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Developing Positive Attitudes in Non-Handicapped Children Toward the Handicapped: A Third Grade Curriculum Guide

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DEVELOPING POSITIVE ATTITUDES IN NON-HANDICAPPED CHILDREN TOWARD THE HANDICAPPED: A THIRD GRADE CURRICULUM GUIDE

BY

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DEDICATION

This is dedicated to my husband, Darryl. Without his patience, support, and understanding this masters degree would not have been obtainable.

ABSTRACT

The major purpose of this curriculum is to develop positive attitudes in nonhandicapped children toward the handicapped. Public schools are mandated by law to include handicapped persons in their educational programs. The introduction explains attitudes of nonhandicapped children toward the handicapped, whether these attitudes can be changed, and how they can be changed.

This curriculum is for third grade and includes learning about the visually impaired/blind, hearing impaired/deaf, health and physically impaired, learning disabled, mentally retarded, speech impaired, and emotionally and behaviorally disturbed. The media and materials used are books, films, filmstrips, simulated activities, role play, discussions, guest speakers, and field trips. There is a pretest and a posttest that measures self reported attitudes toward the handicapped. There are reference lists for additional ideas and materials. Objectives and activities will enhance a student's understanding and knowledge of the handicapped.

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CHAPTER I

INTRODUCTION

Background

Since the implementation of Public Law 94-142 many changes have occurred in the public schools. The public schools have been encouraged to include handicapped students in their educational programs. School districts were mandated by the law to provide educational services for handicapped students in the least restrictive environment. According to PL 94-142 the least restrictive environment requires:

> that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (Landon, 1982, p. 821)

The least restrictive environment is determined on an individual basis. It includes the continuum placements from living and learning in a residential setting to placement in the regular classroom for part of or all of the day with special assistance from resource teachers or special aids. When students are placed in the regular classroom for part of or all of the day, combined with special assistance from resource teachers they were said to be mainstreamed.

It was initially hoped that when mainstreaming occurred,

it would be beneficial to both handicapped and nonhandicapped children. The benefits to both groups were to be things such as: growth in self esteem, social skills, awareness, cooperation, communication skills, and academic growth. Handicapped and nonhandicapped children were put together without prior planning regarding the effects the two groups would have on each other.

However, studies have shown that normal children harbor negative and anti-social attitudes toward the handicapped. One such study was Gottlieb's (1973) study on social contact and personal adjustment as related to attitudes toward the handicapped. He had found that by just integrating handicapped children into the regular classroom without offering support and explanation did not foster more favorable attitudes toward the handicapped. This showed, as was hoped for earlier, that by simply putting the two groups together they would not be accepting of one another.

Another study, done by Wisely and Morgan (1981), investigated how children rated their handicapped peers. They found that positive attitudes do not increase with age and that of all the handicaps, the retarded rated less favorably on the attitude scale.

Stephen A. Richardson (1970) did a study on age and sex differences in values toward physical handicaps. Richardson surveyed children from kindergarten through twelfth grade

and some parents. He found that all groups preferred a child with no handicap to a child with handicaps.

Kennedy's (1982) study showed children's feelings toward the handicapped. He studied the inclinations of the nonhandicapped to help the handicapped. He found that (1) girls were more inclined to help the handicapped than the boys, (2) the handicapped student was chosen to be helped more than the nonhandicapped, (3) the reason they helped the handicapped was: for the younger child, the task and the older child, the handicap, and (4) the children did not perceive the handicapped as a peer.

All of these studies showed that without prior intervention of some kind about handicaps, children expressed negative attitudes toward the handicapped. These negative attitudes included: teasing, avoidance, mimicking, staring, fear, and pity. Studies have shown there is a need for good positive feelings among all students in the classroom for effective learning to take place. Ellen Kavanagh (1977) best explained this:

> When children do not accept differences among peers, ridicule and social isolation result. Unfortunate for any child rejection can prove disasterous for the already insecure child entering a classroom for the first time. Affective training for the children, to make them more aware of individual differences and feelings can help them to become more accepting of the newcomer. Teachers must realize that despite their best efforts to make a child feel welcome, only his peers can offer the feeling of genuine acceptance. (p. 320)

Therefore, based on the studies and opinions of educators

the nonhandicapped should be familiar with handicapping conditions and handicapped persons to bring about more positive attitudes toward exceptional persons.

Rationale

The best way to familiarize the nonhandicapped toward the handicapped and bring about positive attitudes is a curriculum therefore. Studies have shown that a systematic curriculum brought about positive attitude changes. Systematic means that certain activities and materials must be used in conjunction with each other and in a particular order to get positive results. The activities and materials used should be children's books, films/filmstrips, discussions, simulated activities, guest speakers, and basic information and explanations about the particular handicap.

Curriculums that used a combination of activities and materials had the most success. "Project C.H.A.N.G.E." by Sherry Smith et. al. (1981) and "Mainstreaming: What Every Child Needs to Know About Disabilities" by Susan Bookbinder were two very successful curriculums that used a combination of activities and materials.

Two studies, one by Jones, Sowell, Jones, and Butler (1981) and the other by Hagino (1980) found a combination of activities improved attitudes toward the handicapped. In Jones' study they were able to improve attitudes and increase a student's knowledge of the handicapped in just five

hours. Janice Hagino found improvement after an hour.

One program, reported by Hannah Miller (1980), that was not a curriculum or a study but used a combination of activities and materials in a certain order, claimed success. This program was done by Kate Dickstein of Westport, Connecticut. She used discussion of terms, books, demonstration of aids, simulated activities, discussions, and guest speakers.

A curriculum is the best method to set up all the materials and activities needed in a systematic way. Third grade is the best time for this particular curriculum because of the children's social, emotional, and mental characteristics. According to Piaget, Erikson, and Brunner third grade children begin to get selective about their friends, become competitive, become alert to feelings of others, are sensitive to criticism, are eager to please, like to help, like to talk, and the idea of fairness, right, and wrong develop. All of these characteristics are involved and need to be shaped in a curriculum such as this. It is much easier to work with these characteristics when they are forming than when they are already ingrained as a part of a child's mental structure.

A study done by Richardson (1970) found that of all thirteen grades, the third graders had the most difficulty in accepting the handicapped child.

Justification

This curriculum was designed to follow, enrich, and sup-

plement health units on feelings and the body. The reason this curriculum is associated with feelings is that feelings are a part of mental health and accepting handicaps is a part of feelings. Using this curriculum with the body unit helps children understand and appreciate their own bodies.

A pretest should be given to the class before the unit is taught. This pretest is to assess attitudes toward any of the handicaps included. According to Gottlieb (1980) if the attitudes of the class are unknown, group discussion can result in negative as well as positive changes. Therefore if there are already positive attitudes toward the handicapped they need not be addressed. However, if there are negative attitudes they should be addressed.

The curriculum has long range goals, intermediate objectives, short term objectives, and is organized in a three column format of objectives, enabling activities and evaluation. It includes hearing impaired/deaf, visually impaired/blind, health and physically impaired, speech, mentally retarded, learning disabilities, and emotionally and behaviorally disturbed and each has its own section. These disabilities were chosen because they were included in PL 94-142 and public school students were likely to encounter such disabilities in their school. For each handicapping condition section, the activities include film/filmstrips, books, discussions, simulated activities/role playing, and guest speakers or field trips. These activities were found to be most effective and

successful in other programs and studies. This curriculum includes additional sections of suggestions and activities if more work is needed to change attitudes.

Finally a posttest is given after the unit to see if any changes have been made. The test used for the pre and posttests is the same. It is a Likert-type inventory developed by Donna A. Beardsley (1982). It measures self reported attitudes toward the handicapped.

The purpose of all curriculums in this area is that the nonhandicapped and the handicapped understand and accept each other. No two curriculums are the same. This curriculum is only for the third grade level. Other curriculums are for primary, intermediate, junior high, senior high, or any combination of these levels. This curriculum includes all handicaps stated in PL 94-142 where others only include blind, deaf, mentally retarded, learning disabled, and physically impaired. Speech, health impaired, emotionally disturbed, and behaviorally disturbed were usually left out of other curriculums but they are included in this one. The length of time spent on the curriculums varies. Some expand over many years, some are one semester, some a few weeks, some a few days, and some are only a few hours in length. This curriculum is for a six to eight week period of time. Most curriculums do not test for existing attitudes before starting the program. As already stated earlier, if attitudes are already positive, going through the program could cause reverse

effects. This curriculum does pretest for attitudes and only those with negative attitudes will go through the program. Then there is a posttest to see if any changes did occur. If there were no significant changes toward a more positive attitude, this curriculum has additional materials and activities to use. Most curriculums have one set of materials and activities and no additional ones for further study.

This curriculum is based on the learning theories of Piaget, Brunner, and Erikson. These learning theorists state that the third grader is in the "concrete operational" and "industry versus inferiority" stages. Therefore the students are required to do hands-on activities and talk in discussion groups. They are required to listen and watch during books and films. Success and praise are important at this stage and they are experienced in this curriculum.

This curriculum's basic intent is to bring about good, positive attitudes. The purpose is to help handicapped and nonhandicapped children to work, live, and play together and to be understanding and accepting of each other.

CHAPTER II

A REVIEW OF THE LITERATURE

Attitudes Toward the Handicapped

Attitudes of the nonhandicapped toward their handicapped peers are very important. As stated by Bricker, "it seems agreed that peer interaction is both necessary for and has the potential of influencing a child's behavior and attitudes" (Guralnick, 1978, p. 6). With peer interaction it is important that good positive relations take place. Beatrice A. Wright, (1973), while listing principles for rehabilitation of the handicapped, wrote, "Every individual needs respect and encouragement; the presence of a handicap, no matter how severe does not alter these fundamental rights . . . the severity of a handicap can be increased or diminished by environmental conditions" (p. 355). Wright points out the need for good positive attitudes toward the handicapped in order that the handicapped may succeed in life. It was assumed that by simply putting handicapped and nonhandicapped children together the interaction would be positive. Studies have shown otherwise.

Alfred Lazar (1972) and Jay Gottlieb (1973) are known for doing several studies on the attitudes of different groups toward the handicapped. Most of the research done in this area was done by surveys. One of Lazar's studies was to

measure the attitudes of gifted children toward the handicapped. Also to see if there was any bias according to the sex of the respondent. He surveyed fifteen boys and fifteen girls with an average age of eight and an average I.Q. of 138. He used the Attitude Toward Disabled Persons (ATDP) Scale (Yuker, 1966). Both boys and girls scored slightly into the positive range. However, girls showed to be more accepting and tolerant of the handicapped than boys. Lazar cautions that a sex bias may be a possibility with the ATDP and the small sample size would not call for any generalizations. However, he did a similar study in 1971 with one hundred college men and one hundred college women with the same results.

Gottlieb's (1973) study on social contact really supported the fact that just integrating handicapped and nonhandicapped children would not bring about positive attitudes. Gottlieb and others surveyed over 284 average white children. They were from three different schools that had no educable mentally retarded classes, EMR's who were self-contained or mainstreamed, and EMR's and non-EMR's together in open classrooms. They found that children in schools having no EMR children expressed more favorable attitudes toward the handicapped. Gottlieb and others summed up the study by saying, "What is evident is that merely integrating EMR children without offering support and explanation to them, as well as their peers, is

unlikely to result in greater acceptance" (p. 10).

Kennedy's (1982) study cited four other studies on the integration of handicapped and nonhandicapped students which found considerable peer rejection. She studied inclinations of the nonhandicapped to help their handicapped peers. She and her coworker surveyed 98 children ages five to ten years old. The children were to watch six one-minute videotapes with orthopedically handicapped, Downs-syndrome, or normal children in them. The children were then asked questions about the tapes. Girls were more inclined to help the handicapped than boys. Second, the handicapped student was chosen to be helped more than the nonhandicapped. Third, the reason for helping differed with the age of the child. The younger child would help because of the task, the older child would help because of the handicap. Fourth, the children perceived the handicapped child not as a peer but as a baby, young, or small, which indicates a negative attitude. According to Kennedy these results suggest that if the nonhandicapped are more inclined to help their handicapped peers, then teachers should monitor such activities so that positive, nondependent relationships develop.

