

1975

An Assessment-Diagnostic Center for Pre-School Public School Handicapped Children in Illinois: The Rend Lake Project

John Powell

Eastern Illinois University

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AN
ASSESSMENT-DIAGNOSTIC CENTER
FOR
PRE-SCHOOL PUBLIC SCHOOL
HANDICAPPED CHILDREN
IN
ILLINOIS:
THE REND LAKE PROJECT

BY
JOHN POWELL

AN ASSESSMENT-DIAGNOSTIC CENTER FOR PRE-SCHOOL PUBLIC SCHOOL

HANDICAPPED CHILDREN IN ILLINOIS: THE REND LAKE PROJECT
(TITLE)

BY

JOHN POWELL
=

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

SPECIALIST IN EDUCATION

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

1975

YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING
THIS PART OF THE GRADUATE DEGREE CITED ABOVE

April 21, 1975
DATE

April 21, 1975
DATE

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CHAPTER I

INTRODUCTION

Statement of the Problem

In 1971, The School Code of Illinois was amended by House Bill 323 to include socially maladjusted, emotionally disturbed, educable mentally handicapped, trainable mentally handicapped, and speech defective as eligible for preschool special education services. Schools had been permitted since 1943 to enroll three-year old physically handicapped to include the hearing and visually handicapped as well as health and orthopedically handicapped. The intent of HB 323 was to provide special education services to an identifiable group of handicapped children between the ages of three and five years who were not being served in public schools. The rationale behind the legislation was that the earlier a child's handicapping condition is diagnosed and remediation attempts are made the better are the chances that the child will adjust and be accepted into school and society later.

It became the responsibility of the schools to establish identification procedures to find those children showing a need. Referral procedures with diagnostic systems had to be established with programs and classes to be established.

This presented a considerable challenge to the public school personnel. It called for multidisciplinary, interagency, cooperative efforts among such groups as physicians, psychologists, day care centers, private facilities, university training programs, and public departments.

In the Franklin and Jefferson Counties Special Education Cooperative, this author and his staff initiated the first massive preschool screening in 1972-3 and established the first class in the Fall of 1973 in the Benton Elementary School with the second class being established in the Fall of 1974 in the Mt. Vernon Elementary Schools.

During the process of screening attempts were made to identify atypical preschoolers that did not seem to fit in the regular special education preschool programs. A need was realized for a "holdover" setting or assessment-diagnostic center to place this child in for a period of time until a determination could be made for a more permanent placement for this youngster.

So it was obvious to the author that an assessment center was needed whereby a closer and more extensive look could be taken at these children prior to making a more final recommendation for a preschool placement. The most severe types of handicaps were to be served at the preschool level. It would be the job of the author of this paper to sell the program to his Executive Board and district superintendents.

Definition of Terms

Certain definitions used throughout this paper have the

following meanings:

Standard Education--The educational program generally offered by the local school district to the majority of its students.

Special Education--Those instructional programs, supportive services, unique materials, physical plant adjustments, and other special educational facilities as described in Article XIV of the School Code of Illinois which, to meet the unique needs of exceptional children, modify, supplement, support, or are in place of the standard educational program of the public schools.

Exceptional Children--Those children designated in Article XIV of The School Code of Illinois. These children may exhibit handicapping or exceptional characteristics ranging from very mild to very severe. (In this study we are concerned with the very severe.)

Instructional Program--Those activities which provide the principal elements of the exceptional child's educational development at any given time. These activities may include any or all of the following:

1. evaluation of the nature of the child's educational needs
2. amelioration of and compensation for visual, auditory, physical, speech, or other impairments
3. development of language concepts and communication skills
4. educational experiences which are adjusted in content, emphasis, rate, or location
5. modification of social skills or emotional adjustment

Supportive Services--Those activities supplemental to the standard or special program, which serve to facilitate the child's educational development. These activities include:

1. evaluation services
2. specialized instructional services which are in addition to the standard program and which are provided to the child for less than 50% of his school day
3. enabling services
4. therapeutic services
5. consultation services

Qualified Specialists--Those professional special education personnel who meet either the certification or approval requirements described in Article XII of Illinois Rules and Regulations governing special education.

Case Study--Those activities which contribute to an understanding of the child and his educational difficulties.

Staff Conference--A deliberation among appropriate professional persons for the purpose of determining eligibility for special education, determining the provision of special education, reviewing educational progress, or considering the continuation or termination of special education for an individual child.

Special School--An educational setting which is established by the local school district exclusively to meet the needs of exceptional children.

Specific Objectives

The goals of the assessment (diagnostic-prescriptive) classroom is to identify areas of strength, the most effective learning channel, and the suggested teaching methods for the severely involved preschool children who are placed in these classrooms. The diagnostic

model is not only an in-depth diagnostic model but diagnostic evaluations are verified in a daily classroom setting. The placement could vary from one week to one year. Through this procedure the child will receive through the in-depth study an eventual written prescription for a program to be followed up on when he assumes a recommended placement out of the assessment room. Through this procedure along with supportive pupil personnel services the child will be ensured, hopefully, of an appropriate educational setting upon his re-entry into a preschool class.

In order to maximize the learning environments of these severely handicapped children the following long term objectives would have to be met:

1. Make the model more viable than current programs for handicapped children.
2. Emphasize the behavioral approach.
3. Keep the parents and other professionals up to date on all relevant information on detection, identification, intervention, and correction techniques being employed.
4. Decide what change agents are going to be used besides the teacher.
5. Constantly assess what is being done and look at other successful programs for ideas.

To achieve the long range objectives the following intermediate objectives were established:

1. To identify and establish intervention modes for the critical behavior tasks.

2. To develop behavioral modification approaches.

In addition to the above stated objectives great emphasis was to be placed on:

1. Family involvement
2. Instructional content
3. Methodology

Why Early Intervention?

