A STUDY OF THE NONINSTRUCTIONAL PROBLEMS WHICH INHIBIT LEARNING IN THE ELEMENTARY SCHOOL AND THEIR IMPLICATIONS FOR THE ORGANIZATION OF ELEMENTARY GUIDANCE SERVICES.

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1962
A STUDY OF THE NONINSTRUCTIONAL PROBLEMS WHICH INHIBIT LEARNING IN THE ELEMENTARY SCHOOL AND THEIR IMPLICATIONS FOR THE ORGANIZATION OF ELEMENTARY GUIDANCE SERVICES

by

Joe Miller Young

A Dissertation Submitted to the Faculty of the DEPARTMENT OF EDUCATION In Partial Fulfillment of the Requirements For the Degree of DOCTOR OF EDUCATION In the Graduate College THE UNIVERSITY OF ARIZONA 1962
I hereby recommend that this dissertation prepared under my direction by Joe M. Young entitled A Study of the Noninstructional Problems Which Inhibit Learning in the Elementary School and Their Implications for the Organization of Elementary School Guidance Services, be accepted as fulfilling the dissertation requirement of the degree of Doctor of Education.

Dissertation Director Date

After inspection of the dissertation, the following members of the Final Examination Committee concur in its approval and recommend its acceptance:*  


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*This approval and acceptance is contingent on the candidate's adequate performance and defense of this dissertation at the final oral examination. The inclusion of this sheet bound into the library copy of the dissertation is evidence of satisfactory performance at the final examination.
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APPROVAL BY DISSERTATION DIRECTOR

This dissertation has been approved on the date shown below:

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CHAPTER I

INTRODUCTION AND STATEMENT OF PROBLEM

A. Introduction

Society, in general, throws many roadblocks into the path of children as they proceed from home to school, from one grade level to another, and from school to life. Some of these are psychological in that they stem from within the child himself, and some are sociological, stemming from his environment. Some children seem to take these obstacles in their stride and achieve success, while others are overwhelmed by the many pressures which impinge upon them.

It is well known that not all youngsters are equally adept at overcoming these various obstacles. Not all boys and girls respond equally to educational demands. Some do not have the necessary psychological equipment to meet the demands that the educational program will impose upon them. Some suffer from poor teaching. It is safe to say that some youngsters do not respond adequately due to the educational problems produced by broken homes, pressures from parents and the school, sibling rivalries and other factors.

The prevalence of the obstacles that impede or inhibit educational progress has been the object of much study. Less study has been made of the complexity of these obstacles and their nature. Little has been done to suggest what is to be done about these obstacles to learning and who is to do it. Little has been done to try to discover the relationship of these obstacles to learning.
The question of the school's responsibilities in these matters has not been answered. This study seeks to explore these questions and suggest some answers.

Until the turn of the twentieth century, punishment and attrition were the principal methods used to deal with children who presented problems which caused concern among school people. Such phrases as, "Spare the rod and spoil the child" and "No lickin', no larnin', say I," are evidence of the punitive measures which it was customary to take in dealing with problem children. Those who were unable to satisfy school authorities in conduct or learning soon found relief by dropping out of school.

During the past 50 years, the mental health movement has brought about changes in the attitudes of parents, teachers and the public, concerning the behavior problems of children. There has also been increasing awareness of individual differences among children. It is now generally accepted that behavior is caused. The acceptance of this principle has brought about efforts on the part of those concerned with the education of children to develop a climate in which problems will be less likely to occur. Greater efforts to use preventive measures in dealing with problem situations, and to attempt to remove the causes of problems is also apparent. There exists today less punitiveness in dealing with such children. Educators and others are inclined to have a more tolerant attitude toward the so-called "problem child." Bower

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states, for instance, that

"The search for a kind of psychological penicillin by which mental illness and its associated disabilities might be prevented has been and continues to be particularly intriguing. This search generally leads to the public school as the agency with the greatest potential for providing the penicillin needed..."

This attitude toward children with problems is fairly common among writers in the field of elementary education. Bower observes further

"Schools provide organized social experiences which have a powerful formative influence on the personality of the child. Educators vary in the degree to which they are conscious of this total effect - but the effect of schools on personality development is great whether or not educators intend it to be so."

He, thus, points out that more and more the schools are being looked to as a source of help in finding remedial measures rather than as an institution where conformity is required in order that a child may be able to continue his education.

The elementary school, then, presents a natural setting for work with children since virtually all educable children attend some elementary school. If society is to be concerned about the problems of learning of its children, it is logical that it should turn to the elementary school for help. There are a number of reasons why the elementary school seems to offer considerable promise as a source of assistance in dealing with problems which inhibit learning as well as the mental health of children.

1. The school employs professional teachers and other personnel educated to understand the personality development of children.
2. The relation of the elementary school to children is a natural and positive one.

3. Teachers observe children over a longer period of time in a greater variety of situations than persons in any other profession.

4. Many schools employ mental health specialists to assist in providing services to the more vulnerable child and his family.

5. The school provides organized social experiences which have a positive formative influence upon the child.

6. Teachers have considerable skill in identifying problem children.

The above are in the nature of generalities and to a certain extent represent ideals. It is acknowledged by the writer that the schools may contribute to mental health problems of children. It is not surprising, therefore, that professional and lay individuals concerned with the problems of the future citizens of our country should turn to the schools as an avenue of reducing morbidity in the population.

The guidance movement had its beginning early in the Twentieth Century as a result of society's concern for its children. Simultaneously, the visiting teacher movement had its beginning in certain elementary schools as an outgrowth of the mental hygiene movement. These two movements have evolved during the past fifty years and merged into the guidance movement throughout education from kindergarten through
Until the middle of this century, focus of guidance was chiefly in the high schools. It became increasingly clear that attitudes and concepts have their etiology early in life. With the increasing acceptance of this concept, elementary guidance programs were organized as in Baltimore county and elsewhere. Their focus is developmental, preventive, and remedial, utilizing the services of such functionaries as counselors, social workers, psychologists, nurses, psychiatrists, teachers and principals working together as a team.

While some guidance programs developed in a studied manner, others have just "grown" without a carefully thought-out plan. These latter represent incidental stop-gap procedures and services without coordination or an underlying philosophy. Educators and society in general have long recognized that we have problem children as well as children with problems, but few carefully planned programs for dealing with them have developed.

B. Definition of Guidance

Part of the problem is evidenced in the difficulty we have had in finding an adequate definition of guidance. One definition of guidance which seems reasonably adequate for our purpose is "Guidance is education focussed on personal development. It is a process of helping every child discover and develop his potentialities. Its end result is personal happiness and social usefulness." The foregoing statement

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written by Dr. Ruth Strang in the introductory chapter of the 33rd yearbook of the National Association of Elementary School Principals includes the basic elements of most definitions of guidance.

At the outset, this definition identifies guidance with education. While few guidance authorities would disagree with this identification, there seems to be a wide divergence of opinion as to what this identification means. Some would insist that guidance and education are essentially identical. Willey states, "Guidance in the elementary school is an integral part of the learning process."

Jones and Hand state, "Ideally, there would be no such thing as a separate or self-contained guidance program. Rather, guidance and instruction would be functioning as inseparable parts of a unitary educative process."

Jones and Smith also speak of this relationship in a book entitled, "Personnel Work as Deeper Teaching." A philosophy of guidance is set forth which so closely relates the guidance and instructional functions of education that they seem to merge into one process.

However, all writers, even those who state that ideally guidance and instruction should be one unitary process, admit that there is a place for guidance functionaries in the school's program.

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Willey supports this viewpoint, stating, "The problems of diagnosis and treatment in the guidance process are so complex and delicate that many of them should be referred to the specially trained counselors, the psychologist, or the psychiatrist."

Meeks states that "perhaps the greatest growth (in guidance in the elementary schools) has occurred in the area of sensitizing teachers to the needs of children for affection, security, a feeling of self-worth, and the opportunity to succeed." However, she places great stress upon the place of specialists in guidance to give assistance to teachers, especially in their preventive and remedial functions.

While the literature on elementary school guidance places emphasis upon the close relationship of guidance and instruction, in actual practice the opposite situation is frequently found. School systems are sometimes inclined to employ counselors, psychologists, social workers and other specialists who are expected to provide guidance services. Services may be provided by these specialists with little effort to relate guidance to instruction or help the classroom teacher to understand and perform his guidance functions. Thus, guidance is thought of as a group of services to the school. These services are performed as remedial measures to assist the child with

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6 Willey, op. cit., p. 214.

special problems.

It is recognized by the writer that guidance and instruction are closely related and that, especially in the elementary school, the guidance functions of the teacher are of great importance. It is also recognized that, if guidance is to achieve its purpose, the services of specialists must be utilized by the school. Some children will present problems of such a serious and complex nature that the teacher will not be able to cope with them without the assistance of such specialists as counselors, psychologists, school social workers and psychiatrists. It may be said that the teacher performs the two-fold function of instructing and guiding. Just as he uses supervisory or curriculum specialists to assist in the instructional program, he also uses guidance specialists to assist with the guidance program.

The second significant idea in the definition of guidance cited above is "personal development." The idea of personal development is basic to guidance in that it assumes a relationship between the guidance functionary, whether teacher or specialist, and the pupil. This relationship must be one of friendliness, understanding and mutual confidence. It is only in an atmosphere of this nature that guidance can occur.

The third significant statement refers to helping the child "discover and develop his potentialities." What are the potentialities of an individual? The term "potentialities" is much discussed in guidance and education but seemingly little understood. There are no devices capable of measuring with accuracy either the immediate or
ultimate potentialities of a person. It would seem, then, that the statement, "discover and develop his potentialities," should be considered as an ideal. Each pupil should strive to realize his potentialities, and by so doing will lift himself to a higher level of functioning in the various areas of life.

The fourth statement in the definition of guidance refers to "personal happiness and social usefulness." Throughout guidance literature, this theme can be found. Miller\textsuperscript{8} cites the swing from guidance as life adjustment with emphasis upon personal happiness in the early 1950's to guidance with emphasis upon social usefulness in the late 1950's. The National Defense Education Act, Title V, of 1958, "sets forth a program of testing secondary students to identify those with outstanding aptitudes and ability ..." The clear purpose of this act seems to be to find those pupils who might be capable of performing outstanding service to the nation and guiding them into such pursuits as would enable them to perform this service. However, the American Personnel and Guidance Association, in a policy statement that same year, 1958, declared that the guidance movement must continue to focus upon the personal happiness and fulfillment of the individual. Nevertheless, these objectives will not be achieved as long as the child has an "over-lay" of personal problems.

C. Functions of Guidance

In the literature pertaining to guidance, it is frequently

difficult to separate definition, objectives and functions. Frequently it would seem these terms are used interchangeably. A definition of guidance, such as was cited earlier, is a brief assumption concerning what guidance is. The objectives of guidance should state in behavioral terms what guidance is expected to accomplish in the lives of those who are the recipients of guidance services. However, nowhere in the literature has the writer been able to find guidance objectives so stated.

The functions of guidance are usually referred to in the literature as those activities which are performed by teachers and guidance specialists and which are supposed to achieve behavioral objectives. It would be possible to fill a sizeable volume with quotes on guidance philosophy objectives and functions from the literature. Many volumes on guidance were examined and statements of philosophy objectives and functions were found in most of them. They are admirably summarized by James J. Cribbin in Guidance Readings for Counselors.

"The most frequently expressed ultimate aim of guidance was found to be that of the 'best development of the individual.' Although it was expressed in a host of ways, it was perhaps most eloquently phrased in The Student Personnel Point of View in such terms as 'well-rounded,' 'optimum,' 'full and balanced' and 'broad gauged' development of the individual, physically, intellectually, socially, emotionally and spiritually . . .

"PROXIMATE OBJECTIVES. The variety of ways in which the

"proximate objectives of guidance were expressed in the guidance field was a function of the rhetorical resources of the individual author. However, it was possible to classify the objectives proposed under twelve general classifications with a minimum amount of overlapping.

"These objectives were the following: (1) to develop student initiative, responsibility, self-direction, and self-guidance; (2) to develop in the student the ability to choose his own goals wisely; (3) to know one's self, to know the school and to be known by the school; (4) to anticipate, avoid and prevent crises from arising in the lives of the student; (5) to help the student adjust satisfactorily to school and to life; (6) to help the student to recognize, understand, meet and solve his problems; (7) to assist the student in making wise choices, plans, and interpretations at critical points in his life; (8) to help the student acquire the insights and techniques necessary to enable him to solve his own future problems; (9) to assist teachers to teach more effectively; (10) to help administrators to administer more efficiently by making a maximum contribution to the total school program; (11) to develop citizens who will participate in and contribute to the democratic way of life; (12) miscellaneous objectives: included under this category were such ideas as assisting the home, helping the community, building ethical character, and fostering better human relations and international understanding."

Guidance, then, is recognized, for the purposes of this study, as being that aspect of a school's program which attempts to help each child achieve his potential for personal happiness and social usefulness. Its function is to so guide the student that he will be able to develop within himself those qualities of character and personality which will enable him to employ effective self-guidance. To state the same principle in another way, it might be said that the basic function of guidance is to assist the child come to the point where he is able to make adequate decisions in life situations and pursue the results of those decisions to their logical conclusions."
D. Purpose of the Study

Objectives and functions of guidance are stated variously, and sometimes broadly and in cliche terms rather than in behavioral terms. Much needs to be done to clarify guidance functions and objectives as well as to state them behaviorally.

The writer has no argument with guidance functions and objectives as generally conceived and stated. "Objectives" and "functions," however, still leave a number of questions unanswered. Some of these are reflected in the purposes of this study. These purposes are:

1. To determine the nature, extent, and complexity of non-instructional problems which inhibit learning.
2. To ascertain the skills and techniques necessary for the diagnoses and treatment of these problems.
3. To determine the degree to which classroom teachers possess these skills and techniques.
4. To determine the degree to which specialists are required to perform services beyond the competency of classroom teachers.
5. To make recommendations as warranted by the study for additional teacher training as well as for the number and kinds of specialists needed.

E. Assumptions

For the purposes of this study, the following assumptions are made:
1. Some children in the elementary schools of Tucson, Arizona, have problems which are not the result of the school's program of instruction.

2. These problems may interfere with learning.

3. Personality disorders in adulthood are the result of a progressively developing condition visible in children's personalities and behaviors.

4. It is possible for classroom teachers to identify many of these problems and behaviors.

5. If problems are identified, it is possible to bring to bear certain remedial measures which may alleviate the problem.

6. While the elementary schools of Tucson are somewhat unique, it is assumed that the findings of this study may be applicable elsewhere.

7. That given adequate data, a program can be developed to more adequately deal with the problems of boys and girls in the elementary schools. Such a program must be based upon defensible data and not be of an incidental nature.

8. The school has an obligation to the community and to society to provide such guidance services and resources as are possible for this purpose.

9. Early identification and treatment is the best way to deal with abnormal emotional and social conditions in society.
F. Delimitations of the Problem

The following limitations are set forth on the problem:

1. The study does not propose to investigate the effect of curriculum content, teaching methods, instructional skill or other school related influences upon the problems of children.

2. The study is primarily concerned with problems which are assumed to interfere with the normal learning or school progress of the children studied. Although other problems are reported and dealt with, our primary concern is with those that interfere with, or inhibit, learning.

3. The study of individual school children is confined to problems of children in the classrooms of sixty randomly selected elementary school teachers in the Tucson Public Schools. Ten teachers were selected at each grade level.

4. This study is limited in scope to the elementary schools of Tucson, Arizona, District No. 1.

G. Summary

In summary, it can be assumed that the school does have a responsibility for the mental health of its children. It is also assumed that there is a relationship between the mental health of a child and his ability to profit by the educational program which the school offers.

The National Association for Mental Health points out in its
publications that one person in 16 in the general population is mentally ill, and that one in 10 will spend some time in a mental hospital. The cost of mental illness to the taxpayer, to the mentally ill themselves and their families reaches an astronomical figure. It would seem from these statements that the importance of the problem of identifying and helping elementary school children find early solutions to their emotional problems is great.

It is also important to help each individual achieve the maximum in personal happiness. No one is serenely happy at all times and no one is free from emotional upheavals. However, it is a generally accepted fact that many individuals go through life chronically unhappy, inadequate, ineffective and disturbed. Early identification and treatment of disturbed children in the elementary schools would seem to offer the best opportunity for helping people "achieve their maximum potential for personal happiness and social usefulness."
CHAPTER II
RELATED LITERATURE

Literature relating to the elementary school, to mental hygiene and guidance in general, is abundant. There is a sparsity of literature on guidance in the elementary school in particular. Writings in the field of elementary school guidance are of fairly recent origin and most such writing is in the area of opinion rather than being research oriented. Much of the literature is characterized by authors quoting other authors who, in turn, have quoted other authors.

A. History

Elementary school guidance, according to Anna R. Meeks, has consisted of four significant developments in the twentieth century. These include the mental hygiene movement, improved methods of educational measurement, the development of child guidance clinics, the child study movement with its emphasis upon the theories underlying human growth and development.

She goes on to state that more recently emphasis upon education for the academically talented pupil and the long term research in the area of factors which influence vocational choices and ultimate satisfaction in the chosen career have served to emphasize the

need for specialized guidance service from the time a child enters school until he is satisfactorily in college or a job.

Again in an address delivered at the American Personnel and Guidance meeting in Denver in April, 1961, Meeks\(^\text{11}\) made the following statement about recent developments in elementary guidance:

"The years since 1950 have seen an increase in the number of specialists who work with the counselor. These may include the visiting teacher or school social worker, the school psychologist, the school nurse and doctor, the reading specialist, the speech teacher and the librarian. Services in general are inadequate to meet the needs of the growing number of children with problems in the elementary schools. Greater budget support and more personnel are essential for the development of adequate supporting services."

Willey\(^\text{12}\) states that the guidance movement in elementary schools received historical momentum from the mental hygiene movement which began early in the twentieth century; from school retardation, truancy and delinquency, and from the development of the testing movement. He concludes "that the modern guidance movement as it exists today has grown out of the humanitarian principle of universal brotherhood and the twentieth century's growing interest in individual differences."

Rowen\(^\text{13}\) gives a well-authenticated account of the historical


development of the school social work movement. Since the first guidance services in the elementary schools were performed by school social workers or "visiting teachers," as they were called, it may be concluded that the early history of the school social work movement can be accepted as the history of the beginning of the elementary guidance movement.

"School social work, done under the title of Visiting Teacher had its beginning in the school year 1906-1907 simultaneously in three cities: Boston, Hartford, and New York. In Boston and Hartford, the impetus for the service came from settlement houses and civic groups, who jointly shared the cost of the worker's salary. The development in New York was slightly different, with the Public Education Association sponsoring the experimental program. These three programs were set up on a demonstration basis in the hope that the respective school boards would eventually adopt them as part of the public school's program.

"The demonstration programs were successful, and in 1913 when the cities of Rochester and Mount Vernon initiated programs, the school boards in these respective communities assumed the responsibility from the outset. A rapid growth of the program then followed until 1921, when there were approximately seventy visiting teachers employed in twenty-eight cities in fifteen states."

Culbert, an early pioneer in the school social work movement, describing the development, suggests that:

". . . the original impulse (came) from settlements and civic groups which realized the need . . . This need impressed social workers because they dealt with difficulties rooted in the childhood experiences of their clients, and in their task of re-education indicated that something had been lacking in the educational process.

"In part these failures of the school are explained by the rapid growth of public education. To deal with large groups

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"Regimented programs were developed with undue emphasis on uniformity. The individual was often overlooked; the home receded into the background. The schools also faced the problem of the misfits and nonconformists who eliminated themselves, before the days of compulsory education, whenever school experiences became too uncomfortable.

"The next period of school social work, from 1930 to 1940, reflects very vividly the socio-economic upheaval of the time. If the decade from 1921 to 1930 is considered one of great growth, then this period might well be regarded as one of great retrenchment. The program in the public school suffered greatly, being labeled, along with other special programs of that time, as something unnecessary or 'a frill'. It is interesting to note that this retrenchment came in that period when there was great unrest in homes. Many of the social workers and individuals who were employed in the school social work programs drifted out of the field into public assistance work. It should be noted that in 1940 and the early war years, it was very difficult to locate a social worker who would return to school social work. The schools at that time were ready to re-employ the professional social worker in view of the load placed upon them as a result of the war."

Since 1950 progress in the development of organized programs of guidance as a part of educational programs at the elementary level has been made. This is especially true in some of the large centers of population. Progress has been made in the professional preparation of elementary teachers to enable them to recognize and meet the needs of the individual child in their classrooms. An increasing number of schools are providing counseling services for all children from kindergarten through grade six. Community resources serving children have increased and schools are increasingly learning how to utilize these services. While much still needs to be done in these and other areas of elementary school guidance, considerable progress has been made since 1950."
B. Emotionally Disturbed Children in the Elementary School

Some attempts have been made to determine something of the incidence of emotionally disturbed children in the elementary school as well as the nature of the problems.

Among these is one made by Olson\textsuperscript{15} thirty years ago. He prefaced his study by emphasizing that the public school is society's most adequate agency for helping children to live successful lives and an agency whose preventive function could be of greater value to the child than its corrective function. He found that boys outnumbered girls as problems of the aggressive type while girls led in the passive types. He also noted that grades in which pupils had the highest average ability tended to have a lower problem tendency score, that there were significant differences in the number of problem children among schools, and that the over-age group of children in each grade showed the greatest problem tendency. He also found the relationship between achievement and problem tendencies to be negative; i.e., the lower the achievement the higher the problem tendency or the higher the achievement the lower the problem tendency.

Rogers\textsuperscript{16}, in a survey conducted in 1942, set out to determine what proportion of Columbus, Ohio, school children were showing


evidences of poor mental health. His methodology was predicated on
the following steps: (1) developing several objective criteria indica­tive of maladjustment or of influences causing maladjustment; (2)
applying the criteria to the whole group; and (3) regarding as malad­justed only those children who were selected by several of the criteria.

After studying a great number of the children who were selected
on the basis of four or more indices, Rogers concluded that the method
actually revealed the maladjusted children, those sufficiently malad­justed to make them excellent candidates for our jails, state hospi­tals, divorce courts, and relief agencies within a few years. Rogers
also concluded that although each of the indices may be fallible or
roughly indicative of some aspect of a child's adjustment, when taken
together there is sound reason to believe that a child's adjustment
can be accurately evaluated.

Rogers found that one child out of four had a serious reading
deficiency; one out of six was maladjusted according to personality
tests; and that 12 per cent of the children studied showed evidence of
poor mental health, and another 30 per cent showed a moderate degree
of poor adjustment. He also found that there were three times as many
boys as girls with serious mental health problems.

Rogers concluded his study by stating that there seems to be
evidence from this study that educational policies serve to create and
increase mental health problems or to prevent and decrease them. Edu­cational policies and procedures, in other words, have direct and
potent influence on the mental health of the children. It becomes
clear that a suitable program of mental health in the schools cannot
be something extraneous to the educational structure, but must be an integral part of administrative and classroom policies and procedures if it is to be effective.

In another study\(^{17}\), teachers' referrals of children for clinical services showed that approximately 11 per cent of the school population was emotionally disturbed. Of this number, roughly two boys for every one girl were reported. Emotionally disturbed children in some school districts included as many as 35 per cent of the children enrolled while in others it included only 5 per cent of the total enrollment. In this study it was also found that there was a consistently smaller per cent of emotionally disturbed children at the kindergarten age level, the per cent in the eighth grade a slight increase over that of all the other grades. It was also found that a high per cent of the children who were emotionally disturbed were enrolled in special training classes for mentally retarded.

One of the most extensive research studies related to problems of school children was done by Eli M. Bower\(^{18}\) and others in 60 school districts in California. Bower chose 200 teachers at random from among these 60 schools. By the use of tests, check sheets, and other devices the teachers identified emotionally disturbed children in their classes.


A team of specialists consisting of a psychologist, psychiatrist and school social worker also identified emotionally disturbed children in these same classrooms.

The conclusions of Bower's study follow:

1. The emotionally disturbed children scored significantly lower on group IQ tests. On psychological tests given individually, they approached the mean of all children included in the study.

2. The emotionally disturbed children scored significantly lower on reading and arithmetic achievement tests. The differences were greater and more significant on arithmetic achievement. The higher the school grade, the greater the differences between the emotionally disturbed child and others in the classes.

3. The emotionally disturbed children differed significantly from the other children in the classes in their self-perception as revealed in some of the items in the Personality Inventory. Emotionally disturbed boys exhibited greater dissatisfaction with self and their school behavior than the other boys. Emotionally disturbed girls showed less dissatisfaction with self than the rest of the girls in the classes.

Some of the implications of the study were expected. Others are surprising. A few of these implications follow:

1. Children's judgments of others children's personality are surprisingly accurate and predictive.

2. Teachers' judgments of emotional disturbance are very much like the judgment of clinicians.

3. Teachers selected a greater number of children as being overly withdrawn or timid most of the time than as overly aggressive or defiant most of the time.

4. At least three children in each average classroom can be regarded as having emotional problems of sufficient strength to warrant the appellation 'emotionally disturbed children.'

C. Elementary Guidance

Concern for the individual has brought about the marshalling of certain resources and programs which come under the heading of
variously described and organized guidance operations in the elementary school. During the period since 1950 there have been an increasing number of books relating to this topic. In programs described or suggested in these publications little evidence is presented of a research foundation for the material. Stretch\textsuperscript{19} indicates that the basis for the development of guidance in the elementary school lies in certain changes in our society. She states:

"The changes which are occurring in every phase of American life necessitate that there be changes in the program of the public schools. This means that the elementary school, the most cherished division of the entire public school system, should assume some new functions and some added responsibilities. The public elementary school is that educational institution created and supported by American society for educating all of the children of all of the people. It has for its major concern the development of the 'whole child' rather than that of the development of his 'mental faculties.' The chief function of the elementary school is that of guiding all pupils so that they may develop into healthy, wholesome personalities which will be able to adapt and adjust in an everchanging and highly complex society."

While Stretch's book treats the total elementary school program it is permeated with the guidance viewpoint. She quotes\textsuperscript{20} under objectives the broad areas of learning given by the Midcentury Committee in Elementary Education and published by the Russell Sage Foundation in 1953.

"... These areas are physical development, health, and body care; individual social and emotional development; ethical behavior, social relations; the social world; the


\textsuperscript{20}Lorena B. Stretch, \textit{op. cit.}, p. 87.
"physical world; esthetic development; communications; and
quantitative relationships . . . ."

Patouillet discusses the shift in emphasis from elementary
guidance as a remedial function to a preventive function and finally
to a developmental function.

He sees guidance as originally serving a remedial function,
designed to help children after they had become problems for the
school; as progressing to a preventive function, designed to keep chil­
dren from becoming problems; and at present as assuming a developmental
function, concerned with the maximum growth of all students in all
areas of human development.

Cottingham views elementary school guidance in a somewhat
different manner. He states:

"As a distinctive phase of childhood education, guidance in
the elementary school can be said to have three basic as­
pects. Although these also apply to guidance in other edu­
cational units, their particular application to the elemen­
tary school cannot be over-emphasized. These basic aspects, are, namely: (1) guidance is a point of view, (2) guidance
is a process and (3) guidance is a service. These elements
must all be included in a complete concept of guidance at
the elementary level."

Strang discusses the viewpoint that guidance in the elemen­
tary school is for all children and that it is a continuous process.

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21 Raymond A. Patouillet, "Organizing for Guidance in the Ele­
mentary School," Teachers College Record, May, 1957.

22 Harold F. Cottingham, Guidance in Elementary Schools, Bloom­

23 Ruth Strang, "Guidance in the Elementary School," Guidance
For Today's Child, 33rd Yearbook, The Nat'l Elementary Principal,
While this study is chiefly concerned with the remedial aspects of guidance, it is recognized that developmental guidance for all children is important. Strang's statement below presents clearly the developmental viewpoint.

"Guidance is continuous. It begins with parents before the birth of a child. If the parents are loving and understanding, the child builds, in the first years of life, attitudes that lead to good adjustment later. If parents help him sympathetically to acquire the routines of civilized life when he is ready and able to do so, he has no need for the hostility and aggression which teachers often see in children when they come to elementary school. Then comes the transition from home to school. That is where elementary-school guidance begins. It ends, as far as the elementary school is concerned, with the further transition to high school. Getting off to a good start in preschool and elementary-school years paves the way for a not-too-stormy adolescence and for good adjustment in later life.

"It follows that guidance is concerned with all the children, not just with those who present special problems. Every child has unrealized potentialities. Some have latent special gifts and talents. These the guidance-minded teacher tries to discover and develop. One rural teacher said, when asked to list the gifted children in her class, 'All my children are gifted.'

"Far too many individuals fail to realize the promise of youth. Far too many gifted children 'languish in idleness.' Sometimes they become behavior problems. As one gifted youngster said, 'I finished my work long before the others did. Then there was nothing for me to do. So I talked to my neighbors and did other things that annoyed my teacher. That's the way I became a discipline problem.'

"The foundation of guidance is understanding in a relationship of respect and affection. The desire of elementary-school children for kind and friendly teachers is often poignantly expressed in their conversations and compositions."

Bernard, James, and Zeran\(^1\) point out that the education of

All the children of all the people has led to many problems which were not foreseen by the protagonists of universal education. Among these is the fact that as attendance in school of children of school age has approached 100 per cent, the average level of academic potential in any classroom has decreased because the least educable and the least interested have been the ones most recently enrolled. The authors state:

"This situation has necessitated a new approach to the problem of educating children at so many different levels. Where previous thinking was in terms of remedial work and special services, it is now necessary to think along the lines of each child's contributing to the level of his ability and working with materials at a level where he can succeed."

Failor\(^2\) gives the assumptions of guidance as being:

"1. Each individual is a unique and complex organism with varying mental, emotional and social needs, maturities, and potentialities.

"2. Each individual faces a complex and dynamic environment which demands continuous intelligent interactions based on wise choices and adjustments.

"3. Each individual encounters varying degrees of difficulty in reaching self-understanding, appraising his present and probable future environment and in integrating these two variables.

"4. Each individual has the right in a democratic society to receive the assistance he needs and desires in making his choices and adjustments free from both his own ignorance and from the dictation of others. . .""

Smallenburg\(^2\) lists 15 essential characteristics of elementary


guidance. The three below relate to the purposes of our study:

1. Assist children to resolve conflicts arising from society.
2. Be an integral part of the education program.
3. Help teachers to understand individual children better.

Miller stresses the inter-disciplinary basis of guidance. He feels that the guidance team should represent many disciplines, that a broad inter-disciplinary background is necessary for all elementary guidance workers, and though based upon science, guidance cannot be completely scientific. He states:

"We are in no sense suggesting that counselors should become novelists. But we do mean to suggest that guidance personnel in general and counselors in particular are confronted with flesh-and-blood individuals intimately interacting with their own worlds. No routine application of techniques can be adequate. No one discipline affords all the needed background of concepts. It is our thesis that guidance must rest on an inter-disciplinary base. Psychology, cultural anthropology, sociology, education, biology, psychiatry, literature, philosophy -- all have something to offer."

D. **Elementary Guidance and Mental Hygiene**

Throughout the literature one is struck by the close relationship between elementary guidance and mental hygiene. It is generally accepted that the schools have responsibilities that go beyond the teaching-learning process that involves academic subject matter alone. Happiness and good mental health, while not exclusively the province of the school, are accepted as one of the school's responsibilities.

