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- Winds of Change in Guatemala's Educational System
- The Origin, Development and Current Status of Special Education in France
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International Journal of Special Education I N D E X

Winds of Change in Guatemala's Educational System	1
<i>Alfredo J. Artiles and Robert C. Pianta</i>	
The Origin, Development and Current Status of Special Education in France	15
<i>Henry J. Tyska</i>	
Parental Attitudes Toward the Special Education Placement of Their Mentally Handicapped Children	26
<i>Vivian Khamis</i>	
A Cognitive Neuropsychological Perspective on the Teaching and Learning of the Gifted Black Underachiever in the Republic of South Africa	35
<i>J. Viljoen</i>	
Personal Experiences in the Early Identification, Early Diagnosis, and Early Educational Management of Hearing Loss in Children in Partnership Between Federal Republic of Germany and India, Pakistan and Bangladesh	46
<i>Armin Löwe</i>	
Preparing Teachers of Children with Multiple Disabilities for the 21st Century: An International Perspective	55
<i>Dennis Cates and Lloyd Kinnison</i>	
Removing Barriers and Building Bridges Between Persons With, and Those Without Disabilities	60
<i>S. Malakpa</i>	
Observations on Special Education Services in NSW and in Two Illinois, USA School Districts	69
<i>Ken Linfoot, Robert Henderson, Janet Andrews, Jennifer Brown, Marilyn Faber, Jan Morris, Mary Thornton, Jennifer Stephenson and Judith Wright</i>	
Tertiary Education for Disabled Persons, With Emphasis on Visually-Handicapped and Hearing-Impaired Individuals	82
<i>Chua Tee Tee</i>	
Book Reviews	92

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WINDS OF CHANGE IN GUATEMALA'S EDUCATIONAL SYSTEM

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A significant portion of the student population in Guatemala is in need of specialized education programming. In the context of this manuscript, the expression "students with needs for specialized educational programming" describes students who have low achievement, have repeated a grade, demonstrate learning or behavior problems, or who are at risk of dropping out of school in the primary grades. The most common manifestations of school failure and/or disabilities are learning and behavioral difficulties. Educational indicators show that this group of students is underserved in primary schools. In this case study of Guatemalan education we describe major trends in the ongoing educational reform movement, and propose a restructuring of the current service delivery system by enhancing the specialized attention that these students receive in elementary schools. These changes complement the current educational reform movement in Guatemala. The suggested reforms address areas of the educational system and teacher preparation programs. Finally, we propose a gradual expansion of the present service delivery system through the use of preventive interventions that include consultation services, technical assistance and training programs at multiple levels.

Significance and Background

In this paper we present results from a needs assessment of special education programming for Guatemalan students. Based on this needs assessment, we propose strategies for the enhancement of specialized education that disadvantaged and special needs students receive in primary schools in Guatemala City and selected areas nationally.

Background

Guatemala is primarily an agrarian nation (i.e., 57% of the labor force was dedicated to agriculture in 1985). But the most noteworthy characteristic of Guatemala is its rich cultural diversity: 56% of the population are *Ladinos* (mixed Indian and European ancestry) and 44% are Indians. Over 40% of the population speaks an Indian language as a primary tongue and there are 18 Indian dialects, including Quiche, Cakchiquel, Ketchi, and Caribbean. Gross economic indicators show that this country is at a crossroads as a result of significant societal transformations.

Like in other developing countries, current socioeconomic conditions are the consequence of the sharp global economic crisis of the 1980s. The growth of domestic investment, for instance, dropped from 7.4 (1965-1980); to 3.4 (1980-1988), the average annual inflation rate for the period 1980-1985 was 7.4% (in Honduras was 5.4%). Furthermore, the GNP per capita income was US\$ 1,250.00 in 1985 (e.g., the weighted average for middle income economies was US\$ 1,290.00), and the currency exchange rate was devaluated almost 400% in less than ten years.

Unless otherwise indicated, all the statistical figures on Guatemala reported throughout this manuscript were obtained from the World Bank (1990), W.C.E.F.A. (1990), C.I.A. (1989), and Smith (1988). In addition to the above problems, researchers have pointed out the nefarious effects that brisk and disorganized demographic changes exert over the economy and development of Third World countries (Lipton, 1983; McNicoll, 1984; Teller & Butz, 1984).

Guatemala a country with only 9 million inhabitants and a life expectancy of 62 is not an exception to this fact. For example, the population growth increased at a rate of 2.8 during 1980-1988 and the total fertility rate was 5.7 children per woman in 1980-1988 (while the rate for middle income economies was 3.6). The centralization of resources in Guatemala City adds another considerable barrier to the improvement of crucial areas of development in Guatemala, particularly in the sectors of health and basic services. The rural population is largely underserved by health resources and basic services. Countrywide, 99 out of 1,000 children die before they reach the age of five. There are 2,180 inhabitants per doctor and 470.4 inhabitants per hospital bed. Furthermore, between 1980-1987 only 52% of the total population had access to water and only 34% to health services. Finally, the distribution of wealth is alarmingly disparate. The wealthiest 20% of the population receives 55% of the income, and 3% of the population owns half the farmland.

In education, problems are probably the most difficult to confront because of the need for longterm investment to produce reasonable progress in educational outcomes. There is encouraging evidence, though, showing that investment in basic education has an impressive impact on developing countries.

Many countries have made remarkable societal improvements as a result of their sustained investment in basic learning opportunities. The experience of North America, and more recently of Japan and Singapore, strongly support the conclusion that basic education is a necessary part of an equitable and efficient foundation for national development (WCEFA, 1990, p. 1314).

Before we turn to propose a particular educational reform, we will provide a description of basic educational indicators in Guatemala.

An Overview of Educational Indicators

Guatemala is a nation at risk. This is a country with almost 50% of its population under 15 years old. Yet, the way in which its youth is being educated and served pose alarming concerns. In this section, we describe indicators that demonstrate the need for strengthening Guatemala's capacity to educate students who have needs for specialized education. These indicators include characteristics of the student population, existing specialized services for students, school outcomes achieved by students, and teacher education programs supporting special education.

Student Population

It is estimated that 60% of the population in Guatemala is living at the poverty level at the present time. In most nations, poverty is widely regarded as a causal factor for failure in school (Biber, 1984; Stark, Menolascino, & Goldsbury, 1987). Similarly, other stressors (e.g., single teenage parenting, lack of stimulation, differential access to school) are generally associated with poverty and therefore increase the risk of school failure (Anderson, 1988; Pianta & Nimetz, in press). In Guatemala, there are a large number of students in the primary education system who have a high risk of school failure because of their needs for specialized educational programming (Lourie, 1989). Furthermore, these children have a greater probability of having disabilities (Noble, 1981). A disturbing figure presented by Dixon 14 years ago indicated that

less than 15% (of the approximately 4555 million people in Latin America and the Caribbean with significant handicapping conditions such as blindness, mental retardation, developmental disabilities, and crippling conditions)... receive any kind of social or rehabilitative treatment or services (cited in Perelman, 1982, p. 4).

The prognosis for children with special needs is worsened if we consider that the growth rate of disabled individuals in developing countries is expected to increase 2.56% annually (Noble, 1981). Families of disadvantaged children are characterized by high rates of illiteracy and alcoholism, and a significant percentage migrate from the provinces to Guatemala City. Family values and family dynamics also affect student absenteeism (de Garcla, 1991). Despite recognition of the importance of families in the educational achievement of children, there is almost complete absence of data in Guatemala describing the families of students with needs for specialized education. Therefore, there is a compelling need to conduct more research in Guatemala on families of disadvantaged children. Another related area for future scrutiny is the study of resilient children and their families.

If we consider that half of the world's poor children grow adequately (McGuire & Austin, 1987), *it is essential that we gain a better understanding of how this process occurs.*

Services for Disadvantaged Students

A large number of students in Guatemala have specialized educational needs. Currently there are only 28 classrooms in Guatemala that provide special education services in the public school system, and all of these are located in first grade classrooms in Guatemala City schools. A national survey of special education services conducted by UNESCO (1991) depicts the current situation for children with already identified disabilities. For instance, 72% of the agencies (public or private) providing special education services are located in the capital, and 58% of these services are directed solely for children with mental retardation. Private services in the country virtually all located in the capital are not part of the public school system. There are also a few small professional centers that dispense remedial services on an hourly basis, but they are usually unaffordable for students from public schools. Furthermore, the majority of private agencies work with students who have mental retardation and sensory handicaps only. Only 4% of agencies (public or private) work with students with learning disabilities and there is no special education agency serving children with behavior disorders.

Therefore, children in public schools with needs for specialized educational programming (i.e., disadvantaged children, children with disabilities) simply do not receive adequate services, especially if they live in rural areas. The lack of funds for special education adds additional pressure to this situation. For example, only 23% of the funds for special education services in Guatemala are provided by the government, whereas 62% of the funds are provided by private institutions to support private agencies. Overall, the government spends 14% of its national budget in education whereas the average percentage for Latin America is 18% (SIMAC, 1988).

Clearly, there are very few resources nationally or locally to provide much needed specialized education services to children in Guatemala. Within this context there is considerable need for both expanding services and improving the quality of existing services in order to address the need of students with disabilities and the growing population of disadvantaged children without disabilities who are likely to fail in school.

School Outcomes

There are very few data on the actual outcomes of children who have needs for specialized education services, as we have defined them. UNESCO (1991) reported that the age group between 7-14 years represents the biggest segment of the school population served by special education services. On the other hand, official figures show that there is a significant reduction in the general primary school enrollment rate in the 7-14 age group (Galo de Lara, 1990), and that girls are less prone to attend school than boys (Newman & Bezmalinovic, 1991). USIPE (1987), the research and planning unit of the Ministry of Education, conducted a longitudinal study of student participation in public schools and found that of 300,000 students enrolled in first grade in 1982, only 89,000 were enrolled in the 6th grade in 1987. Surprisingly, they found that it takes an average of 18 years for some students to complete the primary education cycle (i.e., first through 6th grade). Moreover, the dropout rate in

primary schools in 1986 was 9% whereas the *ideal* rate is .01% (USIPE, 1987). It has been reported that 50% of students repeat the first grade and 30% of students repeat every one of the following grades in elementary schools (SIMAC, 1988). According to USIPE (1987) two of the most important reasons explaining this high rate of grade retention are the lack of basic skills training during their first year in school, and the inadequate preparation of teachers. Solutions advanced to solve these intricate problems include adaptation of the curricula in accordance to the diversity of the student population, decentralization of resources and regionalization of efforts and initiatives (Galo de Lara, 1990). Clearly, specialized educational needs of disadvantaged students and students with disabilities are not being met.

Children with learning disabilities and behavioral disorders, and children who have been retained or lack basic skills make up the majority of the population of children who leave school in the primary grades (USIPE, 1987).

Teacher Education

The teaching work force in Guatemala is relatively young (e.g., 50% of teachers are between 16 and 30 years old) and comprised mostly of women (e.g., they represent more than 60% in primary education schools) (USIPE, 1987). The average student/teacher ratio is roughly 35:1 (USIPE, 1991). The teacher education model most prevalent is the normal school (equivalent of high school education in the United States). In these programs, students in the third year of secondary education may go through a three-year training program to pursue a degree as preschool or elementary school teacher. There are 88 normal schools in the country (59 private and 29 public). Although students pursuing a degree in elementary education have to undergo a period of supervised practical training, there are no certification requirements to obtain a teaching position once formal training is completed at the normal school level.

Further, the curricula in official normal schools do not include coursework or field experiences with students who present learning or behavioral problems. A generic course on child psychology is the only required subject for prospective teachers that might include the study of individual differences and, possibly, learning/behavioral problems in children. If an individual wishes to continue education as a teacher, he/she could continue to do so by attending a college. This person would be working to obtain a *Licenciatura* degree, which consists of five years of course work plus a practicum and a research thesis. Colleges offer degrees in elementary, secondary, and higher education. Special education teachers must attend a three-year program at the college level in order to be recognized as a specialized teacher. An examination of the curricula for special educators indicate that prospective specialized teachers do not receive training in teaching students with learning/behavioral difficulties in mainstreamed classrooms.

Conclusion

In Guatemala today there are a substantial number of students in the Guatemalan primary school system who are at high risk of school failure because of their need for specialized educational programming. This group of students includes a significant number of children exhibiting disabilities and children living in poverty. In a country with few resources, there is a paucity of services for this population, negative school outcomes are rampant, teacher

preparation programs are not equipping teachers with the necessary skills to address the needs of this population, and there is a need for national policymaking in organizing and coordinating service delivery systems for this population.

A Reform Effort Within The Reform Movement

The strategies suggested in this paper are embedded within the Reform Movement undertaken by the Ministry of Education. The Ministry's Reform Movement affects general education primarily, and special education secondarily. In contrast, the goals and strategies in this paper deal exclusively with the need to strengthen the special education services offered in Guatemala.

We highlight the most salient efforts of the ongoing reform movement in both general and special education to describe the context in which the programs suggested by this proposal will take place. A word of caution is pertinent here, however, regarding our summary of efforts being undertaken in Guatemala in this realm. The aforementioned descriptions of demographic and educational indicators and the following account of educational efforts only depict gross trends in the overall situation of the country to provide the reader with contextual information. Nevertheless, there are several important initiatives being launched across the country at different levels by independent groups of parents of exceptional children, and by the DAEE [Dirección de Asistencia Educativa Especial] (i.e., Direction of Special Education Assistance) which works independently under the Secretariat of Social Welfare that are not included in this paper.

The Reform Movement in General Education

The government of Guatemala is committed to improving the quality of education offered in schools. Several official agencies have launched ventures to revamp diverse components of the educational system. One of these efforts has been undertaken by SIMAC Spanish acronym for *System for the Improvement of Human Resources and Curricular Adaptation*. The main goal of SIMAC is to continuously improve the educational system through the adaptation of the curricula and through inservice training programs. Other areas of action in which SIMAC intervene are instructional technology, teacher education programs, and supervision. Also, the Agency for International Development (AID) and the Ministry of Education have launched a 61.9 million dollar project (Project BEST: Basic Education Strengthening Project) aimed at reforming education. Project BEST has the following goals 1) universal access to basic education for children 7-14 years, 2) decentralization, 3) reduction of illiteracy, 4) reforming curricula, 5) empowering communities to make educational decisions, 6) enhanced support services, 7) increased inter-institutional coordination, and 8) strengthening in-service and preservice teacher preparation.

The Reform Movement in Special Education

The Department of Special Education of the Ministry of Education has served students with learning disabilities since 1985. The core of its services are *Aulas Integradas* (i.e., self-contained classrooms) and resource classrooms. The latter started operating in 1991. Although the department has gone through budget cuts and reductions in its scarce resources, since 1985 it has (1) served almost 4,000 students with learning difficulties, (2) referred more than 1,000 students to institutions for related services, (3) developed a special education

curriculum guide, (4) organized and worked with families, and (5) participated in discussion forums and task forces to define and refine the specialized services in the country (Ramirez, 1990). The Department of Special Education in Guatemala is staffed by *borrowed* personnel that worked in other positions within the Ministry of Education. This staff is comprised of professionals (e.g., psychologists, speech therapists, social workers, special educators) that requested to be transferred temporarily to the newly created department of special education under the Secretariat of Students Welfare (Secretaría de Bienestar Estudiantil). Guatemala is the only country in Central America that does not have a governmental body with authority over all the special education activities at the national level. The Department of Special Education has recently proposed to the office of the Minister to create a national division of special education. This division would function independently from the Secretariat as an autonomous division within the Ministry of Education, and would have authorization over regulating the special education activities in the whole country.

It would also have joint programs with USIPE and SIMAC. Currently, special education services are scarcely provided in the provinces outside the capital. The new Division of Special Education would promote and encourage the creation of more services in all the regions of the country. One project about to be implemented by SIMAC aims to insert a special education component in the national curricula (SIMAC, 1991). Among other goals, the project intends to: include special education content in the national curricula; provide practicing teachers in elementary schools with basic information on the detection, referral, attention, and followup of students with special needs; and increase the awareness among educators and students about exceptional individuals. The Special Education Department needs substantial strengthening and revision of its functioning in order to meet the needs of the country's students. For instance, it is imperative that this Department broadened the scope of handicapping conditions (e.g., educable mentally retarded and behaviorally disordered) and the number of geographical regions it serves. Moreover, the number of special education classrooms and the variety of specialized service options needs to be augmented. Similarly, there is a pressing need for more specialized personnel, more refined and systematic measures of program outcomes, and more reliable communication and record keeping systems.

Goals and Strategies for Strengthening Specialized Education

Services in Guatemala

A chief premise of this proposal is that the best specialized education services are embedded in a preventive paradigm. Preventing the kind of negative educational outcomes discussed earlier, associated with poverty and disability, has long lasting effects. Preventive approaches to educating students with special needs would encourage cooperation between special and general education. Hence, processes such as mainstreaming, interagency coordination, and communication between special and general education systems would be facilitated. Finally, student needs for specialized educational programming must be confronted by attacking multiple areas and levels of the educational system. The following goals and accompanying strategies are proposed as a comprehensive effort to strengthen preventive special education programs in Guatemala, and to improve educational outcomes

for children with special needs. The primary goal is that the Department of Special Education be utilized as a national center for excellence in education of students with special needs, a professional resource center of the highest quality that coordinates, recommends, develops, infuses, and evaluates initiatives for the service delivery and teacher preparation systems for students with special needs.

Goals

1. To expand and improve the current service delivery system to provide a wider variety of service options to a larger number of children who meet descriptions of handicapped and disadvantaged populations.

2. To promote the development of a highly skilled teacher work force through the implementation of preservice and inservice teacher preparation programs.

Strategies

Preliminary Tasks

Two preliminary tasks must be accomplished for this project to be successful. These are: (a) The Department of Special Education needs to define operationally (i.e., in writing) the current policies and procedures for the special education system. An operations manual needs to be developed for the basic procedures in the system (e.g., definition of handicapping conditions; criteria for identification, referral, assessment, eligibility, intervention, and mainstreaming among others), and (b) the Department of Special Education will develop cooperative agreements with several model classrooms in the capital and provinces that would enable the Department staff and local schools staff to conduct model demonstration projects. The gradual implementation of new strategies will be based on the results from pilot attempts conducted in these particular classrooms.

Goal 1: *To expand and improve the current service delivery system to provide a wider variety of service options to a larger number of children who meet descriptions of handicapped and disadvantaged populations.* An educational system based on preventive interventions for learning and behavioral problems may be designed having as a guiding premise the use of individualized instruction and integrated support services. This approach utilizes preventive interventions (Elias & Branden, 1988; Roberts & Peterson, 1984; Shapiro, 1988; Zins & Forman, 1988; and Zins, Conyne, & Ponti, 1988) such as effective teaching behaviors (Larrivee, 1985) and consultation models (Heron & Harris, 1987; Idol, 1989, 1988; Idol & West, 1987; West & Idol, 1990, 1987) to meet the needs of the student population at the elementary level. Specifically, we propose the following strategies in order to meet the goal of increased services.

Expansion of Service Delivery System

Expand the scope and coverage of the current service delivery system. That is, there should be a significant annual increase in the number of eligible children in elementary schools with behavioral, learning, and/or intellectual deficits who are served by specialized education programming. We propose an increase in the number of resource classrooms and self-contained classrooms in public elementary schools. Significant annual increments in

students served over a tenyear period will accompany major initiatives in teacher preparation and certification discussed below.

New Service Delivery Options

Collaborative Consultation

We propose to add to the current service delivery system new options that stress a preventive approach. These options are embedded under the collaborative consultation paradigm and include consultant teachers and cooperative teaching teams which rely heavily on curriculum based measurement and prereferral interventions (Fuchs, Bahr, Fernstrom, & Stecker, 1990; Zins, Graden, & Ponti, 1988). Collaborative consultation is *an interactive process that enables people with diverse expertise to generate creative solutions to mutually defined problems* (Idol, PaolucciWhitcomb, & Nevin, 1986, p. 1). Consultative service options have theoretical foundations, principles, and contain specific strategies and techniques that must be used in order to be implemented successfully (e.g., Fuchs & Fuchs, 1988; Fuchs, Fuchs, & Hamlett, 1989; Graden, 1989; Graden, Casey, & Christenson, 1985; Polsgrove & McNeil, 1989; West & Idol, 1990). Personnel trained in consultation can initially provide consultation services to selected school districts, simultaneously training consultants from the selected district to assume consultation responsibilities. These services can be provided immediately and each consultant can be expected to impact two school districts per year. Two types of consultation models will be used.

Consultant Teachers

Consultant Teachers will be housed within the Department of Special Education. Consultant Teachers will work collaboratively with classroom teachers in two main areas: (a) problemcentered consultations and (b) preventive consultation (e.g., to accomplish sequences of longterm objectives in the areas of instructional practice, educational evaluation, and classroom management). Eventually special or general education resource teachers from the districts will work as consultants as they become trained by the Consultant Teachers.

Cooperative Teaching Teams

This is a service option in which general and special educators work together to jointly teach academically and behaviorally heterogeneous groups of students in integrated classrooms. Cooperative teaching is a direct and complementary outgrowth of the collaborative consultation model (Bauwens, Hourcade, & Friend, 1989). The implementation options available in this model are complementary instruction, team teaching, and supportive learning activities. The selection of either one of these options will depend on the particular characteristics of classrooms, students and teachers. Consultant Teachers will train staff in Cooperative Teaching Team models within the school districts to which they are assigned.

Technical Support

Install a data tracking system within the Department of Special Education to: (a) produce computerized form sheets to be used by the staff in the evaluation of their services, (b) save and process evaluation data collected and reported by supervisors and consultant teachers in

pilot programs, (c) save data from semestral program evaluations, (d) install a research data base (e.g., from a Latin American clearinghouse and/or ERIC) to assist professionals in this Department in preparing research studies and inservice programs, and (e) *track student progress and programming data*.

Goal 2: To promote the development of a highly skilled teacher work force through the implementation of preservice and inservice teacher preparation programs. There is a compelling need for teachers to work with students with special needs. A cost effective way for the Department of Special Education to improve and maintain the quality of the preparation of teachers is through the implementation of continuing education for preservice (student) and inservice (practicing) teachers. For that purpose, the work that SIMAC has undertaken can be supplemented with several actions. 2.A. Improvement of Preservice Education Currently there is substantial need for strengthening the teacher education curriculum in special education. We propose the appointment of highly qualified teachers to serve as Liaison Teachers in the Department of Special Education. These professionals will: (a) Serve as a liaison between the Department of Special Education and administrators in private/public programs that prepare elementary school teachers (e.g., normal schools, universities), so that the infusion of a special education component in those programs is facilitated. (b) Develop a policy document on certification procedures for teachers which does not exist at the present moment. (c) Conduct workshops and seminars with preservice student teachers in teacher education programs. These inservice programs would familiarize preservice teachers on the use of the current body of knowledge on research on teaching, specifically that related to effective teaching behaviors with average and special learners (Brophy & Good, 1986; Englert, 1984; Larrivee, 1985; Rosenshine & Stevens, 1986). (d) Coordinate with SIMAC the implementation of workshops for practicing teachers on the same topics mentioned previously. The ultimate goal would be to train preservice and practicing teachers in the use of those behaviors that have had a positive effect on student achievement. We can expect that as teachers use effective teaching behaviors in their classrooms the achievement of disadvantaged students would improve considerably. It is expected that these activities will provide for a substantial increase in the quality and quantity of specialized services offered in Guatemalan primary schools so that the goal of significant increases in the numbers of eligible students served can be attained within ten years.