Specific assumptions are:

1. The earlier and more completely a handicapped child (and his family) are involved in an intervention program the greater the potential for enhancement of subsequent development.
2. Intellectual, emotional, and social gains made during the early years have a cumulative beneficial effect later.
3. By increasing the child's level of cognitive functioning his ability to get along in his environment will be enhanced.(1)

Proposal to the Executive Board

After the idea for the assessment room came to the author, director of the Franklin-Jefferson Counties Special Education District, a rationale for establishing the program was proposed to the Franklin-Jefferson Counties Special Education Cooperative Executive Board. Mr. Joe Holt, supervisor, and the author presented the rationale for the program need, a facility recommendation, and staff requirements.

1. Rationale: At the present time early childhood special education programs are in operation in Benton and in Mt. Vernon. As with all special programs, occasionally youngsters are screened who

are too profoundly handicapped to be placed in a district operated facility. The plan proposed herein would allow for the establishment of a program for such youngsters on the campus of Rend Lake College.

2. Proposal: The administration of Rend Lake College has tentatively agreed to provide a classroom and testing facility on their campus. This facility would be used for:

- a. An assessment clinic for all early childhood handicapped youngsters in Franklin and Jefferson Counties.
- b. A district operated program for the three or four early childhood youngsters who are too profoundly handicapped to benefit from a district program.
- c. A day care facility for the children of young mothers who are attending Rend Lake College.
- d. A potential, on-campus training site for nurse's aide trainees and teacher aide trainees.

When the facility is utilized for a special education district operated program for the early childhood profoundly handicapped, it shall be under the supervision of Ms. Eileen Nelson, Title VI teacher. Ms. Nelson's primary goals were to be diagnostic and remediation. When the facility is utilized for Rend Lake College day care purposes, it shall be under the supervision of Rend Lake College personnel.

3. Public School District Obligation:

- a. Provide the teacher-paid for by Title VI.
- b. Provide transportation for needy students-80% reimbursable.
- c. Provide materials for students who attend the facility-

Note: student may be claimed on ADA.

d. Provide the necessary classroom equipment (hardware).

4. Rend Lake College Obligations:

a. Provide the facility.

b. Provide the nurse's aide and teacher aide trainees when such training programs are adjusted to take advantage of the on-campus child development possibilities offered by such a program.

(See Appendix A and J)

CHAPTER II

REVIEW OF OTHER PROJECTS

Project Predict

This model sponsored by a Title III, E.S.F.A. grant at Park Ridge, Illinois, is attempting to intervene at the prekindergarten level. It is supplementary to other special education prekindergarten programs operating in that area encompassing three large school districts. The project also serves non-public school children. They are attempting to pinpoint developmental problems of children. The programs are built around the child's needs. Screenings are done on a referral basis from parents, physicians, public and private schools, and various other agencies. One strong aspect of the project is the consultive and training services offered to the parents of the children.

Gray Early Training Project

One of the first projects resulting from the increased interest in early childhood education was the Early Training Project done by S. W. Gray in Nashville, Tennessee in 1965. It was an experimental preschool program for culturally deprived children. (Although this program was not centered on the low incidence handicapped child that we are talking about in the Rend Lake Center, some of the

findings can be applied to this project. One group received three summers of an enriched program and one received two summers. Two control groups were identified, one living in the same city and one living about 25 miles away. (This was to eliminate diffusion of program ideas.) The curriculum was carefully structured and centered around aptitudes for achievement, attitudes toward achievement, and careful manipulation of reinforcement for desired behavior. At the end of the summer preschool experience, there were significant differences between the groups that had received the summer preschool plus winter home visits and the control groups. At the end of the second grade there were differences between the two experimental groups and the two control groups. No superiority for the group that had had three summer preschools over the group that had had only two could be detected.

Portage Project

The Portage Project developed in the Portage, Wisconsin area around 1970 and concentrated on children ranging in age from birth to five years with a variety of handicapping conditions including mental retardation, physical handicaps, speech and/or language deficits, behavior problems, visual impairments, learning impairments and cultural deprivation. Many of the children had more than one handicap. Instruction was given in the child's and parents' natural environment - the home. Curriculum goals were written by the professional teachers and paraprofessionals and parents with the parent serving as the teacher. A checklist system was used by the professionals to pinpoint behavior and to target emerging behavior. A curriculum card

file was used to prescribe certain skills to be taught. The checklist and card file helped break down the child's behavior into sequences, prescribed each individually, and chained the sequence together to meet the long-range goal as stated on the checklist. The checklist was developed by identifying behaviors from a variety of preschool developmental scales and tests including:

1. Developmental Skills Age Inventory
2. The Cattell Infant Intelligence Scale
3. Peabody Picture Vocabulary
4. Vineland Social Maturity Scale
5. The Sheridan Scale
6. The Gesell
7. The Slossen Intelligence Test
8. The Preschool Attainment Record
9. The Stanford-Binet Intelligence Scale

The Ypsilanti-Perry Preschool Project

The Ypsilanti-Perry Preschool Project assessed the longitudinal effects of a two-year preschool program, designed to compensate for the functional mentally retarded found in some children from disadvantaged homes. The diagnosis was based on the Stanford-Binet. The program consisted of daily cognitively oriented preschool classes accompanied by home visits on a weekly basis by the teacher. The project ran from 1962 - 1967. Children were assigned to either an experimental or a control group in a random manner except for being matched on socioeconomic status and Stanford-Binet scores.

The curriculum was derived in part from the Piagetian theory

and teacher observation. Emphasis was on flexibility of curriculum. Parents were encouraged to participate in the child's instruction in an attempt to improve their relationship with the school.

In general the findings of this project show a positive impact of preschool education on the performance of disadvantaged children in the elementary grades.

The reason for reviewing the proceeding projects is to suggest that many projects are and have been initiated to serve variously handicapped preschool children with varying success. Much more research will be done. I suspect that the Rend Lake Project will have some interesting findings to report.