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In 1950 the Yearbook of the Association for Supervision and Curriculum Development was entitled, "Fostering Mental Health in our Schools." It seems significant that the greatest strides in the development of elementary guidance have taken place in the 12 years since the publication of this book. The authors state:

"Preventive mental health programs lag behind. Most of our time, energy, and financial resources are still allocated to the job of 'picking-up-the-pieces' in psycho-social disorders, to the 'cure' of the emotionally and socially disabled. Psychiatrists, clinical psychologists, social workers, and others are currently trained to diagnose what is wrong and to rehabilitate the mentally ill in our society. Little has yet been done in working out guide lines to create the conditions for good mental health.

"Mental health is certainly more than the mere absence of emotional disorder or maladaptive behavior. Nor is mental health to be defined as the achievement of such control over our emotional life that we do not show our feelings. There are times when it is right and appropriate to be angry, to be afraid, to be happy or joyous, to be ecstatic. Mentally healthy persons are characterized by a vital, positive emotional approach to living, both in day-to-day experiences and in long range terms.

"As persons concerned with public education, we shall consider in this volume some of the conditions, factors, and guides to good mental health in our American society that will promote the general well-being of the individuals growing up in it."

Kowitz and Kowitz state that mental hygiene in the elementary classroom has two goals. One is to promote the ability of the individual child to resolve his problems and better his relations with other people. The second is to prevent undesirable patterns of relationships.

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with self and others from occurring. The authors make the following statements concerning self-acceptance and the acceptance of others:

"It is a basic goal of mental health that each person be able to accept himself. He must have an accurate estimate of his abilities and his weaknesses. Most important, he must conclude that, in general, these form a desirable and useful pattern. His aspirations will be governed by this appraisal. . . ."

"An acceptance of the self, while basic, is only a beginning. In order to enjoy mental health, the individual must also be able to accept others. In the majority of human activities, more than one person is involved. Without an acceptance of the self, satisfactory relations with other people over extended periods of time are largely impossible . . . ."

A book by Detjen and Detjen\textsuperscript{30} entitled, \textit{Elementary School Guidance}, might well have been entitled, \textit{Mental Health in the Elementary School}. The table of contents of their book includes such topics as "Studying Aggressive Behavior; Handling Angry Feelings; Dealing With Bullies; Heeding the Attention Seeker; Understanding the Shy Withdrawn Child," and many other topics concerned with mental health.

Each chapter begins with an "Aim of This Lesson." The aims stated for Chapter 8 entitled, "Dealing With Bullies," illustrates their approach:

"To study cases of bullying, teasing, and cruelty and to investigate the underlying causes.

"To make some definite plan for meeting the particular needs of each child who shows symptoms of bullying.

"To create a school atmosphere that is conducive to children's working with, not against, each other."

It can be seen from the literature that elementary school

guidance is closely related to the mental hygiene movement both in history and in practice.

E. The Teacher and Identification of Problem Children

Teachers, by the very nature of the school situation, are relied upon to identify children with problems. They are thus placed in a critical role. The question of their effectiveness is an important one. Some evidence is available to suggest that, in general, teachers do quite well.

Ullman surveyed the nature and extent of the mental health problems presented by a group of children in the ninth grade in a public school system. He found a high correlation between the judgments of teachers and clinicians, and concluded that teachers and mental hygienists are at present much closer together in their judgments of the behavior problems of children than perhaps earlier studies had noted.

Bower also found teachers to be quite effective in identifying emotionally disturbed children.

"Altogether 87 per cent of the clinically known emotionally disturbed children were rated by their classroom teachers as among the most poorly adjusted children in the class. Nearly 61 per cent of these were described by the teachers as being overly aggressive or defiant often or most of the time, while 25 per cent were designated as being overly withdrawn or timid quite often or most of the time. As perceived by teachers, 4.4 per cent of all the children in the classes were overly aggressive or defiant most of the time, while 6.1 per cent were overly withdrawn or timid most of the time."


Buhler, et.al., point out that it is important for the teacher to distinguish between trivial, everyday disturbances by children and disturbances caused by deeper underlying tensions. They call simple disturbing behavior "level one" and state that each teacher deals with (it) as he sees fit. This is the type of "occasional" misbehavior that every normal child is likely to engage in.

The authors point out that "level two" behavior is repetitious and is not just the release of temporary tension but is an indication of deeper and chronic disturbances in the child. It is pointed out, however, that "a serious single disturbance" gives a glimpse of a severe maladjustment.

A third type of disturbance is indicative of deeper seated tensions. A child may produce a "succession of different disturbances which, superficially seem unrelated." This succession of disturbances is generally not accidental, but follows a pattern based upon dynamics that are deep and complex. It is pointed out that a teacher "must be alert to the whole gamut that a child may experience and must keep his approach flexible and adapted to personality structures."

Kough and DeHaan developed a series of handbooks and teacher's workbooks for the purpose of identifying and dealing with children with special needs at both the elementary and secondary level. These


materials resulted from the first two years of a ten year study under the direction of the Quincy, Illinois Youth Development Commission and the University of Illinois, beginning in 1951.

"The purpose of the program was to test the general proposition that communities can more adequately help children develop their abilities, can help reduce unhappiness and delinquency, and in general, can do a great deal to help more children grow into constructive adults."

Section III of Volume 1 concerns itself with identifying emotionally, socially, and educationally maladjusted children in the elementary school, as well as potential dropouts and slow learners.

Aggressive maladjustment includes such characteristics as being rebellious, quarrelsome, quick-tempered, a bully, defiant, sullen, rude, "sassy", disruptive, inclined to steal, lie and destroy property. Withdrawn maladjustment includes such characteristics as being "just left out," shy, timid, fearful, anxious, excessively quiet, tense, easily upset, easily discouraged and "too good" for his own good.

Under general maladjustment characteristics are listed, such as laziness, inattentiveness, indifference, appearance of being unhappy, jealousy, over-competitiveness, nervousness and under-achievement.

The potential dropout is characterized by having a poor attendance record, reading below his mental age, being two or more years older than his classmates, resisting authority, showing little interest in school and being unable financially to do what other members of the class do. The slow learner is characterized by being unable to think abstractly or handle symbolic material, unable to understand and carry
through directions, unable to work independently, unable to concentrate and being slow in all areas; academic, social, emotional and physical.

In addition the handbook lists identifying characteristics of children with speech, hearing, visual, and other crippling handicaps and health problems.

F. Anxiety and Learning

This has been called the anxious age. Children who come from homes and are surrounded by a social order where anxiety is prevalent will, themselves, become anxious and will display symptoms of anxiety in school where it affects learning. White\textsuperscript{35} agrees with this theory, stating that failure in school occurs because school work has an unconscious personal meaning for the pupil that invests it with anxiety, or because anxieties elsewhere in the pupil's life drain his energies away from study.

After reviewing a number of experimental studies of anxiety, Reed\textsuperscript{36} concludes that severe anxiety depresses learning while a mild degree of anxiety may function in a positive manner for some learning. DiVesta\textsuperscript{37} agrees with Reed, stating that low anxiety and high anxiety depress learning while mild anxiety may function in a positive manner

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for some kinds of learning.

Many who have been concerned with learning problems have studied the relationship of anxiety to learning. Sarason, et al., reach several conclusions concerning the relationship of anxiety and learning; he states, "Children in grades 6 to 8 who were high anxious were nearly two years lower in mental and educational age and some eighteen (18) points lower in IQ as compared with their more stable classmates." He also states that there is evidence of the fact that anxiety has interfering effects which are long range rather than momentary and that certain systematic and dynamic personality factors underlie the development of anxiety. Another study disclosed the fact that high anxious groups made significantly more errors than did the low anxious group. He states that the three main components of the anxiety syndrome are feelings of helplessness, insecurity and self-devaluation.

He quotes a study by Cowen and Thompson who used the Bell Adjustment Inventory, The California Test of Personality, and the Rorschach on seventeen "rigid" eighth graders and seventeen "flexible" eighth graders. The personality factors which seemed to be related to their measure of rigidity were

"limited productivity and imaginativeness; diminished resourcefulness; inability to perceive complex relationships and to integrate constructively; a generalized suppression of emotional expression; an inability and hesitancy to enter psychologically new situations combined with feelings of uncertainty and lethargy when actually in such situations; a

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"tendency to 'leave the field' when the going get difficult; a restricted range of interest and narrower sphere of functioning; and a poorer adjustment to society."

He concludes that there is evidence of a negative relationship between anxiety and school situations. Children who were characterized as anxious displayed a strong tendency to average more than one year retarded in age grade standing and nearly two years lower in mental and educational age.

The survey of the literature has disclosed that, in general, the problems with which we were concerned in this study were those traditionally considered to be within the province of the guidance movement. Guidance in elementary education had its beginning during the early part of the twentieth century and was brought about by a merging of the mental hygiene movement and the vocational guidance movement. Elementary guidance has had its greatest growth and expansion since 1950. Many studies concerned with the identification of problem children were reviewed. Also reviewed were writings concerned with elementary guidance, mental hygiene and the relation of anxiety to learning.

These studies all pointed up the need for more study into the relation of children's problems to learning, and the need to try to discover the most effective ways of recognizing and dealing with these problems.
CHAPTER III
SETTING, PROCEDURES AND TECHNIQUES

A. Setting

The study reported herein was conducted in the elementary schools of Tucson, Arizona, District No. 1. Tucson, a city of approximately 250,000 population, is one of the most rapidly growing cities in the United States. Its population is chiefly Anglo-American, but it has a large population of Mexican-Americans and a number of Negroes, Indians and Orientals. Located in Tucson are a large Air Force base, aircraft industries and the University of Arizona.

Tucson School District No. 1 is the largest of four independent districts in the Tucson Metropolitan area. The fifty-two elementary schools within the district enroll approximately 25,000 children; eleven two-year junior high schools have an enrollment of approximately 8,000; and four high schools enroll a total of approximately 12,000 students. The district maintains a Department of Guidance and Counseling with fifty-six counselors in the junior high and high schools, a group testing division, and a division of school psychology, and a division of school social work. There are consultants in educational statistics, nursing, and psychiatry. Working with disturbed or maladjusted children on a referral basis are three psychologists and nine social workers. However, the above services have been developed without an overall plan for an elementary guidance program.

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B. Methods of Securing Data

In pursuing this study, it was necessary at the outset to adopt or construct instruments to be used for the purpose of securing data on the children in the Tucson Elementary Schools who had non-instructional problems. A review of the literature disclosed the fact that several related studies had been conducted in this field, and that several techniques had been used.

Instruments and techniques were desired which would give the number of children identified by teachers and parents as having problems; the kinds of problems considered by principals as being most serious in their schools; the relation of these problems to learning; the nature and seriousness of the problems; the adequacy of teachers in dealing with these problems; and the types and amount of services needed to adequately treat the problems.

For the purpose of this study, the material presented by Kough and DeHaan\(^{140}\) offered the most promise because of its simplicity and clarity. Their handbook, developed with the aid of teachers in the Quincy, Illinois Youth Development Project, was written to give teachers assistance in identifying children with special needs in a variety of areas. The sections used for this study concerned the identification of children with aggressive maladjustment, withdrawn maladjustment, general maladjustment, potential dropouts and slow learners. A preliminary check sheet was prepared using descriptive materials from Section

\(^{140}\)Kough and DeHaan, op. cit., pp. 2, 60-70.
III of the handbook entitled, "Identifying Emotionally, Socially and Educationally Maladjusted Children." Some additional material was used from Section IV, "Identifying Children with Physical Handicaps" (See Appendix A).

Since the material presented by Kough and DeHann was designed for a different purpose, it was necessary to extend it to obtain estimates concerning how the teachers felt about the seriousness of the problems, their adequacy in dealing with them, the effect of the problems on learning, and outside help for which they felt a need. Items were added for the purpose of obtaining this information. These items were listed at the beginning of the check sheet (See Appendix A). A covering letter describing the purpose of the questionnaire was attached (See Appendix A).

In order to refine the check sheets and improve their format, meetings were arranged with the teachers in three randomly selected elementary schools. There were 174 teachers in these three schools and 100 per cent cooperation was given. Time was allowed during and after the meetings for the teachers to study and discuss the check sheets. Suggestions for improvement and refinement were made and incorporated into the final draft of the check sheets.

Essentially the same procedure was employed in drafting check sheets for parents. The writer presented the material for review at two P.T.A. meetings (See Appendix A). The purpose of the study was explained and parents were asked to react to the preliminary letter

\[\text{Ibid.}\]
and check sheets. One hundred sixty-one parents volunteered and were given copies of both items together with a stamped self-addressed return envelope. Parents were asked to return them to the writer within one week. Returns were received from 104 sets of parents and their suggestions and comments were reviewed and incorporated within the final draft.

In developing a check sheet for principals, five elementary principals were selected at random and asked to cooperate in constructing the instrument. The purpose of the principals' check sheets was to ascertain how the principals felt about the problems of children in their schools. The writer interviewed each of the five principals with the teacher's preliminary check sheet as resource material. The final draft of a principals' rating scale emerged from these discussions (See Appendix A).

C. Gathering the Data

Because of the size of the school system, it seemed neither necessary nor desirable that this be a 100 per cent sample. A random sampling of teachers and parents was used, but the writer asked all elementary principals to participate. Ten teachers at each grade level from 1 through 6 for a total of 60 participated on a voluntary basis. Selection was made on a modified random sampling. The technique for the selection of these teachers was as follows: Slips of paper numbered from 1 to 52 representing the number of elementary schools in Tucson School District No. were placed in a receptacle, then 10 slips were drawn. The schools corresponding to the numbers drawn were
selected as those from which first grade teachers would be chosen.

In selecting the teachers, the number of first grade teachers in each school was noted and numbered. Numbered slips corresponding to the number of first grade teachers in each school were placed in a receptacle and one was drawn. This procedure was followed for each of the ten schools until ten first grade teachers' names were secured. The same procedure was followed for other grades until 60 teachers' names were secured. This gave a 6 per cent sampling and resulted in all parts of the school system and all grades being represented.

Upon completion of this process, a letter was sent to each teacher inviting him to participate in the study (See Appendix A).

Of the original group only two teachers preferred not to participate. One did not participate because of personal and family problems and one was leaving the school system. Alternates were chosen. Through this process 60 teachers were chosen from 37 of the 52 schools, representing a good cross-section of the district as a whole. A meeting of teachers was held on November 9th as scheduled, and teachers' check sheets were distributed (See Appendix A).

In addition to teachers and administrators, the study called for responses of parents. Because Tucson has a large and diverse population, it seemed that a one per cent sampling of parents would be adequate for this study. The average classroom in the elementary schools of Tucson has between 25 and 30 pupils. Therefore, the parents of children in 10 classrooms would give such a sampling.

Sixty numbered slips representing the teachers cooperating in
the study were placed in a receptacle. Ten slips were drawn. It was desired that parents of children at each grade level should be utilized. When the drawing was completed it was found that this had been accomplished. Teachers and principals were asked to supply the writer with names and addresses of parents of children in the rooms drawn by the above method. This was done, resulting in a list of the names and addresses of 271 sets of parents. Check sheets, letters and stamped self-addressed envelopes were mailed to these parents (See Appendix A) and 66 replies were received.

At a meeting of elementary principals, a brief explanation was given of the plans for the principals' part in the study. Later a letter and the principals' rating sheet was sent to each elementary principal (See Appendix A).

D. Return of Check Sheets

December 21st, the beginning of the Christmas holiday season, was used as the deadline for the return of all check sheets. No follow-up was used since it was desired that all participation should be entirely voluntary, and it was feared that a follow-up reminder might be interpreted as pressure. Of the 60 teachers in the study, check sheets were received from 56, or 93.3 per cent. Check sheets were returned from 66 parents or 24 per cent of the 271 to whom they were sent. Check sheets were returned from 47 principals or 90 per cent of the total of 52.
E. Case Histories

In order that the writer might be able to study the seriousness and complexity of the cases reported by teachers on their check sheets, a 10 per cent random sampling of children who had been reported by the participating teachers was chosen for more intensive study. Since 128 children had been reported, 10 per cent would have yielded 13 cases. Approximately one-third of the 128 children reported had previously been referred to the Department of Guidance and Counseling for individual study and treatment. Therefore, one-third of the cases were selected from previously referred children and two-thirds from among those not previously referred. Since the next highest number above 12 divisible into thirds is 15, this number of children was selected for this part of the study. Of these 15, five were selected at random from among the referred cases and 10 from the non-referred.

The writer went to the schools attended by the 15 children selected and examined their school records, including test and health data. Teachers and, when possible, school nurses, were interviewed to obtain behavioral and health data.

The data obtained was organized in case report form, dittoed, and all 15 cases were distributed to the following guidance and educational functionaries: Primary supervisor 1; Primary helping teacher 1; Psychiatrist 1, School nurse 1; Director of Guidance and Counseling; Group testing specialists 2; Psychologists 3; Caseworkers 9. One week was to be given for the cases to be read.

A meeting was called of all the above persons and a morning
was spent discussing cases and making decisions concerning the complexity of the problems presented. These decisions were attached to the case histories, analyzed, and conclusions were drawn from the findings.

In addition to obtaining other data, it was desired to arrive at an estimate of the time necessary to evaluate and diagnose the cases studied. Caseworkers, psychologists and the department nurse were asked to estimate the time necessary or needed to obtain adequate data for this purpose. These estimates were obtained and attached to the case histories, along with copies of the discussions and recommendations. (See Appendix C.)

F. Items on Check Sheets Relating to Seriousness, Complexity and Effect Upon Learning

In addition to data relating to the number of children with problems and their symptoms disclosed by the first fifty items on the check sheets and the rating scale of teachers, parents and principals, other data was desired. Items were added to the instruments giving respondents opportunities to indicate how serious they felt these problems to be. Also added were items giving teachers and principals opportunities to express their feelings concerning the effect of the children with problems upon learning by these children, as well as other children in the classrooms. It seemed important to know how capable teachers feel themselves to be in dealing with children presenting problems and how capable parents and principals feel teachers to be in this same area of competence. Items were added to obtain this information.
When respondents indicated the need for assistance outside that
given by teachers, principals and parents, provision was made to learn
what functionaries it was felt were needed to give this help. A fur­
ther item was added in order to estimate how skilful teachers and prin­
cipals are in classifying or categorizing problems from behavior symp­
toms.

So that some data might be obtained concerning the need for
training of teachers in identifying and dealing with problem children
more effectively they were asked to indicate areas of felt need for
such training. Because of the inherent limitations of check sheets
and questionnaires, all respondents were asked for additional comments
concerning any items where they felt that further elaboration or clar­
ification might be desirable.

G. Summary

This study, conducted in the elementary schools of Tucson,
Arizona, seeks to determine the incidence and seriousness of noninstruc­
tional problems of children which inhibit learning. It also seeks to
determine the competencies needed among teachers and specialists for
recognizing and dealing with these problems as well as the degree to
which teachers possess these competencies.

In collecting the data for the study, check sheets were distrib­
uted to 60 elementary teachers, 10 at each grade level, comprising ap­
proximately 6 per cent of the elementary teachers in the Tucson
schools. Replies were received from 56, or 93.3 per cent. Similar
check sheets, adapted for parent use, were sent to 271 parents, or
slightly more than one per cent of the total parent group. Returns were received from 66, or 24.7 per cent. Rating scales were sent to all 52 principals and returns were received from 47, or 90.4 per cent.

Also utilized were a group of case histories secured on 15 randomly selected "cases" reported by the teachers. These cases were analyzed by a group of specialists for seriousness and complexity.
CHAPTER IV
THE RESULTS

A. Treatment of Data

The data obtained in this study consists basically of responses to check sheets, rating scales and individual case studies. It must be recognized that data obtained in this manner is open to a number of interpretations and speculations. There is always the question as to whether each respondent conceives the statements in exactly the same manner. There is also the question of the size of the "N" and its relationship to statistical significance. It is recognized, too, that statistically significant differences, where obtained, do not always represent differences in behavior. Considering these factors, and the fact that the study deals more or less with gross data, it seems that a simple comparison and analysis of percentages and gross data responses best serves the purposes of the study.

B. Analysis of the Data

As may be recalled from Chapter I, this study has five main purposes: 1. To determine the nature, extent and complexity of non-instructional problems of children which inhibit learning; 2. to ascertain the skills and techniques necessary for the diagnosis and treatment of these problems; 3. to determine the degree to which classroom teachers possess these skills and techniques; 4. to determine the degree to which specialists are required to perform services
beyond the competency of the classroom teacher; 5. to make recommendations as warranted by the study for additional teacher training as well as for the number and kind of specialists needed.

Check sheets and rating scales were utilized to secure data from teachers, principals, and parents. The results obtained from these instruments were tabulated and analyzed. Case histories were obtained from a selected group of children reported on the check sheets. These case histories were analyzed by a group of selected educational and mental health specialists. From this data answers to the questions raised in the statement of purposes were sought.

C. Incidence of Noninstructional Problems of Children From Teachers' Check Sheets

The first stated purpose of this study was to discover the incidence of noninstructional problems among elementary school children in the Tucson schools. To obtain this data, check sheets including 45 statements descriptive of problem behavior of children were used (See Appendix A). Teachers were asked to first familiarize themselves with the contents of the check sheets, then study the children in their classrooms for approximately one month. They were then to fill out check sheets on any child demonstrating behavior symptoms judged to be beyond the range of normality.

When the check sheets were filled out according to these instructions and returned to the writer, it was discovered that 56, or 93.3 per cent of the 60 teachers who volunteered to participate in the study, had responded. These 56 teachers returned 128 check sheets and
thus identified 128 children as having problems. The data on the check sheets was analyzed first for the purpose of determining the incidence of problems by grade and by teacher. Projections were then made to ascertain the probable number of children in all the elementary schools of Tucson with problems. Table I below sets forth this data.

TABLE I

NUMBER OF CHILDREN BY GRADE JUDGED BY TEACHERS TO HAVE NONINSTRUCTIONAL PROBLEMS

<table>
<thead>
<tr>
<th>Grade</th>
<th>Number of Teachers Reporting</th>
<th>Number of Children Reported</th>
<th>Average Number of Children Per Teacher Reporting</th>
<th>Enrollment in Classes of Teachers Reporting</th>
<th>Per Cent of Enrollment of Child Per Cent of Enrollment of Child Reported Reported</th>
<th>Total Enrollment by Grades</th>
<th>Projected Numbers of Children With Problems in System</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>18</td>
<td>2</td>
<td>252</td>
<td>7.1</td>
<td>4295</td>
<td>305</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>20</td>
<td>2.2</td>
<td>261</td>
<td>7.7</td>
<td>4226</td>
<td>324</td>
</tr>
<tr>
<td>3</td>
<td>9</td>
<td>16</td>
<td>1.8</td>
<td>302</td>
<td>5.3</td>
<td>4100</td>
<td>217</td>
</tr>
<tr>
<td>4</td>
<td>9</td>
<td>26</td>
<td>2.9</td>
<td>261</td>
<td>10.0</td>
<td>3950</td>
<td>395</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
<td>22</td>
<td>2.2</td>
<td>306</td>
<td>7.3</td>
<td>3733</td>
<td>273</td>
</tr>
<tr>
<td>6</td>
<td>10</td>
<td>26</td>
<td>2.6</td>
<td>297</td>
<td>8.6</td>
<td>3520</td>
<td>303</td>
</tr>
<tr>
<td>Totals</td>
<td>54</td>
<td>128</td>
<td>2.4</td>
<td>1679</td>
<td>7.63</td>
<td>23824</td>
<td>1817</td>
</tr>
</tbody>
</table>

After the check sheets were distributed to teachers, no follow-up was made except that one week before the deadline for returning
check sheets a reminder was sent to each teacher giving the date when check sheets were due to be returned to the writer. Since teachers had volunteered to participate, no pressure was used to have check sheets returned. It is, therefore, not known why four teachers failed to respond. While a return of 100 per cent was desirable, the 93.3 per cent return was deemed adequate.

Teachers responding reported an average of 2.4 problems each. The range was from one child per classroom to six per classroom. According to grade, the smallest number of children with problems reported was 15 in third grade, while grades 4 and 6 tied for the largest number with 26 each. The average number of problem children per classroom reported was smallest in grade 3 with an average of 1.8 and the largest was in grade 4 with 2.9.

When the per cent of children reported as having problems was figured, based upon the enrollment in their classrooms, it was discovered that 5.3 per cent of the children in the third grade were reported while 10 per cent of the children in the fourth grade were reported.

The question arises as to why the incidence of children who were reported by their teachers as having problems at the fourth grade level is almost twice as high as at the third grade level. This question seems even more significant when it is considered that the differences found by comparing other grade levels are relatively small. Why the drop between second grade and third grade and why the jump between third grade and fourth grade, then a drop between fourth grade and fifth grade?
Many hypothesis can be developed concerning these differences. Much study of the curriculum content of these grades and the developmental history of children from seven through 11 years of age would be required to attempt to disclose adequate answers to these questions. The writer offers two theories for consideration. It may be that the transition from the relatively less formal educational program in the primary grades to the more formal and more complicated program in the intermediate grades creates a situation which produces more anxiety in children; or it may be that the developmental history of children is such that latent problems become more obvious at the ages of nine through 11. However, since the causes of noninstructional problems is not a subject for this study, these and other related problems are left in the hope that further study and research may disclose some of the answers.

From Table I it was possible, by obtaining the total enrollments at the various grade levels, to project the probable number of children at each grade level who might be considered to have problems. The right hand column in the table gives this projection. It can thus be seen that in terms of these projections the same grade level differences occur as were previously discussed. If all elementary teachers had participated in the study it can be assumed that approximately 1817 children would have been reported.

In summarizing Table I, we find that 56 teachers reported 128 children as having problems. This was an average of 2.34 children per teacher and represented 7.63 per cent of all children enrolled in the classrooms of the 56 teachers reporting. When this per cent is
projected using the total enrollment of all grades in the elementary schools, we arrive at the figure of 1817. This number of children might be considered to have problems beyond the range of normality as judged by their teachers in the Tucson elementary schools.

1. Incidence of problems according to sex

The incidence of children with problems according to sex differences was obtained from the check sheets turned in by the teachers. The table below gives these results.

**TABLE II**

INCIDENCE OF CHILDREN WITH PROBLEMS

ACCORDING TO SEX DIFFERENCES

<table>
<thead>
<tr>
<th>Sex</th>
<th>Cases Reported</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>104</td>
<td>81.3</td>
</tr>
<tr>
<td>Girls</td>
<td>24</td>
<td>18.7</td>
</tr>
</tbody>
</table>

Bower\(^2\) found in a similar study that 73.7 per cent of the pupils identified as having problems were boys with 26.3 being girls.

Rogers\(^3\) found that two out of three children with problems beyond the realm of normality were boys, while Olsen\(^4\) found that boys outnumbered girls in showing symptoms of aggression.

\(^2\)Bower, op. cit.
\(^3\)Rogers, op. cit.
\(^4\)Olsen, op. cit.
While the differences between the sexes are larger in our study than in Bower's and others, the trend is similar to that found by those who have done investigation in this field.

2. Incidence of problems according to age

Also related to incidence is the data concerning the ages of children reported. Table III below presents this data.

TABLE III

INCIDENCE OF CHILDREN WITH PROBLEMS ACCORDING TO AGE

<table>
<thead>
<tr>
<th>Age</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>Over 12</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Children Reported</td>
<td>7</td>
<td>14</td>
<td>26</td>
<td>24</td>
<td>20</td>
<td>14</td>
<td>8</td>
<td>15</td>
<td>128</td>
</tr>
</tbody>
</table>

It can be noted from the above table that the smallest incidence of problems reported was among six year olds and the largest was among eight year olds. The greatest jump occurred between seven year olds and eight year olds.

As was noted in Table I, the highest incidence of "cases" occurred in grade 4. Since most fourth grade children are nine years old and the highest incidence according to age is among eight year olds, these findings seem inconsistent.

There seems to be at least one possible explanation of this seeming inconsistency. In the Tucson schools, beginning children may enroll in first grade if their sixth birthdays occur before January 1 of the school year. This means that many five year olds enroll. It
may be possible that these younger children who, if they had made normal progress, were in the fourth grade while still eight years old during the fall of the year when this study was made are the ones most likely to exhibit problem behavior. This may be due to the more complex curriculum and more formalized instructional program found beginning in the fourth grade.

3. Incidence of problems according to health factors

Items in the check sheet referring to health, in general, received the smallest number of checks. This could be because of the general absence of chronic physical health problems among children, or it could be that teachers are less aware of health problems and less skilful in identifying them. See Table IV below:

**TABLE IV**

**FREQUENCIES OF HEALTH PROBLEMS AMONG CHILDREN REPORTED**

<table>
<thead>
<tr>
<th>Statement Number</th>
<th>Frequencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>46. Has a speech problem.</td>
<td>11</td>
</tr>
<tr>
<td>47. Has a hearing problem.</td>
<td>5</td>
</tr>
<tr>
<td>48. Has a visual problem.</td>
<td>3</td>
</tr>
<tr>
<td>49. Has a crippling handicap.</td>
<td>2</td>
</tr>
<tr>
<td>50. Has some other chronic health problem.</td>
<td>8</td>
</tr>
</tbody>
</table>

D. **The Nature of Noninstructional Problems of Children**

A second purpose of this study was to attempt to determine the nature of noninstructional problems of elementary school children.
The check sheets used by teachers for reporting children with problems contained 45 statements which were descriptive of various types of problem conduct found among children. Teachers were asked first to identify the children in their rooms whom they considered to have problems beyond the range of normality and to use a set of check sheets for each child so identified. They were asked to then make a check mark after each statement on the check sheets which was descriptive of that child's behavior. When the 128 sets of check sheets identifying children with problems were returned to the writer, frequency distributions were made for the 45 descriptive statements. The per cent of the various frequencies of the total of 128 children reported was compiled and the statements arranged in rank order (See Table V).

1. Relationship of anxiety to learning problems

Study of this table reveals the fact that statements descriptive of behavior indicative of problems which inhibit learning in general received the highest frequencies or rankings. Those generally considered to be descriptive of anxiety received second highest rankings while those generally considered to be descriptive of hostility or aggression ranked third. Statements descriptive of poor attendance at school ranked among the lowest.

The number of statements descriptive of anxiety and of learning problems checked was so large that further study of their relationship seemed desirable. Tables VI and VII give the frequencies and rankings of certain statements in these two categories.

