THE ROLE OF THE CLASSROOM TEACHER
IN WORKING WITH ORTHOPEDICALLY HANDICAPPED CHILDREN

by

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B.S., Concordia Teachers College, 1963

A MASTER'S REPORT

submitted in partial fulfillment of the
requirements for the degree

MASTER OF SCIENCE

College of Education

KANSAS STATE UNIVERSITY

1967

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Major Professor
ACKNOWLEDGEMENTS

The writer wishes to express her grateful appreciation to Dr. Herbert E. Kaiser for his guidance in the completion of this project.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTRODUCTION</strong></td>
<td>5</td>
</tr>
<tr>
<td>The Problem</td>
<td>5</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>5</td>
</tr>
<tr>
<td>Importance of the Study</td>
<td>6</td>
</tr>
<tr>
<td>Extent of the Problem in Schools Today</td>
<td>7</td>
</tr>
<tr>
<td>Definition of Terms Used</td>
<td>11</td>
</tr>
<tr>
<td>Orthopedically Handicapped Child</td>
<td>11</td>
</tr>
<tr>
<td>Sociometry</td>
<td>11</td>
</tr>
<tr>
<td>Sociogram</td>
<td>12</td>
</tr>
<tr>
<td>Characteristics of the Orthopedically Handicapped Child</td>
<td>12</td>
</tr>
<tr>
<td>Intelligence</td>
<td>12</td>
</tr>
<tr>
<td>Personality</td>
<td>13</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>14</td>
</tr>
<tr>
<td><strong>EDUCATIONAL RESPONSIBILITY TO ORTHOPEDICALLY HANDICAPPED CHILDREN</strong></td>
<td>15</td>
</tr>
<tr>
<td>Patterns of Special Education</td>
<td>15</td>
</tr>
<tr>
<td>Segregation</td>
<td>15</td>
</tr>
<tr>
<td>Integration</td>
<td>16</td>
</tr>
<tr>
<td>Current Trends</td>
<td>17</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Guidance of Orthopedically Handicapped Children</td>
<td>19</td>
</tr>
<tr>
<td>The Role of the Teacher</td>
<td>19</td>
</tr>
<tr>
<td>Counseling with the Child</td>
<td>20</td>
</tr>
<tr>
<td>Counsel Offered to Parents</td>
<td>21</td>
</tr>
<tr>
<td>ORTHOPEDICALLY HANDICAPPED CHILDREN IN THE CLASSROOM</td>
<td>23</td>
</tr>
<tr>
<td>Program for Teaching Orthopedically</td>
<td>23</td>
</tr>
<tr>
<td>Handicapped Children</td>
<td>23</td>
</tr>
<tr>
<td>Facilities</td>
<td>23</td>
</tr>
<tr>
<td>Curriculum</td>
<td>24</td>
</tr>
<tr>
<td>Responsibility of the Teacher</td>
<td>24</td>
</tr>
<tr>
<td>Responsibility to the Child</td>
<td>25</td>
</tr>
<tr>
<td>Sociometry as a Tool in Teaching Orthopedically</td>
<td>25</td>
</tr>
<tr>
<td>Handicapped Children</td>
<td>25</td>
</tr>
<tr>
<td>Historical Information</td>
<td>25</td>
</tr>
<tr>
<td>Function and Use</td>
<td>26</td>
</tr>
<tr>
<td>Values of the Approach</td>
<td>30</td>
</tr>
<tr>
<td>Practical Suggestions for Use</td>
<td>30</td>
</tr>
<tr>
<td>SUMMARY AND CONCLUSIONS</td>
<td>34</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>36</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>41</td>
</tr>
</tbody>
</table>
INTRODUCTION

The theory that the academic training of the physically handicapped child can best be accomplished when the child is integrated into the regular classroom situation has been given much support in recent years. It is becoming more and more common for the orthopedically handicapped child to be placed in the regular classroom except in the extreme cases when special education is required. Many teachers of elementary school children have therefore had the experience of having a child in their classroom who is unable to participate completely in class activities due to a physical limitation. As the number of handicapped children enrolled has been increasing, the problem of how the classroom teacher can best meet their special needs has been faced by many teachers. Such children have presented a situation for the teacher, the student, and the fellow class members to consider in relation to the regular routine of the school day.

The Problem.

