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# A PRESENT PROGRAMME FOR THE MULTIPLY HANDICAPPED DEAF CHILD IN ONTARIO

## Historical Perspective:

Ontario, like most educational areas, has long been aware of hearing handicapped students requiring specialized educational aid due to handicaps in addition to that of hearing loss. Most students with a hearing loss plus other major educational handicaps were not admissible since there existed but one provincial residential school and it was hard pressed to keep up with the increasing flow of regular admissions. A number of children additionally handicapped by limited mental ability were accepted but many others were not. Those accepted were placed in classes of eight to ten and educated in much the same type of class situation as other children. Eventually vocational training of a rather general nature was given and the student went out to seek employment. Assistance in locating positions was provided by the Canadian Hearing Society, an Ontario organization formed to render aid to the hearing handicapped. Those not acceptable were referred to their homes, schools for the retarded, opportunity classes or Ontario Hospitals. It was extremely difficult for the cerebral palsied - deaf or mentally retarded - deaf child to find beneficial educational placement, to say nothing of those children with more than two handicaps.

## The Need For A Special Programme:

A steadily increasing deaf population led to the construction of a second provincial school for the deaf at Milton. With the opening of this residential school, pressure on Belleville was lessened and the applications

from multiply handicapped deaf youngsters increased. It became apparent that a significant number of children with a hearing loss plus other handicaps was being placed in teaching areas which were not prepared to cope with their hearing handicap. Many of these did not suffer from hearing loss severe enough to have them considered for placement in a residential school for the deaf, but many others had such a loss. The following paragraphs discuss the steps taken at the Ontario School for the Deaf, Milton to provide educational facilities for some of these children.

In April of 1963, 84 junior children and eleven trained teachers of the deaf transferred from O. S. D., Belleville to the new facilities at O. S. D., Milton. The senior school academic and vocational complex was not due to open until September of 1966. Among those children transferred from Belleville were some who had additional handicaps such as low learning abilities. These children were placed in as homogeneous a grouping as possible and proceeded through the regular junior school curriculum at a slow pace. The educational officers were deeply concerned about these children whose dual handicap was highlighted by their presence in such a small school. Due to the presence of opening a new facility little was done to alter their curriculum beyond increasing experience trips and progressing with care and continual reinforcement of new material.

Soon the audiological clinic began to assess others as severely or even more severely handicapped children of pre-school and school age. Classroom space was available and the educat-

ional staff willing so a trickle of these children began to enter the school. Class size remained at 8 to 10, little was done to alter the physical class setting and the children were distributed throughout a number of classes. Though the individuals presented problems little pressure to alter on-going programmes was felt.

### Prior Planning For This Need:

In September 1965 some of these children reached an age where they graduated to temporary senior facilities, rotary classes and basic industrial arts and home economics training. Now more teachers were involved in educating these unique children and their various handicaps caused more widespread concern. In addition the typical industrial arts and home economics situation further highlighted the learning difficulties of these children in orthodox teaching areas. Such a situation had been foreseen by officials of O. S. D., Belleville and the Department of Education. Steps had been taken to have learning areas designed for the multiply handicapped deaf child included in the senior school academic - vocational complex of O. S. D., Milton and these areas opened in September of 1966.

Plans were laid to provide four specific learning areas - one each for groups of four or five boys and girls twelve to fifteen years of age and one each for older groups of similar size. Each room was to contain academic and vocational areas in close proximity so that lesson topics begun in one section could be completed, developed, furthered or supported in the other. Younger boys worked from orthodox

academic desks in a normal class area but a few steps away was a vocational area equipped with individual work benches, hand tools and a basic assortment of simple power tools. In the area for older boys a smaller, discrete academic area was created. Since it was expected that vocational training would gain large in comparison with the academic and contained equipment for basic carpentry, metal working, welding and small engine repairs. Girls initially entered a compact classroom containing a normal academic area, power sewing machine centre, hand sewing, and needlework centre, beauty culture centre, and kitchen area. The classroom for older girls contained more sophisticated areas along these lines plus a laundry centre and apartment living centre. The same philosophy underlining flexibility and interplay of various programmes was followed.

### The Evolving Programme:

All areas would maintain flexible timetable with much of the programme involving from ideas and interests of the students. This aspect of programming was based on the premise that individuals of all abilities learn most effectively when pursuing subjects which motivate them highly. Though the classes were mainly non-rotary, allowance was given to the students to join other academic and / or vocational groups if the individual demonstrated abilities and interests beyond those of his classmates. No child was to be limited by the limitations of others nor by the limitations of his immediate class and / or teacher. Nor was education to be limited by the four

walls of the classroom. Excursions, hikes, picnics and tours were to be an integral part of the learning experience and allowances were made for individual teachers to plan and carry out numerous such activities. Foremost in the decision to expand the programme into the local environment was a desire to provide as rich a field of experience as possible in order to stimulate interest in discovering facts about common industries, business and employment positions. Movie, still and polaroid cameras were provided to record aspects of activities for immediate discussion upon to the class area or for review and enrichment of knowledge obtained during the activity.

#### Difficulties of Implementation:

Such a plan was destined to be beset by problems, some of which could be foreseen and others which were unexpected. Most prominent among these were staffing and training of staff, the variety and severity of handicaps which presented themselves the unexpected number of children who required specialized, individual aid and the difficulty of finding suitable referral placements for those children whose handicaps proved too severe for the programme.

