EDUCATIONAL PROGRAMS AND FACILITIES IN HOSPITAL SCHOOLS

by
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Approved:  C.R. Merritt,  Director of Thesis

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J. F. Hughes
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CHAPTER I

INTRODUCTION

This study was made to determine the nature and extent of hospital school programs and facilities in the United States. In this chapter an attempt has been made to orient the reader by providing a brief history of the development of schools in hospitals. It was found that relatively little information concerning this kind of education is in the professional literature. This alone seems to justify further work in the area. The chapter is concluded with a formulation of the problems investigated in this study.

The Growth and Development of Hospital Schools

The development of hospital schools has been slow, haphazard, and often discouraging. Early supporters were interested individuals and occasional philanthropists, but today an increasing number of organizations have brought the importance of hospital education to the attention of educators in our country. And in recent years parents have unceasingly demanded public school services for hospitalized children.

Hospital schools were first established in hospitals for crippled children; therefore, early state legislation
often limited the hospital school to providing educational services for crippled children. The expansion of educational programs to include other types of hospitalized children has been slow because existing legislation had to be amended.

The first hospital school was started in New York City in 1861 as a private project carried on in a physician's home. In 1863 the first hospital school teacher in the United States was employed by the Hospital for the Ruptured and Crippled in New York City. The second hospital school was organized in the Hospital Cottages for Children in Baldwinsville, Massachusetts in 1882. It, too, was a private project in the beginning. From 1882 until 1901 there is very little known about the organization of other hospital schools. Minnesota was the first state to establish a hospital school in a state institution in 1897. In 1904 Massachusetts became the first state to establish and provide at public expense a school for crippled children. From these early beginnings the hospital school movement has grown until Matheison estimated, in 1938, that there were between three and four hundred such programs in the United States.

The provision of educational facilities for every hospitalized child has never been attempted. Many general


2Ibid., pp. 7-17.
hospitals have made no effort to include separate children's units in their institutions, and they have made little or no attempt to offer educational opportunities for children. Occasionally a long-term patient may be assigned a tutor, but for most patients the days are endless instead of challenging. Mackie and Fitzgerald say:

Medical specialists tell us today that most of the hospitalized boys and girls could have some kind of educational program, upon, or soon after, admission to the hospital. Many physicians prescribe education as a part of the total program of care. It is recognized increasingly that intellectual growth and social and emotional adjustment are just as important as physical well-being. Even though the physical condition of patients in the hospital may improve, there tends to be a deterioration of the entire personality if opportunity for social and emotional growth is not provided.3

Special hospitals for long-term patients have been the first to commence children's educational programs. Mackie gives the following statistics on children confined in general and special hospitals:

In 5,000 general hospitals in the United States there are approximately 43,000 beds for boys and girls under age 15. According to a recent study approximately 1,850,000 children are admitted to general hospitals every year. Some of these general hospitals have children's units and some do not. Special hospitals provide for a smaller group of children numbering about 91,000. The children in these special hospitals are usually long-term patients who have tuberculosis, contagious diseases, rheumatic fever, orthopedic disabilities, and various types of illness. While the total number of patients

in special hospitals may seem relatively small, the actual days of care are many, because the majority of the patients are long-stay cases. 4

From these statistics it would seem that special hospitals are providing facilities for fifty per cent more children than are general hospitals. However, there are twenty times more children admitted yearly to general hospitals than there are to special hospitals. Is it necessary to provide an educational plan for these short-term patients? Mildred H. Walton, Chairman of the International Council for Exceptional Children Committee on the Hospitalized Child, made the following statements regarding school and the length of hospital stay:

Wherever a reason was given for no school in the hospital, it was usually that the patients stayed too short a time to warrant a school program or that the hospital had too few school age patients to make a school practical. Perhaps, if the purpose of the teacher in the hospital were defined as meeting the mental health needs instead of defined in terms of academic instruction, more hospital administrators would see the need of a teacher or teachers on the hospital team. The short time patient may have as great a need for constructive activity as has the long time patient. Because the fears are greatest in the first few days of hospitalization a new and difficult adjustment must be made. Even though hospitalization may be a few days only, the child, especially the young child, should have someone concerned with making these days meaningful in terms of the child's mental health needs. 5

4Ibid., p. 3.

The slow growth of hospital school education has been due in part to the fact that, in the beginning, it was handled as a private enterprise rather than as a state educational problem. Early legislation was written specifically for crippled children, thus eliminating educational programs for those handicapped by other health problems. Unfortunately, the process of amending existing legislation is often slow and tedious. The first hospital school originated in a physician's home in 1861, and from this single beginning there are now approximately 600 hospitals in the United States that are offering some kind of educational program for children. However, just what the nature and purposes of these hospital schools are and to what extent they are meeting the needs of their pupils are not known. It is hoped that this study will give educators and hospital boards of directors a better picture of what is actually being accomplished on the national level.

The Need for Further Investigation

There seems to be a definite need for further investigations as to the nature of hospital school education. Only two studies were located which attempted to indicate the scope and extent, on a nation-wide basis, of hospital education in the United States.

The Matheison study in 1936 was at the national level. It gave us not only the historical background of hospital school education, but also some constructive suggestions for
organizing the hospital educational programs.

The Walton report in 1952, while national in scope, was not so comprehensive as the Matheison report. It was concerned mainly with teaching opportunities in hospital schools, and with opinions as to the need for educational facilities in hospitals.

The writer feels justified in making the present study because so little is known about current educational programs in hospitals. In reviewing the literature it was found that there were few references to hospital school programs and facilities. Most of the articles were written about individual hospital school programs, and they gave very little indication as to what actually were the national practices and trends.

**Statement of the Problem**

This survey study was made to determine the nature and extent of hospital school programs and facilities in the United States. A check list type survey was designed for securing data on: (a) the administration of hospital schools, (b) the nature and extent of hospital school programs, and (c) the nature and extent of facilities available.

The Department of Special Education of the Tucson Public Schools encouraged the writer to make this study.
Organization of the Study

This chapter has provided, first, a brief history of the growth and development of hospital schools. Then a statement of the problem, the need for further investigation, and a justification for undertaking the problem were presented.

Chapter II contains a review of related literature. This review has indicated that there is a need for further work.

Chapter III describes the procedure used for obtaining the data which are presented in Chapters IV-VI.

Chapter VII is a general summary of the study.
CHAPTER II

REVIEW OF RELATED LITERATURE

The first hospital schools were started ninety-four years ago in the United States. There was very little written about the growth and development of these schools and their programs during the first seventy-five years of their existence. Practically all the existing information about hospital school education which has been published within the past two decades is limited to the policies and achievements of individual hospitals. There has been no attempt to make a comprehensive study of the hospital schools of the nation with regard to their policies and school programs since 1936, as far as this writer has been able to ascertain.

The sources reviewed in this chapter have been divided into six categories, namely: Research Studies, Recent Government Bulletins, Books, Materials Available from Associations, A Conference Summary, and the Report of the International Council for Exceptional Children's Research Committee.

Research Studies

An early comprehensive study of hospital schools in the United States and its possessions was made in 1936 by
Matheison. She presented a history of the hospital school movement from 1861 to 1938, and studied legal provisions for the establishment of such schools. Provisions for special education in each state and the special requirements for teachers were presented. Data on the academic training given in hospital schools and on hospital classroom equipment were included. There were 356 questionnaires sent to hospitals which were reported to have educational programs; replies were received from 216 hospitals, fifty-four of which reported no school. The remaining 162 constituted the basis for the report.

Thirty-three states, Hawaii, and the Philippine Islands were represented. Seventeen states had made provisions for a special educational program that might include hospital schools. Special qualifications for hospital teachers were required by eight states. Below the high school level, arithmetic and reading were the two subjects most often taught while health, art and music were least often taught. On the high school level, courses in English and mathematics were provided. Commercial subjects, music and art were seldom included in the hospital school curriculum. Seventy-five schools reported kindergartens, but there were no existing nursery schools. Matheison came to the following conclusions as a result of her study:

The questionnaire returns indicate a wide variety of practice. This variation extends to all phases of the hospital schools—administrative control, instructional supervision, length of school day and year, selection and limitation of pupils admitted to the school, finance, curriculum, teacher personnel, instructional methods, and classroom facilities. Apparently much remains to be done before it can be said that hospital instruction is operating upon a sound basis of recognized standards.  

Matheison summarized as follows after she had completed her study:

The hospital school has three values: Therapeutic, vocational, and general educational. By keeping the child's mind occupied and away from his misfortune it aids in physical recovery. It can assist the patient to select a vocation in keeping with his possible future physical condition and offers possibilities for training in that vocation. It bridges the gap in school progress caused by temporary hospitalization, enabling the pupil to keep up to grade; and for long-time patients it gives the child educational opportunities which would be otherwise impossible. According to the opinions of hospital authorities and of school authorities from the child's home school, hospital school instruction is effective. The results of standardized tests likewise indicate that the progress made by pupils in the hospital school can equal the normal grade progress in the regular school.

