyzing the conflicting data results, a common weakness of many studies (Efron and Efron, 1967; Greenbaum and Wang, 1965; Gottlieb et al., 1974) has been the failure of the researchers to describe precisely the referent about whom subjects were asked to respond. A valid appraisal of attitudes toward the mentally handicapped, for example, is dependent upon a precise description of the population that is the object of the attitude expression (Gottlieb and Siperstein, 1976, p. 376). In circumstances where no descriptive information is provided, it is difficult to determine subjects' conception of the object and their attitude expressions are therefore difficult to interpret.

In studying the effects of attitude referent specificity on attitudes toward mentally retarded persons, Gottlieb and Siperstein (1976, p. 377) investigated the attitudes of seventy-five female undergraduate education students. Each subject was randomly assigned to one of five treatment conditions with a treatment defined as a description of the mentally retarded referent about whom the subjects were asked to express their attitudes. The first treatment was described as a mentally retarded person and the other treatments described various age and severity

levels (e.g., a severely retarded child between 9 and 12 years of age residing in an institutional setting, a severely retarded young adult who was just released from an institution, a mildly retarded young adult who had just completed a vocational-education program). The subjects in each treatment were administered four attitude instruments: (a) a 6-item, 5-point Likert scale; (b) a 13-item forced choice scale; (c) a semantic differential scale consisting of 16 pairs of bi-polar adjectives; and (d) a 32-item adjective check list (p. 377).

As discussed earlier in this chapter, the results of this investigation reveal the importance of specifying the attitude referent when studying the attitudes of adults toward mentally retarded people. While presenting the attitude referent in terms of a chronological age descriptor did not result in a differentiation of attitude expression, attitudes toward the mildly retarded referent were more favorable than toward the severely retarded referent. The attitude referent "mentally retarded person", so prevalent in the research literature, elicited attitude expressions that were generally intermediate in favorability between a mildly handicapped and severely handicapped person (p. 379).

Teacher Attitudes Toward the Handicapped

Feelings of the most compassionate adults meeting a non-normal child for the first time may range from gut-reaction revulsion to overprotective sympathy. A professional's response to discovering either of these feelings may easily be one of recognized or unrecognized guilt (Christopherson, 1972, p. 138). Haring (1958) indicated that the attitudes and understandings teachers have about handicapped children are influential in determining the intellectual, social and emotional adjustment of the children. In response to an obvious need to upgrade general educators' skills in teaching the handicapped, Brooks and Bransford (1971, p. 259) criticized emphasis on skills and competencies alone and stressed focus on the most crucial issue -- the emphasizing of values and attitudes toward handicapped children that are inherent in special education.

In assessing the nationwide Project Head Start program's experience in educating the handicapped in a non-handicapped environment, Klein (1975, p. 322) found that just as mainstreaming is not for all handicapped children, it is not for all teachers. The teacher's attitude is the key to having the handicapped child accepted by the group. Meyer (1975) suggested that the teacher preparation curriculum should include opportunities to change attitudes toward handicapping conditions, gain insight, understanding and

appreciation for individual differences. Martin (1974) indicated an important question in the preparation of regular education teachers for mainstreaming is "the question of attitudes, fears, anxieties and possibly overt rejection which may face handicapped children, not just from their schoolmates but from the adults in their schools" (p. 3).

In reviewing the literature pertaining to teacher attitudes toward the handicapped, most studies were found to focus on two distinct population groups. Wechsler et al. (1975), Gickling and Theobald (1975) and Gullota (1974) measured attitudes of public school teachers not directly involved with mainstreamed handicapped individuals and asked them to respond to a hypothetical situation. Bradfield et al. (1973), Barngrover (1971), Guerin and Szatlocky (1974), Shotel et al. (1972) and Harasymiw and Horne (1975) measured attitudinal differences among teachers directly involved in the education of the handicapped within the general education classroom.

Teacher Attitudes Toward a Hypothetical Situation

In a study to determine the readiness of teachers to comply with Massachusetts Chapter 766 (a 1972 state law mandating integration of the handicapped into regular education classrooms) Wechsler et al. (1975, p. 18) surveyed 547 teachers to determine their attitudes toward integration of students with physical or other health

impairments. Teachers were asked to respond to a questionnaire concerning six of the most common physical handicaps among school-age children: heart condition, asthma, use of crutches or braces, convulsions or seizures, impaired vision and impaired hearing. For each of these conditions, teachers were asked to respond to questions regarding integration of the handicapped student in terms of student acceptance, adjustment difficulties, teacher willingness and teacher difficulties. In addition, teachers were asked to describe the type of educational placement most suitable for students with each of the conditions described (p. 18).

The questionnaire results indicated differences in attitudes toward students with specific handicaps. Those with a heart condition, asthma or crutches were viewed more positively by teachers in terms of their willingness to have the child enrolled in their classroom (45 to 52 per cent) and their determination of a regular classroom as being the most suitable placement (60 to 80 per cent). In contrast with these results, more negative attitudes were displayed toward students with a hearing or vision impairment or a convulsive disorder. Only 27 to 34 per cent of the respondents indicated a willingness to have these students enrolled in their classroom and only 13 per cent indicated that a regular classroom would be the most suitable setting for the visually or hearing impaired (p. 21).

A similar study (Gickling and Theobald, 1975) was

conducted to determine the readiness of school personnel in Tennessee to meet the demands of a state law mandating integration of the handicapped. A total of 326 teachers and supervisor/administrators responded to a 46-item questionnaire examining teacher and administrator attitudes toward mainstreaming and toward the organizational mechanics used to prepare regular and special educators to work together (p. 318). The questionnaire, following a "yes-no" format, contained items designed to elicit information on attitudes, commitment, knowledge and involvement. Each item was reported across seven respondent categories (i.e., elementary regular teachers, secondary special teachers, etc.). Questionnaire results showed that 50 per cent of regular education personnel viewed self-contained classrooms for the handicapped as restrictive and socially isolating, in contrast to 66 per cent of the special education personnel responding (p. 321).

Responses to items measuring teacher commitment toward mainstreaming handicapped children showed a disparity between the perceptions of special educators about regular educators and the perceptions of regular educators about themselves. Thirty per cent of the special education personnel indicated a belief that regular educators felt imposed upon to help special education students, while nearly 50 per cent of the regular educators expressed feelings of imposition. Commitment to the integration of the

mildly handicapped was further analyzed in items dealing with the efficacy of self-contained special classrooms. Approximately 60 per cent of both regular and special educators felt that self-contained classrooms were more effective than regular classrooms in meeting the needs of the mildly handicapped (p. 323).

In summarizing their data, the researchers noted that although 50 per cent of the regular educators indicated a belief that self-contained classrooms were restrictive and discriminatory, 60 per cent expressed a bias favoring the self-contained classroom setting over integration into regular classrooms (p. 326).

Similar resistance to the placement of responsibility for the education of the handicapped on regular educators was noted by Gullota (1974, p. 49) in a study designed to measure teacher attitudes and expectations in treating a moderately disturbed youngster. Utilizing a case history of an acting-out male, fifty regular education teachers enrolled in a graduate program were asked to indicate, using a Likert seven point scale, whether they would recommend or not recommend ten possible treatment solutions. A continuum of solutions were described ranging from "residential care" to "doing nothing about the perceived problem." Five solutions handled the problem within the school setting and five involved solution of the problem outside of the school setting.

An analysis of the data revealed that those solutions acceptable to the respondents required service outside of the school setting and included (a) referral to a guidance clinic, (b) some outside community activity, (c) special education, or (d) day treatment at a residential center. In a discussion of the data results, the author notes that the respondents indicated a willingness to keep the youngster in the classroom if they were provided with necessary support (i.e., guidance clinic involvement) but were unwilling if such support were unavailable, preferring removal from the regular classroom and assignment to special education or a day treatment program (p. 49).

Teacher Attitudes Through Direct Involvement

Several studies have measured attitude changes in regular education teachers participating in integration programs within the public school setting. In a study designed to examine how a program for integrating handicapped children into regular classes, with supportive resource room services available, would affect the attitudes of regular classroom teachers, Shotel et al. (1972) tested the hypothesis that there would be no significant differences between the regular class teachers in schools with integration programs and regular classroom teachers located in schools with self-contained classrooms in their attitudes toward integration of handicapped children (p. 678).

The subjects were 128 regular classroom teachers from six elementary schools. Subjects in the experimental group were involved in three schools in which emotionally impaired and educable mentally impaired students were removed from self-contained classrooms and placed in regular classrooms with resource room services available. Subjects in the control group were involved in schools with self-contained classrooms for handicapped students (p. 678).

A 13-item "yes-no" questionnaire, administered at the beginning and end of the school year, was designed to elicit teachers' attitudes toward (a) placement of the handicapped children into regular classrooms with resource room support; (b) potential of handicapped children for normal academic achievement and social adjustment; (c) teachers' competencies for teaching handicapped children and (d) the need for special methods and materials in teaching handicapped children. In response to items concerning whether or not the educable mentally impaired child should generally be in regular classes for most of the day and attend special classes or a resource room for part of the day, significant differences were found on pre-test scores of the experimental and control groups. Within the experimental group, 37.3 per cent of the teachers favored regular class placement, while only 7.3 per cent of the control group indicated this preference. On the post-test, differences between the two groups were no

longer significant as favorable responses recorded by the experimental group decreased to 13.6 per cent and those of the control group increased to 10.9 per cent (p. 679).

Responses to items concerning regular class placement for the emotionally impaired child also showed significant differences on the pre-test, as 40.7 per cent of the experimental teachers and 16.4 per cent of the control teachers favored regular class placement. Post-test differences were also significant with 37.3 per cent of the experimental teachers and 18.2 per cent of the control teachers expressing favorable attitudes (p. 679).

In discussing the results of their study, Shotel et al. (1972) attempted to analyze why the experimental teachers initially expressed greater optimism concerning the educable mentally impaired child's integration into the regular classroom than they did at the conclusion of the study. During interviews conducted with the experimental group, the researchers found that the experimental teachers had completed an inservice training program, in which the goals and philosophy of a resource room model were presented, shortly before the pre-tests were administered. The assumption was then made, by the researchers, that the initial optimism expressed could have been the experimental teachers attempt to assume a cooperative and positive attitude toward the aims of the program. As the school year progressed, and the experimental teachers

found that many of the educable students were not adjusting socially or academically, as they had expected, there was a reduction in the positive attitudes of the teachers (p. 682).

Barngrover (1972, p. 754) interviewed fifty educators, including teachers, administrators and school psychologists, who were directly involved in educating the handicapped, to determine their attitudes toward integration of the handicapped into the general education milieu. Twenty-seven of the fifty respondents felt special class placement, as a service delivery model, should be retained. Reasons cited included less disruption in the classroom, less frustration for the handicapped, and more individualized attention.

The twenty-three respondents favoring integration of the handicapped into the regular classroom cited the following reasons: greater stimulation for the special child, better peer behavior models, higher progress expectations, and the failure of special classes to meet the special needs of the handicapped. Significant differences were found between the program preferences of teaching and non-teaching personnel. Classroom teachers favored continuation of the special class model while administrators and school psychologists favored integration of the mildly handicapped (p. 755).

Although the Barngrover study (1971) is frequently

cited as an example of the positive attitudes of school personnel towards mainstreaming, it basically supports the assumption that, the farther removed one is from the reality of the classroom, the more positive one tends to be towards mainstreaming.

Teacher attitudes toward integrative programming for the educable mentally impaired was further explored by Guerin and Szatlocky (1974) in a study examining similarities and differences between three distinct integration models being implemented in eight California school districts (p. 174). The following service delivery models were explored:

1. Assignment of educable students to a special education classroom with participation in a regular classroom for a specific block of time each day.
2. Full-time assignment of educable students to regular classrooms with reduced class size and provision of paraprofessionals and supplemental materials.
3. Full-time assignment of educable students to a regular classroom with one to two hours per day spent in a resource room setting.

Interviews were conducted with eleven special class teachers, twenty regular class teachers and eight administrators. Positive attitudes were expressed by 62 per cent of the teaching staff (regular and special educators

combined); 19 per cent held neutral attitudes and 19 per cent expressed negative attitudes (p. 177).

Guerin and Szatlocky (1974) noted a trend toward similarity of attitudes among teachers working on the same staff. Negative or positive attitudes on the part of the special education teachers were associated with negative or positive attitudes of the general education staff within each school. Following a pattern similar to that found in the Barngrover (1971) study, staff members most distant from the students (central administration) were more positive toward integration, while those closest to the students (teachers) had the greater incidence of negative attitudes (p. 179).

Bradfield et al. (1973, p. 385) conducted a two-year study of the North Sacramento (California) Model Program to analyze the efficacy of an integration program for educable mentally impaired and educationally handicapped students in terms of academic achievement, self-concept and student behavior. Regular class teachers involved in the project assumed responsibility for six handicapped students placed in their classroom. Paraprofessionals were assigned to the integrated classrooms and project participants received intensive inservice training in the adaptation of teaching materials and the utilization of precision teaching techniques.

While the Bradfield et al. (1973) study indicated that both handicapped and non-handicapped students involved in the integration program made positive gains, both academically and socially, teacher "gains" were less apparent. Teacher attitudinal change was measured using a Semantic Differential for two factors, evaluative and familiarity, and on ten concepts (e.g., hyperactive, average child, speech defective). An analysis of pre- and post-test measures indicated that when attitudinal change did occur, it tended to be of small magnitude and in the negative direction (p. 390).

Several studies investigating the attitudes of teachers involved in integrative programs have shown more optimistic results. Using a total sample of 352 subjects, Harasymiw and Horne (1975, p. 155) investigated the attitudes of teachers toward disabilities and the legal issues of integration. The experimental group, comprised of 191 regular class teachers, was involved in a pilot project in which eighteen special educators were retrained to function as generic specialists working with the experimental teachers to provide a coordinated approach to the management of handicapped children within the regular classroom. The control group, comprised of 161 regular class teachers, was picked at random from the same school districts and not involved in the pilot program (p. 155).

The researcher's hypothesis that experimental teachers

would show a more favorable attitude than teachers not involved in the project was confirmed and the difference was significant at the .01 level (p. 155). The researchers qualify their results, however, by stating that "this study sampled only post-treatment effects of non-randomly assigned intact groups" (p. 158).

Summary

In summarizing the results of research studies designed to measure regular teachers' attitudes toward handicapped children, the following statements can be made:

1. Research studies have demonstrated that regular teachers' attitudes toward handicapped children and their integration into regular classrooms can be changed (Guerin and Szatlocky, 1974; Harasymiw and Horne, 1975).
2. Negative attitudes of regular classroom teachers may be more intense toward one type of handicapping condition than towards another (Wechsler et al., 1975) or may cut across all disability areas.
3. The placement of handicapped children into regular classrooms is often viewed by regular classroom teachers as an imposition (Gickling and Theobald, 1975).
4. Many regular teachers do express a bias favoring self-contained special education classrooms over placement of handicapped children in regular

classrooms (Wechsler et al., 1975; Gickling and Theobald, 1975).

5. Regular classroom teachers often prefer to place the responsibility of educating handicapped children on an outside source (Gullotta, 1974).

6. Within the educational structure, proximity to the classroom often increases the incidence of negative attitudes (Barngrover, 1971; Guerin and Szatlocky, 1974).

7. There are relatively few research studies that focus on changing regular teacher attitudes toward the integration of handicapped children into the regular classroom (Shaw and Gillung, 1975).

It is important to note that regular teacher attitudes are often no different than the attitudes of the general public (Efron and Efron, 1967). The only major difference between the public and teachers is that while the public may choose not to interact with the handicapped individual, many teachers will not have the opportunity to make a choice. Thus, teachers may have handicapped children "forced" upon them without having the opportunity to deal with their own feelings toward them. This could result in even deeper negative feelings toward the handicapped, making the task of teaching this population even more difficult.

Mainstreaming Inservice Training Models

A review of the literature indicates that model inservice training programs focusing on mainstreaming have (1) usually been of a long-term nature; (2) usually been implemented during rather than prior to integration of the handicapped into the regular education program; and (3) often involved the combination of university and public school personnel efforts.

As the present study examines a short-term experiential approach to effect attitude change toward mainstreaming, similar mainstreaming studies were sought but not found. A similar literature review by Schorn (1976) revealed:

. . . literature on inservice efforts incorporating sensitivity training or human relations was nonexistent. It should be noted that an inservice program related to mainstreaming and utilizing these principles has yet to be developed (p. 45).

Inservice training models discussed in this section have been classified within the following broad parameters:

- a. The university course as a training model (Lazar, 1973; Shaw and Gillung, 1975; Brooks and Bransford, 1971).
- b. The school-based university training model (Heath, 1974; Glass and Meckler, 1972; Farrer and Guest, 1970).
- c. The long-term training model (Meisgeier, 1973;

Van Etten and Adamson, 1973; Shaw and Shaw, 1973).

The University Course as a Training Model

Lazar (1973) examined the impact of a 16-session course conducted at California State University to determine whether a unique course of instruction could change the attitudes of graduate special education students toward integration. Focus of the course was on the handicapped individual "as a person" and the social and educational manifestations of disability. Each three-hour session included a group lecture, and large and small group discussion. Utilizing the Attitude Toward Disabled Persons Scale (Yuker, 1966) and the Preferred Student Characteristic Scale (Haring, 1958) as a pre and post measure, Lazar (1973) found support for his hypothesis that this training model could be effective in increasing positive attitudes towards the disabled.

Shaw and Gillung (1975) completed a study to determine (a) whether regular classroom teachers who volunteered for a college course on teaching the mildly handicapped would begin with more positive attitudes than teachers not electing to take the course; (b) whether the attitude of course participants would improve and (c) whether participant's attitudes toward the handicapped would be maintained three months after completion of the course (p. 3).

The experimental group was comprised of ten regular

classroom teachers enrolled in a summer course entitled "Teaching Mildly Handicapped in the Regular Classroom." Class procedures focused on the use of a contract system in which teachers had to meet pre-selected objectives in prescriptive teaching, task analysis, classroom management, administrative arrangements, individualized instruction and parent counseling. The control group was comprised of sixteen regular classroom teachers who elected to take another course (on teaching reading). The Rucker-Gable Educational Programming Scale (Rucker and Gable, 1973), a social distance scale, was administered to both the experimental and control groups as a pre-test and re-administered to the experimental group at the conclusion of the course and three months later (p. 4).

In summarizing their data results, Shaw and Gillung (1975) noted the following:

1. Contrary to the researchers' expectations, teachers who enrolled in a course to improve their skill with mildly handicapped students were similar in initial attitude to those teachers who did not select the course.
2. Skills relevant to teaching mildly handicapped children can be taught to classroom teachers in a relatively short period of time.
3. Teacher gains in terms of attitude and skills can be maintained over a period of time (p. 6).

Brooks and Bransford (1971) reported on the outcomes of a Summer Institute conducted by the University of New Mexico and designed:

(a) to provide for regular education personnel adequate training related to the individual needs of the handicapped child within the regular classroom, (b) to develop sensitivity and more positive attitudes toward handicapped children within the regular classroom, (c) to develop an understanding about how a handicapping condition affects learning, (d) to develop acceptance of handicapped children within the regular classroom structure as a contributing member of the class, and (e) to develop an alternate approach to the education of mildly handicapped children so they may be maintained in the "mainstream" of the educational process (p. 259).

The summer session concentrated entirely on the affective domain and consisted of a practicum placement in demonstration classrooms, classroom observation and sensitivity training. Thirty subjects participated in the Institute program, representing both urban and rural school districts. Ten subjects were administrators and 20 were regular class teachers (p. 260).