An examination of the check sheets was made to determine the number of children who had received check marks on one or more of the
TABLE V
FREQUENCIES AND RANK ORDER OF STATEMENTS DESCRIPTIVE OF 128 CHILDREN HAVING NONINSTRUCTIONAL PROBLEMS AS NOTED BY 58 TEACHERS

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Descriptive Statements</th>
<th>Freq.</th>
<th>% of Freq. of Children</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>Needs an unusual amount of prodding to get work completed.</td>
<td>81</td>
<td>63</td>
<td>1</td>
</tr>
<tr>
<td>14.</td>
<td>Has a short interest and attention span.</td>
<td>74</td>
<td>58</td>
<td>2</td>
</tr>
<tr>
<td>18.</td>
<td>Is inattentive and indifferent, or apparently lazy.</td>
<td>67</td>
<td>52</td>
<td>3</td>
</tr>
<tr>
<td>25.</td>
<td>Achieves much less in school than his ability indicates he should.</td>
<td>65</td>
<td>51</td>
<td>4</td>
</tr>
<tr>
<td>12.</td>
<td>Is one or more of the following: shy, timid, fearful, anxious, excessively quiet, tense.</td>
<td>55</td>
<td>43</td>
<td>5½</td>
</tr>
<tr>
<td>20.</td>
<td>Exhibits nervous mannerisms such as nail biting, sucking thumb or fingers, stuttering, extreme restlessness, muscle twitching, hair twisting, picking and scratching, deep and frequent sighing.</td>
<td>55</td>
<td>43</td>
<td>5½</td>
</tr>
<tr>
<td>2.</td>
<td>Is quarrelsome; fights often; gets mad easily.</td>
<td>54</td>
<td>42</td>
<td>7</td>
</tr>
<tr>
<td>16.</td>
<td>Finds it difficult to be in group activities or to be relaxed with others.</td>
<td>52</td>
<td>41</td>
<td>8</td>
</tr>
<tr>
<td>29.</td>
<td>Is reading below his mental age.</td>
<td>51</td>
<td>40</td>
<td>9</td>
</tr>
<tr>
<td>1.</td>
<td>Doesn't go along gracefully with decisions of teacher or group.</td>
<td>50</td>
<td>39</td>
<td>10</td>
</tr>
<tr>
<td>4.</td>
<td>Is resentful, defiant, rude, sullen, or apt to &quot;sass&quot; adults.</td>
<td>49</td>
<td>38</td>
<td>11½</td>
</tr>
<tr>
<td>42.</td>
<td>Is unable to work independently.</td>
<td>49</td>
<td>38</td>
<td>11½</td>
</tr>
<tr>
<td>No.</td>
<td>Descriptive Statements</td>
<td>F</td>
<td>%</td>
<td>R</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------------------------------------------------------------------</td>
<td>---</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>5.</td>
<td>Disrupts the class and is difficult to manage.</td>
<td>47</td>
<td>37</td>
<td>13</td>
</tr>
<tr>
<td>13.</td>
<td>Daydreams a great deal.</td>
<td>47</td>
<td>37</td>
<td>13</td>
</tr>
<tr>
<td>45.</td>
<td>Finds it extremely difficult, if not impossible, to keep up with the class on academic work.</td>
<td>46</td>
<td>36</td>
<td>15</td>
</tr>
<tr>
<td>37.</td>
<td>Is unable to understand and carry through your directions for assignments.</td>
<td>44</td>
<td>34</td>
<td>16</td>
</tr>
<tr>
<td>17.</td>
<td>Is easily upset; feelings are readily hurt; is easily discouraged.</td>
<td>43</td>
<td>34</td>
<td>17</td>
</tr>
<tr>
<td>24.</td>
<td>Seems to be more unhappy than most children.</td>
<td>43</td>
<td>34</td>
<td>17</td>
</tr>
<tr>
<td>38.</td>
<td>Lacks the so-called &quot;common sense&quot; and reasoning level of the group.</td>
<td>39</td>
<td>30</td>
<td>19</td>
</tr>
<tr>
<td>43.</td>
<td>Is easily confused.</td>
<td>38</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>6.</td>
<td>Is regarded by other children as a pest. Rubs others the wrong way.</td>
<td>37</td>
<td>29</td>
<td>21</td>
</tr>
<tr>
<td>31.</td>
<td>Has little or no interest in school.</td>
<td>33</td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td>36.</td>
<td>Is unable to think abstractly or to handle symbolic material.</td>
<td>32</td>
<td>25</td>
<td>23</td>
</tr>
<tr>
<td>41.</td>
<td>Breaks rules of conduct or of games and is often unaware of it.</td>
<td>31</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>8.</td>
<td>Lies frequently.</td>
<td>30</td>
<td>23</td>
<td>25</td>
</tr>
<tr>
<td>21.</td>
<td>Is actively excluded by most of the children whenever they get a chance.</td>
<td>29</td>
<td>23</td>
<td>26</td>
</tr>
<tr>
<td>3.</td>
<td>Is a bully; picks on others.</td>
<td>28</td>
<td>22</td>
<td>27</td>
</tr>
<tr>
<td>11.</td>
<td>Is not noticed by other children. Is neither actively liked nor disliked - just left out.</td>
<td>27</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>40.</td>
<td>Is slow in all areas: academic, social, emotional, and physical.</td>
<td>27</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>14.</td>
<td>Never stands up for himself or his ideas.</td>
<td>26</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>No.</td>
<td>Descriptive Statements</td>
<td>F</td>
<td>%</td>
<td>R</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------------------------------------------------------------------</td>
<td>---</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>10.</td>
<td>Frequently uses profane or vulgar language.</td>
<td>25</td>
<td>20</td>
<td>31</td>
</tr>
<tr>
<td>26.</td>
<td>Is jealous or overcompetitive.</td>
<td>24</td>
<td>19</td>
<td>32</td>
</tr>
<tr>
<td>32.</td>
<td>Is ignored or actively disliked by pupils and teachers.</td>
<td>24</td>
<td>19</td>
<td>32</td>
</tr>
<tr>
<td>27.</td>
<td>Is two years older than his classmates.</td>
<td>20</td>
<td>16</td>
<td>35</td>
</tr>
<tr>
<td>33.</td>
<td>Is not in any extracurricular activities.</td>
<td>20</td>
<td>16</td>
<td>35</td>
</tr>
<tr>
<td>35.</td>
<td>Is passed on to the next grade on trial because of low grades.</td>
<td>20</td>
<td>16</td>
<td>35</td>
</tr>
<tr>
<td>39.</td>
<td>Is unable to understand complex game rules.</td>
<td>20</td>
<td>16</td>
<td>35</td>
</tr>
<tr>
<td>9.</td>
<td>Occasionally is destructive of property.</td>
<td>17</td>
<td>13</td>
<td>38</td>
</tr>
<tr>
<td>30.</td>
<td>Resists aggressively the authority of the teacher or principal.</td>
<td>17</td>
<td>13</td>
<td>38</td>
</tr>
<tr>
<td>22.</td>
<td>Is a failure in school for no apparent reason.</td>
<td>16</td>
<td>13</td>
<td>40</td>
</tr>
<tr>
<td>23.</td>
<td>Is absent from school frequently or dislikes school intensely.</td>
<td>12</td>
<td>9</td>
<td>41</td>
</tr>
<tr>
<td>15.</td>
<td>Is &quot;too good&quot; for his own good.</td>
<td>11</td>
<td>9</td>
<td>42</td>
</tr>
<tr>
<td>34.</td>
<td>Refuses to participate in play activities, stands on the sidelines.</td>
<td>10</td>
<td>8</td>
<td>43</td>
</tr>
<tr>
<td>7.</td>
<td>Often steals.</td>
<td>9</td>
<td>7</td>
<td>44</td>
</tr>
<tr>
<td>28.</td>
<td>Has a poor attendance or tardiness record.</td>
<td>9</td>
<td>7</td>
<td>44</td>
</tr>
</tbody>
</table>
statements in Table VI which are descriptive of anxiety symptoms and who had also received check marks on one or more of the statements in Table VII descriptive of learning problems.

TABLE VI
FREQUENCIES AND RANKINGS OF STATEMENTS DESCRIPTIVE OF ANXIETY

<table>
<thead>
<tr>
<th>Statement Number</th>
<th>Statement</th>
<th>No. of Children Checked</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Is one or more of the following: shy, timid, fearful, anxious, excessively quiet, tense.</td>
<td>55</td>
<td>5</td>
</tr>
<tr>
<td>20.</td>
<td>Exhibits nervous mannerisms such as nail biting, sucking thumb or fingers, stuttering, extreme restlessness, muscle twitching, hair twisting, picking and scratching, deep and frequent sighing.</td>
<td>55</td>
<td>5</td>
</tr>
<tr>
<td>16.</td>
<td>Finds it difficult to be in group activities and to be relaxed with others.</td>
<td>52</td>
<td>8</td>
</tr>
</tbody>
</table>

TABLE VII
FREQUENCIES AND RANKINGS OF STATEMENTS DESCRIPTIVE OF LEARNING PROBLEMS

<table>
<thead>
<tr>
<th>Statement Number</th>
<th>Statement</th>
<th>No. of Children Checked</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>Needs an unusual amount of prodding to get work completed.</td>
<td>81</td>
<td>1</td>
</tr>
<tr>
<td>41.</td>
<td>Has short interest span.</td>
<td>74</td>
<td>2</td>
</tr>
<tr>
<td>18.</td>
<td>Is inattentive and indifferent or apparently lazy.</td>
<td>67</td>
<td>3</td>
</tr>
<tr>
<td>25.</td>
<td>Achieves much less in school than his ability indicates he should</td>
<td>65</td>
<td>4</td>
</tr>
</tbody>
</table>
It was found that 70, or 55 per cent of the children, had received check marks on one or more statements in both tables. Thus, more than half of the children, according to the teachers' judgments, showed symptoms of both anxiety and learning problems. A further study revealed the fact that 85 per cent of the children checked on one or more of the statements descriptive of anxiety in Table VI were also checked on one or more of the statements descriptive of learning problems in Table VII. This study, then, is in agreement with Sarason and others described in Chapter II, which indicates that there is a relationship between anxiety and learning problems.

2. Hostility and aggression

Other statements on the check sheet receiving high rankings were some of those descriptive of hostility and aggression. Table VIII gives the frequencies and the rankings of four of these statements receiving the highest rankings in this area.

It is generally assumed that teachers are more aware of "acting out," aggressive, or hostile behavior than of other types. The present study does not bear this out, since both learning problems and anxiety symptoms, in general, ranked higher than more overt acting out behavior. One might postulate that, due to the influence of the mental hygiene point of view in education, teachers have become more concerned with anxiety symptoms and those indicating learning problems and less concerned with more overt types of behavior. It might also be that the modern elementary school child is more inclined to internalize his

\[45\text{Sarason, op. cit.}\]
problems than was his predecessors.

TABLE VIII
FREQUENCIES AND RANKINGS OF STATEMENTS DESCRIPTIVE
OF HOSTILITY OR AGGRESSION

<table>
<thead>
<tr>
<th>Statement Number</th>
<th>Number of Children Checked</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Is quarrelsome, fights often, gets mad easily.</td>
<td>54</td>
<td>7</td>
</tr>
<tr>
<td>1. Doesn't go along gracefully with decisions of teacher or group.</td>
<td>50</td>
<td>10</td>
</tr>
<tr>
<td>4. Is resentful, defiant, rude, sullen, or apt to &quot;sass&quot; adults.</td>
<td>49</td>
<td>11</td>
</tr>
<tr>
<td>5. Disrupts class and is difficult to manage.</td>
<td>47</td>
<td>13</td>
</tr>
</tbody>
</table>

3. Problems related to attendance

It is not our purpose at this point to discuss all of the statements on the check sheets. Our concern is with those which received rankings at the upper or lower end of the scale. However, the two statements on the check sheet descriptive of school attendance seem to merit some consideration. Table IX concerns these statements.

It can be seen from the table below that school attendance and attitude toward school are ranked near the lower end of the scale. While obviously school attendance is a problem for some children, the incidence of this problem in comparison with others is low. One might postulate that elementary schools today are looked upon as pleasant places by children and they generally do not resist attendance. One
might also assume that most problems of children today have their origin outside the school setting. Indeed, some children may look upon school as a refuge from a harsher outside environment.

TABLE IX

FREQUENCIES AND RANKINGS OF STATEMENTS

DESCRIPTIVE OF SCHOOL ATTENDANCE

<table>
<thead>
<tr>
<th>Statement</th>
<th>Number of Children Checked</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Is absent from school frequently or dislikes school intensely.</td>
<td>12</td>
<td>38</td>
</tr>
<tr>
<td>28. Has poor attendance or tardiness record.</td>
<td>9</td>
<td>41</td>
</tr>
</tbody>
</table>

4. Comparison of teacher rankings by categories of behavior

A further study related to the nature of the problems of elementary school children was one in which teachers were asked to rank the problems in certain categories. Statements descriptive of behavior on the check sheets were taken, with some slight revision, from Kough and DeHaan. These items were placed by the authors under five general classifications. To avoid suggestability, these classifications were omitted from the descriptive behavior section of the check sheets and included later. Teachers were asked which classification or classifications they felt would best apply to each child and the following analysis was made. The number of checks under each classification on the sheet which summarized the teachers' responses was

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46 Kough and DeHaan, op. cit.
totaled and averaged. These averages and their rankings were compared with the rankings given by the teachers later on the check sheets. Table X below gives the results of these comparisons.

TABLE X

COMPARISON OF RANKINGS BY TEACHERS OF CLASSIFICATIONS OF BEHAVIOR FROM DESCRIPTIVE STATEMENTS AND FROM CLASSIFICATION ITEM ON CHECK SHEETS

<table>
<thead>
<tr>
<th>Categories</th>
<th>Col. 1</th>
<th>Col. 2</th>
<th>Freq. &amp; Rank. from Question</th>
<th>Freq. &amp; Rank. from Descriptive Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>R</td>
<td>F</td>
<td>R</td>
</tr>
<tr>
<td>1. Aggressive Maladjustment</td>
<td>34</td>
<td>4</td>
<td>37</td>
<td>3</td>
</tr>
<tr>
<td>2. Withdrawn Maladjustment</td>
<td>37</td>
<td>3</td>
<td>30</td>
<td>4</td>
</tr>
<tr>
<td>3. General Maladjustment</td>
<td>44</td>
<td>1</td>
<td>42</td>
<td>1</td>
</tr>
<tr>
<td>4. Potential Dropout</td>
<td>23</td>
<td>5</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>5. Slow Learner</td>
<td>38</td>
<td>2</td>
<td>38</td>
<td>2</td>
</tr>
</tbody>
</table>

In the above table, column one gives the frequencies and rankings of the various classifications of behavior as checked by the teachers in answer to the question quoted above in the table. Column two gives the frequencies and rankings obtained from that portion of the check sheets which described specific behavior. It can be seen that teachers, with one exception, checked items which were later
consistent with the categories used by Kough and DeHann. This one exception occurred when items one (aggressive maladjustment) and two (withdrawn maladjustment) were reversed. In other words, in checking descriptive statements of behavior, teachers checked more statements descriptive of withdrawn maladjustment than of aggressive maladjustment. However, when they later checked the categories more of them checked aggressive maladjustment than withdrawn maladjustment. Although teachers were not 100 per cent consistent when called upon to identify the categories of behavior which they had previously checked, they showed a high degree of skill in so doing.

From this analysis it would appear that teachers feel that the most serious general classification of problems of children fall in the category of general maladjustment and the second most serious under the category of slow learner. The least serious problem in the judgment of the teachers is potential drop-out. Aggressive maladjustment and withdrawn maladjustment are ranked by teachers somewhere between the two extremes mentioned above.

In summary, the findings indicate that the nature of children's problems in elementary school center largely around learning, anxiety, and hostility, with attendance among the least of the problems.

E. Seriousness or Complexity of Noninstructional Problems of Children

One of the objectives of this study was to determine the probable seriousness or complexity of the problems of children as judged by teachers. Two items were included in the check sheets in an attempt to determine the seriousness or complexity of the cases reported. In
the first teachers were asked to judge the seriousness of each of the cases reported, and in the second a group of case studies were analyzed for complexity by a group of mental health and educational functionaries.

Table XI below gives the results of the first of these two studies.

**TABLE XI**

SERIOUSNESS OF PROBLEMS OF CHILDREN
AS JUDGED BY THEIR TEACHERS

<table>
<thead>
<tr>
<th>Statement</th>
<th>Per Cent</th>
<th>Proj. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question: How serious do you perceive the problems of this child to be? (Check one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N=124</td>
<td>in Total</td>
</tr>
<tr>
<td></td>
<td>Freq.</td>
<td>Checked</td>
</tr>
<tr>
<td>1. Very serious. Definitely needs outside professional help.</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>2. Serious. Probably could profit from outside professional help.</td>
<td>74</td>
<td>60</td>
</tr>
<tr>
<td>3. Minor. Does not need outside professional help.</td>
<td>31</td>
<td>25</td>
</tr>
</tbody>
</table>

If items one and two in the above table are combined, it can be seen that teachers feel that 75 per cent of the children had problems of a very serious or serious nature, and that they definitely or probably could profit from outside professional help. Only 25 per cent were judged to have problems of a minor nature not needing outside professional services. When this per cent is projected for the total school population in the elementary school, we find that,
according to the judgment of the teachers reporting, 1363 children or approximately 6 per cent of the total elementary school population probably or definitely need outside professional help.

F. Degree to Which Problems Inhibit Learning

One of the purposes of this study is to attempt to ascertain the degree to which the problems of children inhibit learning. In our discussion of the relation of anxiety to learning earlier in this chapter, it was concluded that many of the children reported suffered from anxiety, and that learning was inhibited or deterred by this condition.

This conclusion is in conformity with the opinions and judgments of the teachers. Table XII gives the feelings of the teachers about the effect of the problems of the children upon learning.

**TABLE XII**

THE EFFECT OF PROBLEMS ON LEARNING BY CHILDREN

AS JUDGED BY THEIR TEACHERS

<table>
<thead>
<tr>
<th>Question: How do you feel about the effect of this problem on learning by this child? (Check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
</tr>
<tr>
<td>1. Seriously interferes with learning.</td>
</tr>
<tr>
<td>2. Interferes somewhat.</td>
</tr>
<tr>
<td>3. No effect upon learning.</td>
</tr>
</tbody>
</table>

Attention should be called to the fact that totals in tables do not necessarily equal the total number of children reported. In some instances teachers failed to check any item in a given category.
However, in the above table, teachers felt that in 111 instances (the sum of items 1 and 2) the child's problems did interfere with learning and in only seven instances they did not. Among the children reported it was felt in 94 per cent of the cases that problems did interfere with learning by the child possessing the problems.

Teachers were also asked to state whether or not a child presenting problem behavior in class interfered with learning by other members of the class. These data are summarized in Table XIII. It can be seen that there was considerably less interference with learning by other members of the class than for the individual possessing the problem. However, almost twice as many children with problems were reported as interfering with learning by other members of the class as were reported as not interfering. This would seem to suggest that the children

### TABLE XIII

**THE EFFECT OF PROBLEMS OF CHILDREN ON LEARNING BY OTHER MEMBERS OF THE CLASS AS JUDGED BY TEACHERS**

<table>
<thead>
<tr>
<th>Question: Do you feel that the presence of this child in your classroom interferes with learning by others in the class, either by causing disturbing situations or taking an unusual amount of the teacher's time and energy? (Check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
</tr>
<tr>
<td>1. Seriously interferes.</td>
</tr>
<tr>
<td>2. Interferes somewhat. May include occasional nuisance, etc.</td>
</tr>
<tr>
<td>3. Does not interfere</td>
</tr>
</tbody>
</table>
reported in this study were problems to themselves to a greater degree than to others. This seems to be in agreement with findings presented in Tables VI and VII indicating that anxiety was a more serious problem than was aggression.

F. Skills and Techniques Necessary for the Diagnosis and Treatment of Children's Problems

Another of the objectives of this study was to "ascertain the skills and techniques necessary for the diagnosis and treatment of these noninstructional problems." It can be assumed that an objective of this breadth is such that no final answer can be given with certainty. However, some data has been obtained which throws light upon the question of the skills and techniques necessary for diagnoses and treatment.

In our study of case histories to be discussed later in this chapter, it was concluded that all 15 of the cases selected at random for intensive study and analysis by the staff needed the services of school social workers (called caseworkers by the Tucson schools) and the special school nurse employed by the Department of Guidance and Counseling. The services of the school psychologists were judged to be needed by 13 of the children and the services of the Consulting Psychiatrist by five of the children. It can be assumed then that the competencies of these functionaries are needed for adequate diagnosis and treatment of the cases reported.

In the Handbook of the Department of Guidance and Counseling,

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of the Tucson Public Schools, descriptive statements are found of the functions of these various specialists mentioned above. While their specific competencies are not discussed as such, it can be assumed that they are expected to possess the competencies necessary to perform the functions described. Below are the descriptions of these functions.

SCHOOL PSYCHOLOGIST

The school psychologist is concerned primarily with administration and interpretation of individual psychological tests for children with specific learning and/or emotional problems. Referrals are made by the teacher through the principal at the elementary level, and by counselors in the junior and senior high schools.

Among the common reasons for referral are inability to read or progress academically at an average level, lack of retention power, marked discrepancy in abilities in the different subjects, and marked discrepancy between the child's intellectual level and that of his class. In such cases, tests like the Wechsler Intelligence Scale for Children, the Stanford-Binet, and the Arthur Point Scale are administered. Reports of the examinations, along with pertinent recommendations, are sent to the principal, counselor, supervisor, and others as indicated. Projective tests may be used with children who have demonstrated emotional disturbance, and these findings are discussed with the teacher, principal, counselor, or school caseworker.

If the child's emotional problems seem severe enough to warrant therapy or intensive counseling, the psychologist refers the case to the school caseworker or other counseling resource. If the problem seems primarily related to learning difficulties, the psychologist may consult with the teacher, principal, parents, counselor, or supervisor regarding methods of dealing with the situation.

When the child is found to be mentally limited and his continuation in a regular class seems unprofitable, the psychologist refers him to the Director of Special Education with recommendation for special class placement.

When indicated, suggestions are also made for speech therapy, physical examination, and remedial work.
SCHOOL CASEWORKERS

School casework is a specialized service aimed at helping children who fail to make good use of the school program.

Casework involves the utilization of techniques in the process of social study, evaluation, and modification of disturbing attitudes and behaviors. These techniques include a command of a scientific body of knowledge regarding human growth and development, normal and deviant personality and behavior patterns, interpersonal relationships within the family, the school, and the community. The school caseworker adapts these techniques to school situations. The functions of the school caseworker are:

1. To evaluate a child's problem in view of his experiences, capacities, family, social relationships, the pressures under which he is functioning, and his strengths which can be used in working on the problems.

2. To bring data to the school concerning the individual child, to interpret the casework evaluation of the problem, and to develop a course of action with the school.

3. To work with the child and his family toward alleviating the problems.

4. To serve as a liaison with community resources involving conditions as they affect the child's school adjustment, such as: neglect, delinquency, financial need, marital difficulties, medical or dental care, recreational service, and psychiatric treatment.

5. To bring about mutual understanding and cooperation between school and home.

6. To serve as a consultant to the school in regard to the problems of children not referred.

7. To interpret the Guidance Program to the school and the community.

CONSULTING PSYCHIATRIST

The consulting psychiatrist on the staff of the Department of Guidance and Counseling gives two half-days each month to the work of the Department. He also serves as Medical Director of the Tucson Child Guidance Clinic. His responsibilities are as follows:
1. He consults with individual caseworkers and psychologists giving them some analysis of cases and suggestions for procedure in their work.

2. He consults with the Director of Guidance and Counseling giving advice on administrative matters which may relate to psychiatric or mental health problems handled by the Department.

3. He maintains close liaison between the Department and the Tucson Child Guidance Clinic.

4. He participates in the in-service education of school personnel.

5. He conducts staff discussions of specific cases.

6. Occasionally he sees children and their parents, on a selective basis, for evaluation. No direct treatment is given.

7. He is a staff officer, working under the direction of the Director of Guidance and Counseling, giving only consultative service to the Department and to school personnel.

CONSULTING NURSE

The nurse, assigned to the Department of Guidance and Counseling half-time, assumes responsibility for gathering health information on students referred to the Department for special study, and supplies this information to the workers in the Department. She also maintains liaison between the Department of Guidance and Counseling and the Department of Health. Her major responsibilities are as follows:

1. She accepts referrals from the case workers and psychologists.

2. She visits schools and homes of children referred and gathers complete health history.

3. She makes a written report of such information and supplies copies to those workers concerned with the case.

4. She consults with the caseworker or psychologist involved regarding relationship between physical problems, if any, and the emotional, social, or educational problems of the child.
5. She works to see that the physical problems discovered are referred to private physicians or other medical agencies for correction.

6. She meets with members of the Department staff and the Psychiatric Consultant to contribute health information during case conferences.

7. She meets with the counselors, school nurses, and the Director of Guidance and Counseling to help improve understanding and working relations between nurses and counselors in the secondary schools.

8. The nurse assigned to the Guidance Department is a staff employee. She works under the direction of the Director of Guidance and Counseling.

It should be obvious to anyone familiar with the role and functions of a classroom teacher that they do not, in general, possess the competencies of the specialists just described. However, this should not be taken as an indication that teachers lack competency in dealing with the problems of children within their roles as classroom teachers. These competencies may include recognizing problems, making a tentative diagnosis, dealing with deviant behavior day by day, consulting with parents, counseling the child, consulting with the principal, making referrals to specialists and cooperating with these specialists in working with the children referred.

In other words, there are certain competencies in diagnosis and treatment of the problems of children which teachers do not possess and are not expected to possess. These competencies are possessed only by specialists who have had training and experience within their specialty. However, teachers do have competencies in dealing with the problems of children within their roles as teachers. Since teachers vary widely in training, experience and aptitude, it can be assumed that they vary
widely in the competencies discussed above.

G. Skills and Competencies of Classroom Teachers

In the above discussion competencies of certain specialists in dealing with the problems of children are contrasted with the competencies of classroom teachers in this same area of responsibility. It was pointed out that teachers are not expected to possess the same competencies as the specialists but are expected to have certain competencies within their roles as classroom teachers. Teachers were asked to respond to a question concerning their own feeling of competence in dealing with each child reported. Since teachers were asked to check as many of the four possible answers in Table XIV below as applied, the sum of the replies exceeds 128, the number of children reported. Some teachers checked several responses on some children. Most teachers failed to double check one response as requested, so double checks were ignored in obtaining the totals in the table.

It is clear from the following table that teachers feel the need for more time to work with the types of youngsters described in this study. In 73 per cent of the 128 cases reported, they felt they should have more time to work with the child on an individual basis. Since the average class size of the teachers reporting is between 29 and 30 pupils each, and since teachers are expected to spend most of their time teaching subject matter, it seems logical that they should feel the need for more time to work with individuals. In 41 per cent of the cases reported they felt the need for more opportunity to work with specialists. While there are other factors besides time involved in working with specialists
## TABLE XIV

**TEACHERS' JUDGMENTS ABOUT THEIR COMPETENCE, TIME NEEDED, AND OTHER FACTORS IN DEALING WITH THE PROBLEMS OF CHILDREN**

**Question:** Handling by teacher. (Check as many as apply. Double check greatest need.) How do you feel about dealing with this problem?

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Statement</th>
<th>Number of Times Checked</th>
<th>Per Cent of Times Checked of 128 Children Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Need more time to work with child on individual basis.</td>
<td>92</td>
<td>71.9</td>
</tr>
<tr>
<td>2.</td>
<td>Need more training to deal with such problems effectively.</td>
<td>42</td>
<td>34.0</td>
</tr>
<tr>
<td>3.</td>
<td>Need more opportunity to consult with specialists.</td>
<td>53</td>
<td>41.4</td>
</tr>
<tr>
<td>4.</td>
<td>Feel capable of handling this problem alone under present conditions.</td>
<td>33</td>
<td>26.2</td>
</tr>
</tbody>
</table>

Time is indeed a factor. When specialists are available the teacher frequently finds it difficult to leave her class for a conference with these functionaries. The limitations of time of the specialists, because of their large work loads, is another limiting factor.

In 42, or 34, per cent of the cases reported, teachers indicated a need for more training. However, when check sheets were further examined, it was found that 28 teachers, or exactly 50 per cent of those reporting, indicated a need for more training in dealing with some child. In only 33, or 26 per cent of the cases reported, did teachers indicate that they felt capable of dealing with the child's problems.
under present circumstances.

One might question why only half the teachers in this study indicated a need for further training in dealing with the problems of children. Since the field of knowledge relating to mental hygiene is so vast, the need for competence in this area so great, and the training of teachers in mental hygiene, in general, is so meager, one might have supposed that all teachers would have indicated a need for more training. The reasons half the teachers indicated they felt no need for further training can only be surmised. Some teachers may be so subject matter oriented that they are, to a great extent, unaware of the need to work with the individual child who has problems. Some may be unfamiliar with the principles of mental hygiene and the desirability of applying these principles in the classroom. Some may be reluctant to admit that their training may have been inadequate and that they need additional training to perform their teaching tasks satisfactorily. Another fact that might be construed to indicate a lack of insight among teachers into their own limitations is that the specialists felt that 100 per cent of the 15 cases discussed earlier in this chapter needed their services while teachers indicated a need for "more time to consult with specialists" in only 41 per cent of the cases, and indicated that they felt capable of dealing with the problem alone in 25 per cent of the cases.

1. Competencies of teachers in recognizing problems, by sex

Two tables of data which may be considered to reflect the competency of teachers in recognizing children with problems in their classrooms are those relating to the sex of teachers and the length of their teaching experience.
Of the 56 teachers included in this study, nine were men and 47 were women. The number of cases reported by the men was compared with the number reported by the women. The following table gives the result of this comparison.

TABLE XV
A COMPARISON OF THE NUMBER OF CHILDREN WITH PROBLEMS REPORTED BY MEN AND WOMEN

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 men</td>
<td>35 children reported</td>
</tr>
<tr>
<td>47 women</td>
<td>93 children reported</td>
</tr>
</tbody>
</table>

As can be seen in the table, the men reported on the average twice as many children as having problems as did the women. On the basis of the data collected in this study, it is impossible to explain this great difference. One might give a number of possible explanations but they would be little more than guesses.

It hardly seems reasonable to assume that the men actually had twice as many children with problems in their rooms as did the women, although selective placement might account for some of this difference. If one assumes that the incidence of children with problems does not vary greatly between men teachers and women teachers, it may be concluded that men are more skillful in recognizing these problems than are women.

2. Competencies of teachers in recognizing problems, by length of service

In order that it might be determined whether or not length of
service was a factor in influencing the skill of teachers in recognizing children with problems, they were asked to check certain categories giving, within broad areas, the number of years of their teaching experience.

**TABLE XVI**

THE RELATION OF THE NUMBER OF YEARS OF TEACHING EXPERIENCE TO THE NUMBER OF CHILDREN WITH PROBLEMS REPORTED

<table>
<thead>
<tr>
<th>Length of Service</th>
<th>No. of Teachers</th>
<th>No. Children Reported</th>
<th>Average No. Reported per Teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 2 years</td>
<td>7</td>
<td>11</td>
<td>1.6</td>
</tr>
<tr>
<td>2 to 10</td>
<td>26</td>
<td>68</td>
<td>2.6</td>
</tr>
<tr>
<td>10 to 20</td>
<td>11</td>
<td>24</td>
<td>2.2</td>
</tr>
<tr>
<td>Over 20</td>
<td>12</td>
<td>25</td>
<td>2.1</td>
</tr>
</tbody>
</table>

While tests of significance were not applied to this data for reasons previously mentioned, it would appear from the above table that teachers with little teaching experience possessed less skill in identifying children with problems than more experienced teachers.

This might be interpreted to indicate that teacher training institutions should give more attention to training prospective teachers in subjects related to child growth and development, child psychology and mental hygiene. It is also possible that school systems should provide in-service education for new teachers in these same areas.
H. Training Courses Suggested by Teachers

From the two above tables, it would seem reasonable to assume that men are more skilful in recognizing children with problems than are women, and that more experienced teachers are more skilful than new teachers.