The last section of the Matheison study presented a series of suggestions and recommendations thought to be essential in the organization and development of adequate hospital school programs. She felt much could be accomplished by progressive legislation in the interest of hospital schools, and she advocated the following:

7Ibid., p. 37.
8Ibid., p. 45.
(1) Provision for the establishment of hospital schools; (2) provision for their support through State and local funds, with some contribution by the State toward the excess cost involved; (3) provision for their administration and supervision by local and State educational authorities; (4) provision for regulation by the State department of education of courses of study, qualifications of teachers, and other instructional matters; (5) provision for an annual enumeration of all atypical children, including the hospitalized; (6) attendance laws which will guarantee to all handicapped children the opportunity to profit by available educational facilities.9

In 1950 Henegar made a study of education for hospitalized children in Salt Lake City, Utah. This is a very comprehensive study and is not confined entirely to an historical study. The various hospital educational programs were divided into seven groupings: (1) no educational program and no recreational program, (2) recreational program only, (3) visiting teachers who care for a few patients, (4) bedside teaching in which the teacher is assigned to the hospital for either a half or full day, (6) classroom teaching with an enriched curriculum, and (7) hospital schools for elementary and high school children. In conclusion Henegar says:

School in the hospital is changing from a stilted, subject-centered organization to one that provides a program that fits the physical, mental, emotional and social needs of each individual hospitalized child.10

9Ibid., p. 57.

Walton made the following statements regarding a survey of 559 hospitals in 1952:

This Survey of Hospitals made by the International Council for Exceptional Children Committee on the Hospitalized Child grew out of a need for definite answers to many questions from teachers and from students concerning opportunities for teaching in hospitals. It was also to prove the point, felt by many of us to be true, that educational opportunities for children hospitalized for short or long periods of time were sadly lacking in most hospitals in the United States.\textsuperscript{11}

In 1951, when the survey was first planned, there was no information about the number of hospitals in the United States that had educational programs for children. The American Hospital Association had included a question concerning educational programs for children in their annual questionnaire sent to 6,192 hospitals in 1951. Walton sent her questionnaire to the 559 hospitals that responded to this question in the affirmative. Four hundred sixty-one returned the questionnaires, but only 378 actually reported having educational programs. Her statistics were compiled from these 378 replies. The final report included a comprehensive list of duties for the teacher which were believed to indicate her place as a part of the hospital team. In conclusion the Committee made these five recommendations:

\begin{enumerate}
\item That further studies be made of existing programs and of hospitals having no educational or recreational programs.
\end{enumerate}

\textsuperscript{11}Walton, op. cit. (pages not numbered).
2. That a critique for establishing new programs or improving old ones be developed.

3. That an effort be made to get published material before the public and hospital administrators on the needs of hospitalized children and how such needs are being met or how ways can be found of meeting them.

4. That consultants be made available for help when and where it is needed.

5. That more facilities are made available for student teachers to get experience in hospital schools.12

Walton has informed the writer that a summary of this report would be published soon, and that copies of the entire report are available upon request.

**Recent Government Bulletins**

Mackie and Fitzgerald13 prepared a bulletin which includes the most complete and concise curriculum guide for hospital teachers published to date. They urged teachers to have multi-grade classes with unit activities. They also encouraged teachers to place emphasis on health, safety, arts, science, stories and games.

Mackie and Dunn14 prepared two bulletins in 1954. With reference to teacher training in special education they state:

12Ibid.


For the academic year 1953-54, 122 of the nation's colleges and universities reported sequences of teacher preparation in one or more areas of exceptionality. Colleges tend to be located in the areas where population is most dense and in regions where the most extensive special education programs have developed. California, Illinois, Pennsylvania, and New York have more training centers than any other states.

With reference to the need for teachers of special education, Mackie and Dunn bring the following information to our attention:

In the service of the nation's schools there are perhaps 25,000 special teachers; some have no specialized preparation, others are partially prepared, and a few are thoroughly equipped for professional service in this field. It is estimated that at least 100,000 teachers, or four times the available number, would be needed to staff the special day classes, hospitals, convalescent homes, and residential schools, and to provide the itinerant and consultative services required.

There are other bulletins from the Office of Education which deal with the different areas of special education. Many of the ideas and suggestions which they contain are relevant to hospital teaching.

Books

In 1937 the International Council for Exceptional Children appointed Dr. Harry Baker to negotiate with the National Society for the Study of Education for a yearbook on

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16See list of government bulletins in Bibliography.
exceptional children. After the Society had considered the proposal, it felt that there was very little to interest educators in a field as insufficiently and poorly structured as the area of exceptional children. Ten years later, when the Society reviewed the same proposal, it was realized that educators needed a guide for the education of exceptional children. In 1950 the National Society for the Study of Education presented its forty-ninth yearbook in two parts. Part II, The Education of Exceptional Children, is planned for school administrators, regular classroom teachers, special classroom teachers, and students of education in colleges and universities. In the last chapter it is pointed out that much of the research dealing with exceptional children has been done in fields other than education, particularly in medicine, sociology, psychology, and biology. Kirk gave the following reasons for lack of research in the area of exceptional children:

1. The original work in this field was spearheaded by promoters and humanitarians and not by scientists. Funds were made available for services rather than for scientific research, since, in general, parents, teachers, welfare agencies, and other lay groups were first interested in providing needed services for the exceptional children.


2. Custodial institutions and special schools established for the care and training of exceptional children have not usually been equipped for research pertaining to the problems and needs of these children.

3. Relatively few research foundations direct their efforts toward the study of exceptional children.

4. Universities, where research in many other areas is carried on, have been slow to recognize the need for research in the education of exceptional children in general and but few of them even now have a specialized staff to design and organize research projects and to train specialists in this field. The only exception that has figured at all prominently in universities is speech correction, and much research has been carried on in that area. Universities have relied upon the basic sciences to furnish data in this field, but have no appointed staffs to spearhead the program or to draw upon facts from the basic sciences.¹⁹

Chapters XI and XII of this Yearbook, pages 194-236, present a general picture of the educational approach and needs for children with crippling diseases and special health problems, which is one of the six general classifications for exceptional children. The Appendix lists the thirty-nine agencies and associations with their purposes and activities that are interested in exceptional children, and some forty publications that are available to teachers and parents. ²⁰

Frampton and Gall edited three volumes which deal comprehensively with every phase of special education. The information in these volumes, which were written by specialists

¹⁹Ibid., p. 321.

²⁰Merle E. Frampton and Elena D. Gall, Special Education for the Exceptional (Boston: Porter Sargent, 1955), 3 volumes.
in the field, is concerned with the rapid advances being made as well as the latest developments and methodology. Every chapter in these three volumes is concluded with its own pertinent list of agencies, periodicals, and bibliographies. In Volume II there is a valuable discussion for those interested in the homebound and the hospitalized. Most of this volume contains information that is relevant for the hospital teacher.

**Materials Available from Associations**

The International Council for Exceptional Children, the National Foundation for Infantile Paralysis, the National Society for Crippled Children and Adults, and the National Tuberculosis and Health Association have all compiled bibliographies that are helpful to teachers of hospitalized children.

**A Conference Summary**

The National Foundation for Infantile Paralysis sponsored the first nation-wide conference ever called to "consider ways by which the hospitalized child might have the benefit of the best known educational procedures." The conference met in Atlantic City, New Jersey on February 26-27, 1948 and was attended by more than two hundred men and women.

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22See list of association reports in Bibliography.
from thirty-two states. This group was composed of hospital administrators, pediatricians, orthopedic nurses, medical social workers, physical and occupational therapists, and hospital school teachers. Opportunity was provided for teachers to learn how other teachers were meeting the problems confronting them in institutions. Emphasis was placed on the importance of working under conditions which provide complete coordination of the various institutional services responsible for each child's growth and development.

During a discussion on current educational practices at this conference, Walton emphasized the following:

An educational program as well as an educational toy should ask the child to do something. It is not what you do for the child, but what you get him to do for himself.

Children who are ill often have good physical care, but attention must be given also to their mental and social development. It is only when treatment, education, and recreation constitute the all-day program for six days a week and fifty-two weeks a year that these children can lead more normal, satisfying lives. Hospital school programs must provide opportunities for children (1) to have individual instruction, (2) to help one another, (3) to do independent work, and (4) to join and participate in group instruction and projects.

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24 Ibid., p. 18.
The flexible educational program at the University of Michigan Hospital School creates daily situations for every child to think, plan, work, and play. Tomorrow is anticipated because today was purposeful. These children, many of whom may be permanently handicapped, require an educational program that will help develop confidence to meet the every-day problems of life. An educational program is needed that will increase, not decrease, the normal desire to return home and to join former schoolmates on an equal basis.

In closing the conference, Elise Martins gave this two-fold objective as the challenge to all those in attendance:

First, that every child who is in the hospital for physical treatment be given educational opportunity equal to that of every other child, and that this be universally true in every state and hospital in the United States; second, that the program for these children be of an enriching, dynamic nature, socially and emotionally satisfying to every child.25

Report of the I.C.E.C. Research Committee

Samuel S. Kirk, as chairman of the International Council for Exceptional Children's Research Committee, made the following statements:

In 24 volumes of the Review of Educational Research, there are some 10,500 pages, including bibliographies, directories and indices. Of these 10,500 pages, a total of 303 pages, including those utilized for bibliographies, were devoted specifically to special education. This munificent three percent of spaces included not less than 50 pages of

25Ibid., p. 33.
material which were only peripheral to special education.