Teacher Training in Rural Areas

Appoint Rural Community educators who will: (a) Work in provinces recruiting effective teachers to be trained as special educators, (b) periodically conduct and evaluate seminars and workshops (with a strong emphasis on effective instruction) for the pool of teachers recruited in the provinces, and (c) disseminate information (e.g., manuals, guides, teacher magazine) in rural elementary schools about the services offered by the Department of Special Education.

Preliminary Tasks

(a) An operations manual needs to be developed for the basic procedures in the system (e.g., definition of handicapping conditions; criteria for identification, referral, assessment, eligibility, intervention, and mainstreaming among others), and (b) the Department of

Special Education will develop cooperative agreements with several model classrooms in the capital and provinces that would enable the Department staff and local schools staff to conduct model demonstration projects. The gradual implementation of new strategies will be based on the results from pilot attempts conducted in these particular classrooms.

Goals

Strategies

To expand and improve the current service delivery system to provide a wider variety of service options to a larger number of children who meet descriptions of handicapped and disadvantaged populations.

Expansion of Service Delivery System

New Service Delivery Options: Collaborative Consultation

Consultant Teachers

Cooperative Teaching Teams

Technical Support

To promote the development of a highly skilled teacher work force through the implementation of preservice and inservice teacher preparation programs.

Improvement of Preservice Education

Teacher Training in Rural Areas

Conclusion

Current educational programs in Guatemala do not address adequately the needs of disadvantaged children and children with disabilities. There are few resources available for addressing these needs, and longterm perspectives and plans are needed. Therefore, preventive strategies and indirect services are those which are likely to have the greatest impact. Future reform efforts in Guatemala must rely on preventive strategies (e.g. consultation services, teacher preparation) to impact significantly the outcomes of students in this developing country. Finally, future reform efforts must pay special attention to develop related and crucial areas that have not been stressed in this paper (e.g., research with families, continuing education for professionals in the system) and that have been included in major international efforts in the developing world (Rampaul, Freeze, & McCorkell, 1991) (e.g., international collaboration, institutional strengthening, indigenous leadership, and information sharing among educators).

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**THE ORIGIN, DEVELOPMENT, AND CURRENT STATUS OF SPECIAL
EDUCATION IN FRANCE**

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This case study of special education in France is derived from the review of available literature pertaining to its origin, development, current status, and future considerations. The report addresses special education legislation, administration, delivery systems, and categories of handicapping conditions. Included are: teacher training, principles of teaching methods, and the roles of parents and personnel other than teachers. Also discussed are the impact of past issues upon present and future considerations, and France's efforts in this area in relation to other countries. The constraints of research in a language other than that of the country under study and the availability of appropriate literature is addressed.

The purpose of this study is to determine the current status of special education in France, and to identify those factors that have contributed to its development. The method used is the descriptive, non-participant observation and investigation of an institution known as a case study. The preparation of this case study involved the review and analysis of available reference materials as well as the literature generated by a large American data base search. Initial experience appears to indicate that the availability of literature in the United States as

concerns special education in France is limited and not readily accessible. No materials in the French language were generated by the data-base search, and only English language materials were used in this paper.

Every effort has been made to overcome observer bias, the efforts of the reader to transcend those that remain is appreciated.

Special Education as a Component of Regular Education

Special education is a component of the French educational system. An overview of this educational context is beneficial in order to better understand its influence upon special education issues.

Throughout its development, several elements in French education emerged that continue to exert an influence to this day. These elements include nationalism, secularism, elitism, egalitarianism, socialism, individualism, religion, and reform. These elements are the result of the interplay of traditions, language, culture, and politics.

Beginning with the revolution of 1789, the control of education, which had been in the hands of the church, was contested. This struggle extended into the twentieth century and even today, despite education being firmly in the hands of the state, disputes between secular and private interests continue. The struggle between the church and state for the control of education should not be characterized as only a religious struggle since Catholic majorities are to be found on both sides.

Education assumed other themes, reflecting the agendas of those in control. When education was in the control of the church, education was orientated towards the aristocracy and hence acquired an elitist aura. Later, as control shifted to the state, the concern for the rights of the individual ensued. This concern continued with the rise of the Third Republic in 1870. The issue of whether or not French education was to be elitist or egalitarian was not resolved until 1925. At this time a common education system was established that ostensibly equalized the opportunities of further education.

The tidal nature of the successive struggles between the church and the state usually terminated with the state having increased its control over education. By the time of Napoleon, the authority of the government to exert its influence in all educational activities was definitively established. Nationalism is one of the main forces credited with the establishment of a public school system in France (Reynolds & Mann, 1987).

Education in France today is primarily secular but the control and funding of private schools is similar to that of public education.

The French educational system is a huge, highly institutionalized, highly centralized structure that has to contend with its past in order to respond to the demands of the future. Perhaps the closest model in the private sector would be what is called a monopolistic vertical industry. The implementation of special education programs within regions varies due to the relative newness of special education legislation, differing degrees of inter-ministerial coordination, and funding patterns. Reform is in progress and is characterized as complex and dramatic. There is a high degree of interest to share research and experience and to compare legal and organizational structures (McLeary & Buchanan, 1987.).

The Ministry of Education is the largest employer in France. It has been characterized as the largest administration in the world with the exception of the Red Army. Education is

primarily funded at the national level and the expenditures of the Ministry are of such a magnitude that they are perceived as a factor in the promotion of national economic growth.

One constant of French education is that it never stops reforming itself. It appears well aware of both its shortcomings and strong points and the need for improvement. At the present time the educational system is undergoing rapid change in many areas and keeping abreast of its status will prove challenging.

Overview of Special Education Development

Special education in France may have originated with the custodial care of individuals in institutions. Initially, these institutions were charities of a philanthropic or religious nature. The inmates received minimal care, no education, and children were mixed in with adults.

By the early twentieth century, a segregated special education system had begun. The improvement courses were directed at students who could not adapt to the regular school. These classes were taught by a teacher who had additional training for teaching this population.

The 1970's saw a social climate that fostered acceptance of individuals who were different. The Orientation Law (Loi d'Orientation) of 1975 ordered the mandatory education of impaired individuals in the least restrictive setting beginning with mainstreaming into a regular educational setting. Amongst other components, the Orientation Law addresses the rights of the handicapped, funding, local control, and due process. Emphasis was given to early detection and prevention of impairing conditions. A working definition of special education in France has been defined as,

...education combining pedagogical, social, medical, and paramedical actions. It is provided either by conventional establishments or Departments. Recipients are young subjects who, at a certain period of their life, in view of their active participation and integration in the community, are temporarily or lastingly in need of particular medical, social, pedagogical, or educational procedures other than those provided for the general population (Reynolds & Mann, 1987, p. 45).

(A Department in France is an administrative, geographical unit approximately equivalent to a county in the United States.) The net result of the Orientation Law is nothing less than the overhaul of the entire special needs educational system. When placed within the context of the on-going reform in the regular educational system, an appreciation may be fostered as to the scale of change in progress.

Special Education Legislation

Education in France today is free, available from birth to the university level and is compulsory from age six to age sixteen years. In 1975 the Orientation Law was passed that continues to produce profound effects throughout the entire educational structure. This comprehensive law was passed in a relatively affluent era and its mandates have been court tested and upheld throughout the country. The Orientation Law was directed at the rights of individuals with unique educational needs. It guarantees the rights of the handicapped to education, employment, and to live in a normal environment. Services are to be provided without cost to the individual and special, comprehensive financial allowances are included.

The Law provides procedures and requires periodic meetings and revisions of individual educational programs with parental involvement. Where necessary, physical and material adaptations are to be made to the educational environment.

Perhaps the most dramatic provision by far is the creation of commissions at the Departmental level. These commissions were empowered and made responsible for the educational programming of all handicapped individuals, throughout their lives, in their respective Department. Priority is given to assure that the education is provided in the least restrictive environment possible with full integration (mainstreaming) being the least restrictive. The significance of the creation of the Departmental Commissions cannot be overstated. It represents the transfer of responsibility from a historically highly centralized institution that controlled formal education at all levels to local control. This empowerment is implemented across different ministries. The Orientation Law is flexible and permits wide interpretation which should promote its implementation and effectiveness (Votel, 1985).

The various difficulties facing special education in France today can be attributed in varying degrees to the realignment and coordination of diverse educational resources that had previously acted in a manner relatively independent of each other, and it is not only public institutions that are being affected. Historically, special education facilities in private hands were created to address needs that were not being sufficiently addressed by public education. With the Orientation Law these institutions now find that they are becoming components of local special education delivery systems. It should be apparent that the scope of educational reform in both regular and special education in France is a formidable undertaking.

Administrative Structure

The current administration of special education programs in France reflects both the efforts of individual ministries previously acting independently, and current legislative mandates requiring the coordination of services that are still in a state of flux as concerns implementation. Since the Orientation Law of 1975, the care and education of the handicapped is being undertaken by three separate ministries. The current special education administrative responsibilities are:

- The Ministry of Health (Ministere de Sante) is concerned with the education of those individuals who qualify for medical services for physical or psychiatric conditions and whose needs cannot be addressed in a regular school setting.

- The Ministry of Social Services (Ministere d'Affaires Sociales) is primarily concerned with those individuals having moderate to severe mental handicaps whose needs cannot be addressed in a regular school setting.

- The Ministry of Education (Ministere d'Education) addresses the needs of handicapped individuals in regular school settings which may be modified to include these individuals.

The current reality is that there is some overlap and duplication of services. For example, all three ministries offer their own schools for the mentally and physically handicapped.

In principle, the determination of the least restrictive environment for an individual whose needs cannot be met in a regular school setting is the ultimate responsibility of the Departmental Center for Special Education (Centre Departemental d'Education Specialisee/ CDES). This responsibility may be delegated to other committees serving smaller geographic areas or age groups (Votel, 1985). The Departmental Center is ruled jointly by the

Departmental heads of the Ministry of Education and the Ministry of Social Services who rotate administrative control on an annual basis (Vortel, 1985). Departmental representatives of Health Services, Academic Services, and Social Services also serve on the committee.

The organizational structure is intricate and multi-layered. It appears that some not unexpected difficulties arise in the coordination of services as concerns the division of responsibility and issues of territoriality. Services do exist to meet the individual needs of the handicapped but the distribution of these services relying upon inter-ministerial cooperation may not be optimum as concerns local availability and/or placement in the least restrictive environment. The situation is also compounded by lack of resources and funding to implement the administrative changes. As for the other issues concerning special education in France, this area is in the process of considerable change and is expected to continue.

Special Education Categories

Definitions for the individual handicapping conditions do exist, however a universally standardized classification system of handicap categories does not.

The lack of a universal standardized classification system may reflect an aversion to segregation and the often hard to lose stigma of labeling and its negative effects. The French approach to special education intervention focuses on the individual within their various environments and not just on a specific impairment⁷. This gestalt approach to intervention is reflected in the areas of study for special education teacher training which tends to be broad based.

Delivery Systems

The present efforts to integrate the maximum number of special needs individuals into the regular school system as well as to provide services for those individuals who require more restrictive settings is a monumental undertaking. This enterprise involves the coordination and redirection of several institutions having different orientations and long traditions of independence. Despite the not unexpected problems such as funding, ministerial territorialism, and inter-agency coordination, the restructuring process has been characterized as dramatic, rapid and fundamental. The various placement and program options as well as the special needs populations that they serve are outlined below.

Ministry of Education

Placement options.

Four kinds of placement options exist for special education individuals served by the Ministry of Education. These programs are orientated towards the different special education populations. The four placement options are:

- Full-Time Integration: Special education students in this placement option attend regular classes in a regular school. This placement is done at the request of the school administration with the agreement of the teacher. Adaptations, such as increased time on exams, are made where necessary. Class size is reduced and support services are provided. In some cases where a teacher has agreed to accept a handicapped student into their class, the teachers have faced rejection from other teachers who protest the mainstreaming of special

education individuals⁴. Mainstreaming has been viewed as an unrealistic ideal that provokes passionate and even hostile reactions from professionals and parents alike. Teacher education institutions are attempting to overcome negative professional attitudes by modification of their curriculum. Despite informational campaigns and ministerial memorandums, mainstreaming is still in its early stages.

- **Part-Time Integration:** Special education students in this placement option attend a combination of regular and special education classes located in a normal educational setting. Students are supported by a multi-disciplinary team.

- **Partial Integration:** Students attending rehabilitation centers or residential facilities may attend some regular or special education classes in a regular school setting. Interestingly, students from both types of schools may be integrated for sports, recreation, art and meals. Sometimes this integration takes place at the special education facility which is oftentimes better equipped. The aim of this mixing is to foster interaction and acceptance between regular and special education populations.

- **Segregated Facilities:** The Ministry of Education administers over 80 schools referred to as Ecoles National de Perfectionnement/ENP (National Improvement Schools). Physically separate from regular secondary schools, the Improvement Schools provide a more restrictive setting for whom it is required.

Program options.

In the above types of placement, various special education program options exist in pre-school, elementary, and secondary settings administered by the Ministry of Education. In general, the Ministry of Education addresses the needs of the mentally impaired, physically impaired, and socially or economically disadvantaged children of school age who can benefit from instruction in a regular school setting. Several different models are being tried so as to offer a maximum of integration in the least restrictive setting. The following is a summary of the program options offered and the special education populations that they serve.

- **Pre-School:** Children who are two and a half to six years old, who are capable of walking, and expressing an interest and pleasure in their environment attend pre-school centers. Those who cannot qualify for specialized part or full time placement, or they remain at home. Classes de Perfectionnement (Improvement Classes) are offered. Children at this level of education are either mentally, physically, emotionally, or behaviorally impaired. Early detection and prevention of impairments are a priority.

- **Primary School:** Special education children from six to twelve years of age attend primary school. Program options address the needs of those students who are either cross categorically mentally impaired, learning disabled, or behaviorally impaired. Improvement classes, adaptation classes, and multi-disciplinary teams are utilized. The multi-disciplinary team is an important element. Called the Groupe d'Aide Psycho-pedagogique / GAPP (Psychological and Learning Assistance Team), they are an in-school multi-disciplinary team composed of psychologists, psychiatrists, social workers, psycho-motor therapists, Educateurs (defined elsewhere in this report), and medical personnel. The funding and administration of these teams is affected by the on going evolution of special education services and they may not be operational at all schools.

- Secondary School: Students at this level must be verbal. Program options include adaptation classes, multi-disciplinary team support, and special education sections. These sections, called Sections d'Education Specialisee/SES (Special Education Sections), offer classes specifically orientated to special needs students but are located in regular school buildings⁵. These classes teach general education, pre-vocational training, and practical vocational courses. This population is composed of the following impairments: mental, motor, hearing, visual, dyslexic, or academic. Those students for whom a normal academic setting is not appropriate attend the previously explained National Improvement Schools. Adaptation classes are also offered on a temporary basis for especially difficult cases.

Ministry of Social Services

The Ministry of Social Services (Ministere d'Affaires Sociales) provides for school age individuals with severe mental impairments. Day schools and special residential facilities are the two types of programs that are offered to care for these populations. Adult programs include occupational therapy, work training, sheltered workshops, and residential care.

Ministry of Health

The Ministry of Health offers education and rehabilitation to several categories of impairments. The programs are offered in hospitals, psychiatric hospitals, day care centers with psychiatric services, special residential facilities, and university clinics. The individuals served in these facilities include the physically impaired, autistic, severely neurotic, psychiatric, psychotic, schizophrenic, and anti-social. Special mention is made of Instituts Medico-Pedagogique/IMP (approximate translation : Rehabilitation-Learning Centers) which serve children with severe handicaps or learning difficulties. At age sixteen these children may attend an Institut Medico-Professionnel/IMPRO (approx: Rehabilitation-Vocational Centers).

Private Organizations

Private medical and educational establishments are in trusteeship under the Ministries of Health, Social Services, and Solidarity. They are reimbursed by insurance and social assistance monies. These establishments include children's homes, children's villages, social assistance centers for children, and treatment and post-cure centers, amongst others.

Other

Outpatient services for a variety of conditions are available at state run Medical-Psychological-Educational Centers (Centres Medico-Psycho-Pedagogiques).

Teacher Training

Teacher training is the responsibility of the Ministry of Education. The entire process of teacher training is being examined and improvements are being studied and implemented. This process is extensive and is expected to continue. Special education teacher training is an adjunct to regular education teacher training. A sufficient supply of special education personnel has not always been available to fill the increased need.

Two types of special education teacher training are mentioned in the references. The first is called the Certificat d'Aptitude d'Education Inadaptee/CAEI (Certificate of Aptitude to Teach the Maladjusted). Requirements include two years of post-secondary study at a special

regional center and five years of teaching experience. Specialization is in one of the following areas: motor, sensorial, behavioral, or mental.

The second type of teacher training mentioned is the CARI (Certificate of Aptitude for the Education of Retarded or Unadapted Children or Adolescents). This is granted to Instituteurs (Instructors) in regular education after following teacher training courses and passing a competitive examination. The following areas are addressed: hearing impaired, visually impaired, somatic/physically/mentally impaired, psychological, and unadapted.

Role of Parents

In other countries, educational change is often driven by parent groups. In France, after over one hundred years of far reaching state control of all aspects of education, the tradition of citizen involvement in education is not well established. Parental involvement in education is a recent innovation. It is perceived as desirable and is beginning to receive general acceptance, but it is not a legislated requirement. It therefore has fallen to the Ministry of Education to convince the citizenry, that is to say all parents, of the necessity for fundamental changes that it considers overdue. Increased parental involvement is included as one of the changes needed.

Personnel

Other personnel are involved in special education. One that is widely used is that of Educateur (Educator). The training for this profession incorporates a wide knowledge base directed towards impaired individuals in general. Most are employed in residential facilities and youth centers. They utilize a developmental learning approach in areas outside the classroom such as basic skills training and the fostering of attitudes for independence. The Educateurs are best described by their training which is one third theory in psychology, sociology, psycho-pedagogy; one third technical in handcrafts, art, leisure, sports; and one third practical application.

Instrumental to all special education procedures is the special education team. This group is composed of school psychologists, social workers, school physicians, medical and therapeutic personnel. The emphasis in french special education for on-going observation and educational program construction is reliant upon the inputs of the special education team which is considered to be an important element.

Two reports in the references concerning residential facilities highlight the importance of the contribution of non-educational personnel found on-site¹. These personnel assisted in the fostering of positive attitudes in the students and parents. The individual staff that were mentioned included the school van driver, the grounds keeper, and the school accountant. The importance of this influence was stressed by the directors of the facilities and indicates a sensitivity for the impact of environmental factors.

Principles of Teaching

The special education teaching philosophy is based on the teacher/student relationship offering personalized instruction with an emphasis on student motivation. Manipulation, experimentation, and other actions are directed towards physical things or concrete matter in a progressive manner.

In special education interventions, the educational program is based on teamwork. Priority is given to the interaction of the individual with their various environments and not just to the impairing condition. Prompt, flexible interventions are continuously monitored to allow for the unique and evolving needs of the individual student. In placement, the lifestyle and emotional climate of an institution are taken into consideration.

Other Issues

During the preparation of this report two kinds of issues arose. The first kind involved issues that were raised within the reference materials themselves.

- In order to further the sharing of educational research, education may benefit from adopting the practice utilized in scientific research by the use of the English language for publications.

- In other countries the rights for handicappers movement came about in the larger context of rights for certain groups of individuals such as women, minorities, etc. These groups often share a commonality of purpose and usually the advances made by one group are of benefit to other groups. This context appears to differ in France where change is driven by the Ministry of Education and not as the result of external pressure groups. This may well be the result of a long history of centralized control of education and other societal factors.

- In some of the reference materials, sex-role stereotyping specifically in vocational training program placements for impaired students¹ was mentioned. Past educational legislation is notable for the periodic occurrence for the specific inclusion "and girls" in the text of the laws³. Non-gender specific vocabulary is one manifestation of an awareness of sex-role stereotyping. The cultural context of France and the role of its language in that context may be factors that impact upon this issue (Grey, 1983).

- The question of the individual's right to privacy extending to the educational environment is also raised³. Concern was expressed as to the confidentiality of school records and their use by other agencies and in certain forums without the express permission for their use by the individual concerned. This would presumably extend to not identifying an individual with an impairment in front of other students and school staff without a "need to know" basis. These steps could well prove instrumental to at least limit the stigma that results from labeling.

- The exact role of parents raises some interesting points. Some of the references refer to parent participation as being beneficial⁴, another as being mandatory even to the point of court enforced compliance (UNESCO, 1988). These apparently contradictory elements need further clarification.

The second kind of issues are questions that arise specifically because they were not addressed by the reference materials.

- In any undertaking involving the magnitude of change such as is now taking place in France as concerns education, differences are bound to arise. Disparities will exist between what is legislated and what exists⁴. This leads to the question as to how infringements of handicapper's rights are resolved, both on the individual level and in class action processes. In which forum are these disputes resolved and who pays for the costs of settling such disputes?

- In other countries, physical access for the handicapped is considered essential. The barriers to access by the handicapped have been found to be inherently discriminatory. These barriers include public transportation, both interior and exterior building accessibility, eating places, toilet facilities, etc. These barriers contribute to limiting or eliminating the possibility of employment for special needs individuals. A status report on public accessibility and job hiring discrimination of the handicapped would prove beneficial.

Future Considerations

It has been said that french education never stops reforming itself³. Perhaps what is remarkable at this point is the extent and the rate of change being undertaken. The challenge facing education in France is to re-form previous procedures and structures in light of twentieth century realities. These realities include the possibility of a new world political order, the restructuring of the world economic system and technologically driven mandates requiring virtually instantaneous educational response. In addition the social situation has evolved to the point that the rights of all of its citizens must be enforced (Kurian, 1988). More specifically, change would seem to focus on the following areas:

- The integration and cooperation amongst all elements of the relatively newly redefined educational system.
- Increased support both internally and externally for the concepts of special education as outlined in the Orientation Law, specifically as regards mainstreaming.
- Respect for the individual and personal differences of all of its citizens without the vestiges of an elitist educational system.
- The realigning of charitable institutions into the new structure.