The final statement on the check sheets asked the teachers to list courses, areas, or types of training they felt might be profitable in dealing with the problems of the child reported. Only 14 of the 56 teachers reporting listed such courses or types of training. Those listed included the following:


In conclusion, it must be admitted that this study has not succeeded in reaching the objective "determining the degree to which the classroom teacher possesses those skills and techniques" necessary for adequate diagnoses and treatment of noninstructional problems of children. It seems possible to conclude from the data that classroom teachers vary widely in the degree to which they possess such competence; that they vary widely in their insight into their own limitations in this area; that they vary widely in their realization of need for more training; and that perhaps more in-service and pre-service training in mental hygiene, counseling techniques, and related fields
I. Degree to Which Specialists are Required

One of the purposes of the study was to "determine the degree to which specialists are required beyond the competency of the classroom teacher." Later in this chapter a treatment of case studies is given in an attempt to point out the complexity of the problems reported and the degree to which services of specialists are required. In this project 15 cases reported by teachers were selected at random; case histories were developed, and these were analyzed by a group of specialists. It was concluded that all 15 cases required the services of various specialists. It was estimated from the analysis of the case histories that an average of approximately 19 hours on each case would be spent by various specialists in evaluating the cases. This time estimate did not consider treatment or psychiatric consultation. From the study of the case histories, it can be concluded that, based upon the judgments of the specialists involved, much work by specialists was needed on the 15 randomly selected cases.

An attempt was made to discover which specialists or special services teachers felt would be most helpful in dealing with the problems of children reported. Teachers were asked to indicate the types of services which they felt would be most helpful if outside professional aid should be utilized. They were asked to rank a list of professional services using a scale of one through eleven in order of importance. Most teachers ignored the request to rank the services and simply checked those they felt should be utilized. Therefore, in
tabulating this data, such rankings as were made are considered as checks. Table XVII gives the results.

It seems significant that "Family Counseling Agency," a non-school service, should be ranked first of all services listed.

**TABLE XVII**

FREQUENCIES AND RANK ORDER OF VARIOUS SPECIAL SERVICES BELIEVED BY TEACHERS TO BE NEEDED IN DEALING WITH PROBLEMS OF CHILDREN

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Item</th>
<th>Frequencies</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Family counseling agency</td>
<td>77</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>School caseworker</td>
<td>72</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>School psychologist</td>
<td>70</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>School counselor</td>
<td>59</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Psychiatrist</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Special education services</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Child Welfare Department</td>
<td>19</td>
<td>7½</td>
</tr>
<tr>
<td>8</td>
<td>Physician (not psychiatrist)</td>
<td>19</td>
<td>7½</td>
</tr>
<tr>
<td>9</td>
<td>Attendance officer</td>
<td>4</td>
<td>9½</td>
</tr>
<tr>
<td>10</td>
<td>Probation officer</td>
<td>4</td>
<td>9½</td>
</tr>
<tr>
<td>11</td>
<td>Other (Please name below)</td>
<td>2</td>
<td>11</td>
</tr>
</tbody>
</table>

Remedial Reading

This would seem to indicate that teachers feel that most of the problems
of children stem from the home situation. It may also reflect the fact that because of the limited casework service provided by the schools, they have turned to an outside agency as the one estimated to be best able to meet the needs of children with problems. If adequate casework services were available through the schools, it is possible that this need could be more adequately met.

Next in order are caseworker, psychologist and counselor. Since elementary teachers, generally, have had contact with the caseworkers and psychologists on the staff of the Department of Guidance and Counseling, but have had no direct contact with elementary counselors, this seems to be a logical order. If elementary teachers had been given an opportunity to work with elementary counselors and become familiar with the services which they could offer, it seems possible that this functionary might have been rated even higher.

It seems significant that more authoritarian personnel such as attendance and probation officers should be rated so low. One might postulate from this fact that the philosophy of teachers is becoming less authoritarian and more permissive or remedial.

From the above data it seems reasonable to conclude that both teachers and specialists feel that specialists are required to a high degree in dealing with the noninstructional problems of children in the Tucson schools.

J. With Whom Should Specialists Work?

Closely related to the need for specialists is the question, "With whom should they work?" Teachers were asked to indicate the
persons or situations with which specialists should work if the services of a specialist should be utilized. They were asked to rank from one to five in order of importance the statements in Table XVIII below. However, since many teachers used check marks instead of rankings, all checks and rankings were treated as checks.

**TABLE XVIII**

**JUDGMENT OF TEACHERS CONCERNING FOCUS OF OUTSIDE HELP BY SPECIALISTS**

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Item Description</th>
<th>Frequencies</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The child. Help him with self-understanding and motivate him to handle his problem.</td>
<td>105</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>The parents. Help them understand the problem and how to deal with it.</td>
<td>93</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>The teacher. Help her to gain more understanding and techniques.</td>
<td>82</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>The community environment. Help improve community environmental conditions which influence the child.</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>Other. (Please describe)</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

(Child Welfare Department)

It is obvious from the table above that teachers feel that the primary focus of assistance by specialists should be upon the child with parents coming second and teachers third. However, since differences in frequencies of the three are not great, it may be concluded
that most teachers feel all three should receive assistance if help is available from specialists.

K. Incidence of Problems of Children According to Culture Groups

Because it might have implications for the qualifications of personnel, it was believed of consequence to attempt to analyze incidence of "cases" by population characteristics of the various schools as these relate to minority and/or bilingual groups. Schools estimated by their principals to have 75 per cent or more minority or bilingual pupils are called sub-culture schools, those estimated as having between 25 and 75 per cent of such pupils are called mixed schools, while those estimated as having less than 25 per cent such pupils are called Anglo-culture schools. The analyses of cultures in relation to cases reported is given in the following table.

**TABLE XIX**

INCIDENCE OF CHILDREN WITH PROBLEMS REPORTED ACCORDING TO POPULATION CHARACTERISTICS OF SCHOOLS

<table>
<thead>
<tr>
<th>Population Characteristics</th>
<th>No. Teachers Reporting</th>
<th>Total Enroll.</th>
<th>No. Cases Reported</th>
<th>% of Children Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-culture</td>
<td>14</td>
<td>378</td>
<td>41</td>
<td>10.9</td>
</tr>
<tr>
<td>Mixed-culture</td>
<td>13</td>
<td>390</td>
<td>34</td>
<td>8.6</td>
</tr>
<tr>
<td>Anglo-culture</td>
<td>29</td>
<td>780</td>
<td>53</td>
<td>6.8</td>
</tr>
<tr>
<td>Totals</td>
<td>56</td>
<td>1576</td>
<td>128</td>
<td>8.1</td>
</tr>
</tbody>
</table>

As explained earlier, statistical significance of the differences
obtained was not computed, but it is obvious that the sub-culture schools have the highest incidence of cases, the Anglo-culture schools the lowest, with the mixed schools between the two extremes. It can be concluded that children from minority and/or bilingual groups have a higher incidence of problems, as judged by their teachers than is found among Anglo-American children.

L. Complexity of Children's Problems as Determined by Analyses of Case Histories

While much of the data for this study has been secured from check sheets and rating scales, another attempt to determine the seriousness or complexity of the problems of children utilized a randomly selected group of cases for study and analysis. Check sheets and rating scales have the advantages of making it possible to collect a mass of information and deal with it quantitatively. However, they have the disadvantages of depersonalizing data which deals with the human personality. In order that we might understand more clearly what the children were like whose names appeared on the check sheets and better understand the nature and complexity of their problems, case histories were obtained on 15 randomly selected children as previously described in Chapter III.

These case histories were considered by the professional staff of the central office of the Department of Guidance and Counseling with the addition of one helping teacher. After the staff made some general decisions concerning the severity and complexity of the problems involved, the cases were turned over to the casework supervisor, the
chairman of the division of psychology and the consulting nurse for further analysis. These functionaries did an estimate of the time necessary to develop a complete evaluation of the cases.

The case of Al, below, gives an example of study and analysis of these 15 cases. (See Appendix C for examples of other representative cases.)

Al

Personal Data

According to the teacher, Al is blonde, has blue eyes and light hair. He is eight years old and is taller and thinner than the average boy in the third grade. He is pigeon-toed and has an awkward walk, stumbling frequently. He never volunteers but when he is chosen for some activity, he seems happy. He is very clean and is dressed as well as the average boy in the room. He usually looks unhappy and has a "far away" look on his face. He frequently stares into space as if lost in thought and unaware of what is taking place around him. He moved from another Tucson school this year. He attends a south side school.

Family Data

The teacher stated that when the mother brought Al to school to register, she seemed to be a very "frantic, tense, nervous, anxious woman." The mother said that she had tried to get Al into a Parochial school, but that the school was filled and they refused to take him. The mother stated that Al was uncontrollable at home and said, "Beat him every day if he needs it." The teacher feels that the mother has a
serious emotional problem. Al reported one day, "My mother wasn't feeling well so she wouldn't let me say one word all evening." The home is intact and the father is in the amusement business. Al is an only child and was born in San Angelo, Texas. The family lives in a trailer on the desert several blocks from any other habitation.

Health Data

According to the health record card, a physical examination given by the school physician was essentially negative. The nurse stated that Al is very thin and has been out of school because of illness several times this year. He has a history of asthma and hay fever. He has had the usual childhood diseases including mumps and measles. He has had the usual immunizations. He had a tonsillectomy in 1957. He has been taken home twice during the school semester because of illness. On one occasion, his temperature was 102 degrees and on another, it was 100 degrees. In February, 1961, he was out of school two weeks because of enlarged glands. His height in October, 1961, was 53\(\frac{3}{4}\) inches and his weight was 59\(\frac{1}{4}\) pounds.

School Data

Al reads in the low reading group and is one of the poorest in this group. Some days he makes a reasonable effort and does average work. On other days, he makes no effort and does nothing. The teacher stated that he now has more good days than bad ones. He is poor in writing and in arithmetic. He enjoys music and listens attentively to record music played in the classroom. He sings but is not especially
good. No report card had been given.

**Test Data**

The following test records were available:

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
<th>Grade</th>
<th>Stanine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gates Reading</td>
<td>Oct. '60</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Metropolitan Ach. A.</td>
<td>Sept. '61</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Lorge Thorndike</td>
<td>Oct. '61</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Individual</td>
<td>Oct. '61</td>
<td>Wechsler I.Q. 89</td>
<td></td>
</tr>
</tbody>
</table>

**Personal Conduct Data**

The teacher stated that Al, at first, was quite withdrawn and shy, but he is beginning to show some aggressiveness. She stated that, "Today, he pinched a girl's arm who he thought was trying to take his eraser." She stated he has a strong dislike for Negro children, of whom there are several in the room but shows signs of improving in his relationships with Negroes. One day the teacher asked him, "Why don't you like Arthur?" (Arthur is a Negro boy.) Al replied, "Because he is black." However, Al is now sharing with a Negro boy and seems to have overcome this problem to some extent. The teacher stated that the children are frequently amused at Al's colloquial expressions, but that Al takes it good-naturedly. When Al violates some rule or makes a mistake, he always admits it and makes no attempt to defend himself. On the check sheet, the teacher checked the following items: Is not noticed by other children. Is neither actively liked nor disliked - just left out. Is one or more of the following: shy, timid, fearful, anxious,
excessively quiet, tense. Daydreams a great deal. Finds it difficult
to be in group activities or to be relaxed with others. Is easily up­
set. Feelings are readily hurt, is easily discouraged, is inattentive
and indifferent or apparently lazy. Needs an unusual amount of prod­
ding to get work completed. Is slow in all areas: academic, social,
emotional, and physical. Is easily confused. Has a short interest
span.

A case conference of mental health specialists was called to
study the case, raise questions, and indicate what services might be
needed. Following is a list of questions raised and recommendations
for services made.

**Some Additional Data Needed**

1. Why did mother seek to have boy enrolled in Parochial
   school?
2. Why do they live in a trailer on the desert away from
   other homes?
3. Why is there so little known about the father?
4. Does the mother have such a serious emotional problem
   as the teacher believes? If so, how serious is her
   problem?
5. Does the mother need help and how much?
   (There is a need to know something more of the parents,
   their home life – know more about the father.)
6. Does Al feel he cannot meet the requirements or expecta­
tions of his mother? (Does the mother not realize she
is expecting too much when she gets into one of her "emotional states?)"

7. Need to know more about school history.

Recommendations

1. Complete physical examination.
2. Psychological examination and evaluation.
3. Casework including complete social history.
4. Psychiatric evaluation of mother and possible psychiatric service to mother and boy.

(Significant Clues from Case History of Al)

Significant statements which indicate a need for a social history are: He never volunteers; he usually looks unhappy. He frequently stares into space as if lost in thought and unaware of what is taking place around him. The mother seemed to be a very "frantic, tense, nervous anxious woman." The mother stated that Al was uncontrollable at home and said, "Beat him every day if he needs it." Al reported, "My mother wasn't feeling well and wouldn't let me say one word all evening." The family lives in a trailer on the desert several blocks from any other habitation. Al has a strong dislike for Negro children. He is shy, timid, fearful, anxious, excessively quiet, tense.

Significant statements which indicate a need for a physical history are: He is taller and thinner than the average boy. He is pigeon-toed and has an awkward walk, frequently stumbling. He is very
thin and has been out of school frequently because of illness. He has a history of asthma and hay fever. He was out of school two weeks because of enlarged glands. He is apparently lazy.

Significant statements indicating a need for psychological evaluation are: Reads in the low reading group and is one of the poorest in this group. He is poor in writing and arithmetic. His tests place him at the second or third stanines. He is slow in all areas: academic, social, emotional and physical.

AL

Time Estimate - Case Worker - Social History

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two conferences with principal</td>
<td>30 min</td>
</tr>
<tr>
<td>Two conferences with teacher</td>
<td>45 min</td>
</tr>
<tr>
<td>One conference with school nurse</td>
<td>10 min</td>
</tr>
<tr>
<td>Observation and conference with Al</td>
<td>50 min</td>
</tr>
<tr>
<td>Home visit with mother</td>
<td>90 min</td>
</tr>
<tr>
<td>Office visit with father</td>
<td>60 min</td>
</tr>
<tr>
<td>Two conferences with department nurse</td>
<td>30 min</td>
</tr>
<tr>
<td>Travel time</td>
<td>70 min</td>
</tr>
<tr>
<td>Organizing data</td>
<td>40 min</td>
</tr>
<tr>
<td>Conference with supervisor</td>
<td>15 min</td>
</tr>
<tr>
<td>Conference with psychiatrist</td>
<td>60 min</td>
</tr>
<tr>
<td>Consultation with psychologist</td>
<td>15 min</td>
</tr>
<tr>
<td>Dictation</td>
<td>75 min</td>
</tr>
</tbody>
</table>

Total Time: Nine (9) hours 50 minutes
**Time Estimate - Psychological Evaluation**

Administer Wechsler Intelligence Scale for Children 1 hour
Interpretation 20 minutes
Consultation 10 minutes
Travel time, scoring, and writing report 1 hour and 30 minutes

Total Time 3 hours

**Time Estimate - Department Nurse - Health History**

*At Home*

Need conference with parents to obtain health history.
Assist parents in follow-through of an adequate health regime.
Consult medical doctor.
   Orthopedic, Crippled Children's Clinic
   Nutrition
   Upper respiratory infections

Time . . . . . . . 3 hours

*At School*

Conference with school nurse and with Al.

Vision and hearing tests
Watch nutrition
Conference regarding school lunch
Conference regarding health habits
Conference regarding care of upper respiratory infections
Conference regarding staying home when ill
Conference regarding posture and stumbling walk

Time . . . . . . . 2 hours
The case of A1 was selected at random for presentation here. It seems to be reasonably typical of the 15 cases analyzed for this purpose. It will be noted that caseworkers estimated that it would take 9 hours and 50 minutes to develop an adequate case history on A1. The nurse estimated that she would need to spend 7 hours to develop an adequate medical history and the psychologists estimated that it would take 3 hours to do an adequate psychological evaluation. When the time estimates needed for evaluation of this one case are added, the total is 19 hours and 50 minutes.

Where the time estimates on all 15 cases were made, the following results were obtained.

Caseworkers showed a range of from 4 hours and 25 minutes to 11 hours, with an average of 8 hours and 21 minutes per case. The nurse
showed a range from 5 hours and 30 minutes to 8 hours and 45 minutes with an average of 7 hours and 58 minutes per case. The psychologists felt that two cases needed no psychological service and that 3 hours each on the remaining 13 cases would be adequate. Their average time for all 15 cases thus became 2 hours and 36 minutes. When the sum of the average times mentioned above is taken, we have the following table:

<table>
<thead>
<tr>
<th>Specialist</th>
<th>Average Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Caseworkers (School Social Workers)</td>
<td>8 hours 21 minutes</td>
</tr>
<tr>
<td>2. Nurse</td>
<td>7 &quot; 58 &quot;</td>
</tr>
<tr>
<td>3. Psychologist</td>
<td>2 &quot; 36 &quot;</td>
</tr>
<tr>
<td><strong>Total average time</strong></td>
<td><strong>18 hours 55 minutes</strong></td>
</tr>
</tbody>
</table>

Of the 15 cases analyzed it was judged by the specialists involved that all 15 would need casework services and the services of the school nurse. All but two, or thirteen of the cases, would need psychological evaluation, while five would need psychiatric services. Because of its nature and complexity no attempt was made to estimate the time needed by the psychiatrist for his services.

It can be assumed, then, that in the judgment of a selected group of mental health and educational specialists the 15 cases selected
at random from among the 128 turned in by 56 teachers in this study are serious and highly complex. All were in need of a variety of specialized professional services. The time involved in evaluating these cases by the various specialists reached a total of approximately 19 hours each.

Since it was judged by the specialists to be impossible to estimate the treatment time needed in the various cases, no attempt was made to make such an estimate. In several instances, it is possible that referrals to outside agencies would be desirable. When one projects the time estimates above to the total of 1817 pupils assumed to have problems in the Tucson elementary schools, it is found that 34,432 hours are needed for analysis and evaluation alone.

Attention is called to the fact that when the teachers judged the seriousness or complexity of the 128 cases submitted for this study, they indicated that only 75 per cent were serious enough to require or probably require assistance from outside specialists. However, when a group of specialists analyzed 15 randomly selected cases from the 128 submitted, they judged all 15 to be sufficiently serious and complex as to require the services of various specialists. One might assume that this discrepancy lies in the fact that specialists possess more sophistication, insight and understanding of problem behavior than teachers and are, therefore, better able to understand the significance of certain behavior than are teachers. It may be that the teachers become so involved with subject matter that they find their sensitivities somewhat dulled when considering the problem behavior of children.

In conclusion, it may be assumed, on the basis of study and
analysis of the cases submitted, that they are serious and complex. If
teachers erred in their judgment it can probably be assumed that it was
in not considering problem behavior to be as serious as it deserves to
be considered.

Teachers were invited to make comments about the study or the
children reported. Of 56 teachers participating 37, or 66 per cent,
did so. They were also asked to comment on additional training they
felt would be beneficial in recognizing or dealing with children who
have problems. Fourteen teachers made comments on this subject. Copies
of teachers' comments by grade level may be found in Appendix B. The
letter "T" is used to indicate the beginning of each teacher's comments.

The comments of teachers about children reflect their insight,
concern and desire to be helpful. Some teachers showed their concern
by writing many paragraphs about each pupil reported, while others made
short comments, such as, "Stepfather is very stern in discipline," or
"Dirty; older and tries to protect himself." Comments on training ex­
press a need for more training in mental hygiene, casework, child
psychology and elementary counseling techniques.

M. The Parents' Check Sheets

As explained in Chapter III, a limited sampling of parents was
used in the study for the purpose of attempting to ascertain how parents
see the problems of their children in relation to the children's own
mental health and learning of problems. It also seemed desirable to at­
tempt to discover how effective parents feel their children's teachers
are in dealing with the problems of their children. It was hoped,
furthermore, to be able to discover if there is any agreement among parents, teachers and principals in the ways that they see the problems of children. In Chapter III it was also explained that 271 sets of parents had been selected from ten classrooms of teachers who had participated in the study. Replies were received from 66 of the parents who were sent check sheets, for a return of 24.7 per cent.

It might be of some interest to speculate as to the reason for the relatively small return received from the parents. Comments on some of the check sheets may give some clue to this situation. The parents of one child said, "We feel we do not know enough about you, your department, etc., to fill this out." Other check sheets had the following statements: "Your questions are so strongly worded that I cannot check any of them. Naturally we have the minor day-to-day problems of any parent, but nothing abnormal," and, "Your questionnaire is entirely too negative in its approach. Few parents would admit such failures as you have listed." One might surmise that suspicion, fear of what might be done with the check sheets, or indifference accounted for the small return from parents. Did more parents return check sheets for children exhibiting problem behavior or did more parents return check sheets where there seemed to be no problem? This question remains unanswered.

Since the return of questionnaires from parents was so small, one might question the significance of this sampling. Data from the parents' check sheet is being included, however, because even with the small sampling there seems to be some data worth considering. Frequencies on a few of the items were quite high and upon others quite low. These high and low frequencies seem worthy of analysis.
N. Incidence of Problems from Parents' Check Sheets

It will be recalled that the first objective of this study was to attempt to ascertain the incidence of children with problems in the elementary schools of Tucson, Arizona. Of the 66 parents who participated in the study, 51 or 77.3 per cent indicated on the check sheets that they felt the child being considered had one or more of the problems described on the check sheets. Since parents probably considered each child in relation to himself or to his siblings only, it seems illogical to compare this figure with those obtained by teachers and mental health specialists in the identification of children with problems in a school setting.

Check sheets returned from parents indicated that 31 boys and 20 girls had problems. Most studies show that the proportion of boys exhibiting problem behavior is considerably higher than is found among girls. The relatively small difference between boys and girls on the parents' check sheet would seem to indicate that parents see fewer differences in problem behavior among boys and girls than is usually seen by teachers and mental health specialists.

1. Incidence by age

The incidence of children reported by their parents as having problems according to their ages is reported in Table XXI.
It can be seen that more children were reported as having problems in the ages of 7, 8, 9 and 10 than in any other. This would seem normal in view of the fact that these are the ages of most second, third, fourth and fifth grade children. Some parents filled out check sheets for children in their homes who were beyond elementary school age.

2. Incidence by grades

Grades of children for whom parents returned check sheets indicating problems ranged from 2 through 9. Grades 2, 3, and 4 show a predominately larger number of children than any other. Table XXII gives the distribution according to grade level.

TABLE XXII
GRADE PLACEMENT OF CHILDREN REPORTED BY PARENTS
AS HAVING PROBLEMS

<table>
<thead>
<tr>
<th>Grades</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Children Reported</td>
<td>0</td>
<td>11</td>
<td>10</td>
<td>14</td>
<td>7</td>
<td>6</td>
<td>48</td>
</tr>
</tbody>
</table>
When the ages of children reported from Table XXI is compared with their ages from Table XXII, it can be seen that most children were at their normal grade levels for their ages.

As indicated earlier, due probably to differences of criteria, parents reported a much higher per cent of children as having problems than is normally reported by teachers or specialists.

It seems clear from the data on the parents' check sheets that parents are quite aware of problems of their children.

0. The Nature of the Problems

It will be recalled that another objective of this study concerned the nature of the problems of children. Parents checked descriptive statements on the check sheets relating to the nature of the problems presented by their children. Frequency distributions were made of these descriptive items. Rankings and percentages were figured for only those items which received more than three checks. A frequency of three or less checks was considered to be so small as to be of little or no significance. The results of the behavior description portion of the parents' check sheet are shown in Table XXIII. When Table XXIII is studied, it becomes apparent that certain descriptive statements on the parents' check sheets received relatively high frequencies. These statements are those descriptive of anxiety and aggression. Tables XXIV and XXV that follow set forth these data.

It would seem from the above mentioned tables that parents see their children who exhibit problem behavior as being essentially anxious or aggressive.
### TABLE XXIII

**FREQUENCIES AND PARTIAL RANKINGS AND PERCENTAGES OF DESCRIPTIVE STATEMENTS ON PARENTS’ CHECK SHEETS**

(Please make a check mark ( ) after descriptive statements that apply to your child.)

<table>
<thead>
<tr>
<th>No. of Item</th>
<th>Descriptive Statements</th>
<th>Frequency</th>
<th>Per Cent Of Total</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Is easily upset; feelings are readily hurt; is easily discouraged.</td>
<td>24</td>
<td>47</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>Is one or more of the following: shy, timid, fearful, anxious, excessively quiet, tense.</td>
<td>21</td>
<td>41</td>
<td>2</td>
</tr>
<tr>
<td>20</td>
<td>Exhibits nervous mannerisms, such as nail biting, sucking thumb or fingers, stuttering, extreme restlessness, muscle twitching, etc.</td>
<td>19</td>
<td>37</td>
<td>3</td>
</tr>
<tr>
<td>18</td>
<td>Needs an unusual amount of prodding to get work completed.</td>
<td>18</td>
<td>35</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Is quarrelsome; fights often; gets mad easily.</td>
<td>14</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>1</td>
<td>Doesn't go along gracefully with decisions of parents or group.</td>
<td>12</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>44</td>
<td>Has a short interest and attention span.</td>
<td>11</td>
<td>22</td>
<td>7</td>
</tr>
<tr>
<td>19</td>
<td>Is inattentive and indifferent, or apparently lazy.</td>
<td>10</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>29</td>
<td>Does not read as well as other children of same age.</td>
<td>9</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>25</td>
<td>Does not do as well in school as others with similar intelligence.</td>
<td>8</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>43</td>
<td>Is easily confused.</td>
<td>8</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>9</td>
<td>Occasionally is destructive of property.</td>
<td>7</td>
<td>14</td>
<td>$12\frac{1}{2}$</td>
</tr>
<tr>
<td>5</td>
<td>Disrupts the home and is difficult to manage.</td>
<td>7</td>
<td>14</td>
<td>$12\frac{1}{2}$</td>
</tr>
<tr>
<td>No. of Item</td>
<td>Descriptive Statements</td>
<td>Frequency</td>
<td>Per Cent Of Total</td>
<td>Rank</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-----------</td>
<td>-------------------</td>
<td>-------</td>
</tr>
<tr>
<td>26.</td>
<td>Is jealous or overcompetitive.</td>
<td>6</td>
<td>12</td>
<td>14 1/2</td>
</tr>
<tr>
<td>4.</td>
<td>Is resentful, defiant, rude, sullen, or apt to &quot;sass&quot; adults.</td>
<td>6</td>
<td>12</td>
<td>14 1/2</td>
</tr>
<tr>
<td>45.</td>
<td>Finds it extremely difficult, if not impossible, to keep up with the class on school work.</td>
<td>5</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>24.</td>
<td>Seems to be more unhappy than most children.</td>
<td>5</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>16.</td>
<td>Finds it difficult to be in group activities or to be relaxed with others.</td>
<td>5</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>30.</td>
<td>Resists aggressively the authority of parents.</td>
<td>4</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>33.</td>
<td>Does not take part in community activities, such as Scouts, etc.</td>
<td>4</td>
<td>8</td>
<td>21</td>
</tr>
<tr>
<td>3.</td>
<td>Is a bully, picks on others.</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Is regarded by other children as a pest. Rubs others the wrong way; and is excluded by others whenever they get the chance.</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Often steals.</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Lies frequently.</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Uses profane or vulgar language.</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Is not noticed by other children. Is neither liked nor disliked - just left out.</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Daydreams a great deal more than most children.</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Never stands up for himself.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Is &quot;too good&quot; for his own good.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Is actively excluded by most of the children whenever they get a chance.</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Item</td>
<td>Descriptive Statements</td>
<td>Frequency</td>
<td>Per Cent Of Total Rank</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-----------</td>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Is failing in school for no apparent reason.</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Is absent from school frequently or dislikes school intensely.</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Is two years older than his classmates.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Has a poor attendance or tardiness record.</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Has little or no interest in school.</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Is ignored or actively disliked by children or adults.</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Refuses to participate in play activities; stands on the sidelines</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>Is passed on to the next grade on trial because of low grades.</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>Seems unable to reason things out.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37.</td>
<td>Is unable to understand and carry through directions.</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38.</td>
<td>Seems to lack so-called &quot;common sense&quot; and good judgment.</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39.</td>
<td>Is unable to understand complex game rules.</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40.</td>
<td>Is slow in all areas: academic, social, emotional, and physical.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41.</td>
<td>Breaks rules of conduct or of games and is often unaware of it.</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42.</td>
<td>Is unable to work independently.</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### TABLE XXIV
**Frequencies and Rankings of Anxiety Symptoms**
**From Parents' Check Sheets**

<table>
<thead>
<tr>
<th>No. of Item</th>
<th>Item</th>
<th>Frequency</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td>Is easily upset; feelings are readily hurt; is easily discouraged.</td>
<td>24</td>
<td>1</td>
</tr>
<tr>
<td>12.</td>
<td>Is one or more of the following: shy, timid, fearful, anxious, excessively quiet, tense.</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>20.</td>
<td>Exhibits nervous mannerisms, such as nail biting, sucking thumb or fingers, stuttering, extreme restlessness, muscle twitching, etc.</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>18.</td>
<td>Needs an unusual amount of prodding to get work completed.</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>11.</td>
<td>Has a short interest and attention span.</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>19.</td>
<td>Is inattentive and indifferent, or apparently lazy.</td>
<td>10</td>
<td>8</td>
</tr>
</tbody>
</table>

### TABLE XXV
**Frequencies and Rankings of Aggression Symptoms**
**From Parents' Check Sheet**

<table>
<thead>
<tr>
<th>No. of Item</th>
<th>Item</th>
<th>Frequency</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Is quarrelsome; fights often; gets mad easily.</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>1.</td>
<td>Doesn't go along gracefully with decisions of parents or group.</td>
<td>12</td>
<td>6</td>
</tr>
</tbody>
</table>
It will be recalled that teachers saw children's problems as being related to learning, anxiety and aggression, in that order, while parents saw their problems as chiefly related to anxiety and aggression. Since parents are not so directly concerned with the teaching-learning situation as are teachers, this would seem understandable. In the table below certain comparisons are made between rankings of items by parents and by teachers.

**TABLE XXVI**

**COMPARISONS OF VARIOUS RANKINGS OF BEHAVIOR SYMPTOMS**

**BY PARENTS AND BY TEACHERS**

<table>
<thead>
<tr>
<th>No. of Item</th>
<th>Descriptive Statements</th>
<th>Rank by Parents</th>
<th>Rank by Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td>Is easily upset; feelings are readily hurt; is easily discouraged.</td>
<td>1</td>
<td>17½</td>
</tr>
<tr>
<td>12.</td>
<td>Is one or more of the following: shy, timid, fearful, anxious, excessively quiet, tense</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>20.</td>
<td>Exhibits nervous mannerisms, such as nail biting, sucking thumb or fingers, stuttering, extreme restlessness, muscle twitching, etc.</td>
<td>3</td>
<td>5½</td>
</tr>
<tr>
<td>18.</td>
<td>Needs an unusual amount of prodding to get work completed</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Is quarrelsome; fights often; gets mad easily</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>1.</td>
<td>Doesn't go along gracefully with decisions of parents or group</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

It can be seen from the above table that, in general, parents and teachers see children with problems as exhibiting similar types of
behavior.

P. **Seriousness of Problems as Seen by Parents**

Still another objective of this study concerned the seriousness or complexity of the problems presented by children. Of the 51 parents who checked items on the check sheets indicating they felt their child had a problem, 35 checked the item concerning seriousness, and of this group, 12, or 24 per cent, stated they felt the problem was serious while 23, or 45 per cent indicated they felt the problem was minor. Thirteen parents stated that they felt outside professional help was needed to deal with the problems checked.