Statement of the problem. The problem considered in this study was (1) to investigate the abilities and needs of the orthopedically handicapped child from the viewpoint of the classroom teacher, (2) to clarify the responsibility of the public school toward such a child, and (3) to suggest a
device whereby a classroom teacher may deepen his insights concerning the orthopedically handicapped child and to aid the child toward better social adjustment.

**Importance of the study.** "Helen's greatest handicap is not her deafness nor her blindness but your love and pity..." the young Annie Sullivan cried out to Helen Keller's parents in *The Miracle Worker.*¹ In this study, an attempt was made to present teachers with a possible preparation and outlook in dealing with orthopedically handicapped children so they will not handicap the students further by a show of pity as illustrated above. Instead, the teacher must deal with the student in the proper manner for the student to attain the goals and accomplishments necessary to lead as normal a life as possible within the scope of his limitations.

During a previous school year, a child in grade three of the author's school became orthopedically handicapped. The diagnosis was an abnormal bone development which was related, in part, to a congenital condition. The child, with his braces and crutches, and partially because of his

personality and immaturity, created quite a problem in the classroom. This study has resulted from that experience, and from the hope of being of assistance to the classroom teacher who has orthopedically handicapped children in her classroom.

**Extent of the problem in schools today.** The following data were based on a 1958 U.S. Office of Education Survey of Special Education. The survey covered all school systems in cities with 2,500 population and over, plus towns with less population if the state department reported they maintained programs providing some special service for the orthopedically handicapped children. The following numbers were cited:

The number of children in special education classes doubled from 378,000 in 1948 to 861,000 children in 1958. It seems reasonable to assume that over one and one-quarter million children in 1960 were receiving special education.

The information in Figure 1 illustrates that orthopedically handicapped or crippled children accounted for twenty-three per cent of all exceptional children enrolled

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in nursery or kindergarten.

FIGURE 1
DISTRIBUTION OF EXCEPTIONAL CHILDREN ACCORDING TO EXCEPTIONALITY OF THE NURSERY AND KINDERGARTEN ENROLLMENTS, 1958. (FROM UNITED STATES OFFICE OF EDUCATION SURVEY OF SPECIAL EDUCATION, 1958.)
An increase during the years 1948-1958 in the number of crippled children is indicated in Figure 2. Three hundred and twenty-five of these were multi-handicapped, being handicapped in more than one area.

<table>
<thead>
<tr>
<th></th>
<th>1948</th>
<th>1958</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Blind</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Partially Sighted</td>
<td>Crippled</td>
</tr>
<tr>
<td>3</td>
<td>Deaf</td>
<td>Special Health Problems</td>
</tr>
<tr>
<td>4</td>
<td>Hard of Hearing</td>
<td>Social and Emotional Maladjustment</td>
</tr>
<tr>
<td>5</td>
<td>Speech Impaired</td>
<td>9 - Mentally Gifted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 - Mentally Retarded</td>
</tr>
</tbody>
</table>

**FIGURE 2**

**TOTAL NUMBER OF EXCEPTIONAL CHILDREN ACCORDING TO THEIR HANDICAP, 1948 - 1958. (FROM THE UNITED STATES OFFICE OF EDUCATION SURVEY OF SPECIAL EDUCATION, 1958.)**
Figure 3 shows the largest proportion of crippled children placed in full-time day school classes, either in regular or special classrooms.\footnote{Thomas E. Jordan, \textit{The Exceptional Child}, (Columbus: Charles E. Merrill Books, Inc., 1962), p. 16.)}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure3}
\caption{Class Placement of Orthopedically Handicapped Children. (From Jordan, \textit{The Exceptional Child}.)}
\end{figure}

The United States Department of Education estimated in 1963 that two per cent of the orthopedically handicapped children in the United States were crippled or neurologically impaired children, with one per cent crippled, and an additional...
one per cent as chronic health problems.  

Definition of Terms Used.

Orthopedically handicapped child. The following definition was taken from the White House Conference Report on Child Health and Protection:  

"A crippled child, in the orthopedic sense, is one, under twenty-one years of age, who by reasons of congenital or acquired defects of development, disease, or wound, is, or may be reasonably expected to become, deficient in the use of his body or limbs (an orthopedic cripple) including hare lip, cleft palate, and some other handicaps leading to plastic surgery, and excluding physical difficulties of sight, hearing, or speech, and also those affecting the heart primarily, and also excluding serious mental or moral abnormalities unless found in conjunction with orthopedic defects."