Using a semantic differential as a pre and post measure, subjects were asked to respond to eight concepts: special education, exceptionality, prevention, rehabilitation, IQ, ME, integration and teaching (p. 260). Pre and post test scores indicated significant attitude change (at the .05 level of confidence) on the concepts of special education, prevention and integration.

In summary, Brooks and Bransford (1971) discussed

possible implications of their study on effecting attitude change:

The results indicated that a concentrated effort to acquaint regular classroom teachers with attitudes and behavioral aspects of exceptional children is beneficial. Based on this investigation, notable attitude shifts toward the concept of special education were recorded. It would appear that because of a lack of knowledge concerning the role and function of special education, many regular educators are not willing to accept children found in these programs. In conjunction with the concept special education, the concept integration was also significantly affected in a positive manner. This would give further support to the statement that perhaps if regular classroom teachers and administrators became informed about special education goals they would be more willing to accept the handicapped in the regular class (p. 260).

The School-Based University Training Models

Several long-term inservice training models have been developed utilizing the combined resources of university special education personnel and public school teachers and support staff (i.e., teacher consultants and resource room teachers). Project CHILD, an inservice training model developed at Purdue University (Heath, 1974), was designed to show that teachers with regular elementary education training could, with in-depth inservice training, meet the needs of learning disabled students within the regular classroom setting. Basic components of the project included summer workshops, inservice released time during the school year, curriculum planning and development sessions and interdisciplinary staffing of the students involved (p. 274).

In each of the three years of the project, local district personnel played an increasingly larger role in the inservice training sequence, with an ultimate goal of self-sufficiency. Data compiled on the targeted 150 students diagnosed as learning disabled indicated the failure rate dropped from 10.8 per cent to less than 1.5 per cent in the project's first year. By the end of the second year, only three of the remaining 142 students were classified as non-readers (p. 275).

Although Heath's (1974) description of Project CHILD activities and results did not include data on teacher attitude change, one can assume positive teacher attitudes contributed to the student progress reported.

Project CHILD involved the interjection of university personnel into a public school district where on-site training could be provided. Other inservice training programs have utilized the opposite approach by bringing teachers and students into the university setting. A joint project of the Indiana University Department of Special Education, the Center for Innovation in Teaching the Handicapped and a county school district utilized this approach during a one-year training program (Glass and Meckler, 1972). Eighteen elementary teachers and thirty-eight mildly handicapped students participated in an eight week summer workshop. During the morning, a practicum setting was developed in which academic instruction and

group participation skills were developed and practiced by the teachers, with the afternoon sessions devoted to formal teacher training in the integration of theory and practice (p. 152). Glass and Meckler (1972) found two relevant implications in their study:

- (1) specific skills relative to the instruction of mildly handicapped children can be isolated and taught in a relatively short period of time; and
- (2) developing and practicing specific skills in an action oriented setting may be a more productive teacher training approach than traditional university courses (p. 156).

Farrer and Guest (1970) investigated the effects of a cooperative university/public school instructional program for improving skills of regular educational personnel in teaching special education students.

The training program involved seminars on (a) the intellectual and emotional development of children, (b) behavior observation methods, (c) evaluation and curriculum planning, (d) use of educational media and (e) team teaching approaches. Another component of the program was practicum experience in a laboratory school. Evaluation of the program indicated that participants made gains in knowledge of and attitudes toward special education students (Farrer and Guest, 1970).

The Long-Term Training Model

One of the most well-known mainstreaming models in use today is the Houston Plan (Meisgeier, 1973), implemented in the Houston Independent School District in 1972.

The Plan's initial goals included the following: (1) to make the entire educational process responsive to the strengths and weaknesses of every child; (2) to make the curriculum relevant and interesting to the child and (3) to humanize and personalize the environment in which the child learns (p. 133). The major catalyst behind the development of the Houston Plan was the passage of Plan A, a Texas law passed in 1969, becoming operational in 1976. Plan A had two major provisions (p. 136); (a) comprehensive services for exceptional children beyond those that had been provided in the past, and (b) the creation of a number of new alternatives to meet the needs of special children (as opposed to the self-contained, special education classrooms which was the major option under the old system). Thus, school districts were presented with the task of developing comprehensive services for exceptional children, which included their inclusion into the mainstream of the school setting.

The overall philosophy encompassing the Houston Plan was that "every child is exceptional and brings a unique set of educational needs to school" (p. 133). The most salient feature of the Plan was its teacher training component. Regular classroom teachers were involved in an intense five-day training program whose overall goal was to provide the teacher with skills so he/she may be able to meet the needs of all children, including handi-

capped children, more effectively. It was hoped that this inservice experience would assist teachers in changing their role from dispenser of knowledge to facilitator of learning. Thus, students would have an opportunity to change from passive, independent listeners to active participants with responsibility for their own decision making and learning.

Another important change in the educational structure occurred in the role of the special educator. Special education personnel became, in many cases, support personnel to regular classroom teachers. Also, many Precision Learning Centers, which were centers housing updated instructional equipment and materials and serving as a resource center for all children and teachers, were manned by special education teachers (p. 138).

Even though the inservice training program had as its main focus, skill development of regular classroom teachers, it did include attitude change strategies. Probably the most obvious ongoing strategy employed to change attitudes was the constant references to "how do you feel?" Teachers experiencing the workshop often were presented with experiences similar to those that students experience every day in the classroom. It was hoped that this strategy would bring about a greater awareness of how students feel, thus leading to more understanding and a better overall attitude (p. 140).

One district that adopted and adapted the Houston Plan was Pinellas County, Florida. The Pinellas County Plan for Educational Self-Renewal evaluated teacher attitudes toward (1) education in general, (2) exceptional children, (c) individualized instruction and (4) mainstreaming. By evaluating teachers involved in the project and using a control group, results indicated that greater gains were made by treatment teachers in all attitude evaluation components measured (Miller, 1976, p. 23).

Another inservice model, developed by Van Etten and Adamson (1973) from the University of New Mexico, is termed the Fail-Save Model. The key educational person involved in this model is the Methods and Materials Consultant/Teacher (M and M). The M & M's primary functions as described by Van Etten and Adamson (1973, p. 158) are as follows:

1. To assist in diagnosing and pinpointing the child's specific academic and behavioral problems.
2. To develop an instructional prescription utilizing the child's available responses, the scope and sequence of the curriculum, and the application of instructional materials and techniques to move the child forward through the scope and sequence of the curriculum.

3. To train parents and teachers to deal effectively with the child's learning and/or behavior problem.
4. To monitor the child's progress throughout the program.

The Fail-Save Model has a continuum of interventions, limiting the time that a child can stay in any one phase. If the child does not show progress in a certain period of time the assumption is made that continued input will not be productive. A rationale for using a time limit is that it forces program accountability since a child is given a chance to succeed in the mainstream. If the child does not make progress after this time period, two reasons may be (1) the system has been apparently unable to adapt to him and meet his needs, or (2) the system does not have available resources to meet the needs of the child in a normal way. If this occurs, a special environment is then created for the child. A unique feature of this model is that responsibility for failure is placed on the system as opposed to the child.

The Fail-Save continuum consists of the following five phases and alternate placement provisions (p. 159):

Phase I - Consultation

Phase II - The Resource Room/Regular Classroom

Phase III - The Special Classroom/Resource Room

Phase IV - The Special Classroom

Phase V - Alternate - Special Residential or Day School

Although the Fail-Save Model does not incorporate a specific plan for effecting attitude change, it can be assumed that positive attitudes of participating teachers toward the program and its goals would be an essential element for program success.

A unique teacher training model was developed by Shaw and Shaw (1973) and labeled "The Inservice Experience Plan." This plan is unique in that it relies heavily on teacher "modeling" of specific techniques demonstrated by a classroom specialist.

The classroom specialist is the significant educational person to this training model and primarily "arranges" inservice experiences based on individual teacher needs. There is an assumption in this plan that no teacher has to fail if he/she has experienced adequate inservice learning. The inservice experience process has been outlined in the following manner by Shaw and Shaw (1973, p. 126).

1. Upon referral, the classroom teacher and specialist work together to pinpoint and identify pertinent elements of the problem situation.
2. Once the characteristics of the problem situation are identified, the teacher and specialist investigate and evaluate a number of alterna-

tive strategies which might be used to modify the problem.

3. The classroom specialist obtains for the teacher pertinent information concerning the effectiveness of the strategies being considered as well as the materials which might be used to implement these strategies.
4. The classroom specialist may demonstrate the use of materials or models and instructional techniques for the teacher.
5. The classroom specialist is to encourage and assist the teacher in evaluating the effectiveness of his/her plan.
6. A number of evaluation methods may be considered by the teacher and the specialist. The specialist may provide the equipment and materials for the evaluation.

The evaluation stage of the model is considered the most crucial step in the teacher learning for it is believed without helping the teacher evaluate his/her methods in terms of student performance, it would be difficult for a teacher to determine the effectiveness of decision-making and implementation skills.

The classroom teacher has the responsibility of determining his own weaknesses and how the classroom experiences might be of assistance to him, thus building

a gradual progression toward teacher self-sufficiency, the primary end result (p. 126).

Summary

The literature reviewed in this section has provided an overview of current training models designed to facilitate the positive and effective integration of handicapped students into the mainstream of regular education. Many of the training models (Shaw and Gillung, 1975; Brooks and Bransford, 1971; Farrer and Guest, 1970) have been designed to upgrade teacher skills and competencies, with attitude change as a secondary benefit.

Long-term training models (Meisgeier, 1973; Van Etten and Adamson, 1973) have proven to be effective vehicles for altering the educational delivery system and providing placement alternatives for the handicapped.

Given our present educational direction toward the mainstreaming of handicapped students into the regular education environment, it appears evident that many more training models must be developed. One alternative, which is both practical and cost effective, is a short-term workshop focusing on attitude change as a primary, rather than secondary, objective.

CHAPTER III

METHODOLOGY

This chapter describes the procedures employed in the formulation of the research design used in this study. Initially, a statement of the problem will be presented. Following the problem statement, discussion will focus on the source of the data, the population and sample and a description of the experimental treatment. This chapter will conclude with a discussion of the instruments used in the study and the data collection.

Statement of the Problem

The problem examined in this study was the evaluation of the effect of an experiential two-day teacher training program on regular classroom teacher (K-6) attitudes toward handicapped children.

Source of the Data

The inservice training program being examined in this study was sponsored by Wayne County Intermediate School District, utilizing Title VI-B (P.L. 93-380) funds.

Local school district administrative staff was presented with the possibility of this research being conducted

in their school district and supported its implementation. The Director of Pupil Personnel, who also has responsibility for the coordination of all special education services, and the Director of Elementary Education made the decision as to what schools would be involved in this study.

The criteria used to select the schools were three-fold: (1) the selected schools had to commit their entire staff to the study; (2) the selected schools had to have at least one building-based special education program; and (3) the number of teachers in each of the schools from which control teachers were selected had to approximate the staff size of schools from which the experimental teachers were selected. Also considered for criteria, but not included in the initial selection, was principal support.

Pre-treatment instruments were administered to all experimental and control teachers. The research sample was presented with the treatment in two two-day sessions, with one group attending on Thursday and Friday and the second group attending on the following Monday and Tuesday. The separate sessions were run on consecutive working days to minimize contamination as initial workshop participants returned to their buildings.

During the second day of the first two-day sequence, an unforeseen problem arose. Since the teachers in the district were working without a contract, the entire staff of one of the buildings took a "sick day." Central

administration termed this negotiation strategy "blackboard flu" and, midway through the second day of the workshop, requested that all workshop participants return to their classrooms to relieve the substitute shortage.

Because so many outside variables had to be dealt with in analyzing the effects of this unfortunate occurrence on the data, it was decided to not use these data in the research study. However, to fulfill the researcher's commitment to impact total school buildings, the workshop for the second group was presented on the following Monday and Tuesday.

A new experimental and control group was then pursued outside of the initially selected district. A director of special education for five local districts (called a Special Education Cooperative) was then contacted concerning this research study. The criteria presented to this administrator were the same as in the previous source of data, with the additional criterion that all districts involved had to have a teacher contract.

Since the contacted administrator had responsibility for special education services for five districts, he expressed a deep interest in having teachers from all of the districts involved in this study. One district did not meet the criterion concerning a building-based special education program and was thus eliminated from the population. Assistant superintendents from the four remaining districts were

then contacted and their interest in the workshop ranged from "extremely interested" to "just interested", as reported by the special education director. Principals from each elementary building in the four districts were then informed of the workshop. As all principals expressed interest, they were instructed to randomly choose equal numbers of teachers from the K-2 and 3-6 grade levels. Each principal was given a suggested quota of teachers to be selected. Some quotas were met while others fell short due to shortages of available substitutes. Although the researcher's initial intent was to work with entire school staffs, it was necessary to compromise and select teachers from a larger number of schools in order to gain the cooperation necessary to carry out the study. Table 1 indicates the number of schools and participants involved from each district.

TABLE 1. Description of Participating School Districts

District	Number of Buildings Involved	Participants Involved <u>Treatment</u>	Participants Involved <u>Control</u>
1	6	14	14
2	2	2	2
3	5	12	12
4	3	3	3

It should be noted that all K-6 buildings in each of the districts meeting the new criteria were represented. Principals were asked to randomly select one-half of the teachers from those previously chosen to receive the treatment. The remaining teachers were considered to be the control group. No meaningful differences were noted between districts in terms of administrative procedures relating to the provision of special education services.

Population and Sample

The new population consisted of approximately 250 teachers from four school districts in the southernmost part of Wayne County, Michigan. This area is considered to be rural/suburban in nature with the largest school district having a school population (K-6) of about 2,500 students and the smallest having 700 (K-6) students. From the total population, both the experimental and control group consisted of 31 regular classroom teachers, for a total of 62 teachers. Table 2 offers a description of the schools participating in the study.

Special education services within the schools are defined as follows: Resource Room (RR) is a classroom where handicapped students are served for part of the day; Teacher Consultant (TC) is support service to the handicapped in regular classrooms; Infant-Toddler Intervention (ITI) provides services to the 0-3 year handicapped population; and Pre-Primary (PP) programs serve the 3-5 year old group.

TABLE 2. Description of Schools Participating in the Study

District	School	Number of Regular Class- room Teachers	EMI	EI	LD	Other
1	1	18	1-SC		1-RR 1-TC	ITI
	2	14			1-RR 1-TC	
	3	17			1-RR 1-TC	
	4	12			1-RR 1-TC	
	5	17			1-RR 1-TC	
	6	16			1-RR 1-TC	
2	1	17			1-RR	
	2	14			1-RR	
3	1	15		1-TC	1-TC	
	2	11		1-TC	1-TC	
	3	16		1-TC	1-TC	PP
	4	14		1-TC	1-TC 1-RR	
	5	18		1-TC 1-RR	1-TC	
4	1	17			1-RR	
	2	14			1-RR	
	3	15	1-SC			

Note: SC = self-contained classroom
 TC = Teacher Consultant service
 RR = Resource Room
 PP = Pre-Primary Program
 ITI = Infant Toddler Program

Experimental Treatment

The experimental treatment in this study was a two consecutive day inservice workshop administered by the Down-river/Dearborn Learning Center, a regional diagnostic center supported by Wayne County Intermediate School District. Designers and presenters of this workshop were Dr. Matthew Trippe, Professor of Education from The University of Michigan and this researcher. The general workshop focus was on how participants felt about handicapped children, rather than a presentation of specific academic skills designed to educate the handicapped. The workshop was largely experiential in nature and the participants were actively involved in activities designed to promote an examination of their own value system. Following is the design for the workshop, which was titled "Exploring Attitudes Toward Difference."

First Day - Morning Session

Activity 1 - Introduction

In a lecturette format, mainstreaming was defined. The Education for All Handicapped Children Act (P.L. 94-142) was described. Objectives for the workshop were discussed.

Activity 2 - Concerns About Mainstreaming

Participants formed six groups by color-coded name tags. Each group was asked to designate a recorder for the group. Participants were asked to respond to the question "When I think of mainstreaming handicapped children, what concerns

me is . . . " Groups then returned to the large group and recorders reported all responses. These responses were listed on newsprint for all participants to view. Discussion around concerns followed.

Activity 3 - Strength Bombardment

Participants were asked to return to their smaller groups. Everyone was then asked to spend a few minutes thinking about "things that I feel good about", either professionally or personally. Participants then shared their thoughts with the group. After share-outs were completed, group members gave feedback to each other as to how they felt about what members of the group had said. Emphasis in giving feedback was placed on positive feedback. A total group share-out was then conducted with discussion centering on (a) how you felt while sharing "things I feel good about" and (b) how you felt receiving positive feedback.

Activity 4 - Attitude Origins and Fears

In a total group, a short lecturette was given, focusing on origins of attitudes toward people who are different. The group was then asked to share attitude development and changes as it related to direct experiences with a family member, neighbor or close friend who was handicapped. A large group share-out followed.

First Day - Afternoon Session

Activity 5 - Handicap Fear

Participants were asked to find a partner and talk about an exceptionality they were uncomfortable with and any experiences related to this discomfort. After finishing this activity, each pair was to find another pair and share out their experiences during this exercise. A large group share-out followed.

Activity 6 - Lecturette about Articles

Focus of this activity was on two articles, "Education for Living" and President Carter's address to the White House Conference on Handicapped Individuals in May, 1977. All hand-outs presented during the experiential workshop are included in Appendix B.

Activity 7 - Film: "Like Other People"

After film presentation, participants were asked to quietly think, for a few minutes, about their feelings. Participants then formed their original small groups and shared their feelings. A large group share-out followed.

Activity 8 - Slide show: "I'd Pick More Daisies"

A slide show was presented to the entire group. The slide show script is included in Appendix B. No discussion followed this activity.

Activity 9 - Reaction Report

Participants were asked to respond in writing to the following question: "How are you feeling, right now, in

terms of what's happening in this workshop?"

Second Day - Morning Session

Activity 1 - Reaction Report Share-Out

A brief summary of reaction reports was presented. A hand-out describing "highlights" of the Education for All Handicapped Children Act (P.L. 94-142) was distributed and discussed.

Activity 2 - Labeling Brainstorm

With input from the entire group, various words that are frequently used to describe children who are handicapped or different in any way were written on newsprint. Immediately following this, participants were asked to share personal meanings and associations for the term "mentally retarded." After the brainstorm, participants were asked to classify each label as negative or positive. This activity concluded with a large group discussion of the effects of labeling.

Activity 3 - Mainstreaming: Advantages and Disadvantages

Participants returned to their small groups and selected a recorder. Their assignment was to list the disadvantages and advantages of mainstreaming for (1) the teacher, (2) other children in the classroom and (3) the handicapped child. When all groups finished, recorders reported out to the larger group.

Activity 4 - Lecturette on Skills vs. Attitudes

While emphasizing the need for teachers to have certain skills, this lecturette emphasized that attitudes (a) affect the influence of skills and (b) affect the way in which handicapped children are perceived. In support of this assertion, Dr. Matthew Trippe shared his own statement which was presented at the White House Conference on Handicapped Individuals.

Activity 5 - Film: "Who, What and Why of Authority"

This film focused on the importance of using natural authority with children. Participants discussed the film and implications for them in terms of the workshop. Discussion was held in small groups.

