• Commonwealth of Kenty

EDUCATIONAL

BULLETIN

EXCEPTIONAL CHILDREN

State Plan — Revised 1956

- BLIND
- CRIPPLED
- DEAF
- HARD OF HEARING
- MENTALLY RETARDED
- PARTIALLY SEEING
- SPEECH IMPAIRED

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ROBERT R. MARTIN

Superintendent of Public Instruction

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FOREWORD

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 This Educational Bulletin contains the revised State Plan for the organization and implementation of the State-wide instructional program for exceptional children. It is based upon the 1948 Special Education Act (as amended), the 1956 amended Foundation Program Law, the Budget Law, and State Board of Education Regulations.

In studying the Bulletin, you will find classifications of exceptional children, principles of administration and supervision, as well as teacher qualifications, based upon nationally accepted educational trends of school organization and administration related to special education. Further, the State Plan specifically indicates children with exceptionalities who may be included in special instructional units, pupil-teacher ratios for each class of exceptional children in approved classroom units, and appropriate school placement. Consideration of these and other factors lead to a sound orderly approach to and provision of at least a minimum instructional program for children with exceptionalities.

Robert R. Martin
Superintendent Public Instruction

INTRODUCTION

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Beginning with the 1948 Special Education Act which provided a small Legislative appropriation, Kentucky, for the first time, gave more pointed recognition to State responsibility in the provision of instruction and facilities for children handicapped by physical disabilities and mental retardation. When the Foundation Program Law was passed in 1954 and revised in 1956, guarantees were established for all Kentucky school children and broader provisions were made for Special Education to meet the needs of physically handicapped and mentally retarded children by permitting the establishment of classroom units on a State-local partnership basis.

When the allotment of funds for classrooms units for exceptional children is made, consideration is given to (1) community need for instructional services for exceptional children and (2) approved teachers whose professional preparation qualifies them as special teachers in the classification of exceptionality in which the teaching is to be done. In addition, the same ratio of funds is allocated for special education units with respect to capital outlay and other current expenses, as for regular classroom units for non-handicapped children.

The establishment of instructional services for exceptional children is based upon the recognition that there are wide deviations or differences among children in their physical, mental, emotional, or social needs. Subsequently, it follows that an instructional program — organization of the program, housing facilities, instructional methods — must differ to meet fully the educational needs of children who deviate from the average to the extent that they require special instruction to develop their maximum potential.

COMMUNITY APPROACH

Local schools have major responsibility for determining which children possess moderate to gross deviations from the norm; how they deviate, to what degree they deviate, which children can profit from special education, and the service needed to provide special instructional classroom units. The identification of children and planning for their instruction can and should become a partnership between the school and the community. Leadership and service is available through the State Department of Education to determine proper and effective procedures.

Before a program of instructional services is initiated or put into operation Superintendents and local Boards of Education should ask themselves questions such as: Do we need special education facilities? Are we sure that the community is ready to accept the greater expense and necessary special provisions for a classroom unit for mentally retarded or physically handicapped children? Can we expect full and constant co-operation from parents, professional people such as doctors, social workers, and the like? Do we have or can we secure a qualified teacher for approval under the Foundation Program Law? How will the principal and regular classroom teachers respond to and accept a special service program? Does our community or a nearby community have resources such as a County Health Doctor and/or nurse? Are crippled children's clinics, psychological or mental hygiene clinics or services, and speech and hearing clinics available? Can we properly house these children?

Affirmative answers to these questions and others will go far in assuring a sound beginning and a continual progression toward a well established and functional program of instructional services for exceptional children.

DEFINITIONS

WHAT ARE INSTRUCTIONAL SERVICES FOR EXCEPTIONAL CHILDREN?

INSTRUCTIONAL SERVICES for exceptional children means classroom units designed to meet the educational needs of those children having severe physical handicaps or mental retardation and who cannot function in a regular classroom in public schools. Provision is made for instructional services additional to, or dif-

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ferent from those provided in the regular program. The experiences and activities provided parallel those for normal children as nearly as the handicapping condition will permit.

WHO ARE THE EXCEPTIONAL CHILDREN NEEDING SPECIAL INSTRUCTIONAL SERVICES?

EXCEPTIONAL CHILDREN are children who deviate from normal because of severe physical or mental differences and must have special provisions made for them. Exceptional children are defined and classified as:

• Children who have sufficient loss of vision to the extent that it is not practical or it is not safe for them to be educated in the regular classes, or in a sight-saving class. The usual classification is a Snellen reading of 20/200 after correction in the better eye. Referral may be made to the Kentucky School for the Blind. BLIND

Children who are so handicapped through congenital or acquired defects (including cerebral palsied) in the use of their bodies as to be unable to function with normal children of the same age. These children are provided for in crippled children's classes within an elementary or secondary school building.

CRIPPLED

 Children whose hearing loss is so severe after all necessary medical, and/or surgical treatment, and/or use of hearing aids that it does not permit them to understand ordinary conversation under normal circumstances. These children are eligible for classes for the deaf or they may be referred to the Kentucky School for the Deaf.

DEAF

• Children who have a hearing loss of 20 decibels or more in at least two frequencies in the speech range, or a loss of 30 decibels in one frequency in the speech range, in the better ear shall be considered as hard-of-hearing. These children may need full-time special class service or they may remain part of the time in the regular classroom with the services of a person trained in the teaching of lip reading, in teaching children to develop auditory perception, and in methods of teaching speech and language development.

HARD OF HEARING ences early

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from must n are • Educable mentally retarded children shall be defined as those who have moderate mental retardation, who cannot profit from the regular curriculum and, therefore, require a special curriculum to provide for educational, social, and vocational needs. The I. Q. range for educable mentally retarded children is generally considered to be 50-75. (American Psychiatric Association Classification for Educable Mentally Retarded Children.)

Severely mentally retarded children require a program for trainable children and may not be included in classroom units for educable mentally retarded children. The I. Q. range generally accepted for severely retarded children is 35-50. (American Psychiatric Association Classification for Severe Retardation.)

- Children having a visual acuity of 20/70 or less in the better eye after surgery or treatment has been given and necessary compensating lenses provided are considered to be partially seeing. Such children must, however, have enough vision to make it possible for them to use vision as the approach to learning. In addition, children with visual deviations such as progressive myopia who, in the opinion of the eye specialist, can benefit from special education facilities provided for the partially seeing may be classified as partially seeing and may be enrolled in special facilities for these children.
- Children may have certain illnesses which prevent them from attending regular classes. Examples of such illnesses are epilepsy, rheumatic fever, asthma, nephritis, hemophilia, and other conditions diagnosed by an appropriate medical authority. These children may be on home instruction programs or in special classes for children with special health problems and even, in some instances, in classes for children with crippling conditions.
- Speech is impaired when it is not appropriate for the age, sex, and mental development of the child, or when it interferes with communication, or when it causes the child to be maladjusted. These children are eligible for speech correction programs under the direction of a qualified speech correctionist who shall analyze and diagnose the speech impairment, its type of difficulty, make recommendations concerning and carry out the training program needed by each individual child.

MENTALLY RETARDED

PARTIALLY SEEING

SPECIAL HEALTH PROBLEMS

IMPAIRED SPEECH

WHAT IS A CLASSROOM UNIT FOR EXCEPTIONAL CHILDREN?