Another study was done by Wisely and Morgan (1981). They wanted to see how children rated their retarded and physically handicapped peers. They looked at four issues, (1) a comparison of children's social ratings of peers presented as normal, physically handicapped, mentally retarded, and

multihandicapped; (2) attitudes toward retarded peers with increased age; (3) the raters' sex and their attitudes toward handicapped people; (4) interactions among the variables of physical handicap, mental retardation, age of rater, and the sex of the rater.

Eighty third graders and eighty six graders participated in this experimental study. After seeing pictures and hearing tapes of normal, physically handicapped, mentally retarded, and multihandicapped children, the children responded to four questionnaires.

Wisely and Morgan found that positive attitudes toward the retarded do not increase with age and that boys rated the handicapped more favorably than girls. On behavioral intentions (on which raters commit themselves to interact with the handicapped child) handicapped and retarded were rated more favorably than nonhandicapped and nonretarded. However, on the attitude scale, the retarded rated less favorably than the normal or handicapped child.

Richardson (1970) studied age and sex differences in values toward physical handicaps. He wanted to find out how early in life a consistent value toward the handicapped became manifest in children. Did these values stay the same or change with age, were there sex differences, and what did the results suggest about the processes of learning values in childhood?

He surveyed 1,245 children and parents. The children ranged from kindergarten through twelfth grade. They were

shown six drawings of children: one with no handicap, one with crutches and a brace on the left leg, one sitting in a wheelchair with a blanket covering both legs, one with the left hand missing, one with a facial disfigurement on the left side of the mouth, and one obese child. They were asked to rank order the drawings according to preference. The girls only saw pictures of girls and the boys only saw pictures of boys.

Richardson found that the child with no handicap was liked more than the child with a handicap. The percentage of children who preferred the nonhandicapped child increased until after third grade. He also found that girls preferred the nonhandicapped 12% more than the boys. Also he found the older the child, the closer their rank orders were like that of their parents.

These studies show inconsistencies in attitudes toward the handicapped. The majority of the studies indicate negative attitudes of children toward the handicapped.

Can Attitudes Be Changed

It has been established that attitudes toward the handicapped are generally not favorable. We must ask, can these attitudes be changed? Most of the studies in this section are twofold; they include how attitudes can be changed and that attitudes can be changed. The time required for these changes and the procedures for change, vary.

Gottlieb's (1980) study was to find out if the negative attitudes of a nonhandicapped child could be changed by a child with positive attitudes through discussion between the children. He also wanted to determine if a child's status in the classroom would be a factor in the influencing of their attitudes toward the handicapped. He felt a child with a low status would be more likely to change so that they themselves would be more accepted by their peers. He selected 208 children, from grades three through six, because of their sociometric status (through a sociogram) and their attitudes toward the retarded. He then grouped them as three experimental and one control group. The children in the experimental groups saw a short film about an eight year old retarded boy. The control group saw a film about a holiday. Discussions were prompted after the films. Gottlieb found that discussions improved attitudes. However, positive attitude children did not serve as more effective change agents than anyone else and low sociometric status children were not more inclined to change their attitudes. Gottlieb felt that, as a result of this study, discussion can change a child's attitude and it should be used.

Westervelt and McKinney (1980) wanted to find out if a film could bring about positive changes in a nonhandicapped child's attitude toward the handicapped.

The study included ninety-eight fourth graders that scored at or below their median on the Social Distance Scale. While

viewing a stimulas photo the children were to respond to questions on the social distance questionnaire. The questions dealt with three situations: school, home, and their peer group. The questions concerned themselves with how much the children would socialize with a handicapped individual. The children were then randomly assigned to a control group or an experimental group. Both groups were given a pretest. Two days later the experimental group saw a thirteen minute film about a boy in a wheelchair. Immediately after the film the group did two S.D.S.'s. They were also given two Activity Preference Scales. This scale measures the similarity of interests between the participants and a handicapped peer. The children did one A.P.S. on their own interests and another on what they thought a handicapped peer's interest would be. Nine days after the film the scales were repeated.

The scales showed that the film did produce positive attitudes. However, at the nine-day posttest the effects of the film were not apparent. The film produced temporary changes, not permanent.

Donna Beardsley (1982) sought to determine if books and personal contact would change the attitudes of nonhandicapped third graders. After testing sixteen third grade classrooms she randomly picked three, each that scored high, medium, and low on her attitude scale. One group received bibliotherapy (the use of books to change attitudes) and no discussion. The second group listened to an eight-minute audio tape des-

cribing the ways in which people differ from each other. The treatment group had additional contact with self-contained, learning disabled, mildly retarded, and orthopedically handicapped. Beardsley was unable to change the attitudes of the third graders through books and personal contact. She felt the reason for her failure was because all the children had somewhat positive attitudes at the beginning of this study and there wasn't much left to be changed.

Jones, Sowell, Jones, and Butler (1981) questioned whether a concentrated program of simulations, interviews, films, and discussions could bring about positive attitudes toward handicapped people. The authors selected seventy-four children, average age eight-years-five-months in this experimental study. The first group took a pretest to measure their attitudes toward the handicapped, the second did not. They both participated in two, two and one-half hour sessions of six activities each. The activities were done in groups of twelve to fourteen students and contained discussions, instructions, simulated activities, films, observations, and conversations with or about deaf, blind, retarded, and physically handicapped people of all ages. One week later both groups took a posttest. The authors found they were able to bring about positive changes in children and in a relatively short period of time.

The preceding studies indicate that attitudes can be changed. The important question is how. The next section addresses methods of changing attitudes toward the handicapped.

Ways to Change Attitudes

There are several ways to change the attitudes of the nonhandicapped. One point made by Gearheart (1980) is probably the "seed" in which any attitude program must grow and that is: "if the teacher accepts each student as a unique and valued individual, this positive attitude may be modeled by nearly all students" (p. 249).

In the last section, four studies were reviewed which revealed that attitudes toward the handicapped can be changed by several methods: films, discussions, books, simulated activities, instruction, observations, and conversations with the handicapped. Discussion was the common denominator in the studies that seemed to bring about positive attitudes. Whenever discussion was used the researcher had the better success.

Beardsley (1982) used only books and personal contact with handicapped children to change attitudes toward the handicapped. There were no discussions or interviews. Her results were not as favorable as others who used books to change attitudes. Others who used books to change attitudes, also used follow-up discussions.

Crooke and Plaskon (1980) stated that literature can be very effective in changing attitudes toward the handicapped. However, follow-up discussions were very important in that they helped the teacher know their student's thoughts and feelings in order that the teacher could clarify any misconcep-

tions or misunderstandings of the handicapped child. For the nonhandicapped child who is very reluctant or displays negative feelings toward the handicapped, books are a non-threatening way to get to know the handicapped. Dobo (1982) agrees with Crooke and Plaskon. She quotes other educators who feel the same way about the use of literature and the importance of discussions afterwards.

Hopkins (1980) also felt books were nonthreatening and might help reduce a child's fears about handicaps. She also felt a child might be more prone to ask questions about the handicapped after reading a book.

Lass (1981) went one step further. She said that not all books foster positive attitudes toward the handicapped, that some foster negative attitudes. She gave seven criteria for selecting books that portray positive attitudes:

1. Promote empathy rather than pity.
2. Portray the handicapped person as human rather than romanticized.
3. Describe admiration and acceptance rather than ridicule.
4. Present an accurate portrayal of the behaviors associated with a specific handicap.
5. Were judged interesting for a designated age group in plot, characterization, and language.
6. Present the handicapped child in a realistic setting when possible.
7. Emphasize similarities rather than differences between handicapped and nonhandicapped children. (p. 531)

All of these researchers and educators agree that books and discussions promote positive changes in attitudes toward the handicapped.

Westervelt and McKinney's (1980) study on the effects

of a film did not use discussion after the film. They showed a thirteen minute film about a handicapped child and then gave posttests. There were only temporary attitude changes in the students.

Dorothy Lipsky's (1981) study on the modification of students' attitudes toward the handicapped used video-audio tapes and simulation activities but no discussion followed the tapes or activities. As a result she did not have positive changes in attitudes with the tapes. She selected 95 sixth graders in this experimental study. She had a simulation group, a video-audio group, and a control group. All groups were pretested. The simulation group was blindfolded and had to perform certain tactile tasks such as walking down the hall or pouring a glass of water. The video-audio group observed a presentation entitled "How Do You Feel About People With Disabilities?". All groups were then posttested. The attitudes of students who did simulated activities changed significantly and positively toward the handicapped. The video-audio group had a negative attitude change. Lipsky stated that her findings supported research done by Janis and Feshbach.

> They found that when communication touches an intense feeling of anxiety, the listener will sometimes fail to pay attention to what is being said. The Janis and Feshbach findings indicate that inclusion of fear arousing material not only failed to increase the effectiveness of the communication, but actually interfered with its overall success. It is possible that in the present study, the video-audio presentation reinforced previous fear responses (p. 12).

This author feels that if discussion was used with the video-audio presentation, the results would have been different.

Other programs or educators suggest using discussion after a film or filmstrip. Two programs that have been successful and use films followed by discussion are "We Wanna Be Liked", St. Charles City School District (1980) and "Project C.H.A.N.G.E.", Oak Lawn, Illinois (1981). Gearheart and Weishahn (1980) also suggest a "rap session" after films to bring about more positive changes.

What these educators and researchers are suggesting is a combination of books, films, simulated activities, guest speakers, field trips, and dicussions. Using a combination of these components was the most successful. There are several programs implemented and available that use all of these components in their program.

Jones et. al. (1981) used all of these components in their study to see if this kind of program would be successful. The program was highly successful. They found they changed attitudes in only five hours using simulations, interviews, films, and discussions. They also increased a student's knowledge of the handicapped.

Janice Hagino (1980) did a kind of evaluation research to prepare regular students for the influx of handicapped children. She taught deaf/blind students and had noticed the negative reactions of other students toward her class. She sought out programs to remedy this but found them to be

too costly, too time consuming, and requiring too many staff members, so she developed her own program. Her program consisted of a 40 to 60 minute presentation. She started with a slide show about her students. Next there were three stations of simulated activities. Finally there was a question and answer period. After implementing her program she found a marked change in children's attitudes. They were more accepting, friendly, and understanding of the handicapped.

Another program that was not a study was described by Hannah Miller (1980). It was done by Kate Dickstein in Westport, Connecticut. It consisted of twelve sessions for elementary through junior high students. There were three sessions for each of four handicaps. The handicaps were hearing impaired, physical disabilities, mental retardation, and learning disabilities. Each of the four disabilities were approached in the same way. The first day included introduction to the disability, discussion of terms, use of books or other media, and a demonstration of appropriate aids. The second day simulated activities and discussions were used. The third day guest speakers and discussions were scheduled. Miller gave examples of the activities and speakers involved in the program. She did not give details about the program. Her purpose was to show what can be done to bring about positive attitudes toward the handicapped.

Sally Zakariya (1978) reported briefly on the Meeting Street School program to help nonhandicapped elementary stu-

dents understand the needs and problems of the handicapped. It was developed by Susan Bookbinder for grades one through four. It was titled, "Mainstreaming: What Every Child Needs to Know About Disabilities." It contained four separate units: physical disabilities, mental retardation, blindness, and deafness. There were two classroom sessions for each. These sessions included the components of simulated activities, exposure to aids and appliances, guest speakers, books, movies, slides, videotapes, and class discussions. The program was designed to last one semester. Although there was no formal scientific evaluation done, the originators felt there was enough enthusiastic response to show them that the program brought about positive changes.