Activity 6 - Behavior Incident - Feeling Bad & Good

Participants were asked to think of a behavior incident that had occurred in their classroom. They were then asked to imagine the same incident occurring on a day when they were feeling "down and out." They were asked to focus on their feelings, behaviors and some of the consequences. Participants were then asked to hold that thought and imagine the same behavior incident occurring on a day when everything was "going great for you." Following this, participants were asked to find a partner and share their learnings. A large group share-out concluded this activity.

Activity 7 - Lecturette on "The Sorcerer"

Using The Sorcerer of Bolinas Reef (Reich, 1976)

as a resource, this lecturette focused on personal change and the need to take care of one's own needs. Discussion also centered on the "idea" of waiting for outside organizations to change (i.e., school district, government) before undertaking any personal change.

Activity 8 - Film: "Where All Things Belong"

This film focused on rebirth, risk-taking and personal change. Participants discussed the film and its implications for them in terms of the workshop. Discussion took place in their original small groups.

Activity 9 - Evaluations and Closing

An evaluation form was completed by each participant. Closing comments and thoughts about the workshop were presented and shared.

Research Instruments

The research instruments employed in this study included the following:

1. The Rucker-Gable Educational Programming Scale
(Rucker and Gable, 1973)
2. Semantic Differential
3. Data Survey (designed by researcher)

All instruments used are described in the following section and included in Appendix A.

Rucker-Gable Educational Programming Scale

The RGEPS (Rucker and Gable, 1973) presents thirty scenarios describing children in need of educational

alternatives. Respondents indicate which of seven educational alternatives is appropriate for each child; the choices range from integrated classrooms to separate facilities. The index provides a measure of attitudes toward exceptional children as well as an index of knowledge about appropriate educational programming for such children. The two major scales -- attitude and knowledge -- are further subdivided into six sub-scales relating to the severity of the impairment (mild, moderate or severe) or the nature of the impairment (mental retardation, emotional disturbance, or learning disability). This instrument yields 14 scores in all -- one for each of the sub-scales in the attitude domain, one for each sub-scale in the knowledge domain, and an overall attitude score and an overall knowledge score.

The Attitude sub-scales of the RGEPS are based on social distance, in that a higher score indicates a more positive attitude towards children with exceptional needs. Thus, a teacher with a more positive attitude would place the child closer to the regular classroom.

The Knowledge sub-scales, by comparison, were standardized using panels of experts in the field. The mean assignment ratings of these experts constitute the standard against which an individual respondent's answers are compared. The scoring of the scale is such that the higher the score, the farther away from the correct placement as determined by a panel of experts. Therefore, the lower scores

are more desirable for these subscales.

Rationale for Selection: The RGEPS is unique in that it is designed to examine educators' attitudes toward exceptional children and knowledge of alternative placements. Completion of the instrument takes approximately twenty minutes. The authors report that the instrument is sufficiently reliable (split-half internal consistency) and valid (content and construct validity). Table 3 indicates results of reliability.

TABLE 3. Split-Half Reliabilities for RGEPS Attitude Scales

RGEPS SCALE								
Group	N	Mild	Moderate	Severe	MR	EI	LD	Total
<u>Spec. Educ.</u>								
<u>Grad. Students</u>								
U. of Conn.	34	.91	.91	.87	.84	.92	.84	.94
Syracuse U.	11	.65	.95	.73	.79	.69	.83	.96
<u>Non-Spec. Ed.</u>								
<u>Undergrads.</u>								
Indiana U.	60	.83	.86	.57	.88	.86	.83	.95
U. of Conn.	77	.60	.80	.64	.74	.84	.62	.86
<u>Principals</u>								
Iowa	36	.71	.73	.36	.70	.67	.68	.81
<u>Reg. Class</u>								
<u>Teachers</u>								
St. Joseph's	16	.85	.67	.53	.91	.69	.70	.86

Source: Rucker and Gable (1973, p. 26).

These data presented by the authors indicate that special education graduate students' attitude scores tend to have the highest internal consistency reliabilities; the severe scores, especially for the principals, have the lowest.

Content validity was determined by using case studies which were judged by content experts to reflect the three disability categories of emotional disturbance, mental retardation and learning disabilities.

Judgments on item appropriateness and actual item responses were obtained from twenty general experts and forty-five specific experts. The final set of thirty items represented a continuum of disability across each of the three disability areas.

The construct validity of RGEPS scores interpretation was supported by examining known group differences in a variety of workshop training sessions. In addition, group differences were examined before and after training experiences. Pre- and post-test means, standard deviations and related t values were obtained for all attitude score areas.

Semantic Differential

The semantic differential, developed by Osgood, Suci and Tannenbaum (1957), is the method of measuring the meaning an object has to an individual. It may also be thought of, and has been used extensively, as an attitude scale

(Selltitz, 1964). The subject is asked to rate a given concept (e.g., handicapped child, mainstreaming) on a series of seven point bi-polar rating scales (e.g., warm warm...cold, easy...difficult). Each rating scale is assigned a value from 1 to 7, dependent upon where the subject's response is placed along the continuum. When used as a pre and post measure of attitude change, the total composite scores will be compared. Nunnally (1967, p. 542) reports that the reliability of the semantic differential is high and six pairs of adjectives rated on an eight-step scale have a coefficient alpha as high as .80.

Rationale for Selection: One distinct advantage of this instrument is that the researcher can select the concept(s) to be measured. The bi-polar rating scales of this particular semantic differential were designed for measuring the effects of an inservice training workshop that focused on teacher attitudes in Pinellas County, Florida (Miller, 1976). Its use in this study will be for added comparisons of attitude measurement. Also, this instrument is easily and quickly administered.

Data Survey

The data survey was designed by the researcher to gather information that cannot be obtained through the use of the RGEPS or the semantic differential. Some specific questions were designed for activities used in the workshop. It was planned that these activities might result

in changes that would be measured by this instrument. Also, an information questionnaire was used to gather pertinent demographic data.

Rationale for Selection: Due to the uniqueness of this study, it was thought that the information gathered might be of some help in future studies whose format involves changing attitudes via an experiential teacher training inservice model.

Research Design

The research design used in this study was a pre- and post-test format with an experimental and control group. Both experimental and control group teachers were administered pre-test measures before the workshop intervention. The experimental group was then administered the workshop on two consecutive days. The workshop was presented at the Board of Education offices in one of the districts participating in the study. After the experimental group had completed the workshop experience, both experimental and control groups were administered the post-test measures.

This design fits within a framework used by Campbell and Stanley (1963). Thus, if X represents the treatment, O_1 represents the pre-test and O_2 represents the post-test, the model would be visualized in the following manner:

Experimental	O_1	X	O_2
Control	O_1		O_2

This "before-after" study with one control group takes into account the effects of both the initial measurements and of contemporaneous factors. Since the control group as well as the experimental group were subjected to the pre-test measurement and to contemporaneous factors, the difference between the scores of the two groups would constitute a measure of the effectiveness of the experimental variable alone.

Data Collection

All pre-test measures were collected three days before the treatment began. Post-test measures were distributed just following the workshop and collected three days after the treatment. Teachers were asked to return pre- and post-test instruments to their respective building principal who, in turn, was responsible for returning them to the Director of Special Education. Instruments contained an identification number to insure anonymity. Participants were insured that all responses would be held confidential and only group scores would be tabulated.

CHAPTER IV

PRESENTATION AND ANALYSIS OF THE DATA/RESULTS

In the previous chapters, a statement of the problem was presented (Chapter I), a review of relevant literature was offered (Chapter II) and methodology was described (Chapter III). In Chapter IV, each major hypothesis under investigation will be isolated and results of the statistics that test each hypothesis will be reported. This chapter will also include information generated from the two-day workshop (treatment). This information will include (a) information generated from specific activities; (b) participant reactions after the first day of the workshop and (c) workshop evaluation results.

Test of Hypotheses

This section presents each hypothesis, then a table showing pre-test comparisons to ascertain if significant differences exist between the two groups. Finally, a table displaying post-test results comparing the two groups will be presented to test the hypotheses. A summary statement will conclude this chapter.

Table 4 summarizes the statistical analysis utilized for testing each hypothesis.

TABLE 4. Statistical Analysis Utilized for Testing Each Hypothesis.

HYPOTHESIS #	INSTRUMENTS					
	RGEPS	SD VI	SD HI	SD PI	SD HANDI. CHILD IN REG. CLASS	DATA SURVEY
1	t-test					
2		t-test	t-test	t-test		
3					t-test	
4						Ques. 5 (volun- teer score) Chi- Square
5						Ques. 7 (Asset Score) t-test
6						Ques. 8 (Most feared handicap score) t-test

RGEPS = Rucker-Gable Educational Programming Scale
 SD = Semantic Differential
 VI = Visually Impaired
 HI = Hearing Impaired
 PI = Physically Impaired

All instruments were administered pre and post and, unless stated, each item was analyzed using the student-t and pairwise-t tests available on the MIDAS programs on the Michigan Terminal System. One test was performed (Hypothesis IV) using a chi-square computation. The decision rule that will be employed is that a hypothesis will be accepted if fifty percent or more of the instrument subtests related to that hypothesis are significant. This difference and all others will be statistically significant at or

beyond the .05 level of confidence.

Hypothesis I

As a result of the workshop, experimental teachers will demonstrate more positive attitudes than control teachers toward handicapped children as measured by the total score on the Rucker-Gable Educational Programming Scale.

Table 5 summarizes pre-treatment comparisons between the experimental and control groups for the RGEPS. Results indicate that the experimental and control groups were not significantly different on all dimensions of the RGEPS. Thus, any differences that occurred in the post-test could be considered to be a result of the treatment. Table 6 summarizes results of both groups following the treatment.

Contrary to expectations, there was no significant difference in the total scores of the RGEPS between experimental and control groups. Thus, significantly more positive attitude scores by experimental teachers were not realized and Hypothesis I must be rejected. It should be noted, however, that two subscores on the attitude scale (severely handicapped and mentally retarded) and one subscore on the knowledge scale (severely handicapped) were significant.

TABLE 5. Pre-test Analysis of the RGEPS Comparing Experimental and Control Groups

R-G Subscales		Experimental Group N=31 Mean SD		Control Group N=31 Mean SD		t-test Significance
A T T I T U D E	Mildly Handicapped	43.4	4.9	43.6	4.5	.87 - NS
	Moderately Handicapped	68.9	9.7	71.3	8.8	.39 - NS
	Severely Handicapped	13.1	3.2	13.1	3.3	.97 - NS
	Mentally Retarded	33.2	5.9	32.7	5.3	.76 - NS
	Emotionally Disturbed	47.6	6.5	48.3	6.8	.73 - NS
	Learning Disabled	44.5	5.0	47.0	6.0	.13 - NS
	TOTAL	125.1	15.0	128.0	13.9	.51 - NS
K N O W L E D G E	Mildly Handicapped	7.6	2.9	7.2	2.9	.72 - NS
	Moderately Handicapped	16.2	4.2	16.5	4.6	.85 - NS
	Severely Handicapped	4.9	1.8	4.6	1.6	.58 - NS
	Mentally Retarded	9.2	2.8	9.3	2.4	.88 - NS
	Emotionally Disturbed	10.7	3.5	9.6	3.1	.25 - NS
	Learning Disabled	8.7	2.6	9.5	3.6	.43 - NS
	TOTAL	28.4	6.3	28.4	7.1	.995- NS

TABLE 6. Post-test Comparisons of the RGEPS Comparing Experimental and Control Groups

R-G Subscales		Experi- mental Group N=31		Control Group N=29		t-test Significance
		Mean	SD	Mean	SD	
A T T I T U D E	Mildly Handicapped	43.0	5.3	42.3	8.9	.66 - NS
	Moderately Handicapped	71.2	9.2	67.8	15.2	.23 - NS
	Severely Handicapped	14.4	4.2	11.2	3.4	.001-Sig.
	Mentally Retarded	34.6	6.3	29.6	7.6	.003-Sig.
	Emotionally Disturbed	48.3	6.4	46.6	9.3	.38 - NS
	Learning Disabled	45.8	5.3	44.9	9.8	.61 - NS
	TOTAL	128.1	14.6	120.8	25.5	.12 - NS
K N O W L E D G E	Mildly Handicapped	7.3	2.8	8.3	5.7	.28 - NS
	Moderately Handicapped	15.9	4.3	17.2	7.8	.36 - NS
	Severely Handicapped	5.3	2.4	4.1	1.5	.01-Sig.
	Mentally Retarded	10.2	3.5	9.0	3.5	.12 - NS
	Emotionally Disturbed	9.6	3.0	10.4	5.4	.44 - NS
	Learning Disabled	8.5	2.5	10.3	5.7	.07 - NS
	TOTAL	27.7	6.1	29.9	13.6	.35 - NS

Hypothesis II

As a result of the workshop, experimental teachers will demonstrate more positive attitudes than control teachers toward handicapped children, as measured by a composite score for each specific disability area on the semantic differential.

The following table summarizes pre-treatment comparisons between the two groups.

TABLE 7. Pre-Test Analysis of Each Specific Disability Area of the Semantic Differential Comparing Experimental and Control Groups

Specific Disability	Experimental Group N=31		Control Group N=29		t-test Significance
	Mean	SD	Mean	SD	
Physically Impaired Children	50.4	10.4	52.7	8.7	.35-NS
Visually Impaired Children	50.0	9.9	53.1	10.3	.24-NS
Hearing Impaired Children	49.8	9.2	52.2	9.4	.33-NS

Pre-treatment results indicate that there were no significant differences initially between the two groups on this instrument. Table 8 summarizes the results from both groups following the treatment.

TABLE 8. Post-test Comparisons of Each Specific Disability Area of the Semantic Differential Comparing Experimental and Control Groups

Specific Disability	Experimental Group N=31		Control Group N=29		t-test Significance
	Mean	SD	Mean	SD	
Physically Impaired Children	52.2	8.3	50.0	9.7	.38-NS
Visually Impaired Children	52.2	9.8	49.2	11.0	.22-NS
Hearing Impaired Children	52.3	9.7	49.6	8.9	.28-NS

Table 8 indicates that no significant differences between experimental and control group scores were realized on each specific disability area. Therefore, Hypothesis II must be rejected, indicating that the treatment did not appear to have a significant effect on attitudes toward physically, visually or hearing impaired children, as measured by the semantic differential.

Hypothesis III

As a result of the workshop, experimental teachers will demonstrate a more positive attitude than control teachers toward handicapped children in the regular classroom, as measured by the "handicapped children in the regular classroom" semantic differential.

Table 9 summarizes pre-treatment comparisons between the experimental and control groups using this instrument.

TABLE 9. Pre-test Analysis of the "Handicapped Children in the Regular Classroom" Semantic Differential Comparing Experimental and Control Groups

Experimental Group N = 31		Control Group N = 31		t-test Significance
Mean	SD	Mean	SD	
58.6	8.8	65.4	16.5	.05 - Sig.

Results indicate that there was a significant difference between the two groups initially, with the control group scoring higher, indicating greater acceptance of handicapped children in the regular classroom. Table 10 summarizes results from both groups following the treatment.

TABLE 10. Post-test Comparisons of the "Handicapped Children in the Regular Classroom" Semantic Differential Comparing Experimental and Control Groups

Experimental Group N = 31		Control Group N = 29		t-test Significance
Mean	SD	Mean	SD	
66.7	11.0	61.8	16.0	.18 - NS

Results indicate that no significant differences between the experimental and control groups were shown. Thus, the treatment did not have a significant effect on the experimental group and Hypotheses III must be rejected.

These results have questionable statistical meaning, however, since the groups were not equal at the outset. The statistical analysis was computed, nevertheless, to completely present the data. Because of this inequality between groups initially, a t-test was performed comparing experimental mean scores from pre-test to post-test. Results indicate that the experimental group showed significant gains (.02) while the control group realized a decrease. Table 11 summarizes these findings.

TABLE 11. Pre-test/Post-test Comparisons of the "Handicapped Children in the Regular Classroom" Semantic Differential Comparing Experimental and Control Groups

	Pre-test N=31		Post-test N=29		t-test Significance
	Mean	SD	Mean	SD	
Experimental Group	58.6	8.8	66.7	11.0	.02 - Sig.
Control Group	64.5	16.5	61.8	16.0	.31 - NS

Hypothesis IV

As a result of the workshop, experimental teachers will demonstrate greater willingness to have a handicapped child in their classroom, as measured by the volunteer score (Question Five) from the Data Survey.

A chi-square was computed to determine if differences existed between experimental and control groups, for pre

and post results. Table 12 displays these results.

TABLE 12. Pre-test/Post-test Comparison Between Experimental and Control Groups on Volunteer Question from Data Survey

Specific Disability	Experimental Group N=31 Pre	Control Group N=31 Pre	Chi Square Significance	Experimental Group N=31 Post	Control Group N=29 Post	Chi Square Significance
Learning Disabled	67.7	64.5	.79	80.6	53.6	.03 Sig.
Physically Impaired	51.6	61.3	.44	71.0	60.7	.41 NS
Emotionally Impaired	19.4	16.1	.74	16.1	14.3	.84 NS
Visually Impaired	22.6	22.6	1.00	48.4	17.9	.013 Sig.
Educable Mentally Impaired	22.6	16.1	.52	29.0	14.3	.17 NS
Hearing Impaired	35.5	29.0	.59	58.1	17.9	.002 Sig.

Pre and post-test numbers indicate percent of N checking "yes".

Pre-treatment results indicate that there were no significant differences initially between the two groups. Post-treatment results did indicate significant differences on three of the six disability areas.

Thus, Hypothesis IV is not rejected indicating that experimental teachers gained greater willingness to accept learning disabled, visually impaired and hearing impaired children into their classroom than did control teachers.

It should be noted that the experimental group showed an increase in percentage checking "yes" in all areas except one (emotionally disturbed) while the control group decreased in percentage checking "yes" in all instances.

Hypothesis V

As a result of the workshop, experimental teachers will view the presence of a handicapped child in their classroom as more of an asset to themselves, other students and the handicapped child than control teachers as measured by the asset scores (Question Seven) from the Data Survey.

Table 13 summarizes pre-treatment results for both groups.

TABLE 13. Pre-test Analysis of Asset Scores from the Data Survey Comparing Experimental and Control Groups

ASSET TO . . .	Experi- mental Group N=31		Control Group N=31		t-test Significance
	Mean	SD	Mean	SD	
You	4.6	1.8	5.0	2.0	.37 - NS
Other Children	4.6	1.8	5.6	1.6	.02 - Sig.
Handicapped Child	5.3	1.9	5.8	1.6	.24 - NS

Pre-test data indicates that the control group was higher on all scores and significantly higher on handi-

capped children in their classroom being more of an asset to other children in their classroom than the experimental group. Thus, on this item, the groups were not equal, indicating a greater value associated with the presence of handicapped children in the regular classroom for the other children, by the control group. Table 14 summarizes results for both groups following the treatment.

TABLE 14. Post-test Comparisons of the Asset Scores from the Data Survey Comparing Experimental and Control Groups

ASSET TO ...	Experimental Group N=31		Control Group N=29		t-test Significance
	Mean	SD	Mean	SD	
You	5.0	1.5	4.2	1.9	.09 - NS
Other Children	5.3	1.2	4.7	1.6	.15 - NS
Handicapped Child	5.6	1.6	5.2	1.7	.28 - NS

Results indicate that no significant differences were demonstrated between the experimental and control groups. Therefore, Hypothesis V has to be rejected. Comparing results of Table 13 with Table 14, however, a trend is observed. While no significant differences were shown, the experimental group did increase on all asset scores while the control group decreased on all scores. It is also interesting to note that the experimental group never did

score higher post-treatment than the control group scored pre-treatment.