CLASSROOM UNITS FOR EXCEPTIONAL CHILDREN shall mean special instruction in a special class, home or hospital, provided (a) the teacher has special education preparation for the type of children enrolled in the unit, (b) the requisite numebr of bona fide physically or mentally handicapped children are in membership, (c) the physical facilities, equipment, materials, and curriculum are approved. Each classroom unit shall serve only one classification of exceptional children as described in the Criteria (Appendix, Page 286).

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WHAT IS A FRACTIONAL CLASSROOM UNIT FOR SPECIAL INSTRUCTION OF CHILDREN WITH EXCEPTIONALITIES?

FRACTIONAL CLASSROOM UNIT is a unit having fewer children than prescribed in the recommended pupil-teacher ratio. Such units may be allotted and certified on a basis proportionate to the minimum pupil-teacher ratio.

WHAT IS MEANT BY AN APPROVED TEACHER?

AN APPROVED TEACHER for classroom units for exceptional children shall have special preparation in a specific area of special teaching. This may be included in, or in addition to, a Bachelor's degree. For example, teachers of the mentally retarded will hold a Standard Special Education Certificate for Teachers of the Mentally Retarded. (See Certification Bulletin.)

It is expected that the teacher will devote a regular teaching day to instructional activities for exceptional children. In addition, the teacher may be assigned to a fair share of routine responsibilities of operating the school. However, in the assignment of routine duties, the class for exceptional children must not be left without supervision.

A portion of the teacher's time may be devoted to coordinating the program in the school system or in the community where other consultants or supervisors are not available for this important function.

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WHAT IS A TEACHING LOAD IN CLASSROOM UNITS FOR EXCEPTIONAL CHILDREN?

CLASSIFICATION	NO. CHILDREN PER UNIT (MEMBERSHIP)	
Crippled	12-20	
Deaf	8-12	
Hard-of-Hearing	10-25	
Mentally Retarded (educable)	15-20	
Mentally Retarded (trainable)	10-12	
Partially Seeing	10-20	
Special Health Problems	12-20	
Speech Impaired	75-100 per week	

Pupil-teacher ratios for home instruction units are determined by geographical distribution of pupils, travel conditions, preparation load for the teacher, and grade spread of pupils. The pupilteacher ratio for home instruction units is as follows: county areas, 8-12 pupils; urban areas, 12-15 pupils.

WHAT IS THE LENGTH OF THE SCHOOL DAY AND THE SCHOOL TERM?

SCHOOL DAY shall be the same as for non-handicapped (SBE 37-6, List No. 66) except when the child's handicap indicates a legitimate need for an adjusted day. Such changes shall appear on the application for tentative approval for classroom units for teachers of exceptional children. The school term shall be a minimum of nine 20 day periods (SBE 37-6, List No. 66).

WHAT IS MEANT BY APPROPRIATE HOUSING FACILITIES?

HOUSING FACILITIES shall meet the same general standards as for regular classrooms as stated in SBE-BG-FP-1 (List No. 66). In addition, housing plans should include needed facilities such as proper toilet arrangement, lunchroom service, special equipment and special materials according to the classification of exceptional children being served. Housing and equipment provisions shall be stated on the tentative application for classroom units for exceptional children before approval can be given.

It is expected that classroom units shall be located in elementary or secondary schools. In other instances, the location of the classroom unit must have approval from the State Department of Education and must meet the regulations for "temporary" quarters.

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WHAT IS A HOSPITAL INSTRUCTION UNIT?

HOSPITAL INSTRUCTION means classroom or individual instruction at bedside for children who are confined to hospital care but who, according to medical prescription, are well enough to participate in a limited special education program. Generally, the number of children in the unit at any one time will be the same as the pupil-teacher ratio for classes for crippled children or as for home instruction in urban areas.

PLANNING THE PROGRAM

To know the number of handicapped children in a school district and to recognize the need for instructional programs for handicapped children requires certain information. How many children with handicaps may we expect to find in the juvenile population in any community? What professional authorities should help assess the child's physical and/or mental handicap? What type of special education setting or school placement should be provided for children with handicaps?

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CLASSI- FICATION	RECOMMENDED PROFESSIONAL EXAMINER	RECOMMENDED SCHOOL PLACEMENT	APPROXIMATE NO. IN JUVENILE POPULATION
BLIND	Ophthalmologist	Kentucky School for the Blind; Public School Braille Class	1 in each 5000
CRIPPLED	Orthopedist, Pediatrician	Crippled Children class in elementary or secondary school home or hospital in struction; regular class if crippling is mild.	; 100
DEAF	Otologist Otolaryngologist Audiologist	Kentucky School for the Deaf; private residential school; class for severely hearing handicap- ped in elementary or secondary school	
HARD OF HEARING	Otologist Otolaryngologist Audiologist	Special class in elementary or sec ondary school; lip reading and audi- tory training while in regular class.	o 100 -
EDUCABLE MENTALLY RETARDED	Psychologist Psychometrician	Special class in elementary and/or secondary school	2 in each 100
SEVERELY (trainable) MENTALLY RETARDED	Psychiatrist Psychologist Psychometrician	Special class in elementary school or other approved facilities	1 in each 200
PARTIALLY SEEING	Ophthalmologist, Optometrist	Special class in elementary and/or secondary school	1 in each 500
SPECIAL HEALTH PROBLEMS	Pediatrician, Heart Specialist, Neurologist, Orthopedist, Family physician	Special class and/o Home instruction	r 1 or 2 in each 100
SPEECH IMPAIRED	Speech pathologist Speech therapist, Speech correction- ist, Audiologist	Remain in regula class with provision for speech correc- tion	n 5 or more in each

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ESTABLISHING A CLASSROOM UNIT

FOR EXCEPTIONAL CHILDREN

The school superintendent, representing the local Board of Education, has primary responsibility for initiating, establishing, and administering the instructional program for exceptional children in his community. The superintendent must clarify for the Board of Education and other administrative personnel that classroom units for exceptional children are not ASIS units but are allocated under KRS 157.360 (5). He, with others of his professional staff, community representatives, the leadership and consultation services of the State Department of Education, must determine the advisability and the means of providing this important part of the total instructional program. Should the unit or units serve exceptional children only from his district? Or, should he plan to develop a program so that it will serve a larger geographical area? Is it possible to plan a cooperative instructional program with adjoining school districts which have or which may be planning for facilities for exceptional children? If the latter, can he enter into an acceptable tuitional contract agreement with the servicing district? In solving these problems, consideration must be given to the actual steps in establishing and maintaining instructional classroom units for exceptional children.

Study juvenile population in the community to estimate the number of physically handicapped and/or mentally retarded children who should have opportunity in special education facilities. DETERMINE NEEDS FOR SPECIAL EDUCATION

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- Evaluate by medical examination and psychological assessment physical and/or mental condition of individual children.
- Select from medical, psychological, and school progress reports children who can profit from special education facilities. This is the function of the Admissions and Release Committee.
- Plan for each classroom unit for one classification or type of exceptional children. (See Criteria, Appendix, page 286).
- Survey classroom facilities to locate appropriate classrooms (central location; approved size, lighting, decoration, etc.).
- Survey possible teaching personnel to select well prepared and certified special education teacher.