Q. **Adequacy of Teachers in Dealing With Problems of Children As Seen by Parents**

Parents were asked to indicate how effective they feel teachers are in dealing with the problems of their children. Table XXVII below summarizes the responses received.

**TABLE XXVII**

<table>
<thead>
<tr>
<th>Question: How well do you feel your child's teacher is able to deal with these problems? (Please check one answer.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Item</td>
</tr>
<tr>
<td>1. Outstanding</td>
</tr>
<tr>
<td>2. Good</td>
</tr>
<tr>
<td>3. Fair</td>
</tr>
<tr>
<td>4. Poor</td>
</tr>
</tbody>
</table>
It can be seen from this table that 63.5 per cent of parents (the sum of items 1 and 2 in Table XXVII) indicated that they feel their child's teacher does a good or outstanding job of dealing with the problems of their child. Even on this limited sample, it would appear that parents have more confidence in the teachers than the teachers have in themselves. As may be recalled, only 25 per cent of teachers indicated that they feel capable of dealing with the problems of the various children reported without some assistance. It would seem from these data that parents feel that teachers are more competent in dealing with their children's problems than the teachers themselves feel.

R. Comments of Parents

As previously mentioned, 43 of the sets of parents made comments on the check sheets (See Appendix A). The comments, in general, bore out the replies on the check sheets; i.e., that parents approve the way teachers deal with their children and handle their problems. One finds among the comments no real criticisms of the teachers. In two of the comments, one might interpret the attitude of the parent as being somewhat negative toward the school administration, but it is obvious that the parents replying approve, in some instances rather enthusiastically, the work that their children's teachers are doing.

In summary, it would appear from the low incidence of returns that parents were reluctant, too busy, indifferent, or for some other reason failed to respond. It is possible, of course, that they do not wish to expose themselves or their children in the area implied by this
study. Those who did respond see their children as having many problems, chiefly in the areas of anxiety and aggression. They feel that one out of four has a serious problem but have great confidence in their child's teachers as far as their ability to deal with these problems go.

S. Principals' Rating Scale

The principal of a school is in a strategic position to be aware of the problems of pupils in his school whether they be instructional or noninstructional. He is usually the chief disciplinary functionary within his school so is brought in contact with all types of non-conforming conduct. He is the chief consultant to his teachers on all types of pupil problems.

Principals participating in this study were asked to respond to a combination rating scale and check sheet similar in content to that used by teachers and parents. They were asked, however, to respond in relation to their schools as a whole rather than to one child. They were asked to look at the various behavior descriptions on the rating scale in terms of the degree of seriousness or importance. Of the 52 elementary principals in the Tucson schools 47, or approximately 90 percent of the total number, responded.

A study of the rating scales indicated that male principals seemed to be more discriminating in their opinions than were the female principals. On the problems section of the instrument where a rating of "1" for serious, "2" for some problem, and "3" for no problem was asked, all men gave a rating of some "1's", many "2's" and some "3's". Women were inclined to go to extremes one way or the other while men
were less inclined to do so. One woman principal marked over half of the items "1", while one woman principal marked them all "3". A check on the number of children referred from each school for individual psychological or casework service, because of learning or conduct problems, revealed no significant difference between the percentage of pupils referred from each of these schools.

Because of the obvious differences in what the principals considered to be problems as well as the differences in their opinions concerning what constitutes seriousness, one might question the significance of these data. However, it is felt that a study of the opinions, judgments, and feelings of principals is important and deserves to be included in the study. Perhaps no educational functionary is in a better position to understand the problems of children generally within a school than is the principal of that school. The reality of the situation is that principals differ somewhat in educational philosophy, in sensitivity and insight, in background and training. The communities in which they work and the children with whom they work also present wide differences.

The treatment of rating scales used by principals is more involved than is the treatment of simple check sheets, such as was used for teachers and parents. Frequencies were obtained of ratings by items; totals and means by items; combined frequencies of ratings of "1" and "2" since these ratings indicated some problem; rankings of the items, and percentages of the sum of "1's" and "2's" of the total N, (See Table XXVIII).
TABLE XXVIII
FREQUENCY, MEAN AND RANK ORDER OF ESTIMATES OF 47 PRINCIPALS CONCERNING NONINSTRUCTIONAL PROBLEMS OF CHILDREN IN THEIR SCHOOLS

<table>
<thead>
<tr>
<th>No. of Item</th>
<th>Descriptive Statements (Rate 1 to 3 after each statement)</th>
<th>Number of 1's (Serious problem)</th>
<th>Number of 2's (Some problem)</th>
<th>Number of 3's (No problem)</th>
<th>Total of all Ratings</th>
<th>Means of all Rankings</th>
<th>Frequencies of 1's and 2's</th>
<th>Per Cent of 1's and 2's of total number of Check Sheets</th>
<th>Rank of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>Needs an unusual amount of prodding to get work completed.</td>
<td>22</td>
<td>21</td>
<td>4</td>
<td>76</td>
<td>1.62</td>
<td>43</td>
<td>91.4</td>
<td>1</td>
</tr>
<tr>
<td>19.</td>
<td>Is inattentive and indifferent, or apparently lazy.</td>
<td>19</td>
<td>23</td>
<td>5</td>
<td>80</td>
<td>1.70</td>
<td>42</td>
<td>89.3</td>
<td>2</td>
</tr>
<tr>
<td>29.</td>
<td>Is reading below his mental age.</td>
<td>16</td>
<td>21</td>
<td>10</td>
<td>88</td>
<td>1.87</td>
<td>37</td>
<td>78.7</td>
<td>3</td>
</tr>
<tr>
<td>44.</td>
<td>Has a short interest and attention span.</td>
<td>14</td>
<td>22</td>
<td>11</td>
<td>91</td>
<td>1.94</td>
<td>36</td>
<td>76.5</td>
<td>4</td>
</tr>
<tr>
<td>13.</td>
<td>Daydreams a great deal.</td>
<td>17</td>
<td>18</td>
<td>12</td>
<td>89</td>
<td>1.89</td>
<td>35</td>
<td>74.4</td>
<td>5</td>
</tr>
<tr>
<td>12.</td>
<td>Is one or more of the following: shy, timid, fearful, anxious, excessively quiet, tense.</td>
<td>13</td>
<td>21</td>
<td>13</td>
<td>94</td>
<td>2.00</td>
<td>34</td>
<td>72.3</td>
<td>6½</td>
</tr>
<tr>
<td>25.</td>
<td>Achieves much less in school than his ability level indicates he should.</td>
<td>19</td>
<td>15</td>
<td>13</td>
<td>88</td>
<td>1.67</td>
<td>34</td>
<td>72.3</td>
<td>6½</td>
</tr>
<tr>
<td>No. of Item</td>
<td>Descriptive Statements (Rate 1 to 3 after each statement)</td>
<td>Number of 1's (Serious problem)</td>
<td>Number of 2's (Some problem)</td>
<td>Number of 3's (No problem)</td>
<td>Total of all Ratings</td>
<td>Means of all Ratings</td>
<td>Frequencies of 1's and 2's</td>
<td>Per Cent of 1's and 2's of total number of Check Sheets</td>
<td>Rank of items</td>
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</tr>
<tr>
<td>36.</td>
<td>Is unable to think abstractly or to handle symbolic material.</td>
<td>9</td>
<td>24</td>
<td>14</td>
<td>99</td>
<td>2.11</td>
<td>33</td>
<td>70.2</td>
<td>9</td>
</tr>
<tr>
<td>37.</td>
<td>Is unable to understand and carry through directions for assignments.</td>
<td>7</td>
<td>26</td>
<td>14</td>
<td>101</td>
<td>2.15</td>
<td>33</td>
<td>70.2</td>
<td>9</td>
</tr>
<tr>
<td>43.</td>
<td>Is easily confused.</td>
<td>8</td>
<td>25</td>
<td>14</td>
<td>100</td>
<td>2.13</td>
<td>33</td>
<td>70.2</td>
<td>9</td>
</tr>
<tr>
<td>5.</td>
<td>Disrupts the class and is difficult to manage.</td>
<td>8</td>
<td>24</td>
<td>15</td>
<td>101</td>
<td>2.15</td>
<td>32</td>
<td>68.0</td>
<td>12 1/2</td>
</tr>
<tr>
<td>16.</td>
<td>Finds it difficult to be in group activities or to be relaxed with others.</td>
<td>6</td>
<td>24</td>
<td>17</td>
<td>105</td>
<td>2.23</td>
<td>32</td>
<td>68.0</td>
<td>12 1/2</td>
</tr>
<tr>
<td>17.</td>
<td>Is easily upset; feelings are readily hurt; is easily discouraged.</td>
<td>12</td>
<td>20</td>
<td>15</td>
<td>97</td>
<td>2.06</td>
<td>32</td>
<td>68.0</td>
<td>12 1/2</td>
</tr>
<tr>
<td>45.</td>
<td>Finds it extremely difficult, if not impossible, to keep up with the class on academic work.</td>
<td>8</td>
<td>26</td>
<td>13</td>
<td>99</td>
<td>2.11</td>
<td>32</td>
<td>68.0</td>
<td>12 1/2</td>
</tr>
<tr>
<td>6.</td>
<td>Is regarded by other children as a pest. Rubs others the wrong way. Is excluded by others whenever they get the chance.</td>
<td>6</td>
<td>25</td>
<td>16</td>
<td>104</td>
<td>2.21</td>
<td>31</td>
<td>65.9</td>
<td>15 1/2</td>
</tr>
<tr>
<td>No. of Item</td>
<td>Descriptive Statements (Rate 1 to 3 after each statement)</td>
<td>Number of 1's (Serious problem)</td>
<td>Number of 2's (Some problem)</td>
<td>Number of 3's (No problem)</td>
<td>Total of all Ratings</td>
<td>Means of all Rankings</td>
<td>Frequencies of 1's and 2's</td>
<td>Percent of 1's and 2's of total number of Check Sheets</td>
<td>Rank of Items</td>
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<td>---------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>11.</td>
<td>Is not noticed by other children. Is neither actively liked nor disliked - just left out.</td>
<td>5</td>
<td>24</td>
<td>18</td>
<td>107</td>
<td>2.28</td>
<td>31</td>
<td>65.9</td>
<td>15.5</td>
</tr>
<tr>
<td>40.</td>
<td>Is slow in all areas: academic, social, emotional, and physical.</td>
<td>4</td>
<td>26</td>
<td>17</td>
<td>107</td>
<td>2.28</td>
<td>30</td>
<td>63.8</td>
<td>17</td>
</tr>
<tr>
<td>38.</td>
<td>Lacks the so-called &quot;common sense&quot; and reasoning level of the group.</td>
<td>7</td>
<td>22</td>
<td>18</td>
<td>105</td>
<td>2.23</td>
<td>29</td>
<td>61.7</td>
<td>18.5</td>
</tr>
<tr>
<td>42.</td>
<td>Is unable to work independently.</td>
<td>12</td>
<td>17</td>
<td>8</td>
<td>90</td>
<td>1.91</td>
<td>29</td>
<td>61.7</td>
<td>18.5</td>
</tr>
<tr>
<td>2.</td>
<td>Is quarrelsome; fights often; gets mad easily.</td>
<td>9</td>
<td>19</td>
<td>19</td>
<td>104</td>
<td>2.21</td>
<td>28</td>
<td>59.5</td>
<td>20.5</td>
</tr>
<tr>
<td>20.</td>
<td>Exhibits nervous mannerisms, such as nail biting, sucking thumb or fingers, stuttering, extreme restlessness, muscle twitching, hair twisting, picking and scratching, deep and frequent sighing.</td>
<td>9</td>
<td>19</td>
<td>19</td>
<td>104</td>
<td>2.21</td>
<td>28</td>
<td>59.5</td>
<td>20.5</td>
</tr>
<tr>
<td>8.</td>
<td>Lies frequently.</td>
<td>8</td>
<td>19</td>
<td>20</td>
<td>106</td>
<td>2.25</td>
<td>27</td>
<td>57.4</td>
<td>23.5</td>
</tr>
<tr>
<td>10.</td>
<td>Uses profane or vulgar language.</td>
<td>7</td>
<td>20</td>
<td>20</td>
<td>107</td>
<td>2.28</td>
<td>27</td>
<td>57.4</td>
<td>23.5</td>
</tr>
<tr>
<td>No. of Item</td>
<td>Descriptive Statements (Rate 1 to 3 after each statement)</td>
<td>Number of 1's (Serious problem)</td>
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<td>Total of all Ratings</td>
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<td>---------------------</td>
<td>-----------------------</td>
<td>---------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>31.</td>
<td>Has little or no interest in school.</td>
<td>7</td>
<td>20</td>
<td>20</td>
<td>107</td>
<td>2.28</td>
<td>27</td>
<td>57.4</td>
<td>23 3/4</td>
</tr>
<tr>
<td>46.</td>
<td>Speech problem.</td>
<td>7</td>
<td>20</td>
<td>20</td>
<td>107</td>
<td>2.28</td>
<td>27</td>
<td>57.4</td>
<td>23 3/4</td>
</tr>
<tr>
<td>4.</td>
<td>Is resentful, defiant, rude, sullen, or apt to &quot;sass&quot; adults.</td>
<td>5</td>
<td>21</td>
<td>21</td>
<td>111</td>
<td>2.36</td>
<td>26</td>
<td>55.3</td>
<td>26 3/4</td>
</tr>
<tr>
<td>41.</td>
<td>Breaks rules of conduct or of games and is often unaware of it.</td>
<td>7</td>
<td>19</td>
<td>21</td>
<td>108</td>
<td>2.30</td>
<td>26</td>
<td>55.3</td>
<td>26 3/4</td>
</tr>
<tr>
<td>50.</td>
<td>Other health problems.</td>
<td>5</td>
<td>20</td>
<td>22</td>
<td>111</td>
<td>2.36</td>
<td>25</td>
<td>53.1</td>
<td>28</td>
</tr>
<tr>
<td>7.</td>
<td>Often steals.</td>
<td>5</td>
<td>19</td>
<td>23</td>
<td>112</td>
<td>2.38</td>
<td>24</td>
<td>51.0</td>
<td>30 3/4</td>
</tr>
<tr>
<td>21.</td>
<td>Is actively excluded by most of the children whenever they get a chance.</td>
<td>5</td>
<td>19</td>
<td>23</td>
<td>112</td>
<td>2.36</td>
<td>24</td>
<td>51.0</td>
<td>30 3/4</td>
</tr>
<tr>
<td>24.</td>
<td>Seems to be more unhappy than most children.</td>
<td>7</td>
<td>17</td>
<td>23</td>
<td>110</td>
<td>2.34</td>
<td>24</td>
<td>51.0</td>
<td>30 3/4</td>
</tr>
<tr>
<td>39.</td>
<td>Is unable to understand complex game rules.</td>
<td>8</td>
<td>16</td>
<td>23</td>
<td>109</td>
<td>2.32</td>
<td>24</td>
<td>51.0</td>
<td>30 3/4</td>
</tr>
<tr>
<td>9.</td>
<td>Occasionally is destructive of property.</td>
<td>5</td>
<td>16</td>
<td>26</td>
<td>115</td>
<td>2.45</td>
<td>21</td>
<td>44.6</td>
<td>33</td>
</tr>
<tr>
<td>No. of Item</td>
<td>Descriptive Statements (Rate 1 to 3 after each statement)</td>
<td>Number of 1's (Serious problem)</td>
<td>Number of 2's (Some problem)</td>
<td>Number of 3's (No problem)</td>
<td>Total of all Ratings</td>
<td>Means of all Rankings</td>
<td>Frequencies of 1's and 2's</td>
<td>Per Cent of 1's and 2's of total number of Check Sheets</td>
<td>Rank of Items</td>
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<td>------------------------</td>
<td>---------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>26.</td>
<td>Is jealous or overcompetitive.</td>
<td>6</td>
<td>17</td>
<td>24</td>
<td>112</td>
<td>2.38</td>
<td>23</td>
<td>49.9</td>
<td>33</td>
</tr>
<tr>
<td>34.</td>
<td>Refuses to participate in play activities; stands on the sidelines.</td>
<td>5</td>
<td>17</td>
<td>25</td>
<td>114</td>
<td>2.42</td>
<td>22</td>
<td>46.8</td>
<td>34</td>
</tr>
<tr>
<td>1.</td>
<td>Doesn't go along gracefully with decisions of teacher or group.</td>
<td>5</td>
<td>16</td>
<td>26</td>
<td>115</td>
<td>2.45</td>
<td>21</td>
<td>44.6</td>
<td>383/4</td>
</tr>
<tr>
<td>22.</td>
<td>Is a failure in school for no apparent reason.</td>
<td>8</td>
<td>13</td>
<td>26</td>
<td>112</td>
<td>2.38</td>
<td>21</td>
<td>44.6</td>
<td>383/4</td>
</tr>
<tr>
<td>27.</td>
<td>Is two years older than his classmates.</td>
<td>5</td>
<td>16</td>
<td>26</td>
<td>115</td>
<td>2.45</td>
<td>21</td>
<td>44.6</td>
<td>383/4</td>
</tr>
<tr>
<td>28.</td>
<td>Has a poor attendance or tardiness record.</td>
<td>7</td>
<td>14</td>
<td>26</td>
<td>113</td>
<td>2.40</td>
<td>21</td>
<td>44.6</td>
<td>383/4</td>
</tr>
<tr>
<td>33.</td>
<td>Is not in any extracurricular activities.</td>
<td>6</td>
<td>15</td>
<td>26</td>
<td>114</td>
<td>2.42</td>
<td>21</td>
<td>44.6</td>
<td>383/4</td>
</tr>
<tr>
<td>48.</td>
<td>Visual problem.</td>
<td>5</td>
<td>16</td>
<td>26</td>
<td>120</td>
<td>2.55</td>
<td>21</td>
<td>44.6</td>
<td>383/4</td>
</tr>
<tr>
<td>3.</td>
<td>Is a bully, picks on others.</td>
<td>6</td>
<td>14</td>
<td>27</td>
<td>115</td>
<td>2.45</td>
<td>20</td>
<td>42.6</td>
<td>42</td>
</tr>
<tr>
<td>30.</td>
<td>Resists aggressively the authority of the teacher or principal.</td>
<td>4</td>
<td>15</td>
<td>28</td>
<td>118</td>
<td>2.51</td>
<td>19</td>
<td>41.4</td>
<td>113</td>
</tr>
</tbody>
</table>
### TABLE XXVIII - (Cont'd)

<table>
<thead>
<tr>
<th>No. of Item</th>
<th>Descriptive Statements (Rate 1 to 3 after each statement)</th>
<th>Number of 1's (Serious problem)</th>
<th>Number of 2's (Some problem)</th>
<th>Number of 3's (No problem)</th>
<th>Total of all Ratings</th>
<th>Means of all Rankings</th>
<th>Frequencies of 1's and 2's</th>
<th>Per Cent of 1's and 2's of total number of Check Sheets</th>
<th>Rank of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.</td>
<td>Is ignored or actively disliked by pupils or teachers.</td>
<td>5</td>
<td>14</td>
<td>28</td>
<td>117</td>
<td>2.49</td>
<td>19</td>
<td>40.4</td>
<td>44</td>
</tr>
<tr>
<td>35.</td>
<td>Is passed on to the next grade on trial because of low grades.</td>
<td>6</td>
<td>13</td>
<td>28</td>
<td>116</td>
<td>2.47</td>
<td>19</td>
<td>40.4</td>
<td>44</td>
</tr>
<tr>
<td>23.</td>
<td>Is absent from school frequently or dislikes school intensely.</td>
<td>5</td>
<td>13</td>
<td>29</td>
<td>118</td>
<td>2.51</td>
<td>18</td>
<td>38.2</td>
<td>46</td>
</tr>
<tr>
<td>47.</td>
<td>Hearing problem.</td>
<td>4</td>
<td>14</td>
<td>29</td>
<td>119</td>
<td>2.53</td>
<td>18</td>
<td>38.2</td>
<td>46</td>
</tr>
<tr>
<td>14.</td>
<td>Never stands up for himself.</td>
<td>1</td>
<td>15</td>
<td>31</td>
<td>124</td>
<td>2.64</td>
<td>16</td>
<td>34.0</td>
<td>48</td>
</tr>
<tr>
<td>15.</td>
<td>Is &quot;too good&quot; for his own good.</td>
<td>2</td>
<td>7</td>
<td>38</td>
<td>130</td>
<td>2.76</td>
<td>9</td>
<td>19.1</td>
<td>49</td>
</tr>
<tr>
<td>49.</td>
<td>Grippling handicaps.</td>
<td>3</td>
<td>5</td>
<td>39</td>
<td>120</td>
<td>2.76</td>
<td>8</td>
<td>17.0</td>
<td>50</td>
</tr>
</tbody>
</table>
In the above table, data will be found relating to the incidence of problems as seen by the principals who participated in the study. Principals gave a rating of "1" or "serious" to 18 per cent of the statements in the rating scale descriptive of behavior problems of children. They gave a rating of "2" or "some problem" to 41 per cent of the statements and "3" or "no problem" to 40 per cent of the statements.

Further examination of the table reveals the following:

1. The highest incidence of principals regarding a problem as serious is 22 of a possible 47, or less than 50 per cent.

2. If one considers "some problem" as warranting appropriate action, it is found that 29, or some 58 per cent, of the "behaviors," are regarded by over half of the principals as serious or, at least, as constituting some problem in the school.

3. There is no single item on the check sheet which approaches unanimity of opinion as to prevalence or seriousness by the principals.

4. After the seventh ranked item, there is no item which received more than 25 per cent of the ratings as serious. There is comparatively little difference in the ratings from the eighth ranked item through the 46th ranked item in this column.
5. Likewise, there is little difference to be found in the column labeled, "some problem," between the first ranked item and the 49th ranked item.

6. In the column marked, "no problem," there is a more gradual increase, with the notable exception of item 42, from the third ranked item to the 50th ranked item.

7. The distribution of frequencies on all items in the three columns is not characterized by extremes except in the first two and last four ranked items.

In considering the results of the table, one might hypothesize that some degree of a problem warrants its being considered as serious and deserving of special services. However, from the results obtained it would seem one would have to assume that principals, in general, do not see the children in their schools as presenting an abundance of serious problems in their behavior. While no direct basis for comparison between the principals' estimates and those of the teacher in this regard is possible because of the differences in format of data gathering instruments, these findings do not necessarily contradict those of the teachers.

T. Nature of Children's Problems as Seen by Principals

In order that data might be secured from this portion of the study concerning the nature of the problems as seen by principals, those items which seemed most significant because of high or low rankings were noted. Related items with high rankings were grouped together as shown in Tables XXIX and XXX below. It will be noted that
TABLE XXIX
DESCRIPTIVE STATEMENTS ON PRINCIPALS' RATING SCALE RELATING TO ANXIETY SYMPTOMS

<table>
<thead>
<tr>
<th>Item</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Needs an unusual amount of prodding to get work completed.</td>
<td>1</td>
</tr>
<tr>
<td>19. Is inattentive, indifferent, or apparently lazy.</td>
<td>2</td>
</tr>
<tr>
<td>13. Daydreams a great deal.</td>
<td>5</td>
</tr>
<tr>
<td>12. Is one or more of the following: timid, shy, fearful, anxious, excessively quiet, tense.</td>
<td>6½</td>
</tr>
<tr>
<td>13. Is easily confused.</td>
<td>9</td>
</tr>
<tr>
<td>17. Is easily upset; feelings are readily hurt; is easily discouraged.</td>
<td>12½</td>
</tr>
<tr>
<td>16. Finds it difficult to be in group activities or be relaxed with others.</td>
<td>12½</td>
</tr>
</tbody>
</table>

The highest rankings were given items usually associated with anxiety and learning problems. It is apparent from Tables XXIX and XXX that there is a relationship between anxiety and learning problems. This is borne out by studies of the literature and by the teachers' and parents' check sheets. It, thus, becomes apparent that principals see types of behavior which are usually associated with anxiety and learning problems as being the most prevalent in their schools.

Among the lowest ranking items on the principals' rating scales were poor attendance, and hostility and aggression. This would seem to indicate that problems of children are not, in general, school centered.
TABLE XXX
DESCRIPTIVE STATEMENTS ON PRINCIPALS' 50 ITEM RATING SCALE
RELATING TO LEARNING PROBLEMS

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.</td>
<td>Is reading below his mental age.</td>
<td>3</td>
</tr>
<tr>
<td>25.</td>
<td>Achieves much less in school than he should.</td>
<td>6</td>
</tr>
<tr>
<td>37.</td>
<td>Is unable to understand and carry through directions.</td>
<td>8</td>
</tr>
<tr>
<td>36.</td>
<td>Is unable to think abstractly or handle symbolic material.</td>
<td>8</td>
</tr>
<tr>
<td>45.</td>
<td>Finds it difficult or impossible to keep up with class in academic work.</td>
<td>11</td>
</tr>
</tbody>
</table>

If a child's problem is centered in school, one might expect him to either resist attending school and have a poor attendance record, or be rebellious, hostile or aggressive toward teachers, principals or the school situation. Since, as shown in Tables XXXI and XXXII below, those

TABLE XXXI
DESCRIPTIVE STATEMENTS ON PRINCIPALS' 50 ITEM RATING SCALE
CONCERNING SCHOOL ATTENDANCE

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.</td>
<td>Has poor attendance record.</td>
<td>35</td>
</tr>
<tr>
<td>23.</td>
<td>Is absent from school frequently or dislikes school intensely.</td>
<td>46</td>
</tr>
</tbody>
</table>
items relating to attendance problems and hostility received low rankings, it can be assumed that principals do not see those types of behavior as being serious.

TABLE XXXII
DESCRIPTIVE STATEMENTS ON PRINCIPALS' 50 ITEM RATING SCALE
RELATING TO HOSTILITY OR AGGRESSION

<table>
<thead>
<tr>
<th>Item</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Is resentful, defiant, rude, sullen or apt to &quot;sass&quot; adults.</td>
<td>26$^{1/2}$</td>
</tr>
<tr>
<td>1. Doesn't go along gracefully with decisions of teacher or group.</td>
<td>38$^{1/2}$</td>
</tr>
<tr>
<td>3. Is a bully, picks on others.</td>
<td>42</td>
</tr>
<tr>
<td>30. Resists aggressively authority of teacher or principal.</td>
<td>44</td>
</tr>
</tbody>
</table>

It can be assumed from the data presented above that principals feel that school attendance, hostility and aggression do not present serious problems in their schools, but that anxiety and learning difficulties do present serious problems.

U. Prevalence of Health Problems as Seen by Principals

By use of the principals' rating scale, an attempt was made to ascertain the prevalence of health problems among children as seen by principals. The last five items on the descriptive statement portion of the rating scale was used for this purpose. Reference to Table XXXIII gives the rank order of the principals' ratings of these items.
TABLE XXXIII

STATEMENTS ON THE PRINCIPALS' 50 ITEM RATING SCALE

DESCRIPTIVE OF HEALTH PROBLEMS

<table>
<thead>
<tr>
<th>Item</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>46. Speech problems</td>
<td>22</td>
</tr>
<tr>
<td>50. Other health problems</td>
<td>28</td>
</tr>
<tr>
<td>48. Visual problems</td>
<td>35</td>
</tr>
<tr>
<td>47. Hearing problems</td>
<td>46</td>
</tr>
<tr>
<td>49. Crippling handicaps</td>
<td>50</td>
</tr>
</tbody>
</table>

It is obvious from the table above that principals do not see health problems among children as serious. This is in general agreement with the results on teachers' and parents' check sheets, and it can be concluded that the adults who are in closest contact with children see them as essentially healthy.

V. Effect of Children's Problems Upon Learning as Seen by Principals

Because of the nature of the rating scale, principals were not asked to react to items concerning the seriousness or complexity of problems. However, they were asked to react to certain other items, two of which concerned the effect of the problems of children upon their learning and upon learning by their classmates. Tables XXXIV and XXXV below give their responses to these questions.
TABLE XXXIV

ESTIMATES OF PRINCIPALS CONCERNING THE EFFECT OF CHILDREN’S PROBLEMS UPON THEIR LEARNING

<table>
<thead>
<tr>
<th>Question: In general, how do you feel about the effect of these problems on learning? (Check one.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
</tr>
<tr>
<td>1. Seriously interferes with learning.</td>
</tr>
<tr>
<td>2. Interferes somewhat.</td>
</tr>
<tr>
<td>3. No effect upon learning.</td>
</tr>
</tbody>
</table>

TABLE XXXV

ESTIMATES OF PRINCIPALS CONCERNING THE EFFECT OF CHILDREN’S PROBLEMS UPON LEARNING BY THEIR CLASSMATES

<table>
<thead>
<tr>
<th>Question: To what extent do you feel that the presence of problem children in the classroom interferes with learning by others in the class?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
</tr>
<tr>
<td>1. Seriously interferes.</td>
</tr>
<tr>
<td>2. Interferes somewhat.</td>
</tr>
<tr>
<td>3. Does not interfere.</td>
</tr>
</tbody>
</table>

It can be seen from the above tables that principals feel, in general, that children's problems interfere with their own learning, as well as with learning by other members of their classes.
W. Competency of Teachers as Seen by Principals

Previously discussed has been the question of the competency of teachers in dealing with the problems of children. Principals were asked to express their judgments in this matter and these judgments are tabulated in Table XXXVI below:

TABLE XXXVI
PRINCIPALS' JUDGMENTS OF THE ADEQUACY OF TEACHERS IN DEALING WITH PROBLEMS OF CHILDREN

Question: How do you feel about the adequacy of teachers generally in dealing with these problems? (Check one or more.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Need more time to work with child on individual basis.</td>
<td>1</td>
</tr>
<tr>
<td>3. Need more opportunity to consult with specialists.</td>
<td>2</td>
</tr>
<tr>
<td>2. Need more training to deal with such problems effectively.</td>
<td>3</td>
</tr>
<tr>
<td>4. Feel (they are) capable of handling problems alone under present conditions.</td>
<td>4</td>
</tr>
</tbody>
</table>

It is clear from the above table that principals generally feel teachers are not capable of handling the problems of children alone under present conditions. They feel that teachers should have more time to work with children on an individual basis and more opportunity to work with specialists. In general, they feel that teachers should have more training for such work. However, their comments did not indicate what type of training they feel teachers should have.
Closely related to the question of the adequacy of teachers in dealing with the problems of children under present circumstances was one relating to the competencies which principals feel teachers should possess in order that they might be more effective in dealing with children's problems. Data on this inquiry are included in Table XXXVII below:

**TABLE XXXVII**

JUDGMENTS OF PRINCIPALS CONCERNING COMPETENCIES NEEDED BY TEACHERS IN ORDER THAT THEY MIGHT DEAL EFFECTIVELY WITH PROBLEMS OF CHILDREN

| Question: If you feel teachers need greater competence in dealing with these problems, please check one or more of the competencies listed below: |
|---|---|
| Item | Rank |
| 1. Insight into cause of problem. | 1 |
| 5. Utilizing resources supplied by the school system. | 2 |
| 3. Interviewing parents. | 3 |
| 2. Interviewing children. | 4 |
| 4. Discipline or control. | 5½ |
| 7. Interpreting test data. | 5½ |
| 6. Utilizing community resources | 7 |
| 8. Teachers generally have sufficient competence now. | 8 |

It seems significant that in the above table principals indicated that they feel teachers generally do not have sufficient competence
to deal adequately with the problems of children under present circumstances. The items receiving the highest rankings are, in order, more insight into the causes of problems, more skill in utilizing available school resources and more skill in interviewing parents.