In the area of funding, resources are of critical importance. France's contribution of its Gross National Product to education was at above average levels until 1979, at which point it dropped below the four percent recommended by the United Nations to three and one half percent³. In 1988, in a ranking of one hundred fifty seven countries as to the percentage of Gross National Product spent on education, France ranked at one hundred and ninth³.

When the efforts at special education reform in France are compared to the 1988 UNESCO Consultation on Special Education⁶, France in general appears to have addressed the main goals outlined in the report and to suffer from problems that are being experienced by other countries. There have been discussions as to specific implementation techniques, but these are indicators of the extent of change being envisioned and the misconceptions of individuals outside the process. In the case studies reviewed¹, highest marks were given to those people involved with the education of the handicapped for their commitment, innovation, and pride in their students.

In conclusion, it would appear that sufficient material does exist to determine the current status of special education in France. The following points would benefit from additional investigation:

Further study is needed to assess the validity of an investigation using literature that is not in the language of the country under consideration.

This report does not address the influence of the past, if any, upon the present status of either the Ministry of Health or the Ministry of Social Services.

The quantity of materials available for study appear limited and those that do exist may not be readily accessible. This may or may not be due to the limited availability in the United States of non-English language material in this subject area. The reference materials did indicate the existence of a European, on-line data base in the area of education. This data base is referred to as the E.S.A. Information Retrieval Service organized under the auspices of the European Documentation and Information System for Education (EUDISED). This source should be investigated for appropriate materials and their accessibility here in the United States.

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**PARENTAL ATTITUDES TOWARD THE SPECIAL EDUCATION
PLACEMENT OF THEIR MENTALLY HANDICAPPED CHILDREN**

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Parents of mentally handicapped children were surveyed to determine their knowledge level and their degree of satisfaction with their children's special education services provided by the public school system. Parents of mildly mentally handicapped children reported the most positive attitudes toward the special education program. However, parents' attitudes were correlated with the special education program variables at a higher level than they were correlated with parents' and children's demographic variables. Parents lacked adequate knowledge of their rights pertaining to special education programming. Sex of the parent and the level of disability of the child had no significant effect on parents' knowledge of their rights for services.

1 Policies for involving parents of handicapped children in educational programs and decision-making have shifted dramatically since the early 1900s. In particular, the policy changes culminating in the Education for All Handicapped Children Act of 1975 (PL 94-142) in the U.S.A. have created new options for parents of handicapped children in the areas of participation in educational decision-making, advocacy, case management, structured teaching, program placement, and program evaluation (Allen & Hudd, 1987).

National legislation has thus imposed a set of requirements to protect the rights of handicapped children during their formative school years. These mandates (i.e., PL 94-142)

have focused educational delivery systems on compliance issues related to assuring these rights. Hence, educational environments have been constructed and maintained following the criteria of adherence to law, but not necessarily following criteria related to the effectiveness of special education environments (Sammel, Lieber & Peck, 1986).

Inasmuch as parents now participate more actively than at any other time in determining and defining both the content and setting of their child's school education, more systematic information concerning their views and program understanding about the current education placement of their children is even more vital than ever before.

While some parents are quite satisfied with the services provided for their handicapped children, other parents report years of frustration to an inappropriate implementation of programs (Mitchel, 1976; Strickland, 1982). However, just as there are questions about the nature of the implementation of programs, there is also a great deal of debate about the special education teachers (Pugach, 1987), special education service delivery (Sapon-Shevin, 1987), curriculum (Sammel et al., 1986), social outcome of mainstreaming (Gresham, 1986), and children's peer group (Horne, 1985; Turnbull & Winton, 1983; Winton, 1986). Because parents are expected to provide invaluable sources of information and insight about their child, better measures of their commitment to and understanding of the programming process is needed. It is apparent that teacher knowledge about parental views and understanding would increase their overall effectiveness in working with the handicapped child. It would provide communication standards for understanding more clearly program placement intents and student progress. Professionals, administrators, supervisors and program coordinators responsible for developing and improving the wide variety of special education programs in schools, may gain a clearer understanding of the special education context and the peculiar evaluation problems it poses.

In the current research the problem studied included those factors that both positively and/or negatively were postulated to influence the attitudes of parents of mentally handicapped children being served in the public schools special education programs. It was expected that parents of mildly mentally handicapped children were more satisfied with the special education services provided for their child than were parents of moderately and severely/profoundly mentally handicapped children.

Attitudes of parents of mentally handicapped children toward special education programming were expected to be inversely related to their formal education experiences and their knowledge of special education services. Parental satisfaction with their child's special education program was expected to be related to the degree special and related services provided for their handicapped child and curriculum content. It was assumed that parents' perceptions of teachers' ability to meet academic and social needs of their child were positively correlated with their attitudes toward special education programming.

As anticipated social outcomes occur for their handicapped child, parents were expected to express greater satisfaction with the special education services provided. Parents were expected to have negative attitudes toward mainstreaming their handicapped child, regardless of his/her retardation.

The study also attempted to verify the degree of parents' knowledge of services mandated by laws for their handicapped child as a function of parent/child demographic data. It was anticipated that mothers of mentally handicapped children will be better informed of their

child's rights to service than were fathers, and that parents of severely/profoundly handicapped children will be better informed of their child's rights to service than were parents of mildly mentally handicapped children.

Method

Subjects

Parents of school-aged mentally handicapped children were identified according to special criteria through the help of special education directors of Muncie and Anderson, Indiana, public school systems. Of the 200 questionnaires distributed, 142 questionnaire responses were returned, for an overall return rate of 71%. A total of 130 subjects for whom complete data were available were included in the following analysis. The majority of parents were females ($n = 86$; 66.2%).

The frequency distribution of the age of parent respondents indicated that a majority of parents ranged in age from 26 to 31 years old ($n = 36$, 27.7%). The lowest frequency of parents existed in the lowest (20 to 25 years) and highest (56 to 61 years) parent age ranges with a frequency of 3 (2.3%) and 4 (3.1%) parents, respectively.

Twenty-six (20.1%) of the parents reported that they had finished elementary school, 86 (66.2%) completed high school, 7 (5.4%) had earned a Bachelor's degree, 8 (6.2%) had earned a Master's degree, and 3 (2.3%) had doctorate degrees. Most were currently married (79.2%), 92.3% were white, the remainder were black. Approximately 13.8% reported their occupation as professional, 21.5% clerical, 23.1% laborer, 30% in the home, and 11.5% unemployed.

The sex of the handicapped children included 75 (57.7%) males and 55 (42.3%) females. Most were between 11 and 15 years of age (43.1%), 3.8% were under 5 years, and 39.9% were from 6 to 10 years old. All had been diagnosed as mentally retarded using American Association on Mental Retardation criteria. Fifty-three (40.8%) of the children were reported to be mildly mentally retarded, 38 (29.2%) were moderately mentally retarded, and 39 (30%) were severely and/or profoundly mentally retarded. One hundred and fifteen (88.5%) of the children were served in a special class (full-time) placement setting, 5 (3.8%) were in special class (part-time) placement setting, 2 (1.5%) were in a regular class (full-time) placement, and 5 (3.8%) children were in a regular class receiving resource room services or teacher consultant services.

Instruments

Parents completed a series of questions related to parent/child demographic data.

To examine parents' knowledge and understanding of their handicapped child's right to educational services, respondents were required to check their perceived correct response to a 15-item knowledge based test of services mandated by state and national legislation.

Parents' attitudes toward the special education placement of their mentally handicapped children were measured by a 5-point Likert rating scale. More specifically, the instrument had five logically derived subscales which measure interrelated services areas and psychosocial aspects of the special education placement of the handicapped child, such as types of special services provided, curriculum offerings/content, social outcomes for students as a result of the school placement process, perceived importance of teachers on the handicapped

child's success in school, and handicapped/non handicapped child's interaction. The items of the scale were generated from observations and interviews of teachers in public schools' special education classes, and from the review of related theoretical and empirical research. Four experts in the area of special education and social psychology were asked to judge the overall format and each scale item for its presumed relevance to the property being measured. The statements that were agreed upon were used in the scale and thus reinforced the face validity of the attitude segments of the total scale (Kerlinger, 1986).

Reliability coefficients for the total scale and of each subscale was determined separately (Webb, Shavelson, & Haddadian, 1983), and were found to be highly reliable, as the reported cronbach alpha for the total scale was 0.88.

Procedure

Questionnaire packets, with a letter of explanation and a self-addressed stamped envelope were left with the special education directors to be distributed to the parents of the target population, with the stipulation that data collection be anonymous. A follow-up letter was sent approximately 2 weeks later.

Data Analysis

Data were analyzed with the SPSS-X (SPSS, 1986). The multivariate analysis of variance (MANOVA) approach was utilized to explore the relationship between the level of retardation of the child as the independent variable and parents' satisfaction with the special education services provided on the five dependent variables as measured by the special education parent survey questionnaire.

One-way analysis of variance (ANOVA) was used to explore the effect of the independent variables (the sex of the parent and the level of disability of the child) on the dependent variable (parents' knowledge of their rights for services) as measured by the parent response form right to education.

Correlation coefficients were utilized to explore the relationship between the various parent/child demographic variables, as well as between the educational program variables, and the degree of parental satisfaction with the special education placement of their children.

Results

Multivariate analysis of variance (MANOVA) were conducted to analyze if parents of mildly mentally handicapped were more satisfied with the special education services provided for their child than were parents of moderately and severely/profoundly mentally handicapped children. As shown in Table 1, MANOVA results on the five dependent measures indicated significant differences among the three parental groups. All three MANOVA test criteria were consistent in indicating statistical significance at the .05 level ($S=2$, $M=1$, $N=6\frac{1}{2}$). The Pillais-Bartlett trace test was used ($F = .001$) because of its robustness (Olson, 1976), thereby indicating that chance alone would rarely produce the degree of separation found between the parental groups on the attitude scale.

Table 1
Multivariate Tests of Significance

Test Name	Value	Approx.F	Hyp.DF	Error DF	Sig.F
Pillais	.21496	2.98650	10.00	248.00	.001
Hotellings	.24132	2.94408	10.00	244.00	.002
Wilks	.79642	2.96531	10.00	246.00	.002

Following the significance of the MANOVA results, univariate F-test were employed to interpret and clarify which of the five variables contributed to the overall group differences. The univariate F-test for the social outcomes for the students as a result of the placement process was observed to be the primary contributor to the overall parental group differences $F(2,127) = 23.59$, $p .030$ and $\eta^2 = .05$ (see Table 2).

Table 2
Univariate F-tests with (2,127) D.F

Variable	Hypoth.SS	Error SS	Hypoth.MS	Error MS	F	Sig.F
Curriculum	60.33979	1713.08329	30.16989	13.4884	2.23666	.111
Special Services	41.46322	2001.80601	20.73161	15.76225	1.31527	.272
Social Outcome	61.65126	1088.62566	30.82563	8.57186	3.59614	.030*
Teacher	2.48014	1397.55063	1.24007	10.86260	.11416	.892
Peer	39.98153	1004.82617	19.99076	7.91202	2.52663	.084

The least significant Difference (LSD) test and the Duncans' procedure were completed to determine significance at the .05 level.

As indicated in Table 3, parental perceptions of their child's progress in the special

education program was concluded to be an attribute endorsed most favorably by those parents whose child was classified as mildly mentally handicapped.

Table 3
Means and Standard Deviation for the Social Outcome Variable

Factor	Mean	SD	N	95% Conf.	Interval
Mild group	11.340	3.057	53	10.497	12.182
Moderate group	12.711	2.912	38	11.753	13.668
Severe/Group Profound	12.769	2.757	39	11.875	13.668
For entire	12.169	2.986	130	11.651	12.687

Subsequent analyses focused on the relationship between the various parent/child demographic variables, as well as between the educational program variables and the degree of parental satisfaction with the special education placement of their children. Results of the Pearson correlation coefficients indicated that attitudes of parents toward special education programming were inversely related to their formal education experience ($r = .24$; $p = .003$) and knowledge of special education services ($r = .17$; $p = .025$). Further analysis indicated that an increase in parents' level of education was associated with a further increase in their knowledge level of special education services ($r = .36$; $p = .001$).

The relationship between parents' perceptions of teachers' ability to meet academic and social needs of their child were positively correlated with their attitudes toward special education programming ($r = .68$; $p = .001$).

No significant correlation was found between the level of retardation of the child and the parents' general attitude toward mainstreaming ($r = .12$; $p = .096$). An increase in the social outcomes for their handicapped child was strongly associated with a positive increase in parents' satisfaction with the special education services being provided ($r = .71$; $p = .001$). Results also indicated that both the degree special and related services ($r = .76$; $p = .001$) and the curriculum content/offering ($r = .76$; $p = .001$) provided by the school are significantly and positively associated with parents' satisfaction with their child's special education program. It appeared that as the level of special and related services of children increased, so does parents' satisfaction with the special education program. Moreover, an increase in the sufficiency and adequacy of the curriculum content appears to be strongly associated with the special education program.

Data analysis using One-Way analysis of variance indicated that sex of the parents and level of retardation of the child had no significant main effect on the knowledge level of services mandated by law for their handicapped child.

Discussion

Several factors have been shown to be related to the attitudes parents develop toward the special placement of their mentally handicapped children. These factors include : a) child characteristics such as severity of the handicap; b) parental characteristics such as their formal education experience and knowledge of special education services; and c) program characteristics such as types of special services provided, teachers qualities or competencies, social outcomes for students as a result of the placement process and curriculum offerings/content.

Results on the social outcome subscale suggested that parents of mildly mentally handicapped children observed greater social benefits for their child as a result of the special education placement and services their child was receiving. Given the apparent empirical outcomes between the special education programs in terms of social competence, specific intervention strategies are needed to assure the teaching of social skills to moderately and severely/profoundly mentally handicapped children. These strategies need to be designed so as to improve peer-to-peer social interaction as well as self-concept, feelings of selfworth, and their overall feelings of independence.

The results indicated that the higher the education and knowledge of parents, the less they were satisfied with the special education programming. Schulz (1987) noted that there is variability in the expressed needs of parents of handicapped children when educational level is considered. Education influences both what parents want for their children and how they expect the child to achieve that goal. In addition, Cone, Delawyer, and Wolfe (1985) observed that parents' educational level was positively correlated with the degree of participation in their child's program. It is also important to note that PL 94-142 served as a set of coercive rules for involving professionals and parents, defining service limits, participants' behavior, and establishing minimal program expectations (Halpern, 1982). Because parents are closer to the situation than anyone else, they are most likely to be in touch with what services their children are or are not receiving. Conversely, it may be concluded that parents with higher education, who are aware of what their legal rights are, were not satisfied with the special education programming because their children did not achieve the desired and expected learning outcomes. This may imply the need to revise special education programming to better achieve desired effects and expand services so that its benefits can be more readily realized by parents.

Results indicated that the level of retardation of the child did not affect parents' attitudes toward mainstreaming. Parents' perception provided some support to Gresham's (1982) position, that it is not the mainstreaming per se that enhances their social interaction. This is in disagreement with Brinker's (1985) observation that integrated contexts are more conducive to social interactions of severely retarded students with other non-handicapped students than are segregated contexts.

Contrary to Turnbull and Winton (1983) and Turnbull, Winton, Blacher and Salkind (1983) findings, parents perceived special education teachers positively in terms of their competencies, close working relationship with parents and teaching approaches.

Parents' attitudes toward the special education placement of their mentally handicapped children were correlated with programmatic characteristics at a higher level than it was correlated with any of the other socio-demographic characteristics posited.

Positive attitudes increased with curriculum content/offering special education services and social outcome for students as a result of the child's current special education placement, whereas it decreased with the higher level of education of parents and higher level of parental knowledge of PL 94-142 mandates.

Using parental evaluation data as a foundation, the reaction of program consumers have identified several key elements that should be targeted if special education programs are to improve and mature. Although parents' positive perceptions toward their child's special education program have been found to be generally linked with positive findings in their handicapped child's performance, the extent this is a correlational versus a cause-and-effect relationship is not known. Future research on parental attitudes toward their child's placement should take into consideration possible cause-effect relationships.

Parents in this study lacked adequate knowledge of their legal rights pertaining to special education programming. Numerous variables may have been related to this issue, such as the ambiguity that surrounds the specification of PL 94-142 (Strickland, 1983), the communication system(s) provided by the public schools may have restricted the desired generalized knowledge effect (Budoff, 1979), time consumption of obtaining the necessary information (Allen & Hudd, 1987), and parents being denied access to critical information (Shore, 1986).

Although the data collected regarding parental knowledge have limitations, it is nevertheless appropriate to conclude that the sex of the parent and level of the child's disability have no apparent effect on the level of parents' knowledge as determined by this sample. What is not clear, however, is the specific influence of other variables, or combination of variables, on parents' knowledge of services mandated by PL 94-142. Confounding this issue are the personal and background characteristics of the parent groups (such as experience, "emotional burn out" etc.), which must be considered in understanding what affects parents' knowledge of special education mandated services. Future research should be directed to understand the interactions among factors that might affect parents' knowledge and understanding of the educational entitlements contained in PL 94-142. Also, ongoing workshops and inservice programs should be organized and maintained by primary service providers to inform parents of their special rights, responsibilities, and related entitlements under state and federal special education legislation.

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**A COGNITIVE NEUROPSYCHOLOGICAL PERSPECTIVE ON THE
TEACHING AND LEARNING OF THE GIFTED BLACK UNDERACHIEVER IN
THE REPUBLIC OF SOUTH AFRICA**

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The author discusses the underachievement of gifted black pupils from a cognitive neuro-psychological perspective and makes a number of suggestions to counteract underachievement.

An Educational Political Orientation

World-wide, whenever stories on apartheid are told, the one aspect which dominates the majority of discussions and arguments, is a particular statistic: a relationship or ratio.

This ratio is the well-known per capita capital outlay, that is, how much the Government spends on the education of a black pupil in relation to that of a white pupil. Traditionally the ratio was 1:10: at present it is approximately 1:4.6 (Beckett, 1990, p.117). One reason for this lies in the qualification structure of particularly black and white teachers. The

normal length for the initial training of secondary teachers is four years, which represents a category D grading. The qualification level of teachers differs substantially. According to Bondesio and Berkhout (1991) approximately 30% of the teachers in black education were suitably qualified (i.e. having had twelve years of schooling followed by three years of teacher training) (p.8). In 1989 (NATED, 1992) only 110 of the total of 53 038 white teachers had only one year of teacher training, compared to 12,732 black teachers of a total of 54,804 teachers (thus category) (p.97).

The Department of Education and Training, the governing body currently responsible for black education in the RSA, has during the past years been concentrating on the in-service training of black teachers and the upgrading of their qualifications. In answer to the question as to how successful this attempt has been, Beckett (1990) says the following:

In the Witwatersrand region, unqualified primary school teachers dropped from 21% to 15% over the last three years; secondary school teachers from 14% to 4% in Soweto in fact, the statistical average is 28 pupils per teacher (p.118).

It can therefore be stated outright that the government is purposefully aiming at the training and provision of enough black teachers.

Remarkable progress has also been made as far as the funding of education is concerned: Expenditure has risen from 12% in 1983 to approximately 20% of the current national budget (De Lange, 1990). Appeals are made from all over for more money for the upliftment of black education, but *anyone who urges the government to spend more money on education must tell us where it must come from* (Moulder, 1990, p.111). Personal income tax paid by all citizens in the RSA is, as probably already known, of the highest in the world.

An educational paradigm shift In answer to the question why black South Africans do not want to participate actively in the current dispensation of education, it is a fact that they have as yet never had the right or power to make decisions concerning the method and purpose of their children's schooling? This is to a large extent the reason for a 68% illiteracy figure among black adults in South Africa.

Education is imperative for economic growth. Japan, who implemented compulsory education as early as 1880, as well as South Korea, clearly illustrate this statement (O'Dowd, 1990, p.94). However, in education the outputs do not always correlate with the inputs.

The essence of the matter, according to De Lange (1990), is the substance of the child's learning and not the direction given to the learning process through the management of the education system. In Japan you will not find close-circuit television or the impressive media centres which are so popular in the United States. What makes the difference? Rapoport (1990) says the following: *If a slogan could be written over any Japanese school, it would be ... try your best* (p.139). These pupils are dedicated, they undoubtedly work harder and also memorize more work (partly owing to their writing system). Conformity in education is necessary in order to have as many people as possible pass through the education system (Rapoport, 1990, p.140). What the nature of education ought to be, therefore requires further attention.

Academic Education Versus Practical Education

The tendency towards academic training originates from a colonial mentality which regards education as a privilege rather than a right to self-actualization. In 1986 59% of white students studied at universities and only 14% at technicons (Moulder, 1990, p.106).

An education policy is a decision to strike a balance between education for the majority and education for the minority, and between academic and practical training. The intention of both academic education, and practical education is self-assertion and self-actualization. In practical education basic academic skills are developed by the teaching of life and working skills. A matter of concern (according to Bondesio & Berkhout, 1991) is that relatively few black pupils take courses in natural sciences and mathematics. In 1988, only 15,1%, 32,3% and 0,3% of all black pupils in standard 10 respectively took physical science, mathematics and technical drawings as subjects.

The Department of Education and Training observed this tendency and dealt with it pro-actively. A unique educational programme, which has as its objective the technological and scientific upliftment of black youths, has been in operation for the past five years. This is essential in order to provide for the manpower needs of the RSA in the year 2000. The exact percentage of people that would be needed for every type of occupation is speculative. South African education will, however, have to be prepared for educational inflation.

Educational Inflation

For some people solutions for education seem to be synonymous with the abolishment of apartheid. Aspects which are currently queried and which will be queried during the *utopia* of post apartheid are, inter alia, entry/exit levels in specific types and phases of education and training, the artificial promotion of black pupils and students (the pass one pass all philosophy), the possibility to implement multi-cultural or integrated education successfully, and the higher grade syndrome (90% of black matric pupils prefer taking most subjects on the higher grade in contrast with only 50% of white pupils).

By way of explaining the concept of educational inflation, a black professor is quoted as follows:

We talk about how to adjust entry levels to new needs, but the fact is that when you adjust entry levels you affect exit levels too. You push them in on the grounds that they've had disadvantaged preparation. You think you have three to four years to catch up; it'll be easy. Five or six years later they haven't caught up and you can't fail them all so you push them out with a qualification and they become somebody else's problem (Beckett, 1990, p.121).

Beckett (editor of Frontline magazine) concludes:

Is there a black professional person in South Africa today who is wholly and totally exempt from the suspicion that his professionalism is just a little bit ... shall we say ... charitable? Perhaps there is. Perhaps there are few, most of them over 60. There are very few under 40 (p.130).

In this context it is important to query the function of education. De Lange (1990) is of the opinion that *it is not the function of education to bring about change, but rather to maintain the process* (p.138).

In the light of the current political, social and economic restructuring and change in South Africa the gifted black underachiever is further on referred to against the set background. In this presentation the emphasis will be placed on the way(s) in which gifted black pupils can actualize their potential in the current educational system.