SELECTION OF CLASS-ROOM

QUALIFIED TEACHER Prepare for the approval of the Board of Education a plan describing the program, physical set-up, teaching personnel, general policies, procedures, and rules of admission and release.

• Plan and carry out a program of community education to gain the acceptance and support of parents, organizations, agencies, principals, teachers, etc.

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 Provide for supervision of classroom instructional units for exceptional children. Include in-service training for supervisors, pupil personnel directors, building principals, and regular teachers.

 Select a committee, including the special teacher, to arrange for an adjusted curriculum or to design an instructional program specifically for the classification of exceptional children in the classroom unit. Consider special instructional materials and equipment needed.

• Request tentative approval of the State Department of Education for authorization of classroom units for the instruction of exceptional children by filling out the "Application for Tentative Approval for Classroom Units for Teachers of Exceptional Children" in accordance with KRS 157.360 (5). CLASSROOM UNITS FOR EXCEPTIONAL CHILDREN ARE NOT ASIS UNITS.

• Activate the classroom unit after receipt of "Tentative Approval" from the Department. Keep all records, curriculum plans, etc., readily available for audit by the Division of Education for Exceptional Children which in turn will certify the unit to the Bureau of Administration and Finance for continuation of the allotment of foundation funds to the district.

PROPOSED PLAN, BOARD APPROVAL

COMMUNITY EDUCATION

IN-SERVICE TRAINING

CURRICULUM, MATERIALS, EQUIPMENT

APPLICATION FOR UNIT

CERTI-FICATION OF UNIT

HOME INSTRUCTION

Since instruction for children who are home-bound differs from other special education facilities in aspects related to administration and supervision, the following guides may be helpful to school authorities who find it necessary to initiate home instruction programs. In all instances where the child can participate in another type of special education facility, and when other facilities can be provided, home instruction is to be avoided.

Home instruction provides for educational opportunity only for those children who are physically unable to attend regular schools. Children receiving home instruction should have sufficient intelligence to profit from this individualized educational opportunity.

PURPOSE

The medical statement should include medical diagnosis, prognosis, and such recommendations as the examiner cares to make. These medical reports should be on file in the Superintendent's office for audit at any time.

MEDICAL EXAMINATION

• The physical and educational needs of school age children who are to receive home instruction should be the determining factors in placing children in membership. There must be impartial assignment where physical and educational needs indicate that such assignment is advisable.

PLACEMENT

- Responsibility for the assignment of children to a home teaching program, in the final analysis, belongs to the Superintendent of Schools.
- Assignment should be made only when proper medical reports certifying that the child is unable to attend the regular schools, because of physical conditions, are presented by a qualified professional authority; reports should be received before placement is made.
- In determining which children are to receive home teaching, it will be generally understood that a child who is of school age and whose physical handicap will prevent him from attending regular school thirty days or more will be considered.
- When the child is homebound because of a communicable disease, the service cannot be offered.
- Children may be referred by doctors, public health nurses, teachers, parents, and others. To be effective, proper study of the child's needs should be made and a summary report supplied to the Superintendent. The Superintendent, in conference with the home teacher, the director of pupil personnel, and others whom he may wish to include, should determine on the basis of physical and educational needs whether or not the child is to be assigned to the home teaching program.

REFERRAL PROCEDURES

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• Attendance records should be kept for children on the home instruction program. There must be a regular record book with monthly reports on enrollment, withdrawal, and attendance, made to the director of pupil personnel of the school district. The home instruction program, in the case of reporting to the director of pupil personnel, is considered as a separate school.

ATTENDANCE RECORDS TION

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• A child enrolled in the home instruction program and receiving instruction on the basis of the minimum standard of two (2) visits per week is considered as being in school attendance five (5) days. Each visit should be a minimum of one hour. One visit per week is recorded as two and one-half (2½) days attendance. Attendance records kept by the home teacher should be maintained on this basis.

RECORDING ATTENDANCE

• Since the teacher in most instances is responsible directly to the Superintendent, there should be arranged in or near the Superintendant's office a place for her to work, make reports, write case summaries, etc. A specific and scheduled time for the teacher to report to headquarters is to be encouraged.

TEACHER HEAD-QUARTERS

• In most counties, travel conditions, the necessity of teacher preparation, and grade spread, means that the service is from eight to twelve children per teacher. In urban areas, teachers carry a service load of from twelve to fifteen children.

SERVICE LOAD

ADMISSION, RELEASE OF CHILDREN IN CLASSROOM UNITS FOR EXCEPTIONAL CHILDREN

Children with handicaps frequently exhibit wide differences of ability and maturity at the same calendar age level. There is need for special care, treatment, training and/or education as early as possible.

AGE RANGE FOR ENROLLMENT IN SPECIAL EDU-CATION UNITS

CLASSIFICATION

PHYSICALLY HANDICAPPED

5 and 21 years

MENTALLY HANDICAPPED

EDUCABLE TRAINABLE

5 and 21 years 5 and 21 years

What procedures are applicable to admission and release from classroom units for exceptional children?

The most advantageous manner of determining placement, admission, and release from special instructional services is the "Admission and Release Committee". The Committee should be made up of the following and may function in a group setting or by other coordinated plan:

ADMISSION, RELEASE

AGE RANGE

- 1. The Superintendent or local supervisor of Special Education.
- 2. The building principal.
- 3. A qualified psychologist and/or guidance counselor.
- 4. The special education teacher and the classroom teacher of the group where the child is enrolled.
- 5. Other professional personnel connected with the class or the individual child.

What factors should the committee consider?

The very nature of instructional units for exceptional children requires consideration of each individual child—his problem, his intellectual, social and emotional potential for growth toward maturity.

The Admissions and Release Committee should be assigned the responsibility for the child's examination by and reports from the appropriate professional authority recommended by and acceptable to the Superintendent of Public Instruction. In addition to the "examiner's" report and suggestions, "admission and release" from classroom units for exceptional children are based upon "Factors Pertinent to Placement and Release." Other factors not listed but related to the child's need for special education should be considered.

Further, if there is any question as to the child's status or his ability to profit from special education he should receive a reasonable trial period in the properly selected classroom unit for exceptional children before (1) final exclusion from school or (2) return to a regular classroom for full-time instruction.

FACTORS PERTINENT TO PLACEMENT AND RELEASE

- Is his vision after correction and/or treatment less than 20/200 in the better eye?
- Has the professional examining authority recommended braille?
- Is there evidence of average learning ability?
- Is there evidence of normal hearing?
- Is there evidence that he has achieved the ability to adjust to the group?
- Is he completely or partially able to dress and feed himself?
- Has consideration been given to the need for referral and placement in the Kentucky School for the Blind?

BLIND

• Is the child known to the Kentucky Crippled Children Commission? Or, is he under the care of a private orthopedic physician?

• Has he the intellectual capacity to learn?

• Has he achieved social and emotional maturity to the extent that he can socially adjust?

 Has he had or can he get satisfactory medical care and treatment to minimize his physical handicap?

 Is he completely or partially able to move about the classroom?