X. Types of Services from Specialists as Seen by Principals

It was desired to ascertain the types of services from various specialists which, in the judgment of principals, were most needed in their schools to deal with children with problems. They were asked to rate from 1 to 5 the various services judged by themselves to be most needed or desired. Their ratings were summarized and Table XXXVIII gives the results of this inquiry.

**TABLE XXXVIII**

<table>
<thead>
<tr>
<th>Item</th>
<th>Type of Service</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>School caseworker</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>School psychologist</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>School counselor</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Special Education Service</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>Psychiatrist</td>
<td>5</td>
</tr>
<tr>
<td>1.</td>
<td>Attendance officer</td>
<td>6</td>
</tr>
<tr>
<td>3.</td>
<td>Physician (not a psychiatrist)</td>
<td>7</td>
</tr>
<tr>
<td>10.</td>
<td>Family Counseling Agency</td>
<td>7</td>
</tr>
<tr>
<td>11.</td>
<td>Other</td>
<td>11</td>
</tr>
</tbody>
</table>
From the above table it can be seen that principals would use most those services generally provided by the school system, with school caseworkers, psychologists and counselors ranking highest in this order.

Closely related to the question of the type of specialists principals feel most desirable is the question of the utilization of the services of these specialists. Principals were asked where, in their judgment, the services of specialists should be focused in the school. Ratings of from 1 to 5 were used. When these ratings were summarized, the results shown in Table XXXIX below were obtained.

TABLE XXXIX

JUDGMENTS OF PRINCIPALS CONCERNING THE FOCUS OF SPECIAL SERVICES IN THEIR SCHOOLS

| Question: When outside professional help is utilized in dealing with problems in your school, where is the chief effort focused? (Rate 1 to 5). |
|---|---|
| Item | Rank |
| 1. The child. Help him with self-understanding and motivate him to handle his problem. | 1 |
| 2. The teacher. Help him to gain more understanding and techniques. | 2 |
| 3. The parents. Help them to understand the problem and how to deal with it. | 3 |
| 4. The community environment. Help improve community environmental conditions which influence the child. | 4 |
| 5. Other; please describe. (None were listed.) | 5 |

From the above table it is clear that principals feel that the
chief focus of assistance of specialists should be upon the child. Obviously, they feel that if children can receive adequate services from specialists they can be helped to handle their problems with greater success. Principals feel that teachers should receive second consideration by specialists and parents third. It may be recalled that where teachers checked this item, they ranked parents second and teachers third.

Y. Comparison of Problem Categories by Principals

Related to the objective of determining the nature of children's problems was an analysis of the classification of these problems. The categories of behavior used by Kough and DeHaan were listed on the principals' rating scale, and they were asked to rate 1 to 5 these categories in relation to the prevalence of problems in their schools which in their judgment fell within these categories. These ratings were summarized and ranked. Frequencies of items on the problems rating scale corresponding to the various categories were totaled and means were secured. These means were ranked. In the table below, these rankings are compared.

With the exception of aggressive and withdrawn maladjustment whose positions were reversed in the rankings, principals were consistent in their two ratings. It is evident that principals see learning problems as most serious in their schools, with general maladjustment second. As in the health section of the rating scale, problems of

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48 Kough and DeHaan, op. cit.
TABLE XXX

COMPARISONS OF RANKINGS OF PRINCIPALS' JUDGMENTS OF CATEGORIES OF BEHAVIOR WITH DESCRIPTIVE STATEMENTS ON RATING SCALE FALLING IN THESE CATEGORIES

<table>
<thead>
<tr>
<th>Item</th>
<th>Rank from Means of F. Distribution in Categories</th>
<th>Rank From Direct Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Slow learner</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3. General maladjustment</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2. Withdrawn maladjustment</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>1. Aggressive maladjustment</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>4. Potential dropout</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>6. Physical handicap</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

physical health ranked lowest.

Principals made the fewest comments of any group of respondents. These comments are found in Appendix B. There was no consistent theme to be found in these comments.

From the above data, it is evident that principals see learning problems as being more serious than any other problems in their schools. General maladjustment with emphasis upon anxiety symptoms is second. Health and attendance problems are ranked lowest.

Principals feel that teachers need more time and training, and more opportunity to consult with specialists in dealing with problems. They feel that teachers are not adequate to deal effectively with problems alone. They would utilize the services of school specialists to
a greater extent than outside agencies if all were equally available. They showed a high degree of consistency in their ratings in the two areas where comparisons were made.

2. Implications of Findings for Ratio of Pupils to Guidance Functionaries

The desirable ratio of pupils to various guidance functionaries in education is subject to much discussion and speculation. There are so many variables involved that it is not possible to establish a national ratio and apply it to all school situations. Each school system needs to study its own program and continuously adjust its ratio to meet the needs as they exist from year to year. In this study, we shall attempt to arrive at some ratios which seem to be justified on the basis of our data, at the present time, in the Tucson Elementary Schools.

1. Elementary counselors

It will be recalled that both teachers and principals indicated a rather strong need for elementary school counselors. There exists no other data in the study concerning this functionary, making it necessary to look elsewhere for some justification of a pupil-counselor ratio. It is assumed, also, that counselors work with all pupils, teachers, and parents in the school to which they are assigned, and not with just those pupils presenting problems. Dr. C. Gilbert Wrenn, after making a nation-wide survey of guidance services in the United States, quotes

\[9\]

the 1960 White House Conference as recommending one elementary counselor for each 600 pupils and the American School Counselors Association as recommending one counselor to each 450 pupils. It would seem that a ratio somewhere between these figures might be accepted pending further study.

2. School caseworkers

In considering a desirable ratio of pupils to school caseworkers, the findings of the study yield considerable data. When one projects the estimated casework time of approximately eight and one-third hours per case, as analyzed by the staff of specialists, to the 1817 cases assumed to exist in the Tucson Elementary Schools (from Table I), he obtains 15,142 hours needed for casework evaluation alone.

It was estimated by caseworkers that an additional 15,142 hours would be needed for treatment, thus making 30,284 total hours needed by caseworkers to deal effectively with the estimated number of children with problems in the elementary schools of Tucson. Caseworkers in the Tucson schools work 1,400 hours per year. When 1,400 is divided into 30,284, the quotient is 21.6. Therefore, according to the estimates of caseworkers themselves, it would require 22 workers to adequately handle the work load or, based upon a total elementary enrollment of approximately 24,000, one caseworker for each group of approximately 1,100 pupils.

It may be recalled from the study that teachers felt that 25 per cent of the cases reported did not require outside services, while principals felt that 12 per cent did not require such services. One
may also make some allowance for the professional zeal of the caseworkers who made the estimate. In any case, a ratio of one caseworker to each 1,100 to 1,400 pupils in attendance seems indicated.

3. Psychological services

It will be recalled, too, that the psychologists estimated they would need an average of approximately two and one-half hours per case for evaluation. Projecting this figure on the basis of the 1,817 cases presumed to exist in the Tucson schools, one arrives at the figure of 4,533 hours needed for psychological services to children with problems. When this is divided by the 1,400 hours per year worked by the psychologists, one obtains a figure of approximately three psychologists, or one for each 8,000 pupils for services to children with problems. Since psychologists perform services for children other than those presumed to have noninstructional problems, such as those with instructional problems, those in need of some form of remedial service, those in special education classes, and certain pre-school children, the above figure should not be considered as final. The writer estimates that one psychologist to each 4,000 pupils is a more realistic ratio.

One functionary not always considered a part of the guidance team is the school nurse. When the 15 case histories were examined by specialists, a school nurse was included. Although parents, teachers and principals indicated on their check lists and rating scales that they saw few health problems, the nurse felt that in each of the cases, a health history was essential for effective treatment of the child's personal problems. The nurse estimated it would take eight hours, on an average, to secure the necessary health data on each child. If eight
hours should be taken on each of the 1,817 pupils in the elementary
schools estimated to need such service, this would involve 11,536 hours. 
Nurses work 1,260 hours per year, and it would, thus, take the time of 
11.5 nurses to supply the necessary service, or approximately one nurse 
to each 2,000 pupils. It should be realized that nurses serve many 
other functions than obtaining medical histories on children with prob­
lems. The 11.5 nurses estimated to be needed for this purpose would 
need to be added to the present staff of the nursing service.

On the basis of the data presented in this study, as well as 
other information, it would seem that reasonable functionary-pupil 
ratios in the Tucson Elementary Schools would be as follows: One coun­
selor to each 600 pupils; one caseworker to each 1,100 to 1,400 pupils; 
one psychologist to each 4,000 pupils and one school nurse to each 
2,000 pupils. It should be realized that the above constitute, in a 
sense, gross estimates. With fluctuations in population, it is impos­
sible to obtain a precise figure. It is conceivable that the number 
of children with problems on which these figures are based could be a 
conservative estimate.

The incidence of problems among children in the Tucson Element­
ary Schools was the first question considered in this chapter. It was 
disclosed that, according to teachers' judgments, 7.63 per cent of the 
children have noninstructional problems beyond the range of normality. 
It was estimated that, on this basis, there were 1,817 children with 
such problems, and that boys outnumbered girls by four to one.
Summary

A review of the sections of this chapter relating to the nature of the problems of children discloses the fact that teachers and principals were most aware of those types of behavior among children indicative of learning difficulties first and anxiety second. Teachers saw behavior indicative of hostility or aggression as being the third most prevalent type, while principals did not seem to be so aware of this type of behavior.

Parents were most aware of behavior indicative of anxiety first, and hostility second. It would seem reasonable, since parents are less involved in a formalized teaching-learning situation, that they generally would not be as aware of behavior related to learning problems as are teachers and principals who saw this behavior as being most prevalent. However, teachers, principals and parents were in agreement that anxiety symptoms are among the most prevalent behavior manifestations of children.

One of the areas in which there was evidence of disagreement among teachers, principals, specialists and parents was that of the competency of teachers in handling the problems of children under present circumstances without outside assistance. Parents checked "good" or "outstanding" on this item in 65 per cent of the cases. Teachers indicated they felt competent to handle the cases alone in 25 per cent of the instances, while only 12 per cent of the principals indicated they felt teachers were generally able to handle problems of children without outside assistance. However, after reviewing the 15 randomly selected case histories, mental health specialists indicated they felt
teachers needed help in all cases studied. Assuming that the 15 cases reviewed were typical of all cases, this would indicate that teachers were not capable of dealing effectively with any of the 128 cases referred without some outside service.

It is difficult to understand this wide discrepancy in judgment among the four groups involved. Differences of background and insight might account for some of the discrepancy. Differences in the way the questions were worded on the various data gathering instruments might have accounted for other differences. It may be possible that a certain amount of professional zeal on the part of mental health specialists might have caused them to see the need for their services where they might not, in reality, have been needed. The writer is inclined to believe that the true situation concerning the competencies of teachers in dealing with problem situations lies somewhere between the judgments of the teachers and the principals.

The seriousness of problems of children was dealt with by teachers, specialists, and parents. Because of the more general nature of the principals' rating scale, the item on seriousness was not included. Only about one-third of the parents who checked this item indicated that they felt the problems of their child were serious while three-fourths of the teachers stated that they felt the cases reported were serious or very serious. Since mental health specialists indicated they felt their services were needed in all of the 15 randomly selected cases studied by them, it would seem that they considered all cases serious. Here, the degree of seriousness seen by the three groups is in direct relation to the training and sophistication of the group reacting.
Principals and teachers were asked to indicate the functionaries they felt would be most helpful in dealing with the problems of children. With one exception to be discussed later, they were in agreement concerning need for the service of these functionaries. In order of felt need or choice, services or personnel normally supplied by a school system were listed first in this order; school caseworker, school psychologist, school counselor. Since no counselors are currently employed in the Tucson schools and elementary teachers and principals have had no experience in working with them, it seems significant to the writer that so many expressed a need for this service.

The outside service receiving the largest number of checks by the teachers, Family Counseling Agency, is one not usually supplied by schools. This may be due to the fact that teachers are more aware than principals of the close relationship of home difficulties to children's problems in school. It may be possible that if elementary counselors were available to work with parents and/or if more services of school caseworkers were available to families, this need would be reduced.

The effect of children's problems upon learning by the children possessing the problems as well as by other members of their classes was considered. Because of the differences in wording of the teachers' check sheets dealing with one child, and the principals' rating scale dealing with children generally, exact comparisons are impossible. However, teachers and principals were in agreement that the problems of a child do interfere with his learning. Teachers felt that the problems interfered in 94 per cent of the cases reported, while 96 per cent of the principals felt they interfered. Also, there was general agreement
that children with problems did interfere with learning by other members of their classes. However, there was a wide difference in the amount of such interference as judged by the two groups. Teachers felt that children with problems interfered with learning by their classmates in 61 per cent of the cases, while 98 per cent of the principals replying indicated they felt there was such interference.

In general, although there was not complete agreement among teachers, principals, specialists and parents on the items considered, there seemed to be more agreement than disagreement. Such disagreements as occurred were usually concerned more with degree than with opposite opinions.
CHAPTER V
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

A. Summary

Society places many obstacles in the paths of children on the road to learning. Some of these are of a psychological nature, stemming from within the child himself; and some are sociological, stemming from his environment. Those responsible for the education of children are concerned with recognizing these obstacles when they are present and taking steps to remove them.

This study has been concerned with those deterrents to learning which are caused by forces outside of the instructional program itself. At the same time it is recognized that many learning problems deserve study and remediation but this would demand other studies.

A survey of the literature disclosed that, in general, the problems with which we were concerned in this study were those traditionally considered to be within the province of the guidance movement. Guidance in elementary education had its beginnings during the early part of the twentieth century and was brought about by a merging of the mental hygiene movement and the vocational guidance movement. Elementary guidance has had its greatest growth and expansion during the past decade. Many studies concerned with the identification of problem children were reviewed. Also reviewed were writings concerned with elementary guidance, mental hygiene and the relation of anxiety to learning. These
studies all pointed up the need for more study into the relation of children's problems to learning, and the need to try to discover the most effective ways of recognizing and dealing with these problems.

This study, conducted in the 52 elementary schools of Tucson, Arizona, sought answers to questions posed but not treated adequately in the literature: 1) to determine the nature, extent and complexity of noninstructional problems which inhibit learning; 2) to ascertain the skills and techniques necessary for the diagnosis and treatment of these problems; 3) to determine the degree to which classroom teachers possess these skills and techniques; 4) to determine the degree to which specialists are required to perform services beyond the competency of the classroom teacher; 5) to make recommendations, as warranted by the study, for additional teacher training as well as for the number and kinds of specialists needed.

In order that data might be gathered concerning noninstructional problems of children in the elementary schools, check sheets were constructed for the use of a random sampling of teachers and parents, and a rating scale for principals. It was desired to obtain the opinions of these various persons concerning the prevalence and complexity of the problems of children and their relation to learning. The material in Kough and DeHaan's booklet was used as a basis for constructing the check sheets and the rating scale. Revisions and adaptations were suggested by teachers, parents and principals. These instruments also sought to obtain information concerning the teachers'
effectiveness in dealing with these problems as well as the need for specialists to aid in this process. Check sheets were distributed to 60 elementary teachers, ten at each grade level, comprising approximately 6 per cent of the elementary teachers in the Tucson schools. Replies were received from 56 or 93.3 per cent. Similar check sheets, adapted for parent use, were sent to 271 parents, or slightly more than one per cent of the total parent group. Returns were received from 66 or 24.7 per cent. Rating scales were sent to all 52 principals and returns were received from 47 or 90.4 per cent.

It was found that with the use of their check sheets, the 56 teachers identified 128 children with problems or 7.65 per cent of the children in their rooms. The highest frequencies on the teachers' check sheets were found to relate to those items descriptive of learning problems, with items relating to anxiety symptoms and hostility next in that order. Teachers also indicated that the problems of children interfered with the learning of those demonstrating the problems in 94 per cent of the cases. More children were reported from schools with a large population from sub-cultures than from schools with predominantly Anglo-American culture. The problem children interfered with learning by other members of the class in 63 per cent of the cases. Teachers indicated that in 75 per cent of the cases they felt the child's problem was serious or very serious and they needed outside help by specialists. They also indicated a need for more training in recognizing and dealing with the problems of children. They showed a high degree of skill in identifying the general nature of these problems, such as aggressive maladjustment, withdrawn maladjustment, general maladjustment, potential
dropout, slow learner, etc. Check sheets and rating scales filled out by parents and principals, in general, were in agreement with those filled out by teachers. Parents saw teachers as being somewhat more effective in dealing with their children's problems than teachers saw themselves, while principals saw teachers as being somewhat less effective than the teachers saw themselves. Teachers and principals indicated the types of guidance and/or mental health specialists they felt would be most useful in giving needed assistance. In general, they were in agreement on these specialists, checking them in the following order: 1) school social worker, 2) school psychologist, 3) school counselor. The teachers expressed a strong need for the services of family counseling agencies.

A more intensive study was made of 15 randomly selected children or 11.7 per cent of the 126 turned in by the teachers in the study. The writer obtained case histories on these children, and they were submitted to a panel of mental health specialists for study. These specialists consisted of nine school social workers, three school psychologists, two group testing specialists, one school nurse, one psychiatrist, as well as one teacher and the director of guidance and counseling of the Tucson schools. The panel agreed in every instance that teachers had been correct in judging that these children did, in fact, have problems that warranted study and remediation. In all cases, the panel felt that the services of mental health specialists were indicated. The judgment of the panel of specialists was secured concerning the types of special services needed, the specific services each should perform and an estimate of the time involved for each. The services of a nurse and a
school social worker was recommended for each case studied. The services of a psychiatrist was recommended in approximately one-fourth of the cases, and a psychologist in 13 cases.

**B. Conclusions**

On the basis of the methodology employed in this study, it can be concluded that:

1. Based upon the judgments of a selected group of teachers, the incidence of pupils in the Tucson Elementary Schools with noninstructional problems is 7.63 per cent of the total enrollment. This is somewhat below the findings of other studies. When this per cent is extended to the total enrollment, it amounts to 1,817 children, 75 per cent or 1,316 of which teachers do not feel competent to handle under present circumstances. Teachers, principals and parents are well aware of these problems.

2. The nature of noninstructional problems of children in the Tucson Elementary Schools, as judged by their teachers, are, in order of importance, of the three types having the highest frequencies: learning difficulties, anxiety, and hostility. Principals see learning difficulties and anxiety as being paramount, while parents are most aware of anxiety and hostility.

3. Problems of children reported in this study seem to be the outgrowth of conditions outside the school setting. This is not to say, however, that problems may not be due in part to limitations and pressures presented within the school setting. Remediation will, therefore, require the services of functionaries who can work with influences outside the school setting.
4. In general, the problems of children reported in this study are seen as serious and complex, requiring the services of specialists for treatment.

5. In general, problems of children reported in this study appear to interfere with their own learning to a greater degree than with learning by their classmates.

6. Teachers, in general, who participated in this study seemed to demonstrate a high degree of competence in identifying the problems of children, though they vary widely in estimating their competencies in dealing with the problems of children when identified. However, as evidenced by their reporting more cases, more experienced teachers seemed to show more skill in this area than did less experienced teachers.

7. Parents, generally, see teachers as having greater competency in dealing with children's problems than teachers see themselves as having, while principals, in general, see teachers as being less competent in this area than teachers see themselves as being.

8. Teachers, principals and parents feel the need for the services of guidance and mental health specialists in dealing with many of the children with problems. School functionaries in these areas most desired are, in order of importance, caseworkers, psychologists, and counselors. Teachers feel a great need for the services of a family counseling agency.

9. The incidence of children with problems appears to be higher in schools with a high concentration of minority or sub-cultural children than in schools with a high concentration of Anglo-American children.
10. Where teachers expressed a need for more training in dealing with the problems of children, such training was felt to be needed in the fields of guidance and counseling, mental hygiene, child psychology, abnormal psychology and social casework.

11. Since most of the problems reported were complex and beyond the competencies of teachers, and such problems can be presumed to continue to present themselves, programs of developmental or preventive guidance seem to be indicated.

C. Recommendations

Recognized as being important aspects of elementary guidance, but not treated in this study, are programs related to developmental guidance and group testing which affect all children and not just those with problems beyond the range of normality.

In consideration of the title of this study which is, "A Study of Noninstructional Problems Which Inhibit Learning in the Elementary School and Their Implications for the Organization of the Elementary School Guidance Services," certain recommendations are set forth below relating to the organization of an elementary guidance program in the Tucson schools. Recommendations will be confined to those which can be based upon the findings of the study and will, thus, deal with services and programs considered to be needed for better identification and remediation of children with problems. Recommendations are as follows:

1. That a carefully planned program of in-service education be instituted among elementary teachers with the aim of increasing their competencies in recognizing and providing remedial measures for children with problems.
2. That the time schedules of all teachers be studied with a view of exploring the feasibility of providing some time each day to be set aside for the purpose of interviewing pupils and parents, and consulting with various guidance specialists.

3. Considering the incidence of problems described in this study, and the fact that the children described are those who already have problems, and considering the need for a developmental and preventive program, the feasibility of assigning full time non-teaching guidance functionaries in the elementary schools should be seriously explored.

4. That the present casework, psychological and nursing services be reviewed, along with the assignment of elementary guidance functionaries, with a view of establishing more realistic ratios.

5. That because of the complexity of the problems, serious consideration be given to the employment of one full time psychiatrist for the Tucson Elementary Schools for purposes of consultation and diagnosis. The possibility of the school's assuming some responsibility for treatment should also be explored either through the direct employment of appropriate personnel or through contractual arrangements with existing non-school agencies.

6. That the administrative implications of the program of expansion recommended here be given appropriate cognizance.

During the progress of this study, it became apparent that there was need for further study and research into several areas related to the subject of this study. Some of these were occasioned by the delimitations set for this study at the outset, and some were the result of
the inadequacy of the data obtained during the research. Recommendations for further study and research are as follows:

1. There is need for further investigation and research into the competencies of teachers in recognizing and working with problems of children.

2. There is need for further study into what constitutes the role, function, and desirable training of an elementary school counselor, as well as what constitutes a realistic counselor-student ratio of elementary school counselors. This might be accomplished through a pilot project conducted in selected elementary schools.

3. There is need for a study of the objectives of elementary school guidance which can be stated in behavioral terms.

4. There needs to be research to determine the reasons why there is a preponderance of problems, as seen by teachers, among minority and/or sub-cultural groups.

5. There needs to be further investigation into the underlying causes of a preponderance of anxiety symptoms among elementary school children.
APPENDIX A

LETTERS, CHECK SHEETS AND RATING SCALES USED FOR THE DEVELOPMENT OF INSTRUMENTS AND COPIES OF INSTRUMENTS IN THEIR FINAL FORM

COVERING LETTER TO TEACHERS
PRELIMINARY TEACHERS' CHECK SHEETS
COVERING LETTER TO PARENTS
PARENTS' PRELIMINARY CHECK SHEETS
LETTER TO TEACHERS ANNOUNCING MEETING
REPORT OF TEACHERS' MEETING
FINAL TEACHERS' CHECK SHEETS
LETTER TO PARENTS
FINAL PARENTS' CHECK SHEETS
LETTER TO PRINCIPALS
PRINCIPALS' RATING SCALE
Dear Teacher:

In order that we may improve our guidance program in the elementary schools, we are hoping to conduct a survey among a randomly selected group of teachers in an attempt to discover the types of problems encountered by teachers which might indicate the need for guidance services. We are interested in so-called "non-instructional" problems. That is, those problems that are not related to teaching methods, remedial techniques, curriculum content, or classroom control.

It is realized that this limitation makes our study more difficult. Perhaps most children who have problems will experience difficulties in those areas mentioned above. However, for the purpose of this study, we are assuming that the basic causes of their problems lie outside these areas. You may wish to ask yourself this question, "Is this child's problem caused primarily by something within the instructional program of the school, past or present?" If so, do not list him. If you feel that his problem is caused primarily by something outside the instructional program, he should be listed.

The attached questionnaire will be helpful to you in making these decisions since specific symptoms are listed. All you need to do is check those symptoms that apply to a given child.

We shall be sincerely thankful for your cooperation.

Joe M. Young, Director
Department of Guidance
and Counseling
DEPARTMENT OF GUIDANCE AND COUNSELING
Tucson Public Schools

CHILDREN PRESENTING NON-INSTRUCTIONAL PROBLEMS IN SCHOOL

I. Personal

Teacher's name __________________________ School __________________________ Grade __________
Child's first name only _________________________ Sex __________________________ Age __________

II. How serious do you perceive this problem to be? (Check one)

A. Very serious. Definitely needs outside professional help.
B. Serious. Perhaps could profit by outside professional help.
C. Minor. Does not need outside professional help.

III. If outside professional help should be utilized, where do you think the
chief effort should be focused? (Check one or more)

A. The teacher. Help her to gain more understanding and techniques.
B. The parents. Help them understand the problem and how to deal with it.
C. The child. Help him with self-understanding and motivate him to
handle his problem.
D. The community environment. Help improve community environmental
conditions which influence the child.
E. Other. (Please describe)

IV. If you feel the outside professional help is needed, which of the
following would you request? (Check one or more)

A. Attendance officer.
B. Special Education Services.
C. Physician (not psychiatrist).
D. School counselor.
E. School psychologist.
F. School caseworker.
G. Psychiatrist.
H. Probation Officer.
I. Child Welfare Department.
J. Family Counseling Agency.
K. Other. (Please name below)

V. Handling by teacher.

A. How do you feel about dealing with this problem?
   1. Need more time to work with child on an individual basis.
   2. Need more training to deal with such problems effectively.
   3. Need more opportunity to consult with specialists.
   4. Feel capable of handling this problem alone under present conditions.
   5. Other response.

VI. How do you feel about the effect of this problem on learning by this child?

(Choose one)
A. Seriously interferes with learning.
B. Interferes somewhat.
C. No effect upon learning.

VII. Do you feel that the presence of this child in your classroom interferes with learning by the class, either by causing disturbing situations or taking an unusual amount of the teacher's time and energy?
A. Seriously interferes
B. Interferes somewhat
C. Does not interfere

VIII. If you feel that you need more training to deal with this problem, please list courses, areas, or types of training you feel would be profitable.
IX. Symptoms

(The symptoms listed below are taken from the book *Identifying Children With Special Needs* by Rough and DeHaan, Science Research Associates, Chicago, 1955.)

Please check those symptoms that apply to this child.

A. Aggressive maladjustment

1. Doesn't go along gracefully with decisions of teacher or group. 
2. Is quarrelsome; fights often; gets mad easily. 
3. Is a bully; picks on others. 
4. Is resentful, defiant, rude, sullen, or apt to "saw" adults. 
5. Disrupts class and is difficult to manage. 
6. Is regarded by other children as a pest. Rubs others the wrong way. Is excluded by others whenever they get the chance. 
7. Often steals 
8. Lies frequently. 
9. Occasionally is destructive of property.

B. Withdrawn maladjustment.

1. Is not noticed by other children. Is neither actively liked nor disliked - just left out. 
2. Is one or more of the following: shy, timid, fearful, anxious, excessively quiet, tense. 
3. Daydreams a great deal. 
4. Never stands up for himself or his ideas. 
5. Is "too good" for his own good. 
6. Finds it difficult to be in group activities or to be relaxed with others. 
7. Is easily upset; feelings are readily hurt; is easily discouraged.

C. General maladjustment.

1. Needs an unusual amount of prodding to get work completed.
2. Is inattentive and indifferent, or apparently lazy.
3. Exhibits nervous mannerisms such as nail biting, sucking thumb or fingers, stuttering, extreme restlessness, muscle twitching, hair twisting, picking and scratching, deep and frequent sighing.
4. Is actively excluded by most of the children whenever they get a chance.
5. Is a failure in school for no apparent reason.
6. Is absent from school frequently or dislikes school intensely.
7. Seems to be more unhappy than most children.
8. Achieves much less in school than his ability indicates he should.
9. Is jealous or overcompetitive.

D. Potential drop-out.
1. Is two years older than his classmates.
2. Has a poor attendance or tardiness record.
3. Is reading below his mental age.
4. Resists aggressively the authority of the teacher or principal.
5. Has little or no interest in school.
6. Is ignored or actively disliked by pupils or teachers.
7. Is not able financially to do what the rest of the group does.
8. Is not in any extracurricular activities.
9. Refuses to participate in gym activities; refuses to get undressed; stands on the sidelines.
10. Is passed on to the next grade on trial because of low marks.

E. Slow learners.
1. Is unable to think abstractly or to handle symbolic material.
2. Is unable to understand and carry through your directions for assignments.
3. Lacks the so-called "common sense" and reasoning level of the group.
4. Is unable to understand complex game rules.
5. Is slow in all areas: academic, social, emotional, and physical.
6. Breaks rules of conduct or of games and is often unaware of it.
7. Is unable to work independently.
8. Is easily confused.
9. Has a short interest and attention span.
10. Is unable voluntarily to concentrate.
11. Finds it extremely difficult, if not impossible, to keep up with the class or academic work.
12. Is behind normal grade achievement in school.

F. Physical handicaps.
   5. Other health problems.

G. Please mention and describe briefly any problem this child has not listed in one of the categories above.

X. It would be helpful if you would list below several specific examples of this child's behavior.
Dear Parents:

We are continually trying to better serve the educational needs of the children in our schools. Many of our difficulties are due to the fact that some of our school children have problems which interfere with their education. We would like to know how you as a parent feel about these problems.

The names of the parents of one hundred children in our elementary schools have been drawn completely by chance. We are asking these one hundred sets of parents to answer the questions on the enclosed questionnaire. The fact that your name has been drawn has nothing whatever to do with whether the school feels that your child does or does not have a problem that interferes with his education. You do not need to sign your reply unless you wish to. No attempt will be made to identify you or your child from your reply.

We trust you will fill out this questionnaire as soon as possible and return it in the stamped, self-addressed envelope enclosed. Thank you so much for your cooperation.

Yours truly,

Joe M. Young, Director
Department of Guidance and Counseling
QUESTIONNAIRE

Do you feel that you have a child with an unusual problem; that is, a problem that causes more difficulty than is caused by the average child? Yes____ No____

(If your answer is 'No', you do not need to fill out the rest of the questionnaire, but please mail your reply! If your answer is 'Yes', please answer the following questions.)

Please describe this problem below. Be as brief and clear as possible.

(If you must have more space, use another sheet or the back of this one.)

Do you have any idea as to the real cause of this problem? If so, please explain.

Do you feel that your child's problem interferes with his education? Yes____ No____

If so, how effective do you feel the teacher is in helping your child overcome his problem and improve his learning? Very good____ Average____ Poor____

Do you feel the teacher is doing all he can to help your child? Yes____ No____

Do you feel your child needs some help besides what the teacher can give? Yes____ No____

If so, what kind of help do you think your child needs?
Please feel free to add any other comments below.

(Thank you for filling this out!)

Joe H. Young, Director
Department of Guidance
and Counseling
IX. Symptoms

(The symptoms listed below are taken from the book *Identifying Children With Special Needs* by Kough and DeHear, Science Research Associates, Chicago, 1955.)

Please check those symptoms that apply to this child.