For this purpose underachievement will be discussed from a cognitive neuropsychological perspective and a few practice- oriented solutions will be suggested.

Underachievement Among Gifted Black Pupils

An introductory orientation

It is often claimed that intelligence is that aspect that is measured by an intelligence test. It is true that the concept of intelligence originates from a series of measurement procedures and as such it is an abstraction which cannot exist should these measurement procedures fall away. However, it is not an arbitrary and fictitious invention of psychologists. Cognitive potential is indeed essential to mankind and it has a lot of theoretical and practical value for the explanation of cognitive aspects of behaviour, as well as for the prediction of the cognitive level an individual is functioning on.

Per definition, the concept of intelligence usually excludes the functioning level(s) of all non-cognitive areas of behaviour. This definition often validates the arguments that IQ is misleading because it does not account for the individual's capacity to solve non-cognitive, concrete, mechanical and interpersonal problems.

Cognitive Processes, Culture and Achievement

An education system provides learning opportunities to pupils with specific aims in mind, which should enable them to acquire *real knowledge*. *Real knowledge* is factual. All factual knowledge is recorded in books: numbers, laws, definitions, facts, principles, etc. However, if a pupil understands how things work (methodology), he will, according to Malherbe (1991), be able to:

- read (to memorize the necessary facts);
- argue;
- qualify himself better; and
- deal with new problems.

The over-emphasis of learning content and the mastering thereof by pupils has never done justice to the important aspect of how to learn. Strategies for tackling and performing a learning task, controlling the execution of the learning process and evaluating the outcome of the learning task, are aspects not taught in schools (Slabbert, 1989, p.7).

One cause of this unhappy state of affairs is insufficient and ineffective mediated learning. In their research Feuerstein, Rand & Hoffman (1979) and Feuerstein, Rand, Hoffman & Miller (1980) particularly attribute insufficient mediated learning experiences among cultural handicapped pupils to this factor (mediated learning).

A child's cognitive processes cannot function in isolation from his cultural milieu, since all the abilities and habits acquired by a child are associated with and based on his socio-cultural background. Biesheuvel (as quoted by Huysamen) states that intelligence and abilities are formed by culture (Tlale, 1990).

When gifted pupils have to be identified it must be borne in mind that their abilities have been influenced by the culture of their community and that their thoughts are in harmony with their physical environment.

Tests currently used for measuring the abilities of black secondary school pupils are the Guidance Test Battery for Secondary Pupils (GBS) and the Academic Aptitude Test (AAT). The Torrence Tests for Creative Thinking are used in Soweto and Alexandra for identifying gifted pupils. All these tests are based on Western culture. The black pupil's culture, which includes his home language and environment, is ignored.

In order to design a valid measuring instrument, language and culture ought to be essential aspects in the design of such a test. Designers of tests should take cognisance of the fact that, although cognitive processes are the same throughout the world, the type of information, material resources, ecological conditions and demographic factors may differ marginally among cultures. Children are taught to talk, act and form relationships in specific ways in different socio-cultural contexts. As a result of this, human behaviour is culturally oriented (Gage and Berliner, 1988, p.55). No intelligence test can therefore be developed without taking into account socio-cultural context.

Giftedness and Gifted Underachievers

Perceptions of what giftedness involves have changed considerably over the past two decades (Freeman, 1985). In short, definitions vary from the narrow, precise definition of Terman (Freeman, 1985) to the multiple talent definition of Calvin Taylor (Maker, 1986); between which there are many other acceptable definitions too.

According to Tlale (1990) a gifted pupil is somebody who, *by virtue of his superior abilities, performs consistently superior in one or more domains of human endeavour* (p.6). Furthermore, a child with the potential for superior achievement is also regarded as gifted even if his actual performance is not outstanding; he is therefore a gifted underachiever. According to Sternberg and Davidson (1982, 1983), the *insight* of the gifted child distinguishes him from the more elementary cognitive functioning of average pupils. The three processes responsible for this *insight* are selective encoding, selective combination and selective comparison (Shaughnessy, 1986).

In her case studies of gifted underachievers Whitmore (1979) attributes the characteristics of these pupils to psychological (personality), physical (developmental) and school milieu factors. Maker (1982) quotes Whitmore's conclusion (1979) in this regard:

... the etiology of underachievement centres on the interaction between the child, his personality and behaviour, and the social environment of home and school" (p.203). Guenther (1985) explains the problem as follows:

Locating intelligence or intellectual giftedness among the underprivileged becomes almost unsurmountable. Identification by tests and intelligence scales is entirely inadequate, because of many factors, including the cultural element which underlines the construction of *intelligence tests* (p.71).

A Few Approaches to the Problematic Nature of the Identification of Gifted Black Pupils

It is accepted that there must be a close connection between the definition of giftedness and the identification procedure, and the type of programme which is to be used.

There are various approaches to the identification of gifted pupils, for example those of Calvin Taylor, Bella Kranz, Joseph Renzulli, etc. For the identification of gifted black pupils the cultural bias in the identification procedure must be borne in mind.

Tlale (1990) warns that

one should not lose sight of the difference between learned skills or competence and potentials which are genetically inherited although highly influenced and stimulated or stunted by socio-cultural circumstances (p.85).

The search is for superior potential; not necessarily superior achievement. For this very reason it is essential to include an intelligence test in the identification procedure in order to confirm this superior potential.

The problem is that there are no guidelines for the design and development of an intelligence test for gifted black pupils.

Principles for the Design of an Instrument to Identify Gifted Black Pupils

Following a comprehensive investigation Tlale (1990) summarized the principles for the design of an instrument to identify gifted black pupils as follows:

- All test items must be of intellectual nature.
- All test instruments should be divided into subtests, each measuring a specific ability.
- The test instrument should be based on the socio-cultural milieu of black pupils.
- The test instrument must be written in the native tongue of the pupils to be tested.
- Factors which can lead to bias between urban and rural cultures should be

avoided. (p.154)

Notwithstanding this directional research, there is still no standardized measuring instrument by means of which gifted black pupils can be identified. In 1988 this was given priority by the Department of Education and Training and identified as a project for urgent further research. The problem that we are still confronted with, is the following: How can gifted, but underachieving, black pupils realize their given potential in the midst of the existing political, economic, demographic and educational limitations?

One possible solution will subsequently be given in order to provide an alternative perspective on the said problem.

The Implications of a Cognitive Neuropsychological Perspective for the Teaching and Learning of the Gifted Black Pupil

Introduction

Various general theories, for example the stimulus-response theory, Piaget's theory, the psychometric theory and the cognitive (information processing) theory, are being used widely to study pupils' cognitive development. Sternberg and Davidson (1985) consider only four theories to be specifically appropriate for studying the cognitive development of gifted pupils, namely Bamberger's theory (1982) of figural to formed transition, Feldman's theory (1980, 1982) of domain-specific development, Gardner's theory (1982, 1983) of the development of multiple intelligences, and Gruber's theory (1980, 1981 and 1982) of evolving systems.

The Field of the Cognitive Neuropsychology

Cognitive neuropsychology includes two different approaches, namely cognitive psychology and neuropsychology. The first is

the study of those mental processes which underlie and make possible our every day ability to recognize familiar objects and people, to find our way around in the world, to speak, read and write, to plan and execute actions, to think, make decisions and remember (Eysenck, 1984, p.12.).

Neuropsychology is the study of how brain structures and processes mediate behaviour, and includes aspects such as emotions (Smyth, Morris, Levy & Ellis, 1987, p.26).

One of the most important implications of a neuropsychological approach to learning problems (or underachievement) is the increasing focus on the unique cognitive neuropsychological composition of the individual pupil. In this regard Kolb & Whishaw (1980) remark that the educational system presents the greatest challenge as field of application for the neuro-psychology.

Cognitive Neuropsychology and Learning Problems

This is not an attempt to give a complete exposition of the neurological and physiological functioning and composition of the brain.

Neurology, psychology, pedagogy and other sciences are in accord about the importance of individual differences in cognitive functioning.

Coplin & Morgan (1988) refer to a study by Lyon, Stewart & Freedman (1982) who define five subtypes of learning problems according to a neuropsychological test battery and multivariate analysis. Gregorc (1982) poses the question whether the cause of learning problems is of neurological kind or whether the problem may be attributed to the inability of a pupil to adapt to demands made on him. This unique way in which each individual approaches and processes learning matter is referred to as a learning style. If pupils are unable to learn according to the educational strategy which is followed, they should rather, as a way of remedy, be taught in accordance with their learning styles.

The reason why underachievement by gifted pupils primarily remains an educational problem lies in the fact that researchers are becoming increasingly sceptical about the possibility to isolate and measure psychoneural functions reliably in any way whatsoever, and about the question whether it is of any value to evaluate children with learning problems neurologically at all.

According to Kriegler (1989), with reference to inter alia, Wong (1986), Hallahan & Kauffman (1986), Lerner (1985), Kavale & Forness (1985), the reason for this scepticism is that the presence of soft neurological signs can be highly misleading. The neurological signs therefore points to learning potential deficits in the child, while the role of education and teaching is too easily neglected.

A Style-Oriented Approach to Learning Problems

When learning is discussed the question should neither be whether the child is able to learn, nor how much he can learn, but, according to Kushler (1982), the emphasis must be placed on *how can he most readily learn* (p.13). The style-oriented approach to learning problems may provide an answer to the question why a pupil performed poorer in a formal

school situation than what can be in all fairness expected of him. This style refers to the cognitive, learning and personality style as the way in which the child as an individual learns on formal and informal levels; if this style is ignored any pupil may develop learning problems (Truter, 1988).

Attention will now be given to the aspect of hemispheric specialization of the brain, with particular reference to dissonance.

Hemispheric Specialization, Dissonance and Learning Problems

There are various theories regarding the cognitive functioning of the brain in respect of the functions of the two hemispheres. After examining research findings on hemispheric specialization critically, Naudé & Du Preez (1988) agreed with the finding that the left and right hemispheres indeed possess unique cognitive processing styles which can specifically explain learning behaviour. One hemisphere may indeed have better developed functions than the other.

Hemispheric specialization therefore refers to the differences between the individual hemispheres and the extent to which the two hemispheres enhance the intellectual processes attributed to each of them. These differences are regarded as contrasting contributions made by each hemisphere in respect of cognitive activities.

Irregular hemispheric specialization - dissonance - may be the result of reversed distribution of functions between the left and right hemispheres. This suggests that a person unconsciously prefers a certain cognitive style.

An exceptional dominance in one hemisphere may be the cause of an underdeveloped hemisphere and may therefore be one cause of learning problems. Naudé & Du Preez (1988) distinguish between two main groupings of pupils that display characteristics of hemispheric dissonance on the grounds of their neurological cognitive composition:

- Pupils with above average holistic, but relatively poorer analytical-sequential abilities are described as pupils with a right hemispheric profile (R-profile).
- The pupils of the other group have above average analytical-sequential abilities, but relatively poorer holistic abilities. They are described as pupils with a left hemispheric profile (L-profile).

The relationship between hemispheric specialization (or dissonance) and the acquisition of various learning skills is extremely complex. According to Naudé & Du Preez (1988) the following aspects influence this relationship:

- the demands made by the learning task;
- the level of efficiency reached in the learning task;
- the cognitive levels of development of the pupils; and
- the hemispheric profile of the pupil. (p.33)

The Implications of Hemispheric Dissonance for the Teaching of Gifted Black Underachievers

As a result of the different cognitive profiles of the above-mentioned groups of pupils (L- and R-profile pupils), they differ with regard to the nature of the learning problems they experience. The method of presentation in formal education is mainly aimed at the pupil who is left-hemispherically dominant (L-profile pupil). The teaching strategy is largely

based on reading and listening activities with the use of perception modalities, in contrast with speaking and writing activities with the use of expression modalities. All these activities are extremely left-hemispherically oriented (Du Preez, 1983). Consequently, the problems experienced at school by L-profile pupils are not as prominent and problematic as those experienced by R-profile pupils.

Kane (1984) gives a few general guidelines which can be followed in order to stimulate both hemispheres and consequently prevent learning problems. The most effective approach is probably to proceed with the pupil's preferred style of learning, in this way enabling a child to integrate new knowledge with his lived experience. It will therefore have to be decided which primary modes of learning to alternate with which secondary modes of learning in order to bring about interaction between the hemispheres (Levy, 1983; Wittrock, 1977).

It is very important to decide whether the supportive programme for gifted underachievers will be aimed at the hemispheric processes necessary for the task, the improvement of the pupil's ineffective hemispheric cognitive strategy, or the sole utilization of his hemispheric cognitive style.

In addition to the fact that the ways of information processing are closely linked with hemispheric specialization, it is also important to take into consideration the gifted black pupil's general cognitive abilities, his language and his culture.

Any application of the fundamental aspects concerning hemispheric specialization in the execution of learning and teaching requires that the learning matter be thoroughly understood by the teacher and the pupil. A complete analysis of the various learning skills and tasks is necessary in order to understand the essential components they consist of. Hence it will be possible to decide which hemispheric preference a pupil must possess for the successful acquisition of a certain skill and whether the task can be performed by the utilization of an alternative hemispheric style.

A pupil's hemispheric style is qualifying in respect of the learning strategies he is capable of. Any meaningful application of principles regarding hemispheric specialization therefore requires that the specific hemisphericity of a pupil be assessed. After assessment has taken place, more or less homogenic groupings of pupils can be done in order to adjust teaching instructions accordingly. However, it must be borne in mind that each pupil within such a group will have his own combination of cognitive abilities. Intrahemispheric differences are sometimes greater than interhemispheric differences. The following basic groupings are possible and teaching structures may be adapted accordingly:

- Pupils with a predominantly analytical-sequential hemisphericity, but average holistic abilities.
- Pupils with a predominantly holistic hemisphericity, but average analytical-sequential abilities.
- Pupils with integrated hemispheric abilities (both their analytical-sequential and holistic abilities are well developed).
- Pupils displaying a hemispheric dissonance syndrome; that is, those who possess extraordinary holistic or analytical-sequential abilities, but a below average processing approach linked to the other hemisphere. These pupils also tend to implement a specific strategy for all tasks (a cognitive style).

Small class groupings are extremely essential with the emphasis on individualized, personalized teaching based on the hemisphericity of pupils, as well as verbalization in mother tongue, during learning tasks.

Those gifted black underachievers who are as yet not ready for an analytical-sequential processing approach (which is peculiar to formal teaching) should follow a bridge programme which was scientifically planned for the improvement of analytical-sequential processes.

Gifted black pupils who have learning problems (thus displaying the hemispheric dissonance syndrome) should be placed in full-time remedial classes in order to join the main stream again as soon as possible. Attention should also be given to the curriculum design on secondary and tertiary level in order to accommodate pupils with superior visual-spatial abilities, linked with the holistic processing approach of the right hemisphere.

Conclusion

It appears that there is an ever-increasing perception of the child as child-in-totality, and that learning problems (by implication underachievement too) must be seen within the context of the dynamics of education and teaching. Yet, notwithstanding the disharmonious educational dynamics of the gifted black underachiever, the causes (faults) of his underachievement should not be sought for in the child only; we should rather take cognisance of the many contributions that a field such as the neuropsychology can make towards the counteraction of underachievement.

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**PERSONAL EXPERIENCES IN THE EARLY IDENTIFICATION, EARLY
DIAGNOSIS, AND EARLY EDUCATIONAL MANAGEMENT OF HEARING
LOSS IN CHILDREN IN PARTNERSHIP BETWEEN THE FEDERAL
REPUBLIC OF GERMANY AND INDIA, PAKISTAN, AND BANGLADESH**

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Over ten years of experiences in the field of paedo-audiology and education of hearing impaired children in India, Pakistan and Bangladesh are described. The projects were carried out in partnership between the Federal Republic of Germany and these three developing countries.

It is often said that special measures for the health, the social welfare, and the education of the small number of handicapped children in developing countries cannot be taken before the bare necessities of the great number of non-handicapped children are served. Whoever will adopt this opinion, can stop to think of special education in developing countries, because nobody will be able to ignore the fact, that, compared with the standard of most of the so-called developed countries the general standard of education is still very low. And it will certainly remain low for some more years. As long as the compulsory education is only exists on paper but not in reality, and, therefore, many ordinary children do not yet receive any education at all, one cannot expect an educational offer for all handicapped children.

This fact should, however, not prevent us from doing everything in our power to help to provide an appropriate education for as many handicapped children as possible in these countries. The fact cannot be overlooked that while previously the problems of disability and the prevention of disability in the developing countries were considered not only unsolvable but unimportant, now there is an increasing desire and will to take action.

In this context we have to recognise the following factors: Whether children or groups of children are considered as handicapped or not, depends also on the fact whether they show such deviant features which are defined as symptoms of disability by the social group or culture to which they belong. What is considered as a deviant feature in one culture, may not be a deviant feature in another culture. A few examples:

- Dyslexic children did not attract attention before it became a common expectation that all children of a certain age learn to read and to write.
- School failures were unknown before compulsory education with a certain general curriculum was introduced.
- Language and speech disorders will not be considered as a handicap in a society where the extended family is still existing and education as well as vocational training still follows predominantly the pattern of showing and imitating.

In other words: when children are not educated at all, some disabilities will hardly be noticed.

Some German Contributions To The Development of Paedo-audiology in South Asia

India

At the end of 1980 I was asked by the German Cultural Institute in New Delhi to visit India in 1981 on occasion of the then International Year of the Disabled and to conduct workshops for teachers and parents of hearing impaired children in New Delhi, Bombay, Madras, and Bangalore. I was invited to conduct these workshops together with Dr. Prem Victor, a young ENT-surgeon and head of the ENT-department of the St. Stephen's Hospital in Delhi. I had already met Dr. Victor before when he had visited hospitals, audiological centers or schools in Central Europe and attended an International Congress on Education of the Deaf. This fact and the mutual friendship which had already developed between us facilitated my decision to accept this invitation.

I already had work experiences in developing countries in the Middle East and in Latin America where I had learnt how important it is to cooperate with local professional people who are firmly rooted in the culture of their country. For this reason, I was very glad that the workshops were considered and planned as a *joint ventures* between the field of medicine and educational audiology on the one side and between India and Germany on the other side. In addition, it soon turned out to be also a highly motivating joint venture between a younger and an older as well as between a European and an Indian professional.

There was no room for *neo-colonialism* in such a joint venture. Neo-colonialism in our days is understood as the, very often unconscious, domination of richer northern countries over the poorer countries of the southern Third World, even though the latter are officially independent. With this in mind I do not want to be misunderstood. I do not disparage the

efforts of more developed nations to improve, for instance, the educational opportunities for hearing impaired children. On the contrary. It is, however certain that transferring American or European systems of medical and educational treatment to entirely different cultures does entail problems. The close cooperation with Dr. Victor prevented me from forgetting to whom I was speaking and from where my listeners were coming from.

In 1981, when I paid my first visit to India, there was not a single centre in India for the early identification, the early diagnosis, and the early educational management of hearing loss. The quality of teaching in schools for deaf children was very poor. Nevertheless, the few deaf children who received at least some kind of education had to be regarded as privileged children. Their total number amounted to only about 1% of all deaf children of school age. The few hearing aid manufacturers produced hearing aids without any quality control. Hearing aid analyzers were not yet known and available. And the provision of hearing aids for the very few children whose parents were able to pay an aid was done by dealers who sold them in the same way as they sold small transistor radios. The need for a well fitting ear mould was not yet seen by them. There was not a single book on the education of hearing impaired children published in India. The import of professional literature from abroad was beyond the financial means of teachers and other professionals. Unfortunately, not even the trainers of future teachers of deaf children in the few training centres had access to publications dealing with the modern educational treatment of hearing impaired children. Last but not least, there was not even a professional journal.

The first All India Workshop for parents and teachers of hearing impaired children was a real breakthrough. Representatives of different schools for hearing impaired children, who never before had had an opportunity to meet, came together for the first time and started to exchange their experiences. Their travel expenses as well as their expenses for food and accommodation were covered by the German Cultural Institutes in India. The papers which were read by Dr. Victor, the contributions of some teachers and also of some parents from different parts of India, and, last but not least, my own papers as well as the recommendations which were made by the members of the first series of workshops in 1981 were published by the German Cultural Institutes. These proceedings were, by the way, the first book on the modern audiological and educational treatment of hearing impaired children which was made available in India to all teachers of deaf children and other interested people.

The most impressive result of the first All India Workshop was, however, the opening of a Child Audiology Unit within the St. Stephen's Hospital at Delhi. I was invited by the superintendent of this famous hospital to address all members of her staff. I took advantage of this opportunity to convince them of the need for such a unit within a big hospital with an ENT-department. About one year later the Child Audiology Unit within this hospital started to work as the first centre of its kind in South Asia.

The echos to this first All India Workshop were overwhelming. Therefore, the German Cultural Institutes in India organized similar workshops in 1983, 1984, and 1985. In addition to the already mentioned four cities of New Delhi, Bombay, Madras, and Bangalore, workshops took place at Bhavnagar, Calcutta, and Tiruchirapalli. Proceedings were again published of the second, third, and fourth All India Workshop. In addition, a parents' manual was prepared by Dr. Victor and by me. Some of the hitherto five books, all of them were available free of charge, were published in English with translations into Hindi added.

Already during my first stay in India in 1981, I succeeded in convincing some teachers from schools in Bombay and in Madras that their training was completely insufficient for a promising oral education of deaf children. I supplied them with the necessary information how they could obtain a scholarship for the participation in an international refresher course offered for teachers by one of the best European schools for deaf children, namely by the Dutch *Instituut voor Doven* at Sint Michielsgestel. They were accepted and learnt how to teach language and speech to deaf children.

In 1986, only five years after my first visit to India, there were already five Child Audiology Units in operation. One of them was founded by parents of a deaf child. Both of them are medical doctors and have organized a fine program for the early diagnosis and the early educational management of hearing impaired children in Bombay. The hearing aid manufacturers had increased to six and the ear mould laboratories to eight.

Although the situation of hearing impaired children in India is still far away from being satisfactory, professional people in India who only a few years ago took part on the All India Workshops run by Dr. Victor and by me, are now sharing their experiences with other countries in the Third World. There is a close cooperation between the child audiology units in Delhi, Bombay and Calcutta and a similar centre at Salt in Jordan on. These centres have already organized international training courses for ear mould manufacturing which were well attended by professional people from the southern hemisphere. During the past years they have started common *Initiatives for Education in the Third World*. These initiatives took place in Bangladesh, Burma, China, Ghana, Kenya, the Philippines, the United Arab Emirates, and Zimbabwe. It is encouraging to observe their activities: early intervention, based on early diagnosis, early hearing aid provision, and early ear mould fitting, and integrated education of as many hearing impaired children as possible. Surprisingly enough, it seems that integrated education for hearing impaired children or mainstreaming, as it is called in the USA, is much easier to realize in developing than in developed countries. The main reason for this fact is that the standard of education in most of these countries is very low and that teaching depends on simple textbooks and is done exclusively in a teacher-centered way.