The St. Charles City School District (1980) provided a book of awareness activities to assist teachers in building positive attitudes toward the handicapped. The handicapping conditions included orthopedically handicapped, hearing impaired, learning disabled, visually impaired, and educable mentally retarded. The book was not a program set up in any particular order, it just had suggestions for teachers. The suggestions included simulated activities, films, guest speakers, books, pamphlets, discussions and agencies where more information could be obtained.

A more extensive program was a curriculum called "Project C.H.A.N.G.E." It was developed by Sherry Smith et. al. (1981) in Oak Lawn, Illinois. It was a progressive program designed

for grades K-8. The handicapping conditions taught were blind, deaf, physical handicaps, health impaired, mental retardation, learning disabilities, and emotional disorders. The components involved were simulated activities, filmstrips, films, books, worksheets, guest speakers, and discussions. Each grade level learned about three different handicaps. The results of this three year developmental program showed that there was an increase in knowledge of and improved attitudes toward the handicapped by teachers and students.

In summary, studies have shown that there are negative attitudes toward the handicapped, that these attitudes can be changed, and that there is a variety of ways to change them.

Theories of Development

Since the curriculum in this study is only concerned with the third grader, only that age group will be discussed in this section. The theories of development included are those of Erikson, Piaget, and Brunner. It is important that these theories be addressed so as to organize the curriculum appropriately for this age group.

Erikson's stage of development for the third grader is called "Industry vs. Inferiority" (ages 6-11 years). This simply states that if a child is allowed to make and do things and is praised for it, industry results. However, if children are subdued and criticized for their accomplishments, inferior-

ity results.

Piaget's stage of development for the third grader is called the "Concrete Operational Stage" (ages 7-11 years). This stage is when a child can mentally manipulate concrete experiences. They can deal with operations but they are not able to generalize beyond actual experience. Brunner's stages parallel Piaget's except for the role of language in the development of thought.

Biehler (1974) brought together all three of these theories in an outline of age level characteristics. These characteristics are divided into four areas: physical, social, emotional, and mental. Following are the characteristics (ages 6-9 years) used in this curriculum:

Physical

1. These children are extremely active.
2. Children at these grade levels still need rest periods.
3. Large muscle control is still superior to fine coordination.
4. The eyes don't fully accommodate until most children are about eight years old.
5. The common illnesses of childhood are most apt to occur during this age period.
6. At this age children tend to be extreme in their physical activities.

Social

1. At this level children become somewhat more selective in their choice of friends.
2. Children in the latter part of this age span like organized games in small groups, but they may be overly concerned with rules.
3. Quarrels are still frequent.
4. Competition becomes noticeable. Boasting may be common.
5. Boys and girls begin to show different interests, both in schoolwork and in play.

Emotional

1. Children of this age are becoming alert to the

feelings of others.

2. They are sensitive to criticism and ridicule and may have difficulty adjusting to failure. They need frequent praise and recognition.
3. They are eager to please the teacher. They like to help, enjoy responsibility, and want to do well in their schoolwork.

Mental

1. They are extremely eager to learn.
2. They like to talk and have much more facility in speech than in writing.
3. Upon discovering the power of words, many children experiment with vulgar language.
4. Concepts of right and wrong develop. The idea of fairness looms large. (pp. 151-158)

This curriculum applies as many of these characteristics as possible. In the physical area Biehler reports that the children at this age are very active. This curriculum has simulated activities to cover the need for physical activity. In the social area at this age level children become particular in the friends they choose. Therefore this curriculum helps children to understand the facts about the handicapped so they don't prejudge them. Also children at this level like organized activities. The activities in this curriculum are structured. Since the children's emotional characteristics include that they are becoming aware of other's feelings, this curriculum gives the chance for them to know what it's like to have a handicap and a chance to talk about how a handicap feels. These children's mental characteristics are that they're eager to learn, like to talk, and expect fairness most of the time. In this curriculum there are plenty of opportunities to talk. It extends the idea of fairness with the handicapped.

CHAPTER III

METHOD

Goals

Based on the studies by Lazar (1972), Gottlieb (1973), Kennedy (1982), Wisely and Morgan (1981), and Richardson (1970) it was found that children harbor negative attitudes toward the handicapped. The researchers of those studies listed the negative attitudes: teasing, avoidance, fear, pity, mimicking, and staring. The long range goals in this curriculum were selected from studies and other curriculums in this area. The purpose of this curriculum is to develop positive attitudes toward the handicapped; therefore, the following goals were developed.

The first two goals are: (1) upon completion of this curriculum, the student will understand that the handicapped have capabilities similar to those of the nonhandicapped and (2) the student will understand that the handicapped have needs and desires similar to those of the nonhandicapped. In Lass' (1981), Jones, Sowell, Jones, and Butler's (1981), and Hagino's (1980) studies on changing children's attitudes, all stressed the importance of showing students how a handicapped person is similar to a nonhandicapped person. Children should see how a handicapped person is similar to and not

different from them. In Smith, (1981) curriculum, they were successful in stressing the importance of showing similarities between the handicapped and the nonhandicapped. Other programs that support stressing similarities are "We Wanna Be Liked" (1980) and "People....just like you" (1979).

The next goal states how the handicapped are different, but in a special way, which is also important for children to know: (3) upon completion of the curriculum, the student will understand the special physical and mental accommodations a handicapped individual must make. (Hagino (1980), Jones et. al. (1981), Smith et. al. (1981), and Lipsky (1981) used simulated activities to show the special accommodations and what it's like to have a handicap. Simulated activities show the student the feelings connected with having a handicap. This has been proven by these researchers to be most successful in changing attitudes.

Objectives

The intermediate range objectives were determined from the goals, studies, and other programs and curriculums on this subject. All of these objectives deal with increasing a student's knowledge of the handicapped. Smith et. al. (1981) showed that increased knowledge improves attitudes.

The first objective is, (1) after completing each division of the curriculum, the student will be able to demonstrate the proper ways to assist a handicapped individual. This was derived from the goal that the student will understand

the special accommodations a handicapped individual must make. In learning how to assist a handicapped person, a student gains knowledge regarding the capabilities of the handicapped, therefore, understanding the special accommodations the handicapped must make, leads toward positive attitudes.

The second objective, (2) name and describe the uses of the medical aids and other devices that assist a handicapped individual, is similar to the first objective in that it was derived from the same goal: the student will understand the special accommodations a handicapped person must make. The student will also be able to understand that the handicapped have capabilities similar to those of the nonhandicapped. Other programs such as "We Wanna Be Liked" (1980), Smith et. al. (1981), and Hagino (1980) used activities which included medical aids and other devices that help the handicapped.

The last four objectives (3,4,5,6) concern student identification of the physical and emotional likenesses and differences between the handicapped and nonhandicapped. These four objectives are related to all of the curriculum's goals. Lass (1981) emphasizes the importance of presenting traits of the handicapped individual as accurately as possible, and she emphasizes similarities rather than differences. Some differences must be presented in order to give a realistic description of the handicap.

Content and Materials

This curriculum includes topics, information and materials

to alter attitudes toward the hearing impaired/deaf, visually impaired/blind, health and physically impaired, speech, mentally retarded, learning disabled, and emotionally and behaviorally disturbed. These disabilities were chosen because they are included in PL 94-142 and public school children are most likely to contact individuals with these handicaps. The activities include films/filmstrips, books, simulated activities/role playing, guest speakers, field trips, and discussions. These activities were selected from the studies by Jones et. al. (1981), Dobo (1982), Gottlieb (1980), Hagino (1981), Smith et. al. (1981), Westervelt and McKinney (1980), and Lipsky (1981) which found these activities to be most successful in increasing a child's knowledge and developing positive attitudes toward the handicapped.

The books used in teaching this curriculum were selected from the NICSEM Master Index to Special Education Materials, Fairmount Elementary School library, reference books with lists of children's books, and articles about children's books. The seven criteria recommended by Lass (1981) for choosing appropriate books about handicaps were considered in making these selections. Let it be noted that, except for the children's books regarding emotionally and behaviorally disturbed persons, all books may be read independently by the student. Books on the emotionally and behaviorally disturbed at this age level could not be found; therefore, higher reading level books were used. Due to the availability of these books for this age level, it is suggested that these books be read with

an adult.

The films and filmstrips from NICSEM and the program "We Wanna Be Liked" (1980) were selected according to the seven criteria by Lass (1981). Since films and filmstrips are commonly presented in the same manner, in that they are in story form or taken directly from books, the same criteria were thought to be helpful. The simulated activities were selected from the program "We Wanna Be Liked" (1980) and by original thoughts by this author. No criteria were found by which to choose appropriate activities. Guest speakers and field trips were found by contacting various organizations in the community, hospitals, school personnel, and by using the suggestions from the program "We Wanna Be Liked" (1980). The program "People....just like you" (1979) suggested getting a guest speaker who is handicapped, willing to share their experiences as a handicapped person, one who could respond frankly to the student's questions, and who is familiar with the goals of the session. The definitions of the handicaps and the discussion questions were both derived from the Dictionary of Education, the program "We Wanna Be Liked" (1980), explanations given by Gearhart and Weishahan (1984), and original thoughts of this author.

Processes

This curriculum was designed to enrich and supplement health units on the human body and feelings. It was also designed to assist educators to prepare their students for

contact with handicapped peers. If only one handicapping condition is present in a certain classroom situation, then only that condition need be used from this curriculum. The curriculum was designed to be used as one whole unit or divided so only certain sections would be used.

The lower levels of thinking are stressed in this curriculum. Since the curriculum is for third grade, Piaget's concrete operational stage of development is the best suited as a guide for the activities to be experienced. At this stage the child can deal with concrete experiences, but cannot generalize beyond experience; therefore, the children are informed about the experiences of a handicapped child. This allows them to relate their experiences to others. Some higher levels of thinking might also take place during this curriculum. Interpretive and evaluative thinking processes are used when the student is asked to make judgments about a handicapping condition.

Order of Curriculum

The separate divisions in this curriculum are presented in the following order: visually impaired/blind, hearing impaired/deaf, health and physically impaired, speech, learning disabled, mentally retarded, and emotionally and behaviorally disturbed. No study was found to indicate the order in which handicapping conditions should be taught. The activities in each division are as follows: (1) explanation of handicap and discussion, (2) use of medical aids and/or other devices

and discussions, (3) simulated activities and discussions, (4) books and/or films and discussions, (5) guest speakers and/or field trips and discussions. No study was found to indicate which order the activities should be. However, "We Wanna Be Liked" (1980), Smith et. al. (1981), Hagino (1980), and Cleary (1976) set their programs up in much the same manner. The explanation of the handicap is presented first to familiarize the student with the handicap. Second, explaining the use of medical aids and other devices gives the student more information about that handicap. Simulated activities are scheduled before books and films to allow the student to experience the handicap in order that they can better understand a book or a film about a handicapped child. Finally a guest speaker or a field trip can provide answers to questions students might have. The only studies that establish a particular order are the ones concerning discussions. Gottlieb (1980), Jones et. al. (1981), Hagino (1980), and Smith (1981) indicate that discussions must be used after books, films, simulated activities, and guest speakers to get positive results; therefore, discussions in this curriculum plan are included after each one of these steps.

Evaluation

Since the intent of this curriculum is to develop positive attitudes, a Likert-type inventory is used. It was developed by Donna A. Beardsley (1982) and measures self-reported attitudes toward the handicapped. Lazar (1972), Gottlieb (1973),

Richardson (1970), and Wisely and Morgan (1981) feel self-reported attitude inventories are best when an investigator is searching for a particular attitude. Beardsley's (1982) inventory is used as a pretest and as a posttest for the entire curriculum.