Hypothesis VI

As a result of the workshop, experimental teachers will demonstrate a decrease in fear of specific handicapping conditions compared to control teachers, as measured by the score from the "most feared handicapping condition" item (Question Eight) on the Data Survey.

Pre-test comparisons are displayed in Table 15.

TABLE 15. Pre-test Analysis of "Most Feared Handicapping Condition" Scores on Data Survey Comparing Experimental and Control Groups

Handi- capping Condition	Experi- mental Group N=31		Control Group N=31		t-test Significance
	Mean	SD	Mean	SD	
Learning Impairment	3.7	2.5	3.4	2.3	.69 - NS
Physical Impairment	4.3	2.6	4.5	2.4	.75 - NS
Emotional Impairment	4.8	2.4	4.9	2.3	.86 - NS
Visual Impairment	4.7	2.5	5.1	2.4	.56 - NS
Mental Impairment	4.9	2.8	4.8	2.6	.80 - NS
Hearing Impairment	4.5	2.5	4.5	2.2	.95 - NS

Note: The lower the number, the less the fear.

Results indicate that no significant differences are evident initially between groups. Table 16 summarizes post-treatment results comparing both groups.

TABLE 16. Post-test Comparisons of the "Most Feared Handicapping Conditions" Item on the Data Survey Comparing Experimental and Control Groups

Handi- capping Condition	Experi- mental Group N=31		Control Group N=29		t-test Significance
	Mean	SD	Mean	SD	
Learning Impairment	3.3	2.0	3.8	2.0	.36 - NS
Physical Impairment	4.5	2.1	4.7	2.4	.71 - NS
Emotional Impairment	5.2	2.3	6.1	1.7	.13 - NS
Visual Impairment	4.7	2.3	5.5	2.2	.19 - NS
Mental Impairment	4.8	2.3	6.0	1.8	.06 - NS
Hearing Impairment	4.0	2.0	5.3	2.1	.04-Sig.

Note: The lower the number, the less the fear.

Results of Table 16 indicate that Hypothesis VI must be rejected. The condition of Hearing Impairment

was significant, however, showing that the experimental group, overall, feared hearing impairment significantly less than the control group as a result of the treatment. Also, the condition of mental impairment was nearly significant (.06).

In comparing Table 15 with Table 16, a trend is operating, however. The control group post-test scores were higher on all conditions while the experimental group scores increased on two occasions. Three of the experimental scores did show a decrease and one remained constant.

Summary

Even though all but one hypothesis (Hypothesis IV) were rejected, due to the decision rule, significant differences were demonstrated on specific items.

Hypothesis I - Although the total attitude score was not significantly different, the experimental group did have significant results on their attitude toward severely handicapped and mentally retarded children.

Hypothesis II - Although no significant differences were evident, the experimental mean scores all increased while the control mean scores all showed a decrease.

Hypothesis III - In this instance, the control group was significantly higher initially, indicating that the two groups were not equal in the beginning.

The experimental group did demonstrate an increase in mean score, although not a significant increase, while the control group realized a decrease in mean score.

Hypothesis IV - This hypothesis was not rejected. Experimental teachers showed significantly greater willingness to have learning disabled, visually impaired and hearing impaired children in their classroom.

Hypothesis V - The trend again showed the experimental group mean scores increasing, although not significantly, and the control group mean scores decreasing.

Hypothesis VI - Although this hypothesis had to be rejected, a significant difference did occur on fear of hearing impairment and was nearly significant (.06) on mental impairment. Again, however, in all instances, the control group mean scores showed a gain, while the experimental group mean scores decreased. (On this question, a decrease in mean score is preferable).

Workshop Data

In addition to the statistical data previously discussed, further significant data was generated during the two-day workshop. This researcher felt it important to include such data in this chapter for the following reasons: (1) anecdotal data collected was meaningful but not amenable to statistical analysis, (2) this data describes more fully the methodology so that readers may

better understand what transpired, and (3) future researchers interested in replication of this workshop might gain better understanding.

This section will include (a) information generated from specific workshop activities; (b) participant reactions after the first day of the workshop; and (c) workshop evaluation results. The plan in this section is only to list data as it was recorded during the workshop sequence. Discussion of data generated will follow in Chapter V.

Information Generated from Specific Activities

There were three activities that generated data and these include:

1. Teacher concerns toward mainstreaming.
2. Advantages and disadvantages of mainstreaming for the teacher, other children and the handicapped child.
3. Terms that one associates with children who are different and then, more specifically, mentally retarded children.

Experimental teachers expressed the following concerns when asked "What concerns me about mainstreaming."

- a. Class size
- b. Time consuming
- c. Validity of testing for placement
- d. How will evaluation of special services be done?
- e. What is the extent of mainstreaming? Will it be total?
- f. Will State funding be continued?

- g. Parental concerns regarding "normal students"
- h. Will the public be educated regarding the law (94.142)?
- i. Acceptance by other students
- j. Will additional support people be hired?
- k. How will the resource room be used?
- l. There currently is not a transfer of skills from the resource room to the regular classroom for many students.
- m. Some children are currently abusing the use of the resource room.
- n. Coordination of subject matter -- resource room with regular classroom
- o. Emotional reaction for children identified in later years
- p. Why aren't handicapped children identified earlier?

Participants were asked, in groups, to generate the advantages and disadvantages of mainstreaming to (1) the teacher, (2) other children in the classroom and (3) the handicapped child.

The following advantages to the teacher were listed:

- a. more awareness
- b. feel sense of reward
- c. increased patience
- d. more understanding
- e. tolerance
- f. become more resourceful
- g. more creative
- h. more aware of own behavior
- i. help to think in smaller steps
- j. experiencing human warmth
- k. positive feeling
- l. increase in self worth
- m. develop professionally (both challenges and empathy)
- n. broaden own viewpoint
- o. better relationship between regular teacher and special education teacher
- p. improved teacher training
- q. extra help
- r. removal of fear of being disabled
- s. increased administrative involvement

The following advantages to other children in the classroom were listed:

- a. socialization
- b. awareness
- c. sensitivity
- d. increase their self worth
- e. early exposure helps both groups of children
- f. opportunity for other children to help handicapped children with needs
- g. awareness of the unique needs of all children as people
- h. human warmth and development

The following advantages to the handicapped child were listed:

- a. socialization
- b. awareness
- c. sensitivity
- d. satisfaction and sense of achievement
- e. sense of self worth
- f. broader education
- g. acceptance
- h. belonging
- i. increased self image
- j. friends - both "normal" and handicapped
- k. awareness of world around them and not just a "bubble"

The following disadvantages to the teacher were listed:

- a. time consuming
- b. lack of skills
- c. excess work
- d. difficulty in adapting activities for handicapped
- e. evaluation of actual progress difficult
- f. meeting expectations of parents
- g. legal aspects
- h. destruction -- behavior control
- i. space in room to accommodate special equipment
- j. tiring
- k. exhausting
- l. emotional strain
- m. lack of skills in dealing with the disability

- n. class size
- o. more responsibility
- p. more record keeping
- q. additional training
- r. communication with some handicapped children

The following disadvantages to other children in the classroom were listed:

- a. loss of teacher time
- b. activities could be limited
- c. discrimination
- d. interruptions
- e. possible feelings of unequal distribution of attention
- f. animosity of parents
- g. safety -- violent outbursts may cause harm to others

The following disadvantages to the handicapped child were listed:

- a. health of handicapped child
- b. social stigma
- c. might feel left out of some activities
- d. hard to adjust
- e. possible taunts - scapegoating
- f. less attention
- g. frustration
- h. feeling singled out
- i. lack of materials
- j. feeling the limitations of the handicap
- k. teacher attitudes (negative or overprotective)
- l. student attitudes

When asked to generate terms that describe children who are different, experimental teachers listed the following:

- | | |
|-----------------|--------------------|
| a. Flaky | j. Cool |
| b. Turkey | k. Spastic |
| c. Dumb | l. Special student |
| d. Retard | m. Hyper |
| e. Crazy | n. Weirdo |
| f. Banana | o. Freak |
| g. Mental Pygmy | p. Crip |
| h. Fag | q. Dribbler |
| i. Yo-yo | |

When asked to generate terms that describe a mentally retarded child, experimental teachers listed the following:

- | | |
|---------------|-------------------------|
| a. Slow | n. Special care |
| b. Impaired | o. Needs |
| c. Special | p. Strong (parents) |
| d. Lovable | q. Embarrassed |
| e. Different | r. Trapped |
| f. Awkward | s. Defensive (parents) |
| g. Scary | t. Older |
| h. Frustrated | u. Hardship |
| i. Isolated | v. Parent guilt |
| j. Lonely | w. Mature (parents) |
| k. Pity | x. Protective (parents) |
| l. Patient | y. Anger |
| m. Patience | |

Reactions of Participants at End of First Day

Workshop participants were asked to briefly react, on paper, to the following statement: "What is going on for you right now, in terms of this workshop?" The following is a summary of what was reported. In each case, direct quotes were taken from the reaction reports.

"My opinions concerning handicapped children change with each new discussion."

"I have increased awareness that handicapped children have the same emotional, social and psychological needs as other children. Handicapped children should be integrated in all phases of society."

"My attitudes are the same as before, but I have some mixture of feelings."

"I felt good about the way the workshop was presented -- informal and warm."

"There are other children in the world outside of my classroom. I want to do something."

"I am just starting to become more aware of various students I might have -- need more information on different types."

"More empathy -- they have feelings as we do."

"More enlightened -- know more how handicapped persons must feel."

"I am grateful for the opportunity to learn more about handicapped children."

"More open-minded about handicapped children. I'm willing to try."

"I have many questions -- more aware of handicapped childrens' needs."

"Enjoyed sharing feelings -- more relaxed about the idea of handicapped children in the regular classroom."

"More understanding."

"Glad I came."

"Feel the same."

"Feeling more tolerant and understanding."

"Confused -- I want to help but don't know if I can."

"Handicapped children do not need to be pitied, but greatly need to be understood and accepted."

"Feel more relaxed."

"What will be expected of us?"

"I feel good at having expressed my feelings -- would not even be so bad having my most feared handicapped child in my room."

"Apprehensive about the law."

"More aware."

"I feel I have a larger awareness of disabilities and also a possible insight as to their thoughts, ideas and wishes."

"There is a lot of knowledge about special children that has to be obtained and understood by this group. There has not been enough self-expression, but teachers are notoriously threatening creatures."

"I feel pretty relaxed about things, not so 'up-tight'."

"I've got mixed emotions about the whole thing. I feel sympathy, confusion, love, helplessness, fear. I want to help the handicapped but I don't know if I'd be capable. Am I being selfish or just misinformed?"

"I thoroughly enjoyed the day. The handicapped are also people who have feelings as I do."

"Trying to imagine how I would feel having a handicapped child in my room, how I would feel being a handicapped child, etc. So far this session has been good, glad I came. I hope to impart some of this back home."

"Great! Sad! Informal! Grateful! Concerned! Can I serve the children I'm most likely going to come in contact with? Do I need more training? Yes, I do. I certainly need to know more and I'm very grateful for this opportunity."

Finally, one participant expressed his/her feelings in poem form:

Let the experiences roll,
The talkers talk
The walkers walk
The rollers roll.

Let the strollers move
More noticeably
Understood.

Let my awareness grow
So I can better understand.

Workshop Evaluation Results

A workshop evaluation was presented to participants at the end of the second day. The following

questions comprised the workshop evaluation instrument:

1. Rank activities from most (1) to least (6) in terms of their significance for you in this workshop.
 - A. Small group discussions
 - B. Large group shareouts
 - C. Presentations and lectures
 - D. Films
 - E. Exercises
 - F. Handouts
2. What specific activity was most significant to you?
3. What specific activity was least significant to you?
4. Do you have any suggestions for change in terms of this workshop?
5. Who else should participate in this workshop?
6. Comments?

Question #1

Table 17 indicates each kind of activity included in the workshop design and the participant response to each activity.

TABLE 17. Workshop Activities As Ranked by Participants

Activity	1	2	Ranking		5	6
			3	4		
Small Group Discussions	15	6	3	3	1	3
Large Group Shareout	4	16	4	4	4	0
Presentations and Lectures	4	4	10	8	3	2
Films	6	6	10	3	4	2
Exercises	0	2	2	5	7	15
Handouts	2	1	3	5	11	9

Note: 1 = most significant; 6 = least significant

Question #2

The following are actual responses of participants as to what specific activity was most significant to them.

"Concerns and attitudes of others present at the workshop."

"Opportunity to discuss feelings and thoughts with other teachers."

"Group discussions indicating all the concerns of teachers -- especially since I minimize things."

"I got to see into others and feel what they felt."

"Got to talk to others and get my feelings out. Also to compare and explain ideas and feelings."

"General discussions were most significant because they were often quite informative and brought an awareness of other people's ideas and feelings."

"Group discussions and films were most significant because I really felt involved. Films were very thought provoking and the groups gave me an opportunity to discuss and give input."

"Film on C.P. -- knowledge of their being, etc."

"Slide presentation. Brings me back to the here and now."

"I'd pick more daisies -- it's applicable, it's realistic."

"Cerebral palsy film. I saw a need for social acceptance."

"Film on cerebral palsy because I learned some things about people I didn't know. It opened my eyes."

"The first film (Like Other People) was the most impressive part of the workshop. It made me very aware of the handicapped person's total life."

"Specific activity most significant to me was the cerebral palsy film. I never realized the feelings (deep) of the handicapped."

"First and last film. Immediate gut reaction to both films, first compassion, then self awareness."

"General shareouts because many of the ideas I had realized were also shared by many others. I realized that I am not the only one who feels somewhat like I do."

"Opportunity to vent my feelings on the issues even though I felt it was to no value in promoting change."

"General shareouts. I enjoy listening to other ideas."

"The specific activity was sharing ideas and thoughts as a total group."

"Most significant were presentations by workshop leaders."

"I especially enjoyed the brief lecture. I feel that both you and Matt have a great deal to offer and would have enjoyed more along this line."

"Listening to the lectures -- made me think and be aware -- or more aware of people who are the same as well as different than me. Made me reflect on others."

"Gave me more information and background with understanding of the handicapped problems."

Question #3

The following are responses of participants as to what activity was least significant to them.

"Small group discussions although participants learned about each other rather than workshop topic."

"Last film (Where All Things Belong) irrelevant to the purpose of this workshop."

"The discussion following the last film (Where All Things Belong). I really did not get anything out of the film to discuss."

"The brief sharing of ideas after the last film because our group was tired and related very little concerning it."

"Film on Cerebral Palsy. Degree of handicap and setting least likely to happen in regular classroom."

"The films were least significant to me. They seemed unrelated to the topic of mainstreaming."

"Activities related to our good and bad days."

"Specific activity of least significance to me was the closing of eyes and imagining. A discussion would have covered this just as well."

"I did not especially like the small group discussions and exercises. They certainly have their place but I felt there were too many."

"The exercises seemed to take up too much time. The things said only needed a few minutes."

"Exercises and films. I am tired of being subjected to self-awareness or value clarification (I'm OK, You're OK) whenever I question social programs."

"Exercises -- felt little involvement."

"Felt we didn't need to do most of them since most people knew the outcome before we went into the exercise. Not that important."

Question #4

The following are responses of participants when asked what changes they would make in the workshop.

"Show more examples of the different types of handicapped children that may be coming into the class."

"I would like to have seen some movies or had discussions on some of the handicapped children

that we might receive in our classrooms, and ways to deal with them."

"Need more films on handicapped in general. Not enough exposure to handicapped people."

"A one day or possibly one and a half day workshop would be better than two days."

"Deal with mainstreaming more directly."

"Presentations such as lectures and films concerning most likely candidates for mainstreaming. Discuss other handicaps such as EMI, Emotionally Disturbed, Hearing Impaired and Visually Impaired."

"More clearly state who will be mainstreamed -- how severe the problems will be and whether or not these children will be in classrooms all day or only a portion of the day."

"Suggest slides and movies of specific cases and less theory. I need ideas to transfer to real teaching situations."

"I would suggest more whole group "Glasser type" discussion with more opportunity to interact with you and Matt."

"Workshop presented well - no need for change."

"I felt this workshop was one of the best things I've gone to as an educator. As for change, I wouldn't."

"I think this workshop would have been better in late September or early October. It is hard to concentrate on anything when school is ready to let out. Change the time it is presented."

"Would have liked to meet with others more instead of the same group although I had some opportunity on a one-to-one basis."

"Be more specific in describing intended goal for each activity. Allow time for discussion of opposing points of view. Curtail participant speakers who repeat themselves. Do the exercise on fear on the second day of the workshop."

"We need better guidelines so we can better understand what the changes will be."

"No changes -- do believe schools should have in-service days with this type of experience."

"More thorough detailed exposure to law covering mainstreaming."

"Discuss in more detail what type of handicapped child can be expected in the average classroom. Also, some possible behaviors (both extremes) and possible ways to handle the problem."

"More discussion, more concrete examples of mainstreaming -- perhaps less idealistic approach."

"I still have too much of a vagueness about what I'm doing here; want to hear from some people now involved in mainstreaming and how they actually do it."

"Perhaps at a later date, when the answers are more clearly defined, we should meet to discuss concrete changes that will be happening in the classroom. Also, to discuss what provisions will be made for handicapped children in the regular classroom."

"The exercises may need more guidelines."

"I enjoyed the workshop and the only thing I would change would be that last film."

"The large bull sessions were good for getting out our feelings -- maybe more toward this end."

"Visual and written interaction, more structure, less reflection."

"Deal with types of handicaps that classroom teachers can realistically expect in mainstreaming."

Question #5

Table 18 indicates responses of participants as to the types of individuals who might benefit from a similar workshop experience.

TABLE 18. Participant Selection of Future Participants

Type of Individual	Times Selected
Teacher	10
Administrator	18
Board of Education member	3
Parent groups	10
All educators	3
Special Education teachers	1
Parents of handicapped	2
Students	4
General public	4
School office workers	1
Nurses	1
Occupational therapists	1
Hospital staff	1
Nursery school staff	1
Clergy	1
Community leaders	1
Art and music teachers	1

Question #6

The following responses were made by participants as general comments:

"I was not looking forward to this workshop at the end of the school year, but after the last two days I must say I have learned more than I thought possible. I am now aware of the handicapped person in ways that I had not thought of. A very good workshop and an enjoyable two days."

"Thank you for offering me an opportunity to collect my thoughts on the handicapped child, review them and re-evaluate my thoughts and feelings."

"Very eye and mind opening. My attitudes have changed since attending."

"I enjoyed both days activities. It was well worth the time spent. The cross section of teachers represented provided for an interesting exchange of ideas."

"Glad I came. I feel more aware and more knowledgeable of the law, of others' feelings. Feel more confident. Do think it was very worthwhile. Would this experience be available for an in-service day sometime next year?"

"Everyone in the field of education should be as well informed of the changes that are coming. Thanks."

"Worthwhile/very informative/excellent for personal reflection."

"I feel that this would be significant for all people whether involved in mainstreaming or not. It is an opportunity to stop and reassess your own values, and the directions in which they are leading you."

"I felt that you both conducted the workshop well. All responses were accepted and people were encouraged to share their feelings. I think everyone felt good about participating."

"I appreciate the opportunity I have had these two days but am left with a great thirst to know more. I feel a real desire to help but I do not have the skills to work effectively with certain handicaps. Thanks."

"Generally professionally done."

"Appreciated the workshop."

"Good presentation."

"I felt that it was a valuable workshop."