Pakistan

Eight years ago, the German Cultural Institutes in Pakistan started similar activities as their partner institutes in India for the improvement of medical and educational facilities for hearing impaired children. They were requested by a number of schools and hospitals to engage in this field. Seminars for otologists and pediatricians as well as for teachers and parents of hearing impaired children were offered by me five times at Lahore and four times at Karachi between 1984 and 1990.

One of the most promising developments which originated from my hitherto activities in Pakistan is the fact that the medical director of the Pediatric Hospital and Institute at Lahore, for which a new campus of modern buildings with almost 1.000 beds is planned, decided to add a Hearing and Speech Centre to the huge new hospital project. As far as the planned size, the number of rooms, the anticipated equipment, and the number of the staff members are concerned, this centre will be the largest in that part of the world. Owing to the political instability of the country after the assassination of president Zia, father of a deaf daughter, it may take some years to complete.

Bangladesh

Since 1985 my activities in South Asia stretched not only from India to Pakistan but also from Pakistan to Bangladesh. Bangladesh, at present has a population of 116 million people. About 50% of them are below the age of 16. And they all live on an area of 144,000 sq. km., which is comparable with the size of Southern Germany. This country has to cope with a lot of problems like natural calamities, malnutrition, illiteracy, unemployment, blindness, mental retardation, and hearing impairment. Unlike other disabilities, hearing impairment is, as a rule, an invisible handicap and, therefore, fails to attract attention.

Illiteracy and social superstition have prevented people from becoming aware of the causation and remedy of hearing impairment. For this reason, the sufferers and their families are left to lead a life full of frustration and agony.

Although hearing impairment is a universal disability to be found all over the world, its incidence in Bangladesh is much higher than in other areas. Owing to poor health services, many ear diseases caused by malnutrition and the climate conditions of the country are not treated and cause a hearing loss. Therefore, there are about 1.5 to 2.0 million people suffering from a remarkable hearing loss in Bangladesh. At least half a million of them are children. And among them there are at least 50,000 who need full time special education.

Non-governmental efforts are being made in big cities to treat ear diseases. But this service is available on payment only, which is high in relation to the per capita income of the people, thus keeping it beyond the reach of the vast majority. The number of ENT-specialists is small. For 116 million people there are only about 80 post-graduate trained ENT-doctors of which about 20 are seeking their fortune in foreign countries. In other words: at present, there is, on the average, only one ENT-doctor for a population of about 2 million people in Bangladesh. They are, however, all located in big cities and not available in rural districts. In addition, there is only one audiologist, one speech therapist and not a single hearing aid technician working in Bangladesh. Only a few audiometricians and ear mould technicians are available and they are also being employed by non-governmental organizations functioning in the cities like Dhaka to test the hearing. This number is not sufficient to fulfill the needs of the affluent and privileged town dwellers, let alone the vast majority of the population. There are very few teachers for hearing impaired children, and most of the existing schools are run by short term trained or untrained teachers. Trained manpower is essential to develop services to help the hearing impaired people.

The non-existence of electro-medical instruments used for the detection, proper diagnosis, teaching and training of hearing impaired children and the non-availability of low-price hearing aids have prevented many from getting help.

It took me almost three years to convince the leading otologists and pediatricians of Bangladesh of the need for a national hearing and speech center for children in order to overcome the mentioned problems and difficulties. With united forces we had to mobilize national and international resources in order to develop the needed services for the needy hearing impaired children of the country.

First of all, a Society for Assistance to the Hearing Impaired Children was formed which had the following objectives:

1. Diagnosis and treatment of impaired hearing in children;

2. Training of professional groups in Bangladesh, such as:

- Training of medical graduates in otology and pediatrics in the diagnosing of hearing in children;
- Training of hearing aid technicians;
- Training of speech therapists;
- Training of teachers for hearing impaired children;
- Training of family welfare personnel to undertake health education in the field of prevention of hearing impairment, registration of at risk babies and simple screening tests of hearing.

Organisation of Ear Camps in Rural Districts.

In materializing this project of a *National Hearing and Speech Centre for Children*, the Ministry of Health and Family Planning of the government of Bangladesh provided a valuable plot of land at Mohakkali, adjacent to Bangladesh College of Physicians and Surgeons in Dhaka. *Andheri Hilfe*, a non-governmental German welfare organization assured financial assistance to build and to equip the centre with modern facilities including a modern operation theatre, to facilitate early detection of hearing impairment amongst children, training of different categories of manpower required for the services of hearing impaired children, and restoration of hearing. This German welfare organization assumed the responsibility to run the centre for a period of at least eight years from the date of commissioning and to help in organizing ear camps in rural districts for detection of hearing impairment and treatment of curable ear diseases, along with preventive measures to avoid in future unnecessary hearing impairment.

The National Centre for Hearing and Speech of Children

The construction of the National Centre started at the beginning of 1991 and was finished in February 1992. It was inaugurated by the Prime Minister of Bangladesh, Begum Khaleda Zia, on the 25th of February. Because this centre was not only planned for the diagnosis and treatment of hearing loss in children, but also as a centre for parent guidance and for the training of future audiometricians, hearing aid technicians, speech therapists, and teachers for the auditory-verbal education of children with an irreversible hearing loss, and because we had to reckon from the very beginning with a large number of children who had to be tested, to be provided with hearing aids and to be offered a thorough auditory education, we had to think of a large number of well sized and well equipped rooms. Therefore, the total size of all rooms of the centre amounts to almost 1.000 sqm. The most important of them are the following:

- 1 large room for behaviour observation audiometry
- 1 large room for play audiometry
- 1 room for BERA and impedance audiometry
- 1 room for psychological testing
- 1 observation room for trainees (between the rooms for behaviour observation audiometry and the room for psychological testing)

- 1 office room for the chief audiologist
- 1 room for the chief otologist
- 1 operation theatre for the chief otologist
- 1 room for the hearing aid technician
- 1 room for the ear mould laboratory
- 2 rooms for auditory education and/or speech therapy
- 1 room for staff meetings, for documentation and for the library
- 1 room for the chief administrator
- 1 room for the secretarial staff
- 1 large multi-purpose hall (for parent meetings, the training of speech therapists, hearing aid technicians, teachers, etc.)

The above mentioned rooms were provided with the latest basic instruments of the leading European and American manufacturers.

In 1989, I worked one full month in the large Pediatric Hospital in Dhaka where I tested the hearing of many children. At that time, I realized the problems that many parents had after a long and exhausting trip in jammed and shaky old buses to bring with their hearing impaired child to Dhaka. The children were tired, dirty, dusty, and hungry and, therefore, could only be tested after they slept, were washed and fed. But where could those parents find a place for sleeping, washing and feeding who were unable to pay for accommodation even in a very simple guest house? As a rule, these parents spent their night in the open air. This meant, however, that the children arrived next morning once more in a state of overfatigue, uncleanness, and underfeeding. To prevent such a situation, I planned also three simply furnished rooms for the one night accommodation of two or three families in one of the wings of the centre.

All Professions Under One Roof

In a country like Bangladesh it is unthinkable to transfer parents of a small hearing impaired child from a child audiology centre to a hearing aid acoustician, from there back to the centre and then from the centre to a parent guidance clinic, a nursery for hearing impaired infants or a preschool program which is offering a thorough auditory education. Most of these agencies do not exist in Bangladesh. Poverty, lack of education, distrust and, last but not least, a completely insufficient infrastructure are in the way (even in our days bicycle rikschas are the main means of transportation). Therefore, the centre was planned in such a way that all the professions which are needed for the early medical, surgical, prothetic and educational intervention are united under one and the same roof, namely otologists, audiologists, audiometricians, hearing aid technicians, teachers for the auditory-verbal education, and psychologists.

Plans for the Future

- Ear Camps

The National Centre started its work officially on the 1st of March. The first parents arrived, however, already in the middle of February when the rooms of the centre were not

yet furnished and the technical equipment was not yet installed. There is no doubt that within a few months the present staff of the centre will hardly be able to cope with the large number of children to be seen. One of the main reasons for this is the great demand for the ear camps which were started already in 1991. Till the end of February, before the official opening of the centre, more than 10.000 children were already tested in rural ear camps by two otologists of the centre and their assistants. More than 500 of them were identified as hearing impaired. All of them need a thorough examination, and many of them will have to be provided with free hearing aids and will also need an initial auditory education.

- A branch in Chittagong

Although Bangladesh is a rather small country and the distances between the bigger cities are small, the unsatisfactory infrastructure will be a great hindrance for many parents to take advantage of the services of the centre. Therefore, the ear camps were organized for which two big jeeps are available. In addition, it is planned to open a branch of the centre in Chittagong as soon as the needed number of professionals is trained. A plot of land is already available for this purpose.

- A preschool for hearing and hearing impaired children

One can proceed on the assumption that at the end of 1992 at least 20 small children with a profound hearing loss will be identified whose parents live in the slums of Dhaka and, therefore, are unable to offer them a good auditory education at home. They have no homes. For this reason, there is an urgent need for a special preschool program for these disadvantaged hearing impaired children. A plot of land is already reserved for such a preschool in immediate neighbourhood of the centre.

In order to be able to offer to these children the best possible program of auditory-verbal education and to enable as many of them as possible to attend later on a regular school, this program will not take in more than 40 children of preschool age, 20 of them will have normal hearing and 20 will be hearing impaired. Mixed groups of five hearing and five hearing impaired children are planned. And each group will have two trained preschool teachers.

- Visiting Teacher Service

In order to enable the many hearing impaired children from rural districts to attend their local schools, if possible, we plan to start short training courses for at least one teacher from each district. These teachers will be made familiar with the basic principles of the education of hearing impaired children so that they can become advisors to all those teachers in ordinary schools who teach one hearing impaired child in their class.

- Training of medical doctors

Before the end of 1992, short courses will also be started for young medical doctors. The main idea is to train at least one doctor from each district and to make them familiar with those diseases and their treatment and prevention which can cause hearing loss in children. In addition, they will be made familiar with simple screening tests of hearing for children of different age groups.

Retrospective View

When I review of the development of the National Centre, I realize at least two facts: First, it can serve as a model institute for many developing countries which lack good services for hearing impaired children. Second, its existence is due to the efforts of many people. Most

of them are unknown to me. I am thinking of the more than 35.000 regular contributors to the work of the Andheri Hilfe in Germany. This organization devotes its work predominantly to poor and disabled children on the Indian subcontinent, in Bangladesh, Bhutan, and Nepal. I am also thinking of the many German citizens who have already donated more than 500 individual hearing aids. Among those people whom I know, only the following can be mentioned:

- Miss Rosi Gollmann, president of the *Andheri Hilfe* in Germany. Her organization has not only covered - together with the European Community, all the costs for the erection of the centre, its interior equipment and the training of its staff, it will also pay the salaries of all people who are working in the centre for a period of eight years. This means that all the services of the centre, including the provision of hearing aids, can be offered free of charge to almost all who are in need of them.

- Prof. M.N.Amin, director of the ENT-department of the *Institute of Post-Graduate Medicine and Research (IPGMR)* in Dhaka. He is also the honorary director of the National Centre. Without his personal interest and his contacts to many government officials it would not have been possible to take many a hurdle.

- Dr.Prem Victor, head of the ENT-department and of the Child Audiology Unit of the St.Stephen's Hospital in Delhi. He did not only support the project in Bangladesh from the very beginning, he trained also many of the members of the present staff of the centre in his preschool for hearing impaired children and in his ear mould laboratory in New Delhi.

Much More Assistance is Needed

When I look back on the experiences of the past twelve years and what I am still to contribute to the development of paedo-audiology in these three countries with an estimated total population of more than 1.100 millions of people, and when I ask myself what did I achieve there during the past twelve years first on behalf of the German Cultural Institutes located in these countries and later on behalf of the German Senior Expert Service, I have very conflicting feelings. On the one side I do know that I really succeeded in initiating a number of pioneer projects which are now offering initial services to new beginners. On the other side I realize that no matter what I could achieve together with my friends and colleagues in India, Pakistan, and Bangladesh, it is not more than a drop in a bucket. It is, however, consoling to know that a steadily increasing number of local people are joining the profession and are developing programs which are tailored to the very special needs of their country and culture. For many more years, these young people urgently need our full sympathy, our help, and our assistance. This help and assistance can only be given and accepted when we love them, are ready to learn from them, to serve them, to begin with what they have, and to build on what they know.

**PREPARING TEACHERS OF CHILDREN WITH MULTIPLE DISABILITIES
FOR THE 21ST CENTURY: AN INTERNATIONAL PERSPECTIVE**

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The purpose of this paper is to address the issue of providing educational services to individuals with multiple disabilities. Survey results focusing on curriculum, service delivery, mainstreaming integration, and ecological factors in the United States are discussed. Results indicate a need for a thorough examination of public school programs serving students with multiple disabilities. Information related to international factors are discussed in terms of the role of the United States in providing leadership in meeting the needs of the most severely disabled.

As we approach the 21st century, educational systems are faced with a paradox which presents them with a most perplexing dilemma. On one hand, technological advances are opening heretofore closed doors for many segments of society, particularly that represented by individuals with the most severe disabilities. On the other hand, that same technology has created an environment conducive to the extension of the lives of individuals who, in the past, had little chance of surviving infancy.

Evidence for this can be found in infant mortality rates which have decreased from 29.9 and 53.7 per 1000 live births in 1950 (Hacker, 1983) to 8.6 and 17.9 per 1000 in 1987 (Hoffman, 1990) for whites and blacks respectively. Despite these encouraging figures, the National Institute of Handicapped Research (1985) reported that the incidence per 10,000 births for anencephaly, hydrocephalus, spina bifida, congenital nervous system anomalies, and fetal alcohol syndrome were 43, 58, 58, 239, and 17 respectively. They also reported the rates per 1000 of children under 17 needing help with walking, going outside, bathing, dressing, toileting, getting in and out of a chair, eating as 1.1, 1.2, 1.5, 1.6, 1.1, .8, and .6 respectively. The rate for children needing help with one or more of these activities was 2.3 per 1000. For children needing assistance with four or more, the rate was .9 per 1000 (National Institute of Handicapped Research, 1985).

Since the passage of PL 94-142, local school districts in the U.S.A. have experienced increases in the enrollment of students with multiple and severe disabilities (Stainback & Stainback, 1985). Although these students have traditionally been institutionalized or served in more restrictive settings (Gaylord-Ross, 1989), mainstreaming has increasingly been proposed as a viable option (Brady & Gunter, 1985; Biklen & Foster, 1985; Lilly, 1985; and Gaylord-Ross, 1989). Despite great strides which have been made in the education of all handicapped children, students with multiple and severe disabilities are at risk for failure and have intensive learning needs that are exacerbated by the school and community context of their education (Capper, 1990).

Children with multiple disabilities may indeed be at odds with a system that has few resources and little inclination to meet their needs. How does a small rural district program for a student with severe multiple disabilities when certified personnel are unavailable and resources are limited? To what extent does the local district utilize the environment to provide more ecologically balanced options? Are students with multiple disabilities truly integrated into educational programs such as guidance counselors? Will the 21st century see a world explosion of the number of individuals with severe multiple disabilities, and if so, what does the American educational system have to offer? The purpose of this paper was to examine the nature of educational services provided for students with multiple disabilities in the United States and to discuss those conditions prevalent in many countries which could lead to increases in the incidence of multiple disabilities.

Methodology

Two separate questionnaires were sent to directors of special education in the state of Texas and school counselors across the United States. Both questionnaires focused on educational services provided for students with multiple and severe disabilities.

The sample of special education directors consisted of the total identified population of rural and urban special education directors for the state of Texas. One hundred thirty-six questionnaires were returned. This response represents a return rate of 39%. Although this response is lower than desired, the respondents were generally representative of a cross section of special education directors from rural and urban as well as a variety of geographic regions.

The school counselor sample consisted of 500 elementary, middle, and high school guidance counselors evenly distributed across randomly selected school districts in each of

the fifty states. Questionnaires were sent to directors of counseling services with a request to distribute them evenly among elementary and secondary counselors. Usable responses were received from 226 (45.2%) counselors.

Results

Service Delivery Model

A majority of special education programs in Texas utilize self-contained classrooms as the service delivery model of choice for their students with multiple disabilities. At the elementary level, 63.5% of the rural programs utilize this model. At the secondary level, 45.5% of the districts utilize self-contained classes. In urban settings, the percentages for elementary and secondary are 62.5% and 48.7% respectively. Mainstreamed classes are utilized in 14.2% of the rural districts for elementary and 9.7% for elementary and secondary programs respectively. Mainstream class figures for urban districts were 13.4% and 10.5% for elementary and secondary respectively. It is interesting to note that resource rooms were utilized to a greater extent in rural areas than in urban areas, with the exception of half day resource rooms at the elementary level in urban areas.

Ecological vs. Developmental Models

Overwhelmingly, districts reported that their programs for multihandicapped students were developmentally based. Of those districts located in communities under 10,000 in population, 85.7% indicated that the developmental model was utilized. Only 28.6% used an ecological approach. Of interest is the fact that 14% utilize the state's academic essential elements for programming. In communities of 10,000-20,000, the break down is 68.4%, 26%, and 21% for developmental, ecological, and essential elements respectively. The highest percentage, 33%, for the ecological model was reported by districts in communities of over 20,000 population.

Program Planning

A comparison of curricula described by those districts utilizing a developmental approach and those utilizing an ecological approach indicates little difference in the areas of self help, social skills, current environmental needs, vocational skills, and functional academics. Differences between developmental and ecological districts in the areas of domestic, leisure-recreational, and future environmental needs were 73% and 92%, 75% and 96%, and 59% and 88% respectively. Of interest, is the fact that only 59% of the developmental programs were concerned with future environmental needs.

Counselors and Multiple Disabilities

Of the guidance counselors responding, 74 (32.7%) served students at the elementary level, 90 (39.8%) served students at the high school level, 49 (21.7%) served at the middle school level, and the remainder was split between those serving all levels and those not indicating a level. Percentages of counselors who counseled no special education students were 20% of the high school, 14.29% of the middle school, and 6.94% of the elementary counselors. Figures for seeing 1-5 students daily were 62.5%, 57.78%, and 61.22 % for elementary, high school, and middle school respectively. The percentage of counselors

indicating that they had counseled severely and profoundly handicapped students was 4.17% elementary, 6.12% middle, and 10% high school. Percentages for students with multiple disabilities were 9.72% elementary, 8.16% middle, and 11.11 high school. Despite the fact that a majority of counselors contact students with disabilities, the average number of special education courses taken as part of their counseling training programs were 1.46 elementary, 1.5 middle, and 1.04 secondary. The percentages for counselors having no special education training as part of their counseling program were 43.06% elementary, 66.67% high school, and 40.82% middle school.

Discussion

The results of the two surveys indicate a need to give careful consideration to the future development of programs for individuals with multiple disabilities. Indications are that the majority of these students in the United States are in self contained classes involved in developmentally focused needs. The continued segregation of these students will hinder efforts to integrate them into society and maintain attitudes which fail to support those who seek solutions.

Evidence that few counselors have made contact with these students is further indication that little progress has been made in the area of integration. Of great concern is the lack of preparation in special education evident among guidance counselors, particularly among those at the secondary level. If students are to be fully integrated into public education programs, guidance counselors must be prepared to aid in facilitating this process. Berres and Knoblock (1987) suggested a model for integration based on the selection of a facilitator to shepherd the process. Counselors are well-suited for this role, however, they may have difficulty if their background in special education is nonexistent or limited to one or two courses. To meet the needs of individuals with multiple disabilities in a comprehensive educational system, coordinated efforts are needed from individuals who recognize the individual's right to participate, to whatever extent he or she is capable, and to do that surrounded by a support system with the family as a focal point. Despite the shortcomings to be found in programs for the multiple disabled, Americans can view themselves as fortunate. As our planet continues to shrink, it becomes more difficult to ignore conditions in the rest of the world, particularly among developing nations.

International Perspective

Americans find it difficult to imagine life without medical care or schooling. A life expectancy of almost half that of the United States or an infant mortality rate 16 times that of our nation are difficult to comprehend. While we debate the inclusion of severely handicapped students into regular classrooms, school attendance rates and literacy rates are abysmally low in developing nations. Because of overwhelming hunger and poverty, a new world initiative is needed to help prepare for the growing number of children who will be severely mentally and physically disabled. As a nation with the experience, technology and resources, we can, in partnership with others, create a new world order which approaches problems proactively and jointly.

Although the goal of international cooperation is desirable, it is important to note the following information concerning developing nations. In Mali and Mozambique, the ratio

of physicians to general population is 1:32,445 and 1:44,392 respectively. The life expectancy for men is 39 in Gambia and 40 in Guinea. The literacy rate in Afghanistan and Gambia is 12%. The mean age of first marriage for females is 15.8 years in Niger. The infant mortality rate is greater than 120 per 1000 live births in 27 countries and 150 in eight. Mozambique's infant mortality rate is 200 per 1000 (Department of International Economic and Social Affairs, 1986). For the U.S., the physician patient ratio is 1:439 and life expectancy for men is 71.8 years.

Samples of school attendance rates are 29% for Bangladesh, 12% for Afghanistan, 15% for Bhutan, and 17% for Chad to name a few (Department of International Economic and Social Affairs, 1986). These figures can only suggest that education is not a plentiful or accessible commodity in many countries.

Research involving children with multiple disabilities in developing nations is needed if we are to prevent the educational genocide of vast numbers of children. We cannot afford to let any child be arbitrarily relegated to a life of institutionalized custodial care, or worse, abandonment by society.

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**REMOVING BARRIERS AND BUILDING BRIDGES BETWEEN PERSONS
WITH, AND THOSE WITHOUT DISABILITIES**

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It has been found that interactions and relationships between persons with, and those without, disabilities are strained by socio-cultural factors which drift persons from both sides apart (Atonak, 1981: Bownman. 1987 : Fitchten, Bordon & Claudia, 1986). For example, myths and misconceptions stereotypes, assumptions and faulty generalizations negatively affect people's interactions with others who have disabilities. On the other hand, "atypical" interpersonal behaviours of people with disabilities are due generally to a lack of self-confidence which breeds fears about misacting, behaving abnormally, offending the other, etc. (Ficten, Bourdon & Claudia, 1986). It therefore seems impelling that the parties under discussion recognize each other as equally respectable members of society who should interact "normally" and realistically. Consequently, this work covers some of the general myths and misconceptions people without disabilities have about others who have disabilities. In addition, the work covers misconceptions among persons with disabilities. The attitude of professionals are also covered along with an emphasis on the use of the words to maximize "normal and realistic" interaction between persons with, and those without, disabilities.