When discussions are used the student is evaluated on the level of participation (how often they contribute appropriate responses), answers to questions during the discussion, plus a written description of the discussion. In learning about the uses of medical aids and other devices the student is evaluated by any one or all of the following: level of class participation, describing the proper uses of the aid or device, and listing the names and uses of the aids or devices. Simulated activities demonstrate the emotional and physical reactions of the handicapped. In simulated activities the students are evaluated on the level of participation, written and oral experiences of the feelings they experienced during the activity, and their listing of the physical barriers of the handicap. In listening to or reading a book or viewing a film/filmstrip the student acquires added perspective on the handicapped. This is evaluated by the number of correctly answered questions about the book or film or filmstrip. At the end of each section the student completes a worksheet that demonstrates the students' knowledge of the handicap. Smith et. al. (1981) used this type of worksheet at the end of each section and were successful.

CHAPTER IV

CURRICULUM

Long Range Goals

Upon completion of the curriculum, the student will:

I. Understand that the handicapped have capabilities which are similar to those of the nonhandicapped.

II. Understand that the handicapped have needs and desires which are similar to those of the nonhandicapped.

III. Understand the special physical and mental accommodations a handicapped individual must make.

Intermediate Range Objectives

After completing each division of the curriculum the student will be able to:

A. Demonstrate the proper ways to assist a handicapped individual. LRG III

B. Name and describe the uses of the medical aids and other devices that assist a handicapped individual. LRG I, III

C. Identify physical likenesses between the handicapped and nonhandicapped. LRG I, II

D. Identify physical differences between the handicapped and nonhandicapped. LRG I, III

E. Identify emotional likenesses between the handicapped and nonhandicapped. LRG II

F. Identify emotional differences between the handicapped and nonhandicapped. LRG II, III

Pre and Posttest

Directions

Give each student the answer sheets. Fill out the top of the sheet together: name, date, age. Show the students the picture of the handicapped and nonhandicapped children. Explain to the students that the children in the picture are their own age. Also explain that the first person is in a wheelchair, the second person is jumping up and down, the third person is hard of hearing so they need to wear a hearing aid, the fourth person is without a leg so they need to use crutches, and the fifth person is walking around. Then instruct the students when asked a question to put an X over the word(s) which describe how they would feel doing different things with the different children that you point to in the picture. Do the example question together to make sure the directions are understood.

The tester should point to all of the handicapped children in the picture when an H is printed before a question, point to the other two children when NH appears, and point to all of the children when a B appears.

Scoring

Only score items 1, 3, 6, 8, 10, and 11. Five or more of these items must be answered with happy or very happy for the student to be considered having positive attitudes toward the handicapped. If one or more of these items are answered very unhappy, unhappy, or I don't know the student is considered to have negative attitudes toward the handicapped and

should go through this curriculum.

Questions to the Test and the Posterboard Picture

How would you feel if:

B Example: These people were in the same classroom as you are?

H 1. Any of these people came to school with you?

B 2. Any of these people invited you to play in their backyard at home?

H 3. You were asked to choose any of these people as a partner during free play?

NH 4. You had to stand next to any of these people in line for recess?

NH 5. Someone asked you to make sure that these people got on the right school bus?

H 6. You had to sit next to any of these people at school?

B 7. Any of these people forgot their lunch money?

H 8. Any of these people wanted to swing on the swing-set with you?

NH 9. You were asked to choose any of these people as a partner on a field trip?

H 10. Any of these people rode to school with you on the bus?

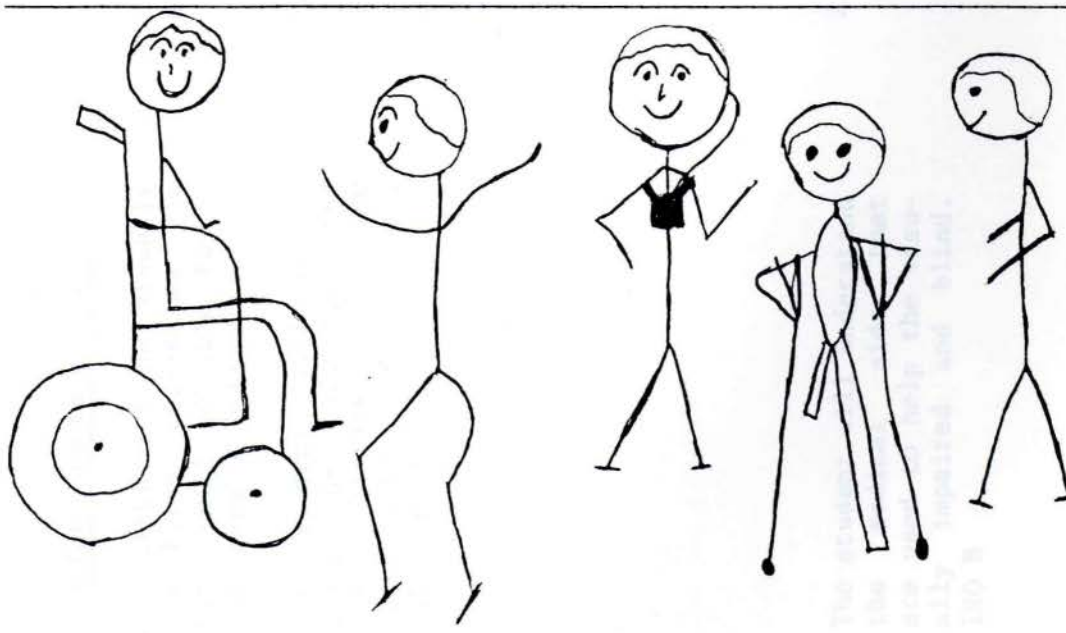
H 11. Someone asked you to help any of these people sit at their desk?

NH 12. Any of these people came outside to the playground and wanted to teeter-totter with you?

Answer Sheet

Name_____ Date_____ Age_____

Example:	Very Unhappy	Unhappy	I Don't Know	Happy	Very Happy
1.	Very Unhappy	Unhappy	I Don't Know	Happy	Very Happy
2.	Very Unhappy	Unhappy	I Don't Know	Happy	Very Happy
3.	Very Unhappy	Unhappy	I Don't Know	Happy	Very Happy
4.	Very Unhappy	Unhappy	I Don't Know	Happy	Very Happy
5.	Very Unhappy	Unhappy	I Don't Know	Happy	Very Happy
6.	Very Unhappy	Unhappy	I Don't Know	Happy	Very Happy
7.	Very Unhappy	Unhappy	I Don't Know	Happy	Very Happy
8.	Very Unhappy	Unhappy	I Don't Know	Happy	Very Happy
9.	Very Unhappy	Unhappy	I Don't Know	Happy	Very Happy
10.	Very Unhappy	Unhappy	I Don't Know	Happy	Very Happy
11.	Very Unhappy	Unhappy	I Don't Know	Happy	Very Happy
12.	Very Unhappy	Unhappy	I Don't Know	Happy	Very Happy



A B C D E

These pictures should be put on poster board.

Performance Objectives	Enabling Activities	Evaluation
Upon completion of the visually impaired/blind curriculum the student should be able to do the following objectives:	Activities and materials will enable the student to:	Evaluation of the student will be based on:
1. The student will understand the definition and characteristics of the visually impaired and blind. IRO A, C, D	1.a. Listen to a definition and explanation of the visually impaired and blind. (See appendix B)	1.a. Level of participation in discussion.
	b. Participate in discussion.	b. Demonstrating an understanding of the visually impaired and blind through a written description.
	c. Answer questions orally about the visually impaired and blind. (See appendix C)	
	d. Write a brief description of the visually impaired and blind.	
2. The student will understand the medical aids that are used to help the visually impaired and blind. IRO B	2.a. Listen to an explanation about the use of the medical aids. (See appendix D)	2.a. Level of participation.
	b. Watch a demonstration on the use of the medical aids.	b. Correctly list five of the medical aids used by the visually impaired and blind.

Performance Objectives	Enabling Activities	Evaluation
	2.c. Examine the medical aids.	
	d. Discuss the material covered in the activities.	
3. The student will realize the feelings of the visually impaired and blind. IRO A,C,D,E,F	3.a. Participate in simulated activities. (See appendix E numbers, 1,2, & 4)	3.a. Quality and number of feelings listed.
	b. List the feelings of the visually impaired and blind person.	b. Level of participation in simulated activities and discussion.
	c. List the feelings of the person helping the visually impaired or blind person.	c. Correctly demonstraing the elbow as a guide.
	d. Discuss the material covered in the simulated activities.	
	e. Listen to the book entitled "About Glasses for Gladys".	

Performance Objectives	Enabling Activities	Evaluation
	3.f. Watch the filmstrip entitled "See What I Feel".	
	g. Discuss the book and the filmstrip.	
4. The student will understand the role of a blind person in our society. IRO B,C, D,E,F	4.a. Listen to a guest speaker who is blind. (See appendix F)	4.a. Level of participation.
	b. Talk with the guest speaker.	
5. The student will demonstrate an understanding and knowledge of the visually impaired and blind. IRO A,B,C,D,E,F	5.a. Complete a worksheet about the visually impaired and blind. (See appendix G)	5.a. Completing the worksheet with 80% accuracy.

Performance Objectives	Enabling Activities	Evaluation
Upon completion of the hearing impaired/deaf curriculum the student should be able to do the following objectives:	Activities and materials will enable the student to:	Evaluation of the student will be based on:
1. The student will understand the definition and characteristics of the hearing impaired and deaf. IRO A,C,D	1.a. Listen to a definition and explanation of the hearing impaired and deaf. (See appendix B)	1.a. Level of participation in discussion.
	b. Participate in discussion.	b. Demonstrating an understanding of the hearing impaired and deaf through a written description.
	c. Answer questions orally about the hearing impaired and deaf. (See appendix C)	
	d. Write a brief description of the hearing impaired and deaf.	
2. The student will understand the medical aids and other devices that are used to help the hearing impaired and deaf. IRO B	2.a. Listen to an explanation about the uses of the medical aids. (See appendix D)	2.a. Level of participation.
		b. Correctly listing three of the medical aids and other devices that assist the hearing impaired and deaf.

Performance Objectives	Enabling Activities	Evaluation
	2.b. Watch a demonstration about the use of the medical aids.	
	c. Examine the medical aids.	
	d. Discuss the material covered in the activities.	
3. The student will realize the feelings of a hearing impaired or deaf person. IRO C,D,E,F	3.a. Participate in simulated activities. (See appendix E number 2)	3.a. Level of participation in discussion.
	b. List their feelings during the activity.	b. Quality and number of feelings listed.
	c. Discuss the activity and their feelings.	c. Quality of comparisons of characters in the book and the film.
	d. Listen to the book entitled "I Can't Always Hear You".	
	e. Watch a film entitled "What's Say?".	

Performance Objectives	Enabling Activities	Evaluation
	3.f. Compare the characters in the book and the film.	
	g. Discuss the book and film.	
4. The student will understand the role of a deaf person in our society. IRO C,D,E,F	4.a. Listen to a guest speaker who is deaf. (See appendix F)	4.a. Level of participation in talking with the deaf person.
	b. Talk with the guest speaker.	
5. The student will demonstrate an understanding and knowledge of the hearing impaired and deaf. IRO A,B,C,D,E,F	5.a. Complete a worksheet on the hearing impaired and deaf. (See appendix G)	5.a. Completing the worksheet with 80% accuracy.

Health and Physically Impaired

Performance Objectives	Enabling Activities	Evaluation
Upon completion of the health and physically impaired curriculum the student should be able to do the following objectives:	Activities and materials will enable the student to:	Evaluation of the student will be based on:
1. The student will understand the definition and characteristics of the health and physically impaired. IRO C,D,E,F	1.a. Listen to a definition and explanation of the health and physically impaired. (See appendix B)	1.a. Level of participation in discussion.
	b. Participate in discussion.	b. Demonstrating an understanding of the health and physically impaired through a written description.
	c. Answer questions orally about the health and physically impaired. (See appendix C)	
	d. Write a brief description of the health and physically impaired.	
2. The student will understand the medical aids and other devices used by the arthritic, asthmatic, diabetic, allergic, cerebral palsy, amputies, epileptic, scoliosis, and temporary crippling conditions. IRO B	2.a. Listen to an explanation and demonstration of each of the medical aids and other devices that assist the health and physically impaired. (See appendix D)	2.a. Level of participation in activities.