"This has been a very meaningful workshop for me. It came at a time when I have been having a lot of personal problems and have been troubled with our present special services program in our district. I have gained insight personally and as to mainstreaming. I may not have the answers but I feel I have a lot more ammunition with which to work on the solution."

Summary

The anecdotal data generated during this workshop cannot be discounted in terms of its importance to this research study. These data represent true statements concerning workshop participant feelings and concerns about handicapped children and their integration into the regular classroom. It is hoped that the inclusion of such data in this chapter has provided the reader and future researchers with a better essence of what actually occurred.

CHAPTER V

SUMMARY AND CONCLUSIONS

In previous chapters, results of this study have been presented as data or facts relevant to specific hypotheses. In this chapter, an effort will be made to examine results in their totality, as opposed to looking at results as they relate to a specific, isolated hypothesis. This chapter will first restate the purpose of this study. Then, a recapitulation of the results examined in Chapter IV will be presented. Specifically, a discussion of statistical results will be presented followed by workshop participant data. The limitations of this study and their effects on change will then be discussed and followed by suggestions for further research. Finally, conclusions will be drawn.

Purpose of this Study

The purpose of this study was to determine the effect of an experiential, consecutive two-day inservice teacher training program for regular classroom teachers (K-6) on their attitudes toward the willingness to integrate handicapped children into the regular classroom. This particular training model was unique in many ways. First, the

workshop design was experiential in nature. That is, participants were highly involved in activities that focused on a reassessment of each participant's value system as it relates to people who are different, as opposed to the more popular model of changing attitudes by increasing the academic skill levels of participants. Secondly, the workshop was held on two consecutive days, as opposed to changing attitudes over time, in a rather unplanned fashion.

Discussion - Statistical Results

Even though five of the six hypotheses were rejected due to lack of significant differences, trends were noted in many instances. Results on the RGEPS, for example, did show that the treatment did have a significant effect on teacher attitudes toward severely handicapped (.001) and mentally retarded (.003) children. These changes appear to be related to the activities that were powerful in their effect. The significant change in attitudes toward severely handicapped children could well be related to participant reactions to the film "Like Other People." The film, followed by discussions in small groups and a total group shareout, prompted heavy involvement on the part of the participants and was a catalyst for participants to seriously think about people who are different. The significant

change in attitudes toward mentally retarded children seems more than likely to be related to the activity that focused on the effects of labeling on persons with mental retardation. Since many mentally retarded children especially will be integrated into regular classrooms, this model might prove to be useful in changing attitudes toward this specific disability area.

Significant differences were also noted on the Data Survey with experimental teachers showing greater willingness to have learning disabled, visually impaired and hearing impaired children in their classroom. Additionally, the statistical results revealed that the workshop had a significant effect on decreasing teachers' fears of having a hearing impairment. Further analysis revealed a decreasing fear of having a mental impairment (.06). Although not empirically validated in this study, the author feels that these decreases in personal fear (e.g., mental impairment, hearing impairment) would probably result in an increase in acceptance of the associated handicapping conditions in children to be mainstreamed into their classrooms. Thus, it is this researcher's belief that a specific disability may lead to increased acceptance of that disability in others. If this belief is valid, it could have a profound effect on future teacher training models.

If a follow-up study were done in the future, this

author recommends that the intricate relationships between teacher attitude change, increase in acceptance of mainstreamed handicapped individuals into their classroom, and actual teacher behavior change be explored empirically. The results of such a study would reveal which specific experiential and technical inservice components lead to change in how teachers deal with handicapped children.

Although there were not a great number of significant differences in favor of the experimental group, analysis of data revealed positive trends in many cases that almost approached a statistical level of significance. This was in direct contrast to the control group scores which tended to remain the same or decrease slightly during the treatment period.

This trend suggests several possibilities. First, if the workshop were extended for a longer period of time, the positive trends that were noted might have become statistically significant. Therefore, future researchers or administrators of programs designed to change teacher attitudes regarding exceptional individuals might consider a more extended (time) workshop.

Secondly, since the interim period between the pre and post testing was so close (i.e., two days) it very well may be that the positive trends might have reached a level of statistical significance, if a second post testing were initiated at a later date. In this way,

the impact of the workshop could be explored over a period of time and would indicate if the positive changes that did occur were sustained or not. Additionally, such an experiential model may require a longer period of incubation and integration before actual changes are manifest.

Experimental mean scores consistently increased reflecting a more positive view on the "specific disability area" semantic differential (Hypothesis II). They also showed a significant increase on the "handicapped children in the regular classroom" semantic differential which was designed to measure positive attitudes toward handicapped children in the regular classroom (Hypothesis III). This latter trend was especially encouraging because of its direct relationship to the concept of mainstreaming. It is this researcher's belief that the "handicapped children in the regular classroom" semantic differential asks perhaps the most relevant question in terms of the objectives of this study. That is, can an inservice training experience change the attitudes of teachers toward the integration of handicapped children in the regular classroom?

The volunteer question on the data survey was designed to measure teacher willingness to have handicapped children in the regular classroom. Increases in experimental mean scores were realized on the volunteer scores

for all disability areas except the emotionally disturbed child. It will be noted that on the "most feared handicapping condition" question from the Data Survey, experimental teachers rated emotional disturbance as the handicapping condition that they most feared. It is believed that the reason for this is directly related to the previously mentioned relationship between one's personal fear of a specific disability and one's acceptance of that disability in others.

Another interpretation of these results may be related to the teacher's need to maintain control of the children in the classroom and the expectation that emotionally disturbed children threaten the smooth social functioning of that classroom. This also brings up the whole question of the need to distinguish between disturbed behavior and behavior that is disturbing to the teacher and smooth functioning classroom.

Experimental mean scores showed an increase on question seven of the Data Survey (Hypothesis V), which was designed to determine the extent to which teachers viewed the presence of a handicapped child in their classroom as an asset to themselves, other children in the classroom and to the handicapped child himself. The rationale for including this question on the Data Survey was that literature shows that handicapped children are often viewed as a burden within the regular classroom

setting. This attitude needs to be changed. Handicapped children need to be perceived as more of an asset than a liability if they are to be accepted into the regular classroom mainstream. If, for no other reason, non-handicapped children will be greatly benefitted by the opportunity to interact with children who are different, and thus achieve a degree of comfort and knowledge about handicapping conditions, it would be worthwhile.

The control group, in comparison, showed lower mean scores on all six of the hypotheses. One can only speculate as to why this unique situation occurred. Two major reasons might have contributed to this: 1) Since the workshop was presented late in the school year, lack of motivation and interest might have been a contributing factor; 2) Not being selected to attend the workshop could also be a contributing factor to lower scores.

Discussion - Workshop Participant Anecdotal Results

Extensive data was generated during the two-day workshop. Measuring attitudes is rarely an easy task. One cannot be certain that, because attitude change occurs in terms of better post treatment scores, change will also occur behaviorally. That is, just because experimental teachers showed significant differences in their attitudes toward mentally retarded children, does it mean that they will be more accepting of a mentally

retarded child in their classroom if the situation presented itself? The converse may also be true. That is, just because experimental teachers did not show significant differences toward a specific disability area, does it mean that they will be less accepting of that type of handicapped child in their classroom?

Looking at data in isolation can be very misleading. This section will attempt to report out implications of data gathered during the workshop. Perhaps this information will "shed light" on what regular classroom teachers are feeling about the handicapped and their integration into the regular classroom. This section will focus on teacher concerns toward mainstreaming, reactions to the first day of the workshop and, finally, the workshop evaluation. This author feels that the informal anecdotal data is an extremely important component in evaluating the effectiveness of this workshop. In some instances, it may be more valuable than the empirical data that was generated and analyzed.

It is not the purpose here to discuss the specific data, since it has been clearly itemized in Chapter IV. However, it is the author's intention to summarize some of the general points that were ascertained through this informal data collection.

It seems clear to this author from reviewing the anecdotal data that, for a workshop to be successful in

changing teacher attitudes toward handicapped children, it is highly advantageous to focus the content in a self-exploratory orientation. In other words, for a teacher to explore and understand his or her attitudes regarding handicapped individuals, it is necessary for that teacher to confront those parts of himself or herself that are "exceptional" or "handicapped". Only when teachers can begin to face the differences within themselves, will they be able to confront and accept differences in children, other teachers, spouses, etc. This was clear from many of the comments made by the workshop participants. Many reported that the changes they had experienced within themselves, as a result of the workshop, appeared to be responsible for their feeling more positive about the acceptance of exceptional individuals.

A further summary of the anecdotal data revealed that teachers generally have some very genuine concerns about the "implementability" of mainstreaming procedures. For instance, even if a teacher feels positive about mainstreaming handicapped children into the classroom, that teacher may still feel overwhelmed by such considerations as:

1. Lack of skills in dealing with various handicapping conditions.
2. What type of support system will help me to carry out mainstreaming successfully?

3. How accountable am I?
4. What will be the effect on other children in the classroom?
5. Will there be a lower teacher-pupil ratio in my classroom if I participate?
6. Who will teach me the technical skills necessary to meet the unique needs of handicapped children?

In summary, an analysis of the anecdotal data suggests that an experientially oriented workshop on mainstreaming can be effective in several ways. These include serving as an impetus to personal growth, increasing levels of empathy and tolerance for handicapped children who might be mainstreamed into the regular classroom, as well as surfacing concerns about technical aspects and the implementation of mainstreaming.

It is clear to this author that workshops focusing on changing attitudes of regular classroom teachers toward mainstreaming of handicapped children must give teachers the opportunity to express their reservations as well as offer situations where there is an attempt to resolve problems that they might experience.

Discussion - Workshop Final Evaluation

An analysis of workshop participant reactions to the evaluation question of ranking activities that were most significant to them (Question One) showed that small group

discussions was the most significant activity, followed by large group shareouts, films and presentations/lectures. Exercises followed by handouts were ranked the least significant to participants.

It should be noted that small group discussions almost always followed a film or exercise. The large group discussions then attempted to "tie together" what happened to participants during the film or exercise. Thus, just because exercises were ranked the lowest, in terms of significance to workshop participants, it does not necessarily mean that they should be discarded. One reason for the low ranking of exercises might be that they were "scarier and riskier" than the other types of activities.

Films, ranked third in most significant kind of activity to participants, were very favorably received, for the most part. The film "Like Other People," a powerful British film about the struggles of two adults with cerebral palsy, seems to have had the greatest impact on participants, at least in terms of the number of times it was mentioned in the evaluations.

When asked to recommend changes in the workshop format (Question Three), participants indicated a need to know more about the different types of handicapped children who would be mainstreamed. During the workshop, it was extremely difficult for the presenters to do this

due to (a) uncertainty as to the implications of the federal law, and (b) lack of understanding of how each of the four districts represented operate their special education programs (e.g., kinds of handicapped students) in each district (district philosophy). Perhaps as the implications of the law become more lucid, future workshops could deal better with this participant need. The fear of the unknown seemed to be in operation.

Another change that was mentioned quite often dealt with better guidelines for the small group discussions. Apparently, some participants had a tendency to "stray away" from the topic at hand while in the small groups. Perhaps guidelines for small group members could be passed out to participants and discussed before the workshop begins. Other suggestions for change were mentioned, but the above two suggestions were the predominant ones.

The fifth question dealing with "who else should receive this workshop" indicated that participants felt administrators, by an almost two to one margin over other teachers and parents, should be exposed to such an experience.

As a result of the experience of administering the workshop and the collection and analysis of the statistical and anecdotal data, the following modifications in the workshop are recommended:

1. The workshop should be offered prior to the

beginning of the school year in the Fall. This would insure maximum impact on the acceptability of mainstreamed handicapped children at the beginning of the school year, rather than having negative attitudes develop as a result of teachers' inabilities to meet the needs of handicapped children.

2. This workshop should be an integral part of a more extensive workshop. The first component would deal with attitude change, and the second component would present the actual strategies, materials, methods and the development and implementation of a support system (teacher/consultants, resource room teachers, etc.) necessary for teachers to successfully meet the needs of handicapped children.

3. Criteria should be established for participation in the workshop. Voluntary participation should be stressed as the primary criterion. (Whenever possible, building-based teams consisting of principals, special education personnel, teachers and parents should make a school-based team so that maximum impact can be disseminated throughout the school network, as rapidly and comprehensively as possible.)

4. Small group discussion guidelines should be developed and presented at the beginning of the

workshop for maximum participant interaction. These guidelines should be reviewed at various times throughout the workshop to insure maximum individual participation.

Recommendations

As a result of this study, a number of learnings were brought into focus in regard to changing attitudes of regular classroom teachers toward handicapped children.

1. Teacher Involvement - In too many instances, teachers in the workshop expressed resentment over lack of input in the decision-making process of educating handicapped children in the regular classroom. This lack of involvement leads to lack of ownership of the problem. Without ownership, commitment is often minimal. Many teachers would volunteer to instruct handicapped children in their classroom, but on many occasions teachers are told and not asked, resulting in resentment toward administration and possibly the handicapped child as well. Thus, teacher involvement is a crucial first step to the success of mainstreaming.

2. Teacher Attitudes Need To Be Recognized - Just as mainstreaming is not appropriate for all handicapped children, it is not appropriate for all teachers. One does not change an attitude of

someone by telling that person where they should be attitudinally. Some teachers will never change their attitudes, and these attitudes and feelings need to be respected. Placing a handicapped child into a classroom with a teacher with a poor attitude could result in more harm than good for the child.

3. Administrative Support Is Crucial - Many teachers expressed concern over lack of administrative support from the principal when handicapped children are placed in the regular classroom. After placement occurs, often no other contacts are made by the principal within the classroom.

4. Teachers Need To Be Informed - Not one workshop participant knew about the Education for All Handicapped Children Act (P.L. 94-142). This needs to be remedied quickly. Through knowledge comes understanding and through understanding comes acceptance. Many negative attitudes exist because of lack of knowledge and understanding. This law not only affects all teachers but all children as well. Teachers and principals need to be informed on an ongoing basis.

Limitations of the Study

In regards to limitations, it is necessary to make the distinction between those factors which delimit the

the internal value of the study and those which place limits on the external components, which would reduce the generalizability. Both types of limitations are present in this study and will be discussed in this section.

At the end of Chapter I (p. 14), limiting factors concerning this study were identified. It is hard to measure the effects of the limitations as well as the importance of each limitation as it affects this study. Therefore, no attempt will be made to rank limitations in terms of influence on this study.

The first limitation concerns the fact that all participants in this study were non-volunteers. Thus, many of the participants expressed apathy, which may have contributed to lack of change in terms of instrumentation. Although most researchers view random sampling as a positive force, it may not always be a practical and effective way of selecting teachers for the mainstreaming process.

Another limitation is that this study was conducted very close to the end of the school year. Traditionally, this time of year has been avoided for presentations of inservice training experiences due to lack of motivation on the part of teachers and the chance that, because of a two month recess during the summer, there might be minimal carryover for the Fall. Further, school closing

activities toward the end of the school year (i.e., field trips, picnics, plays) might tend to decrease the likelihood for motivation and involvement.

A third limitation concerns the presenters of the workshop. Both presenters had a physical disability and shared to some degree their experiences with their disabilities. The presenters were also concerned that this circumstance might inhibit frank and open discussion on the part of the participants. This issue was dealt with openly in the workshop, but there is no way of knowing the extent to which this circumstance influenced the participants. Personal characteristics of presenters in almost any workshop have some influence (positive or negative) in affecting change (i.e., rapport with participants, setting comfortable atmosphere, etc.). Thus, it is difficult to know if the changes that took place are a result of the treatment or a result of the interaction with the presenters.

Due to the fact that the State of Michigan has had a Mandatory Special Education Act (P.A. 198) since 1973, this teacher population might be considered a special set. Even though most teachers in the workshop knew about the state law, however, not one teacher knew about the Education for All Handicapped Children Act (P.L. 94-142).

Suggestions for Further Research

This study has surfaced other research possibilities that relate to the purpose of this study. Future studies that immediately come to mind include, but are not limited to, the following:

1. A study needs to be conducted on the effects of fear of being handicapped on attitudes and acceptance of others who are handicapped. In a more controlled study, the effects of fear reduction on attitudes could be more thoroughly investigated.
2. A replication of this study should be accomplished with an attempt to eliminate some of the limitations of this study. Research conducted during the school year with volunteers as opposed to conducting this workshop at the end of the school year with non-volunteers might reap more positive statistical changes.
3. A study focusing on regular classroom teacher attitudes toward special education personnel might prove to be relevant to the success of mainstreaming. Many teachers in the workshop expressed resentment over the fact that special education teachers have less numbers of students than regular education teachers. There also appears to be a feeling that special education personnel are trying to "dump their children" onto the regular classroom teacher.

Much misinformation exists and a research study focusing on increasing communication between the two areas of education might prove to enhance the effectiveness of mainstreaming handicapped children into the regular classroom.

4. This workshop should be researched with building principals. Too often principals, like teachers, are supposed to be accepting and knowledgeable about handicapped children because of their occupation. It is important for principals, also, to better understand themselves, so that they can be in a position to be sensitive to the problems and concerns of teachers toward mainstreaming. Since they do not have to relate directly to the children as classroom teachers do, it is easy for them to make recommendations that appear favorable to the handicapped child (Barngrover, 1971) without relating to the realities of the teacher's concerns. With greater sensitivity and understanding, then perhaps genuine support for mainstreaming might be shown.

Conclusions

Personal change is seldom easy. It involves taking risks that often upset the status quo. The intent of this workshop was not to tell participants where they

should be in terms of their attitudes toward handicapped children. One does not change someone by telling them where they should be. It was also not the intent to make participants feel guilty and uncomfortable for not wanting to accept handicapped children into their classroom. These attitudes and feelings are theirs to evaluate and determine for themselves. It was the intent of this workshop to provide a comfortable atmosphere, so that participants could determine for themselves how they felt about the many controversial issues presented and to clarify their own values.

For many, some attitudes were surfaced for the very first time. The awareness of these attitudes is the crucial first step to changing them. Until teachers begin to admit that certain attitudes exist in relationship to how they view and accept handicapped individuals, no real attitude change will occur.

This workshop provided that setting. Attitudes most definitely emerged and most definitely were explored. Administrators can no longer ignore attitudes. Like other controversial topics, attitudes are too often swept "under the rug" with the notion that they are not even an issue. If attitudes are seen as an issue, all too often the assumption must be that somehow they will magically change, or else specific interventions would have been designed to influence them. In terms of

mainstreaming, attitudes toward handicapped children must be met head on. A workshop that has mainstreaming as its focus, has to include attitudes and feelings as well as skills.

Because of an unforeseen circumstance, many components of this study had to be compromised. The desire to present to intact groups (i.e., entire building staffs) could not be realized. The presentation of this study toward the end of the school year was less than ideal. The approach, as reflected in the design of this specific workshop experience, may not be the most effective vehicle for achieving maximum change in attitudes toward children with handicaps. However, it is this researcher's belief that the answers lie in this direction and there is commitment to continued effort along these lines. This continued effort to explore and find better ways of helping teachers to understand, with greater insight than the general public, the rights and needs of children with handicaps is too important to be left to chance.

.

APPENDIX A

Information Questionnaire

Identification Number _____

Male _____ Female _____

Age: _____

Years of Regular Classroom Teaching Experience _____

Have You Ever Taught A Special Education Class?

Yes _____ No _____

If Yes, Years of Special Education Experience _____

Credentials Held: (If Special Education, indicate area.)