A factually oriented person who endeavors to find good research evidence for many of the statements made about the education and psychology of exceptional children tends to discover strong statements and convictions but few facts. 26

From this quote it can readily be seen that the area of special education has received very little recognition or space in the Review of Educational Research. Therefore, there remain many aspects of education for children with crippling diseases and special health problems that have yet to be explored.

This survey of related literature has shown that there has been no recent study made on the nature and extent of hospital school programs and facilities in the United States. Therefore the writer feels justified in conducting such a study.

CHAPTER III

PROCEDURES

Chapter III is concerned with the technical procedures of the survey. It first discusses how the list of hospitals was compiled. Next it describes how the sample was drawn. Table I is included in this chapter to show the alphabetical tabulation by states of the returned check lists. This is followed by a description of how the check list was organized, with a preview of the information in the chapters to follow. Chapter III is concluded with an analysis of the contents of the Bibliography and Appendix, which the writer hopes will be a real contribution to hospital school teachers.

The Population

A list of hospitals offering educational programs for children was not available from the International Council for Exceptional Children, the University of Michigan Hospital School, the American Hospital Association, or any other source that the writer could locate. However, since 1951 the American Hospital Association has cooperated with the International Council for Exceptional Children by including in its annual questionnaire an inquiry about educational programs for children. This questionnaire is sent yearly to the institutions belonging to the American Hospital Association who
assist in the compilation of their annual administrators' guide issue of *Hospitals*.

To obtain this list of institutions which indicated that they had children's educational programs, it was necessary for the writer to check through the compendious data of approximately 6,200 institutions in the 1954 edition of the guide issue. This was simplified by looking for the letter F, one of the three major code symbols, which refers to Facilities. Facilities, in turn, has twenty-five divisions, F-4 referring to children's educational programs. By this method a list of 604 hospitals was obtained, less than ten per cent of the total number in the United States. These 604 were then arranged alphabetically by states and by cities within each state.

The Sample

The writer was interested in obtaining as representative a sample as possible from all the forty-eight states and the District of Columbia. The sample was drawn by selecting every other hospital in the list described above. This provided a list of 302 hospitals, and a questionnaire was sent to each of them. Table I shows the alphabetical tabulation by states of the check lists which were returned.

---

<table>
<thead>
<tr>
<th>State</th>
<th>(1) No. of letters mailed</th>
<th>(2) No. of replies received</th>
<th>(3) Reported on educational program</th>
<th>(4) Reported on nursing school</th>
<th>(5) Reported no school</th>
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<tr>
<td>Alabama</td>
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<td>1</td>
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<tr>
<td>State</td>
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<td>No. of replies received</td>
<td>Reported on educational program</td>
<td>Reported on nursing school</td>
<td>Reported no school</td>
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<td>Wyoming</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Totals</td>
<td>302</td>
<td>208</td>
<td>144</td>
<td>25</td>
<td>39</td>
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</tbody>
</table>

Column 1 shows the number of letters sent to institutions in each state that had reported children's educational programs. Column 2 gives the number of replies received from each state, and Column 3 the number of replies actually tabulated for this survey. Column 4 shows the number of institutions that misinterpreted the survey and reported on nurses'
training schools, and Column 5 gives the number that reported no educational program even though they were given the designation F-4 in Hospitals.

To summarize the data in Table I: There were 302 check lists mailed and 208 returned, a reply of sixty-nine per cent. Twenty-five institutions misinterpreted the check list and thirty-nine had no educational program. Thus of the number returned, there were 144 or sixty-nine per cent from which to compile data.

Organization of the Check List

The questions on the check list were formulated after the writer had read extensively in the area of children with crippling diseases and special health problems. There seemed to be very little evidence that the published materials and information had been organized for effective usage by educators in this particular area. This is probably due to the fact that until the past decade not too much was written in educational magazines about this phase of education. Also, until recently, parent pressure groups have not been so insistent on equal educational opportunities for these handicapped children. Education for these children was not considered a state problem for a good many years, since the movement was initiated and often supported by private citizens. With these facts in mind, the writer wanted more specific information pertaining to her problems and more information about certain aspects of hospital teaching in the
United States than had been described in various magazine sources.

One question of interest was how each institution administered its educational program. This information, with the dates when the first programs were organized, might indicate the effectiveness of parent pressure groups within the past decade.

The writer was interested in the various aspects of a complete educational program. Therefore, question eight divides the educational program into seven parts, which might be considered as rather an idealistic program from the standpoint of many hospitals that are limited financially. The answers to this question should show whether or not the trend was actually away from the teaching of individual school subjects as discussed by Matheison in 1936, or on the multiple-unit activities as advocated by Mackie and Fitzgerald in 1949.

Reading about different pieces of equipment used in other hospitals brought several questions to mind. First, is this piece of equipment practical for a small hospital school? Second, what are the physical facilities necessary to permit maximum effectiveness and efficiency in a hospital? Third, what is the original cost of this equipment and what

28 Matheison, op. cit.
29 Mackie and Fitzgerald, op. cit.
will the upkeep be? However, in preparing the check list the writer did not enumerate any items of hospital school equipment or visual and auditory aids because it was felt that any piece of equipment which was not useful or efficient would not be mentioned by those cooperating in the survey.

One question inquired as to regulations concerning teacher clothing. It was the one question that the writer had heard discussed by professional people engaged in the field. It was included since there was practically no comment made on teacher clothing in magazine articles. The remainder of the questions on the check list are self-explanatory and need no further comment at this time.

Summary

The actual data are presented in Chapters IV, V, and VI. Chapter IV will discuss administrative aspects of hospital schools, and Chapter V will summarize the data on educational programs. Chapter VI describes the facilities which were found, and Chapter VII summarizes the findings.

The Bibliography is divided into three sections. The first is a working bibliography of books and magazines for hospital teachers. The second section lists the materials which are published by the United States Office of Education, while the third section mentions special reports on crippling diseases and other specific health problems that are available from various associations.
The Appendix likewise has three sections. Appendix A presents the form letter and check list sent to institutions. Appendix B lists sources of materials that would be useful in hospital schools: toys and other equipment, publications of value, literature and other helps available from state departments of education. Appendix C gives the names of the 144 hospitals that cooperated in the survey.
CHAPTER IV

ADMINISTRATIVE ASPECTS OF HOSPITAL SCHOOL PROGRAMS

The data for this chapter have been organized from responses to the first six questions on the check list. There are six tables to assist the reader in interpreting the information assembled. The sixth question was an inquiry which suggested five possible sources of administration, with a blank space included for the person who completed the check list to specify any other type of administration that might exist in her particular school.

The Administration of Hospital Schools

Table II presents the data obtained concerning the responsibility for hospital school administration. Seventy-two per cent of the hospital schools are controlled by either the superintendent of public schools or the county school superintendent. The category "Miscellaneous" includes: state departments of education, federal government, state departments of hygiene, state departments of public welfare and hygiene.

In 1936 Matheison found that fifty-four per cent of the schools were administered by public school authorities. Table II of this survey shows that in eighteen years the number of hospital schools under the jurisdiction of public schools has increased to seventy-two per cent, a gain of
TABLE II
SOURCE OF ADMINISTRATIVE RESPONSIBILITY
IN HOSPITAL SCHOOLS

<table>
<thead>
<tr>
<th>Source</th>
<th>No. of Schools</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superintendent of public schools</td>
<td>88</td>
<td>61</td>
</tr>
<tr>
<td>Superintendent of county schools</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>Hospital board of directors</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>27</td>
<td>19</td>
</tr>
</tbody>
</table>

eighteen per cent. Matheison also found that thirty-six per cent of the schools were administered directly by hospital superintendents. Table II shows that this source of administrative control has dropped to nine per cent, a loss of twenty-seven per cent. Matheison found thirteen per cent of the educational programs controlled by miscellaneous sources, while Table II shows nineteen per cent. This increase can be attributed in part to an increase in administrative control of hospital schools by state departments of public welfare and state superintendents of mental health and hygiene, with a corresponding decrease in control by hospital superintendents.

It can be concluded that school administration by hospital superintendents is assuming a minority role as a source of administrative control. This might be attributed to (1) parent pressure groups demanding equal opportunities for hospitalized children, and (2) public school recognition
and acceptance of a long-neglected educational problem. It must be emphasized that many highly endowed hospitals have provided excellent educational programs and well qualified teachers for many years. They have been the real pioneers for hospital school education. However, the average hospital has found the administration of its educational program by the public schools a boon.

**Length of School Term**

Matheison, Mackie and Fitzgerald said that the most important purpose of the educational program in the hospital is its therapeutic contribution to the patients. Any child who is hospitalized over a period of time, such as a year or two, is threatened with loss of independence and initiative. He depends upon the circumscribed routine and authority of the hospital for his security, unless an educational program is functioning the entire year. Such an educational program must provide the necessary group experiences to supersede the keenly-felt separation from his family and friends.

Question two on the check list referred to the number of months each year the educational program actually functioned. Twelve-month programs were found in the larger hospital schools where it was possible to carry on a teacher rotation plan for summer vacations. Several teachers made comments on their check lists explaining that the summer programs may differ somewhat in purpose from the regular school year program. For some patients a remedial program was often
Matheison found in 1936 that the school term might extend from twenty-seven to fifty-two weeks. Table III shows no program under thirty-six weeks in length. Despite this improvement, there are still seventy-six per cent of the hospital school programs that do not function long enough each year to achieve continuous therapeutic significance. One solution to this problem of school term for hospital education is its recognition by the public schools. The extension of the hospital school educational program to twelve months could be arranged with very little difficulty in the majority of cases.