Southern Illinois Association for Low Incidence Handicapped

In 1965 the Federal government passed the Elementary and Secondary Education Act which for the first time provided large amounts of federal aid to education. Somewhere around 1967-68 the office of Superintendent of Public Instruction for Illinois began seeking project areas to administer Title VI-B E.S.E.A. funds for handicapped children. Three such project areas were established in the southern 27 counties with LEA's at Mounds, Marion, and Newton serving as administering agencies.

The primary emphasis, dictated from Springfield, was that of identifying and diagnosing preschool children exhibiting some handicapping conditions - mainly those with vision and hearing problems. The focus of attention was gradually expanded to include in-depth diagnostic and support services for both preschool and school age children. Thus, these project areas were involved with vision and

hearing screening, providing comprehensive audiological evaluations, setting up general preschool screening programs to identify all handicapped children, and other in-depth educational and extra educational follow-up on children being identified.

Around 1970-71 the State Office began funding studies which were designed to identify and outline the most effective and efficient manner of serving those handicapped children that were difficult to program for locally because their handicaps were of very low prevalence. The state, local educators, and outside consultants grappled with this problem for two years without ever really coming up with a solution. The fact that these children occurred infrequently coupled with the already inherent sparse population in southern Illinois made programming a logistical nightmare.

In 1974, the State Office dictated that the existing three project areas could best serve low incidence children if they were consolidated into one program - thus this one program would cover 27 counties of approximately 11,000 square miles. The intent was to encompass a large enough area in order to have a sufficient population base to make low incidence programming feasible. Our problem then is how to homogenously group low incidence children within an 11,000 square mile area to adequately meet their educational needs.

The funding of the Rend Lake Project is being done through this project. Also, several of the supportive staff are being paid for through this project.

CHAPTER III

EARLY IDENTIFICATION AND PROGRAM DESIGN

Process of Identification, Diagnosis, and Admission

Early identification is a multifaceted problem and must include public education of parents, physicians, social service agencies, and established centers for referral. (2, pp. 3,4)

In the Franklin and Jefferson Counties Special Education District, an annual screening is conducted during the months of February and March. Of course, referrals will be accepted at any time during the school year.

Screening centers are established at various schools throughout the two counties. The screening teams consist of a speech therapist, nurse, social worker, psychologist, and a volunteer. The assistant director establishes the schedule and supervises the screenings. Screening devices consisted of derivations of several tests and charts agreed upon by the screening teams. (See Appendix I)

Responsibility for Reporting

The team reviews the results of the individual screenings and a general consensus is agreed as to whether or not the child needs a special placement. The child needing a diagnostic-assessment placement is then referred to the Rend Lake assessment center. The referral

is sent to the child's district superintendent who signs the referral and approves the placement.

Future Population Trends

The total public school population in the Franklin-Jefferson Counties Special Education District is 15,500, ages 3-21. That figure has been stable for the past ten years and will probably start dropping slightly over the next few years. But with more attention being given to programs for exceptional children, it is expected with that factor and a more comprehensive screening effort there will be an increase in numbers of low incidence handicapped children needing further assessment and diagnosis and placement.

Organization and Administration

Most early childhood education programs may be placed in one of four categories:

1. Programmed
2. Open framework
3. Child-centered
4. Custodial

Each of these program types is related to the way the teachers and children in such programs participate and interact. In the Rend Lake Project there is a mixing of various general approaches or an eclectic approach.

In the administration of the Rend Lake program the teacher is the key person. She brings in supportive assistance whenever she deems it necessary. She reports directly to her supervisor who reports to the Joint Agreement director.

Facility

The site selected for this program was Rend Lake College centered in the middle of the Franklin and Jefferson Counties Special Education District. The room is a large room approximately twice the size of a normal sized classroom. It is carpeted, easily and safely accessible to the students, employees and visitors at all times. (The college is located near Ina, Illinois on Interstate Highway 57 twelve miles south of Mt. Vernon, Illinois.) Ventilation, heat, light, and acoustics are regulated to provide a harmonious and pleasant atmosphere. Equipment and furniture are the type and size suited to the instructional program offered. Since the facility was not constructed specifically for a preschool assessment room, some things are lacking. Restrooms and teacher workrooms are not adequate or conveniently located. In general the facilities are adequate and conform to House Bill 4316 of the Illinois 75th General Assembly, Efficient and Adequate Standards for the Construction of Schools, Illinois Office of Education, Circular Series A, No. 156.

Policies and Procedures

The center follows the same school year calendar as the college. The teacher and supportive staff serve under the Joint Agreement director. All student referrals for the center go through the director from the district superintendent. Multidisciplinary staffings determine placement of children into the program.

Financing

The teacher and supportive staff are financed through Title VI, P.L. 89-313. The school districts receive 80% reimbursement for trans-

portation. The facility is offered rent free by Rend Lake College. Materials and equipment are provided by the Special Education Joint Agreement.

Parent's Role

Family members are no longer considered incidental to the formal program necessary to remediate or develop learning or other behavior skills. If total success is to be achieved it is essential that parent involvement take place. The policy of the Rend Lake project is to involve family members. Another aim of this program is to be a resource to the parents in locating other resources in the community. The assumption taken in this program is that the child's home environment is the place which has the most powerful and lasting influence on his adaptation to school and the world around him. Active participation of family members in educational programs are limited only by imagination and desire of those involved. (2, pp. 5,6)

Curriculum

The young child has many diverse needs. The best teachers are those who are able to develop curriculum to meet the needs of the children in their classes.

Curriculum is defined as those activities identified and used by the teacher to change or enhance a child's behavior and to teach identifiable objectives and goals. (3, pp. 8)

Any curriculum selected for application must permit children to progress at differential rates without being failed for slow progress.