Sociometry. Sociometry may be described as a means of presenting simply and graphically the entire structure of relations existing at a given time among members of a

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given group. The major lines of communication, or the pattern of attraction and rejection in its full scope, are made readily comprehensible at a glance.

Sociogram. Moreno defines the sociogram as follows:

"The responses received in the course of sociometric procedure from each individual, however spontaneous and essential they may appear, are materials only and not yet sociometric facts in themselves. We have first to visualize and represent how these responses hang together. A process of charting has been devised by the sociometrists, the sociogram, which is more than merely a method of presentation. It is first of all a method of exploration. It makes possible the exploration of sociometric facts. The proper placement of every individual and of all interrelations of individuals can be shown on a sociogram. It is at present the only available scheme which makes structural analysis of a community possible."

Characteristics of the Orthopedically Handicapped Child.

Intelligence. It is a common misconception in society today that people with an orthopedic handicap are also mentally handicapped. However, it is possible for the mind to be normal when the body is impaired. The children are normal or


above normal on the average, and capable of profiting from an education obtained through the facilities of the public school system. They require some special considerations, but the class should not, and need not, be hindered by their presence. It is known a child who deviates in some area from the average tends toward being average in other areas or aspects.8

Personality. Personality of an orthopedically handicapped child is formed as any other personality by the reaction of other people toward him. Social interaction is especially important to orthopedically handicapped since it is a basis of his self-concept so vital to his social and emotional development. His personality will have an effect on the class, but the kind of effect depends on the type of classroom situation and upon the child and his handicap. A handicap which causes one child to despair may be the determining factor to help another to lead a normal life, or even capitalize on his handicap. Another child may use the handicap as an excuse or an alibi. Personal traits which seem to be predominant in orthopedically handicapped children are (1) a sensitive attitude toward

the fact he is different, (2) a reduction of tension by mechanisms abnormally exaggerated, (3) a feeling of fear, and (4) symptoms of family overprotection. At times, these children can best be helped in their development when placed in the regular classroom.

**Basic needs.** The orthopedically handicapped child has the same basic social and emotional needs as other children. The orthopedically handicapped child follows the same range of educational needs, and the same general pattern of development of children in general. Differences are primarily of degree since the need to develop an adequate self-concept, and to gain acceptance among his peer group, is especially important. His educational needs must be met with the proper methods, materials, and facilities if the most effective job of teaching is to be done.

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EDUCATIONAL RESPONSIBILITY

TO ORTHOPEDICALLY HANDICAPPED CHILDREN

Consideration of the educational responsibility toward orthopedically handicapped children raised the question of whether they should be segregated entirely into special classes, or be integrated into the normal classroom situation. These two points of view have been presented to clarify for the reader the two alternatives possible, and explain why the classroom teacher must consider the situation at times.

Patterns of Special Education.

Segregation. Much literature prior to 1956 advocated separation of crippled children for various reasons. The advocates of this viewpoint believed the child would receive more individual attention to meet his physical, mental, and emotional needs. Besides, he would not be able to keep up with the normal children in a regular classroom. The opinion that he may become an object of derision of the normal children was also expressed. It was hoped that

by being a member of a homogeneous group, the feeling of being different would be alleviated.

An evaluation of the above situation suggested there may be definite value in segregation of an orthopedically handicapped child. However, more recent literature suggested that the focus be placed on the child. These suggestions were based on the premise that the orthopedically handicapped children were first and foremost children and must be considered as such. They are handicapped in some respects but are very normal individuals in other respects. Therefore, they should be integrated into the regular classroom situation, except for extreme cases, when segregation is necessary. Special classes need to be co-ordinated so closely that whoever is able may participate in other activities. They need to be in the regular school building. The more recent literature suggested, therefore, segregation of the orthopedically handicapped children be effected only when the handicap makes segregation imperative. Even then, the special room must be co-ordinated as closely as is possible with the regular classroom situation.

Integration. Regardless of where the educational training is received, the aim of education is the development of each individual to his optimum level, to be of
maximum use to himself and in service to society. The most adequate situation must be provided to meet the needs of each student as an individual, and to promote optimum development.