General Education _____

Special Education _____

Other _____

Check Highest Degree Attained:

Bachelor's _____

Master's _____

Doctorate _____

Current Teaching Assignment:

Regular Education _____ Special Education _____

Grade Level . . . _____ Self-Contained . . . _____

Other _____ Teacher/Consultant _____

Resource Room . . . _____

Other _____

The following are definitions of various impairments as stated in state and/or federal legislation:

LEARNING DISABLED . . . a disorder in one or more of basic psychological processes involved in understanding or using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. This term includes perceptual handicaps, brain injury, minimal brain dysfunction, and dyslexia. The term does not include children who have learning problems which are primarily the result of vision, hearing, motor handicaps, or mental retardation.

PHYSICALLY IMPAIRED . . . a severe physical impairment which adversely affects a child's educational performance. This term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some limb), those caused by disease (e.g., poliomyelitis, bone tuberculosis), and those from other causes (e.g., fractures or burns which cause amputation, cerebral palsy, etc.).

EMOTIONALLY IMPAIRED . . . an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, inappropriate types of behavior or feelings under normal circumstances, etc.

VISUALLY IMPAIRED . . . an impairment, which after correction, adversely affects a child's educational performance. (Includes "BLIND")

EDUCABLE MENTALLY IMPAIRED . . . significantly sub-average general intellectual functioning. Lack of development in the cognitive domain. Educable Mentally Impaired is considered the least mentally impaired.

HEARING IMPAIRED . . . a hearing impairment which adversely interferes with learning. (Includes DEAF)

RUCKER-GABLE EDUCATIONAL PROGRAMMING SCALE

Form A

Chauncy N. Rucker
University of Connecticut

Robert K. Gable
University of Connecticut

Name _____ Date _____

Present position _____

Years teaching experience _____

DIRECTIONS

Teachers are ordinarily faced with a wide variety of problems arising from the many different kinds of students they work with each day. On the following pages are brief descriptions of children actually referred for special education services. For each student you are to indicate what you feel would be the best educational setting at this time.

You would actually need more information before placing most of the students, but please make your best judgements based on the information provided. Assume that all of the programs are available and competently staffed. Also assume that placements within the continuum are flexible and that it is possible for a student to be moved up or down the scale after treatment.

GO ON TO PAGE TWO

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**PLACE EACH STUDENT IN ONE OF THE SEVEN PROGRAMS
FROM THE CONTINUUM BELOW**

REGULAR CLASSROOM - with no basic change in teaching procedures.

CONSULTATION - regular classroom with specialists available for consultation with teacher (or parent) whenever needed.

CONSULTATION & DIRECT SERVICES - regular classroom with specialists available in the school to consult with teacher and provide short-term direct services to student.

RESOURCE ROOM - regular classroom with resource room services (special education teacher providing supplemental instruction) provided on a continuing basis in which the student can participate for as much as two hours each day.

PART-TIME SPECIAL CLASS - student enrolled in a special class for the majority of each day, but enters regular classroom for certain subjects.

FULL-TIME SPECIAL CLASS - student assigned to a self-contained special class on a full-time basis.

NOT - student placed in a residential school, hospital program, treatment center, etc. because he or she cannot reasonably be handled within the context of regular or special public education.

If you choose:

Regular Classroom, circle number seven

Consultation, circle number six

Consultation & Direct Services, circle number five

Resource Room, circle number four

Part-Time Special Class, circle number three

Full-Time Special Class, circle number two

Not for public education, circle number one

RC	CON	CON DS	RR	PTSC	FTSC	Not
⑦	6	5	4	3	2	1
7	⑥	5	4	3	2	1
7	6	⑤	4	3	2	1
7	6	5	④	3	2	1
7	6	5	4	③	2	1
7	6	5	4	3	②	1
7	6	5	4	3	2	①

PLEASE RESPOND TO EVERY ITEM

	●	INC	CON	CONDS	RR	PTSC	FTSC	Not	
1.		7	6	5	4	3	2	1	1. Nancy is a third grader who has difficulty keeping her place during oral reading. Her hand-writing is labored, the letters are very large and irregular, and she cannot write on the lines. Her work is disorganized. She gives up easily and needs a lot of personal attention.
2.		7	6	5	4	3	2	1	2. Jim's achievement is approximately two years below expectation for his age of nine. He has great difficulty understanding and following directions and forgets them quickly. He seems to lack any social skills.
3.		7	6	5	4	3	2	1	3. Clifford, a nine year old, is very alert and imaginative; he is able to discuss a variety of topics intelligently, but he is unable to read.
4.		7	6	5	4	3	2	1	4. Myron is a sixth grader who often becomes aggressive in class. His relationships with other children are usually quarrelsome and he is prone to get into trouble when left alone.
5.		7	6	5	4	3	2	1	5. Ed repeated kindergarten because of his immaturity and is now having trouble doing his first grade work. If he is included in a group activity, he constantly teases the smaller children. He has to be watched constantly or he will destroy their work in a sadistic manner.
6.		7	6	5	4	3	2	1	6. Jason, age six, occasionally prints letters backwards, writes from right to left, and is restless in class. His parents are concerned that he is still on reading readiness material rather than in a reading group like his classmates.
7.		7	6	5	4	3	2	1	7. Herb has made a poor adjustment to his first grade class despite his capability for learning. He has difficulty participating in group functions because he is so mischievous. He often fails to respond to discipline.
8.		7	6	5	4	3	2	1	8. Ray, age twelve, is a two time repeater with above average potential; he has great difficulty remembering material presented in a visual manner and, in spite of a great deal of remedial reading instruction, remains a non-reader.
9.		7	6	5	4	3	2	1	9. Kenny is a ten year old with a history of late development. He sat up at age two, he had no recognizable speech until age seven, he learned to walk at age nine, and he is still not toilet trained.
10.		7	6	5	4	3	2	1	10. Frank's achievement is below that of his fifth grade classmates. He is moody, and a loner who is continually seeking attention and testing adults to see if they like him. At home he has displayed physical violence, but never at school.
11.		7	6	5	4	3	2	1	11. Leroy beat another first grader so severely that minor surgery was required. He has bitten a number of his classmates and has to be supervised constantly.
12.		7	6	5	4	3	2	1	12. Charles is an eight year old who has not yet sat up, crawled, or walked. He is unable to communicate in any way. He has no bowel or bladder control, can't feed himself, and is very susceptible to upper respiratory infections.
13.		7	6	5	4	3	2	1	13. Jose seems unable to perform the academic requirements of his fifth grade class, particularly in mathematics and language. He has a cheerful compliant personality. He works best on a concrete level.
14.		7	6	5	4	3	2	1	14. Virginia is an eight year old who does little work in school. She is capable of verbal and physical attacks on anyone when angry. She doesn't seem to care about any school relationships and neither threats nor praise are effective in dealing with her.
15.		7	6	5	4	3	2	1	15. Tom, age eight, doesn't seem to acquire new skills as quickly as most, he needs to have instructions repeated several times. He has difficulty working individually and needs a great deal of encouragement and supervision.
16.		7	6	5	4	3	2	1	16. Annalou is new to her present fifth grade class. She seems anxious while she is in school, but is much calmer as soon as she leaves the school grounds. Her schoolwork is slightly below average, but she is quite responsive if encouraged.
17.		7	6	5	4	3	2	1	17. Jesse, an eight year old, has difficulty keeping up with his class in all subjects. He is very large for his age and quite immature socially. He has a noticeable speech problem.

OPEN FOR REMAINING ITEMS

	RC	CON	CONIDS	RR	PTSC	FTSC	Not		
18.	7	6	5	4	3	2	1	18.	Stan is a twelve year old of average ability who wants desperately to learn to read, but even though he has had remedial instruction, he is virtually a non-reader. He disturbs other children by humming to himself much of the time. Although he is frustrated in most academic endeavors, he does very well in experiments and class discussions in science and on all oral tests.
19.	7	6	5	4	3	2	1	19.	Jerry is a seven year old who disrupts group tasks and refuses to go with his class to lunch or gym. At recess he plays with older children from other classes since his own classmates won't play with him. Although he seems to like his teacher and has above average potential, he seldom completes his work in a satisfactory manner.
20.	7	6	5	4	3	2	1	20.	Dan is a six year old who is extremely immature in all areas. He is not able to do any of the tasks that are expected of a kindergartner. His speech is primarily limited to one or two word utterances. He has a negative approach to school.
21.	7	6	5	4	3	2	1	21.	Paula is a soft spoken nine year old. She has trouble understanding even simple directions and often chooses to ignore them. She usually cannot do assigned work and reacts by crying or distracting other children.
22.	7	6	5	4	3	2	1	22.	Noel is a second grader who was retained in first grade. His performance is low in all subjects, but he appears fairly capable. He is lethargic, passive, and non-reactive, seeming to lack emotional responsiveness. He still checks each letter when copying a word and often confuses letters and whole words.
23.	7	6	5	4	3	2	1	23.	Bob is a third grader who wants friends, but his classmates continually make him a scapegoat. Although he is apparently bright, he is very forgetful and seems unaware of what is expected by his teacher.
24.	7	6	5	4	3	2	1	24.	Vance, age seven, is a good student in all areas except mathematics which is a constant frustration to him; he is unable to deal successfully with the most basic arithmetic concepts.
25.	7	6	5	4	3	2	1	25.	Bill is a very friendly ten year old who has recently learned to write his name. His speech skills are on a very immature level. He has mastered a few simple self-help skills.
26.	7	6	5	4	3	2	1	26.	Mel continually disrupts his fifth grade class. He seems to be angry much of the time and often bullies other children. Although he is of average potential, he doesn't have much interest in his studies.
27.	7	6	5	4	3	2	1	27.	Christopher is a very articulate second grader with many interests. He works very slowly, particularly in reading. He is weak in phonetic analysis, can't seem to retain reading skills, and any academic growth on his part depends on a great deal of drill.
28.	7	6	5	4	3	2	1	28.	Don, age ten, is only slightly slower than his average classmates, but he is clumsy and other students have nicknamed him "Don the dunce".
29.	7	6	5	4	3	2	1	29.	Jimmy Lee is an eight year old whose academic performance is well below what is expected for his age. He has difficulty feeding himself, he is not completely toilet trained, and he has very poor motor coordination.
30.	7	6	5	4	3	2	1	30.	Fred is a ten year old fourth grader who was retained in first grade. His attention span is short and many of his interests are immature. His motivation for classroom work is very low, but improves markedly in a one-to-one relationship. He has difficulty with reading, spelling, and arithmetic concepts. His oral performance indicates that he is far more able than his written work would indicate.

Data Survey

Identification Number _____

1. Do you have, or have you ever had, a family member or close friend who is/was handicapped? Yes _____ No _____

If yes, type of disability. Family Member _____ Close Friend _____ Type of Disability _____

2. Are certified (E. P. P. C.) handicapped students currently instructed in your classroom? Yes _____ No _____

If yes, type/s of student/s. Please check.

Learning Disabled _____

Physically Handicapped. . . _____

Emotionally Impaired. . . . _____

Visually Impaired _____

Educable Mentally Impaired _____

Hearing Impaired _____

None of the above _____

3. Assuming you had the skills, what type/s of handicapped child/ren would you be most comfortable working with in your classroom? Please check.

Learning Disabled _____

Physically Handicapped. . . _____

Emotionally Impaired. . . . _____

Visually Impaired _____

Educable Mentally Impaired _____

Hearing Impaired _____

None of the above _____

4. Assuming you had the skills, what type/s of handicapped child/ren would you be least comfortable working with in your classroom? Please check.

Learning Disabled. _____

Physically Handicapped . . . _____

Emotionally Impaired . . . _____

Visually Impaired _____

Educable Mentally Impaired _____

Hearing Impaired _____

None of the above _____

5. Given the present circumstances, which of the following types of handicapped children would you volunteer to have in your classroom? Please check.

Learning Disabled. _____

Physically Handicapped . . . _____

Emotionally Impaired . . . _____

Visually Impaired _____

Educable Mentally Impaired _____

Hearing Impaired _____

None of the above _____

For questions six through eight please use the scale on the following page.

1	2	3	4	5	6	7	8
Very little		Some		Quite a lot		A very great deal	

6. Please rate the degree to which you accept the following handicaps.

Learning Disabled _____

Physically Handicapped . _____

Emotionally Impaired. . . _____

Visually Impaired _____

Educable Mentally Impaired _____

Hearing Impaired _____

7. To what extent do you feel a handicapped child in your classroom would be an asset to

_____ you

_____ other students

_____ the handicapped child

8. Please indicate your degree of fear for yourself of having the following handicaps.

Learning Disability _____

Physical Impairment _____

Emotional Impairment. . . . _____

Visual Impairment _____

Educable Mental Impairment _____

Hearing Impairment _____

What is there about your most feared handicap that is uncomfortable for you?

What is there about your least feared handicap that makes it more comfortable for you?

Instructions

Identification Number _____

The purpose of this study is to measure the meanings of certain concepts by judging them against a series of descriptive scales. In completing this survey, please make your judgments on the basis of what these things mean to you. On each page you will find a different concept to be judged and beneath it a set of scales. You are to rate the concept on each of these scales in order.

Here is how you are to use these scales:

If you feel that the concept at the top of the page is very closely related to one end of the scale, you should place your check-mark as follows:

fair ✓ : _____ : _____ : _____ : _____ : _____ : _____ unfair

OR

fair _____ : _____ : _____ : _____ : _____ : _____ : ✓ unfair

If you feel that the concept is quite closely related to one or the other end of the scale (but not extremely), you should place your check-mark as follows:

strong _____ : ✓ : _____ : _____ : _____ : _____ : _____ weak

OR

strong _____ : _____ : _____ : _____ : _____ : ✓ : _____ weak

If you feel that the concept seems only slightly related to one side as opposed to the other side (but is not

really neutral), then you should place your check-mark as follows:

bad ____:____: ☒ :____:____:____:____good

OR

bad ____:____:____:____: ☒ :____:____good

If you consider the concept to be neutral on the scale, both sides of the scale equally associated with the concept, or if the scale is completely irrelevant, unrelated to the concept, then you should place your check-mark in the middle space:

safe ____:____:____: ☒ :____:____:____dangerous

IMPORTANT: Place your check-marks in the middle of spaces, not on the boundaries:

THIS

NOT THIS

____: ☒ :____:____:____: ☒ :____:

Identification Number _____

(1) Handicapped Children in the Regular Classroom

Useful _____:_____Useless
 Impractical _____:_____Practical
 Inefficient _____:_____Efficient
 Desirable _____:_____Undesirable
 Fair _____:_____Unfair
 Understood _____:_____Misunderstood
 Irrelevant _____:_____Relevant
 Unimportant _____:_____Important
 Possible _____:_____Impossible
 Appropriate _____:_____Inappropriate
 Necessary _____:_____Unnecessary
 Demanding _____:_____Undemanding
 Harmful _____:_____Harmless
 Worthwhile _____:_____Worthless

Identification Number _____

(2) Physically Impaired Children

Happy _____:_____:_____:_____:_____:_____:_____Unhappy

Unattractive _____:_____:_____:_____:_____:_____:_____Attractive

Assertive _____:_____:_____:_____:_____:_____:_____Unassertive

Successful _____:_____:_____:_____:_____:_____:_____Unsuccessful

Passive _____:_____:_____:_____:_____:_____:_____Active

Outgoing _____:_____:_____:_____:_____:_____:_____Withdrawn

Dull _____:_____:_____:_____:_____:_____:_____Bright

Interesting _____:_____:_____:_____:_____:_____:_____Boring

Discipline
Problems _____:_____:_____:_____:_____:_____:_____Not Discipline
Problems

Demanding _____:_____:_____:_____:_____:_____:_____Undemanding

Lazy _____:_____:_____:_____:_____:_____:_____Energetic

Pleasant _____:_____:_____:_____:_____:_____:_____Unpleasant

Identification Number _____

(3) Visually Impaired Children

Happy _____:_____:_____:_____:_____:_____:_____ Unhappy
 Unattractive _____:_____:_____:_____:_____:_____:_____ Attractive
 Assertive _____:_____:_____:_____:_____:_____:_____ Unassertive
 Successful _____:_____:_____:_____:_____:_____:_____ Unsuccessful
 Passive _____:_____:_____:_____:_____:_____:_____ Active
 Outgoing _____:_____:_____:_____:_____:_____:_____ Withdrawn
 Dull _____:_____:_____:_____:_____:_____:_____ Bright
 Interesting _____:_____:_____:_____:_____:_____:_____ Boring
 Discipline Problems _____:_____:_____:_____:_____:_____:_____ Not Discipline Problems
 Demanding _____:_____:_____:_____:_____:_____:_____ Undemanding
 Lazy _____:_____:_____:_____:_____:_____:_____ Energetic
 Pleasant _____:_____:_____:_____:_____:_____:_____ Unpleasant

Identification Number _____

(4) Hearing Impaired Children

Happy _____:_____:_____:_____:_____:_____:_____Unhappy

Unattractive _____:_____:_____:_____:_____:_____:_____Attractive

Assertive _____:_____:_____:_____:_____:_____:_____Unassertive

Successful _____:_____:_____:_____:_____:_____:_____Unsuccessful

Passive _____:_____:_____:_____:_____:_____:_____Active

Outgoing _____:_____:_____:_____:_____:_____:_____Withdrawn

Dull _____:_____:_____:_____:_____:_____:_____Bright

Interesting _____:_____:_____:_____:_____:_____:_____Boring

Discipline Problems _____:_____:_____:_____:_____:_____:_____Not Discipline Problems

Demanding _____:_____:_____:_____:_____:_____:_____Undemanding

Lazy _____:_____:_____:_____:_____:_____:_____Energetic

Pleasant _____:_____:_____:_____:_____:_____:_____Unpleasant

APPENDIX B

The White House
Remarks of the President
To The
White House Conference on Handicapped Individuals
Grand Ballroom
Sheraton-Park Hotel

8:05 P. M. EDT

Do you think we are making some progress now?
(Applause) Do you think we have a long way to go? Do
you think we are going to get there? Right on.

I am very proud to be here tonight in what I think
is an historic occasion that will perhaps go down in the
history of our country as a turning point in the minds and
hearts of the American people in their long overdue con-
cern about a large group of Americans, about 36 million,
who in the past have too often been ignored.

This is the first White House Conference on the Handi-
capped. I know that this is a tremendous assembly of
leaders who have fought a long and sometimes discouraging
battle to arrive here in Washington tonight. But this
is not the first meeting. There have been dozens and
dozens of meetings attended by thousands of people in the
50 states of our country, and you have already brought to
the consciousness of local and state officials an aware-
ness of potential change for the better and many improve-
ments that have already been made.

Labor and industry can work together with government
to make sure that jointly our efforts are successful.

There is hardly a national leader on earth in all the 150 nations that span the globe who are not now thinking about two words: "human rights." And now we in our own country are applying those two words to the handicapped people of our country. (Applause)

It is long overdue. For too long handicapped people have been deprived of a right to an education; for too long handicapped people have been excluded from the possibility of jobs and employment where they could support themselves; for too long handicapped people have been kept out of buildings, have been kept off of streets and sidewalks, have been excluded from private and public transportation and have been deprived of a simple right in many instances just to communicate with one another. (Applause)

When I was inaugurated Governor of Georgia in January of 1971, I made a speech, and I said in that Southern State the time for racial discrimination is over, and I say to you tonight the time for discrimination against the handicapped in the United States is over. (Applause)

Thank you very much.