Performance Objectives	Enabling Activities	Evaluation
	2.b. Examine the medical aids and other devices that assist the health and physically impaired.	2.b. Correctly listing five of the medical aids and other devices used by the health and physically impaired.
	c. Try on braces and casts.	
	d. Discuss the material covered in the activities.	
3. The student will realize the feelings of the health and physically impaired. IRO C,D,E,F	3.a. Participate in simulated activities. (See appendix E numbers 1,2,4)	3.a. Quality and number of feelings listed.
	b. List their feelings during the simulated activities.	b. Level of participation in the simulated activities.
	c. Discuss the material covered in the simulated activities.	c. Level of participation in discussion.
	d. Listen to the book entitled "A Look at Physical Handicaps".	
	e. Watch the filmstrip "Why Me?".	

Performance Objectives	Enabling Activities	Evaluation
	3.f. Analyze the likenesses and differences in the characters in the book and the filmstrip.	
	g. Discuss the book and filmstrip.	
4. The student will understand the roles of the people who help the health and physically impaired. IRO A,B	4.a. Listen to a nurse. (See appendix F)	4.a. Level of participation in discussion.
	b. Listen to a physical therapist. (See appendix F)	
	c. Discuss the material covered in the activities.	
5. The student will demonstrate an understanding and knowledge of the health and physically impaired. IRO A,B,C,D,E,F	5.a. Complete a worksheet on the health and physically impaired. (See appendix G)	5.a. Completing the worksheet with 80% accuracy.

Performance Objectives	Enabling Activities	Evaluation
Upon completion of the speech impaired curriculum the student should be able to do the following objectives:	Activities and materials will enable the student to:	Evaluation of the student will be based on:
1. The student will understand the definition and characteristics of the speech impaired. IRO A,C,D,E,F	1.a. Listen to a definition and explanation of the speech impaired. (See appendix B)	1.a. Level of participation in discussion.
	b. Participate in discussions about speech impairments.	b. Demonstrating an understanding of speech impairments through a written description.
	c. Answer questions orally about speech impairments. (See appendix C)	
	d. Write a brief description of speech impairments.	
2. The student will understand the devices used to assist those with speech impairments. IRO B	2.a. Listen to an explanation of the devices used to assist those with speech impairments. (See appendix D)	2.a. Level of participation in discussion.
	b. Listen to an explanation of what a speech therapist does.	b. Correctly listing all of the devices used to assist those with speech impairments.

Performance Objectives	Enabling Activities	Evaluation
	2.c. Examine the devices that are used to help the speech impaired.	
	d. Discuss the material covered in the activities.	
3. The student will realize the feelings of the speech impaired. IRO C,D,E,F	3.a. Participate in simulated activities. (See appendix E number 1)	3.a. Quality and number of feelings listed.
	b. List their feelings during the activities.	b. Level of participation in simulated activities.
	c. Discuss the material covered in the simulated activities.	c. Level of participation in discussion.
	d. Watch the film entitled "Everyone Needs Some Help".	
	e. Discuss the film.	
4. The student will understand the roles of the people who help the speech impaired. IRO A,B	4.a. Listen to a speech therapist.	4.a. Level of participation in discussion.
	b. Visit a speech classroom.	
	c. Discuss the material covered in the activities.	

Speech Impaired

Performance Objectives	Enabling Activities	Evaluation
5. The student will demonstrate an understanding and knowledge of the speech impaired. IRO A,B,C,D,E,F	5.a. Complete a worksheet on the speech impaired. (See appendix G)	5.a. Completing the worksheet with 80% accuracy.

Performance Objectives	Enabling Activities	Evaluation
Upon completion of the learning disabled curriculum the student should be able to do the following objectives:	Activities and materials will enable the student to:	Evaluation of the student will be based on:
1. The student will understand the definition and characteristics of the learning disabled. IRO A,C,D,E,F	1.a. Listen to a definition and explanation of the learning disabled. (See appendix B) b. Participate in discussion. c. Answer questions orally about the learning disabled. (See appendix C) d. Write a brief description of the learning disabled.	1.a. Level of participation in discussion. b. Demonstrating an understanding of the learning disabled through a written description.
2. The student will understand the medical aids and other devices used to assist the learning disabled. IRO A,B	2.a. Listen to an explanation of medication, special programs, and teachers that assist the learning disabled. (See appendix D) b. Watch a demonstration of the materials used with the learning disabled.	2.a. Level of participation in discussion. b. Correctly listing four of the medical aids and other devices used to assist the learning disabled.

Performance Objectives	Enabling Activities	Evaluation
	2.c. Examine the materials used with the learning disabled.	
	d. Discuss the material covered in the activities.	
3. The student will realize the feelings of the learning disabled. IRO C,D,E,F	3.a. Participate in simulated activities. (See appendix E numbers 2,4,7)	3.a. Level or participation in simulated activities.
	b. List their feelings during the simulated activities.	b. Quality and number of feelings listed.
	c. Discuss the material covered in the simulated activities.	c. Level of participation in discussion.
	d. Watch the film entitled "Meet Lisa".	
	e. Discuss the film.	
4. The student will understand the roles of the people who help the learning disabled. IRO B	4.a. Listen to a teacher of the learning disabled. (See appendix F)	4.a. Level of participation in discussion.

Performance Objectives	Enabling Activities	Evaluation
	4.b. Visit a learning disabilities classroom.	
	c. Discuss the material covered in the activities.	
5. The student will demonstrate an understanding and knowledge of the learning disabled. IRO A,B,C,D,E,F	5.a. Complete a worksheet on the learning disabled. (See appendix G)	5.a. Completing the worksheet with 80% accuracy.

Performance Objectives	Enabling Activities	Evaluation
Upon completion of the mentally retarded curriculum the student should be able to do the following objectives:	Activities and materials will enable the student to:	Evaluation of the student will be based on:
1. The student will understand the definition and characteristics of the mentally retarded. IRO A,C,D,E,F	1.a. Listen to a definition and explanation of the mentally retarded. (See appendix B)	1.a. Level of participation in discussion.
	b. Participate in discussion.	b. Demonstrating an understanding of the mentally retarded through a written description.
	c. Answer questions orally about the mentally retarded. (See appendix C)	
	d. Write a brief description of the mentally retarded.	
2. The student will understand the devices used to help the mentally retarded. IRO B	2.a. Listen to an explanation of the devices to assist the mentally retarded. (See appendix D)	2.a. Level of participation in discussion.
	b. Discuss the explanation of the devices used to assist the mentally retarded.	b. Correctly listing two of the devices used to assist the mentally retarded.

Performance Objectives	Enabling Activities	Evaluation
3. The student will realize the feelings of the mentally retarded. IRO C,D,E,F	3.a. Participate in simulated activities. (See appendix E number 1)	3.a. Level of participation in simulated activities.
	b. List their feelings during the simulated activities.	b. Level of participation in discussions.
	c. Discuss the feelings listed.	c. Quality and number of feelings listed.
	d. Listen to the book entitled "My Brother Steven is Retarded".	
	e. Discuss the book.	
4. The student will understand the roles of the people who help the mentally retarded. IRO A,B	4.a. Listen to a teacher of the mentally retarded. (See appendix F)	4.a. Level of participation in discussion.
	b. Discuss the material covered by the teacher.	
5. The student will demonstrate an understanding and knowledge of the mentally retarded. IRO A,B,C,D,E,F	5.a. Complete a worksheet about the mentally retarded. (See appendix G)	5.a. Completing the worksheet with 80% accuracy.

Performance Objectives	Enabling Activities	Evaluation
Upon completion of the emotionally and behaviorally disturbed curriculum the student should be able to do the following objectives:	Activities and materials will enable the student to:	Evaluation of the student will be based on:
1. The student will understand the definition and characteristics of the emotionally and behaviorally disturbed. IRO A,C,D,E,F	1.a. Listen to a definition and explanation of the emotionally and behaviorally disturbed. (See appendix B)	1.a. Level of participation in discussion.
	b. Participate in discussion.	b. Demonstrating an understanding of the emotionally and behaviorally disturbed through a written description.
	c. Answer questions orally about the emotionally and behaviorally disturbed. (See appendix C)	
	d. Write a brief description of the emotionally and behaviorally disturbed.	
2. The student will understand the devices used to help the emotionally and behaviorally disturbed. IRO B	2.a. Listen to an explanation of the use of contracts and rewards. (See appendix D)	2.a. Level of participation in discussion.

Performance Objectives	Enabling Activities	Evaluation
	2.b. Fill out a given contract on the behavior of hitting. (See appendix D)	2.b. Correctly filling out the contract.
	c. Listen to an explanation of counseling services and behavioral disorders classes.	c. Correctly listing all of the devices used to help the emotionally and behaviorally disturbed.
	d. Discuss the material covered in the activities.	
3. The student will realize the feelings of the emotionally and behaviorally disturbed. IRO C,D,E,F	3.a. Participate in role play and simulated activities. (See appendix E number 1)	3.a. Quality and number of feelings listed.
	b. List their feelings during the simulated activities or role play.	b. Level of participation in role play or simulated activities.
	c. Discuss the material covered in the activities.	c. Level of participation in discussion.
	d. Listen to the book entitled "Duffy".	
	e. Watch the filmstrip entitled "Let's Be Friends".	

Performance Objectives	Enabling Activities	Evaluation
4. The student will understand the roles of the people who help the emotionally and behaviorally disturbed. IRO A,B	4.a. Visit a counseling office. (See appendix F) b. Visit a behavioral disorders classroom. (See appendix F) c. Talk with a counselor. (See appendix F) d. Talk with a teacher of the behaviorally disturbed. (See appendix F) e. Discuss the activities covered.	4.a. Level of participation in visits, talks, and discussions.
5. The student will demonstrate an understanding and knowledge of the emotionally and behaviorally disturbed. IRO A,B,C, D,E,F	5.a. Complete a worksheet on the emotionally and behaviorally disturbed. (See appendix G)	5.a. Completing the worksheet with 80% accuracy.

APPENDICES

APPENDICES

APPENDIX A

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We wanna be liked: A book of awareness activities for elementary students. Unpublished manual. St. Charles School Dist., 1980.

APPENDIX B

DEFINITIONS of HANDICAPS

Visually Impaired/Blind

A person with normal vision is said to have 20/20 vision. Someone with a visual impairment has a vision of 20/70 to 20/200. A person with a visual impairment will need patches, glasses, contact lenses, or a special machine that makes the words larger. Some of the causes of visual impairments are rubella, German measles, birth defects, glaucoma, injury, or accidents.

Some visual impairments can be permanent or temporary (meaning they can be improved on or cured). A lazy eye is a visual impairment where one of the eyes is lazy and the muscle doesn't work as hard as it should, resulting in a loss of vision to that eye. This can be helped by special glasses, wearing a patch, or both. If it is not helped, that eye could become blind. More common visual impairments are nearsightedness and farsightedness. Nearsightedness is the ability to see things at a distance of fourteen inches. Farsightedness is the ability to see objects at a distance of twenty feet or more. These two conditions are helped by glasses or contact lens.

A blind person will have vision less than 20/200 with the use of glasses. They might be able to distinguish between light and dark. A person who is totally blind sees only darkness. Some chief causes of blindness are too much oxygen at birth, glaucoma, or retrolental fibroplasia (RLF). RLF is a disease of the eye in which a mass of scar tissue forms in the back of the lens of the eye, blocking visual images.

Rules when a blind person is present

1. Always be natural and talk directly to them.

2. Let them take your arm. They may want to use the hand rail if there is one.

3. Address them by name so they know you're talking to them.

4. Keep doors closed and objects picked up off the floor.

5. Ask if they want help during a meal.

6. Do not pity a blind person.

7. As a quest they will want to know where everything is.

Hearing Impaired/Deaf

There are two main types of hearing impairments, with some being more severe than others. One type affects the loudness in which a person hears speech and it's called conductive hearing loss. The second type affects the clarity of sounds the person hears and it's called sensorineural hearing loss.