 Should the child be placed on a home instruction program or will enrollment in a special class for crippled children be more advan-

 Could the child attend regular school if transportation and other ancillary services are avail-

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Does the child need speech correction or auditory training?

 Is the child unable to use his hearing, even with an aid, in normal circumstances? What is the child's level of language and speech?

• Has he had medical care, a hearing aid evaluation? Should he wear a hearing aid to help improve his "hearing" and to stimulate the learning of language?

• Is he or can he become socially adjusted to the

Can he learn speech (lip) reading? Will auditory training be helpful?

Can a curriculum for language development,

etc., be provided?

• If the child has other handicapping conditions such as cerebral palsy, is it possible to arrange for the special care needed?

• Is the attitude of the regular classroom teacher with whom the child may spend a part of his day one of helpfulness, understanding, and acceptance?

• Can the child function in the regular classroom with special lip reading and language develop- HEARING

ment training?

 Is the attitude and acceptance of the regular classroom teacher such that she is willing to learn about, understand, and be helpful to the child with impaired hearing?

Will he need medical treatment to remove hearing loss; to prevent further loss?

• Has he had a hearing aid evaluation?

Will a hearing aid be helpful or prevent further loss?

With an aid will continued enrollment in the regular classroom be possible?

Will he benefit more by hearing normal speech than by hearing "deaf speech"?

CRIPPLED

HARD OF

• Does he need speech correction?

 Has he been a "repeater"; is he two years or more behind his age group?

• Has his intellectual capacity to master reading, writing and arithmetic been assessed by a qualified psychologist, psychological examiner or guidance counselor?

 Has he the potential ability to acquire second, third, or fourth grade achievement by the age

of sixteen?

- If the child is between the ages of 7 and 11 years and has a mental age between 4 and 8 can he be provided a primary pre-academic program; if between the ages of 11 and 14 with a mental age between 6 and 9 can a beginning academic program be planned; if the chronological age is 13 to 16 years and the mental age range is from 8 to 11 can instruction be planned to provide a working knowledge of tool subjects, health and physical needs, social and vocational needs?¹
- Is his speech and language adequate for most ordinary situations?
- Is there evidence that he can become independent or nearly independent socially and economically?
- Is his capacity so low as to make "academic" achievement unlikely?
- Has his intellectual capacity been assessed by a qualified psychologist or psychometrist; has he the capacity to learn self-care, social adjustment in the family and neighborhood; can he take, or develop the ability to follow, simple directions?
- Can he move about the home and in the school room independently and is he free from other major defects such as serious crippling, deafness, blindness, heart defects, etc.?

Is language and speech developed so that he can communicate his needs to others?

• Is his social adjustment and maturity such that he will not be a hazard to himself or others in the classroom and on the playground?

• Will special transportation be needed?

• Has the child been examined by an opthalmologist or optometrist; is his corrected vision between 20/70 and 20/200 in the better eye?

If his disability is myopia (nearsightedness) is the myopia progressive and is he wearing 3 or more diopters of lens; if he is under 10 years of age does he have more than 6 diopters of myopia? MENTALLY RETARDED (EDUCABLE)

MENTALLY RETARDED (TRAINABLE)

PARTIALLY SEEING

¹For reference on "General Attainments at Successive Periods in Pupils' Growth" see Christine P. Ingram, Education of the Slow Learning Child, Second edition: New York: The Ronald Press, 1953, Pp. 146-151.

 If he has corneal opacity (clouded) is his vision 20/50 or less in the better eye and if he has nystagmus (constant eye movement) is his vision 20/40 or poorer?

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 Is the child recovering from an eye operation, or does he have serious muscular imbalance for which he is under treatment, or is he recovering from diseases (such as measles or scarlet fever) or from other illnesses which have seriously affected his eyes?

 After correction or treatment does the child need to use large-type (12, 18, or 24 point) books, magnifying equipment, large-type typewriter, recording equipment under the direc-

tion of a special teacher?

 Does he have limited central vision or a narrow visual field; can he see the blackboard; can he be trained to use his hearing as a substitute for vision in doing close eye work?

 Are his intellectual capacities normal or nearly normal?

 Has the child been examined by the appropriate professional authority acceptable to the Superintendent of Public Instruction; is he under medical care and treatment to minimize or erase the health problem?

 Is the child physically unable to attend school because of muscular dystrophy, asthma, rheumatic heart, hemophilia, nephritis, etc.?

 Is it expected that he will be at home for approximately one semester or more?

Is his intellectual capacity normal or near normal?

If he is at home is there a "school room-athome" where the "home instruction class" is held?

When he becomes able to return to a special class or regular class can he, his family, and the school be prepared for his return?

 Is the child's intellectual capacity normal, nearnormal, or retarded (educable or trainable)?

 Does the child have repetitions, faulty sound production, voice deviations, and the like, more serious than slovenly speech production?

 Does his speech interfere with his communication to the extent that his school progress is less rapid than normal?

Does he have an organic defect such as cleft lip or palate?

Does he have a hearing loss?

 Is his home and school speech environment good? If so, have the causes for his deviation been identified and can the district provide special speech correction?

Will auditory and speech training be helpful?

SPECIAL HEALTH PROBLEMS

SPEECH **IMPAIRED**

ADMINISTRATION AND SUPERVISION OF CLASSROOM UNITS FOR EXCEPTIONAL CHILDREN

The basic responsibility for administering an instructional program for exceptional children falls upon the local superintendent of schools or his designate. The initiation and development of improved instruction for exceptional children is dependent upon the leadership and insight held by the local school personnel responsible for children with handicaps.

In the larger school units, supervisory functions may be delegated to one person. It is preferable that the supervisor have experience as a teacher in one or more areas of education for children with handicaps or have supervisory training, including study of the exceptional child.

There is a trend in smaller school units toward placing the principal in the role of "supervisor" whenever special education units are housed in an elementary or junior high school. Frequently, home and hospital instructional units are supervised by the Superintendent or a staff member designated by him.

In the supervision of educational programs for children with handicaps, attention must be given to locating these children, school placement, attendance and reporting the children with handicaps to the local pupil-personnel staff, as well as to the State Department of Education. Consideration of transportation, housing, curriculum, instructional aids, and counseling with parents is of prime importance in the development and maintenance of improved instruction.

However, the Superintendent and his coworkers must be alert to the possibilities of assistance from the State Department of Education which has two general and broad objectives: (1) to provide over-all leadership and LOCAL ADMINIS-TRATION gu

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STATE CONSULTA-TION AND SERVICE guidance and (2) to give specific service whenever possible. In meeting the leadership objective, the Division of Education for Exceptional Children is ready for consultation with individual superintendents and their staffs.

• To give interpretation of the instructional services required by handicapped children in each classification, the needed physical facilities, the importance and kind of special equipment and instructional materials and aids, and basic housing considerations.

 To prepare school personnel, parents, and the community for acceptance of educational provision for children with moderate to gross

deviations from the average.

The local school district, in asking the State Department of Education to fulfill the service objective, may secure helps from staff specialists in the

• Identification and classification of handicapped children in the school and the community.

 Preparation of materials of assistance to teachers, parents, Board members and the community.

• Implementation of a balanced in-service program dealing directly with instruction of handicapped children for all school personnel.