The consensus of the various authors reviewed was that the education of orthopedically handicapped children can be provided, for the most part, within integrated school rooms among typical students. The attitude held by most educators of exceptional children seems well delineated in a statement of the American Foundation for the Blind. The organization, in the Pine Brook Report, endorsed this statement:\footnote{11}

"The education of the blind with the sighted children in public and private school is predicated upon the basic philosophy that all children have a right to remain with their families and in their communities during the course of their education; that a blind child has the right to be counted as one of the children of a family and of the community; and that both the family and the community have an obligation to provide for the blind child, as a minimum, the equivalent of what he might have had if sighted."

\textbf{Current Trends.} Most of the educational programs have been geared toward the advancement of the physically healthy child of normal or slightly superior intelligence.

\footnote{11 Wm. F. Cruickshank, \textit{The Exceptional Child in Contemporary Education}, (New York: Syracuse University Press, 1957), p. 13.}
The exceptional child has been the victim of priorities enjoyed by other children. This lag in the provision for the physically handicapped is a nationwide lag.¹²

Integration is indeed desirable, but only when the particular subjects can be identified that will not affect the disability of the child, and which can be performed with other children. However, some children may need to be served through a central facility, and segregation may offer the best method of rehabilitation.¹³

Legislative patterns tend to vary with educational patterns within the states. Special education is maintained within some schools, but sufficient recognition of the program has not been maintained.¹⁴ A worthwhile aim is a balanced program which includes adequate provisions at all levels. It should relate the home, the school, the


community, for the benefit of the students.

Guidance of Orthopedically Handicapped Children. Guidance is a process which aims to help the student establish goals and objectives through an understanding of himself and his environment. Such objectives are designed to assist an individual to develop his potential in every area possible. Orthopedically handicapped children and other students are in need of this kind of service.

The role of the teacher. An appropriate setting for guidance and counseling at the elementary level is the classroom. But, to be most effective, the teacher must become a vital part of a team necessary to best serve the needs of orthopedically handicapped children. The guidance task is too large for the teacher alone to assume. Through the team approach, a team of personnel trained in a specific area is employed to provide the most efficient and beneficial service to the student. Specialists both inside and outside of the school are utilized. Even when specialists are not available, the teacher should provide an optimum learning situation within the classroom, and provide for optimum adjustment socially as well.

The major concern of elementary guidance is related to the self-concept and helping the student to know and understand himself. Since the self-contained classroom is the
predominant type at this grade level, the teacher has the major responsibility in aiding the child to develop and adjust with the social situation. The role of the classroom teacher is extremely important, in guidance and counseling.

Counseling with the child. The teacher needs an adequate inventory of the student concerning the family and background, his abilities, and especially, information concerning his handicap. The history of the handicap, the environment of the child, and the parental attitude are necessary tools to understand the child within his situation. The teacher would do well to guard against feelings of pity for the children. Rather, he should realize all children are handicapped in some way, and accept the student as he is. The teacher has the responsibility to help the child learn to use the ability he has in a most effective manner.

Guidance programs are typically designed to meet the needs of ordinary children. However, a well-developed program can serve the needs of orthopedically handicapped children because they are children with needs common to all children. Needs of the handicapped children are not ordinarily met by the guidance personnel however. The child is different in one ore more respect, and his different needs are those likely to remain unmet. They may be left unmet because a team approach is needed but not available. The number of counselors, or their training, may
be inadequate for serving the orthopedically handicapped child.

It has been established that early diagnosis is important in working with orthopedically handicapped children. The training and guidance needs to be started in the early formative years.\textsuperscript{15} The work of the elementary school counselors can fill this need. The work in counseling at the elementary level was designed to provide for counseling with the student, the teacher, the class, and the parents of the child.

Counsel offered to parents. Thurston stated, "Virtually all parents experienced emotional upset and anxiety when they learned they had a handicapped child. While they differed in initial reaction, most displayed helplessness, grief, or guilt in varying degrees."\textsuperscript{16} They need to be counseled to accept the disability and learn the facts related to it. Long-range planning may often be


needed, especially when the child is limited in potential. Many parents need to be counseled concerning the attitudes and feelings they have. An awareness of these feelings is needed to develop a proper environment in which the child is to live. Once the parent is able to accept the child for what he is, the parent will be able to assist the child and direct efforts toward optimum development of the child.
ORTHOPEDICALLY HANDICAPPED CHILDREN IN THE CLASSROOM

Program for Teaching Orthopedically Handicapped Children.