Both the literature and practical experience only show that, in general, non-disabled persons avoid interacting with those who have disabilities (Eberly, Eberly & Wright, 1981; Leyser & Abrans, 1982; Roberts, 1983; Stovel & Sedlacek, 1983). When, under one circumstance or another, interaction does occur, it is often characterized by atypical interpersonal behaviour. This is because individuals from both sides feel a sense of discomfort and uneasiness, although it has been found that non-disabled interactors are more uncomfortable (Fichten, Bourdon & Claudia, 1986). Apparently no one wants to do or say *the wrong thing* around another who has a disability. However, is interacting with people who have disabilities a matter of choosing between specific actions and behaviours? Does it require a caution with words since certain words and expressions are strictly prohibited? What is the basis of this apprehension? Can, in spite of these thoughts, relationships and interactions be improved and *normalized* between persons with, and those without, disabilities?

In response to the preceding questions, this work begins with the observation that interactions between persons with, and PERSONS without, disabilities are marred by socio-cultural factors which negatively affect societies understanding of, and attitude towards people with disabilities. Among other things, these factors make it difficult for an appreciable number of persons with disabilities to accept their disabilities and subsequently develop a sense of self-confidence and interact *normally* with all persons. Thus, the purpose of this work is to look at factors to be considered will be explored from the perspective of society on one hand and on the other, with regards to persons with disabilities in general and those with visual impairment in particular.

Persons Without Disabilities

Historically, the survival and advancement of the human race have depended on the various abilities of individuals as well as on the collective input of all members of society. Hence, in some primitive societies, old, weak, and disabled persons who could not contribute to the process of production were either put to death or left to die in isolation. In sharp contrast, modern societies recognize the sacrosanctity of life and the inviolability of every member of human race. As a result, many nations and local communities strongly emphasize the importance of accepting educating and integrating persons with disabilities. However, this democratic theory of equality does not overshadow the reality that in today's society, because of socio-cultural, economic, political and similar factors, a person's role still is valued more by what he or she does than by what the person is (Vicker, 1987). This is one of the relics of the past which separates people with, from those without, contributive abilities. This separation pushes persons with disabilities to the margin of society where they are perceived as being different and incapable. Hence, even a work like this is forced to discuss them as if they are non-members of society. This is unfortunate because separation, in any form, instills misconceptions within the public and creates barrier which lead to further separation.

Myths, Misconceptions and Stereotypes

Inadequate knowledge, preconceived notions, assumptions and incorrect attributions are among the many social vices which form the basis for the myths and misconceptions a group holds about another. If these vices are not addressed, they will cause people who misconceive

to stereotype every member of the misconceived group. In turn, this reduces or obviates possibilities for understanding and perhaps *normally* interacting with those misconceived. To illustrate, one study found that strains in relations and interactions between college students who rode wheel chairs and those who did not, were due to misconceptions and stereotypes. The non-riders perceived all wheelchair riders as being, among other things, courageous, intellectual, depressed, non-gregarious, inactive, dependent, and sick (Fichten & Bourdon, 1986).

Persons who happen to be blind or visually impaired have also been misconceived and stereotyped as weak, incapable, dependent, deaf and even retarded (Fiorito, 1983). They have been thought of as living in darkness, depressed and/or punished for past transgression (Dixon, 1983). Worse still, blindness itself has been regarded as being contagious (Dixon).

As it is with any persons who have disabilities, misconceptions and stereotypes isolate visually impaired persons and impede their efforts not only to interact *normally* but also to succeed in life. This is illustrated by the finding that a number of myths and misconceptions impede a logical and necessary diversification of employment opportunities for blind and visually impaired persons. These myths include the allegation that such persons will never get to work on time, and when they do reach their work place, they will have to be led around at all times. It is further alleged that such persons cannot do mathematical calculations nor can they supervise sighted employees (Dixon, 1983).

The negative impacts of incorrect attributions are exacerbated in the face of double stereotypes. This happens when faulty generalizations about race, gender, ethnicity, etc., are superimposed upon those about disability. Visually impaired women, for example, are stereotyped as being incapable of performing roles such as homemakers and wage earners (Sandhous, 1983; Garner, 1983; Dixon, 1983). In other words, a combination of a hostile economy and a stereotyping discriminatory society results in a sense of chronic rolelessness for visually impaired women (Roberts, 1983).

Attitudes

Much has been written about society's attitude toward persons with disabilities in general (Wright, 1960-83); Number & Block, 1979; Leyser & Abrans, 1982; Girad, 1983; Bowman, 1986) and the visually impaired in particular (Carrol, 1961; Scott, 1969; Cutsforth, 1972; Robert, 1983; Gardner, 1983). These writings and practical experience show that society's attitudes toward people with disabilities are generally negative. This is largely due to myths and misconceptions people hold about others with disabilities. For instance, the belief that blind and visually impaired persons are also deaf triggers a variety of reactions to, and treatment of such persons. Some people shout at them while others feel perfectly free to say anything about them as long as anything about them as long as such things are said in a whisper. Other persons see a need for an interpreter when they communicate with another who is visually impaired. For example, instead of addressing the person directly, they direct their question to a companion with him: *What does he want?* The misconception that the visually impaired are also retarded leads to other reactions and treatments. For example, although a visually impaired individual personally hands the money for a purchased good to a cash registrar, the change is returned to a companion of that person. Presumably, the visually impaired person cannot manage his or her own change. In other instances, the VI

person is inundated with childish praises for performing tasks such as walking, recalling his or her own telephone number and even eating. Surely, the person must be a genius to go to school or to hold a job.

The marvel over a VI person's ability to walk and eat is also associated with the myth that such persons are helpless. This conviction makes people to offer assistance for simple routine tasks. Hence, Kent (1983) protests that many people think their vision enables them to perform all tasks smoothly and safely.

Unnecessary assistance, childish praises and similar attitudes are related in part to people's lack of contacts with others who have disabilities (Antonak, 1981; Fichten, Compton, Amiel & Girad, 1985). This lack impairs understanding and thereby aggravates misconceptions. On the other hand, it has been found that the positive results of contacts abound only when the interactions are on a general basis (Leyser & Abrans, 1982; Bowman, 1987). Conversely, when interpersonal situations are involved, attitudes have been found to be less positive (Stoval & Sedlacek, 1983).

The Power of Words

Myths and misconceptions also influence the way people choose words when referring to others with disabilities. For instance, the myth that such persons are helpless and dependent makes people assert that they are *victimized*, *handicapped*, *incapacitated*, and/or *weak*. However, these are labels which generalize on one hand while on the other, they stigmatize dehumanize and thereby ostracize.

The negative impact of poor word choice are perpetuated by the media which generally continue to depict persons with disabilities as either *victims* or *monsters* (Garner, 1983; Davison, 1988). This is baffling since, the media should know the power of words. Since, at least in this case, this knowledge is lacking among many agents of the media, the U.S. Department of Education offered a year's grant of fifty thousand dollars to Advocado Press to develop a curriculum for educating the media on the semantics of disability (Fisher, 1989).

In short, regardless of who uses them, words are a powerful communication tool. What may seem like simple words can alter people's perception leading to increased misconception. Wright (1960-83) underscores this point by indicating that, to say, *A disabled person* is far different from saying, *A person with a disability*. The former is a short-cut which distorts and undermines since disability is something a person has, not what he or she is. This is why the latter is a sound and accurate expression; it describes rather than define the individual.

Persons with Disabilities

The importance of understanding disabilities applies not only to non-disabled persons but to those with disabilities as well. This is because the extent to which a person understands and accepts a disability is directly related to that person's level of self acceptance, self confidence and self esteem. These qualities are crucial to the way that person relates to self and to others. For example, when the presence or onset of a disability is perceived as the beginning of helplessness, self-esteem is destroyed. In turn, the person sees self as being different and incapable. These thoughts have far reaching and damaging effects. They can be internalized quickly making a person to think and behave differently. Of course when a person behaves differently, he or she appears differently and is likely to be accepted as such.

The thought of being different also makes a person hesitant, even reluctant, to interact with others. When, under varied circumstances, interaction does occur, it is marred by a typical behaviours. The person fears that he/she might misact, offend the other or confirm a stereotype (Eisler and Housen, 1986). At the same time, the person tries to be *normal* and *proper* (Fichten & Bourdon, 1986). In so doing however, the person runs a risk of not being his or her real self and may therefore appear more abnormal than can be realized.

The quest for *normalcy* comes in different forms, depending on how people perceive their disabilities. Some pursue achievement and success as a way of compensating. In actuality however, such people have nothing for which to compensate unless they feel inferior (Wright, 1960-83). On the other hand, others do not pursue success nor do they engage in self-care e.g., grooming, home management, etc. because they view their disability as an insurmountable limitation. Unless cognitive anomalies are involved, such persons are their own enemies.

Search for Solutions

It is difficult to overemphasize the need for removing the barriers which impede *normal* interactions and meaningful relationships between people with, and those without, disabilities. With regards to non-disabled persons, this effort should begin with an effective public education campaign. This should be aimed at reducing-preferably eliminating misconceptions which affect people's thoughts and attitudes. For example, it should be clarified that a disability is essentially a functional limitation (e.g. inability to see) which is imposed by an impairment (e.g. a visual anomaly). The degree of this limitation depends on a variety of factors, including the onset and extent of the impairment, and the person's socio-cultural background. Inter alia, it also depends on the individual's ability and level of motivation as well as the perception and attitudes of others in the immediate environment. This implies that the impacts and limitations of a disability should not be generalized.

Equally important is the fact that, when compared to others in society, persons with disabilities are more similar than dissimilar. Any belief or philosophy on the contrary breeds misconceptions and faulty generalizations. It instills hesitance and uneasiness among people who, in varying situations, interact with persons who have disabilities.

The notion of *difference* also instills fear among interactors (i.e., non-disabled persons). Fear springs from the assumptions that disability heightens sensitivity and deepens depression. Thus, one has to be careful-indeed, very careful - when interacting with another who has a disability lest the latter is reminded and/or offended. This notion suggests that during the interaction, certain actions and behaviours are allowed while others are strictly prohibited. Hence, this notion is not false and alienating but it is also demeaning. It attributes qualities of homogeneity to a large and diverse group of people.

In many varied ways, it has been said that persons with disabilities are normal people who happen to have disabilities. They not only have different types and degrees of disabilities but they also vary in height, weight, adjustment to disability, motivation and functional levels, to name just a few. Like everyone else, they have individual desires, dislikes and preferences. Thus, it is ludicrous to think that certain behaviours and actions are acceptable or rejected by all persons with disabilities. In other words, the public should understand that interaction is not a matter of choosing between behaviours. Rather it should be a consideration of

behaviours that are *normal*, natural and realistic. Of course, the question then is, *What are normal and natural behaviours?*

In the face of pluralistic and multi-cultural societies, and in light of individual differences, there seems to be no such thing as *normal behaviour*. Instead, based on socio-cultural background, training and other environmental influences, each individual determines for himself or herself the behaviours and manners that normal and socially acceptable. Because of these characteristics (i.e., normal and socially acceptable), such behaviours can be directed, without hesitance, toward family members, friends and even strangers. These characteristics and not a disability should equally determine one's interaction with another who has a disability. Adherence to this principle will prevent people from shouting at a perfectly hearing individual who happens to be visually impaired. It will eliminate the false generalization that all person with disabilities think, react, etc., in the same way.

The advocacy for normal interaction is not an argument employed to overshadow the reality of disability. Quite the contrary, reality must be emphasized if the interaction is to be truly normal and meaningful. By being realistic, the interactor will see the limitations the disability poses. For example, knowing that blindness poses visual limitations, generally not auditory problems, should eliminate a need for an interpreter when communicating with another who has a visual impairment. This awareness should also make the interactor identify himself or herself, not change voices as if the other were a child playing a voice identification game. Likewise, knowing that the limitations of blindness are visual, not physical or mental, should eliminate questions and doubts about VI people's abilities, especially with regards to natural tasks such as walking and eating. Moreover, understanding the uniqueness of each person should enable the interactor to relate to a person with a disability as one individual, not merely a typical member of a large homogeneous group.

The emphasis on normality and reality also applies to professionals working with people who have disabilities. Both the literature and practical experience show that some of these professionals can be incredibly unrealistic (Kent, 1983; Robert, 1983). For instance, there is a general consensus regarding the importance of independence for persons with disabilities.

Independence, which is doing as much as possible for oneself, travelling by oneself, etc., decreases dependence and conversely increases self-confidence, assertiveness and overall functioning. However, some professionals stress independence without considering the reality of disability and with little regard for the varied abilities of individuals. The importance of these factors can hardly be overemphasized.

A Caution of Words

Many people hesitate to interact with others who have disabilities for fear of saying *the wrong words* or using *unacceptable expressions*. For example, some interactors are reluctant to use the word *blind* near a person who has a visual impairment. Other words complicate communication: Is the person partially blind or partially sighted? Is he or she handicapped or disabled?

Again, it is important for the public to be informed that there are no words or expressions which must be avoided around *all* persons with disabilities. Based on background, taste, etc., each individual develops tolerance for some words and a distance for others. The presence of a disability does not automatically coin a list of tolerate and intolerable words and

expressions. Like everyone else, some persons with disabilities find certain words amusing; this is natural. Conversely, avoiding words because of a disability is not natural.

Word avoidance — e.g., avoiding visual terms around a visually impaired person—complicates normal verbal communication and ruins the beauty of the same. It restricts the visually impaired person's development of concepts and images. Moreover, word avoidance is unnecessary especially since, (a) most people speak figuratively to clarify or enrich their expressions, (b) words have varied meanings in different contexts, and (c) visually impaired persons need to widen their knowledge and use of words including visual terms. This means there is no reason for avoiding expressions such as, *walking down a blind alley*; *blinding the truth* or *having a blind date*.

Word avoidance is different from choosing words carefully in the interest of clear and precise communication. This is necessary in order that one does not convey a misleading, confusing, ambiguous or even a demeaning message. For example, confusing, ambiguous such as *victimised or afflicted by blindness*, *confined to a wheelchair*, and *unfortunate handicapped children* are demeaning since they define and limit the people concerned. Instead of defining therefore, many people choose words which accurately describe: *A person who has a visual limitation*. *A person who rides a wheelchair*, or *children with cerebral palsy*. Along these lines, many organizations and institutions associated with, or comprised largely of, people with disabilities have either changed or are considering changing their names (Ficher, 1989). These changes are aimed at giving the public a proper descriptive picture of who or what they truly are.

Clear and precise communication can also be enhanced when the speaker is familiar with the definition of words. For example, blindness essentially means physical inability to see. This inability ranges from low vision to total blindness. Yet the word *blind* has come to mean different things to different people. To many people, it connotes incapability, weakness, deafness and retardation (Fiorito, 1983). Similarly, according to Webster's New Collegiate Dictionary (1976) the definition of the word *blind* includes the following: Sightlessness: unable or unwilling to discern or judge; unsupported by evidence of plausibility; having no regard to rational discrimination; guidance or restriction; lacking a directing or controlling consciousness: marked by complete insensibility; drunk p. 118). Although it provides room for figurative language, this definition not only generalizes but also stigmatizes and further alienates people who happen to be blind. To guard against such stigma and alienation, some people use inclusive expressions: People who are *visually impaired*, *visually disabled*, etc. Other people choose to clarify their speech: *Blind in terms of visual limitation*.

Familiarity with the definition of words also allows one to distinguish between words such as *disability* and *handicap*. The former is a functional limitation while the latter is a result of that limitation; that is, the disadvantages, setbacks, inconveniences, etc., which accrue from the limitation. Awareness of this difference maximizes precise communication.

Finally, adequate knowledge of the words and concepts we convey increases optimism in communication. This is illustrable by the fact that generally, people who are blind only because the degree of their visual loss falls within the legal definition of blindness, are said to have low vision or to be partially sighted. They are not described as *partially blind* because *partial sightedness* is not positive but also optimistic; that is, an optimist sees not a glass half empty but one half full.

Along with the Public

The appeal for *normal and realistic interaction* equally applies to persons with disabilities. For such persons however, *normal interaction* is unlikely as long as they see themselves as being different, inept, and/or excluded. Where these feelings exist, they must be countered by self-confidence and better self-referred behaviours. This will heighten a person's sense of self-worth, increase one's desire for independence and improved task performance. Intimately, these qualities will enhance the person's interaction and overall functioning.

Conclusion

Ample evidence shows that interactions and relationships between persons with disabilities and the rest of the public are marked by scepticism, uneasiness, fears and atypical interpersonal behaviours. With regards to the public, these are the results of myths and misconceptions about people who have disabilities. On their part, such persons behave atypically when they feel a sense of difference, diffidence and/or exclusion.

Clearly, there is an urgent need for normalizing interactions between persons with, and those without, disabilities. To accomplish anything in this regard, the public should increase its knowledge about, and contact with, persons who have disabilities. Increased knowledge and exposure will belie the notion of homogeneity and show that persons with disabilities are more similar than dissimilar to others in society.

On their part, people with disabilities should be mindful of the reality that they are normal people who happen to have disabilities. Hence, they need to concentrate on the reality of their disabilities and the limitations which accrue rather than engaging in unrealistic ventures to prove their normality. Furthermore, they have nothing to compensate for unless they feel different, inept or inferior. Where these feelings are absent, these people will not only interact normally but will effectively live in, and contribute to, society to their highest levels possible.

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**OBSERVATIONS ON SPECIAL EDUCATION SERVICES IN NSW AND IN
TWO ILLINOIS, USA SCHOOL DISTRICTS**

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In January 1992 a group of 17 teachers from the state of New South Wales (NSW) in Australia visited the Champaign and Urbana school districts in the state of Illinois USA and special education staff of the University of Illinois College of Education. The visit was arranged to enable the Australian special educators to study current practices in providing services in some American schools. While a number of important differences were noted in the two countries' legislative bases for providing special education services, and in the funding and organisation of education generally in the two systems. Nevertheless, many similarities were observed in the patterns of within-school arrangements for special education in Champaign-Urbana and in NSW. The visits were arranged in conjunction with Special Education courses conducted by Charles Sturt University and with the assistance of the faculty of the College of Education of the University of Illinois.

Descriptions of Special Education services in Australia and in the United States generally have appeared in a number of reports in recent years. Safran (1989) and Henderson (1989) give comprehensive accounts of the two nations' approaches at that time. In brief, it has been shown that there is a strong basis in legislation in the United States guaranteeing that each child is entitled to receive a free public education, as guaranteed by the Bill of Rights. Further, the well known US Public Law 94-142 from 1975 has mandated that children with special education needs are entitled by law to receive a free and appropriate public education, in the least restrictive environment. Acceptance of this commitment by States and by local US School Boards is a pre-requisite for the receipt of federal funding to assist in meeting each Board's education budget commitments.

Legal Bases in Australia and the United States

The more recent extension of the principles laid down in Public Law 94-142 to early childhood special education (PL 94-547 in 1986) and to transition education for adolescents and young adults with special education needs (PL 101-336, the Individuals with Disabilities Education Act, in 1990) have served to provide a strong legal requirement on American public education agencies to ensure that appropriate special education services are available to all students in that country.

By contrast in NSW, no rights to special education services are guaranteed to individuals by force of law, but special education services are organised around a number of "Needs of the Child", formulated by that state government's Directorate of Special Education. These needs have been recognised as principles around which special education services should be organised. These include:

- Every child has the need to be educated to his/her full potential
- A child with a disability or learning difficulty has a need to be educated in the least restrictive environment
- A child with a disability or learning difficulty may need special assistance to help him/her achieve his/her potential in a least restrictive environment
- A child with a disability or learning difficulty needs to be respected by all department officers, teachers, therapists and aides
- A child with a disability has a need to have his/her disability understood and accepted without stereotyping
- A child with a disability or learning difficulty has a need to have his/her cultural/linguistic/religious background respected
- A child with a disability or learning difficulty needs a school life that is comparable to that of other children. (Department of School Education, 1991, 12-13)

While these NSW principles may reflect many of the ideals and practices found in the US Public Laws, they clearly fall far short of giving to communities and to individuals the guarantees which they may have come to expect and which they would hope were to be found in statements drawn from their nation's law.

Differences in Educational Funding

As suggested already, education is not funded in the United States from federal funds alone. Indeed, as little as 5% of a school district's budget may be provided federally. A complex mixture of federal, state and local taxes provide the revenue for most school districts. It has been noted recently (Block & Haring, 1992) that an increasing proportion of this budget needs to be provided from state taxation sources to make up for budgetary shortfalls resulting from increasing costs and relatively static federal and local tax contributions. A consequence then, is that the provision of services in school districts is likely to be affected by the extent to which each state and local district can or will tax its citizens to provide for budget shortfalls. Needless to say, much variability can be expected between states and between school districts in different parts of the country reflecting differences in wealth distribution. This has been noted by Safran (1989) and by Henderson (1992) who points out that for example, per capita education revenue varied across states in 1987 from \$2160 in Alabama to \$7977 in Alaska. The uniform contribution of the federal government does not compensate for wealth variations across the country or for some local school districts' needs for more expensive programs.

It may be useful at this point to summarise a few salient points about the general nature of education and special education services in NSW. In common with most Australian states, the law in NSW does not address, as it does in the United States, guarantees about the rights to education of individual students. The NSW law is clear in requiring that parents present their children for enrolment at school (or seek approval for home schooling) but does not commit government in any way which could be left open to legal disputation on the extent of its provision of education services.

Other general points of difference from features of American education and special education services include

- no system of impartial due process hearing or judicial review of special education services or of pupil placement decisions
- no national legislation or mandated special education provisions
- centralised equitable funding of school education from state sources, with some Commonwealth supplementations
- more centralised control of administration and especially of curriculum content from government appointed Board of Studies (adapted from Safran, 1989).

Organizational Differences

The provision of education in the United States differs markedly in organisation from most Australian states in the mixture of federal, state and local district responsibilities. While the United States Constitution and its Bill of Rights provide the legislative and judicial bases for the provision of education, with states interpreting local needs, there are, according to Henderson, "some 15,000 independent school districts in the 50 states (of the USA)" (1992).