A. Aggressive maladjustment

1. Doesn’t go along gracefully with decisions of teacher or group.
2. Is quarrelsome; fights often, gets too easily
3. Is a bully; picks on others
4. Is disrespectful, defiant, rude, bullies or apes to “mass” adults
5. Disrupts the class and is difficult to manage
6. Is regarded by other children as a pest. Rubs others the wrong way. Is excluded by others whenever they get the chance.
7. Often trouble
8. Lies frequently
9. Occasionally is destructive of property

B. Withdrawn maladjustment

1. Is not noticed by other children. Is neither actively liked nor disliked - just left out.
2. Is one or more of the following: shy, timid, fearful, anxious, excessively quiet, tense
3. Daydreams a great deal
4. Never stands up for himself or his ideas
5. Is “too good” for his own good.
6. Finds it difficult to be in group activities or to be relaxed with others.
7. Is easily upset. Feelings are readily hurt. Is easily discouraged.

C. General maladjustment

1. Needs an unusual amount of prodding to get work completed
2. Is inattentive and indifferent, or apparently lazy.

3. Exhibits nervous mannerisms such as nail biting, sucking thumb or fingers, stuttering, extreme restlessness, muscle twitching, hair twisting, picking and scratching, deep and frequent sighing.

4. Is actively excluded by most of the children whenever they get a chance.

5. Is a failure in school for no apparent reason.

6. Is absent from school frequently or dislikes school intensely.

7. Seems to be more unhappy than most children.

8. Achieves much less in school than his ability indicates he should.

9. Is jealous or overcompetitive.

D Potential drop-out.

1. Is two years older than his classmates.

2. Has a poor attendance or tardiness record.

3. Is reading below his mental age.

4. Resists aggressively the authority of the teacher or principal.

5. Has little or no interest in school.

6. Is ignored or actively disliked by pupils or teachers.

7. Is not able financially to do what the rest of the group does.

8. Is not in any extracurricular activities.

9. Refuses to participate in gym activities; refuses to get undressed; stands on the sidelines.

10. Is passed on to the next grade on trial because of low marks.

E Slow learners

1. Is unable to think abstractly or to handle symbolic material.

2. Is unable to understand and carry through your directions for assignments.

3. Lacks the so-called "common sense" and reasoning level of the group.
4. is unable to understand complex game rules.
5. is slow in all areas: academic, social, emotional, and physical.
6. Breaks rules of conduct or of games and is often unaware of it.
7. is unable to work independently
8. is easily confused.
9. Has a short interest and attention span.
10. is unable voluntarily to concentrate.
11. Finds it extremely difficult, if not impossible, to keep up with the class on academic work.
12. is behind normal grade achievement in school.

F. Physical handicaps
1. Speech problem
2. Hearing problem
3. Visual problem
5. Other health problems.

G. Please mention and describe briefly any problem this child has not listed in one of the categories above

X. It would be helpful if you would list below several specific examples of this child’s behavior.
Dear Teacher:

During the school year of 1961-62, we are making a study of the noninstructional problems of boys and girls in our elementary schools. Since it would not be practical to ask all elementary teachers to participate in this study, the names of ten teachers at each grade level have been drawn completely by random sampling and are invited to participate. Your name was one of those drawn, and this is your invitation. It is my belief that you will find this project interesting, or even exciting, and not difficult or time-consuming.

Participating teachers are asked to attend only one meeting where the project will be explained. This meeting will be held Thursday, November 9, 4:00 P.M., in the Board Room of the Education Center.

Participation is voluntary, but we sincerely trust that you will be willing to join with us in this study. If you feel you cannot possibly do so, will you please call the Guidance Department as soon as possible so that another name can be drawn.

We hope to see you at the meeting.

Sincerely yours,

Joe M. Young, Director
Department of Guidance and Counseling
Report of meeting of teachers for distribution of check sheets and instructions

Department of Guidance and Counseling
Tucson Public Schools

Report of Meeting

Cooperating Teachers in the Study of
Noninstructional Problems of Students

November 9, 1961, Board Room, Education Center

Mr. Young:

One of the most rapidly developing areas in the field of education is elementary school guidance. I could give much substantiating data on this point but will not take the time to do so.

We plan no revolutionary changes in our elementary guidance program at this time. I have permission from Miss Erickson (Ass't Supt. for Elementary Education) and Mr. Carson (Associate Supt. of Schools) to give top priority ... this year to the problems of elementary school guidance. We need some factual data upon which to base any future plans. We are asking teachers, principals, and parents for some information to base our plans upon.

Dr. Meeks, Supervisor of Guidance for Baltimore County, Maryland, was here last week to speak to the principals because of their need for orientation in this guidance area.

This group here today has been selected entirely by random sampling--ten teachers from each grade level. The check sheet(s) you have been given was not just plucked from somebody's mind.... Forty
four teachers helped develop this check sheet. It has come out of the experience of teachers. We are asking you to keep these check sheets for at least one month. You have been given five: Please read them over and return them by December 11. Please do not send them in much before this date because I would like you to observe your class with these check sheets in mind. Why five? We just decided on that number. (You are not necessarily expected to use all five. Please ask for more if you need them.)

We are asking you to fill out one check sheet on each child in your class whom, after one month of observation, you feel has some special need or problem beyond the normal or average child--some problem not related to instruction. Please check the degree of seriousness. Attempt to decide whether you feel teacher, parents, or child should be worked with directly by some service outside the school. Whom do you feel are the people you would call in if outside help would be desirable? Do you feel you need more time and training? Would it be helpful to him if you had the opportunity to do more counseling with him or his parents? Does this child's problem interfere with learning, and to what extent? Do you feel that his behavior interferes with learning by others in the classroom? Does the entire class suffer? We are interested in knowing how you would classify the particular problem as to type.

You may ask, 'When is a child a problem child?' We want you to tell us, thinking in terms of a youngster that requires an unusual amount of time, attention, and concern beyond the average. If you have none, turn the check sheets in with nothing on them. If you have more than five, call us and we will send you more blanks.
Question: (from teacher) Can other teachers at your grade level use these?

Answer: (from Mr. Young) No, do not pass these around. There are just 60 teachers participating in this. (An aside) Please give the active enrollment of your class on each check sheet.

Question: (from teacher) In other words, five is just an arbitrary number; we might have one or five or more? Nothing will be done about this; the caseworker will not call?

Answer: (from Mr. Young) You are right. Five is just an arbitrary number. This is just an attempt to gain some data. The caseworker will not call unless a regular referral is received.

Question: (from teacher) Would we include a child who is seriously handicapped, or has always been in Special Education?

Answer: (from Mr. Young) Yes, this is a problem, and we have asked for this.

Question: (from teacher) Would we include children who come to school irregularly but give no problems when they are in school?

Answer: (from Mr. Young) I want you to decide which are the children with problems. If I do too much interpretation, the answers will be mine not yours.

Question: (from teacher) Would you take a moment to explain noninstructional problems?

Answer: (from Mr. Young) Noninstructional problems are those which are not the result of poor teaching, backward schools, or curriculum content. They are not the primary result of any instructional or teaching program.
Question: (from teacher) What about the bilingual children problem? Will it handicap children emotionally and instructionally as well as culturally?

Answer: (from Mr. Young) Here again I will leave this to your judgment. I want you to decide just how much this bilingual problem does affect the child.

Mr. Young:

Please sign your name, school, and grade to the index card and leave it on the table outside the room when you leave.
A. Personal

Teacher's name__________________________ School___________ Grade ___
Number of years experience teaching: Under 2__, 2 to 10__, 10 to 20__,
Over 20__.
Child's name______________________________ Sex____ Age___ Grade ___

B. Descriptive Statements

Please place a check mark (v) opposite each descriptive statement that applies to this child.

1. Doesn't go along gracefully with decisions of teacher or group. ___
2. Is quarrelsome; fights often; gets mad easily. ___
3. Is a bully; picks on others. ___
4. Is resentful, defiant, rude, sullen, or apt to "sass" adults. ___
5. Disrupts the class and is difficult to manage. ___
6. Is regarded by other children as a pest. Rubs others the wrong way. ___
7. Often steals. ___
8. Lies frequently. ___
9. Occasionally is destructive of property. ___
10. Frequently uses profane or vulgar language. ___
11. Is not noticed by other children. Is neither actively liked nor disliked - just left out. ___
12. Is one or more of the following: shy, timid, fearful, anxious, excessively quiet, tense. ___
13. Daydreams a great deal. ___
14. Never stands up for himself or his ideas. ___
15. Is "too good" for his own good. ___
16. Finds it difficult to be in group activities or to be relaxed with others. ___
17. Is easily upset; feelings are readily hurt; is easily discouraged.
18. Is inattentive and indifferent, or apparently lazy.
19. Needs an unusual amount of prodding to get work completed.
20. Exhibits nervous mannerisms such as nail biting, sucking thumb or fingers, stuttering, extreme restlessness, muscle twitching, hair twisting, picking and scratching, deep and frequent sighing.
21. Is actively excluded by most of the children whenever they get a chance.
22. Is a failure in school for no apparent reason.
23. Is absent from school frequently or dislikes school intensely.
24. Seems to be more unhappy than most children.
25. Achieves much less in school than his ability indicates he should.
26. Is jealous or overcompetitive.
27. Is two years older than his classmates.
28. Has a poor attendance or tardiness record.
29. Is reading below his mental age.
30. Resists aggressively the authority of the teacher or principal.
31. Has little or no interest in school.
32. Is ignored or actively disliked by pupils or teachers.
33. Is not in any extracurricular activities.
34. Refuses to participate in play activities, stands on the sidelines.
35. Is passed on to the next grade on trial because of low grades.
36. Is unable to think abstractly or to handle symbolic material.
37. Is unable to understand and carry through your directions for assignments.
38. Lacks the so-called "common sense" and reasoning level of the group.
39. Is unable to understand complex game rules.
40. Is slow in all areas: academic, social, emotional, and physical.
41. Breaks rules of conduct or of games and is often unaware of it.
42. Is unable to work independently.
43. Is easily confused.
44. Has a short interest and attention span.
45. Finds it extremely difficult, if not impossible, to keep up with the class on academic work.
46. Has a speech problem.
47. Has a hearing problem.
49. Has a crippling handicap.
50. Has some other chronic health problem.

C. Please mention and describe briefly any behavior problem this child has which has not been listed above.

D. How serious do you perceive the problems of this child to be? (Check one)
   1. Very serious. Definitely needs outside professional help.
   2. Serious. Perhaps could profit by outside professional help.

E. If outside professional help should be utilized, where do you think the chief effort should be focused? (Rank in order of importance 1 to 5)
   1. The teacher. Help her to gain more understanding and techniques.
   2. The parents. Help them understand the problem and how to deal with it.
   3. The child. Help him with self-understanding and motivate him to handle his problem.
   4. The community environment. Help improve community environmental conditions which influence the child.
   5. Other. (Please describe)
F. If you feel that outside professional help is needed, which of the following do you feel could be most helpful? (Rank in order of importance 1 to 5)

1. Attendance officer.
2. Special Education services.
3. Physician (not psychiatrist).
4. School counselor.
5. School psychologist.
7. Psychiatrist.
8. Probation officer.
10. Family counseling agency.
11. Other. (Please name below)

G. Handling by teacher. (Check as many as apply. Double check greatest need.)

1. How do you feel about dealing with this problem?
   a. Need more time to work with child on an individual basis.
   b. Need more training to deal with such problems effectively.
   c. Need more opportunity to consult with specialists.
   d. Feel capable of handling this problem alone under present conditions.
   e. Other response.

H. How do you feel about the effect of this problem on learning by this child? (Check one)

1. Seriously interferes with learning.
2. Interferes somewhat.
3. No effect upon learning.

I. Do you feel that the presence of this child in your classroom interferes with learning by others in the class, either by causing disturbing situations or taking an unusual amount of the teacher's time and energy? (Check one)
1. Seriously interferes. ___
2. Interferes somewhat. ___
3. Does not interfere. ___

J. Which, if any, of the following categories do you feel would best describe the behavior patterns of this child? (Please check one or more)
1. Aggressive maladjustment. ___
2. Withdrawn maladjustment. ___
3. General maladjustment. ___
4. Potential drop-out. ___
5. Slow learner. ___
6. Physical handicaps. ___

K. If you feel that you need more training to deal with this problem, please list courses, areas, or types of training you feel would be profitable.
Dear Parents:

In recent years the public schools of our nation have been subject to much criticism. We who work in the schools want to provide the best possible education for your child. Many of our difficulties are due to the fact that some of our school children have problems which interfere with their education. We would like to know how you, as a parent, feel about these problems.

1. The names of the parents of approximately 300 children in our elementary schools have been drawn completely by chance.

2. We are asking these 300 sets of parents to answer the questions on the check sheet which begins on the next page.

3. The fact that your name has been drawn has nothing whatever to do with whether the school feels that your child does or does not have a problem that interferes with his education.

4. We trust that you will sign your reply, although this is optional.

5. No attempt will be made to check on your child from your reply unless you specifically request that this be done.

The statements on the check sheet are designed to identify children with problems. All children will at times show some of the behavior described on this list. If you have more than one child in school, please choose just one for the check sheet. I assure you that what we learn from your reply will be used to help us provide a better educational program for our children.

We trust you will fill out the check sheet as soon as possible and return it in the stamped, self-addressed envelope enclosed. Thank you so much for your cooperation.

Yours truly,

Joe M. Young, Director
Department of Guidance
and Counseling
A. Personal

Parents' Name________________________________________ School Your Child Attends___________ Boy or Girl ___ Age of Child ___ Grade ___

B. Descriptive Statements. (Please make a check mark (✓) after statements that apply to your child.)

1. Doesn't go along gracefully with decisions of parents or group.
2. Is quarrelsome; fights often; gets mad easily.
3. Is a bully, picks on others.
4. Is resentful, defiant, rude, sullen, or apt to "sass" adults.
5. Disrupts the home and is difficult to manage.
6. Is regarded by other children as a pest. Rubs others the wrong way. Is excluded by others whenever they get the chance.
7. Often steals.
8. Lies frequently.
9. Occasionally is destructive of property.
10. Uses profane or vulgar language.
11. Is not noticed by other children. Is neither actively liked nor disliked - just left out.
12. Is one or more of the following: shy, timid, fearful, anxious, excessively quiet, tense.
13. Daydreams a great deal more than most children.
14. Never stands up for himself.
15. Is "too good" for his own good.
16. Finds it difficult to be in group activities or to be relaxed with others.
17. Is easily upset; feelings are readily hurt; is easily discouraged.
18. Needs an unusual amount of prodding to get work completed.
19. Is inattentive and indifferent, or apparently lazy.
20. Exhibits nervous mannerisms such as nail biting, sucking thumb or fingers, stuttering, extreme restlessness, muscle twitching, etc.
<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>21.</td>
<td>Is actively excluded by most of the children whenever they get a chance.</td>
</tr>
<tr>
<td>22.</td>
<td>Is failing in school for no apparent reason.</td>
</tr>
<tr>
<td>23.</td>
<td>Is absent from school frequently or dislikes school intensely.</td>
</tr>
<tr>
<td>24.</td>
<td>Seems to be more unhappy than most children.</td>
</tr>
<tr>
<td>25.</td>
<td>Does not do as well in school as others with similar intelligence.</td>
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<tr>
<td>26.</td>
<td>Is jealous or overcompetitive.</td>
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<tr>
<td>27.</td>
<td>Is two years older than his classmates.</td>
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<tr>
<td>28.</td>
<td>Has a poor attendance or tardiness record.</td>
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<tr>
<td>29.</td>
<td>Does not read as well as other children of same age.</td>
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<tr>
<td>30.</td>
<td>Resists aggressively the authority of parents.</td>
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<tr>
<td>31.</td>
<td>Has little or no interest in school.</td>
</tr>
<tr>
<td>32.</td>
<td>Is ignored or actively disliked by children or adults.</td>
</tr>
<tr>
<td>33.</td>
<td>Does not take part in community activities such as scouts, etc.</td>
</tr>
<tr>
<td>34.</td>
<td>Refuses to participate in play activities; stands on the sidelines.</td>
</tr>
<tr>
<td>35.</td>
<td>Is passed on to the next grade on trial because of low grades.</td>
</tr>
<tr>
<td>36.</td>
<td>Seems unable to reason things out.</td>
</tr>
<tr>
<td>37.</td>
<td>Is unable to understand and carry through directions.</td>
</tr>
<tr>
<td>38.</td>
<td>Seems to lack so-called &quot;common sense&quot; and good judgment.</td>
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<tr>
<td>39.</td>
<td>Is unable to understand complex game rules.</td>
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<tr>
<td>40.</td>
<td>Is slow in all areas: academic, social, emotional, and physical.</td>
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<td>41.</td>
<td>Breaks rules of conduct or of games and is often unaware of it.</td>
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<td>42.</td>
<td>Is unable to work independently.</td>
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<td>43.</td>
<td>Is easily confused.</td>
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<td>44.</td>
<td>Has a short interest and attention span.</td>
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<td>45.</td>
<td>Finds it extremely difficult, if not impossible, to keep up with the class on school work.</td>
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<tr>
<td>46.</td>
<td>Has a speech problem.</td>
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47. Has a hearing problem.
49. Has a crippling handicap.
50. Has some other health problems.

C. Please mention and describe briefly any serious behavior problems your child may have which are not listed above.

D. How do you feel about the seriousness of any problems your child may have? (Please check one answer.)
   - Serious ____
   - Minor ____
   - No Problems ____

E. How well do you feel your child's teacher is able to deal with those problems? (Please check one answer.)
   - Outstanding ____
   - Good ____
   - Fair ____
   - Poor ____

F. Do you feel your child could profit by some help outside of what you and the teacher can give? (Check one.)
   - Yes ____
   - No ____

G. If your answer above is yes, what kind of help do you think should be given? (Please check one or more answers.)
   - Psychiatrist ____
   - Psychologist ____
   - Social Worker ____
   - Counselor ____
   - Other (please name) ______

H. Please make any other comments you may wish to make below:
DEPARTMENT OF GUIDANCE AND COUNSELING  
Tucson Public Schools  

November 8, 1961

Dear Principal:

As you are aware, we are asking elementary principals in the Tucson Schools to participate in a study of non-instructional problems of elementary school children. Each principal is asked to fill out the enclosed questionnaire and return it to the Guidance Office as soon as he can conveniently do so.

This questionnaire has been adapted from one prepared for a group of teachers to be used for individual children. We are asking you to try to answer it for all children in general in your school. We realize that your answers may be somewhat subjective, but this is what we want.

Please use a rating scale with "1" for most important, most serious, most frequent, etc., up to "3" or "5", as the case may be, for least important or serious. If you have questions, please do not hesitate to call me at MAin 2-5832, extension 285. Thank you very much for your cooperation.

Yours truly,

Joe M. Young, Director  
Department of Guidance and Counseling
CHILDREN PRESENTING NONINSTRUCTIONAL PROBLEMS IN SCHOOL

A. Personal

Principal's Name ___________________________ School ___________________________

Number of years experience as teacher or principal. (Check one)
Less than 10 _____, 11 to 20 _____, More than 20 _____

B. Descriptive Statements (Rate 1 to 3 after each statement.)

1. Doesn't go along gracefully with decisions of teacher or group.
2. Is quarrelsome; fights often; gets mad easily.
3. Is a bully, picks on others.
4. Is resentful, defiant, rude, sullen, or apt to "sass" adults.
5. Disrupts the class and is difficult to manage.
6. Is regarded by other children as a pest. Rubs others the wrong way. Is excluded by others whenever they get the chance.
7. Often steals.
8. Lies frequently.
9. Occasionally is destructive of property.
10. Uses profane or vulgar language.
11. Is not noticed by other children. Is neither actively liked nor disliked - just left out.
12. Is one or more of the following: shy, timid, fearful, anxious, excessively quiet, tense.
13. Daydreams a great deal.
14. Never stands up for himself.
15. Is "too good" for his own good.
16. Finds it difficult to be in group activities or to be relaxed with others.

17. Is easily upset; feelings are readily hurt; is easily discouraged.

18. Needs an unusual amount of prodding to get work completed.

19. Is inattentive and indifferent, or apparently lazy.

20. Exhibits nervous mannerisms such as nail biting, sucking thumb or fingers, stuttering, extreme restlessness, muscle twitching, hair twisting, picking and scratching, deep and frequent sighing.

21. Is actively excluded by most of the children whenever they get a chance.

22. Is a failure in school for no apparent reason.

23. Is absent from school frequently or dislikes school intensely.

24. Seems to be more unhappy than most children.

25. Achieves much less in school than his ability indicates he should.

26. Is jealous of overcompetitive.

27. Is two years older than his classmates.

28. Has a poor attendance or tardiness record.

29. Is reading below his mental age.

30. Resists aggressively the authority of the teacher or principal.

31. Has little or no interest in school.

32. Is ignored or actively disliked by pupils or teachers.

33. Is not in any extracurricular activities.

34. Refuses to participate in play activities; stands on the sidelines.

35. Is passed on to the next grade on trial because of low grades.

36. Is unable to think abstractly or to handle symbolic material.

37. Is unable to understand and carry through directions for assignments.

38. Lacks the so-called "common sense" and reasoning level of the group.

39. Is unable to understand complex game rules.
40. Is slow in all areas: academic, social, emotional, and physical.
41. Breaks rules of conduct or of genes and is often unaware of it.
42. Is unable to work independently
43. Is easily confused
44. Has a short interest and attention span.
45. Finds it extremely difficult, if not impossible, to keep up with the class or academic work.
46. Speech problem
47. Hearing problem
49. Crippling handicaps.
50. Other health problems

C. Please mention and describe briefly any serious behavior problems in your school which are not listed above.

D. When outside professional help is utilized in dealing with problems in your school, where is the chief effort focused? (Rate 1 to 5)

1. The teacher. Help him to gain more understanding and techniques.
2. The parents. Help them understand the problem and how to deal with it.
3. The child. Help him with self-understanding and motivate him to handle his problem.
4. The community environment. Help improve community environmental conditions which influence the child.
5. Other (Please describe).
E. If you feel that outside professional help is needed, which of the following would you request first if all services were equally available? (Rate 1 to 5 only)

1. Attendance Officer
2. Special Education Services.
3. Physician (non-psychiatrist)
4. School counselor.
5. School psychologist.
7. Psychiatrist.
8. Probation Officer.
10. Family Counseling Agency.
11. Other. (Please name below)

F. Handling by teacher: How do you feel about the adequacy of teachers generally in dealing with these problems? (Rate 1 to 5)

1. Need more time to work with child on an individual basis.
2. Need more training to deal with such problems effectively.
3. Need more opportunity to consult with specialists.
4. Feel capable of handling this problem alone under present conditions.
5. Other response.

G. In general, how do you feel about the effect of these problems on learning? (Check one)

1. Seriously interfere with learning.
2. Interfere somewhat.
3. No effect upon learning.
H. To what extent do you feel that the presence of problem children in the classroom interferes with learning by others in the class, either by causing disturbing situations, or taking an unusual amount of the teacher's time and energy? (Check one)
1. Seriously interferes.
2. Interferes somewhat.
3. Does not interfere.

J. In general, which categories of behavior listed below do you feel are most prevalent in your school? (Rank 1 to 5)
1. Aggressive maladjustment.
2. Withdrawn maladjustment.
3. General maladjustment.
5. Slow learner.
6. Physical handicap.
APPENDIX B

COMMENTS ON CHECK SHEETS AND RATING SCALES

COMMENTS BY TEACHERS

COMMENTS BY PARENTS

COMMENTS BY PRINCIPALS
COMMENTS OF TEACHERS ABOUT STUDENTS

("T" indicates comments by a different teacher)

First Grade

T He talks from the time he enters the room 'til he leaves.
He needs a complete physical.
He looks at adults with hate or complete innocence in his eyes. Muttered under his breath.
The nurse says the child eats sweets, although he is not fat.
He talks much of the time in a booming voice.

T He lost the sight of one eye in an accident, but will have an eye operation sometime this year.

T Most noticeable is his attitude of not wanting to do what is suggested, whether it be work, play, or something quite pleasant or fun. He likes to always disagree.

T He wants an excess of attention from teacher and classmates; wants to be "it" or the leader of everything at all times. He is never willing to take turns. He tells "tall tales" and insists he is telling the truth. He uses school scissors to cut his hair, then insists he didn't do it.

He tells me very shocking things about home life and sex, using terms and descriptions not common in the vocabulary of a child his age. Sees and hears things at home that no child should be subjected to. Take this child out of the home and place him in a suitable foster home. The teacher cannot possibly handle the home environment which is the root of this problem.

The child should be placed in Special Education as he is too old for first grade.

T Is resentful, defiant, rude, sullen, or apt to "sass" adults if he can get away with it, but never to his own teacher. Is regarded by other children as a pest. Rubs others the wrong way in free time and play time. Is "too good" for his own good
during supervision and very possibly part time at home. Is unable to work independently. Excellent work but play periods are bad. Much imagination is displayed when playing alone. Very bright, excellent vocabulary, very good work, expects to do well, knows I am very gond of him, has parents who discuss and teach constantly with trips to all points of interest in southern Arizona, all suggested science experiments or Weekly Reader games are done immediately, extra information is brought in constantly. He is a teacher's dream but a nightmare to patrols and playground people. He will undoubtedly go on to college, as both parents have done so. He is alert, intelligent, and has some wonderful background experiences outside school. He will come through, but it would be nice to make it easier for him to enjoy play and not have constant playground reports. He is improving ---

Great variance in daily work with wide range from good to very bad. Reads quite well despite inattentiveness. Outside help would be difficult in his home. Father does not enjoy this child. Father holds an average job, but lacks education (grade school only). He battles with the child over TV, banged doors, etc., while mother attempts to organize and maintain steady rather than sporadic discipline.

Great strides have been made, but this case seems unusual to me because he has college instructor parents and stepfather, yet is by far the dirtiest child in the room. The parents admit he swears constantly, fights and brings home neighborhood children's toys which they have him return to younger children. Split home—removed from sisters only this year. Mother very interested and happy with new husband, hence child may feel left out. New father seems very interested in child and spends much time in good outdoor life. Change seems doubtful. They want a rugged individualist.

Is quarrelsome; fights often, gets mad easily if not observed by teacher. Is resentful, defiant, rude, sullen, or apt to "sass" adults; won't speak to them. Her father features heavily in this. Is not noticed by other children. Is neither actively liked nor disliked—just left out. Children are attracted to her for a short time only—they find no reciprocation. Finds it difficult to be in group activities or to be relaxed with others. Cries if chosen by a child for any game or play activity. Has little or no interest in school. Tells me she hates it, yet won't miss a day even if half sick. Loves to stay after school but rarely says a word. Brings pages of self-done homework in daily. Very "naughty" at home. Kisses father when he comes home, but rarely before going to bed although it is an affectionate family. Won't let father tuck her in bed. Dislikes boys intensely, but much seems to be an act even though
it is not very attractive in the classroom and there is certainly need of help to make her a happier little person and more outgoing. We had one severe temper tantrum in play, but she knows that won't work so uses passive resistance only.

T Stepfather is very stern in discipline.

Seldom smiles, usually unhappy. A conference with the mother, who is aware of her son's personality, has helped very much.

T Does anything to get attention. If his first act of disobedience doesn't get corrected, he keeps on until I have to speak to him.

Second Grade

T Always has to be first in everything and becomes sullen when not allowed to be.

This girl is very over-weight and very large in comparison to the children height wise also. This is the main cause of her problem.

T Child has a "show-off" attitude, wanting to be seen and heard at all times. Referral was made at mother's request to caseworker, Miss Stodghill, and psychologist, Mrs. Gaylord.

She is an immature little girl, socially, who has never realized that she is only one of a large group. She is an only child (adopted), and has been spoiled at home. She has no self-control whatsoever.

T Is quite overweight; very messy.

Unclean; always has to be "first."

Dirty; older and tries to protect himself.

A repeater; complex; has had a caseworker for two years.

A show-off; complains of minor hurts for attention.

T Needs more push from the older members of the family. Broken home and children are left to do as they please.
Too much attention is focused on the other children in the house, and he seems to feel as if he is left out.

T Lack of physical coordination; falls out of desk, although this is more often in bid for attention. Occasionally drools. A complete physical examination has been suggested to rule out all organic causes.

T Child has been made to feel by family that he is different and cannot do as well as other children. He was failed in first grade last year but was too advanced for first so was placed in second grade this year. He is in the low group. He is nervous and tense. His speech is his biggest problem, as almost no one can understand what he is saying. Perhaps he needs to just be left alone and treated as a normal boy.

T His reading is poor, work habits and arithmetic are good. He finishes work too quickly. I feel he should be in the third grade with remedial reading. Family background is very poor. It is a wonder to me that the child does as well as he does. A conference with the mother helped me to understand him. He is living with his third father. This is a conflicting situation, as he often visits his real father's mother. He fears getting his clothes dirty or torn, so will not participate in play activities. He is independent, wants to do as he pleases. Last year at another school he was a great problem, but seems to be adjusting well here and liking it. Family is going to Morocco in January, 1962.

Third Grade

T Children in the classroom should be encouraged to include this child.

Should work with the grandparents, with whom he has close contact.

T Very critical of others when they make occasional mistakes, which he consistently makes.

T We are trying to keep her going in a regular class. This is the first time in her life she has been in a regular class. She has a good attitude and spunk to succeed, but her low mentality is more of a handicap than is her physical handicap.
This child is a candidate for a Special classroom for retarded children.

T Tells fantastic stories frequently, although they are not exactly lies. Is mentally two years older than his classmates. His IQ is extremely high and he would rather associate with older boys. They, of course, don't want to play with a third grader. This leaves him frustrated. It is difficult to challenge him in class as he is reading on a seventh and eighth grade level.

Very restless, never still. He continuously uses a harsh, "put on" laugh. Is extremely childish. It is almost impossible for him to pay attention to his work.

T Attention span is very short. He seems to want to be noticed for things he says. He has an IQ of 120-126 but doesn't grasp situations at hand and is very immature.

Tony has a mental block toward reading. His IQ is 126. He is alert and mature for his age. We try to keep "the door open" concerning this block. He is a pleasing child, has a wonderful personality.

T The brothers of this child. His brother is leading the way for him to cause a disturbance in class.

Fourth Grade

T Her father and mother are considerably older than is usual for a child her age. The father is so deaf that everyone has to shout, and apparently it is a nerve-wracking situation for her. Her mother said she was severely hit on the head when a baby and wonders if she may have had brain damage.

He is extremely immature for his mental ability. He is easily frustrated, gives up quickly, cries at the "drop of a hat." When he grows up and learns to attack problems like most fourth graders, he should come out of this immaturity or maladjustment.

Very withdrawn at times. I suspect parents push too much. Mother is a teacher. She threatens to deprive him of playing, etc., unless he makes the accelerated group. He seems to have built a protective wall around himself. He is capable of being accelerated, but doesn't perform to his ability, IQ 114.
Feel capable of handling this problem alone under present conditions, but at the cost of nervous tension.

The basis of the trouble is the parents. Thus, I have no control.

Chronic health problems include obesity and possible glandular trouble.

Has spells; somedays he does school work and somedays he does not. The cause may be that his father is in prison. Parents were divorced before the father was sent to prison.

Likes to aggravate others by doing petty things, such as interrupting games, tripping, pushing, shoving, etc.

Fifth Grade

Other children know he has a temper and will "fight" back. Therefore, they "pick" on him rather than leaving him alone. There has been some improvement since the first of the year.