- Clarification and use of "lines of communication" making possible assistance from related organizations in care of handicapped children, e.g., Crippled Children Commission, University of Kentucky Speech and Audiology Clinics, Kentucky Schools for the Deaf and Blind, Kentucky Training Home (mentally deficient), and others.
- Evaluation of the various classroom units for exceptional children in school districts providing special education services.

In general, classrooms for instructional units for exceptional children must meet requirements as stated in SBE-BG-FP-1 (List No. 66). However, other specific considerations are necessary.

 Central location within the district or specific community to minimize transportation costs and to serve the maximum number of children is desirable. BASIC HOUSING CONSIDER-ATIONS • Elementary schools or twelve grade schools are best as centers for the elementary school age handicapped child.

 Twelve grade, junior high, or secondary schools provide most opportunity for junior-high or secondary school age children with exceptionalities.

 Classrooms should be located within the building to provide maximum contact with nonhandicapped children of the same age group.

 Classrooms at least as large as for a regular group of non-handicapped children are needed.

• Classrooms on first floor near entrance unless elevators or easy ramps are provided; if steps are used they must be sturdily built and equipped with handrails.

• Toilet facilities, a drinking fountain, provisions for rest and facilities for speech correction, occupational or physical therapy, should join the classroom or be easily accessible.

• Lunchroom facilities should be on the same floor if possible.

• Large storage space is desirable.

Classrooms at least as large as those for regular classes and located in a quiet wing of the building are most desirable.

 A "red flasher" rather than a sound gong for fire warning is a more effective danger signal.

 Proper room exposure to secure constant natural light without glare enhances opportunity for speech (lip) reading.

 Artificial light, 50 foot-candles, properly diffused is recommended.

• Large storage space for materials is necessary.

 Classrooms for mentally retarded children, both educable and severely retarded, should be at least standard size.

• Classrooms should be located so as not to segregate the mentally retarded children from non-handicapped children.

 A work bench, sink with running water, convenient electric outlets, and tool cabinet should be provided in addition to large storage space.

Rooms should be of standard size or larger.

• The location within the building should provide for maximum natural light well diffused and controlled to avoid glare; artificial light, 50 foot-candles, is recommended.

• Light buff or gray transluscent window shades mounted at center of window, one pulling up and one down, and of sufficient width to avoid "side light streaks" should be used.

CLASSROOMS FOR CRIP-PLED

CLASSROOMS FOR DEAF AND HARD OF HEARING

CLASSROOMS FOR MENT-ALLY RETARDED

CLASSROOMS FOR PAR-TIALLY SEEING • Room decoration consists of white ceiling, walls of light tints, woodwork of light color and nonglare finish, and floors of light dull colors.

 Chalk boards of light gray-green are recommended to provide desirable seeing conditions and to reflect the maximum light with mini-

mum glare.

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• Classrooms such as those for crippled children may be used, or if the child is on home instruction provision should be made for a "school room in the home" (space large enough for teacher and child, relatively quiet, and free from interruption).

 Classrooms for speech correction may be somewhat smaller than a regular classroom but large enough to provide for the needed special

equipment and storage for materials.

 The room should have good sound properties, be relatively quiet, well decorated, clean, and have adequate bulletin board and chalk board space.

The local superintendent, supervisor, classroom teacher, special education teacher, and the parent must recognize that curriculum adjustments are necessary for most children with handicaps to assure that their instructional, physical, and personal needs will be met properly.

The final objective of curriculum adjustment and improved instruction is to prepare children with handicaps for participating in and contributing to their social group in the school and in the community.

The curriculum emphasizes

Academic instruction — e. g., basic tool subjects including reading and social studies that include family and age group experiences, aspects of community living, etc.

 Healthful living and social experiences — e. g., caring for bodily needs; enjoying social relationships; sharing with others; group planning,

etc.

Participating in community affairs—e. g., respect for property; working in appropriate class activities, school clubs, safety and student

councils, etc.

Pre-vocational and occupational experience

 e. g., wood-working, home making, exploration of many "jobs" through visits, movies, demonstrations, visiting "lecturers," etc.

CLASSROOMS FOR SPECIAL HEALTH PROBLEMS

CLASSROOMS FOR SPEECH IMPAIRED

BASIC CURRICULUM CONSIDER-ATIONS

BASIC AIDS TO IN-STRUCTION

Educational equipment and instructional materials used for non-handicapped children are, in general, basic to meaningful instruction for children with handicaps.

Equipment and materials designed to meet specific educational needs greatly aid children with handicaps in making optimum progress.

Intensive use of field trips, experimentation and exploration, demonstrations and talks by parents and outstanding citizens, is desirable.

Equipment and instructional materials are of value only when they are selected on the basis of an educationally sound curriculum. Will the proposed equipment or materials serve to meet the child's actual needs? Will instruction be improved?

 Specialized standing tables, relaxation chairs, wheel chairs, walkers, standing bars, etc., should be provided when necessary and as recommended by the orthopedic doctor or physical therapist.

All furniture should be movable, adjustable, and adaptable to the child's needs as an aid to continuation of treatment, comfort, and se-

curity.

 Typewriters, large pencils, large chalk, and occasionally large type books are needed by individual children as a means of meeting needs brought about by weak or damaged muscles, poor eye coordination, etc.

 Appropriate handwork and art materials are desirable and helpful in releasing creative talents — puppets and home made movies are excellent media of expression for physically handicapped children.

- Group hearing aids with a sufficient number of ear phones and individual volume control and with a phonographic attachment are most helpful in developing auditory perception and language awareness.
- Phonograph records of gross sounds, music and speech, assist in the development of hearing and speech.
- Picture dictionaries for non-readers and Standard dictionaries properly keyed for pronunciation are a necessity.
- Visual aids displays, movies, film-strips, cartoons—have special values for children who must learn "through the eye" because of

INSTRUC-TIONAL AIDS FOR CRIPPLED AND SPECIAL HEALTH PROBLEMS

INSTRUC-TIONAL AIDS FOR DEAF AND HARD OF HEARING AIDS

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impaired hearing. Even the T. V. can be used to give practice in lip reading.

 Play materials, educational toys, games, puzzles, arteraft and handcraft supplies are valuable aids to instruction.

• A large mirror provides opportunity for the child to observe the teacher and himself as he tries to observe normal lip and facial movements during instruction in lip reading and language development.

 Adaptation and simplification of regular instructional materials is a necessity to provide unusually simplified "step-by-step" and "concrete" presentation of the "three R's" in the academic training of the educable mentally retarded.

 Pupil-interest-experience materials, visual aids, practical arts and crafts materials, and elementary music materials are valid instructional aids.

Provision of many "elementary" reading materials to supplement regularly supplied books are necessary to provide practice and to maintain interest for children who must repeat reading experiences many, many times before the abstract symbol becomes meaningful.

• Classroom laboratory experiences with greatly simplified equipment and materials presented in concrete form for repeated manipulation are most necessary.

• Classroom laboratory experiences leading to practical application of the mechanical processes in the various possible vocational fields are suggested as basic to the instruction of educable retarded children, e. g., home making — cleaning and care of the classroom, cooking simple and planned meals, shopping, washing and ironing, child care. Woodwork — simple cabinet making, rough carpentry. Agriculture—gardening, simple landscaping, farm "chores". Electronics—repair of household appliances, helper in radio and television. Metals — plumber's helper, machine shop assistant. Automotive — automobile repair, car wash, "grease monkey".