Allowing for the fact that the population of the United States is in the vicinity of 15 times that of the Australian population, it is still somewhat amazing to discover the extent of decentralisation of responsibility for education in the USA. Henderson comments that in

trying to discuss any educational problem in the United States, one should be aware that we are talking about an extremely diverse mix of governance, administrative organisations, legal bases, funding patterns and fiscal capacity. (Ibid)

A recent report (Ysseldyke, Algozzine & Thurlow, 1992) shows data illustrating the relatively low proportion of federal funding at 5 to 8% in recent years, in supporting even the mandated special education federal initiatives, with the balance of special education funds needed coming from state and local district budgets, with local districts having difficulty maintaining their traditional lion's share of that fiscal load as costs continue to rise. It should also be acknowledged that these national data mask the wide variability in funding from local revenues both between states and between school districts within states,

The state of New South Wales, Australia, has been involved in a major restructuring of its education policy in recent years towards a less centralised system with more opportunity for regional and local school level initiatives in educational management. This process has had many implications for special education. But despite this shift towards decentralisation, responsibility for the development and provision of special education services lies with the state Department of School Education, which has almost complete funding responsibility for public schools. There is also some limited federal, or Commonwealth government expenditure however, in a limited number of specially targeted programs, notably in areas such as support to facilitate the integration of children with disabilities, early childhood special education and in support for identified *disadvantaged* schools

An interesting comment made to the Study Group in the address by the Director of Special Education for Champaign Schools concerned one outcome of the recent moves towards inclusive models of schooling for special education students. In earlier times, when segregated schools and special classes were commonly thought to be needed for students with moderate and severe disabilities, this school district provided special education services for children from school districts in adjoining counties. The smaller counties referred special education children to facilities in the larger population centres, which were usually separate school districts. It was thought to be more economical to purchase these services from larger centres than to provide them themselves. As a result of recent moves towards inclusive special education services in local regular schools, perhaps aided by a need to find cost savings in local education budgets, most of those students have now remained in local community schools in their own counties. And, there has been a corresponding decrease in enrolments and in external income, to the Champaign and Urbana school districts (Jobe, 1992).

Observations on facilities in an Illinois school district for children with particular disabling conditions will be reported below; but some general comments can be made. The Champaign Unit 4 Schools District Handbook for 1991-2 sets out, among other things, a set of parental rights concerning their children's education. Clearly, these rights stem from the Public Law 94-142 and are concerned with issues relating to assessment, individualised programming, and the delivery of education with "non-handicapped" children where possible. Indeed, integration seems to have become the normal mode of special education service delivery, as no segregated special schools are currently conducted in this school district (see below). The Champaign district offers comprehensive special education programs for children between the ages of 3 and 21.

Programs are available for students who are educable mentally handicapped (Mild intellectual disability, in NSW terminology), trainable mentally handicapped (moderate intellectual disability), physical/health impaired, multiply impaired, hearing impaired, vision impaired, speech and language impaired, behavior disordered, and learning disabled. Other services include: preschool screening and programming, occupational and physical therapy, speech and language therapy, home/hospital instruction, social work services and psychological services. The programming for children with severe/profound handicaps is provided [in a normal school!] in co-operation with the (adjoining) Urbana school district, where the program is housed. (Champaign Unit 4 Schools District, 1991-2)

A very similar range of services can be found in New South Wales, though with some notable differences. A number of segregated special schools are still in use in this state which has made a commitment to providing a fuller range of facilities from which student placement choices can be made. Levels of support to schools from the associated therapies needed by some children can also be found in NSW schools, but it was the view of the NSW visitors to Champaign that these were more prevalent and more easily accessed in the Champaign school district than in the, albeit much larger NSW state system. The relatively even distribution of services in NSW schools resulting from the centralised formula-based funding system may not be characteristic of services across US school districts, when the effects of local fund raising for education has its effects on local budgets.

Another major difference in NSW and Champaign schools concerns provisions for those children with Learning Disabilities. This category of special education provision has been much debated in the professional literature and considered by some to be overrepresented in special education funding allocations (e.g., Block & Haring, 1992). The various facilities for these children do have counterparts in NSW schools. There, assistance is provided by a range of services including

- special programs devised with or without external support by the classroom teacher,
- help from a Support Teacher (Learning Difficulties),
- placement in an Intensive Reading Program, or
- short term placement in a Special Education Support Centre.

The decision in NSW not to use the special category of Learning Disabilities which is commonly found in US literature and practice, probably marks a major difference in the way in which the two systems provide for this problem. In general in NSW, those children are seen to be a responsibility of the regular classroom teacher, with additional support if needed, to be provided by senior school staff, by Support Teachers (Learning Difficulties), by School Counsellors (Psychologists) or in rare cases, by short term placement in Intensive Reading classes. However, these students are not automatically transferred to the responsibility of a *special education* program.

Following are observations of a number of other special facilities in the Champaign school district, with comparisons drawn for NSW practices.

Students with Severe Multiple Disabilities

Special education services in Champaign-Urbana are provided on a zero-reject model and in the least restrictive environment as mandated by US Public Law 94-142. No matter how

severe their disabilities, students receive an education funded by their school district, even though it may be provided by a service outside the student's school district (Rolland, 1992).

The majority of students with severe disabilities from the twin cities of Champaign and Urbana attend special classes in age-appropriate regular schools within the *Urbana* school district. A reciprocal agreement means that Champaign school district provides services for *trainable mentally handicapped* students (*moderate intellectual disabilities*) from both districts.

There is a privately operated residential facility, the Champaign Children's Home, for persons with severe intellectual and physical and/or health disabilities which also caters for children from outside of the Champaign and Urbana school districts. Some students (20) from this facility attend regular schools but those students (67) who are considered too medically fragile (e.g., need constant gastronomy feeding, are dependent on ventilators) to be transported to a regular school site receive their education in 8 classrooms within this facility, where nursing support staff are on call (Mathis, 1992).

In Champaign/Urbana, the least restrictive environment for students with this severe level of disability has been interpreted as special classes within regular schools. This commitment to regular school education has resulted in the closure of two special schools. All students are in age appropriate settings, and mostly within separate classes but some movement into regular classes is occurring. This year (1992) two students were placed part-time into classes of volunteering regular teachers, in schools where the principals had had experience fully integrating students, albeit students with mild intellectual disabilities. These two students with severe disabilities were each provided with aide assistance in the integration time and additional time was provided for the special education teacher to collaborate with the regular classroom teacher on programming for these students (Rolland, 1982).

Movement away from placement in special segregated settings has also encouraged the trans-disciplinary team approach, where professionals teach one another relevant skills. For example, special education teachers have learned to provide physical care procedures such as suctioning and gastronomy feeding needed by their students (Rolland, 1992).

There is a strong connection between the schools and the University of Illinois because students from the University in Master level pre-service teacher preparation programs in moderate and severe intellectual disability are placed for practicum in Urbana schools. This necessitates consultation between supervising teachers and university staff as practicum involves 10 to 20 hours per week in a placement over the university academic year (Renzaglia, 1992).

Services for these students were provided at three locations at the time of these observations in 1992: Prairie Elementary School, Urbana Middle School and Urbana High School (Burns, no date). These schools provided services for 47 children with severe disabilities and aged from 3 to 21 (6 children come from the Champaign Children's Home). At the elementary school level, there were three classrooms, each room having one teacher and up three full-time aides. At the middle school level, there were two teachers and 4 aides. At the high school level, there were three teachers who specialised in the areas of vocational, domestic and community training with 4 aides who worked with 11 students. There were also two part-time domestic trainers for middle and high school students. These 47 students were

also served by two full time speech therapists, a half-time occupational therapist, a half-time physical therapist, a full-time social worker and a half-time adaptive equipment specialist who designed and built equipment for individual student needs (Crawford, 1992).

The students were integrated into the mainstream schools as realistically as possible. They attended the same hours and used the cafeteria for lunch with regular students. There was also some integration for some cultural arts lessons (eg music), assemblies, special events, adaptive PE (with students with mild disabilities) and field strips. On our visit, we saw regular Grade 1 students visiting a special education class for 3 to 6 year old children. The first grade children each read a book to an assigned child and were then able to choose a toy and play with it with the child. The same students did not come on a routine basis and needed considerable help from the classroom aides to interact with the special education students. A more formal peer tutoring program was also operating, with peers volunteering to help a special education student cope with the cafeteria during lunch. One student was absent from the middle level class we visited, attending an integrated cultural arts lesson. One student at this level was integrated into the EMH (mild intellectual disability) class for maths, social studies and pre-reading (Burns, no date; Crawford, 1992).

On our visit to the high school, we did not see any students working as they were all out on community or vocational training activities. Students at high and middle school level use a regular apartment rented by the school district as a site for domestic training. Two part-time domestic trainers are employed and students stay here over night regularly, (about once a month), so that all domestic skills (cooking, cleaning, laundry) can be evaluated in a natural setting. The domestic trainers also visit students' homes to help parents and students with independent living skills and to prepare students for living in a group home when they leave school. The students at this level were also involved in a research program run by the university to encourage social involvement with their peers. Opportunities for in-school integration were limited here because of the strong emphasis on community and on-site vocational training (Crawford, 1992).

Comparison to Services in Metropolitan New South Wales

The most basic difference seems to be the stronger commitment in Champaign-Urbana to integrating students with severe disabilities and to closing special schools. In NSW it is still accepted practice for students with severe disabilities to be served in segregated settings. There is no political commitment to closing special schools. The Carrick Report (1989) to the NSW government saw special schools as a continuing option for children with special needs and in 1989, the NSW State Government made a commitment to provide new special schools where needed. Integration is seen as a placement option, not as a desirable outcome (Metherell, 1989).

The teachers at Illinois had more support staff than is available in NSW schools- more aides and much more access to specialist services such as speech therapy were evident. The speech therapists for example, spent one day a week in each class monitoring and writing communication programs to be implemented by teacher and aides (Porter, 1992). The domestic trainers who worked day and evening with students in the school's apartment and in student's own homes have no parallels in the NSW school system, though a similar role

is provided for children living in group homes maintained by Community Services Department or by various Church or other private organisations.

All special education teachers in Champaign/Urbana are qualified, not only in special education but also have specialised training in the disabilities of the students they teach. In NSW, many special education teachers still have no special education training. It was also pointed out that many of the teachers' aides in Champaign and Urbana were people with formal training in a variety of child care related areas. Many were trained teachers.

It was heartening to see students with severe disabilities included in the mainstream school setting in this school district in the state of Illinois and to see that the services the children received were of high quality. We can be hopeful that our students in NSW will one day be members of their local school communities with their brothers and sisters.

Students with Mild Intellectual Disability and/or Learning Difficulties

The most important change in the last decade has been the full or partial integration (inclusion) in this school district, of students with mild and (sometimes) moderate disabilities in regular classrooms. And, there has been a change from the use of withdrawal, or "pull-out" programs for students with learning disabilities, in favour of the provision of additional in-class support. To help meet the problems for students and teachers associated with integrated models of teaching, special education and mainstream personnel are receiving inservice training in using the processes of *collaboration* and *consultation*, to assist them in developing teamwork skills for planning and implementing appropriate special education programs. This has become especially important in recent years as state authorities have increased pressure on schools to adopt mainstreaming practices.

Now, a mainstream and special education teacher need to work as a team (collaborative consultation) in developing individual educational plans (IEP) for each student. The classroom teacher has primary responsibility for the implementation of the program in the classroom, while the special education teacher's role may be one of support or helper in the classroom, or of team-, or co-teaching. For students with mild intellectual disability, part of the school day may be spent outside of the mainstream class, in which case the special education teacher is responsible for services provided, but these must be consistent with the IEP developed collaboratively by the mainstream and special education teacher.

Comparisons with NSW provisions for students with mild intellectual disabilities are difficult because of the much larger size of the NSW state school system (around 700,000 students and functioning much as a single school district serving a population of around 5 million people) than the Champaign district (around 8,500 students (Jobe, 1992)). Nevertheless, it would seem useful to identify some elements of similarity between the two systems. In NSW, students with mild intellectual disability are provided for through the appointment to schools of designated Support Teachers to allow the establishment of special classes. Increasingly however, many schools have opted to use this Support Teacher in a team- or co-teaching role with a number of regular classes where the students with mild disabilities are enrolled. These students are assisted by the Support Teacher through that person's team teaching efforts with the regular teacher. This development is being used with Support Teachers (mild disability) in Early School, Primary and in High School settings. As a result,

the situation in NSW probably shows a greater diversity of practice (perhaps a reflection of system size and additional difficulties in bringing about system change), and without quite the same strength of commitment, at least at the level of implementation, to an inclusive model of class placement for students with mild disability.

The significant role of collaborative consultation as a process for supporting special education students in regular classes prompts some observations on the use of this process in the two education systems. Arising in the early 1980's its incorporation into service delivery through teacher education and teacher consultation has lead to a more two-sided approach to educational improvement in teaching and learning for students with special learning needs.

Collaborative consultation has been defined by as:

an interactive process which enabled people with diverse expertise to generate creative solutions to mutually defined problems. The outcome is enhanced, altered and different from the original solutions that any team member would produce independently. The major outcome of collaborative consultation is to provide comprehensive and effective programs for students with special needs within the most appropriate context, thereby enabling them to achieve maximum constructive interaction with their handicapped peers. (West and Idol, 1986)

This process is likely to be especially important in schools where inclusion of children with special needs in regular classrooms is adopted. Not to provide support services to teachers, or to provide only consultancy services which are based on the *expert* model and are one-sided in the way information is transmitted, is not helpful.

In NSW, where teacher training in special education has been largely at post-graduate levels, Teacher Education courses for regular High School teachers have either not included studies in special education, or have only made them available on an optional basis. (Note however, that the Ministry of Education has recently requested all universities to include this training as compulsory components of all teacher education courses). In the State of Illinois, undergraduate and graduate teacher education courses since 1980 have been required by law to include studies in teaching children with special learning and behaviour needs. And, teachers receive strong encouragement to update their qualifications through periodic attendance at university courses. This training is especially important because of the new roles and responsibilities which have emerged for classroom teachers in Illinois as a result of mainstreaming practices. Stephens, Blackhurst and Magliocca (1988) have identified *accommodation of the learning environment, co-ordination with colleagues and co-operative relationships with colleagues* as major elements for consideration in meeting the challenges involved in collaborative consultation with mainstreaming teachers.

The underlying rationale for collaborative consultation is to create the kind of environment that is receptive to the needs of students and teachers alike. Using collaborative practices, teachers work together to enhance existing programs, create program options that previously would not have been available and open lines of communication. Collaborative principles are used to prevent and to remediate learning and behaviour problems and to coordinate special assistance services (Monda-Amaya, 1992).

Collaborative consultation is a process which shows much promise for supporting the policy of inclusion of special needs children in regular schools and classes, by offering direct assistance to regular school teachers through a process of teacher consultation which is specifically designed to ensure that the teacher being assisted is an equal partner in the consultation process and is able to keep responsibility and control of the outcomes. Through leadership offered by the Collaborative Resource Teacher Training Program at the University of Illinois, schools in that state are well placed to benefit from this promising development in regular and special education service delivery.

Gifted and Talented Children

The 1990's in NSW have seen a renewed focus of the education of gifted and talented children after a period of relative inattention to this area of education. The more recent emphases have been placed on early identification and entry into school together with acceleration through school grades at a greater rate than determined by chronological age. Provision is now made for selected children to attend special segregated classes in some cases, special programs in regular schools, and vacation camps for gifted and talented children among others. In larger towns and cities, the abandonment of school residential zoning means that parents are free to choose schools (where vacancies exist) which best suit their children's needs and abilities. Children are able to attend Schools of Excellence which offer superior programs in areas such as Music, English, Dance, Mathematics. A greater number of academically Selective High Schools has recently been established together with Technology High Schools, Schools for the Performing Arts and High Schools which specialise in various curriculum areas. While competition for entry to these schools has increased, so has the number of available places.

The system for identifying gifted and talented children in NSW is still heavily weighted on testing. Children in Year (Grade) 4 may sit for the first test, a standardised Reading Test. Only those scoring above the 90th percentile are able to sit the second test, except in circumstances in which the cultural bias of the reading test may have discriminated against particular children. The second assessment, usually and individually administered IQ test such as the WISC-R, is particularly important for selection to the segregated special class for gifted children at the Year 5 and 6 levels.

Participation in these classes in Years 5 and 6 may facilitate subsequent entry to selective high schools.

The focus on formal testing in identifying gifted and talented children was also observed in the Champaign-Urbana provisions for this population. In these systems however, provision is made at an early age for entry to The University Preschool for Gifted and Talented Children. Nominees are administered the Stanford Binet Intelligence Scales and there are extensive interviews with parents and discussion with students. Successful applicants gain a place at the school which runs individualised programs but based on principles involving more child-centered activities. Here, students are able to extend their talents and abilities and establish their creativity by following areas of interest and pursuing their own projects, as is commonly seen in good preschools in many countries.

Attendance at this preschool almost guarantees entry to the special class for gifted children at the Dr Howard School. Here, students are grouped in heterogeneous classes and follow

a more structured but interesting curriculum. In many classes, children worked as a whole group initially and then individually or in small groups to seek answers to real problems. One class investigated how sideshow owners made a living. Each child was given a certain amount of money to spend. Children were eliminated from participating when they'd spent all of their money. This involved concepts of probability and chance. An older group was carrying out science experiments with students from the University of Illinois acting as mentors, an activity that benefited both parties.

Not all gifted and talented children in Champaign-Urbana attend these special programs, however. The Carrie Busey School in Champaign is a school for all children. Its population includes those with disabilities and those who are gifted and talented. Children from both groups are enrolled in heterogeneous homerooms and in homogeneous math and reading groups, thus enabling streaming/tracking in those two subjects. This policy seems to cater for children with a wide variety of special needs groups. The school is able to practise a comprehensive policy of inclusion for all of the students in its community and thus meet the commitment to inclusive education, along the lines advocated by Will (1986), and which influence current discussions on special education service provisions. And, recent initiatives in NSW schools are for schools to place more emphasis on extending the development of gifted and talented children within their regular classrooms, especially at primary school level. Initiatives in special education for children with disabilities and learning difficulties as well as initiatives for teaching gifted and talented children are directed towards regular class teachers in the first instance. These people are given varying forms of in school and in class consultancy support to help make their classrooms stimulating learning environments, with programs diverse enough to extend gifted and talented children and to provide remediation for students with learning difficulties and/or disabilities.

Summary

The school system of New South Wales was developed as a centralized system similar to that in Great Britain. On the other hand, the schools of the United States were from colonial times, community based, rather than centrally organized and administered. Similarly, the British Westminster system of federal and state government prevails in Australia and New South Wales, while the United States developed a system of government which allows a more proactive role through the judiciary in reviewing, *inter alia*, educational placement decisions. Another striking difference is that on adoption of the U.S. Constitution, a ten-point "Bill of Rights" enumerating individual rights which cannot be abrogated by governmental action, was in place—a feature which the Australian Constitution still lacks.

A key difference between the school systems lies in the method of providing financing. Despite devolvement of much day-to-day operational control to local schools, New South Wales provides the bulk of the fiscal resources from the state's tax base. It should be remembered that visitors to other school districts in the United States (and even in Illinois) may find a much different picture than the one portrayed here. As was noted early in the paper, regardless of federal and state laws mandating services for students with disabilities, the actual delivery of such services is the responsibility of the local school district. In all but one U.S. state (Hawaii), the quality of educational programs is determined to a large extent by the amount of taxable property in the school district. Hence much wider variance should

be expected in U.S. schools than in those of New South Wales which uses the tax base of the entire state to more equitably fund schools.

Despite these differences, there are many parallels in the schools of Illinois and New South Wales, and in the basic beliefs concerning the need to provide special educational services to students with disabilities. With improved communications, sharing of ideas, pedagogical techniques and technological advances, more and more similarities will probably be evident. We need to learn from each other, and to collaborate across the world as we strive to improve the educational, social and vocational potential of individuals with disabilities on this ever-shrinking planet earth.

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**TERTIARY EDUCATION FOR DISABLED PERSONS, WITH EMPHASIS ON
VISUALLY-HANDICAPPED AND HEARING-IMPAIRED INDIVIDUALS**

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The nature and extent of tertiary education facilities for disabled people, with emphasis on visually-handicapped (VH) and hearing-impaired (HI) persons in two ASEAN countries- Singapore and Malaysia- will be discussed in this paper. The importance of higher education for 'handicapped' individuals is based on the premise, firstly, that every disabled person like his non-disabled counterpart has the inherent right to education and hence to develop to his/her full potential and, secondly, post secondary education enhances social mobility.

Methodology of the Study

Data for this paper was obtained through library research, interviews with selected staff and students and mailed questionnaires. Letters were dispatched to the following tertiary institutions in Singapore:-

- (1) Institute of Education
- (2) La Salle College of Arts
- (3) Nanyang Academy of Fine Arts
- (4) Nanyang Technological Institute
- (5) National University of Singapore
- (6) Ngee Ann Polytechnic
- (7) Singapore Polytechnic

There was 100 per cent response from the above-mentioned Singapore higher educational institutions.

The following corresponding Malaysian tertiary institutions were contacted through official correspondence:-

- (1) International Islamic University, Petaling Jaya.
- (2) MARA Institute of Technology, Shah Alam.
- (3) Universiti Kebangsaan Malaysia (Malaysian National University), Bangi.
- (4) Universiti Malaya (University of Malaya), Kuala Lumpur.
- (5) Universiti Pertanian (Agriculture University), Serdang.
- (6) Universiti Sains Malaysia (Malaysian Science University), Penang.
- (7) Universiti Teknologi Malaysia (Malaysian Technology University), Skudai.
- (8) Universiti Utara (Northern University), Kedah.

Six out of the eight Malaysian tertiary institutions responded to the questionnaire, giving a 75 per cent response rate. Only the MARA Institute of Technology and Universiti Sains Malaysia did not respond.

Face-to-face interviews or telephone conversations were conducted with the following persons on the topic of this paper:-

- (1) Mr Daniel Gwee, Executive Director, Singapore Association for the Deaf (SAD).
- (2) Miss Cheah Sou Mooi, Principal, SAD.
- (3) Miss Florence Seah, Social Worker, SAD.
- (4) Mr Sim Kah Yong (Visually Handicapped), Social Worker, Singapore Association of the Visually Handicapped.
- (5) Mrs Gloria Chan, Chief Assistant Registrar, Academic Administrative Unit, University of Malaya.
- (6) Mr Ahmad Kamal Ariffin (Visually Handicapped), M.A. student, 2nd year, University of Malaya.

Review of Related Literature

A computer search of ERIC materials by Ong (1990), *Tertiary education for the blind and the deaf* for the period 1983 through December 1989 reveals 40 related publications. None of these deal with higher education of disabled populations in Singapore or Malaysia. They include a coverage of 36 (90%) sources from the U.S.A., 3 (7.5%) from Canada and 1 (2.5%) from U.K.

Locally published materials on the topic are virtually non-existent. Fraser's (1989) *Some aspects of Special Education in Singapore* makes no mention of tertiary level disabled students in Singapore. An M.Ed level thesis by Wong (1979) dealt with the academic achievement and hearing-impaired students only at the secondary school level in Singapore.

However, Gwee (1988) cited six HI Singapore students studying in the local Polytechnics and one having graduated from the Singapore Ngee Ann Polytechnic.