### TABLE III

<table>
<thead>
<tr>
<th>No. of Months</th>
<th>No. of Hospitals</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>50</td>
<td>35</td>
</tr>
<tr>
<td>10</td>
<td>51</td>
<td>35</td>
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<td>11</td>
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<td>6</td>
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<td>30</td>
<td>21</td>
</tr>
<tr>
<td>No answer</td>
<td>5</td>
<td>3</td>
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</table>
TABLE IV

APPROXIMATE MONTHLY ENROLLMENT

<table>
<thead>
<tr>
<th>No. of Pupils</th>
<th>No. of Hospitals</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>40</td>
<td>28</td>
</tr>
<tr>
<td>20 - 100</td>
<td>81</td>
<td>56</td>
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<tr>
<td>Over 100</td>
<td>14</td>
<td>10</td>
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<tr>
<td>No answer</td>
<td>9</td>
<td>6</td>
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</table>

**Average Monthly Enrollment**

Question three sought information regarding the approximate total enrollment for the year and the average for each month. So few of the hospitals reported the yearly enrollment that this part of the question had no value.

Table IV presents the data obtained and shows only the approximate monthly enrollments in hospital schools. It may be seen from this table that approximately eighty-four percent of the hospital schools have enrollments of less than 100 pupils. With the differences in age, mental maturity and achievement, as well as in cultural backgrounds and languages, the small hospital school may be compared with small rural schools that have existed, or may still exist, throughout the United States.

**Size of the Teaching Staff**

The number of teachers on the staff in each hospital school was requested in question four. For convenience in
TABLE V

SIZE OF TEACHING STAFF IN HOSPITAL SCHOOLS

<table>
<thead>
<tr>
<th>No. of Teachers</th>
<th>No. of Hospitals</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 4</td>
<td>105</td>
<td>73</td>
</tr>
<tr>
<td>5 - 9</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>10 or more</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Part-time only</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Tutorial system only</td>
<td>10</td>
<td>7</td>
</tr>
</tbody>
</table>

Tabulating, it was broken down into two categories: full-time and part-time. Table V shows the information relating to size of staff.

It may be seen that seventy-three per cent of the hospitals have four teachers or less on their staffs. Of the 105 hospitals which reported having fewer than five teachers, fifty-five had only one. Twenty-six hospitals scattered throughout the classifications of Table V reported their full-time staff was assisted by an undesignated number of part-time teachers; therefore, this group of part-time teachers could not be included in the table. Only fourteen per cent of the hospital schools have a teaching staff comparable in size with a teaching staff in a city school.

The tutorial system is found in some general hospitals in cities where a request for a tutor is made to the local public school system by the physician.
Rhode Island amended its legislation in 1952 and no longer makes provision for hospital schools. All children in hospitals who have been recommended for instruction will be considered a part of the home instruction program.

**Teacher-Pupil Load**

It is very difficult to give an accurate picture of the teacher-pupil load in any hospital because few statistical records have been kept concerning the educational program. The short-term patients are often included in the educational program by the teacher, but they do not remain long enough to be enrolled as regular pupils. State legislation, which has often provided special funds for this program, stipulates the rules and regulations concerning the enrollment of pupils.

In question four an inquiry was made concerning the average teacher-pupil load. Fifty hospitals did not answer this question. Of the ninety-four replies, there were eighty-two hospitals that reported the teaching load varied from five to twenty. Twelve hospitals reported more than twenty but less than forty. In her study, Matheison found that the teaching load ranged from five to sixty, with twenty-two pupils being about the average.

It is easier to care for larger groupings of children if adequate classroom facilities have been provided in the hospital. The writer regrets that no question was included on the check list relative to classroom accommodations furnished for teachers. The teacher-pupil load would have had
TABLE VI

TEACHER-PUPIL LOAD

<table>
<thead>
<tr>
<th>No. of Pupils per Teacher</th>
<th>No. of Hospitals</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 10</td>
<td>26</td>
<td>18</td>
</tr>
<tr>
<td>11 - 20</td>
<td>56</td>
<td>39</td>
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<td>21 - 30</td>
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<tr>
<td>No answer</td>
<td>50</td>
<td>35</td>
</tr>
</tbody>
</table>

more significance if more were known about the size of the classroom facilities and actual teaching conditions.

**Teacher Clothing**

Hospitals vary in their requirements concerning the clothing worn by their school staffs. Question five was designed to find out what the regulations were concerning teacher clothing, since this has become a debatable question in some institutions.

Policies in regard to teacher clothing at different hospitals may be determined by the general classification of the hospitals. Many of the institutions participating in this survey were for tuberculosis patients. Regulations governing teacher clothing in forty-two per cent of the hospitals are given in the order of their frequency as follows: smocks, gowns and masks, uniforms, and white laboratory coats. In
fifty-eight per cent of the hospitals no attempt was made to regulate the type of clothing worn by teachers.

The hospital policy regarding teacher clothing probably is made without considering the important part that the teacher's clothes play in the life of the hospitalized child. According to Fruend:

The hospital school and teachers represent to the child the one link with home, one link with things as they used to be. The teachers (not in uniform), the classroom, the books and the activities are all things he can understand.

From this quotation it appears that, whenever the nature of the child's illness will permit, the teacher should be allowed to wear the type of clothing common to teachers in public school rooms.

First Educational Programs

Question one on the check list asked when the first hospital school program was begun. The first entry in Table VII shows the small number of educational programs established prior to 1920. The remainder of the table shows the number of hospitals schools which were begun in the decades after 1920.

This table shows the progress in developing hospital school programs in the 1920-1930 decade. Between 1930-1940, the depression years, a decline is obvious in the organization of new hospital programs. During the period 1940-1950 more growth occurred despite our participation in World War II.

---

TABLE VII

DATE OF ESTABLISHMENT OF HOSPITAL EDUCATIONAL PROGRAM

<table>
<thead>
<tr>
<th>Beginning Date</th>
<th>No. of Hospitals</th>
<th>Per Cent</th>
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<tbody>
<tr>
<td>Before 1920</td>
<td>17</td>
<td>11.5</td>
</tr>
<tr>
<td>1920-1930</td>
<td>27</td>
<td>19.0</td>
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<tr>
<td>1930-1940</td>
<td>17</td>
<td>11.5</td>
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<tr>
<td>1940-1950</td>
<td>47</td>
<td>33.0</td>
</tr>
<tr>
<td>1950-1954</td>
<td>20</td>
<td>14.0</td>
</tr>
<tr>
<td>No answer</td>
<td>16</td>
<td>11.0</td>
</tr>
</tbody>
</table>

Indications are that 1950-1960 will show the most rapid growth of any decade since 1860-1870.

Summary

The check list returns tabulated from 144 hospital schools in forty-six states indicate a wide variety of practices. Seventy-two per cent of such schools are now controlled by either the city superintendent of public schools or the county school superintendent.

Over seventy per cent of the programs are functioning less than twelve months a year. Therefore, the educational programs can not achieve their fundamental purpose of mental therapy. Teachers can not be accepted as a part of the hospital team unless their program is in continuous operation.

Approximately eighty-four per cent of the hospital
schools have fewer than one hundred pupils enrolled. Seventy-three per cent of the teachers employed are in staff groups of fewer than five. The average pupil load per teacher is approximately twelve to fifteen. This makes hospital teaching comparable with teaching in a one-room rural school.

Fifty-eight per cent of the hospitals had no regulations concerning teacher clothing. The importance of civilian type clothing for the teacher in the life of the hospitalized child must be considered. Unless the nature of the child's illness requires that staff members wear uniforms, there should be no regulation of the teacher's clothing.

Early indications are that the 1950-1960 decade may prove to be a period of increased development of hospital educational programs. Parent pressure groups and special education advocates are making progress in bringing about the expansion and improvement of hospital school educational programs.
CHAPTER V

THE NATURE OF HOSPITAL SCHOOL PROGRAMS

Specific information will be given in this chapter about the nature of hospital school programs. The discussion will be concerned with these points: (1) educational levels included, (2) the presence or absence of seven integral parts of the educational program as organized by the writer, (3) hospital school projects, (4) the arrangements for recreational leadership and recreational programs, and (5) hospital library facilities and financing.

Educational Levels

Question seven on the check list was concerned with the four educational levels found in hospital schools. Table VIII shows the total number of hospitals reporting each level.

Twenty-nine of the 144 hospitals reported nursery schools. In nearly every instance, the nursery schools were not connected with the local public school system but were sponsored and supported by some organization or group which recognized a need for an educational program that would make adaptation to life outside the hospital easier when the children returned home. The Junior League and the local chapters of the Tuberculosis and Health Association were the two
TABLE VIII

EDUCATIONAL LEVELS IN HOSPITAL SCHOOLS

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>No. of Hospitals</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery</td>
<td>29</td>
<td>20</td>
</tr>
<tr>
<td>Kindergarten</td>
<td>64</td>
<td>44</td>
</tr>
<tr>
<td>Elementary</td>
<td>129</td>
<td>90</td>
</tr>
<tr>
<td>High school</td>
<td>103</td>
<td>72</td>
</tr>
</tbody>
</table>

sponsoring organizations most frequently mentioned by those participating in the survey.