Every state has shown interest in the disabled through the organization of societies for crippled children, service clubs, and other community organizations and activities. Special programs by local, county, and state educational organizations were included. Nevertheless, rejection of the handicapped children from educational opportunities demonstrated in many areas through a lack of facilities or curriculum adjustments; actual exclusion from school, and the lack of adequate legislation and financial support has been evidenced as well.¹⁷

Facilities. Adequate lighting, heating, and playground facilities should be provided as features geared toward helping the child to develop on his own as much as possible. Ground level rooms, entrance ramps, and hand railings on either side of the hall would be of additional help to the handicapped students. Polished or waxed floors as well as swinging doors should be avoided. The classroom furniture and the various types of room equipment should be selected with the children and their limitations kept in mind.

Curriculum. Most orthopedically handicapped children are not limited mentally. Since they are average or above in areas other than their limitation in most cases, the curriculum does not, for the most part, need to be altered to suit their needs. The teacher does have the additional responsibility, however, to select activities which will develop in the child a sense of acceptance and usefulness. Also, the self-concept as it relates to a feeling of worth must be supported. This is especially true in situations where the orthopedically handicapped child is involved. Opportunities must be provided for the students to think, to develop creativity, and to establish some self-value and self-acceptance, and thereby establish self-worth.

The responsibility of the teacher. Rehabilitation of physically handicapped children extends beyond mere body repair and strives for the optimum utilization of all the abilities of the person. He must be made to feel both adequate and useful. An important part of this developmental task is placed on the teacher, who must be willing to assume this added responsibility. The attitude of the teacher has a great influence on the students. It is quite important that the teacher become acquainted with an understanding of the disabilities involved, and be considerate toward the child and the circumstances under which he must live.
The orthopedically handicapped child can be cruelly rejected as the result of ignorance or malice. The teacher must guard against this, and at the same time, allow the child to do all he is able. This will aid the child to develop his independence, and to learn to accept his limitations. The teacher, in his role of educator, should provide for the child those experiences which the child could not otherwise obtain.

Responsibility to the child. The teacher has the responsibility to recognize the handicapped child's similarities to other children rather than to emphasize his individual differences, so that the child may be educated as normally as possible. The teacher should be trained to observe various behaviors which emerge on the part of the handicapped students. Accurate observation of the child is indeed an important task.

Various methods have been designed to aid in getting to know the peer relationships of students. One of the most effective methods, aimed toward a particular group of students, is known as the sociometric method.

Sociometry as a Method in Teaching Orthopedically Handicapped Students.

Historical information. The event which marks the official start of the sociometric movement dates to
April 3-5, 1933. At this time, the Medical Society of the State of New York put on an exhibit of some sociometric charts during its convention at the Waldorf Astoria Hotel. Since then the interest in the area of sociometry and its derivations and extensions, social microscopy, sociodrama and psychodrama, have become a respected school of thought.\textsuperscript{18}

"Sociometry was established by J. L. Moreno in \textit{Who Shall Survive?} in 1934."\textsuperscript{19} The development can be traced through the Journal of Sociometry, the monographs which have been issued by the Sociometric Institute, that illustrate the technique used to determine social relationships.

\textbf{Function and use.} Sociometry has been described as a method for discovering the various relationships which are formed between various individuals. It measures the number of relationships, but not the intensity of them. It indicates the extent to which a person is perceived by

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others to fulfill their needs or to enhance their experiences. It can help to understand the social values and social living, and it is in this sense that the teacher can profit from its use, particularly when an orthopedically handicapped child is involved.

There are certain basic facts which must be considered by the teacher to gain an adequate understanding of the use of the technique. The fact of preference must be included since it is especially important to the orthopedically handicapped child that the teacher accept him. It has been established that human beings cannot love all other human beings in an equal way. However, the teacher must learn to work as effectively with those who are not well accepted by the peer group as he is able to work with the well-accepted group.

Sociometry assumes an individual is conscious of his personal preferences and develops the theory these consciously known living relationships are of primary importance to the individual. The relationships are


considered as means by which a person extends himself, and society is viewed as the means by which a person's needs can be met. Thereby, sociometry indicates the various foundations of society are the personal relationships of man which result from his own needs.22

The sociometric test is a source from which the information desired in dealing with the social relationships within the classroom can be secured. The sociometric test has been defined as "an instrument to measure the amount of social organization shown by social groups."23 It requires that the individual select those persons whom he would desire to associate with, and thereby, measures the attraction and repulsion of persons within the group.