Regarding higher education for VI and VH students in Malaysia, Chua (1976) documented the first and other VI Malaysian students to be admitted into a local university- the University of Malaya-in 1970. In April 1983, Chua presented a paper on special education at the secondary and tertiary levels in Malaysia at the 7th Asia & Pacific Conference of Rehabilitation International. Ismail (1983) highlighted the plight of Malaysian VI persons, including those with local degrees to obtain jobs commensurate with their qualifications. Towards the end of the same year, Chua (1983) presented a paper *The Promotion of Equalization of Opportunities by Consumer and/or Self-Help Organizations of Visually Handicapped People* at an Asian Conference in Singapore, in which he noted that only 1.7% of Malaysian VI students were in post-secondary education, compared to 4.0% for the sighted population. Concerned with employment opportunities for Malaysian blind graduates, Wong (1984, 1985) documented some recommendations to overcome this problem.

Findings of the Study in Singapore

The number of disabled students studying in seven higher education institutions in Singapore is very small.

Table 1
Enrollment of Disabled Students in Tertiary Institutions in Singapore 1989/90

	Sub- Total	VH	HI	PH	Total Enrollment	% Disabled
1 Institute of Education (IE)	0	1	0	1	1331	0.08
2 La Salle- A College of the Arts	0	5	0	5	450	1.11
3 Nanyang Academy of Fine Arts	0	0	0	0	1916	0.00
4 Nanyang Technological Institute (NTI)	0	0	1	1	5475	0.02
5 National University of Singapore (NUS)	5	5	10	20	14645	0.14
6 Ngee Ann Polytechnic (NAP)	2	3	1	6	11341	0.05
7 Singapore Polytechnic (S Polly)	0	0	0	0	14913	0.00
Total :	7	14	12	33	50071	0.07

N.B. VH = Visually Handicapped
HI = Hearing Impaired
PH = Physically Handicapped

With reference to Table 1, the total number of disabled students, comprising the visually-handicapped (VH), the hearing-impaired (VI) and the physically handicapped (PH) in Singapore, for the academic session 1989/90 is 33, representing only 0.07 of the higher education student population. The HI students comprise the biggest disabled group (42.4%), followed by the PH (36.4%) and finally, the VI (21.2%). Based on estimated prevalence rates of these three disability groups, the PH should have the highest proportion of disabled students enrolled (Chua, 1976).

Profiles of Enrolled Tertiary Level VH Students in Singapore

Based on responses from six VH students from NUS, the students were aged 17-23 years on admission with the median age at 20.3 years. Three of them used braille while the remaining three used large print material. One student came from a large family of 7 brothers and 4 sisters and another with 5 siblings, with 4.6 siblings as the average. None of them had another sibling who was blind. The fathers' occupations of four of them included an administrative officer, a farmer, an assistant to a food hawker and a shop owner, while one guardian was an engineer. The partially-sighted student was mainstreamed at both the primary and secondary school levels, while the three *blind* students studied at the residential Singapore School for the Blind, followed by a resource-room cum-integrated programme at Ahmad Ibrahim Secondary School.

VH students currently studying at NUS do not include only the technically blind (i.e., total loss of vision, partial sight up to 6/60 in the better eye, and/or tunnel vision) but also one case of optic atrophy in only one eye, another with amblyopia in one eye, and one with astigmatism-cum-squint.

The fields of study currently pursued by VH students in Singapore tertiary institutions are mainly the humanities, with four students (25%) opting for Sociology, two each for English Language and Political Science, two students for Accountancy, one in Business Studies, one in International Marketing, one in electrical engineering and one in the B.Sc. programme.

Profiles of Enrolled Tertiary Level HI students in Singapore

Based on responses from 15 HI students, the age of admission into tertiary institutions ranged from 18 to 24 years, with 20.9 years as the median, marginally older than that of the six VH students but expectedly older than non-disabled students who normally enter the university or college at 18 years of age. The two or more additional years of schooling are necessary for VH and VI students to catch up with their non-handicapped peers.

The number of siblings range from 1 to 5 with a median of 3.1, with four families who have one additional deaf sibling each, which may suggest hereditary deafness as a possible result of marriage between close relatives. The fathers of seven of the HI students (46.7%) may be said to be in the mid or upper SES class (one is an accountant, four are business executives/businessmen and two are shop owners). One father is deceased with three retirees.

Four of the 15 HI students (26.7%) went through mainstreaming at both primary and secondary levels, with two of them using oral-aural system of communication and two Total Communication (T.C.). Of the remaining 11 students, 10 (91.0%) attended the Singapore School for the Deaf and one student was from the Canossian School for the Hearing Impaired for their primary education, followed by mainstreaming at the secondary level. All 11

students professed to use T.C. or Sign Language as the mode of communication, in addition to written language.

The range of subjects taken by tertiary level HI students varied, with a focus on electrical engineering (7 students or 50%). Two (14.3%) opted for graphics and one each in Computer Science, Physics, Building Services Engineering, and a professional Certificate in Special Education.

Special Admission Criteria and Facilities for Disabled Students in Singapore Tertiary Institutions

Information on this has been collated both from responses from the Registrar's Office and from students themselves. No institution has any restrictive admission criteria for disabled applicants. The only condition is that they must meet the same academic criteria as non-disabled applicants. NUS particularly has some special facilities for VH students, such as extra lighting, enlarged print and braille of examination papers, and extra time for examinations. NAP also provides enlarged print and additional time for its VH students. There are no special provisions for HI students except that they are encouraged to sit in the front row

of lecture rooms to optimize lip reading/speech reading. Wheel-chair students in NUS, NTI and NAP have full accessibility to their libraries and canteens/cafeteria (SCSS, n.d.) In addition, classrooms/lecture rooms and sports facilities are accessible to wheel-chair users at NAP, while only the classrooms/lecture halls and canteen/cafeteria at the Singapore Polytechnic are accessible.

Findings of the Study in Malaysia

Disabled tertiary students in Malaysia are confined almost entirely in one institution, i.e., the University of Malaya, with the VH (20 out of 38 or 51.4%) forming the largest single disabled group, followed closely by the PH (43.2%). However, the total number of VH, HI or PH tertiary level students is still extremely small - only 37 representing 0.07% of the total higher education student population.

Based on the computer printout of VI students in the 1989/90 session and interviews at the University of Malaya, the vast majority - 16 out of 20 students (80.0%) are in the Faculty of Arts and Social Science, followed by three students (15%) in the Faculty of Economics and Administration and one partially-sighted student in the Faculty of Science. Five of these VH students are pursuing post-graduate degrees, four at the M.A. level and one at the Ph.D. Level, having obtained their first degrees at the same university.

The nine University of Malaya PH undergraduates also focus their studies in the Arts and Social Sciences (77.8%) with 22.2% in the pure sciences. Incidentally, the two PH Science students are handicapped in the lower limbs, while the remaining seven Arts students are all disabled in the upper limbs, as categorized by the university administration. Regarding the two HI students, one is studying in the Science Faculty and the other in the Faculty of Arts and Social Sciences.

Table 2
Enrollment of Disabled Students in Tertiary Institutions in Malaysia, 1989/90

	Sub- Total	VH	HI	PH	Total Enrollment	% Disabled
1 International Islamic University	0	0	2	2	900	0.22
2 Universiti Kebangsaan Malaysia (National University of Malaysia)	0	0	5	5	10600	0.05
3 Universiti Malaya (Univ. of Malaya)	20	2	9	31	10684(a)	0.29
4 Universiti Pertanian Malaysia (University of Agriculture, Malaysia)	0	0	0	0	8920(a)	-
5 Universiti Sains Malaysia (University of Science, Malaysia)	0	0	0	0	10862(a)	-
6 Universiti Teknologi Malaysia (University of Technology, Malaysia)	0	0	0	0	8233(a)	-
7 Universiti Utara Malaysia (Northern University, Malaysia)	0	0	0	0	1878(a)	-
Total :	20	2	16	38	52077	0.07

N.B. VH = Visually Handicapped
HI = Hearing Impaired
PH = Physically Handicapped

(a) Information Malaysia 1989 Yearbook. Kuala Lumpur. Berita Publishing, 1989, 503-507.

Profiles of Enrolled Tertiary-Level VH Students in Malaysia

All the four male students out of the five VH higher degree students at the University of Malaya responded to the questionnaire (Appendix C). The Ph.D. candidate is a male aged 23 years, with total loss of sight, doing Malay Literature through a research dissertation without any course work, patterned after the U.K. educational system. Like many other VH students in Malaysia, he studied at a residential special school for the blind at the primary level - St. Nicholas in Penang - before being mainstreamed at the secondary level - High School, Setapak, Kuala Lumpur. Subsequently he completed his B.A. Honours and M.A. at the University of Malaya. He comes from a large family of four brothers and four sisters, he being number two among the siblings and the only one who is blind. His father has retired from active work and his mother is a home-maker. He is provided with a private karek in the University Main Library, where he keeps his braille, typewriter, cassette tape recorder and braille materials.

The other three VH higher degree candidates pursuing their M.A. degrees also come from large families, with 4, 6, and 7 siblings. In one of these families, there are three siblings who are blind out of a total of six and in another, two out of seven are VH! Two are reading History and one in Sociology, all having graduated with B.A. Honours degrees from the same university -University of Malaya. The MA programme is also research based through dissertation (without any course requirements). The ages of these three higher degree candidates range from 25 to 29 years.

Responses from the nine VH undergraduates reveal the following information:-

- (1) All are male students.
- (2) Their ages range from 21 to 31 years, with a mean of 24.7 years.
- (3) Four have total loss of sight, two with light perception, another two with partial sight up to 3/60 and one has tunnel/ pin-point vision.
- (4) All are pursuing social science-based subjects, i.e., Malay Studies (3 students), History (3 students), Economics (2 students) and Islamic Studies (1 student).
- (5) The number of siblings range from 0-11, with a mean of 6.3.
- (6) There appears to be some evidence of genetically-based visual impairment. Four out of these nine families have at least another sibling who is VH. In one family of nine siblings, these have limited sight to warrant being classed as technically blind (up to 6/60 vision).
- (7) The occupations of the students' fathers vary. There are four farmers, one drug rehabilitation officer, one police officer, one salesman, one retired farmer, with one deceased.

There is only one reported case of a HI undergraduate at the University of Malaya. He is a third year Chinese Studies student, aged 25 years, in the Faculty of Arts and Social Science. He describes himself as moderately hearing impaired and wears an electronic hearing aid. He has gone through regular schooling at the Catholic Primary and Secondary Schools in Malacca. He has another brother who is hearing impaired and three hearing sisters, he being the youngest in the family. His father has retired and his mother is a home-maker.

Special Admission Criteria and Facilities for Disabled Students in Malaysian Tertiary Institutions.

All responding higher education institutions report that there are no special admission criteria for disabled students. They only need to have the same academic qualifications as the non-disabled for admission.

Regarding special facilities for disabled students, especially the VH, the University of Malaya appears to be the only tertiary institution that has special facilities for the VH, including the following:-

- (1) Special individual karels in the Main Library, where VH students can keep their bulky braille notes, brailers, cassette tape-recorders and cassette tapes.
- (2) Every year, the VH students are encouraged to meet to elect a student co-ordinator whose main duty is to solicit sighted volunteers from within and outside the university to read to VH students who may tape-record the reading or transcribe it directly into braille with their own brailers or those on loan from the University. The reading is done with much privacy in the karels, allocated to the VH.

(3) Some braille books on education law, economics and certain basic texts are available for use by VH students.

(4) A CCTV has been installed in one of the karels for use by partially-sighted students.

(5) A talking typewriter, a donation from the Kuala Lumpur Rotary Club, is at the disposal of students.

(6) The Registrar's Office works with the Malaysian Association for the Blind to braille examination papers and to transcribe students' brailled answers into print for marking by the course lecturers.

(7) VH students can audio tape lectures after they have obtained permission from the course lecturers. At first there was reluctance from some lecturers to give such approval but subsequently they agreed to meet the special needs of the students.

(8) The University administration also provides free audio-cassette tapes and some braille paper to the VH students.

(9) The main library has a special audio-cassette recorder that can speed up the duplication of recorded material.

(10) It has also a speech compressor to speed up a recording without having to suffer changes in pitch or a Donald Duck's voice effect.

(11) Special consideration is given to disabled students applying for student loans to pay for tuition, board and lodging and other fees.

(12) The Main Library and some canteens have been made accessible for wheelchair users. A couple of years ago, a special expensive self-operated lift was installed beside a flight of stairs to connect two adjoining floors in the Main Library for the specific use of wheelchair-bound students and one PH librarian.

Recommendations

Although there are some facilities and services for disabled students in tertiary institutions in both Singapore and Malaysia, more could be done. Among the steps that could be taken to improve existing facilities and services include the following:-

(1) A disabled student services unit should be set up in the Registrar's Office to respond to the special needs of disabled students. It should be headed or assisted by someone who has had some professional qualifications or experience in dealing with disabled students. The functions of this unit should include the following:

(a) to suggest more appropriate criteria for identification of disabled students,

(b) to provide special help during registration and orientation of new disabled students,

(c) to provide special counselling and career guidance,

(d) to make specific recommendations to the relevant authorities to provide greater accessibility to classrooms and other buildings in the campus, student and staff lodging, to transport, to social recreational and cultural activities,

(e) to ensure and co-ordinate the recruitment of sighted readers for the VH, language interpreters for the HI and the purchase and maintenance of special equipment and apparatus.

(2) More sophisticated hardware should be made available for use by disabled students. For the VH, the following pieces of equipment should be acquired:-

(a) The Kurzweil Reading Machine, which uses a computer to convert print directly into synthetic speech.

- (b) The Optacon which enables a blind student to read print by simultaneously converting a print image to a vibrating tactile image which can be felt with the index finger.
- (c) The VersaBraille, a self-contained braille and audio information system. (Chua, 1986).
- (3) Sign interpreters for HI students who request for them to conduct simultaneous signing of lectures and tutorials.
- (4) All buildings within the university/college campus should be made accessible to wheelchair users.
- (5) Loans should be made available to disabled students who need to buy special equipment (which is not required by non-disabled students,) e.g. brailers and braille paper audio-tape recorders, audio tapes and typewriters for the VH, wheelchairs and specially modified motorised vehicles for the PH.

Conclusion

Both the government and the private sectors should play a greater role in opening the door of higher education to disabled students who qualify academically or vocationally to be admitted into tertiary institutions. One should not just pay lip-service to the fact that disabled students should have equal access to higher education as non-disabled students. However, the equality of educational opportunity must not be interpreted as equal treatment or the same educational facilities but must be interpreted as an equal chance to develop their full potential. One has to be reminded that 'There is nothing so unequal as the equal treatment of unequals,' (NEA, 1960).

The writer wishes to acknowledge his thanks to all who have contributed in one way or another to the writing of this paper, especially to:

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BOOK REVIEWS

Jungian Sandplay: The Wonderful Therapy
by Joel Ryce-Menuhin.
Published by: Routledge, London and New York
Year: 1992. Pages: 128.

Reviewed by Mircea A. Munteanu, U.B.C.

A vehicle of psychotherapy based on Jungian analysis, sandplay can be best understood as an expression of the archetype of the child. As such, the term was first coined by Dora Kalff (Sandspiel, 1966) who can be considered the founder of this psychotherapeutic technique, although the history of using play in the treatment of disturbed children and adults goes further back in time.

H. G. Wells's (1911) *Floor Games* tells of the elaborate play activities in which the author and his two sons engaged themselves, building cities and *wonderful islands*. Wells's contribution to the field, particularly with the recognition of the importance of creative imagination in the process of individuation, lead to the elaboration, by Margaret Lowenfeld, of the *world technique* (Lowenfeld, 1935) and, thence, to Dora Kalff's sandplay. C. G. Jung's own *building game*, in which he erected a village on the shore of Lake Zurich, is sometimes seen as a forerunner of sandplay. As Clare Thompson indicates (in Bradway, et al., 1990), at about the same time as Lowenfeld, though independently, Melanie Klein also introduced the idea of play in child therapy, which, in turn, influenced Winnicott and Erik Erikson.

The Jungian analyst Joel Ryce-Menuhin trained with Dora Kalff and is now the leading exponent of sandplay in Britain. His recent book entitled *Jungian Sandplay: The Wonderful Therapy* (1992) is an outstanding contribution to the theory and practice of sandplay, ultimately to psychotherapy in general.

The introductory chapter provides a brief explanatory history of the sandplay therapy. It is important to stress out that Joel Ryce-Menuhin is a declared disciple of Dora Kalff's and was once her *patient*. Hence, the account provided by Ryce-Menuhin follows the lines established by the very founder of this projective approach to psycho- dynamic therapy.

Basic theoretical concepts in Jungian therapy and sandplay are discussed in the second chapter. Sandplay therapy is set against the broader context of the universal psychology of play and symbol. Using a variety of figurines and miniatures, and placing them in a sandtray, as well as by shaping the sand into dunes and valleys, the client/patient expresses archetypal images projected from the unconscious. To do away with words, during the therapeutic session, appears to be a benefit not only for the verbally inadequate, but also for the oververbal intellectual. As Ryce-Menuhin puts it, *sandplay can sometimes lead to an immediate expression of problems freed from verbal defences which can hold up progress if not expressed early in a therapy* (p. 13). Even when sandplay is used in parallel with verbal therapy, *the ambiguities of language are only added after the sand-image has been completed and this fact helps to evade some of the misunderstandings verbal therapy is always in danger of at the onset of its dialogue* (pp. 12-13).

Sandplay offers the patient a *free and protected space* in which, as Jung writes, *the creative activity of imagination frees man from his bondage to the 'nothing-but' attitude and raises him to the stature of one who plays* (Jung, 1954, p. 46).

More details about the materials used and the sandplay room are given in chapter 3. Important comments on the issues of transference and counter-transference complete this more theoretical part of Ryce-Menuhin's book.

What may be considered the heart of the book are the four case studies presented in chapter 4, illustrating the range and effectiveness of sandplay in clinical setting. They include: 1) A man matures in time to avoid a midlife crisis; 2) A young man is healed of traumatic childhood ego damage; 3) A mature woman in grief works through her mourning process; and 4) A young girl enters puberty as her parents divorce.

Actually, practical evidences for the use and effectiveness of sandplay therapy are offered throughout Ryce-Menuhin's book. As a projective technique, sandplay therapy knows no barriers of age, gender, or language. In agreement with Piaget's observations on the importance of play during the development stages of both understimulated and overstimulated children, the use of sandplay has scored encouraging results in the treatment of child disorders ranging from autism (particularly due to the non-verbal character of this type of therapy) to hyperactivity and aggression. Sandplay has also been successfully applied in relation to depression, obsessive disorders, developmental problems in children, child abuse, hysteria.

References are made to successful interventions with adults. In addition to some of the conditions already mentioned for children, sandplay therapy with adults has been used in dealing with neurosis, frustration, mourning and grief, loss, separation, childhood traumata, midlife crisis, psychosis, difficulties with relationships, low self-esteem, stress, as well as in the diagnosis of cancer patients.

The last chapter includes the author's original and controversial new theory of the psyche as it maps into the sand. Further avenues for future research and application of sandplay are suggested and the appendices provide valuable information on the basic sandplay equipment, guidelines for training to become a sandplay therapist, and a note on Ryce-Menuhin's British Sandplay Group.

Published under excellent graphic conditions, the paperback volume includes 33 colour plates illustrating the case studies.

To conclude, Ryce-Menuhin's Jungian Sandplay stands out as a highly valuable contribution to the development of this increasingly popular therapy. The volume is, perhaps, the most recent synthesis in the field, coming from one of the most outstanding authorities in sandplay therapy today and aiming at both the beginner and the advanced reader.

As to the therapeutic value of sandplay itself, the author's own words will best do it justice:

One of therapy's most powerful tools, sandplay stands alone for its inspiration towards, and alignment with, archetypal and personal projections of a differentiation that is outstanding among the projective therapies. A healing therapy of diagnostic and psycho-therapeutic excellence, sandplay is indeed a wonderful therapy (p. 106).

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Feuerstein, R., Rand, Y., & Reynolds, J. (1988). *Don't accept me as I am: Helping 'retarded' people to excel*. New York & London: Plenum Press.

Reviewd by Sui-Kui Lay, U.B.C.

Since Reuven Feuerstein's first book in 1979, the concept of dynamic assessment has gained increasing attention as an alternative to standard intelligence tests as measures of children's ability to learn. The term *dynamic assessment* covers a number of approaches that feature guided learning for the purpose of determining a learner's potential for change and planning for appropriate educational goals. This book is the latest volume of Professor Feuerstein's work to set forth, for both the general public and professionals, the steps of mediated learning and how they may be applied to children with mental retardation and Down Syndrome. This invaluable contribution is the effort of three scholars devoted to the remediation of retarded performers, one of whom is the father of a girl with Down Syndrome.

The book is organized into 13 chapters. The first two chapters describe the authors' philosophy of their structural cognitive modifiability (SCM) theory: human beings are modifiable. It is necessary for the teacher to be convinced that *the individual I am educating is modifiable*, and to be able to convince children of that fact as well. As suggested by the title of the book, *Don't accept me as I am*, there is also the challenge: *Make me a partner in this activity of modifiability. Do it through me, and with me. Don't do it for me* (p. 63).

In chapter 3, a dynamic, interactive, assess-mediate-assess approach called Learning Potential Assessment Device (LPAD) is introduced. The idea here is to try to take the individual through a series of cognitive tasks in a test-teach-test fashion and thus determine how the youngster learns in terms of strategies used in order to design appropriate educational programs. Chapter 4 and 5 outline the attributes of mediated learning experience (MLE), a theory that suggests that cognitive deficiencies can be corrected if a knowledgeable adult, usually a parent or a teacher, intervene between the youngster and her and his environment. Chapter 6 describes conditions under which MLE fails to occur.

Chapter 7 tells an encouraging story of a girl with Down Syndrome. Chapter 8 emphasizes the importance of early education for children with Down Syndrome and Chapter 9 states that social acceptance and community integration are also essential for a successful intervention. Chapter 10 introduces a new practice (at least it is new to me) - Reconstructive Plastic Surgery (RPS) - physically changing the characteristic facial features of Down Syndrome. The main purpose of the surgery is to reduce the saliency of the characteristic physical stigma of Down Syndrome - fostering social integration and normalized life conditions.

Chapter 11 is in fact a brief technical manual of the instrument LPAD. Chapter 12 is Feuerstein's intervention program, Instrumental Enrichment (IE). The program is based on his theory of structural cognitive modifiability through MLE, its goal is to enhance the learning potential of the individual through a sequence of interactions between the adult mediator and the child. The final chapter concludes with the need to modify society as a whole.

I personally think that it is an inspiring volume for any parent or professional whose life touches an individual with mental retardation or Down Syndrome. I am greatly impressed by the authors' belief in human modifiability. It had been my belief that the best hope for a mentally retarded is to live a functionally independent life, job satisfaction and prospect, marriage etc. are out of the question. The stories of the special girl and many other individuals bring new hope although the concepts of MLE, LPAD and IE are not new. The readers are modifiable too. Progress cannot be made by a miraculous instrument, but rather by great investments of time, effort, patience, commitment and limitless love for the children. What kinds of training required for a qualified mediator? This remains to be answered.

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