Some common problem characteristics of handicapped children for which appropriate goals and objectives should be established and

curriculum developed are:

1. Language
2. Social skills
3. Self-concept
4. Self-help
5. Motor skills
6. Cognitive skills
7. Lack of understanding of parents

Some basic assumptions for a well conceptualized curriculum are:

1. A high adult-child ratio
2. Teamwork among adults
3. A well planned social structure of the adult-child interaction
4. Incorporate the services of ancillary personnel
5. Implement structure in the instructional setting
6. On-going evaluation

In the design of the Rend Lake project the above objectives and assumptions have been established as goals. (See Appendix E and G)

Techniques of Instruction

An instructional program consists of four components:

1. Content
2. Method
3. Materials
4. Measurement

Content refers to what is to be taught. One useful approach is task analysis whereby the teacher determines what responses the

child should make. *Small bits of behavior are taught separately and then put together into the terminal objective. This technique is always dynamic in that any given task analysis can be modified for individual students.

Method refers to the "how" of instruction. The teacher is concerned with arranging a proper instructional environment if the behavioral repertoires of the students are to be verified.

Materials must follow the delineation of instructional objectives. For the severely handicapped few materials have been commercially developed, thus the teacher must devise her own.

Measurement is very important. Any skill or concept worthy of being taught must later be measured. The teacher must be skilled in the use of measurement designs.

The techniques of instruction utilized in the Rend Lake project are adapted to meet the needs of the individual child enrolled in the center. Some of the principles employed are imitation training, response priming, stimulus discrimination, and response chaining.

(See Appendix C and D)

Materials and Equipment

(See Appendix H)

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Training and Background Requirements for Professionals and Para-Professionals

Some of the behavioral competencies needed by a teacher of the severely handicapped are:

1. Knowing how to manage severe behavior problems
2. Being able to create teacher made sequenced materials
3. Being able to engineer a proper physical setting in the classroom
4. Understand the basic principles of task analysis
5. Know how to implement instructional programs

The above are a few of the competencies possessed by the Rend Lake program teacher. Other competencies are utilized as they become appropriate.

The teacher in this program has a M.S. degree in Early Childhood Education and several years experience in a previous diagnostic center as a team member. (See Appendix B)

It is necessary that a program such as the assessment center at Rend Lake have resource personnel trained to assist the teacher with intervention techniques. They may assist in monitoring, evaluating,

and meeting the needs in all areas of development: social, emotional, physical, and cognitive.

It is a rare teacher or para-professional who possesses all the skills needed to teach severely handicapped students. Most will learn while actually working with the children. Severely handicapped children are dramatically different than their peers. Thus, the teachers of these children require different teacher-child interaction skills. (4, pp. 5,6)

Profile of a Typical Placement

The first child placed in the Rend Lake program showed a lack of:

1. Eating skills
2. Ability to sit still for more than a few minutes
3. Speech
4. Toilet training

These were just a few of his behavioral repertoire. Others were later verified by the teacher as the child entered into the program and a task analysis approach was initiated.

A mixed model curriculum was established for the child. The teacher responded carefully through her intuitive understanding of the child's behavior as it was further manifested. The curriculum content permitted the child to show individual interests, skills, and was not imposed upon the child by the teacher. (See Appendix F)

Evaluation

Evaluation can be best defined as the process of fully describing an activity and assessing its effectiveness and value. Goals

and objectives must be established. Evaluation should never be after the fact. Evaluation should start at the beginning of the activity. (5, pp. 48

In the Rend Lake program it was established that the program evaluation would start at the beginning. The entire team was to be the constant evaluators. The evaluation was to continue through the life of the program. At the end of the school year, 1974-5, the team will evaluate the successes attained with individual students and the total program. Such questions to be answered are:

1. How many children were served?
2. How much did it cost?
3. What needs remained unmet?

Recommendations

At this point in time it appears that the program is quite successful. The following recommendations are suggested:

1. To strive to work closer with the family members
2. To increase the number of staff in the program to include: volunteers, a full time psychologist, aides, and additional specialists
3. To establish this center as a sub-center of the Regional Resource Center now centered in Peoria, Illinois and to serve more than the present two counties of Franklin and Jefferson
4. Take a closer look at curriculum models
5. Serve all ages 0-21 years
6. Cooperate with the nurse training program at Rend Lake College

At the end of the first year of operation the comprehensive evaluation of the program will be based mostly on the children's performance on criterion tasks, psychological tests, and evaluations by the teacher and staff. Innovative changes should come about as a result of these evaluations.

The program is less than a year old. At this time it appears to be effective.

APPENDIX A
BOARD PROPOSAL

EARLY CHILDHOOD ASSESSMENT CLINIC
AT REND LAKE COLLEGE

(A Proposal to the Executive Board)

- I. Rationale: At the present time early childhood special education programs are in operation in Benton and in Mt. Vernon. As with all special programs, we occasionally find youngsters who are too profoundly handicapped to be placed in a district operated facility. The plan proposed herein would allow for the establishment of a program for such youngsters on the campus of Rend Lake College.
- II. Proposal: The administration of Rend Lake College has tentatively agreed to provide a classroom and testing facility on their campus. This facility would be used for:
 - a. An assessment clinic for all early childhood handicapped youngsters in Franklin and Jefferson Counties.
 - b. A district operated program for the three or four early childhood youngsters who are too profoundly handicapped to benefit from a district program.
 - c. A day care facility for the children of young mothers who are attending Rend Lake College.
 - d. A potential, on-campus training site for nurse's aide trainees and teacher aide trainees.

When the facility is utilized for special education district operated program for the early childhood profoundly handicapped, it shall be under the supervision of Ms. Eileen Nelson, Title VI-teacher. When the facility is utilized for Rend Lake College day care purposes, it shall be under the supervision of Rend Lake College personnel.