Once the information is secured, the task of transferring the data into useful information must be considered. The best present means of doing this is the charting of data by use of the sociogram. Several types of sociograms have been successfully employed, but each will portray the pattern of social structure of the entire group and the relationships of every individual within the group.


In order to apply the information to the classroom, the sociogram is a means of simply displaying the social structure of the group and a person's status within the classroom social group. The information can be conveniently displayed on a Target Sociogram to depict social structure, individual status, and predominant group relationships. The information presented in the Appendix presents a useful tool for the teacher to use when working with orthopedically handicapped children to determine the social relationships the children have. It can assist the teacher in dealing in a most effective way with these children who have some particular needs to be met.

Varied difficulties must be considered before attempting to employ this means of social structure evaluation. The members of the group as well as the amount of their preparation in relation to the sociometric procedure concerned must be carefully examined. With older students especially, there has been some fear of knowing one's position within the group. The person employing the sociometric technique must aim to have the group members realize the true benefits possible, and enlist the members complete cooperation. This is especially important since the key to a successful sociometric program lies in a truly spontaneous reaction.
Values of the approach. John Donne defined well the value of a sociometric approach when he said: "No man is an Iland intire of itselffe; every man is a peece of the Continent, a part of the maine...I am involved in all Mankinde." Sociometry is simply an approach to the problem of helping man to adjust in his situation as a member of society, to measure the extent and the nature of his social relationships, and to provide the best social living situation for the benefit of those concerned. The teacher can effectively employ this method to deal with orthopedically handicapped children because the self-concept is of such vital importance to these children. The sociometric methods provide the opportunity for helping the student within the social relationships since they do influence the various areas of his life.

Practical suggestions for use. The sociometric method may be used by teachers in the classroom to better acquaint themselves with the social relationships within the classroom. The knowledge gained will aid in the development of

a program for the improvement of the social climate within
the class as a whole, and, for the students as individuals.

A sociometric study by Cruickshank reported physically
handicapped children "tended to experience low social
acceptance among their normal peers, and a disproportionate
number of them were socially isolated or rejected." A
second study suggested the orthopedically handicapped chil-
dren hold a position comparable to that of certain racial,
religious, and cultural groups. However, evidence has been
given to indicate orthopedically handicapped children can
obtain normal social relations in the classroom. These
studies tend to show value for use of the sociometric
methods to evaluate social placement of orthopedically
handicapped children, and justify the need for application
of the method by the classroom teacher.

The information gathered through use of the sociometric
test may be used to uncover and interpret the motives which
prompted the choices made. The presence of intersexual
frequencies dominate the relationships in some cases, and
can be found. Such information may add insight to racial

25 Norman Edward Gronlund, *Sociometry in the Classroom*,

26 Norman Edward Gronlund, *Sociometry in the Classroom*,
problems or personality conflict, and be an aid in evaluation and guidance in such situations.\textsuperscript{27} The technique of the Parent and Family Test attempted to coordinate the spontaneous tendencies and aims of newcomers with the spontaneous tendencies and aims of the residents of a given community. The test may provide a needed opportunity to enter social relationships to provide better personal development than otherwise available.\textsuperscript{28} Impromptu role playing with conflict situations also offer an opportunity to learn clues to assist in gaining a better understanding of personal and family situations and emotional tensions.

When sociometric results are made available on a school-wide basis, the teacher may be able to be informed before the school year begins, and locate students in need of particular attention. Classroom seating and workgroups may be better planned. The relationship of classroom and school social acceptance may be an aid to determine the proper method of working with an individual child.

The sociometric test may provide insight for the


counselor to assist in social and emotional adjustment as well as counseling for vocations. The classroom teacher as counselor will also find the sociometric test an aid in giving insight to counsel parents and students, especially in relation to emotional problems.