Sixty-four of the hospitals reported kindergartens. In several hospitals this was the only educational program functioning. However, the teachers wrote explanations for this situation by stating that the patient population just happened to be kindergarten age when the check list was received. Kindergartens were a public school responsibility in most states.

One hundred twenty-nine hospitals reported having elementary school programs, and 103 made some arrangement for high school students. Much of the high school program in smaller hospitals was carried on by tutors. There were a few hospitals which provided a two-way telephone system from the patient to the local high school.

In tuberculosis hospitals, provisions were made for older students to take correspondence, post-graduate, secretarial or vocational courses.
Table VIII shows that little has been done to inaugurate educational programs on the kindergarten and nursery school levels. The number of hospitals providing elementary and high school education may vary from semester to semester of every school year, since the educational levels provided will depend upon the age groups hospitalized.

Integral Parts of the Educational Program

To obtain as much information as possible about the entire hospital educational plan, the writer organized question eight on the check list into seven parts or divisions. Some hospitals offered only the academic part of the program, while others were fortunate in having a more enriched educational program.

In the 144 hospitals tabulated, the academic part was first in importance. Individual bedside tutoring was used more than the multiple-grade plan with unit activities. This academic training was the responsibility of the teacher.

The arts and crafts part of the program was next in importance. In most of the hospitals this was under the leadership of the occupational therapist employed by the institution. When there was no occupational therapist, arts and crafts were taught by the teacher or were sponsored as a civic project by volunteer workers in the community.

Remedial reading was third in importance. Again this academic training was the teacher's responsibility. This is a very important part of the educational program for the
hospitalized child who may have been ill during his first three years of school. It may be his only opportunity to acquire many of the basic reading skills and techniques which he has not had an opportunity to learn.

The testing program was carried on in the larger hospitals by a clinical psychologist, and was rated fourth in importance. In very few instances did the public school's guidance department have any connection with this program.

The program of music therapy was practically the entire responsibility of the school teacher, since very few hospitals had the services of a trained music therapist. The writer had expected to find music therapy playing a much more important part in the total educational program. However, there appears to be more demand for these trained therapists than there are therapists available.

Vocational training found in many of the larger tuberculosis hospitals for older patients was the responsibility of the United States Bureau of Rehabilitation. A few hospitals provided a guidance clinic, but as yet guidance does not seem to have its place firmly established in the hospital educational plan. It ranked least in importance.

The data obtained in answer to question eight were analyzed, and in Table IX an attempt has been made to summarize these data by showing the number of hospital schools that have one or more of the above seven integral parts included in their complete educational program.
### TABLE IX

NUMBER OF INTEGRAL PARTS OF EDUCATIONAL PROGRAM WHICH IS FUNCTIONING IN HOSPITALS

<table>
<thead>
<tr>
<th>No. of Integral Parts</th>
<th>No. of Schools</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete program as set up in Question eight</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>2 parts of complete program</td>
<td>30</td>
<td>21</td>
</tr>
<tr>
<td>3 &quot; &quot;</td>
<td>34</td>
<td>24</td>
</tr>
<tr>
<td>4 &quot; &quot;</td>
<td>22</td>
<td>15</td>
</tr>
<tr>
<td>5 &quot; &quot;</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>6 &quot; &quot;</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>7 &quot; &quot;</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Tutoring only</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>No answer</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

After studying Table IX it is evident that only ten per cent of the hospitals are offering the complete, enriched program. However, seventy-eight per cent provide educational advantages beyond mere tutoring in fundamental skills; and several hospitals have available such assistance as hearing and speech correction, sight saving, correspondence and refresher courses. Here is a challenge for the teacher and director of the small hospital school to cooperate more closely in utilizing public school facilities, volunteer assistants, and community resources to help them in developing an enriched hospital educational program.
Hospital School Projects

The failure of many institutions to answer question fourteen concerning teacher-student projects developed in the hospital school program was disappointing. Many teachers noted that the children were now hospitalized for such short periods of time, due to earlier diagnosis, "miracle drugs," and changing medical opinion in favor of earlier ambulation, that they had discontinued their hospital newspapers and other similar projects. They only attempted to keep children up with their lessons.

The teachers who did respond to this question gave such excellent descriptions of their work that it was possible to draw a few inferences as to what is being done. Newspapers, magazines, yearbooks, poetry, booklets, and plays were the most popular projects reported. The children also enjoyed planning seasonal and holiday decorations, parties, and surprises. For hospitals having their own intercommunication system, the school teacher helped the patients to plan and develop their own dramatic and radio programs. Rhythm bands and glee clubs were organized in some hospitals.

Teachers reported that unit teaching with friezes permitted more child participation and was very successful. To allow for a rapid patient turnover, the University of Michigan Hospital School at Ann Arbor introduced new units weekly. Some of the schools were developing the writing of thank-you letters to patrons and parents into meaningful projects, and
puppetry became a favorite activity for many of the children. Teachers in tuberculosis hospitals found that patients appreciated health education; health recordings, movies and microscopes were used to make this study applicable.

Nature study had many possibilities according to the teachers who enthusiastically described their aquariums, bees, dioramas from local museums, field trips, gardening, Junior Audubon societies, and zoo exhibits of small live animals. Many hospital schools found the organization and development of hobby shows rewarding. The organization of Get Well clubs had a stimulating effect on many children. Teachers from the west coast reported that clubs for learning to speak English were important in their hospital schools where many of their patients came from Spanish- and Oriental-speaking homes.

**Hospital Recreation**

Question nine was concerned with the source of recreational leadership. In the larger hospitals a recreational director or some member of the staff was assigned this responsibility. When the hospitals did not have sufficient staff to assume this leadership, volunteer workers in the community were often available. Among these groups most frequently mentioned in the check lists were the Gray Ladies, Hospital Auxiliaries, and the Junior League.

Several hospitals stated that school teachers within the city system helped with recreation, or that the public school recreational department assumed full responsibility.
In some areas, the services of the city or county recreation department were available. Several hospitals had active scouting and 4-H Club programs under the leadership of assistants from these organized groups in the community. It was gratifying to find that only eight hospitals reported that no provisions were made for any kind of recreational program.

Question ten asked about the nature of the recreational program for patients. Passive entertainment was the one most frequently mentioned in hospitals where absolute bed rest was required because of the nature of the patients' illness. Active participation was the one most commonly checked in all hospitals. However, the writer understands "active participation" to mean asking the child to do something for himself. Without this question having been clarified on the check list, the results are somewhat meaningless.

Hospital Libraries

Question eleven inquired about book selection and financing. About fifty-six per cent of the books making up the hospital libraries come from miscellaneous book donations by interested patrons in the community. Public school funds were available for book purchases for forty-four per cent of the libraries found in hospitals. A few of the larger institutions included allotments for library books in their annual budgets.

In some hospitals where an extensive arts and crafts program functioned under the direction of an occupational
therapist, the articles made by patients were sold and the profits deposited in a library fund for the purchase of new books. Teachers and hospital staff members made recommendations for selecting books.

State, county, and city libraries were available to some hospitals. Twenty-eight hospital schools had this service, and three had bookmobile service. Those hospitals which had service from public libraries were also allowed the assistance of a trained librarian for a few hours each week.

Although a question was not asked about school texts, several teachers made comments about the manner in which they were meeting this problem. Supplying sufficient, up-to-date texts for all grade levels has become a serious problem for the small hospital school where there may be no office for the teacher or an adequate storage space for supplies. The teachers reported two different solutions for this problem. First, the public school district from which the child came was required to send either one or two copies of each text the child was using to the hospital school; these books were returned to the school district when the child was released from the hospital. Second, for academic teaching, only work books were used. Several reasons were given for work book preference: (1) children who are ill often have short attention spans, and work books are easily adapted for this need; (2) work books take less storage space and are easier to handle; (3) they are relatively inexpensive.
Summary

Ninety per cent of the hospitals in the survey offered elementary schooling, and seventy-two per cent made provision for either high school teachers or courses. Only twenty per cent had nursery schools and forty-four per cent had kindergartens. Nursery schools were projects of local organizations, but kindergartens were the responsibility of the public schools in those states where kindergartens had been established.

In the question pertaining to the integral parts of the educational program, the teacher was responsible for the academic part, remedial reading, and music therapy. Arts and crafts were taught under the direction of a trained occupational therapist employed by the hospital. The testing program was also the responsibility of the hospital under the direction of a clinical psychologist. Vocational training was under the direction of the U.S. Bureau of Rehabilitation. As yet so few hospitals have provided guidance clinics that it is difficult to say who will take the initiative, the hospital or the public schools.

Seventy-eight per cent of the hospitals are offering more than just academic training, but only ten per cent are providing the entire educational program of seven integral parts as organized by the writer.

Many of the teacher-student projects usually developed in the hospital school program were losing prominence since
children are now hospitalized for such short periods of time. To adjust to a rapid patient turnover, the University of Michigan Hospital School introduces new units weekly.