III. Public School District Obligation:

- a. Provide the teacher-paid for by Title VI
- b. Provide transportation for students - 80% reimbursable
- c. Provide materials for students who attend the facility -
Note: student may be claimed on ADA
- d. Provide the necessary classroom equipment (hardware)

IV. Rend Lake College Obligations:

- a. Provide the facility
- b. Provide the nurse's aide and teacher aide trainees when such

training programs are adjusted to take advantage of the on-campus child development possibilities offered by such a program.

- V. It would be mutually understood that the arrangement between Rend Lake College and Franklin-Jefferson Counties Special Education District is cooperative in nature. Either party will be free to cancel the mutual arrangement at any time.

Presented to the Executive Board and approved on October 8, 1974.

APPENDIX B
JOB DESCRIPTION

JOB DESCRIPTION

EDUCATIONAL-PRESCRIPTIVE DIAGNOSTICIAN
(Early Assessment and Adjustment Center)Description:

The Educational-Prescriptive Diagnostician will assist the Project Director and/or the Directors of Special Education in the development, implementation of programs relevant to the identification and education of preschool and lower primary children exhibiting handicapping conditions.

The Diagnostician will provide assistance as needed in staffing, parent counseling, placement, teacher consultation, or further diagnostic evaluation.

Specific Responsibilities:

To render educational assessment on each child.

To provide an individual prescriptive blue-print for a program in and out of the school setting.

To be responsible for the coordination of the daily activities.

To initiate and work with many different methods of reaching the child.

To help in the adjustment of children to a school situation.

To assist in the development of educational programming involving communication skills, language development, gross and fine motor coordination, emotional and social development, and learning disabilities.

To report progress and attendance of all children in the Early Assessment and Adjustment Center.

Qualifications:

Bachelor Degree

Certificate - Type 10 with a background in Learning Disabilities, Retardation and/or Early Childhood Education

APPENDIX C
CLASS SCHEDULE

CLASSROOM SCHEDULE

- 12:30 - 1:15 Free play with 1-1 work with each child in turn
- 1:15 - 1:30 Structured group activities cognitive; language
- 1:30 - 1:50 Bathroom break with snack time
- 1:50 - 2:00 Story - read in group and/or music
- 2:00 - 2:15 Semi-structured group
activity - fine-motor gross motor with
language - choice of activities
- 2:15 - 2:30 or Free play and prepare for bus
2:45

APPENDIX D
CLASS PROCEDURES

Classroom Procedures

1. Hours of program

12:00 - 12:30 plan time for teacher
1:00 - 3:00 children attend
2:30 - 3:30 plan time or home visit time

2. Admittance requirements

- a) Child must have a psychological report.
- b) Child must have been staffed with early childhood teacher present.
- c) Child must be no less than 3 years and no more than 6 years old.
- d) Parents must be willing to come in once a month for parent conference or receive home visits from teacher at least once a month.
- e) There can be no more than 4 students per one teacher.

3. Sick days or personal leave days for teacher

On such days, the teacher will notify special education coordinator who will contact parents and bus driver that children will stay home.

4. Sickness in classroom

Teacher may contact Shirley McHaney or a representative of Rend Lake nursing staff when a medical emergency arises in the classroom.

Should ambulance services be required, teacher may call the Ina Fire Dept. which serves Rend Lake College.

5. Transportation *

Children will be bused from their home to the building door nearest the classroom.

Children will arrive and depart within 10 minutes of the scheduled time.

6. Janitorial services

Rend Lake College will provide daily cleaning service to the classroom.

7. Visitors

Except for staff of Special Education and Rend Lake College,

anyone wishing to visit the classroom should check with the teacher.

8. Consumable supplies

Purchase of consumable supplies will be made through a cash fund available to the teacher (milk, snacks, consumable art materials, etc.)

9. Home visits

Teacher will be allowed at least one school day per month to visit homes. Other time will be set aside on a weekly basis for home intervention as needed.

10. Responsibilities to Rend Lake College

- a) Coordinate school calendars. Submit the classroom calendar to Dr. Ward's office.
- b) Maintain a respectable room.
- c) Coordinate equipment and materials with Rend Lake College Day Care Center as it develops.

11. Teacher aide

- a) No Rend Lake College students or staff will be involved in the program at this time.
- b) If more than one severe behavior disorder child is enrolled in the class, a daily volunteer or paid aide will be required.

12. School calendar

Nov. 12	Session begins
Nov. 28, 29	Thanksgiving vacation
Dec. 23-Jan. 3	Christmas vacation
Jan. 6	Classes resume
Jan. 15	(M. L. King Day) Home visit day (NO SCHOOL)
Feb. 12	Lincoln's Birthday (NO SCHOOL)
Mar. 24-28	Easter vacation
Apr. 18	Teacher's Institute (NO SCHOOL)
May 29	Last day of school

Home Visit or Parent Conference Days

Friday	Nov. 22
	Dec. 13
	Jan. 15
	Feb. 21
	Mar. 24 (or 21 if 24 is part of Easter vacation)
	Apr. 25
	May 23

APPENDIX E
OBJECTIVES

Objectives

(Behavior Modification)

1. Provide for physical needs - learn basic skills - bathing, toileting, eating, dressing.
2. Control behavior using behavior mod. or other appropriate technique. Social development (Shape behavior toward that expected in another special education or regular classroom.)
3. Provide environment stimulation not received in home environment. (Variety of middle class experiences)
4. Pre-Kindergarten cognitive experiences
numbers, shapes, colors, basic concepts, listening.
5. Pre-Kindergarten motor experiences
gross motor, fine motor (vis-motor), following commands.
6. Pre-Kindergarten language experiences
good speech model, improve quantity and quality of speech, toward goal of interactive speech.
7. The classroom will be flexible enough to meet most objectives for each individual child.