The sociometric test may also serve as a means to promote program changes to better meet the individual needs of students. Special programs may be formed by keeping sociometric test results in mind to insure program goals that are suited to student needs.
SUMMARY AND CONCLUSIONS

This paper has attempted to present the situation which the classroom teacher must face when an orthopedically handicapped child is placed in the regular classroom, and to suggest one possible means of helping these students. The sociometric technique suggested is merely one of many means which could be employed by the teacher. From the experience of the author, it can be suggested as an effective method to employ. It can result in rewarding experiences for the teacher, the handicapped child, and the class members. The effectiveness seems to lie in the fact that orthopedically handicapped children can be made to feel a necessary part of the group. Through this sense of belonging, he is able to improve his self-concept, and instill within himself an accepting attitude toward himself and toward others. Only then will the orthopedically handicapped child be able to adjust and lead as normal a life as possible within the scope of his limitations.

On the basis of the material presented, and the personal experience of the author, it seems fitting to recommend that every classroom teacher of elementary school students have an accepting attitude toward orthopedically handicapped children as a first step toward teacher preparation for dealing with these children. The teacher must also be made aware of special needs and problems of an orthopedically handicapped
child, especially in relation to his self-concept.

There should be included in the preparation of a teacher the basic method necessary to employ the technique of socio-metric procedure within the regular classroom situation. This can benefit all students, including the orthopedically handicapped.

A tremendous responsibility is related to the education of an orthopedically handicapped child, as in the education of all children. Orthopedically handicapped children are, first and foremost, children. Teachers must remember this to work effectively with them. The teacher must be willing to assume responsibility for the child and undertake related tasks. Without the assistance and special effort of the teacher, an orthopedically handicapped child may become lost in the scope of activities within the regular classroom situation. The orthopedically handicapped child may become lost in the scope of activities within the regular classroom situation. The orthopedically handicapped child must have the teacher's interest and attention if he is to achieve to an optimum degree within the regular classroom teaching situation.


APPENDIX
Sociograms

There are many ways of displaying sociometric facts and the choice of a particular method depends on the aspects of sociometric relations in which one is most interested. For depicting the social structure of an entire group, each individual's status in it, and the predominant relationships among these individuals, the **Target Sociogram** offers a convenient method. This was designed by the present author (3) and improved by Bronfenbrenner, Quarrington (4), and others. Figures 2 and 3 show targets made up of data from actual situations, and ways by which the targets may be elaborated.

To make a target diagram, draw four concentric circles, the areas of each division being equal to one quarter of the whole target. Depending on the scoring previously used, each circle may be used to represent the four quartiles or the four levels of probability, significantly above chance, above chance, below chance, and significantly below chance.

The individuals whose scores on the scoring sheet fall into these divisions may now be entered by name or initial in the appropriate division of the target. If a group is composed of the two sexes, males should be indicated by a small triangle, females by a small circle, and placed on opposite sides of the diagram.

By looking at the diagram at this point, one may observe each person's sociometric status in terms of his proximity to the center of circumference of the target.

Now looking at the record form again, note each individual's highest choice. Draw a line from his name on the target to the name of the person he chooses most often and place an arrow at the end of the line.

In the case of two people choosing each other more highly than they choose anyone else, draw a double headed arrow. Such a relationship is called a reciprocal choice.

Second highest choices, and indeed all choices may be entered in a...
INSTITUTE NURSERY SCHOOL

Figure 2. This sociogram is of the Nursery School at the Institute of Child Study. The target is divided vertically into sections proportionate to the number of boys and girls in the school, and horizontally into junior and senior age groups. Each child is entered in the appropriate section according to his sociometric score. Lines are drawn from each child to the person(s) he chooses most highly. Boys are represented by a triangle, girls by a circle; these are broken if the child was absent for the test and a question mark is entered in his symbol if he gave no adequate response. Small arrows within the circle indicate the number of other people who choose a child; those outside the number of other people he chooses.

The position of so many juniors in the outside circle indicates that two-year-olds are just beginning to be part of a sociometric structure. Seniors' positions for the most part are nearer the center; this reflects the fact that sociometric status at the nursery school level increases with age.
Figure 3. This is a sociogram of a grade V classroom used in a study of Jewish-Gentile prejudice. The target was made in the usual way and divided vertically. It was then divided horizontally into sections proportionate to the number of Jewish and Gentile children in the group. Boys are placed to the left of the vertical line, girls to the right. Gentiles above the horizontal line and Jews below, according to their occupational status. Lines are drawn from each individual to the person(s) he chooses most often. Incompleted circles indicate the child was absent when the test was given.