It would be a mistake for the rest of America to think that the benefits are only going to the handicapped because when you get freedom, we share that freedom, and when the handicapped get benefits of education and a job

and a purposeful life, we all share in the benefits of that education, that job and a purposeful life.

The Bill of Rights for Handicapped was spelled out in Title V of the Rehabilitation Act of 1973, and we are going to enforce the regulations that are specified in that bill. (Applause) We are going to enforce the regulations that tear down the barriers of architecture and we are going to enforce the regulations that tear down the barriers of transportation.

I know you have heard the announcement made by Secretary of Transportation Brock Adams about the Trans-Bus. We have spent millions of dollars, the Federal Government has spent millions of dollars, investing in the kind of public transportation that would serve your needs, and I am going to really enjoy in the future, as soon as these buses can come off the assembly line, and all of the new ones are going to be these kinds of buses, when they come up to you on the sidewalk and kneel down to let you get in.

As you know, section 504, of which I am sure you have all heard and of which I am sure now that Joe Califano has also heard, has provided a framework for the regulations that have now been adopted, and Joe Califano assures me and he assures you that these regulations are going to be enforced.

They require that when programs are made available to the public that those programs are made available to the handicapped public; that employers will give a handicapped person a fair chance to correct the handicap and to become qualified for an available job.

They require the tearing down of the barriers that I have already described to you. When Federal funds come to the Health, Education and Welfare Department, and later on without delay they will apply to all programs of a similar nature, they will provide that a handicapped child for the first time in the 200 year existence of our country has the right to go to free public schools, and that that child has a right to go to free public schools in a regular classroom with other students.

It is almost inconceivable, and it is a reflection on all of us in leadership positions that these basic rights have been delayed so long. These are times for thanksgiving, but for a sustained demand and a time to assess other opportunities in the future.

The civil rights of handicapped persons is not the only element of the laws that have been put into effect. We have more than 100 different programs in the Federal Government already for the handicapped. They are administered by many different agencies. There are a lot of different kinds of definitions for the handicap of the same person, and that means that many of you who have

sought for a long time to take advantage of these programs which the Congress and my predecessors in the White House have passed have often had to go to four or five or six different agencies to get the simple treatment or opportunities which you deserve under the law.

It is time for us to change that, and one of the very good benefits of the reorganization authority that Congress has now given me is to bring all of those programs for the handicapped together into one agency so you can understand them and take advantage of them.

As I look out across this tremendous auditorium, with many different kinds of handicaps represented here, I know that many of these could have been prevented in your early life. And we are not just concerned about the correction of an existing handicap or an opportunity for those who are handicapped; we want to prevent the handicaps that might occur in the future.

We have already proposed to the Congress a program for the screening, the health screening, of poor children, and within just a few years we will multiply five times the number of poor, young children who have a chance to see a doctor early in their life so their potential handicap or affliction might be prevented or corrected.

We now have 35 percent of the young children in this country who are not even immunized or inoculated against preventable diseases. When I was a child many years ago

almost 100 percent of all American children were immunized. We have started a new program now under Joe Califano's leadership and have asked the Congress for authority to increase greatly this immunization program so that within just a short time we intend to approach the 100 percent level again.

There is a hope that there will never be any lack of memory for the struggle that has been effective in making this night and this conference possible. We want to be sure that we don't forget the handicapped among us who cannot hold a job, who cannot respond to a full education, but we want to make sure that even when they are dependent for constant help that they have every chance to grow and to learn and to take advantage of whatever great or small talent or ability God might have given them. We cannot forget them.

In closing I want to ask you to do one more thing, and that is that since you have bound yourselves together in a common purpose, understanding one another and overcoming the differences that exist among you, that now you try to understand the special needs of the non-handicapped, to understand the need of other handicapped people.

It is not a time for hatred or lashing out or recrimination or condemnation of the non-handicapped for the long delays in meeting your needs, because many people who are not handicapped cannot understand those special

needs. So it is a time for education both ways, and for a realization that only when we work together the handicapped who are leaders, the handicapped who will always be dependent, the potentially handicapped child who wants to have that prevented and the non-handicapped adult leader, when we work together we can continue to make even greater progress.

I know that in my own life I have been inspired by the courage that exists among many of you. One of my most proud moments was when we administered the oath of office to Max Cleland, a young man who now heads up a tremendous Federal agency, the Veterans' Administration. When he was a tiny child he used to always ask God some day to let him work for his country and serve other people. He went to Vietnam as a volunteer after he was qualified, having finished college for his own professional career. He stepped out of a helicopter one day and saw a hand grenade on the ground, and trying to protect his fellow servicemen, he lost two legs and one arm.

He stays in a wheelchair. But I have never been around Max Cleland when I realized or thought that he had any handicap that constrained the full realization of his early prayers, because he serves in government and he serves his fellow human beings. He is an inspiration to me, and his is an exhibition of constant courage which many of you also exhibit so well.

When I made my inauguration speech just a few weeks ago I quoted a school teacher of mine, Miss Julie Coleman. She was a principal in a tiny school I attended when I was a country boy. She taught me above and beyond the classroom how to write themes and how to debate and how to appreciate works of art and how to understand good music and how to read books that I would otherwise never have known to exist.

She was crippled, and she couldn't see the children in her classroom. I think she would have been a good teacher had she not been handicapped, but I think that nothing about her own shortcomings in a physical way gave an extra dimension and depth to her caring about other people.

Your conference is important. You are intelligent, courageous leaders, but because you have experienced suffering and because you have overcome it, I think the recommendations that will be coming from you that will affect the lives of many millions of people now and in the future will have that same extra dimension.

Our country needs you and I know that you will never disappoint those who look to you for leadership.

Thank you very much.

END

(At 8:23 P. M. EDT)

An Eschatological Laundry List:

A Partial Register of the 927 (or was it 928?) Eternal Truths*

1. This is it!
2. There are no hidden meanings.
3. You can't get there from here, and besides there's no place else to go.
4. We are all already dying, and we will be dead for a long time.
5. Nothing lasts.
6. There is no way of getting all you want.
7. You can't have anything unless you let go of it.
8. You only get to keep what you give away.
9. There is no particular reason why you lost out on some things.
10. The world is not necessarily just. Being good often does not pay off and there is no compensation for misfortune.
11. You have a responsibility to do your best nonetheless.
12. It is a random universe to which we bring meaning.
13. You don't really control anything.
14. You can't make anyone love you.
15. No one is any stronger or any weaker than anyone else.
16. Everyone is, in his own way, vulnerable.
17. There are no great men.

18. If you have a hero, look again: you have diminished yourself in some way.
19. Everyone lies, cheats, pretends (yes, you too, and most certainly I myself).
20. All evil is potential vitality in need of transformation.
21. All of you is worth something, if you will only own it.
22. Progress is an illusion.
23. Evil can be displaced, but never eradicated, as all resolutions breed new problems.
24. Yet it is necessary to keep on struggling toward solution.
25. Childhood is a nightmare.
26. But it is so very hard to be an on-your-own, take-care-of-yourself-cause-there-is-no-one-else-to-do-it-for-you grown-up.
27. Each of us is ultimately alone.
28. The most important things, each man must do for himself.
29. Love is not enough, but it sure helps.
30. We have only ourselves, and one another. That may not be much, but that's all there is.
31. How strange that so often, it all seems worth it.
32. We must live within the ambiguity of partial freedom, partial power, and partial knowledge.

33. All important decisions must be made on the basis of insufficient data.
34. Yet we are responsible for everything we do.
35. No excuses will be accepted.
36. You can run, but you can't hide.
37. It is most important to run out of scapegoats.
38. We must learn the power of living with our helplessness.
39. The only victory lies in surrender to oneself.
40. All of the significant battles are waged within the self.
41. You are free to do whatever you like. You need only face the consequences.
42. What do you know . . . for sure . . . anyway?
43. Learn to forgive yourself, again and again and again and again . . .

*from Kopp, Sheldon B.; If You Meet the Buddha on the Road, Kill Him!, Palo Alto, California: Science and Behavior Books, 1972.

I'D PICK MORE DAISIES

by a Friar at the Graymoor Monastery in Garrison, N. Y.

If I had my life to live over, I'd try to make more mistakes next time. I would relax. I would limber up. I would be sillier than I have been on this trip. I know of a very few things I would take seriously. I would be crazier. I would be less hygienic. I would take more chances. I would take more trips. I would climb more mountains, swim more rivers and watch more sunsets. I would burn more gasoline. I would eat more ice cream and less beans. I would have actual troubles and fewer imaginary ones. You see, I am one of those people who lives prophylactically and sensibly and sanely, hour after hour, day after day. Oh, I have had my moments and, if I had it to do over again, I'd have more of them. In fact, I'd try to have nothing else. Just moments, one after another, instead of living so many years ahead each day. I have been one of those people who never go anywhere without a thermometer, a hot water bottle, a gargle, a raincoat and a parachute. If I had it to do over again, I would go places and do things and travel lighter than I have. If I had my life to live over, I would start barefooted earlier in the spring and stay that way later in the fall. I would play hooky more. I wouldn't make such good grades except by accident. I would ride on more merry-go-rounds. I'd pick more daisies.

The following statement, developed by Dr. Matthew Trippe during the White House Delegate Conference in October, 1976, captures the workshop's objectives.

The problems and concerns of persons with disabilities in this culture are but a special case of a cultural ideology that emphasizes the traumatic and negative aspects of the human condition as problems to be prevented or avoided.

This leads to viewing other people -- as well as ourselves -- as fragile and vulnerable and to denying special populations the dignity of risk and struggle.

The human spirit is indomitable, and by facing our fears and our weaknesses we become strong.

The task for living fully is not to dominate, control, or eliminate problems, but to face them and the feelings they generate.

In this way, real and anticipated problems need not result in helplessness, immobilization, or defeat.

Through facing squarely up to crises, we learn to cope and learn compassion for ourselves and others.

EDUCATION FOR LIVING

From: Closer Look, Winter-
Spring 1977

As we continue to push forward to improve education for handicapped children, a persistent question keeps begging for our attention. It's a human question -- as important as any involving new legislation or court decisions. In fact, it may turn out to be the most important thing we have to deal with, requiring all the thought, caring and skill we can muster.

To put it simply: The breakthroughs in education and in other areas involving the rights of handicapped individuals may fail to achieve their goals -- if disabled children grow up without knowing anything (or enough) about getting along in the world they're destined to live in. The question is simple enough to state. The answer confounds us by bringing up even more questions. Our children need to learn so much about themselves, about relating to others, about belonging in society. But what do we know about education for living? What are we doing to help handicapped children live in life, not on its edges?

Many of the letters we receive at Closer Look are sharp reminders that too often, we are doing pitifully little. This one is by no means unusual:

"I have palsy. I can walk now, but I'm slow. I am better than I was. But I feel emotionally like a child. For ten years, I stayed in and watched TV. I am that way now. I don't know what to do. I read in books that people in worse shape are in colleges, travelling and other things. I want to be independent, but when I think about it, I'm in a panic. I try to make friends. I was laughed at and left alone, but I did try. Social life -- I don't know what that is. I never had anyone to talk to. Like a counselor. Is there something to help me, to give me strength? I feel dead inside."

The bleakness of this young person's outcry isn't the result of any one failure. A multiplicity of failures has added up to the frightful nothingness he describes. Surely, it didn't have to be that way; nor does it have to stay that way. There is a vast shared responsibility for helping handicapped young people mobilize their ability to cope with emotional hazards that confront them. Not everyone's needs are the same; problems and their intensity vary. But by and large, there is a void of under-

standing and of opportunity which must be filled. It's a serious challenge for all of the people who come close to the lives of children and youth growing up with disabilities.

What is done (or not done) about personal and emotional needs is an all-pervasive matter. It lies at the core of effective teaching, and can make the pivotal difference in success, or lack of it, on a job. It isn't enough to plan a program that contains appropriate educational remedies for deficits, or develops "task-analyzed" skills. A feeling of self-worth and a capacity for human relatedness is the soil in which plans for learning and working take root and flourish--or fail to take root and wither. And the soil can be cultivated. It's a subtle and complicated job. There are still gaps in our knowledge; we must look at them, and act on what our experience tells us. Everywhere we turn there are flags signalling to us that it is terribly important that we use our knowledge--and our instincts-- to the hilt.

Teaching Social Skills is a Critical Need

Doreen Kronick, whose perception has contributed richly to understanding the needs of youngsters with learning disabilities, writes about this area of concern in her new book, Three Families.

"When I first became involved in the learning disabilities field in 1964, the general assumption was that learning disabled persons suffered solely from problems of coordination, academic learning and language processing. As the first group of identified children reached adulthood, it became apparent that a segment of the learning disabled population was also socially inept."

She goes on to emphasize the need to search for the causes of this critical deficit. No matter how much remediation has been applied, or how much academic knowledge has been gained, she points out "... if a person has failed to acquire competent interaction skills, he is seriously handicapped throughout his life." We have stressed, she says, the specifics of learning disabilities,

"... largely ignoring the art of dealing with the child and the family as people who are very much alone in having to adjust to the profound stresses confronting them."

In her book, Doreen Kronick urges exploration of ways that families can learn to foster social maturity--and ways that,

inadvertently, emotional growth is hampered. Although she focuses on problems of youngsters with learning disabilities, much of what she writes applies to children with other handicaps. They too are victims of isolation, or lack of experience on which to build friendships, or chronic misunderstanding about what's appropriate, important or even happening in a social situation. Often, a kind of artificiality surrounds a disabled person; people who constantly "feel sorry" for him, or make too many allowances for poor behavior, can make social development especially difficult.

Handicapped Kids Must Test Life on Their Own

Though it's true that growing up can be rough going for anybody, it's much harder for someone who doesn't have opportunities to experiment, to pick up and adapt to social cues, to try his own wings, take some bumps and try again. The fact is that handicapped young people, who need more opportunities for normal social give-and-take, actually get less. They need more candor from adults, more chances to test themselves, more encouragement to take responsibility for their own decisions, more help in communicating feelings. Unfortunately, this isn't usually what happens.

One group of young people (with a mixture of emotionally and mentally handicapping conditions) was recently asked what kinds of things they thought were important to them--in feeling good about life. Their answers are worth noting. Here are a few.

"Knowing that other people care about you and whether or not you have a good life..."

"Your family should say "Keep on going" no matter how bad the situation is; they should encourage you to keep going..."

"Knowing your handicap is something you can learn to deal with if you try..."

"You should be in an atmosphere where you think you can advance in spite of your handicap..."

"Learning to do things--especially things you like to do...so your potential is exposed. Like writing stories or drawing pictures or playing the guitar..."

"Thinking you will meet someone who will agree with you about most things, someone special. Someone who will accept you the way you are."

A Little Imagination Goes A Long Way

Parents and professionals can heighten their sensibilities to these needs, and open as many opportunities as possible for personality growth. A remarkable teacher from Oakland, California, Essie Sutton, made a joint decision with her handicapped students sometime last year. They thought it was a good idea to see the country, find out how other people live and have a good time getting to know one another. She combined her own savings with money students raised by collecting metal for recycling, raising and selling plants and other projects. This past Fall, off they all went, along with five parents, on a cross-country tour. That may be too tall an order for most people to fill; but travel and group activity doesn't have to go far afield to be stimulating. Any city is full of possibilities. Finding out how to get to them and enjoy them is an important part of education.

In Northern Virginia, a College for Living has been started. A joint project of the Northern Virginia Association for Retarded Citizens and the Northern Virginia Community College, the College for Living includes courses entitled: Using Transportation Systems, Budgeting and Money Matters, Understanding Oneself and Others. One very popular offering teaches how to find recreation and entertainment in the community. It's called: Having a Good Time in Northern Virginia.

Open to people aged 18 and over, this program was founded out of the conviction that learning goes on and on, far past school days. For many of the 150 students who attend, the experience is a first chance to be included in the mainstream.

This kind of self-acceptance is not an easy task; as we all learn to be more open and honest about handicaps, less afraid to face them, there may be less pain involved. But there is at the present time a real need to provide empathetic as well as practical counseling to help handicapped young people and adults through tough periods. Rap sessions and opportunities for one-to-one counseling are growing -- and are making a big difference to disabled people who need someone capable of listening to and understanding their feelings -- and able to help them find answers to questions that have been hard to ask. (How do you talk to someone you never met before? How do you ask a girl for a date? How do you stick up for yourself when you've been put down? How do you stand the feeling that people are "stepping away from you"; how do you take rejection when it happens again and again?" Is it worth trying to make it--another time?)

Peer-Counseling Is Helping

In Berkeley, California, a unique peer-counseling program at the Center for Independent Living (CIL) is helping disabled young men and women to make it past personal crises and to find solutions, also, for their daily problems. The counselors are all disabled themselves. "That's what's special about our program," says Janice Krones, who has cerebral palsy and feels strongly about the importance of the kind of help the project offers. "We aren't professional counselors, but we've had special training and we can say what others can't say to the people we see: 'I know where you are because I've been there too.'"

The program in Berkeley is integrated with the network of services offered by CIL so that each person who comes for help gets whatever assistance is needed in locating housing, transportation, attendant care, job counseling, employment, recreation. A social worker on this staff who was disabled by polio does what Janice Krones calls "heavy duty" counseling . . . therapy that she and her colleagues aren't prepared to handle.

Also, in California, a group of young adults who have suffered from learning disabilities are acting as peer-counselors for high school students with similar needs. The intuitive understanding and support they are able to give is extraordinary; there is a large amount of untapped power in this approach. These young people have worked with psychologist Margaret Mutter in a program sponsored by the California Association for Neurologically Handicapped Children, which has combined remediation and counseling to help strengthen their self-esteem, confidence and ability to tackle life goals, in spite of repeated and devastating failures.

The Arts: Doing Your Own Thing -- And Enjoying It

We haven't really explored the ways that the arts can be a part of the pleasure of life for handicapped people of every age (although there have been some encouraging beginnings). As Betty Oliver points out in her delightful advice-filled memoir, ABC's of Hanging On While Raising a Family With a Disturbed Child, it's a happy idea to have at least part of one's home free for creative experimenting and to bring out a handicapped child's pride in and love of art. Art and music and drama are joyous and liberating experiences; can't we help handicapped young people participate -- "to expose their potential" -- and find out what they can do, instead of focusing on their limitations?

Are We Letting Handicapped Children Be Themselves?

We know so much more than ever about therapeutic techniques, medical procedures, exercises and programs that work, we tend to do more and more for and to children with disabilities. They are very good things for the most part, but they're not necessarily done with a child's total development in mind. As long as we keep our eye only on what needs to be fixed, we'll be giving our kids a negative and fragmented picture of themselves. In the earnest effort to make up for what we see as deficits, we may be forgetting the most natural thing of all -- relating to handicapped people as human beings. Whatever else our children are, they are children growing up. Each has his or her own quirks, likes, dislikes, moods, abilities and dreams. Each one needs to be able to do his own thing, to taste the excitement and fun, ups and downs of real life.

One mother tells how her wheelchair-bound son wanted with all his heart to play baseball, and almost toppled out of his chair the first time he swung for the ball. She said the physical discomfort was minor compared to what it meant to be "in"; (with practice, he managed the whole thing with ease). Certainly, there are many different considerations to be weighed in each situation, and there's no one perfect answer. But we must remember as we weigh our choices, how much positive nourishment comes from interaction with other people.