APPENDIX F
STUDENT PROFILES

A Student Profile

(Objectives for Rodriquez)

1. Manage through a bath or wash job every day if necessary.
2. Decrease crying behavior.
3. Eating skills.
4. Toilet training.
5. Sit in chair for several minutes at a time.
6. Eye contact upon request.
7. Imitative speech.

(Objectives for William)

1. Eye contact upon request.
2. No withdrawal when touched.
3. Behavior self-control - sit in chair, decrease tantrums, follow directions, assume responsibility.
4. Increase speech quantity.
5. Initiate interaction (behavior control, decrease hitting, etc.)
6. Pre-Kindergarten concepts - colors, numbers, etc.
7. Pre-Kindergarten motor development.

Upon accomplishing the above objectives, the child will be considered eligible for entrance into a regular preschool class for handicapped children.

APPENDIX G
STUDENT GOALS

Goals

(Rodriquez)

Self-help skills

1. Bathing
 - a) Bring soap, towel & shampoo to shower stall.
 - b) Take off clothes.
 - c) Help scrub himself.
 - d) Help wash hair.
 - e) Use towel to help dry.
 - f) Assist in dressing.
2. Washing
 - a) Put hands under the faucet
 - b) Rub hands together.
 - c) Use soap to scrub.
 - d) Use towel.
 - e) Throw towel in waste can.
3. Eating
 - a) Hold glass without spilling.
 - b) Take bite size pieces at a time - instead of gulping the whole thing.
 - c) Wait his turn to receive food.
 - d) Use a spoon (whenever opportunity arises).
4. Toileting
 - a) Indicate need to urinate - defecation.
 - b) Pull down pants alone; pull them up.
 - c) Assist in washing hands, as above.
 - d) Assist in wiping up accidents.

Cognitive

1. Imitative speech.
2. Eye contact upon request when he hears "Look at me," or his name.
3. Receptive vocabulary for common objects in the room and commonly used action verbs.
 - a) Can follow very simple whole body commands.
 - b) Can locate familiar objects in the room.
 - c) Can locate basic body parts on himself.

Social

1. Non-verbal interaction with another child - initiated and received.
2. Decrease crying behavior and tantrums.
3. Spend several minutes without a toy clutched in his hand.
4. Affective responses - happy, sad, etc., at appropriate times.

Goals

(William)

Self-help skills

1. Zip or button coat.
2. Tie shoes.
3. Put on and take off boots.
4. Completion of all self-help skills with few reminders to remain on task.
5. Assist Rodriguez in bathing, washing, and eating skills.
6. Help wipe tables clean.
7. Return toys to their shelf.

Social

1. Eye contact upon request - calling his name or "Look at me."
2. More receptive to touch (without drawing away).
3. Begin to initiate nonaggressive contact with peer or adult.
4. Initiate social conversation; increase speech quantity.
5. Decrease crying and tantrum behavior.
6. Affective responses - happy, sad, etc., at appropriate times.
7. Increase length of task attention.
 Sit in chair and stay on one task for 2 minutes.
 Help another child with fewer skills.
8. Take frustration or aggression out on a doll or other inanimate object.
9. Can take turns with a favorite toy.

Cognitive

1. Increase quantity and quality of speech.
2. Use of numbers with meaning to 5.
3. One-one correspondence.
4. Basic preposition concepts - over, behind, on, in, between, etc.
5. Memory of 3 commands in sequence.
6. Recognize name when spoken or printed.
7. Color labels - expressive.
8. Concepts - same, different, big, little, etc.
9. Basic shapes - receptive knowledge of labels; draw circle and square.

APPENDIX H
EQUIPMENT/MATERIALS/SUPPLIES

EQUIPMENT/MATERIALS/SUPPLIES

Record player	Hap Palmer records
Low chalk board	Simple books
3 or 4 book shelves (low)	Wooden blocks
1 book shelf (higher)	Balls
10 low chairs	Fischer Price toys
2 higher chairs	Plastic trucks, cars, etc.
3 low tables (formica top)	Bulletin board aids
1 desk	Musical instruments
5-10 lockers, cubbies, or something for coats, boots, etc.	Dress up clothes, old hats, etc.
Big plastic mat (for drying paint stuff, etc.)	Snap, button, hook, zip board
Room divider - bulletin board	Large riding wheel toys
File cabinet	Stringing beads
Waste basket	Snap blocks
Swing set and/or other out- door play equip.	Small wooden train set
Potty chair	Dolls & clothes
Bathtub	Pull toys
Mop	Puppets
	Large pictures
	Wooden puzzles (easy up to 12 pieces)
	Toy letters & numbers
	Clock

Books On:

Behavior Modification
Toilet Training
Autistic Child

Art

Construction paper
Manila paper
Water colors
Scissors
Paste
Play dough
String
Chalk
Poster paint
Brushes
Easel
Crayons (large)
Odds & ends

Food Budget

Milk (weekly budget)

APPENDIX I
DIAGNOSTIC TESTS

I. Individual Intelligence Tests

- * Stanford-Binet Intelligence Scale L-M, 1960
(2 years to Superior adult) - Psychological Corporation
or C. H. Stoelting

Merrill Palmer Pre-school Performances Tests
(Ages 18 mo. to 16 yr.) - C. H. Stoelting Company

- * Wechsler Pre-school and Primary Scale of Intelligence, 1967
(Ages 4 to 6½) - Psychological Corporation

Arthur Point Scale of Performance Tests - Revised Form II
(Ages 5 to 15 years) - Psychological Corporation

Arthur Point Scale of Performance Tests - Form I
(Ages 4 to Adult) - C. H. Stoelting Company

Wechsler Intelligence Scale for Children, 1949
(Ages 5 to 15 years) - Psychological Corporation

II. Developmental Charts

- * See How They Grow - Developmental Chart, 1967
(Pre-school through Adolescence) - Scott Foresman

Child Growth & Development, Characteristic & Needs
(Ages 4 to 16 years) - National Education Association

Sonoma County Chart - Growth & Development Through the Grades
(Kindergarten through Eighth Grade) - County Supt. of Schools
Sonoma County, Calif.