It will be noted that the target shows complete sex cleavage in this age group. (Actually on the data sheet a few choices were made between the sexes.) The arrows crossing the horizontal lines show significant intercultural choice. The number outside each section gives the self-preference score of the subgroup estimated from the data sheet by Quinlan's method. For example the Jewish boy show a self-preference of 32 per cent, that is, they give 32 per cent more of their choices to each other than they would be expected to by chance.
similar manner. They will add valuable detail to the diagram, but will tend to reduce the clarity.

At this point the target will show the social status of the individuals, their predominant interpersonal relations, and the structure of the group as a whole.

Other Uses of the Target
1. To depict the sociograms of a community formed of two or more sub-groups (boys, girls, negro, white, etc.), the target may be segmented in the proportion of the sub-group in the total community, self-preference scores indicated, and inter-sub-group choices drawn (4, 5).

2. To depict the number of choices to or from a subject beyond his dominating ones which usually appear on the sociogram, place each subject on the target as usual, with a circle or triangle. Each additional outgoing choice is recorded by a small arrow outside his circle; these may point to the center of the target if they go to people of higher sociometric status, to the circumference if to individuals of lower sociometric status. Each choice coming to him is recorded similarly inside his circle. Thus his "emotional expansiveness" is depicted.

3. To compare two sociograms of the same group obtained at different times, it is useful to draw the second on transparent paper which can be superimposed on the original. The changes in each person’s status and dominating choices can be readily compared.

While the target sociogram provides a means of depicting the sociometric findings clearly, the dangers of it have been discussed by the author in "a note on the use of target sociograms" (6). This article emphasizes the fact that the target is both an abstraction from the sociometric facts (which themselves are abstractions from the total social facts) and a symbol, which by suggesting the archery target implies erroneously that a "bull's-eye" is the point of most worth.

The target is useful as a "visual aid," but for detailed analyses of sociometric relations or for research work the total data from which it is abstracted should always be consulted.

REFERENCES
THE ROLE OF THE CLASSROOM TEACHER
IN WORKING WITH ORTHOPEDICALLY HANDICAPPED CHILDREN

by

KAREN ELAINE KILLIAN RINGEL
B.S., Concordia Teachers College, 1963

AN ABSTRACT

submitted in partial fulfillment of the
requirements for the degree

MASTER OF SCIENCE

College of Education

KANSAS STATE UNIVERSITY

1967
The purpose of this study was to help understand the situation faced with an orthopedically handicapped child within the regular classroom situation. The study resulted from library research as well as from the personal experiences of the author. It has shown the importance of the teacher in guiding the orthopedically handicapped child to attain the goals and accomplishments necessary to lead as normal a life as possible within the scope of his limitations. The study (1) investigated the abilities and needs of the orthopedically handicapped child, (2) clarified the responsibility of the public school toward such a child, and (3) suggested a device whereby a classroom teacher may deepen his insights concerning the orthopedically handicapped child, and to aid the child toward better social adjustment.

The orthopedically handicapped child is defined by the White House Conference Report as, "A crippled child in the orthopedic sense, is one, under twenty-one years of age, who by reason of congenital or acquired defects of development, disease, or wound, is....deficient in the use of his body or limb." It is a common misconception among society today that people with a handicap in body or limb are also mentally handicapped. However, the children are above normal on the average, and capable of profiting from a public school education. The orthopedically handicapped children have the same
basic social and emotional needs as other children.

Consideration of the educational responsibility toward orthopedically handicapped children raised the question of whether they should be segregated into special classes entirely, or be integrated into the normal classroom situation. The consensus of the authors and the current trends lend toward integration as being desirable, but only when the particular subjects can be identified which will not affect the disability of the child, and which can be performed with other children.

Through a guidance program, the child can be helped to set realistic goals, and objectives, through an understanding of himself. The teacher must become a vital part of a team necessary to best serve the orthopedically handicapped child and his needs. Such guidance by the teacher can be most effective when counsel is offered to teachers, parents, and child.

In most cases, special facilities may be necessary for orthopedically handicapped children to function well. The curriculum does not, for the most part, need to be altered since the orthopedically handicapped children are average or above in most areas other than their limitation.

The teacher must also recognize the similarities to other children as well as the needs of the child. Sociometry, established by J. L. Moreno in 1934, provides one tool for
working with the social relationships. This is an approach to the problem of helping man to adjust in his situation as a member of society. It is an especially effective means to deal with orthopedically handicapped children because the self concept is of such vital concern to these children. Some practical suggestions for its use are included.