Learning to Feel Okay About Yourself

How others act toward us as we grow up obviously has a lot to do with how we see (and value) ourselves. The kind of social learning we've been talking about is at the heart of thinking of oneself as someone who matters. For many handicapped young people there are difficult barriers to that kind of self-perception, to knowing who they are and feeling okay about it. The accumulation of past defeats and deprivations, the gulf between wished-for achievement and reality can be especially crushing during adolescence. Whenever such feelings arise, it can be a critical turning point, at time of decision. One woman, disabled all her life, put it this way:

"Until I knew, really knew, deep down, what was wrong with me -- what didn't work right -- I couldn't get anywhere. I had to accept the reality of my handicap before I could see all the things I was capable of as a person."

Guidance Needed In Solving Daily Problems

Much of the counseling that's needed has to do with managing the realities of life; we see this kind of supportive resource as an important part of a range of available services designed to help handicapped young people mature. To meet this challenge, we need to look at new techniques, find people ready and able to do the job.

We may be looking for a new kind of counselor -- one who is not only especially sensitive to the feelings of handicapped persons, but also able to give down-to-earth advice on all kinds of essentials. . . . dealing with the vocational rehabilitation system, knowing legal rights, working out conflicts that arise in a job, setting up an independent household for the first time, and other aspects of daily living. Counselors of this kind need to stay available -- on call -- for advice and encouragement for a long time.

Very likely we need not single counselors for this role but teams -- bringing together different types of expertise. And repeatedly, we are told that we need to expand the pool of people available to do this work, train individuals who want to be involved, but don't necessarily hold professional degrees. There's proof enough that this is possible, and the need is great. Can we put it all together?

We're asking more of handicapped people than ever before, and they're asking more of themselves. Throughout the country, disabled adults are working hard to eliminate all kinds of barriers to participation in life. The people involved in these exciting ventures have won a lot of personal battles themselves -- and they're reaching out to help others. They are fully aware that their disabilities don't have to limit what they can give as human beings.

But for many handicapped people entering adulthood, the quest for their own lives is full of frustration and apprehension. Expecting more is good; we've crippled spirits in the past by saying "you can't," by hiding and denying the existence of handicaps, by doing nothing to kindle individuality. If we now expect a new measure of daring from handicapped people, we must be ready to match the risks they take with a commitment to provide education for living that will help each one recognize his own inner strength -- and to use it.

Here's some more information about books mentioned in this article:

The ABC's of Hanging On While Raising a Family With a Disturbed Child, by Betty Oliver. This is full of encouragement for parents of disturbed children, with many ideas for handling everyday problems and frustrations. Available from Betty Oliver, P.O. Box 511, Westwego, Louisiana 70094, Price: \$3.95.

Three Families, by Doreen Kronick, Academic Therapy Publications, 1539 Fourth St., San Rafael, California, 1976 (Price: \$3.75). This interesting observation of family interaction is the most recent by Doreen Kronick's books about children with learning disabilities. Parents who don't already know her work will find a lot of help and information in: A Word or Two About Learning Disabilities, They Too Can Succeed, and What About Me? The LD Adolescent (with contributions by others). You can get more information about all of these books from Academic Therapy Publications.

THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT
A FREE APPROPRIATE PUBLIC EDUCATION FOR ALL
HANDICAPPED CHILDREN
P.L. 94-142

"It is the purpose of this Act to assure that all handicapped children have available to them...a free appropriate public education which emphasizes special education and related services designed to meet their unique needs, to assure that the rights of handicapped children and their parents or guardians are protected, to assist States and localities to provide for the education of all handicapped children and to assess and assure the effectiveness to educate handicapped children."

Public Law 94-142 expands and revises Part B of the Education of the Handicapped Act (EHA). The other components of EHA are essentially unchanged and continue in operation. All programs under the EHA, including the P.L. 94-142 revision of Part B, are administered through the Bureau of Education for the Handicapped, US Office of Education, Department of Health, Education, and Welfare.

The Aid to States Branch of the Bureau of Education for the Handicapped administers Part B, the State grant program.

"The Congress finds that there are more than eight million handicapped children in the United States today."

This estimate includes children 3 to 21 years of age who are mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired, or children with specific learning disabilities, who by reason thereof require special education and related services.

"The Congress finds that the special education needs of such children are not being fully met."

- The law seeks to guarantee the availability of a free appropriate public education to all handicapped children.

Special education means specially designed instruction, at no cost to parents or guardians, to meet the unique needs of the handicapped child. This may be classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.

Related services include transportation and such developmental, corrective and supportive services as may be needed to help a handicapped child benefit from special education. Examples of related services include speech pathology and audiology, psychological services, physical and occupational therapy, recreation, and medical and counseling services used for diagnostic and evaluation purposes. It also includes the early identification and assessment of handicapping conditions in children.

"The Congress finds that more than half of the handicapped children in the United States do not receive appropriate educational services which would enable them to have full equality of opportunity.

It is impossible to provide appropriate educational services without focusing on the needs of individual children. Recognizing this fact, Congress requires that each child enrolled in a program have an individualized education program, a written statement for each handicapped child, jointly developed by a qualified school official, the child's teacher, and parents or guardian. If possible, the child should also participate. This written program must include a statement of the child's present achievement level, short term and annual goals, an identification of the specific services that will be provided, and an indication of the extent to which the child will be able to participate in the regular school program.

Also required is an estimate of how long these services will be provided and an evaluation schedule to check progress and make program revisions.

States must establish procedures to assure, to the maximum extent appropriate, that handicapped children are educated with children who are not handicapped. This means that placement in special classes, separate schools, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes, with the use of supplementary aids and services, cannot be achieved satisfactorily.

"The Congress finds that one million of the children in the United States are excluded entirely from the public school system and will not go through the educational process with their peers."

The law requires States and localities to establish priorities for providing a free appropriate public education to all handicapped children. The first priority is to children who are not receiving any education. The second priority is to the most severely handicapped children within each disability who are receiving an inadequate education. These priorities must be implemented by October 1, 1977.

A free appropriate public education must be available for all handicapped children between the ages of 3 and 18 within the State not later than September 1, 1978, and for all handicapped children between the ages of 3 and 21, not later than September 1, 1980. However, for handicapped children aged 3 through 5 and aged 18 through 21, this clause shall not be applied in any State if its application would be inconsistent with that State's law or practice, or the order of any court, respecting public education within such age groups in the State.

"The Congress finds that there are many handicapped children throughout the United States participating in regular school programs whose handicaps prevent them from having a successful educational experience because their handicaps are undetected."

In order to qualify for assistance, each State must set forth in detail the policies and procedures that

the State intends to use to assure that all handicapped children residing in the State, regardless of the severity of their handicap, are identified, located, and evaluated. States must document which of these children are currently receiving needed special education and related services and which children are not currently receiving the needed programs. Details of these procedures must be set forth in the State plan.

"The Congress finds that because of the lack of adequate services within the public school system, families are often forced to find services outside the public school system, often at a great distance from their residence and at their own expense."

P.L. 94-142 guarantees a FREE APPROPRIATE PUBLIC education to all handicapped children. This means that special education and related services must be made available at public expense, under public supervision and direction, and without charge. The program must meet the standards of the State education agency. The public system must provide appropriate programs. An individualized education program must be provided for each child.

If a local school district is unable to provide the needed services because it is too small, the State may require districts to submit a consolidated application.

If a State or local education agency places a child in a private facility as a means of carrying out public policy, and if that facility meets all the requirements of this Act, then funds available under this Act may be used to provide special education and related services to these children.

"The Congress finds that developments in the training of teachers and in diagnostic and instructional procedures and methods have advanced to the point that, given appropriate funding, State and local education agencies can and will provide effective special education and related

services to meet the needs of handicapped children."

A description of programs and procedures for implementing a comprehensive system of personnel development must be included in each state plan and local application. The law specifies that the training should be for both general and special education teachers and support personnel. The descriptions of the inservice programs must include detailed procedures to assure that all personnel are appropriate and adequately trained.

The Act also requires States to disseminate to teachers and administrators of programs for handicapped children significant information derived from educational research or demonstration projects.

The US Commissioner of Education is responsible for providing short term training programs and institutes when necessary.

"The Congress finds that State and local education agencies have a responsibility to provide education for all handicapped children, but present financial resources are inadequate to meet the special educational needs of handicapped children."

Prior to October 1, 1977, allocations continued to be based on the Mathias formula which was established under P.L. 93-380. This formula multiplies the number of children in the State between the ages of 3 and 21 by \$8.75.

Starting with fiscal year 1978, however, state allocations will be calculated by a radically different formula. The new formula again involves the 3 through 21 age range, but counts only those youngsters who are handicapped and who are receiving special education. Thus, the more handicapped children the State sets out to educate, the greater the amount the State will be entitled to receive. In order to determine the amount of the State allocation, the number of children is multiplied by a specified percentage of the national average per pupil expenditure per child. The percent factor increases each year until it reaches a maximum of 40% in October 1981.

P.L. 94-142 carries a special incentive grant aimed at encouraging the States to provide special education and related services to their pre-school handicapped children. Each handicapped child aged 3 through 5 who is served will generate a special additional entitlement. States must apply for these grants separately, however.

"The Congress finds that it is in the national interest that the Federal government assist State and local efforts to provide programs to meet the educational needs of handicapped children in order to assure equal protection of the law."

P.L. 94-142 stipulates that Federal money may only be used for the additional costs involved in educating handicapped children. A given school district must assure that a sum of State and local funds equal to the average annual per pupil expenditure for all children being served in the district is available for each handicapped child before Federal funds can be used.

If handicapped children are counted under P.L. 89-313, which provides supplemental educational assistance for handicapped children in State operated or supported schools, they may not be counted again for entitlement from P.L. 94-142.

Currently all allocations go to the State education agencies which are in turn responsible for distributing the money to local programs on a grant by grant basis. Beginning in October 1977, 50% of the funds each State receives must be passed through directly to local education agencies.

In October 1978 and thereafter, 75% of the funds will go directly to local school districts.

The pass-through of funds to local districts depends on compliance with the guarantees set forth in the State plan and local applications.

TIMETABLE

Many provisions and requirements of the original Education for the Handicapped Act and its subsequent amendments continue in effect under the 1975 amendment, e.g., that handicapped children be educated with non-handicapped children, that testing be nondiscriminatory, and that due process procedures must be in effect.

New provisions, written into P.L. 94-142 go into effect according to the following timetable.

1977	1978	
October 1. The first allocation will be made using the new formula based on a percentage of the National average per pupil expenditure.	September 1. A free appropriate public education must be guaranteed for all handicapped children ages 3 through 18.*	
50% of the allocation goes directly to eligible local education agencies.	October 1. 75% of the allocation goes directly to local education agencies.	
Individual educational programs must be developed for each handicapped child.		
State education agencies must be responsible for the general supervision of the education of all children receiving special education.	<th data-bbox="878 1098 1442 1134">1980</th> September 1. A free appropriate public education must be guaranteed for all handicapped children ages 3 through 21.*	1980

* This does not apply for ages 3 through 5 and 18 through 21 in any State where the provision would be inconsistent with that State's law or practice or the order of any court.

PROTECTING THE RIGHTS OF HANDICAPPED CHILDREN AND THEIR PARENTS

P.L. 94-142 makes a number of critical stipulations that must be adhered to by both the State and its localities. Most of these provisions previously existed in P.L. 93-380 but have been further refined in P.L. 94-142.

Policies and procedures must be in effect to protect the confidentiality of personally identifiable information.

Handicapped children must be educated with non-handicapped children to the maximum extent appropriate.

Nondiscriminatory testing practices must be in effect.

Individualized educational programs must be written for each child and must be reviewed at least once a year (effective October 1977).

Due process procedures must be guaranteed with respect to all matters of identification, evaluation, and placement.

Parents have the right to examine records pertaining to identification, evaluation, and placement and to obtain an independent educational evaluation.

A surrogate parent will be assigned to any child whose parents are unknown or unavailable or any child who is a ward of the State.

Parents must receive a written notice prior to any change in placement or evaluation of a child.

Notice must be in the parents' native language (effective October, 1977).

PUBLIC INVOLVEMENT

Each state must have an advisory panel appointed by the Governor or other authorized official. This panel advises the State education agency on unmet needs, comments publicly on rules and regulations, and assists the State in developing and reporting such data and evaluations as may be needed by the US Commissioner of Education.

If the Commissioner withholds funds because of alleged failure on the part of an education agency to comply with the provisions of the Act, the action must be brought to the attention of the public by means of a public notice.

STATE PLAN

The State must assure that procedures are established for consultation with concerned individuals including handicapped citizens and parents or guardians of handicapped children.

Each State is required to have a State plan on file with the U.S. Commissioner of education. The plan must be amended annually. Thirty days before the amended plan is submitted, it must be made available to parents, guardians, and other members of the general public.

There must be public hearings prior to the adaption of policies, programs, and procedures proposed in the amended State plan.

LOCAL APPLICATIONS

Local education agencies must also make their applications, evaluations, and reports available to the public.

Prepared by:
The Council for Exceptional
Children

The Semantics Of Our Myriad Disorders

This article was written by Willis Preston who was involved in a diving accident in 1965 that left him a quadriplegic. Preston writes:

"In my 11 years as a handicapped human I have finally lost my naivete and been able to categorize experience, general actions and reactions to me by the public.

1. Rejection due to revulsion. These people can't stand anything or anyone that is out of the ordinary. Handicap equals unclean. This type usually has more serious problems than the person he rejects.
2. Genuinely uncertain. Good human beings unable to relate to any handicap because they have never had the experience. Don't know how to behave or respond so they avoid confrontation.
3. Brutally honest. The very young: "Hey, Mister, howja get crippled?" Or, the very old: An old lady dressed in black, wrinkled, slightly bent but spry. Huge hat pin, piercing brown eyes. "What are you doin' in that wheelchair, sonny? A broken neck? Don't say! Well, it looks fine now!" She peers closely at my neck. "Don't you think it's time you were up and doin'?"
4. Reluctant guilty. Those who don't recognize their

own feelings of guilt at being "able" while someone else is not. This is a common feeling, easily talked out when expressed and understood.

5. Accepting. Those who know a handicapped person and who do their best to understand and empathize.
6. Accepting but mistaken. Those who would pat us on the head and say, "You're a magnificent person for surviving and adjusting to your condition. I could never have done it. Too bad you can no longer (you fill in the blank) but stick around. We'll take care of you."
7. The handicapped person who continually complains, "They don't understand!" Of course they don't but most try.
8. Unmentionable. "They should all be gassed! Who needs 'em?"

This article taken from
Paraplegia News, April, 1977.

Handicapped Persons And Public Attitudes

By Leopold Lippman, Ph.D.

The following are excerpts from Dr. Lippman's article "Handicapped Persons and Public Attitudes." Lippman notes that the attitudinal framework within which the handicapped individual lives and which determines his/her relationships with other human beings is important.

The term "public attitudes" is misleading. The "public" is made up of many individuals, belonging to diverse groups, and not only is it true that they may have different attitudes but their behavior based on these attitudes may be of greater or less importance in the life of the handicapped individual. For example, the attitude of a teacher may be more important by far than that of a classmate; the attitude of an employer more important than the storekeeper's.

It may therefore be helpful to look at the different categories of "public" whose attitudes make the biggest difference.

Professional. First in the life of an individual, and often highest in importance, is the professional person who makes (or fails to make) the diagnosis, who sets the tone by his counseling of the family, and who opens or bars the gates to appropriate service for the individual with a handicap. Health personnel (the physician or nurse-midwife who delivers the baby, the pediatrician

or general practitioner who provides medical care in the early years, the psychologist who evaluates intellectual functioning and emotional stability, the orthopedist or the psychiatrists as circumstances may require) point the individual and his family in the direction they may go the rest of their lives. Nursery-school teachers and public or parochial school personnel, the speech therapist, the physical therapist, all have substantial influence not only on the services that are provided or withheld, but also on the self-perception of the individual. As a result of how these professionals see the situation, and how they deal with it, the affected person may perceive himself as an individual with an impairment but with a host of capabilities and potential skills, or as a child or adult whose overriding attribute is a disabling condition.

Other service personnel. Everyone in the handicapped person's social environment -- the bus driver, the grocery clerk, the restaurant waiter, the librarian, etc. -- may by their attitudes and their behavior expand (or curtail) the opportunities and horizons of the person with a handicap.

Significant others. Employers, neighbors and of course members of the family have a special impact on the lives of handicapped persons. Parents may be understanding, supportive, helpful, encouraging -- or they may not.

Until the discovery of the handicapping condition, be it remembered, even these persons were members of the "general public", and quite likely shared the ignorance and prejudice of the average person who has not dealt with the problems of a handicapping condition. How well they learn, and how appropriately they then behave, can make the difference for a handicapped person between frustration and a life of fulfillment.

Self. The attitude of the individual toward his handicap and toward himself is of fundamental importance. Unfortunately, even this matter is not entirely within the individual's control; much as he may want to live a satisfactory and productive life, he may see himself -- as others often see him -- as somehow defective or inferior. This may be a reflection of the attitudes of others, but it is no less real, and no less damaging.

Sadder even than the unknowing prejudice and discriminatory behavior of strangers and relatives is the negative attitude of persons with other handicaps. Between categories of handicaps -- for example, between the orthopedically disabled and the mentally retarded, or even between the totally blind and the partially sighted -- there may be envy, resentment or in some cases evulsion. It is obvious that even handicapped persons do not necessarily have a special insight (they too are in many respects members of the "general public"), and yet there

is a special irony in the tendency of some handicapped persons to reject others with different impairments.

Excerpts taken from: Programs for the Handicapped, Department of Health, Education, and Welfare; Office for Handicapped Individuals, Washington, D.C. 20201.

APPENDIX C

DEMOGRAPHIC INFORMATION

The following charts show a breakdown of participants according to current grade assignment, sex, age, teaching experience, degrees held, number who know a handicapped person and number of handicapped children currently instructed in participant classrooms.

Breakdown of Current Grade Assignment Comparing
Experimental and Control Groups

Grade	N	Experimental Group	Control Group
K	8	5	3
1	10	5	5
2	9	4	5
3	10	3	7
4	10	6	4
5	9	4	5
6	6	4	2

Breakdown of Sex Comparing Experimental
and Control Groups

Sex	N	Experimental Group	Control Group
Male	17	11	6
Female	45	20	25

**Breakdown of Age Comparing Experimental
and Control Groups**

Age	N	Experimental Group	Control Group
≤24	3	0	3
25-34	28	19	9
35-44	20	8	12
45-54	6	1	5
55 +	4	2	2

**Breakdown of Years of Regular Classroom Teaching
Experience Comparing Experimental and Control Groups**

Years Of Experience	N	Experimental Group	Control Group
0-5	16	9	7
6-10	23	15	8
11-15	12	5	7
16-20	6	1	5
21-25	2	1	1
26 +	3	1	2

**Breakdown of Degrees Held Comparing Experimental
and Control Groups**

Degree	N	Experimental Group	Control Group
B.A.	34	18	16
M.A.	27	13	14
Ed. Spec.	1	0	0
Ph.D.	0	0	0

**Breakdown of Participants Who Know a Handicapped
Person Comparing Experimental and Control Groups**

Relation- ship	N	Experimental Group	Control Group
Family Member	9	4	5
Close Friends	3	1	2
Both	3	1	2
Self	1	1	0
None	46	23	19

**Breakdown of Identified Handicapped Children
Currently Instructed in the Regular Classroom Comparing
Experimental and Control Groups**

Type Of Handicapped Child	N	Experimental Group	Control Group
Learning Disabled	10	6	4
Physically Impaired	8	2	6
Emotionally Impaired	0	0	0
Visually Impaired	2	0	2
Educable Mentally Impaired	2	1	1
Hearing Impaired	1	0	1

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