III. Developmental Tests

Denver Developmental Screening Test
(Ages one month to 6 years) - Frankenburg, Dodds, Ladoca
Project

McGahan Early Detection Inventory - Pre-school Clinic Screen-
ing Test & Manual, Follett Publishing

New York Child Development Scales
(Ages 4 through 7) - Bureau of Educational Research
Board of Education, City of New York

- * Vineland Social Maturity Scale, 1965, (3 mo. - adult) -
American Guidance

IV. Readiness Tests

- * Metropolitan Readiness Tests
Harcourt, Brace, and World

First Grade Screening Tests
(Ages Kindergarten through Grade 1) - American Guidance
Service, Inc.

V. Group Intelligence Tests

- * Otis-Lennon Mental Ability Test
(Grade 1.6 to 9.9) - Harcourt, Brace, and World

Science Research Associates Primary Mental Abilities, 1954
(Ages 7 to 11) - Chicago: Science Research Associates

VI. Visual motor development and functioning

Perceptual Motor Survey Rating Scale (Roach & Kephart)
(Grades 1 - 4) - Charles E. Merrill Books, Inc.

Lincoln-Oseretsky Motor Development Scale
(Ages 6 to 14) - Western Psychological Service & C. H.
Stoelting

Harris Tests of Lateral Dominance, 1955
(Ages 7 years to Adult) - Psychological Corporation

ABC Vision Test of Ocular Dominance
Psychological Corporation

- * Frostig Developmental Test of Visual Perception (Remediation
Program available) (Ages 3 to approx. 9-0) - Follett
Publishing

Benton Revised Visual Retention Test, 1963
(Norms for C.A. 8-14 and 15 to 44) - Psychological Corporation

Memory-for-Designs Test, 1960 - Graham-Kendall
(Children 8-6 to 15-11, Adults 16 -) - Psychological Test
Specialists

Visual Closure Tests in Some Psychological Correlates of
Severe Reading Disability
Unpublished doctoral dissertation, University of Illinois, 1962

Columbia Mental Maturity Scale, 1959
(Ages 3 to 10 years) - Harcourt, Brace, and World

Raven's Coloured Progressive Matrices, Sets A, AB, & B, Revised
1956 - Psychological Corporation

Leiter International Performance Scale, Arthur Adaptation
(Ages 2 through 12) - Western Psychological Services &
C. H. Stoelting

Keystone Visual Survey Telebinocular
(Grades 1 up) - Keystone View Company

Eames Eye Test for Visual Screening
(Grades 1 - 12) - Harcourt, Brace, and World

Chicago Non-Verbal Examination
(Pantomime Form, ages 8 to adult) - Psychological Corporation

Van Der Lugt Psychomotor Test Series for Children, 1949
New York University, New York

Goodenough-Harris Drawing Tests, 1963
(Ages 5 - 15) - Harcourt, Brace, and World

Developmental Tests of Visual-Motor Integration, 1964 - Berry -
Buktenica (M.A. 1-9 to 15-11) - Follett Publishing

Bender Visual-Motor Gestalt Test for Children, 1962
(Ages 5 - 10 years) - Western Psychological Services

VII. Auditory-verbal development functioning

Communicative Evaluation Chart from Infancy to Five Years
Business Forms, Inc.

Verbal Language Development Scale
(Ages 2 months to 15 years) - Educational Test Bureau, Division
of American Guidance Service, Inc.

California Pretests of Vision, Hearing and Motor Coordination
(Ages Kindergarten to Adult) - California Test Bureau

Reading Capacity & Achievement Tests - Durrell-Sullivan
(Grade 2.5 - 6.0) - Harcourt

Listening Comprehension Test - Brown-Carlson
(Grades 9 - 16, High School & College) - Harcourt, Brace, and
World

* Peabody Picture Vocabulary Test, 1959
(Ages 1-9 to 18-0) - American Guidance

Ammons Full Range Picture Vocabulary Test, 1948
(Ages 2-6 to Adult) - New Orleans, Louisiana, R. B. Ammons

French Pictorial Test of Intelligence, 1964
(Ages 2-6 to 8-6 years) - Houghton-Mifflin

Kent Series of Emergency Scales
(Ages 5 to 14) - Psychological Corporation

Fletcher Chart - "Maximum Distances for Interpreting called Numbers by Persons Having Various Amounts of Hearing Loss." Table XXII & pages 202-206 in Speech and Hearing, by Harvey Fletcher. - D. Van Nostrand Co., Inc. New York, 1929.

Audiometric Threshold Tests and Speech Reception Tests
Refer to trained personnel.

Relationship of Degree of Hearing Handicap to Educational Needs - Office of Supt. of Public Instruction, 316 S. 2nd St., Springfield, Illinois.

Auditory Blending Test, Rosswell-Chall
Essay Press

Monroe Sound Blending Test - Auditory Only

a) Page 200, Children Who Cannot Read

b) Monroe Diagnostic Reading Examination - C. H. Stoelting

Monroe Sound Blending Tests - Auditory plus pictures (visual) from Monroe Reading Aptitude Test
(Ages $5\frac{1}{2}$ - $8\frac{1}{2}$) - Houghton Mifflin Company, 1963

Monroe Auditory Word Discrimination Test - Page 199 Children Who Cannot Read
University of Chicago Press or Monroe Diagnostic Reading Test

Wepman Auditory Discrimination Tests, 1958
J. M. Wepman

Monroe Auditory Memory of a Story from Monroe Reading Aptitude Test - Auditory Test 3.
(Ages $5\frac{1}{2}$ - $8\frac{1}{2}$) - Houghton-Mifflin Company, 1963

VIII. Overall Language Evaluation

- * Illinois Test of Psycholinguistic Abilities, Kirk & McCarthy
(Ages 2-6 to 9-0) - University of Illinois Press

Halstead Aphasia Test Form M
Education Industry Service

IX. Reading and Spelling

- * Wide Range Achievement Test, Jastak and Bijou
(Kindergarten through College) - Psychological Corporation

Gray-Oral Reading Test, 1963
(Grades 1 - 12) - Bobbs-Merrill

Durrell Analysis of Reading Difficulty, 1955
(Grades 1.5 to 6.5) - Harcourt, Brace, and World

Spache Diagnostic Reading Scales, 1963
(Grades 1 - 8) - California Test Bureau

Monroe Diagnostic Reading Examination
(Grades 1.0 to 8.5) - C. H. Stoelting Company

Rosswell-Chall Diagnostic Reading Tests of Word Analysis
Skills - Essay Press

Word Discrimination Test (Monroe)
H. C. Stoelting Products, Inc.