Hospital recreation in the larger hospitals was the responsibility of a staff member. However, most hospitals had to depend upon volunteer groups within the community. In only a few instances did the public schools assume this program as part of their educational responsibility.

Active participation in recreation by patients was the one most often checked. It is to be hoped that those who marked active participation meant that the child was actually doing something for himself. Passive entertainment was found only in hospitals where the nature of the patients' illness required absolute bed rest.

Hospital libraries were made up in fifty-six per cent of the institutions from miscellaneous book donations. Only twenty-eight hospitals reported that they had the advantages of state, county, or city library facilities or of part-time trained librarians.
CHAPTER VI

THE NATURE OF FACILITIES AVAILABLE

It was previously stated that in preparing the checklist the writer did not enumerate any items of hospital school equipment or visual and auditory aids, because it was felt that any equipment which was not useful or efficient would not be mentioned by those cooperating in the survey. Questions twelve and thirteen were devised to get this information. Questions fifteen and sixteen were inquiries concerning possible materials used by teachers that had been published by state departments of education. Handbooks for hospital teaching and courses of study especially designed for multiple-grade rural school teachers were sought.

The concluding question on the checklist asked each director to state whether or not he was interested in having a summary of this study.

Useful Equipment

The results for question twelve regarding the most useful and practical items of hospital school equipment for patients were disappointing since many teachers failed to answer this question. While the information given has little statistical value, there were sufficient answers to show possible trends in equipment. For convenience this list of
equipment is presented in alphabetical order.

Back rests

Book carts (a two-decker grocery cart if necessary)*

Electric page turners*

Foot rests

High tables for wheel chairs to roll under

Lap or clip boards

Metal tray tables

Overhead desks, easels and tables

Pillow supports

*See list of equipment sources in Appendix B.

Several of the larger hospitals reported that they devised their own equipment as the occasion arose. This permitted them to make more adjustments and allowances for patients' individual needs and differences.

Visual and Auditory Aids

Question thirteen inquired about the visual and auditory aids found in hospital schools. Again many teachers failed to answer this question; they would have had to enumerate the items rather than merely check them on a list.

Sixteen mm. sound movie projectors were used by more than fifty per cent of the hospitals reporting. Thirty-five mm. slide and filmstrip projectors were found in thirty-one per cent. Thirty-five per cent had record players and recordings.
Radios were found in all hospitals reporting, but their use was controlled by the hospital rather than by school regulations. Several teachers said that radio earphones were used and that their hospitals had intercommunication systems. Two hospitals had their own radio stations. Thirty-seven of the 144 hospitals had installed television. Only one teacher reported that her school was using educational television, although no direct question was asked about this.

Fourteen eastern hospitals used wall or ceiling projectors. Opaque projectors were used by six schools. Flannel boards were being used in three schools. Bulletin boards, movable blackboards, globes, maps, charts, and pictures were reported. View masters, microscopes, and miscellaneous types of projectors concluded the list.

The use of audio-visual aids was not as extensive as the writer had expected to find. Perhaps, if audio-visual aids had been enumerated on the check list, the number of omissions would have been reduced and the results would have been different. It must always be taken into consideration that lack of funds and poor physical conditions within the institution itself may limit the audio-visual program.


Materials from State Departments

In the writer's reading there was mention of handbooks planned for multiple-grade rural schools that were applicable to hospital teaching. Questions fifteen and sixteen were included to help the writer locate some of these handbooks and any courses of study or guides especially designed for hospital teaching.

Teachers from thirteen states were able to give information on this point. Letters were written to state departments of education for materials, and after appraising them the writer compiled a brief list of those that were most helpful.

Question seventeen asked those completing the check list if they would be interested in having a summary of this study. Fifteen hospitals failed to answer, five were not interested, but 135 hospital teachers and directors requested copies of the summary.

Letters were received from a few directors whose hospitals were planning for future educational programs, and several of these directors asked that copies of the survey be sent to them in addition to the ones furnished their teachers. From these requests the writer realized that in the United States there are many other hospital teachers and directors who desire more assistance and guidance in developing and

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33See Materials Available from State Departments of Education, in Appendix B.
improving hospital educational programs to meet the therapeutic needs of the children.

Summary

This chapter provides information about equipment that others have found useful. The addresses in Appendix B giving sources for various types of equipment may be helpful. The use of visual and auditory aids was not so extensive as the writer had expected to find.

The interest in the survey and the number of letters accompanying the returned check lists were very gratifying. However, this response only increased the writer's impression that there is a real need for hospital school teachers to have more direct contact and an exchange of ideas on a national basis.
CHAPTER VII

SUMMARY AND RECOMMENDATIONS

A brief summary of the entire survey is presented in this final chapter. The writer feels that a copy of this summary, with a copy of the Bibliography and Appendix B, may be of assistance to those teachers and directors who so willingly participated in the study. It is hoped that it will be a real contribution to the fifty-five hospital teachers who are completely isolated from professional contacts.

Summary

The Check List: There were 302 check lists mailed to hospitals which had indicated in the American Hospital Association's questionnaire that they had educational facilities for children. Two hundred and eight check lists were returned to the writer; of these, sixty-four could not be used because the hospitals either had no educational facilities for children or the check list was misinterpreted by hospitals that described facilities for nurses' training schools instead. One hundred and forty-four were tabulated to supply the statistics for the survey; thus the results are based on sixty-nine percent of the check lists which were returned.

Administration: The administration of the hospital schools included in this survey is done by either the
superintendent of public schools or the county school superintendent in seventy-two per cent of the cases, or an increase of eighteen per cent since the Matheison survey of 1936. Direct supervision of the hospital school may be under the supervisor of special education or the principal of a nearby school. While it may be assumed from these statistics that the majority of hospital teachers are certified, it does not necessarily mean that they have been trained in special education. In the remaining twenty-eight per cent, administrative responsibility is assumed by hospital boards of directors, the federal government, state departments of education or other state agencies. Many of these administrative groups also require their teachers to be qualified, if not certified.

It must be again emphasized that many highly endowed hospitals have provided excellent educational programs and well qualified teachers for many years. They have been the real pioneers for hospital school educational programs. However, the average hospital has found the administration of its children's educational programs by the public schools a boon.

**School Term:** The answers to question two, which establishes the length of school terms as being nine, ten, eleven or twelve months, permit great discrepancies in providing an opportunity for a continuous emotional and social growth on the part of the child. It is only when an educational program functions twelve months of the year that the
teacher can be considered a member of the hospital's professional team.

Perhaps one of the most constructive and progressive steps in hospital education would be complete elimination of regular public school term limits in favor of an uninterrupted educational plan based on a six-day week for fifty-two weeks a year. The University of Michigan Hospital School at Ann Arbor successfully operates six days a week the year around.

**Enrollment:** Eighty-four per cent of the hospital schools have enrollments of less than 100 pupils. The average monthly or yearly enrollment in a well developed hospital educational system is not too important in itself, because the teacher should realize that a child who stays a day or two has just as important needs as the long-term patient. Her program should be flexible enough to include every patient at any time.

The teacher in a small hospital school must be cognizant of the fact that her problems are comparable with those of a teacher in a small rural school. In this situation it will be to the patients' advantage if the teacher, hospital director, and recreational volunteers can cooperate to develop a stimulating program that will meet the therapeutic and general educational needs.

**Size of Teaching Staff:** One hundred and five institutions, or seventy-three per cent, have fewer than five
teachers. Of this group, fifty-five hospitals have only one. Therefore, it would seem that only twenty-seven per cent of the hospital schools have attained the size of a city school. There is always a real challenge here for the teacher, in either a small or large school, not to revert to a mere tutorial system devoid of any socializing group activities which are so vital to the patients' mental health needs.

Further results of question four show the number of pupils per teacher varied from five to twenty; twelve of the larger hospitals reported more than twenty. However, the writer feels that the real significance of this information was lost, since she did not include a question concerning the number and size of classroom facilities or the arrangements which were available for ward teaching.

Teacher Clothing: In fifty-eight per cent of the hospitals there are no regulations concerning teacher clothing. It is the opinion of several teachers engaged in hospital work that attractive but appropriate civilian clothing for teachers is good for patient morale, whenever the illness of the patient does not require some type of regulation dress for teachers.

Growth of Hospital Schools: Before 1920 there were few established hospital educational programs. The decade 1940-1950 showed a growth of forty-seven new children's educational programs. The decade 1950-1960 promises to show the most rapid growth of any decade since the first hospital
educational program was begun in 1861.

Today there are approximately 600 educational plans in hospitals throughout the United States. No specific number can be given since it was found by both Walton and the writer that some hospitals listed in the American Hospital Association Journal as having educational facilities for children actually do not have such a program.

Levels of Education: Ninety per cent of the hospitals surveyed provide elementary education, while seventy-two per cent supply or will supply high school teachers or courses as needed. Forty-four per cent have kindergartens; this level of education is generally included in the public school plan in states where the kindergarten is an established part of the regular school program.

Twenty per cent of the hospitals have nursery schools; on the whole these are sponsored by such organizations as the Junior League and different branches of the Tuberculosis and Health Association. The need for an adequate education plan on a pre-school basis can not be emphasized too strongly.