• Classrooms should be equipped for activities such as cooking, serving, resting, cleaning, playing, etc., and should have running water.

• A working area equipped with work bench or tables to accommodate the size of the children should be provided.

 A piano and/or record player are essential instructional aids.

• To carry on such activities as self-grooming, a

INSTRUC-TIONAL AIDS FOR MEN-TALLY RETARDED (EDUCABLE)

INSTRUC-TIONAL AIDS FOR MENTALLY RETARDED (TRAINABLE) mirror, soap, towels, tooth brushes and other similar articles are necessities.

- For activities such as physical training and directed play, balls, blocks, games, puzzles, toy furniture, breakdown toys, etc., will be helpful.
- Arts and crafts and music materials are vital to instruction of the severely retarded, e. g., rhythm band instruments, art paper, tempra paints, crayons, chalk, scissors, pliable metal, clay, wood, oilcloth, felt, plastic, etc.

• Equipment and materials should insure instruction with the least amount of eye strain to the child and bring about maximum relaxation and eye rest.

• Furniture should be movable, light in color, dull in finish, and adjustable to promote desirable posture.

 Gray-Green chalkboards are highly advantageous.

- Typewriters with large (magnatype or bulletin) type, magnetic recorder (dictaphone, Soundscriber, wire recorder) are approved vision conservation aids and serve as a means of communication and self-expression, including creative writing.
- Soft thick lead pencils, buff colored non-gloss paper, large soft chalk, textbooks in large type (12, 18, or 24 point), over-sized outline maps in color, and a dictionary (Winston Dictionary for Schools—Large Type), are recommended materials for use by children having severely restricted vision.
- Appropriate arts and crafts materials, particularly those used in the development of large art forms, modified recreation equipment and materials, music (learning by rote), drama and dance, are all acceptable as a means of expressing creative abilities and providing for pleasurable ways of releasing tensions.
- A considerable number of materials, such as flash cards, reading readiness materials, number materials, etc., now available in many schools may be used in speech correction.
- Drill or practice materials (picture cards) that may be developed by the correctionist and the children are often meaningful aids in developing desirable speech production and acceptable speech patterns.
- Supplies such as construction paper, oak tag, crayons, tempra paint, and scissors, can be selected by the speech correctionist in accordance with determined needs.
- A portable recording machine, a magnetic tape

INSTRUC-TIONAL AIDS FOR PAR-TIALLY SEEING

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INSTRUC-TIONAL AIDS FOR SPEECH IMPAIRED or wire recorder to produce the child's speech for his own evaluation are highly useful.

• A record player and appropriate recordings are helpful aids in the development of auditory training and in stimulating those children who may have delayed speech.

 Blowing equipment and other aids to develop breath control can usually be devised by the

correctionist.

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• Mirrors, large and small, are needed in a speech correction program.

• For children who have poor speech because of a hearing loss a hearing aid (desk or group) for sound amplification may be necessary.

 Selected educational toys as a basis for informal conversation may be a means of moti-

vating a child to better speech.

To qualify for a STANDARD SPECIAL EDUCATION CERTIFICATE, the following is required: Bachelor's Degree, including 45 semester hours in general education; 12 semester hours in professional education courses; 12 semester hours in the area of special teaching, i. e., crippled children, mentally handicapped, partially seeing, speech, etc. (See Certification Bulletin).

• Teachers of children with handicaps should have exceptional ability to understand how children grow and develop, the process of child socialization, and for each child the meaning of his particular handicap to him and to his age-peers.

 Knowledges and skills in curriculum development, construction, and adaptation as they relate to the educational and personal needs of each child are important and desirable in the

teacher's kit of tools.

• It is highly desirable that teachers of elementary age children with handicaps be qualified

as elementary teachers.

 Personal qualifications should include a pleasant personality, good mental and physical health, initiative and a high degree of personal and professional interest.

With the full implementation of the Foundation Program, tuition for non-resident pupils enrolled in classroom units for exceptional children may be charged in accordance with KRS 158.120 and KRS 158.130.

TEACHER PREPARATION

TUITION

TUITION

Tuition should apply when non-resident children are enrolled in special classes (crippled, deaf and hard of hearing, partially seeing, mentally retarded, etc.) and/or non-resident children enrolled in hospital and/or home instruction units.

Districts providing special education services for non-resident handicapped children shall count non-resident handicapped children in such classroom units in average daily attendance.

The following procedure is a suggested method of computing tuitional rates for services rendered to non-residential children in instructional units for exceptional children:

Determine cost per day of pupil in average daily attendance:

Cost of Program Daily state divided by ADA load Minus reimbursement per teacher times per ADA pupil length of school term

• Total tuition cost:

ADA of child Times Cost per day • Cost of program: Teacher's salary \$3800.00 Other current 600.00 expense (books. instructional supplies, etc.) \$4400.00

• ADA load per teacher:

Aggregate days Days attendance for class Divided taught during previous year by

 $(1720 \div 172 = 10)$

 Daily state reimbursement per ADA pupil: State aid per year Length per ADA pupil or Divided of school \$80.

 $(\$80 \div 172 = \$.47)$

EXAMPLE:

Find cost per day of pupil in average daily attendance: \$4400 - .47 = \$2.56 - .47 = \$2.09

by

term

10x172

Find total tuition cost: A child from X School District was in ADA a total of 23 days. (Tuition rate multiplied by total number of days in ADA.)

 $$2.09 \times 23 = 48.07

• Agreements (tuitional contracts) should be made locally between the "servicing" district and the child's district of residence. Since the responsibility for contract agreements for payment of tuition is that of the two local districts involved, it shall be clearly understood that the role of the Department of Education is advisory.

• Recommended forms, "Enrollment-Contract Form" and "Withdrawal-Tuition Computation Form", as well as suggested procedures for using these forms should be used. (See Appendix, page 289).

• The local Board of Education should authorize the superintendent to act as agent to the board so that he may proceed to enter into agreements which shall be subject to subsequent approval of the Board of Education.

• The Superintendent should recommend to the board, in the annual budget, an item for tuitional contingency for exceptional children

under "Transfer Tuition to Other Districts". (Code 671).

APPENDIX

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BIBLIOGRAPHY

Allen, Amy A. Let Us Teach Slow Learning Children. State of Ohio, Department of Education, Columbus. 1950.

Anderson, Virgil. Improving the Child's Speech. Oxford University Press, New York. 1953.

Baker, Harry J. Introduction to Exceptional Children. The Macmillan Company, New York. 1953 (revised).

Backus, Ollie and Beasley, Jane. Speech Therapy with Children.
The Riverside Press, Cambridge, Massachusetts. 1951.

Bice, Harry V. Group Counseling with Mothers of the Cerebral Palsied. National Society for Crippled Children and Adults, Chicago, Illinois. 1952.

Bryan, Dorothy. The Itinerant Teacher Plan for the Education of Partially Seeing Children in Illinois. National Society for the Prevention of Blindness, Inc., 1790 Broadway, New York. Publication 158.