With the conductive type of hearing loss the person can usually be helped from the use of a hearing aid. Sometimes if this type of hearing loss is detected early, surgery can correct the problem.

The sensorineural type of hearing loss cannot be helped by a hearing aid because there is damage to the nerve. Further there is no known surgery at this time that can help.

Teachers: At this time use a radio to illustrate conductive hearing loss by turning the volume up and down. Then illustrate sensorineural hearing loss by getting the radio "out of tune". Demonstrate here how volume doesn't help this type of hearing loss.

It should be understood that these two main types can be

mild to severe, depending on the person.

Deafness is when a person can't hear at all or the sounds they do hear have no meaning for ordinary life purposes. These people are unable to learn spoken language.

Most people with hearing impairments or deafness were born with them. A few are caused by accidents or illness.

Rules when with a deaf person

1. Keep your face and hands toward them.
2. Maintain eye contact.
3. Don't cover lips or face or turn away while talking with a deaf person.
4. Finish your conversation; don't allow yourself to be diverted.
5. Include them whenever you can.
6. Don't talk "down" to them.
7. To get their attention, gently tap them on the shoulder or arm, or stomp your foot if the floor is wooden.

Health and Physically Impaired

There are several types of health and physical impairments. We will discuss just a few. These are impairments that are fairly common to public school surroundings.

The first is allergies. An allergy is when a person is overly sensitive to a certain substance, like: foods, drugs, plants, animals, bites, stings, things you breathe, or bacteria. This person may start sneezing, coughing, getting watery eyes or runny nose, itching, getting tired, or getting a rash.

Asthma is when a person has difficulty in breathing. The person may lose their color, wheeze, and perspire excessively.

This may be caused by an allergy, too much physical activity, or an emotional reaction.

Arthritis effects mainly the joints in the body. It can be very severe to very light. In light cases it may only last a few weeks and not seriously effect the person. It could get so serious that it would effect a person's heart, liver, and spleen, slow a person's growth, and swelling and pain in the joints could result in making the joints stiff and very difficult to move.

Amputation is when an arm or leg must be removed because of an accident, disease, or infection. Sometimes babies are born without arms or legs.

Diabetes is when there's too much sugar in the body. The pancreas does not make enough insulin to control the sugar level.

Epilepsy is when there are too many electrical discharges released from certain cells in the brain. When this happens the brain can't work correctly for a short time. It loses control over muscles, consciousness, senses, and thoughts; the person goes into a seizure. There are three types of seizures: (1) Grand mal is when the person falls, loses consciousness, jerks around, has trouble breathing, drools, and may make strange sounds. (2) Petit mal is when the person may become pale, stare into space, eyelids may twitch, or make slight jerky movements. (3) Psychomotor or temporal lobe seizures are very complicated. They may last from a few minutes to several hours. The person may smack lips or chew, or appear to be confused. They may even do purposeless activities like rubbing their arms.

Cerebral palsy is a serious crippling disease. There are two types of cerebral palsy and they are: spastic and athetoid. Spastic cerebral palsy is jerky sudden movements when a person tries to move. Athetoid cerebral palsy also has jerky movements but in addition, the person has trouble in going in the direction they desire. People with cerebral palsy are mostly born with it but sometimes it may result in a head injury or an infectious disease.

A temporary crippling condition could be like a broken bone, a sprain, or an illness that would restrict a person's activity. Mostly these are caused by accidents.

Scoliosis is curvature of the spine. The spine is curved, causing the shoulders and hips to be out of alignment.

Speech Disorders

There are three types of speech disorders and they are: articulation, fluency, and voice.

Articulation is difficulty with the way sounds are formed and put together. There are three characteristics: (1) substitution is when they substitute one sound for another (wabbit for rabbit), (2) Omitting a sound is when a sound is left out (han for hand), and (3) distorting a sound (shlip for sip).

Fluency or stuttering is when the flow or rhythm of speech is interrupted. Characteristics are hesitations, repetitions, or prolongations of sounds, syllables, words, or phrases.

Voice is inappropriate pitch, volume, or quality of speech. Pitch is when the voice is too high, too low, breaks high/low,

or never changes. Volume is just too soft or too loud. Quality is when the voice is hoarse, husky, harsh, or breathy.

Most causes are unknown, but some causes are loss of hearing, vocal abuse, infection or inflammation of the vocal cords, cleft palet, improperly formed teeth or mouth.

Rules while speaking with a speech disordered person

1. While they are talking, keep looking at them.
2. Do not interrupt them.
3. Do not say a word for them.
4. Do not ask them to start over.
5. Be patient.
6. Let them speak at their own rate.

Learning Disabled

People with learning disabilities have trouble learning. Their problem may be in reading, writing, spelling, math, talking, thinking, or listening. There is also a big difference in what a person does and what they are capable of doing. In other words they are very smart, but they can't learn to read, write, spell, or do math as well as most students who are younger than they are.

There are many characteristics of a learning disabled person, such as: hyperactivity, hypoactivity, perceptual disorders, attention disorders, and poor self concept.

Hyperactivity is when the person is very active. They move quickly and make decisions quickly. This activity is often disruptive and interferes with learning.

Hypoactivity is the opposite of hyperactivity. This person is lazy, sluggish, or slow.

Incoordination is the lack of coordination. These people may develop slower; therefore, they aren't able to do the same things as their peers. They are generally clumsy, have difficulty with space relations, or may have problems with balance.

Memory disorders may include difficulty in remembering things after seeing them or hearing them.

Perceptual disorders include disorders in hearing, seeing, touch, and movements. For example, someone with an auditory perceptual disorder would have trouble hearing the difference between a doorbell and a telephone ring. In visual perception a person may get d's and b's confused.

Attention disorders deal with how a student pays attention to things. They can't focus on something long enough to learn new things. Sometimes they can't switch to another subject.

Poor self-concept is when a person who continually fails feels they are no good.

Experts don't agree on the cause of learning disabilities. Therefore, no real cause is known.

Mentally Retarded

A mentally retarded person is slower than the average person their own age. They have problems understanding what and how something is being taught. It takes them twice as long to learn.

Mentally retarded people are generally born with this condition. However, accidents or prolonged high fever could cause

mental retardation.

These people have problems in coordination, school work, and language. They have interests in things that people below their age would have, they have poor self-concepts, and they get frustrated easily.

Most mentally retarded people look like everyone else. Some look and act a little differently, but they still can learn. They want to be treated like any other person. They have the same feelings as everyone else.

Emotionally and Behaviorally Disturbed

The emotionally and behaviorally disturbed are very complicated to explain because there are so many different types. When we talk about emotionally disturbed we mean that their emotions or feelings are upset. Behavíorally disturbed means that their behavior or the way they act is not what is expected by other people.

These people may do any or all of the following things over a long period of time (weeks, months, years): hitting, kicking, biting, fighting, or is very shy and tries to stay away from everyone, or feels they must do everything perfect or quit, or whines, sucks thumb, baby talks, or is always unhappy, or is always afraid, or is always complaining they are sick or hurt, or always gets hurt or hurts themselves for attention, or can't do anything without help.

There are several causes or reasons why these people are this way: (1) There may be something wrong inside their body,

like not eating properly, or not getting enough sleep. There may have been injury to the brain at some time. (2) Every time these people do one of the things mentioned earlier, they get a lot of attention. The more attention they get, the more they'll do it. (3) They aren't allowed to say what they feel or they feel guilty about something. Everyone has to talk once in a-while about things that bother them; it makes them feel better. (4) Sometimes a person is just said to be bad for some reason or another; that person and maybe others just expect them to be bad, and they are.

It should be understood that some are better than others. Also everyone does these types of things once in awhile. It's when these things continue for a long time that there is a problem.

APPENDIX C

QUESTIONS ABOUT DEFINITIONS

Visually Impaired/Blind

1. What is normal vision?
2. In your own words tell what a visual impairment is.
3. In your own words give a definition of blind.
4. What are some causes of a visual impairment?
5. What are some causes of blindness?
6. How many know a blind person? A person with a visual impairment?
7. How does that person go from one place to another?
8. Are there any questions that you have?

Hearing Impaired/Deaf

1. What are the two main types of hearing loss?
2. Explain conductive hearing loss.
3. Explain sensorineural hearing loss.
4. Can conductive hearing loss be helped? If so, how?
5. Can sensorineural hearing loss be helped? If so, how?
6. Are all hearing losses the same?
7. What are some causes of hearing impairments and deafness?
8. What does it mean to be deaf?
9. How many know a deaf person? Tell us about them.
10. Are there any questions that you have about this subject?

Health and Physically Impaired

1. Name two types of health and physical impairments.
2. Explain what each of these are and their causes: arthritis,

asthma, allergy, amputation, diabetes, epilepsy, cerebral palsy, and scoliosis.

3. Do any of you have a health or physical impairment? If so, what?

4. How many know a person with a health or physical impairment?

5. Do you have any questions?

Speech Disorders

1. What are the three types of speech disorders?

2. What are the three characteristics of articulation problems?

3. What is fluency or stuttering?

4. What are the three characteristics of voice problems?

5. What are the causes of speech disorders?

6. Do you know anyone with a speech disorder? Tell about them.

7. Do you have any questions?

Learning Disabled

1. What is learning disabilities?

2. Give three characteristics of learning disabilities.

3. What is: hyperactivity, hypoactivity, incoordination, memory disorders, perceptual disorders, attention disorders, and a poor self-concept.

4. What are the causes of learning disabilities?

5. Are you or do you know of anyone who is learning disabled? Tell about it(them).

6. Do you have any questions?

Mentally Retarded

1. What is mental retardation?
2. What problems do they have?
3. How are they like everyone else?
4. What are causes of mental retardation?
5. Do you know anyone who is retarded? Tell us about them.
6. Do you have any questions about mental retardation?

Emotionally and Behaviorally Disturbed

1. In your own words tell what emotionally and behaviorally disturbed means.
2. What are some things that the emotionally and behaviorally disturbed do?
3. What are two causes or reasons for the way emotionally or behaviorally disturbed act?
4. Can the emotionally and behaviorally disturbed be helped?
5. How many know an emotionally or behaviorally disturbed person? Tell us about them.
6. Are there any questions that you may have?

APPENDIX D

MEDICAL AIDS and OTHER DEVICES
THAT ASSIST the HANDICAPPED

Have as many of these aids and devices available for the students to see. Give a description and/or demonstration of each. Let the students see and handle these devices.

Visually Impaired/Blind

Glasses--A device worn on the face that helps persons see.

Patches--A piece of cloth or plastic worn over the eye or glasses.

Contact lens--Lens that fit on the eye to aid in seeing.

White cane--White indicates blindness, it helps in mobility.

Seeing eye dog--Helps blind persons to get around.

Tape recorder--Can play recorded text books and other lessons.

Braille--Raised dots on paper.

Mowat sensor--A small hand-held device that vibrates when an object is near.

Sonicguide--A device fitted on eyeglasses that sounds when an object is near.

Laser cane--A cane that sounds off when objects or dropoffs are near; it also vibrates.

Russell pathsounder--A chest-mounted device that offers auditory or tactile signals.

Senses--They use their remaining senses.

Magnifiers--There are machines that enlarge print.

Hearing Impaired/Deaf

Hearing aids--Devices in ears that aid in hearing.

Lip reading--Reading lips to know what someone is saying.

Sign language--Using hands and body to communicate.

Interpreter-tutors--People who translate sign language.

Visual methods--Things the hearing impaired and deaf can see so they can learn.

Health and Physically Impaired

Allergies

Shots--to help control allergies.

Medication--to help control allergies.

Diet--staying away from foods that cause the allergy.

Creams or ointments--these help soothe the itching and burning from rashes.

Asthma

Adrenaline--by shots or inhalation, opens air tubes so breathing is easier.

Arthritis

Medication--pain killers and swelling reducers, usually aspirin.