Iota Word Recognition (Monroe - Diagnostic Reading Examination)
H. C. Stoelting Products, Inc.

Phonovisual Vowel & Consonant Charts, Phonics
Phonovisual Products, Inc.

Northampton Vowel & Consonant Charts from Yale, "Formation
and Development of Elementary English Sounds"
Northampton School for the Deaf, Northampton, Massachusetts

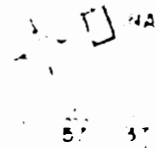
Monroe Adaptation of the Ayres Oral & Written Spelling Tests
a) Page 189, Children Who Cannot Read
b) Monroe Diagnostic Reading Examination
H. C. Stoelting Company

Phonovisual Diagnostic Spelling Tests
Phonovisual Products

Mills Learning Methods Test, R. E. Mills
Mills Center

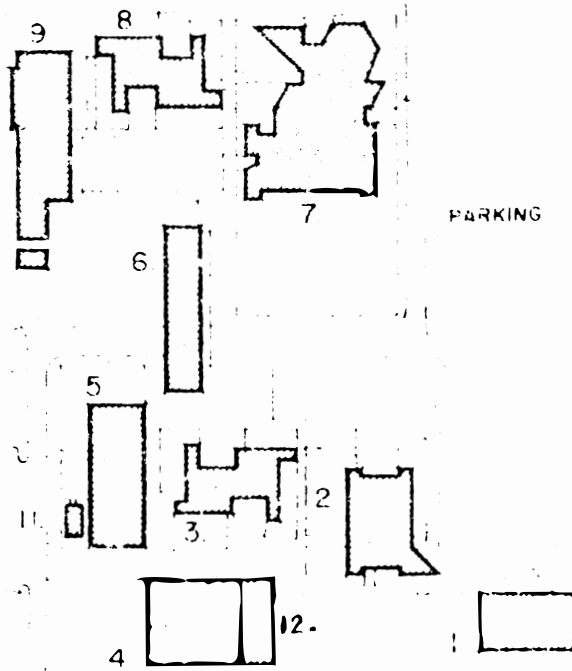
* Any of the devices listed above are potential testing/screening instruments to be used by the Franklin-Jefferson Counties Special Education staff but the items that have been asterisked are the preferred ones.

APPENDIX J
MAP OF BEND LAKE COLLEGE



ROAD

RENO LAKE COLLEGE



TO BENTON

PARKING

PARKING



ENTRANCE ROAD

RENO LAKE COLLEGE

- 1 ADMINISTRATION
- 2 STUDENT CENTER
- 3 DASH
- 4 GYMNASIUM
- 5 SCIENCE
- 6 ACADEMIC LEARNING RESOURCE CENTER
- 8 DASH
- 9 VOCATIONAL TECHNICAL
- 10 MAINTENANCE
- 11 GALENHUSE
- 12 PRE-SCHOOL DIAGNOSTIC ROOM

ATHLETIC FIELDS

MAP COURTESY OF
 FIELDS SOLSMAN MAGEE
 ARCHITECTS 3-74

APPENDIX K
LOG OF ACTIVITIES

LOG OF ACTIVITIES

- 7/15/74 Interviewed teacher for pre-school itinerant assessment position.
- 8/13/74 Recommended to Executive Board employment of teacher (recommendation approved).
- 8/19/74 Teacher employed by administrative district, Mt. Vernon High School, District 201.
- 8/28/74 Wrote teacher's job description.
- 9/18/74 Met with Rend Lake College personnel regarding idea of starting assessment-diagnostic classroom.
- 10/8/74 Executive Board approved recommendation to start assessment room.
- 10/15/74 Rend Lake College Board approved plan.
- 10/21/74 Mt. Vernon High School District 201 (administrative district) approved plan.
- 11/6/74 Wrote plans, objectives, and goals for classroom.
- 11/8/74 Moved furniture, equipment, and materials to facility.
- 11/11/74 Program started.
- 11/20/74 On-site visit of program.
- 12/11/74 On-site visit of program.
- 12/11/74 Discussed the project with my advisor, Dr. Donald Smitley, Eastern Illinois University, Charleston, Illinois.
- 1/2/75 Mailed prospectus to Dr. Donald Smitley.
- 1/16/75 On-site visit of program.
- 2/18/75 Started pre-school screening for special education district.
- 2/20/75 Set up appointment with Dr. Donald Smitley to discuss project and writing of field study.
- 3/3/75 Met with Dr. Donald Smitley to review field study report.

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A Comprehensive Plan for Deliverance of Special Education Services to Handicapped Children with Low Prevelance Exceptionalities. 1974.
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Rules and Regulations to Govern the Administration and Operation of Special Education. October 1974.
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Tentative Guidelines for House Bill 323. Early Childhood Education for Handicapped Children Task Force. January 1972.

FOOTNOTES

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2. Focus on Exceptional Children. March 1971.
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5. Committee on Early Location and Care of Handicapped Children. Illinois Commission on Children, Springfield, Illinois, January, 1972.