Educational Programs: The writer organized question eight into seven divisions in which she attempted to summarize an educational plan for the whole child. A rigid academic program of individual bedside tutoring was the plan followed in preference to the multiple-grade plan with unit activities. Mackie, Fitzgerald, Walton, and others have been urging teachers to use the latter plan.
The arts and crafts program, which has proven its value in hospitals over a period of years, in most instances was directed by an occupational therapist or volunteer workers. Many hospital teachers had a planned remedial reading program for children who had been ill for a long time and had not had opportunity to learn some of the fundamental principles necessary for good reading.

The services of clinical psychologists are found in a few of the larger hospitals. Eventually more hospitals may have such services, but it is necessary to realize that lack of funds restricts many hospital programs. The music therapy program, which is in an evolutionary stage in many mental hospitals, is found only in several of the children's hospitals. To be effective, this program must be developed by a trained music therapist.

The United States Bureau of Rehabilitation assumes the responsibility for vocational training which is found particularly in many of the larger tuberculosis hospitals. At this time, practically nothing has been accomplished in the establishment of guidance clinics.

In conclusion, only ten per cent of the hospitals had succeeded in developing an enriched educational program of the seven integral parts listed by the writer. However, seventy-eight per cent were offering more than just tutoring in tool subjects.

Teacher-Student Projects: Many teachers failed to
give information concerning teacher-student projects developed in the hospital school program. The response of the few teachers who took time to write excellent and enthusiastic descriptions of their projects was indeed rewarding to the writer. Teachers must not become discouraged and discontinue their hospital newspapers and other projects because of the increasing number of short-term patients. They will have to develop more projects that will take less time to complete. They must never allow themselves to forget the few long-term patients whose personality growth may depend almost entirely upon them.

Recreation: In the larger hospitals where the services of a trained recreational leader were available there were few problems. What happens to the recreational program in hospitals that can not afford to employ a leader? Many hospitals have appointed a volunteer director who assumes the full responsibility for this program. This is, perhaps, the only solution in bringing an inexpensive, stimulating, recreational plan to small hospitals. However, recreational directors must not sponsor a program of passive entertainment unless the patient's illness requires it. The success of any program, according to Walton, is what the child can be guided to do for himself. Active participation is the key to

34See Chapter V, ante.
a successful recreation program.

**Libraries:** Libraries existed in most hospitals, but in many smaller institutions they consisted on the whole of gifts of old books from interested individuals. Libraries and library services for hospital schools must be improved and expanded. It appears that more effort must be made by the teacher to secure the loan of newer library books, as well as the services of a trained librarian for several hours a week. Bookmobiles were visiting only three of the 144 hospitals. The problem of an accumulation of old, discarded textbooks in hospital school libraries could be avoided if teachers used the multiple-grade plan with unit activities.

**Hospital School Equipment:** The information concerning practical and useful items of hospital school equipment has no statistical value. An alphabetical list of equipment can be found in Chapter VI, and Appendix B contains the addresses of firms supplying useful equipment.

**Visual and Auditory Aids:** The writer feels that if she had enumerated the different visual and auditory aids in the check list, the results might have been different. The present study does not indicate that these aids are in use to the extent found by Walton in her study.

**State Departments of Education:** Materials from thirteen state departments of education were examined, and a list was prepared of those that were pertinent to the one-teacher hospital school. Several state departments indicated that
recommendations

The interest expressed by the hospital teachers in securing a summary of this study was gratifying. Many directors asked that additional copies be sent to them. The writer felt a genuine desire among the teachers participating in the survey for more information and materials with which they could improve their hospital programs.

After completing this study, the writer would like to offer one recommendation. This is that the Office of Education of the U.S. Department of Health, Education and Welfare should prepare a bulletin dealing with hospital schools in the United States which would be comparable with those on College and University Programs for the Preparation of Teachers of Exceptional Children and State Certification Requirements for Teachers of Exceptional Children.
Dear Director:

The Department of Special Education of the Tucson Public Schools is interested in the educational programs and facilities available for children in selected hospital schools. Arizona is geographically isolated which makes it hard for us to know what is being done in other parts of the country. We are trying to improve our own hospital school and will appreciate the help which you can give us by completing the attached check list and returning it to us in the enclosed stamped envelope. The check list has been designed as a time saver.

The items are aimed at three areas of information: 1) the scope of your educational program for children, 2) the administration of this program, and 3) the facilities available.

The data which are obtained from this survey will be summarized and made available to those who indicate a desire to have a copy.

Thank you for your cooperation. It will be sincerely appreciated.

Sincerely yours,
CHECK LIST

Hospital School Programs and Facilities

Directions: Please describe your school by giving answers to the following questions. A space for additional comments is available on the back of either page.

1. When was your first educational program started? ________________ (Year)

2. How many months of the year does it function? ________________

3. Give the approximate total enrollment for 1953-54 as follows:
   Year ________________ Average Per Month ________________

4. How many teachers are on the staff as follows:
   Full-time _____ Part-time _____ Average Teacher-Pupil Load ______

5. What is the nature of your regulations concerning teacher clothing?
   Uniforms ______ Smocks ______ Other ______ (Specify)

6. Who administers your hospital school?
   Hospital Board of Directors ______ Supt. of Public Schools ______
   Office of County School Supt. ______ State Dept. of Educ. ______
   Federal Government ______ Other ______ (Specify)

7. Which educational levels does your program include?
   Nursery ______ Kindergarten ______ Elementary ______ High School ______

8. Which of the following are an integral part of your program?
   Remedial Reading ______ Arts and Crafts ______
   Music Therapy ______ Guidance Clinic ______
   Testing Program ______ Vocational Training ______
   Academic Program: Multiple Grade Plan with Unit Activities ______
   Individual Bedside Teaching or Tutoring ______
   Other ______ (Specify)

9. How is recreational leadership provided?
   Staff _____ Volunteer _____ Other ______ (Specify)

10. What is the nature of your recreational program for patients?
    Active Participation _____ Passive Entertainment ______

11. How is your library selected and financed?
    Selected by teacher and purchased by school district ______
    Selected by teacher and purchased by local service clubs ______
    Miscellaneous donations by patrons ______
    Other ______ (Specify)
12. Name the most useful and practical items of school equipment for the following patients:

Cardiac: ________________________________

_____________________________________

Orthopedic: ____________________________

_____________________________________

Tubercular: _____________________________

_____________________________________

Mental: _________________________________

_____________________________________

Other: __________________________________

_____________________________________

13. Rank, in order of usefulness to you, the visual and auditory aids at your disposal.

_____________________________________

_____________________________________

14. Rank, in order of quality, the outstanding teacher-student projects developed in your program. (e.g. Hospital Newspaper).

_____________________________________

_____________________________________

15. Does your State Department of Education supply a course of study or guide specially designed for hospital teaching? (Specify)

_____________________________________

_____________________________________

16. Does your State Department of Education suggest a handbook planned for multiple grade rural schools that is applicable for hospital teaching? (Specify)

_____________________________________

_____________________________________

17. Are you interested in a summary of this study? ____________________________

18. Name of Educational Director ____________________________

Name of Hospital ____________________________

Street Address ____________________________

City and State ____________________________
APPENDIX B

SOURCES OF MATERIALS AND INFORMATION

Equipment

Reading Materials

American Prismatic Glasses - recumbent glasses or "bed specs"
10 Arlington Street, Boston 16, Mass.

General Textile Mills, Inc. - automatic page turner
450 Seventh Avenue, New York 1, N.Y.

Lakeland Tool Works - page turner
3024 Clinton Avenue, Minneapolis 8, Minn.

Projected Books, Inc.
313 North First Street, Ann Arbor, Mich.

Toys

Jay Archer - "Rol-Bac basketball for bedridden, blind,
wheel chair and crutch patients"
601 Brooks Building, Scranton, Pa.

Childhood Interests - "Right-Time Toys"
180 West Westfield Avenue, Roselle Park, N.J.

The Dolly Toy Company
320 North Fourth Street, Tipp City, Ohio

The Oak Rubber Company - "Squeeze-Me Toys"
Ravenna, Ohio

Plakie Toys, Inc.
Youngstown 1, Ohio

Playskool Manufacturing Company
1750 North Lawndale Avenue, Chicago 47, Ill.

Red Shed Rubber Animals
Middle Hancock Road, Peterborough, N.H.

F.A.O. Schwarz
745 Fifth Avenue, New York 22, N.Y.

Sifo Company - educational toys
353 Rosabel Street, St. Paul 1, Minn.
Skaneateles Handicrafters, Inc.
Skaneateles, N.Y.

Sturdy Stuff Toys
Keeler Lake, Decatur, Mich.

Three Mountaineers, Inc. - John Morrison toys
Asheville, No. Car.

Miscellaneous

Chesley Industries - hospital cart (No. Sc4000)
7731 Lyndon, Detroit, Mich.

Institute of Physical Medicine and Rehabilitation,
Bellevue Medical Center
400 East 34th Street, New York 16, N.Y.

National Society for Crippled Children - list of firms which
supply special equipment for hospital schools
11 South LaSalle Street, Chicago 3, Ill.

George Peabody College for Teachers, Division of Surveys
and Field Services
Free and Inexpensive Learning Materials ($1.00)
Nashville 5, Tenn.

J.L. Preston Corporation - equipment for hospital schools
175 Fifth Avenue, New York 10, N.Y.