Exercise--to prevent weak muscles.

Heat--to ease the pain.

Splints, braces, or casts--to reduce inflammation and protect joints from becoming frozen.

Amputation

Prosthesis--artificial limb (wood, metal, or plastic)

Diabetes

Insulin--by shots or pill form to control sugar.

Diet--to control sugar level in body.

Moderate exercise.

Epilepsy

Medication--to help lessen seizures.

Cerebral Palsy

Physical therapist--to help learn body control.

Speech therapist--to help learn to control speech.

Braces--for support.

Weights--to prevent random movements.

Wheelchair--to help with mobility.

Typewriter--for writing. Most can't write with a pencil because of jerky movements.

Scoliosis

Brace--to straighten back.

Chiropractor--therapy to straighten back.

Surgery--to straighten back.

Speech Disorders

Speech therapist--therapist to help correct speech.

Surgery--to correct any deformaties of the mouth or vocal cords which may cause speech problem.

Mirrors--used in therapy so the person can see how to make proper sounds.

Tape recorders--used in therapy so the person can hear their mistakes.

Learning Disabilities

Special teacher--helps student to overcome the learning disability through games, worksheets, and changing the curriculum to suit the student's needs.

Hyperactive

Medicine--to calm the person.

Behavior modification--to help with self control.

Diet--to control hyperactivity.

Mental Retardation

Special teacher--to work with the student at a slower pace.

Emotionally and Behaviorally Disturbed

Contracts--to help behavior.

Rewards--to reinforce good behavior.

Counselor--to allow student to express feelings.

Special teacher--to help in self control.

Medicine--tranquilizers, stimulants, or antidepressants to control the student's behavior.

APPENDIX E

SIMULATED ACTIVITIES OR ROLE PLAY

Visually Impaired/Blind

1. The program "We Wanna Be Liked" (1980) suggested showing the class how a blind person fills a glass of water by sticking an index finger just inside the lip of a cup to feel when it's full. Have the students do the same, first with their eyes open, next blindfolded.
2. The program "We Wanna Be Liked" (1980) suggested demonstrating the elbow as a guide. A blind person can be guided by placing their hand on a sighted person's elbow. A blind person would use the feel of your elbow as a guide rather than being led or pulled along by the hand. Divide the class into partners. Have them take turns being blind. The sighted person should first pull the blind person by the hand, then use the elbow as a guide. Students should notice the difference.
3. Divide the class into partners. Give each group a cane. Students are to take turns being blindfolded and using a cane to get around the classroom. The other partner is to prevent the blindfolded student from getting injured.
4. Allow students to close their eyes and feel braille letters.
5. Explain to students that blind persons have to rely on their other senses. After blindfolding students, give them objects and have them identify the objects by using smell, touch, taste, and hearing.
6. The program "We Wanna Be Liked" suggested demonstrating eating by placing the blind person's hand on the plate, fork, knife, etc. Location of food is given according to the hour of the clock. Have students divide into partners. They should take

turns giving and receiving directions on the location of their food.

7. Write something on the board in very small print and have students try to read it from the back of the room.

Hearing Impaired/Deaf

1. Have students try to read sign language.
2. The program "We Wanna Be Liked" (1980) suggested watching T.V. without sound, have students try to lipread and have students give voiceless directions.
3. Give each student a copy of the manual alphabet and have them learn their name.
4. Write the first letter of a word on the board, then erase it and write the next letter. Keep going until the word is finished (as a deaf person must remember letters during sign language). See how many can tell what the word is.
5. Put cotton in your ears and feel a piano while it's being played.

Health and Physically Impaired

1. Tape joints of fingers, twice or three times normal size, for a whole day to simulate arthritis.
2. Have students play regular games while one student walks out. When that student returns, the class is to stop what they are doing and stare at the student. This simulates the feeling of an epileptic who "awakens" from a seizure.

3. Use crutches for a day.
4. Try a wheelchair for an hour.
5. Tape the fingers of each hand together, so they do not move independently.
6. Put the dominant arm of a student in a sling for a day.
7. The program "We Wanna Be Liked" (1980) suggested tying a heavy book to each forearm or leg.
8. The program "We Wanna Be Liked" (1980) suggested having a child close their eyes, spin them quickly several times, then have them walk a straight line.

Speech Disorders

1. Have students read this sentence: See the red rabbit run. Then have them substitute the "r's" for "w" without making any mistakes and without pausing.
2. Have students read this sentence leaving the letters out that have "x's" on them. Snoopy can do somersaults simply.
3. Have students break up into partners. One partner talks in low whisper, while the other (standing three feet away) tries to understand and repeat the sentence.
4. Have students run as fast as they can for thirty seconds to one minute or until they feel out of breath. Divide into partners and have them try to talk to one another. This shows how hard it is to understand and speak with a breathy voice.
5. Remind the students to remember a time when they had thought of a word but just could not get it out (on the tip of the

tongue). This is similar to people with fluency disorders but it is more often.

6. Have students put their hands on the back of their chair and raise their body off the seat. Then they are to try to speak.

Learning Disabilities

1. Tape a piece of paper to the student's forehead and ask them to write their name on it so everyone can read it.
2. Read a paragraph while a loud tape of distracting noises (like the cafeteria) is being played. Then test over the content of the paragraph.
3. The program, "We Wanna Be Liked" (1980) suggested using these paragraphs to simulate visual perception problems. Give each child a copy of the mixed up paragraph and have them try to read it. Explain to them this is how a person with visual perception problems sees things.

First fo all, eht nole qushes its sharq mose niot eht soil ot test ti. To qass eht test, eht soil nist de loos os eht nole cam big niot ti easily. ehT harb working nole them shoves eht birt ot ome sibe with its dig fore-feet. Them it qushes its doby agamst eht sibe and roof.

First of all, the mole pushes its sharp nose into the soil to test it. To pass the test, the soil must be loose so the mole can dig into it easily. The hard working mole then shoves the dirt to one side with its big forefeet. Then it pushes its body against the side and roof.

---

eht quaimting also qroved that, sa well sa beimg a great humter, Cro-Qagmom Nam saw a comsiberacle artist. He dah fluorisheb ta a tine whem eno ofo eht terridle Ice

Ages saw dlotting out nuch fo Euroqe. He dah estadlisheb hinself fought wilb aminals rof living space, surviveb eht ditter colb, amb left beeq bown umber ground nenorials fo his yaw fo life!

The painting also proved that, as well as being a great hunter, Cro-Magnon Man was a considerable artist. He had flourished at a time when one of the terrible Ice Ages was blotting out much of Europe. He had established himself, fought wild animals for living space, survived the bitter cold, and left deep down underground memorials of his way of life!

4. The program "We Wanna Be Liked" (1980) suggested these problems to show how students have trouble with math.

RULES OF POLAR ALGEBRA

1. Each letter of the alphabet has a digital value. A=0, B=1, C=2, D=3, E=4, F=5, G=6.
2. In Polar Algebra the adding is done upward.
3. The sum of adding is shown above the horizontal line.
4. Numbers and letters may be mixed.
5. Above the letter "G" only numerals are used.

Problem #1 Show the class the problem. See next page. Ask them to solve the problem according to the rules of Polar Algebra. Allow 3-4 minutes. Ask students to tell their answers. Show the correct answer. (9) "How many got the problem right?" Show the class the rules of Polar Algebra.

Problem #2 "Now you know the rules of Polar Algebra. Let's see if you are able to do the next problem." (They do not know that a vertical line means subtraction. The problem is easy to solve if turned on its side and treated as a normal subtraction problem.) (Allow 3-4 minutes). Ask students to tell their answers. Show the correct answer. (3) "How

many got the problem right?" Those who got the problem correct could be asked to help the others.

Problem #3 By now everyone should be able to get the correct answer. (2 or C)

Problem #1 This problem is correct according to the rules of Polar Algebra.

```
 8 7 8 7
 -------
 E 2 G 1
 E F C G
```

Solve this problem.

```
  ?
 ---
  G
  D
```

Problem #2 This problem is correct according to the rules of Polar Algebra.

```
6 1 = 5
2 6 = 6
5 2 = 2
```

Solve this problem.

6 3 = ?

Problem #3 This problem is correct according to the rules of Polar Algebra.

```
G 5 = 1
C G = 6
E 2 = 1
D D = A
```

Solve this problem.

F D = ?

Mentally Retarded

1. Give several very fast directions on folding a piece of paper.

End the directions with "Now open the cup." Of course no one has a cup.

2. Give these directions quickly and only once. Put a triangle in the middle of the paper. Put a square in the top right hand corner. Put a rectangle under the triangle. Put a line at the bottom of the paper.
3. The program "We Wanna Be Liked" (1980) suggested giving the students advanced grade level math problems. Allow them to work on the problems in half the normal allotted time.
4. Give the students a spelling test of words that have four and five syllables.

Emotionally and Behaviorally Disturbed

1. Give a math assignment, have them work for two minutes, and then set another assignment and keep going until six assignments.
2. Have about eight to ten groups of kids doing some loud activities while the behavioral disordered child is trying to work.
3. Have the behavioral disordered child come home excited about somthing at school. When the child tries to tell their parents about the day, the parents yell at them to go away.
4. Show favoritism to some children and not others.
5. Have others do a subject they like and the behavioral disordered child has to do a very hard assignment.

APPENDIX F

GUEST SPEAKERS and FIELD TRIPS

Visually Impaired/Blind

St. Charles County Federation of the Blind

Misouri Federation of the Blind
Suite 12, 2683 Big Bend Blvd.
St. Louis, MO 63143

St. Louis Society for the Blind
7954 Big Bend
Webster Groves, MO 63119

Missouri School for the Blind
3815 Magnolia Avenue
St. Louis, MO

Hearing Impaired/Deaf

Central Institute for the Deaf
818 Euclid Avenue
St. Louis, MO 63110

St. Joseph's Institute for the Deaf
1483 82nd Blvd.
University City, MO 63132

Community Center for the Deaf
3526 Cook
St. Louis, MO

Health and Physically Impaired

Diabetes Association of Greater St. Louis Affiliate Inc.
1790 South Brentwood Blvd.
Webster Groves, MO

Epilepsy Federation of Greater St. Louis
4144 Lindell Blvd.
St. Louis, MO

United Cerebral Palsy Association of Greater St. Louis
8645 Old Bonhomme
Ladue, MO

Physical Therapy Services LTD
2860 West Clay
St. Charles, MO 63301

School Nurse

Any Hospital

Speech

Your school speech teacher

Center of Learning
12633 Olive Street Rd.
St. Louis, MO

Speech Pathology Association
500 Jungerman Road
St. Charles, MO 63301

Learning Disabled

Your school learning disability teacher

Child Center of Our Lady
7900 Natural Bridge
St. Louis, MO

Edgewood Children's Center
330 North Gore
Webster Groves, MO

Child Enrichment Center Inc.
2236 Mason Lane
Kirkwood, MO

Mentally Retarded

Community Living for the Handicapped Inc.
138 North Kingshighway
St. Charles, MO 63301

Life Skills Foundation for the Retarded
609 North and South Road
St. Louis, MO

St. Louis Association for Retarded Citizens
1240 Dautel Lane
Ladue, MO

Your school district mental retardation teacher

Emotionally and Behaviorally Disturbed

Your school counselor and behavioral disorder teacher

Your school counseling room and your behavioral disordered room.

Child Center of Our Lady
7900 Natural Bridge
St. Louis, MO

Weldon Springs Hospital
5931 South Highway 94
St. Charles, MO 63301

Edgewood Children's Center
330 North Gore
Webster Groves, MO 63119

APPENDIX G

WORKSHEETS

Name_____

Date_____

Visually Impaired/Blind

1. Give a definition of visually impaired/blind.

2. Give two ways in which you are like a visually impaired person and two ways you are like a blind person.

3. Give two ways in which you are different from a visually impaired person and two ways you are different from a blind person.