Cruickshank, William M. and Raus, George M. (eds.). Cerebral Palsy: Its Individual and Community Problems. Syracuse University Press, Syracuse 10, New York. 1955.

Dahl, Loraine Anson. Public School Audiometry: Principles and Methods. The Interstate Printers and Publishers, Danville, Illinois. 1949.

Dunn, Lloyd et al. The Education of Handicapped and Gifted Pupils in the Secondary School. Bulletin of National Association of Secondary School Principals, 1201 Sixteenth Street, N.W., Washington 6, D. C. January 1955.

Featherstone, W. B. Teaching the Slow Learner. Bureau of Publications, Teachers College, Columbia University, New York. 1951.

Frampton, Merle E. and Gall, Elena D. (eds.). Special Education for the Exceptional. 3 vols. Porter Sargent, Publisher, 11 Beacon Street, Boston 8, Massachusetts. 1955.

Hathaway, Winifred. Education and Health of the Partially Seeing Child. 3rd Edition. Columbia University Press, New York. 1954 (revised).

Hill, Arthur S. The Forward Look, the Severely Retarded Child Goes to School. Office of Education, Department of Health, Education and Welfare, Washington, U. S. Government Printing Office, Bulletin 1952. No. 11.

Ingram, Christine Porter. Education of the Slow Learning Child. Yonkers-on-Hudson, New York. The Ronald Press Company, New York. 1953 (second edition).

Johnson, Wendell, et al. Speech Problems of Children. Grune and Stratton, Inc., New York. 1950.

Kirk, Samuel A. and Johnson, G. Orville. Educating the Retarded Child. Houghton Mifflin Company, Chicago. 1951.

Kirk, Samuel A.; Karnes, Merle B. and Kirk, Winifred D. You and Your Retarded Child. The Macmillan Company, New York. 1955.

McMullin, Margery D. How to Help the Shut-in Child. E. P. Dutton and Company, Inc., New York. 1954.

Pollock, Morris P. and Miriam. New Hope for the Retarded. Porter Sargent Publisher, 11 Beacon Street, Boston, Massachuetts. 1953.

Tudyman, Al and Bertram, Fredericka M. Oakland's Sight Conservation Program. National Society for the Prevention of Blindness, 1790 Broadway, New York. Publication 151. 1952.

... A Guide—Directing the Education for Exceptional Children in a Local School District. Office of the Superintendent of Public Instruction. Springfield, Illinois. 1956.

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STATE BOARD OF EDUCATION REGULATION

SBE EEC-FP-1 Education of
Exceptional Children
Re: Minimum Foundation Program
New:
Affecting KRS 157.200-157.290,
and Sub-Section 5 of KRS 157.360

DEPARTMENT OF EDUCATION DIVISION OF EDUCATION OF EXCEPTIONAL CHILDREN

SBE EEC-FP-1 EDUCATION OF EXCEPTIONAL CHILDREN (Adopted in accordance with KRS 157.200 - 157.290 and Sub-Section 5 of KRS 157.360)

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- 1. Classroom units for exceptional children shall mean instruction as described in the STATE PLAN FOR THE EDUCATION OF EXCEPTIONAL CHILDREN.
- 2. Units having fewer children than recommended in the STATE PLAN may be approved. These units will be known as fractional units and shall be certified on a basis proportionate to the minimum pupil-teacher ratio.
- 3. The pupil-teacher ratio for a classroom unit in speech correction is adjusted as follows: 75-100 children per week per speech correctionist.
- 4. Teachers possessing a regular teaching certificate may be employed or continue to teach in home instruction units until a STANDARD SPECIAL EDUCATION CERTIFICATE FOR TEACHERS IN HOME INSTRUCTION is recommended by the Council on Higher Education and approved by the State Board of Education.
- 5. Teachers who meet qualifications as set forth in the STATE PLAN and in Board of Education regulations, pertaining to Standard Special Education Certificates and who teach in class-room units for Exceptional Children will be considered as approved teachers (sub-section 5, KRS 157.360), provided there is
 - 5.1 Effective and accurate identification of Exceptional Children and special instructional needs including diagnosis of defect by appropriate professional authority.
 - 5.2 Appropriate classification of the type of children and approved number enrolled in each instructional unit.
 - 5.3 A planned program of instruction and adjusted curriculum

filed with the Division of Education of Exceptional Children.

- 5.4 Desirable housing and provision of special equipment and instructional materials as indicated by the physical and/or mental handicap.
- 5.5 Adequate plans for transporting exceptional children to special facilities, when necessary.

When the above criterion are met, units for exceptional children will be approved by the Division of Education for Exceptional Children and such units will be certified to the Bureau of Administration and Finance.

6. Each District shall make application to the Division of Education for approval not later than June 10 of each school year. Should the district fail to provide services as approved, the Division of Education for Exceptional Children shall so certify to the Bureau of Administration and Finance by January 1, of the school year.

ADOPTED: June 17, 1954

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CRITERIA FOR APPROVAL OF CLASSROOM UNITS FOR EXCEPTIONAL CHILDREN

The criteria for classroom units for exceptional children authorized by KRS 157.360, sub-section (5), are for the guidance of superintendents in planning instructional programs to include classroom units for the various classifications of children with handicaps.

The administration and supervision of instructional programs and special facilities for exceptional children are the responsibility of the superintendent as the executive officer of the local board of education.

I GENERAL PROVISIONS

- A. Classroom units may be allotted on the basis of an approved teacher.
- B. An approved teacher is one who devotes full-time or a fractional time to instruction for exceptional children in accordance with State Board of Education Regulations pursuant to KRS 157.200—157.290 and KRS 157.360 (5).
- C. Classroom units shall be allocated on the basis of a planned program as determined by careful study of educational needs of children with handicaps. Each unit shall serve one classification of handicapped children as follows:
 - 1. Children with crippling conditions (orthopedic crippling, accidental crippling, cerebral palsy, cardiac conditions, etc.).
 - 2. Children with impaired hearing (deaf, severely hard of hearing, or moderately hard of hearing).
 - 3. Children with impaired vision (partially seeing).
 - 4. Children with impaired speech (faulty articulation, stuttering, delayed speech, etc.).
 - 5. Children who are mentally retarded (Sub-section (2) and (3) of KRS 157.200.) Educable mentally retarded children shall be defined as those who have moderate mental retardation, who cannot profit from the regular curriculum, and, therefore, require a special curriculum to provide for educational, social, and vocational needs. The IQ range for educable mentally retarded children is generally considered to be 50 75.1

Severely mentally retarded children requiring a pro-

¹American Psychiatric Association classifications. Mild Retardation (IQ-85), Moderate Retardation (IQ 50-75), and Severe Retardation (IQ below 50).

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gram for trainable children may not be included in classroom units for the educable retarded.

- 6. Children who are home-bound by physical defects which make school attendance either in special classes or regular grades impossible may receive instruction in the home. A home instruction unit may be allotted as full-time when a qualified teacher is employed on a full-time basis. A fractional unit may be allotted in the event that home instruction personnel is assigned to another approved fractional unit, provided that the personnel meets the certification requirements in SBE-EEC-FP-1.
- 7. On the basis of the major handicap, children with multiple handicaps may be enrolled in the units which can best serve the child.
- D. Classroom units for exceptional children vary in size according to the type and severity of the disability. Full-time or fractional units may be approved in line with the present State Board of Education Regulations.