Cries easily, especially when facing any type of problem. Marriage counselors might work with the parents as the child's problem is probably the result of a broken marriage.

Language barrier.

Parents need help in understanding their own problems also.

Visual-motor disability (Wechsler test). Habits are disturbing to watch.

Child is not a behavior problem when material is presented on his level of achievement (below average). Quite a bit of time is required to help this child on his level. He is eager to learn and to achieve, but is below grade level in all areas. Socio-economic and cultural background may have something to do with
Achievement does not compare with indicated ability. Child is not much of a behavior problem; has an IQ of 71. He needs a lot of special attention to provide learning activities on a level in which he can achieve. Perhaps he should be with children on his ability level who are not behavior problems. Could use more teaching materials on his level. Child is interested in learning; however, he is somewhat passive about it. There are five children in the family. Mother does housework and father is in Montana in the military service.

Child seems to want to assert independence by continually doing something other than what the group is doing. That is, when the group is doing arithmetic, she is apt to be doing reading, etc. She is always the last one to get ready. This child came from another state to live with her grandparents, leaving father, mother, and two brothers. Mother and father were both working. Child was considered "odd" by other children and would have been the object of some teasing had nothing been done to prevent it. She was referred to speech (some speech difficulty because of protruding teeth), and the child's hearing has been discussed with the nurse (some difficulty due to allergies). Grandmother was called in for a conference with teacher and nurse for a better understanding of the child. Other children were encouraged to help her feel at home in school and on the playground by explaining various things to her and by teaching her various skills and techniques in games. Thus, instead of criticizing her they are interested in her progress. Child resisted efforts to help her at first, but has become much more a part of the group. Part of her trouble seems to be homesickness and that of adjusting to a new situation, although the grandmother felt (and wanted to feel) that the child was not homesick but was very happy with her. Grandmother indicated that child was pretty much on her own at home with both parents working. Many short teacher-pupil conferences (after 3:30) have also helped. Also sent to her former school for her records, which described her as daydreaming in school. She seems to be pretty well adjusted now, and the children seem to accept her very well.

Child has been considered to be somewhat of a behavior problem because he would sit in the classroom mumbling in an undertone much of the time. He has not been too much of a problem in this respect. Conferences with him and individual attention seem to help. If he is given an opportunity to talk to the group, he will keep on talking until stopped. He has a sense of humor. Gave him an opportunity to explain a record he brought to school and an opportunity to play the record. He got completely off the subject of the record and talked and talked. He is the only Jewish child in the room, and wants to share his religious background with others. The child seems extremely nervous; think he might even show a higher rating in scholastic
ability if some of his problems could be solved. This child's parents are separated and do not know if they will get a divorce or not. He and his little sister seem undernourished and somewhat neglected. The children are living with the father, and there is an older sister (in high school, I think).

Child apparently is a slow learner, but does not achieve according to his ability in most areas. He is quite shy, very well behaved. Makes some attempt to learn when material is not too difficult, but is aware that his achievement is not up to grade level and is probably self-conscious about it.

Sixth Grade

T I simply do not know what motivates the child.

T This boy has great ability in art and exceptional ability in athletics. He reads on the second grade level.

T She reads library books, fiction, continually on the playground and at home. She lives in her own storybook world.

He is continually doing things that are wrong. He knows that he is wrong, is fearful of being punished, yet he persists in trying to do wrong in order to show the other boys. He is also very nervous and cannot sit still.

T Was expelled from parochial school for mishavior.

This boy is now in Ft. Grant.

T This child is resentful of her whole situation. Mother was killed when she was a baby, and she has been raised by grandparents. Grandfather is now living openly with another woman and does not provide sufficiently for the home.
COMMENTS OF TEACHERS ABOUT TRAINING

First Grade

T I have thoroughly enjoyed helping you in this survey. Some of my "thought to be" big problems were solved in the parent-teacher conferences, and the two I am reporting have diminished since the conference. I am very interested in this phase of our school program, and I would be delighted to help you any time in the future. I am not familiar with the advanced courses offered in this field, but I am interested and open minded for suggestions.

I would like to have a counselor whom I could take my problems to and receive advice.

T How to help a little boy overcome an aggressive problem and be a good citizen when on his own, to work and be good for himself, not for reward or fear of punishment. He knows right from wrong, is intelligent, but does just as he wishes when he wishes.

Third Grade

T Mental Health; Child Psychology; Counseling Courses.

T How to handle a child who constantly craves attention.

How to deal with gifted children.

T Psychology -- This child is seriously maladjusted.

Fourth Grade

T Guidance and counseling of the elementary grades.

T I feel a handbook giving general suggestions and ideas on handling various types of maladjustment would be useful. Each child is different, but some of the techniques suggested could be modified to fit the situation. Often a teacher wishes to help a
child in his personal adjustment, but she doesn't want to do the wrong thing and make his problem more serious.

A course in dealing with slow learners. (The problem is greater when the slow learner is in an average classroom. The child is discouraged because he/she is always at the bottom in academic work.)

T I would like to know how such children are handled by others, so perhaps a course in abnormal behavior or the like would be helpful. I always wonder how much coddling of this child is justifiable. When I force an issue with her, it leads to disturbance. When I let her get away with things, it worries me that it is unfair to the other children. The other children, however, tend to regard her behavior as not desirable to imitate.

Fifth Grade

T Training to deal with "abnormal" children -- those who need special help.

T Social casework studies. Need more knowledge of local agencies and the help that can be provided concerning home environment.

T Courses which aid teachers in identifying and handling emotional problems.

Teaching slow learners to regain self-confidence and be satisfied with achievement at lower levels.

Handling emotionally disturbed children in "normal" heterogenous classes, and helping the problem child.

Courses which analyze various case studies and methods of handling such problems.

Sixth Grade

T More Guidance and Counseling.

T I feel this is a problem for a specialist, and I do not think a teacher should attempt too much with the child. He needs an expert.

T I need help in convincing the parent that a problem exists.
COMMENTS OF PARENTS

(Each paragraph indicates comments by a different parent.)

Our boy has attended Lutheran parochial before this. He likes Ft. Lowell very well; makes good marks and has no problems that we know of.

We have five school-age children—none with any of the problems listed. I often get very upset with the demands made of the students who are good in school and who are leaders. It seems to me the "H" classes mean only double homework, not what they are planned to be. Our children are active in church activities, which have helped them to adjust to life and school situations. Teachers should realize many students have other activities, and excessive homework can be as big a problem as any others.

I do not feel that the School District needs either a psychiatrist or psychologist on its payroll.

My child couldn't have a better teacher than he has, or could do better.

Your questions are so strongly worded that I cannot check any of them. Naturally we have the minor day-to-day problems of any parents, but nothing abnormal.

He is no more destructive of property than any nine-year old. I haven't met his present teacher but feel that Mr. Frampton and the teachers I have met at Ft. Lowell since George and his older brother attended there are excellent teachers and well equipped to deal with all the youngsters in their charge. Unless his teacher feels differently, I don't believe he needs outside help. It appears from the inside of this folder that I think I have a perfect child, and this is not so. I do feel, however, that he is normal and fairly well adjusted. If his teachers feel he needs particular attention, I trust they will let me know.

Does not take part in community activities because she attends Hebrew School and takes piano lessons.

Mr. Schafer is interested in teaching not only facts but general development, helping personality development. He insists that each one think and act independently. With six children in Tucson Schools, we have been very pleased with the individual attention each has received. With few exceptions, they have had outstanding teachers in the past three years. Counselors for the older youngsters have been understanding and interested. Thank you.
Envy is a serious problem of my girl. Who knows if my child's teacher is able to deal with the problems? Do you have teachers or babysitters? Are they really encouraged (or even permitted) to teach? The child is learning no foreign language. With this exception she is essentially duplicating the material she had a year ago in a public school in the state of Washington.

He has enthusiasm to please and will outgrow bad habits.

Helps father with homemaking but has to be pushed and reminded of things to do most of the time. Other times she is very helpful.

We feel we do not know enough about you, your department, etc., to fill this out.

Since we have only moved to Tucson six weeks ago, it is difficult to say if the teacher is able to cope with his problems. But from all indications she is. We have found in the past that by cooperating with the teacher any problems have been alleviated if not solved.

My son complains vehemently at home when he considers a teacher has taken disciplinary action against anyone in his class. I feel he is judging his adult superiors, and have asked him to talk with the teacher but he will not. He tries too hard to please teachers by not getting into "trouble." He needs coaxing to talk things out.

Boy requires encouragement and praise; responds well to personal attention. I'm well satisfied with his handling at school.

If it is possible, I would appreciate any help for my son, Robert, to obtain a better attitude and to mature emotionally.

Is quarrelsome; fights often, gets mad easily only at home apparently. Uses profane or vulgar language when mad. He picked this up from neighbors, has almost quit. Sometimes needs an unusual amount of prodding to get work completed, and is sometimes inattentive and indifferent, or apparently lazy. His slowness in reading is very serious. The teacher is trying very hard with as many children as she has to cope with. I feel that when a child is having trouble it should be reported to parents sooner instead of being "glossed over" in conferences. He has a tutor now, but a tutor last year would have helped him to catch up in reading.

She is probably tense because she is one of the youngest in her class, and she strains to "keep up." If she had been able to start first grade in mid-year, I believe she would have been more mature and ready for school work.

I think my child should have remedial reading, which is available at his school; but he may not get it as they say he does not qualify.
According to the teacher at a recent conference, the child has no problems and is doing well in second grade.

Someone is needed in the schools to teach children with a motor-visual handicap.

Doesn't go along gracefully with many decisions of parents. Is quarrelsome and gets mad easily at times. Is resentful, defiant, rude, or apt to "sass" adults at times. At times needs an unusual amount of prodding to get work completed and is inattentive and indifferent, or apparently lazy. At times resists aggressively the authority of parents. Behavior is some better this year. Accepts some responsibility. He is a very likeable and loveable child except when in a smart aleck, provocative mood. May fight sister (age 6) and hit her. May be highly defiant or simply ignore efforts of parents to make him desist when misbehaving until he is physically punished by spanking, etc. Sometimes when angered and excited he will greatly resist being spanked and talk back defiantly and rudely to parent. He is about average as a student. We believe he has intelligence enough to do much better scholastically.

She displays extreme anxiety and has asthmatic bronchitis.

Sometimes needs an unusual amount of prodding to get work completed.

Since my husband and I have training as teachers, we have tried to help our children look forward to school as a stimulating and rewarding experience. So far our two school children have had excellent, understanding teachers who have helped us catch any problem as it starts.

Sometimes disrupts the home and is difficult to manage. This is most difficult for a parent to complete. We all have a tendency to "not notice" undesirable traits in our own children, but I have done my best.

Poor table manners. We believe we have an extremely well-adjusted child. If we felt she needed additional help, we wouldn't hesitate to ask.

The fact that he can't read up to his ability may hinder his whole life's activities. His problem has been realized since second grade but none of the teachers seem able to really help him. We don't know what to do; have tried Summer School. Part of his reading problem seems to be a lack of confidence. This lack of confidence is evident in his social activities, too, at times.

Your questionnaire is entirely too negative in its approach. Few parents would admit such failures as you have listed.
My son has allergies which make his breathing difficult at times. He often complains of headaches.

If this questionnaire had come last year, I would have checked several more than I did since Linda seemed to misbehave in the classroom much more than she does now. She has improved much.

His teacher feels he acts somewhat immature. Sometimes he doesn't go along gracefully with decisions of parents or group.

He is overcoming the problem of having his feelings hurt quite readily.

I have been exceptionally lucky. All my children in school are doing from above average to average. We try to listen and help them on things they don't clearly understand. We think that's the best way, for parents to pay attention no matter how silly it might sound.

This is not your department, very probably, but I think a student should be able to bring home a textbook for extra drill—in this case math. We can't even buy one of the books.

Every year my daughter has shown improvement in overcoming her shyness, and this year she is gaining self-confidence to help her overcome her anxieties. I think that Mrs. Jean Hughes has recognized her problem and is doing a wonderful job in "drawing her out" and giving her confidence in herself.

Ben was left without a mother at the beginning of second grade. I sincerely feel that the apparent sparsity of checks on this check sheet is largely due to the kindness and skill of his teacher, Mrs. Evelyn Chase.

Exhibits less nervous mannerisms than previously. Is competitive with sisters. Slightly resists aggressively the authority of parents. Has a mild speech problem.

I think there is too little supervision and discipline especially in the first three grades. They are told if they finish their work books they can color or get a library book, so they rush things instead of rechecking their work. Once our child grasps and understands a problem she doesn't forget, i.e., out of 20 phonics she had 35 wrong. After one hour of home study she fully understood, and now gets a 1 in English.

I won't know for sure until his next report card, as the first six weeks does not show too much. Thanks.

Our son seems to always want to win. He is not a good loser; is resentful at times when he cannot have his way. This happens only occasionally, however. We attribute this to his highly competitive spirit, especially in sports.
Is sometimes regarded by other children as a pest. I do not think her problems are anything we cannot handle with a spanking in some instances and patience in the others. We think she is a little nervous, but quite normal otherwise.
COMMENTS FROM PRINCIPALS' QUESTIONNAIRES

Section C. (Serious behavior problems not listed in Section B.)

Mr. Appleman, Ochoa: A definite lack of moral training and encouragement in the home.

Mr. Rykken, Duffy: First grade child who cannot be reached with ordinary questions or suggestions by the teacher. Seems to be on cloud nine most of the time. Has normal mental ability.

Mrs. Harkrader, Hudlow: Problems of negative attitude toward learning and the total school situation. Lack of respect for others' property and feelings.

Section D. (Chief effort toward obtaining outside professional help)

Mr. Putnam, Univ. Heights: Other - School Specialists.

Mrs. Copeland, Brichta: Other - Relationship with siblings, if any.

Mrs. McCray, Jeff. Park: Other - Principal and other special-area teachers.

Miss Hackett, Cavett: Other - Develop an understanding of the child by all school personnel who have contact with the child. This includes schoolmates, custodians, secretary, other teachers, etc.

Mr. Stanley, Davis: Other - A combination of the four mentioned would be best.

Miss McDiarmid, Bonillas: Other - With the exception of community environment, all mentioned are equally important.

Section E. (Outside professional help)

Mr. Putnam, Univ. Heights: Other - local police.

Mrs. Vernon, Wheeler: Other - Child Guidance Center.
Section F. (Handling by teacher)

Mrs. Copeland, Bricha: Other response - Overview of entire situation -- parent, teacher, specialists.
APPENDIX C

SELECTED CASE HISTORIES

MIKE
NAN
Personal Data

The teacher reports that Mike is a blonde, blue-eyed, nine year old boy in the 2nd grade. Although he is two years older than the average 2nd grader, he is about the size of the "average seven year old boy." He attends an eastside elementary school in a middle-class residential section. He is always well-dressed, well-groomed, and immaculately clean. The teacher states that he hesitates to play because he says he is afraid he will get his clothes dirty. At times he has a sad, melancholy look and he practically never smiles. At other times, he assumes an appearance of being sullen, tough, or hard boiled.

Family Data

Mike's mother has been married three times, and there are six children, with Mike the oldest. The teacher was not aware of the ages and sex of the other siblings or which husband was the father of each. The teacher stated that the mother is quite attractive and looks "about nineteen years old." Mike's real father is in prison and nothing is known of the second stepfather except his name. Mike spent last summer with his real father's family, but the mother said, "I should never have let him go." No further interpretation of this statement was offered. The family religious background is Baptist, but they are not active in church at this time. Mike's present stepfather is Spanish-American and is a staff-sergeant in the Air Force. The mother
Mike (Cont'd)

Family Data

works at a bowling alley in the evenings. Mike was born in California and has attended four schools in Tucson. The family has recently been transferred to Morocco.

Health Data

Mike's health record reveals very little. Since he has been in the present school only 3½ months, the nurse reported few contacts with him. She stated that he was not the kind of person who frequented the nurse's office. His health record card indicates an examination by the school physician with the following results; eyes O.K., hearing O.K., tonsils fair, glands fair, heart O.K., lungs clear, skin O.K., curvature none, feet flat, posture good, nutrition good, teeth three cavities. One bit of information on the health card is the fact that during the past seven months, Mike has lost two pounds and has gained nothing in height.

School Data

The following results were taken verbatim from the Permanent Record Card. No grades are given at the primary level, but written statements, only, are given.

Grade 1: Reading satisfactory, does better in reading group than working individually; writing and numbers satisfactory.

Grade 2: Reading poor; needs another year to complete 2nd grade work. (Mike repeated 2nd grade.)
Mike (Cont'd)

School Data

Grade 2: (from present teacher) Reading below grade level; Arithmetic above average; knows number facts through 14; Spelling about average; writing average; works well at things he likes to do; completes his seat-work assignments; average in art; above average in music; below average in play.

The teacher commented that Mike was very good in Arithmetic and Music. He loves to sing and volunteers to sing solos which he does very well.

Test Data

Mike has been given three standardized group tests with the following results:

<table>
<thead>
<tr>
<th>Test</th>
<th>Form</th>
<th>Date</th>
<th>Grade</th>
<th>Stanine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro. Readiness</td>
<td>R</td>
<td>Sept '59</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Kuhlmann-Anderson</td>
<td>B</td>
<td>Feb '60</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Metro. Reading</td>
<td>A</td>
<td>Sept '61</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

(A stanine is a standard nine-point scale used for test interpretation.) The fourth stanine is low average.

Personal Conduct Data

Listed below are the items checked on the check sheet used in this study (per Table VII) -- Is a bully; picks on others; is difficult to manage; is regarded by other children as a pest; rubs others the wrong way; lies frequently; is one or more of the following: shy, timid, fearful, anxious, excessively quiet, tense. Finds it difficult
Mike (Cont'd)

Personal Conduct Data

to be in group activities or to be relaxed with others, is inattentive and indifferent or apparently lazy. Is actively excluded by most of the children whenever they get a chance, is two years older than his classmates, is reading below his normal age; is ignored or actively disliked by pupils and teachers, refuses to participate in play activities, stands on the sidelines.

The teacher stated his reading is poor, but his work habits and Arithmetic are good. "He finishes work too quickly." "I feel he should be in the 3rd grade with remedial reading." "The family background is very, very poor. It is a wonder to me the child does as well as he does."

The teacher also stated that one day Mike came to school with a switch-blade knife. He makes up wild stories about daring deeds which he says he has done and tells them to the other children. One day, when he was absent to take a polio shot, he told the children that he had played hookey. He usually refuses to participate in play and is not accepted by the children, but when the teacher is not looking, he will strike them. One day he complained to the teacher, "You always blame me." When the teacher turned her back momentarily, he struck a child in front of him on the head with a book. The teacher turned around just in time to see him do it. He then put his head on his desk and wept. At playtime he begged to stay in the room instead of going out to play, saying the "children make fun of me." Frequently when school is out, he does not want to go home. However, on two
Personal Conduct Data

occasions he claimed that he was ill and was sent home by the school, but the mother stated he was not ill.

According to the teacher, at the Christmas Party, he received a gift but then gave it to another boy. Afterwards he wept bitterly because his parents had not attended the party as they had promised to do. The teacher excused him from the room and he threw himself onto the lawn and sobbed for several minutes. When the other children went home, he came back into the room still weeping and saying, "No one cares for me." The teacher gave him another gift and offered to go home with him. He stated sadly, "Well, I might as well go" and left the room.
Mike (Cont'd)

STAFF DISCUSSION AND RECOMMENDATIONS

Questions and Remarks:

1. May have trouble adjusting to mother's many marriages and now to a Spanish-American stepfather.
2. Find out relationship between mother and real father's parents and how it affects Mike.
3. Did his grandparents want to take him for the summer?

Recommendations:

1. Case work needed.
2. Psychologist evaluation needed.
3. Physical examination and evaluation needed.
4. Psychiatric evaluation needed.
5. Possibly need to be referred to Child Guidance Clinic.
Following are significant statements from the case histories indicating a need for casework services:

At times he has a sad, melancholy look and he practically never smiles. At other times, he assumes an appearance of being sullen, tough, or hard boiled.

Mike's mother has been married three times, and there are six children, with Mike the oldest. Mike's real father is in prison and nothing is known of the second stepfather except his name. Mike spent last summer with his real father's family, but the mother said, "I never should have let him go." Mike's present stepfather is Spanish-American and is a staff-sergeant in the Air Force. The mother works at a bowling alley in the evenings. Mike was born in California and has attended four schools in Tucson. Is a bully; picks on others; is difficult to manage, is regarded by other children as a pest; rubs others the wrong way; lies frequently; is one or more of the following: shy, timid, fearful, anxious, excessively quiet, tense. Finds it difficult to be in group activities or to be relaxed with others. Is inattentive and indifferent or apparently lazy. Is actively excluded by most of the children whenever they get a chance. Is ignored or actively disliked by pupils and teachers. Refuses to participate in play activities, stands on the sidelines. The teacher also stated that one day Mike came to school with a switch-blade knife. He makes up wild stories about daring deeds which he says he has done and tells them to the other children. He usually refuses to participate in play and is not accepted by the children, but when the teacher is not
looking, he will strike them. When the teacher turned her back momentarily, he struck a child in front of him on the head with a book. "Children make fun of me." Frequently when school is out, he does not want to go home. Afterward he wept bitterly because his parents had not attended the party as they had promised to do.

Following are significant statements from the case history indicating a need for nursing services:

Mike's health record reveals very little. One bit of information on the health card is the fact that during the past seven months Mike has lost two pounds and has gained nothing in height.

Following are significant statements from the case history indicating a need for psychological services:

Although he is two years older than the average 2nd grader, he is about the size of the "average seven-year old boy."

Grade 2: (from present teacher) Reading below grade level; Arithmetic above average; knows number facts through 14; Spelling about average; writing average; works well at things he likes to do; completes his seat-work assignments; average in art; above average in music; below average in play. Is two years older than his classmates. Is reading below his normal age.
MIKE

**TIME ESTIMATE—CASEWORKER—SOCIAL HISTORY**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School Visit</strong></td>
<td></td>
</tr>
<tr>
<td>Talk with principal</td>
<td>10</td>
</tr>
<tr>
<td>Talk with teacher</td>
<td>20</td>
</tr>
<tr>
<td>Observe child and read record</td>
<td>30</td>
</tr>
<tr>
<td>Talk with child</td>
<td>30</td>
</tr>
<tr>
<td>Conference with Esther Stolzman</td>
<td>10</td>
</tr>
<tr>
<td>Home Visit with mother</td>
<td>90</td>
</tr>
<tr>
<td>Organize data</td>
<td>30</td>
</tr>
<tr>
<td>Conference with supervisor</td>
<td>20</td>
</tr>
<tr>
<td>Conference with Esther Stolzman</td>
<td>10</td>
</tr>
<tr>
<td>Consultation with Dr. Zemsky</td>
<td>30</td>
</tr>
<tr>
<td>Dictation</td>
<td>70</td>
</tr>
<tr>
<td><strong>School Visit</strong></td>
<td></td>
</tr>
<tr>
<td>Conference with principal and teacher</td>
<td>40</td>
</tr>
<tr>
<td><strong>Travel</strong></td>
<td></td>
</tr>
<tr>
<td>Two school visits</td>
<td>80</td>
</tr>
<tr>
<td>Home Visit</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td>510</td>
</tr>
</tbody>
</table>

8 hours, 30 minutes
<table>
<thead>
<tr>
<th>Activity</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administer Wechsler Intelligence Scale for Children</td>
<td>60</td>
</tr>
<tr>
<td>Interpretation</td>
<td>20</td>
</tr>
<tr>
<td>Consultation</td>
<td>10</td>
</tr>
<tr>
<td>Travel time, scoring and writing report</td>
<td>90</td>
</tr>
</tbody>
</table>

**Total time** 180 or 3 hours
# MIKE

## TIME ESTIMATE-DEPARTMENT NURSE-HEALTH HISTORY

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference with school nurse</td>
<td>½</td>
</tr>
<tr>
<td>Conference with Mike</td>
<td>3</td>
</tr>
<tr>
<td>Re: Eating habits</td>
<td></td>
</tr>
<tr>
<td>Rest</td>
<td></td>
</tr>
<tr>
<td>Recreation</td>
<td></td>
</tr>
<tr>
<td>Attitudes toward play</td>
<td></td>
</tr>
<tr>
<td>Hearing and vision tests</td>
<td></td>
</tr>
<tr>
<td>Conference with mother</td>
<td></td>
</tr>
<tr>
<td>Observe home conditions</td>
<td></td>
</tr>
<tr>
<td>Working schedule of parents</td>
<td>2</td>
</tr>
<tr>
<td>Developmental, health and medical</td>
<td></td>
</tr>
<tr>
<td>History of family, especially Mike</td>
<td></td>
</tr>
<tr>
<td>Follow-up on Mike and family</td>
<td></td>
</tr>
<tr>
<td>Urge dental care</td>
<td>1</td>
</tr>
<tr>
<td>Referral</td>
<td></td>
</tr>
<tr>
<td>Initial conference with caseworker</td>
<td></td>
</tr>
<tr>
<td>Reports to:</td>
<td></td>
</tr>
<tr>
<td>Nurse and principal</td>
<td></td>
</tr>
<tr>
<td>Caseworker</td>
<td>2</td>
</tr>
<tr>
<td>Psychologist</td>
<td></td>
</tr>
</tbody>
</table>

Total time: 8½

plus travel time
Personal Data

Nan is a thirteen year old girl in the 6th grade of a south side school. She has dark hair, dark eyes, is tall, slender, well-developed and really interested in boys. She is quite attractive with the exception of one protruding tooth. She is sometimes overdressed and uses makeup. She is a nervous child and the teacher stated, "She is not a happy child, but is not grossly unhappy." She has few friends in class. The teacher feels that she respects her mother and that she is close to her.

Family data

The mother is divorced and moved to Tucson from California. The teacher stated that the mother was supposed to be remarried, but for some reason the marriage had not taken place. Nan's father is an aircraft engineer in California, and the mother is a bookkeeper in a local hospital. Nan has one younger brother. The family is Presbyterian, but Nan has attended the Immaculate Heart Academy.

Health Data

There was little health data available on this child. There is a record of her having Valley Fever at the age of seven. The teacher stated that Nan apparently has some health problem since her attendance has been poor because of illness. The nature of the health problem is unknown.
Nan (Cont'd)

School Data

Since Nan is a new girl in school, there was little data on her. The teacher stated that she does above average work and seems to have above average ability. Her report card shows the following grades: Arithmetic 3, Reading 2R, English 2, Spelling 1, Writing 1, Social Studies 3, Science 3, Physical Education 2, Art 1, and Music 1. The teacher stated that Nan works hard and seems well motivated. He stated that she was very good in Art but had some reading difficulty.

Test Data

Nan had taken the California Achievement Test in September, 1961, with the following results.

<table>
<thead>
<tr>
<th>Test</th>
<th>Grade</th>
<th>Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arithmetic</td>
<td>Grade 6</td>
<td>6.2</td>
</tr>
<tr>
<td>Reading</td>
<td>Grade 6</td>
<td>5.4</td>
</tr>
</tbody>
</table>

Personal Conduct Data

The teacher stated that Nan was "rough" and occasionally used vulgar and profane language. She refuses to talk about her family. She talks a great deal in class, and is exceptionally interested in boys. She is a disturbing element in the classroom and cheats when she can get away with it. On one occasion, she had an unusual amount of money, and it was later discovered that she had stolen it from her mother. She offered to buy lunches for some of the boys in the 6th grade. The teacher stated that she was quite moody, irritable, and
Nan (Cont'd)

Personal Conduct Data

hostile. She calls other children bad names. She is flighty and a compulsive talker. The teacher checked the following items on the check sheet: Is regarded by other children as a pest. Rubs others the wrong way. Lies frequently. Uses profane or vulgar language frequently. Finds it difficult to be in group activities or to be relaxed with others. Is two years older than her classmates. Breaks rules of conduct or of games and is often unaware of it.
NAN

STAFF DISCUSSION AND RECOMMENDATIONS

Questions and Discussion

1. Mother seems to treat Nan as a contemporary. Does mother need this?
2. How old was Nan when mother divorced?
3. Is Nan frustrated?
4. Why did Nan attend Immaculate Heart Academy?

Recommendations

1. Casework needed.
2. Physical examination and evaluation needed.
3. Psychological evaluation needed.
Following are significant statements from the case histories indicating a need for casework services:

She is a nervous child and the teacher stated, "She is not a happy child, but is not grossly unhappy." She has few friends in class. The mother is divorced and moved to Tucson from California. The teacher stated that the mother was supposed to be remarried, but for some reason the marriage had not taken place. The family is Presbyterian, but Nan has attended the Immaculate Heart Academy. The teacher stated that Nan was "rough" and occasionally used vulgar and profane language. She refuses to talk about her family. She talks a great deal in class and is exceptionally interested in boys. She is a disturbing element in the classroom and cheats when she can get away with it. On one occasion, she had an unusual amount of money and it was later discovered that she had stolen it from her mother. The teacher stated that she was quite moody, irritable, and hostile. She calls other children bad names. She is flighty and a compulsive talker. Lies frequently. Uses profane or vulgar language frequently. Finds it difficult to be in group activities or to be relaxed with others. Breaks rules of conduct or of games and is often unaware of it.

Following are significant statements from the case histories indicating a need for nursing services:

There was little health data available on this child. There is a record of her having Valley Fever at the age of seven. The
teacher stated that Nan apparently has some health problem since attendance has been poor because of illness. The nature of the health problem is unknown.

Following are significant statements from the case histories indicating a need for psychological services:

The teacher stated that she does above average work and seems to have above average ability. He stated she was very good in Art but had some reading difficulty. Is two years older than her classmates.
## TIME ESTIMATE-CASEWORKER-SOCIAL HISTORY

<table>
<thead>
<tr>
<th>School Visit</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk with principal</td>
<td>10</td>
</tr>
<tr>
<td>Talk with teacher</td>
<td>15</td>
</tr>
<tr>
<td>Talk with child</td>
<td>30</td>
</tr>
<tr>
<td>Conference with nurse</td>
<td>10</td>
</tr>
<tr>
<td>Office visit with mother</td>
<td>70</td>
</tr>
<tr>
<td>Organize Data</td>
<td>20</td>
</tr>
</tbody>
</table>

### School Visit

- Conference with teacher and principal: 30 minutes
- Dictation: 45 minutes

### Travel

- School visits: 60 minutes

**Total time**: 290 minutes or 4 hours, 50 minutes
## PSYCHOLOGICAL EVALUATION

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administer Wechsler Intelligence Scale for Children</td>
<td>1 hour</td>
</tr>
<tr>
<td>Interpretation</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Consultation</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Travel time, scoring and writing report</td>
<td>90 minutes</td>
</tr>
</tbody>
</table>

**Total time** 3 hours
TIME ESTIMATE—DEPARTMENT NURSE—HEALTH HISTORY

Conference with nurse

Conference with Nan

- Discuss her complaints and illnesses
- Health attitudes and practices
- Personal hygiene
- Dietary habits
- Home responsibilities

Follow-up on defects

Vision and hearing tests

Conference with mother

- Developmental and medical history
- Family health history
- Dental care
- Mother's health attitudes

Referral

Initial conference with caseworker

Reports to

- Nurse and principal
- Caseworker
- Psychologist

Total time 8 hours

plus travel time
BIBLIOGRAPHY