4. What problems do visually impaired people have?

5. What problems do blind people have?

6. In what ways can visually impaired people be helped?

7. In what ways can blind people be helped?

8. How can visually impaired and blind people help themselves?

9. How can you help a blind person?

10. Would you have a visually impaired or blind person as a friend?

Name_____

Date_____

Hearing Impaired/Deaf

1. Give a definition of hearing impaired and deaf.

2. Give two ways in which you are like a hearing impaired and deaf person.

3. Give two ways in which you are different from a hearing impaired and deaf person.

4. What problems do they have?

5. In what ways can they be helped?

6. How can they help themselves?

7. How can you help them?

8. Would you have a hearing impaired or deaf person as a friend?

Name_____

Date_____

Health and Physically Impaired

1. Name four health and physical impairments and give their definitions.

2. Give two ways you are like someone with cerebral palsy.

3. Give two ways you are different from a person with diabetes.

4. What problems do epileptics have?

5. In what ways can people with arthritis be helped?

6. How can asthmatics help themselves?

7. How can you help a person with a broken leg?

8. Would you have a person with a health or physically impaired as a friend?

Name_____

Date_____

Speech

1. Give the three types of speech problems and explain them.

2. Give two ways in which you are like someone with a speech problem.

3. Give two ways in which you are different from someone with a speech problem.

4. In what ways can they be helped?

5. How can they help themselves?

6. How can you help them?

7. Would you have someone with a speech problem as a friend?

Name_____

Date_____

Learning Disabled

1. Give a definition of learning disabilities.

2. Give two characteristics of learning disabilities.

3. Give two ways in which you are like a learning disabled person.

4. Give two ways in which you are different from a learning disabled student.

5. What problems do they have?

6. In what ways can they be helped?

7. How can they help themselves?

8. How can you help them?

9. Would you have a learning disabled person as a friend?

Name_____

Date_____

Mentally Retarded

1. Give a definition of mental retardation.

2. Give two ways in which you are like a mentally retarded person.

3. Give two ways in which you are different from a mentally retarded person.

4. What problems do they have?

5. In what ways can they be helped?

6. How can they help themselves?

7. How can you help them?

8. Would you have a mentally retarded person as a friend?

Name_____

Date_____

Emotionally and Behaviorally Disturbed

1. Give a definition of emotionally and behaviorally disturbed.

2. Give two ways in which you are like an emotionally or behaviorally disturbed person.

3. Give two ways in which you are different from an emotionally or behaviorally disturbed person.

4. What problems do they have?

5. In what ways can they be helped?

6. How can they help themselves?

7. How can you help them?

8. Would you have an emotionally or behaviorally disturbed person as a friend?

APPENDIX H

SUGGESTED ADDITIONAL MATERIALS

Children's Books

Visually Impaired/Blind

Bouchard, Louis Kalb. The Boy Who Wouldn't Talk.

Ericson, Mary Kentra. About Glasses for Gladys.

Fassler, Joan. One Little Girl.

Goodsell, Jane. Katie's Magic Glasses.

Keats, Ezra Jack. Apartment 3.

Litchfield, Ada. A Cane in Her Hand.

Naylor, Phyllis. Jennifer Jean the Cross-Eyed Queen.

Parker, M. Horses, Airplanes, Frogs.

People Series. You Can Succeed.

Raskin, Ellen. Spectacles.

Wolf, Bernard. Connie's New Eyes.

Wosemek, Frances. A Bowl of Sun.

Hearing Impaired/Deaf

Arthur, C. My Sister's Silent World.

Cohen, Shirley. Can You Hear Me?

Craig, Helen B. Hearing Aids and You.

Glazzard, Margaret. Meet Camille and Daniel, They're Special Persons.

Hunter, Edith Fisher. Child of the Silent Night.

Levine, Edna. Lisa and Her Soundless World.

Litchfield, Ada. A Button in Her Ear.

Litchfield, Ada. Words in Our Hands.

Peterson, Jeanne. I Have a Sister-My Sister is Deaf.

Zelonky, Joe. I Can't Always Hear You.

Health and Physically Impaired

Fanshawe, Elizabeth. Rachel. (orthopedically handicapped)

Glazzard, Margaret. Meet Danny, He's a Special Person. (multiple handicapped)

Lasker, Joe. Nick Joins In. (wheelchair)

Lenski, Lois. We Live in the South. (health impaired)

Little, Jean. From Anna.

Little, Lessie Jones and Greenfield. Eloise, I Can Do It By Myself.

Mack, Nancy. Tracy. (cerebral palsy)

Piersell, Margaret SAnford. A Look at Physical Handicaps.

White, Paul. Janet at School. (spinal bifida)

Wolf, Bernard. Don't Feel Sorry for Paul. (missing limbs)

Speech Impaired

Christopher, M. Glue Fingers.

Hannaford, Pauline. The Bomb-Scare Mystery.

Hodges, Elizabeth. Free as a Frog.

Jupo, Frank. Atu the Silent One.

Kelly, Sally. Trouble With Explosives.

Learning Disabled

Glazzard, Margaret. Meet Scott, He's a Special Person.

Lasker, Joe. He's My Brother.

Smith, Doris. Kelly's Creek.

Mental Retardation

Anders, Rebecca. A Look at Mental Retardation.

Brightman, A. Like Me.

Cohen, Shirley. Amy Can Learn.

Fassler, Joan. One Little Girl.

Ominsky, E. Jon O: A Special Boy

Platt, Kin. Hey Dummy.

Smith, Gene. The Hayburners.

Smith, Lucia B. A Special Kind of Sister.

Sobol, Harriet. My Brother Steven is Retarded.

Wrightson, P. A Racehorse for Andy.

Emotionally and Behaviorally Disturbed

Alcock, Gudrum. Duffy.

Rich, Louise Dickinson. Three of a Kind.

Simon, Norma. How Do I Feel?

Snyder, Zilpha Keatley. The Witches of Worm.

Films

All the way up there. Chicago: Encyclopedia Britannica Educational Corp., 1980. (neuro-muscular impaired)

The common show. Special Delivery Series. Mendocino, CA.: Lawren Productions, Inc., 1980. (M.R., L.D., deaf, blind, cerebral palsy)

Hi! I'm Dan. New Haven, CT.: Yale University Media Design Studio. (Hearing impaired)

Hollis. Feeling Free Series. Englewood Cliffs, NJ.: Scholastic Magazine, 1978. (cerebral palsy)

Meet Lisa. Glendale, CA.: AIMS Instructional Media Services, 1974. (learning disabled)

People are people. Special Children Series. Wilmette, IL.: Films, Inc., 1979. (dwarfism)

The positive show. Special Delivery Series. Mendocino, CA.: Lawren Productions, Inc., 1980. (all handicaps)

The reinforcement show. Special Delivery Series. Mendocino, CA.: Lawren Productions, Inc., 1980. (all handicaps)

The silent world of Jim. Burbank, CA.: Informational Materials, Inc., 1974. (deaf)

Sloan, Alan P. Everyone needs some help. Chicago: Encyclopedia Britannica Educational Corp., 1980. (deaf and stuttering)

WGBH Television Station. Kai. People You'd Like to Know Series. Chicago: Encyclopedia Britannica Educational Corp., 1978. (speech)

What's Say? Fat Albert and the Cosby Kids. New York: McGraw-Hill Films, 1979. (hearing)

Filmstrips

Every Kid is Special Series. See the first star. (Bedford Hills, NY.: Educational Enrichment Materials, Inc., 1977. (visually impaired, glasses)

Felt, Henry and Leodas, Costa. Bobbie-Jo. Newton, MA.: Selective Educational Equipment, 1977. (spina bifida)

Felt, Henry and Leodas, Costa. Brian. Newton, MA.: Selective Educational Equipment, 1977. (cerebral palsy)

Felt, Henry and Leodas, Costa. Joel. Newton, MA.: Selective Educational Equipment, 1977. (emotionally disturbed)

Hancock, J.B. My new friend: Joey, Ken and Lisa. Jamaica, NY.: Eye Gate Media, 1977. (deaf and hearing impaired, blind, physical)

Sloan, Alan P. Doing things together. Chicago: Encyclopedia Britannica Educational Corp., 1980. (deaf and stuttering)

Sloan, Alan P. I can do it. Like You, Like Me Series. Chicago: Encyclopedia Britannica Educational Corp., 1980. (braces and crutches)

Sloan, Alan P. It's up to you. Like You, Like Me Series. Chicago: Encyclopedia Britannica Educational Corp., 1980. (health impaired: asthma)

Sloan, Alan P. Let me try. Like You, Like Me Series. Chicago: Encyclopedia Britannica Educational Corp., 1980. (mentally retarded)

Sloan, Alan P. Let's be friends. Like You, Like Me Series. Chicago: Encyclopedia Britannica Educational Corp., 1980. (emotionally disturbed)

Sloan, Alan P. Let's talk it over. Like You, Like Me Series. Chicago: Encyclopedia Britannica Corp., 1980. (epilepsy)

Sloan, Alan P. See what I feel. Like You, Like Me Series. Chicago: Encyclopedia Britannica Educational Corp., 1980. (blind)

Sloan, Alan P. When I grow up. Like You, Like Me Series. Chicago: Encyclopedia Britannica Educational Corp., 1980. (blind, prosthetic hand, braces on legs)

Sloan, Alan P. Why me? Like You, Like Me Series. Chicago: Encyclopedia Britannica Educational Corp., 1980. (physically handicapped)

Stanfill, M.S., Standfield, Barbara, and Stanfield, James. Hello everybody series part 1. Santa Monica, CA.: James Stanfield Film Associates, 1979. (hearing, speech, E.D., B.D., visual, physically, L.D.)

Understanding Differences Series. How can you run when you can't even walk? Boulder, CO.: Learning Tree Filmstrips, 1979. (learning disabilities)

Understanding Differences Series. I can't read. Boulder, CO.: Learning Tree Filmstrips, 1979. (learning disabilities)

Understanding Differences Series. People say I'm slow. Boulder, CO.: Learning Tree Filmstrips, 1979. (EMR)

What is a handicap? Santa Monica, CA.: BFA Educational Media, 1975. (orthopedically handicapped, hearing impaired, E.D., L.D.)

Record

Getting through: A guide to better understanding of the hearing impaired. Chicago: Zenith Radio Co.

Books That Can Be Used By Teachers

Augustana College Project PREP. Activities for involvement: inservice ideas for attitudinal change and involvement. Sioux Falls, SD., 1978.

President's Committee on Employment of the Handicapped. Facts about handicapped people. Washington, D. C.

Stein, Sara Bonnett. About handicaps: An open family book for parents and children together. New York: Walker and Co.

Other Curriculums

Bookbinder, Susan. Mainstreaming: What every child needs to know about disabilities. Boston: The Exceptional Parent Press, 1978.

National Epilepsy League. Epilepsy: School alert. Washington, D. C.: National Epilepsy League.

Ross, Ruth Ellen and Freelander, L. Robert. Handicapped people in society: A curriculum guide. Burlington, VT.: University of Vermont.

Kits That Can Be Used By Teachers

Accepting individual differences. Niles, IL.: Developmental Learning Materials. (L.D., M.R., Hearing impaired, visually impaired, motor)

Boston Children's Museum. What if you couldn't. Newton, MA.: Selective Educational Equipment, 1979. (E.D., L.D., M.R., hearing impaired, visually impaired, orthopedically handicapped)

Be my friend. Ottawa, Ontario: Canadian Council on Children and Youth. (physically impaired, hearing impaired, speech, M.R., visually impaired)

Feeling free. Syracuse, NY.: Human Policy Press, 1978. (visually impaired, physically and health impaired, M.R., L.D.)

Kids come in special flavors. Dayton, OH.: The Kids Come in Special Flavors Co. (L.D., M.R., hearing impaired, visually impaired, cerebral palsy, spina bifida)

Special friends. LaHonda, CA.: Listen and Learn, Co. (physically handicapped, L.D., E.D., M.R., visually impaired, hearing impaired)

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