CATEGORY NO. CHILDREN PER UNIT

Crippled	12 - 20
Deaf	8 - 12
Hard of Hearing	10 - 25
Mentally Retarded	15 - 20
Partially Seeing	10 - 20

Speech Impaired 75 -100 per week

Pupil-teacher ratio for home instruction units is determined by geographical distribution of pupils, travel conditions, preparation load for the teacher, and grade spread of pupils. In general, the pupil-teacher ratio for home instruction units is as follows: county areas, 8 - 12 pupils; urban areas, 12 - 15 pupils.

II QUALIFIED PERSONNEL

- A. Units may be allotted to districts meeting the requirements of KRS 157.360 (5), KRS 157.250, and SBE-EEC-FP-1.
 - 1. Fully certified teachers must hold the Standard Special Education Certificate appropriate to the classification of children in the instructional unit; or teachers employed prior to April 12, 1952 may teach classes for exceptional children "on any valid

teaching certificate in the area of special education in which he has been employed and/or in which he has had previous experience (SBE 65-1)."

B. Selective employment procedures should be used in securing personnel for classroom units for exceptional children. While persons having the appropriate certificate will be employed to teach handicapped children, it is important that the teacher have particular competency in recognizing the child as an individual; skill in individualizing and organizing the curriculum for meaningful and socially useful experiences; understanding the social and emotional problems of the child and helping him in the development of acceptable social patterns of behavior; ability to counsel with the child, his parents and others who come in contact with him; and proficiency in developing practical self-sufficiency in the child.

III PLANNED PROGRAM

- A. The program of instruction for children with exceptionalities should provide for:
 - 1. Effective, accurate identification including diagnosis of defect by appropriate professional authority, and proper classification as to defect and ability.
 - 2. Necessary adjustment of the curriculum and physical facilities to meet individual as well as group needs and abilities.
 - 3. Cooperative planning with and service from other agencies such as the Kentucky Crippled Children Commission, the University of Kentucky Speech and Audiology Clinics, County Health Departments; and other school services as guidance counselors, general supervisors, etc.

IV FACILITIES

- A. An appropriate instructional program for exceptional children must include the needed facilities, special equipment, and special materials well selected and properly supervised.
 - 1. Classrooms in a regular elementary and secondary school or other appropriate facilities acceptable to the Superintendent of Public Instruction.

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- 2. Materials and special equipment as indicated by the physical and/or mental handicap for maximum educational, physical, social and emotional development of exceptional children.
- 3. Transportation when necessary.

PROCEDURE FOR ENROLLMENT AND WITHDRAWAL ON PAYMENT OF TUITION

The following procedures should be carefully observed to assure uniformity in the operation of a Tuitional Contract Plan in accordance with KRS 158.120 and KRS 158.130. Only in this manner can the school district furnishing instructional services be assured of payment of the tuition to which it is entitled. At the same time, the district of the child's residence is kept informed and can assume its obligation of payment to the district providing instruction. Two forms—Enrollment-Contract and Withdrawal-Tuition Computation Form—will be necessary to carry out the Tuitional Contract Plan and assure payment of tuition to the district providing non-

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I. PROCEDURE FOR USE OF ENROLLMENT-CONTRACT FORM

resident services in units for exceptional children.

- 1. Upon assignment of a child to special instructional services
 - 1.1 Teacher completes upper half of Form in triplicate
 1.2 Teacher keeps third copy, sends two copies to Director
 of Pupil Personnel. (The teacher's file must be kept
 up-to-date and available for auditing by the Division
 of Education for Exceptional Children.)
- 2. Director of Pupil Personnel
 - 2.1 Completes Contract (lower half of Form) in duplicate.
 - 2.2 Sends both copies signed by the Chairman and the Secretary of the Board of Education to the child's district of residence.
 - 2.3 Child's district of residence signs Contract Form and returns first copy to district providing instruction.
 - 2.4 Second copy of Enrollment-Contract Form is to be filed in the Board of Education office of child's district of residence.

II. WITHDRAWAL-TUITION COMPUTATION FORM

To be used when child leaves classroom unit for exceptional children and/or at close of school year (special classes or hospital instruction).

- 1. Teacher completes upper half of form in triplicate
 - 1.1 Files third copy with child's enrollment form.1.2 Sends two copies to Director of Pupil Personnel.
- 2. Director of Pupil Personnel
 - 2.1 Computes total tuition due.
 - 2.2 Sends one copy of above information to child's district of residence.
- 3. Upon receipt of Withdrawal-Tuition Computation Form, child's district of residence will remit amount of tuition due to district furnishing special instructional services under tuitional contract plans.

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Form, on due under

ENROLLMENT - TUITION NON-RESIDENT CHILDREN CLASSROOM UNITS FOR EXCEPTIONAL CHILDREN

		School District
	Handio	capping Condition
Birth Date	Sex_Rac	e_Last School Grade
Name of Parents		
Home Address		,
St	reet City	County
Home School Distric	t	집 보이는 이 경향 사용하다 보다 전혀 있다면 하게 되었다면 그렇게 되었다면 하는 사람이 하는데 하는데 하다 하는데
		County
Date entered in Ins	tructionCHE	ECK: Hospital Classroom Unit
Teacher		Director Pupil Personnel
SEE OTHER SIDE	FOR INSTR	UCTIONS
	TUITION C	CONTRACT
This contract made		to this theday of, 19,
		Board of Education, , ,
		art (servicing district), and the
		n,, Kentucky, party
of the second part		
WITNESSETH: T	hat the party	of the first part shall furnish
special education f	acilities for t	the current year to handicapped
children as follows:		
INSTRUCTION IN	SPECIAL ED	DUCATION CLASSROOM UNITS
(Special classes, he	ospital instruc	tion) FOR CHILDREN NAMED
HEREIN:		
The party of the f	irst part (serv	icing district) agrees to maintain
special education	facilities in a	ccordance with KRS 157.200 to
157.300 and KRS 18	57.360 (5). Fo	or said special education facilities,
the party of the se	econd part (se	nding district) agrees to pay the
party of the first p		
Per Diem Rate::	\$	
Board of Education	n -	Board of Education -
Se	ervicing Dist.	Sending Dist.
	,Chairman	, Chairman
	Secretary	Secretary

WITHDRAWAL - TUITION COMPUTATION NON-RESIDENT CHILDREN CLASSROOM UNITS FOR EXCEPTIONAL CHILDREN

		School District
NAME	Handicapping Con	ndition
Birth Date	Sex_Race_Last Sc	chool Grade
Name of Parents_		
Home Address		·, ·
St	treet City	County
Home School Distri	ct	,
		County
	al from Instruction pitalClassroom Unit	
Number of Days in		
rumber of Days in	XDX	Teacher
Per Diem Rate \$		Towoner
	Directo	or of Pupil Personnel
Total Tuition Paya	ble to Servicing District \$	Please
remit a check in the Education.	nis amount to	Board of
SEE O'	THER SIDE FOR INSTR	UCTIONS
	: Complete this form in	

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