#### Staffing:

Staffing was begun on a voluntary basis. Individual teachers who had an interest in working with exceptional deaf children volunteered and began to experiment with communication methods, time tabling and curriculum. Guidance was provided by administrative staff

but the need for more training soon became apparent. Unfortunately few teacher education institutions offer courses in educating the multiply handicapped deaf child and so training was slow and most often of an experiential nature. Various teachers received financial assistance to undertake courses in the areas of neurological disorders, slow learners and the brain damaged. Some of these staff members have remained in the special class field but others have left. Perhaps the most significant difficulty in the staff area has been supporting the interested teacher psychologically until he has enough experience to analyze the problems of his children and to decide on his own future training needs. The novice special class teacher faced with the learning difficulty combinations of certain multiply handicapped deaf youngsters is sometimes overawed and no amount of verbal encouragement, guidance or offers of support for training will provide the strength to see the present through and to press on to the future. It would appear that normal classroom teaching duties, coupled with involvement through staff discussion and theoretical training, does not provide sufficient insight into the educational problems of the multiply handicapped youngster to indicate which teachers are able to accept and come to grips with these problems and which are unable. Only experience in the day to day programme reveals those able to teach for extended periods in special situations.

Support for special class staff has taken a variety of forms. One consistent aspect of our programme has been an honest acceptance of the paucity of information available and the need

to develop our programme benefitting from our failures as much as from our successes. Reference has been made to the few studies available but we have forged ahead on the development of guidelines of study depending primarily on our experience and apparent needs.

### Utilization of Consultive Personnel:

This is not to suggest that no attempt has been made to draw others into our planning. Supervisory staff charged with the overall development of the programme and classroom staff charged with the daily detailed development have paid visits to other schools for the deaf in the United States and Canada, to schools for the retarded, to classes for the neurologically impaired and to schools and institutions for the emotionally disturbed. They have attended special education seminars, workshops and conventions, have discussed our children with provincial supervisory personnel in the area of special education and have taken every opportunity to share in the experiences of educators and parents involved with every type of special child. An intense but cautious effort has been maintained in the development of a professional library focused on texts providing support for classroom work. Each acquisition of immediate interest has been brought to the attention of supervisory and classroom staff and a basic suggested reading list combined and distributed. A full time psychologist and a consultant psychiatrist have been retained

and every effort made to involve them in this special class programme.

### General Guidances:

From our experiences have emerged a few general guidelines, the basic one of which is to accept no child with an apparent performance intelligence quotient of less than 50. A second is that every child be ambulatory in that he does not require the constant assistance provided by a wheelchair. We have accepted children who use such aid to a minor extent and who use leg braces and other supports continuously. Certain cerebral palsied students have been provided with typewriters adapted to their needs and with a special portable desk unit designed and built in our school. We accept our exceptional children on a trial basis and require that the classroom teacher advise us through reports of progress or lack of it. If no progress is realized alternate class placements or referrals to other centres are made.

### Referral Centers:

Three primary centres are the Ontario Hospital, Hamilton, the Midwestern Regional Children's Centre, Palmerston and various Crippled Children's Centres. One student, a teenaged girl was transferred back and forth from the Ontario Hospital, Hamilton for two years being with us while she maintained control of her emotions and returning to the hospital when necessary for intensive treatment. Other children from Ontario Hospitals have been transferred initially to a class for the deaf, emotionally disturbed and / or retarded deaf at the Midwestern Regional children's Centre, Palmerston, Ontario and then placed on long

term leave to our school for education and resocialization. To date of four such children one has been returned to Palmerston as being too limited in intelligence to fit into our programme, one as being too destructive for our setting and two have graduated to the status of regular students. The Palmerston Centre has returned them to their prior unacceptable behaviour patterns. Certainly we have had little difficulty from them in this area except for the initial problem of arranging the extinction of ward behaviour. Various other children from the Ontario Hospital, Orillia live at the farm Home of Hope a few miles away and attend as day students. Some of these children will require special care for life while others may take their rightful place in society with other deaf people. Crippled children regularly leave our school for short periods of reassessment and at Crippled Children's Centres. Recommended therapy is carried out by staff members instructed by medical experts or at local hospitals. Regular consultations are held with staff of these various facilities to assess children, to place them in the proper programmes and to disseminate useful information. Our guidelines are purposely flexible in order to allow for unique situations and to utilize our referral agencies to the fullest. When in doubt, we prefer to admit a child and assess his actual performance rather than hesitate and deny him an educational opportunity.

### The Future and a Touch of Philosophy

Improvement in all areas of this programme is necessary. Our present formal facilities have been swamped and temporary class areas provided from available space. We must re-

evaluate basic learning environment philosophy and, while retaining that which is positive, refine it. We must strive to integrate our special children for regular subjects where possible and to create more vocational training areas. We must expand our relationship with referral agencies and encourage them to do much more than at present. We must group children more homogeneously either in our school or in another. We must train our staff more fully and give them financial support for such training. We must continue to rework our study guides, make more use of the outside environment, student interest areas and actual student needs. We must make more effective use of our consultive medical and paramedical people, training them as we train ourselves. We must realize that we have commitment to children of all types and that we cannot dismiss any part of this commitment on the grounds of no precedent, no immediate reward or no easy method. We must realize that it is important to prepare a child for a better life in a future institution as it is to prepare one for a better life in normal society.

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