Telephone Company - services offered and rates for school-to-
home or school-to-hospital connections and intercommunication
systems
Local offices

J.L. Warren, Inc. - distributors of Bailey equipment
1247-49 North Belmont Avenue, Chicago 13, Ill.

Whitney's - catalog of records and supplies related to
music therapy
150 Powell Street, San Francisco, Calif.

Dr. Harry Wilmer - recordings on tuberculosis for patients
San Mateo Tuberculosis and Health Association, Palo
Alto, Calif.
Reports and Periodicals


International Council for Exceptional Children, *Journal of Exceptional Children*. Washington: Department of National Education Association, 1201 - 16th St., N.W. Issued monthly, $4.00 per year.


National Association for Music Therapy, *Music Therapy Bibliography* (1951, $1.10) and *Bulletin* ($1.25 per year). Lawrence, Kan.: National Association for Music Therapy.


National Tuberculosis and Health Association, *Children's Health Bulletin*. Address all requests to local or state officers. This bulletin published especially for schoolroom use.

The *Child*, Washington: Division of Reports, Children's Bureau, Superintendent of Documents, Government Printing Office. Issued monthly, $1.00 per year.


Walton, Mildred H. (chairman), *Report on a Survey of 559 Hospitals in the United States*. Unpublished; copies are available from Mrs. Mildred H. Walton, Director, University Hospital School, Ann Arbor, Michigan. This is a report of the International Council for Exceptional Children Committee on the Hospitalized Child.

Wilson, Charles C. (chairman), *Children with Special Health Problems: Educational Adaptations in School, Home and Hospital*. Local or state offices of National Tuberculosis and Health Association.

*Materials Available from State Departments of Education*

Kentucky: Stella A. Edwards, Acting Director, Education of Exceptional Children, Department of Education; Frankfort.

*Requests for materials from state departments of education have increased so that small fees are often requested.*
Ky. Speech Defective Booklet, a guide to assist regular teacher with speech defective children in the classroom.

Massachusetts: Philip G. Cashman, Director, Division of Special Education, Department of Education; 739 Boylston Street, Boston, Mass. Curriculum Guide for Special Classes, to be published soon.

Ohio: Department of Mental Hygiene and Correction, State Office Building; Columbus 16, Ohio. Motive, a monthly magazine.

Pennsylvania: Department of Public Instruction; Harrisburg, Pa. The Elementary Course of Study, Bulletin 233-B, a comprehensive volume to help teachers of both graded and ungraded schools. $2.50; make check or money order payable to Commonwealth of Pennsylvania.

APPENDIX C

HOSPITALS COOPERATING IN THE SURVEY

ALABAMA

Birmingham
   "365" Crippled Children's Hospital; 620 So. 19th St.
   Montgomery
   Pineview Clinic for Handicapped Children; Cook Road

ARIZONA

Fort Defiance
   Navajo Medical Center
Phoenix
   Memorial Hospital; 1200 So. 5th Ave.

ARKANSAS

State Sanitorium
   Arkansas Tuberculosis Sanitorium

CALIFORNIA

Belmont
   Charles S. Howard Foundation
Duarte
   Santa Teresita Hospital and Sanitorium; 819 So. Buena Vista
El Monte
   Sister Kenny Polio Hospital; 4039 No. Gilman Road
Holtville
   Imperial Valley Tuberculosis Sanitorium; Box 85
Imola
   Napa State Hospital; Box A
Los Angeles
   Booth Memorial Hospital; 2670 Griffin Ave.
Livemore
   Arroyo-Del Valle Sanitorium
Redwood City
   Hassler Health Home; Cordilleras Road
San Diego
   Children's Hospital; 850 So. 36th St.
San Francisco
   Langley Porter Clinic; 1st and Parnassus Ave.
Santa Rosa
   Sonoma County Hospital; 3325 Chanate Road
Springville
  Tulare-Kings Counties Joint Tuberculosis Hospital
Talmage
  Mendocino State Hospital
Torrence
  Los Angeles County Harbor General; 1124 W. Carson St.
Ventura
  Ventura County Hospital; 3291 Loma Vista Road

COLORADO

Denver
  Children's Hospital; 1910 E. 19th Ave. at Downing
  National Jewish Hospital; 3800 E. Colfax Ave.

CONNECTICUT

Newington
  Newington Home and Hospital for Crippled Children;
  181 E. Cedar St.

DELAWARE

Delaware City
  Governor Bacon Health Center

FLORIDA

De Soto City
  Villa Rose Hospital; P.O. Box 1387
Miami
  Variety Children’s Hospital; 6125 SW 31st St.

GEORGIA

Atlanta
  Aidmore Children's Convalescent Hospital; 918 Peachtree St. N.E.

IDAHO

Blackfoot
  State Hospital South; Box 390
ILLINOIS

Bartlett
Herrick House Hospital

Chicago
Illinois Masonic Hospital; 836 Wellington Ave.
Provident Hospital; 426 E. 51st St.
University of Illinois Research and Educational
Hospital; 840 So. Wood St.

Peoria
Peoria State Hospital; 7101 So. Adams St.

INDIANA

Indianapolis
Crossroads Rehabilitation Center; 3001 No. New
Jersey St.

Westville
Dr. Norman M. Beatty Memorial Hospital; Box 473

IOWA

Des Moines
Iowa Methodist and Raymond Blank Memorial Hospital
for Children; 1200 Pleasant St.

Iowa City
State University of Iowa Hospital

Woodward
Woodward State Hospital and School; P.O. Box 600

KANSAS

Norton
State Sanitorium for Tuberculosis

Topeka
Topeka State Hospital; 2700 W. 6th

Winfield
Winfield State Training School

KENTUCKY

Lexington
Cardinal Hill Convalescent Hospital; Versailles Road

LOUISIANA
Shreveport
Confederate Memorial Medical Center; 1541 Kings Hwy.

MAINE

Portland
Maine General Hospital; 22 Arsenal St.

MARYLAND

Baltimore
Baltimore City Hospital; 4940 Eastern Ave.
James Lawrence Kernan Hospital; Windsor Mill Road
and Forest Park

Owings Mills
Rosewood State Training School
State Sanitorium
Henryton State Hospital

MASSACHUSETTS

Boston
Boston Floating Hospital; 20 Ash St.
Carney Hospital; 2100 Dorchester Ave.

Newton Center
New England Peabody Hospital for Crippled Children;
474 Brookline St.

Springfield
Shriners' Hospital for Crippled Children

Waverly
Walter E. Fernald State School; P.O. Box C

MICHIGAN

Ann Arbor
University of Michigan Hospital School

Detroit
Children's Hospital of Michigan; 5224 St. Antoina St.

Flint
Genesee County Tuberculosis Sanitorium; 702
Ballenger Road
McLaren General Hospital; 401 Ballenger Highway

Howell
Michigan State Sanitorium

Marquette
Morgan Heights Sanitorium

Mount Clemens
Sigma Gamma Hospital School; Ballard Road
Saginaw
   Saginaw County Hospital; Hospital Road

MINNESOTA

   Minneapolis
      Elizabeth Kenny Institute; 1800 Chicago Ave.
      Sheltering Arms Hospital; 4330 W. River Road
      University of Minnesota Hospital; 412 Delaware SE
   Owatonna
      Owatonna State School Hospital; State Ave.
   St. Paul
      Gillette State Hospital for Crippled Children;
           1003 E. Ivy

MISSOURI

   Marshall
      Missouri State School Hospital; E. Slater
   St. Louis
      Shriners' Hospital for Crippled Children; 710 King's
           Highway Blvd.

MONTANA

   Helena
      Shodair Crippled Children's Hospital; 840 Helena Ave.

NEBRASKA

   Omaha
      Nebraska Orthopedic Hospital; 1047 South St.

NEW HAMPSHIRE

   Greenfield
      Crotched Mountain Rehabilitation Center
   Rochester
      Frisbie Memorial Hospital; Whitehall Road

NEW JERSEY

   Glen Gardner
      New Jersey Sanatorium for Tuberculous Diseases
   Hasbrouck Heights
      Hasbrouck Heights Hospital; 214 Terrace Ave.
Jersey City
Berthold S. Pollak Hospital for Chest Diseases;
100 Clifton Place
Metuchen
Roosevelt Hospital; P.O. Box 151
Paramus
Bergen Pines County Hospital; E. Ridgewood Ave.

NEW MEXICO

Truth or Consequences
Carrie Tingley Hospital; 1400 So. Broadway

NEW YORK

Buffalo
Children's Hospital; 219 Bryant St.
Farmingdale, L.I.
Nassau County Tuberculosis Hospital; Round Swamp Road
Ithaca
Herman M. Biggs Memorial Hospital
Jamaica, L.I.
Queens Hospital Center; 8268 164th St.
Lockport
Niagara Sanitarium; Upper Mountain Road, Box 507
Mount Morris
Mount Morris Tuberculosis Hospital
New York City, Bronx
Morrisania City Hospital; 168th St. and Gerard Ave.
New York City, Manhattan
Metropolitan Hospital; Welfare Island
Willard Park Hospital; Foot of E. 15th St.
Port Jefferson
St. Charles Hospital, Wharton Memorial School
Rochester
Convalescent Hospital for Children; 425 Beach Ave.
Rome
Rome State School Hospital; St. James St.
Schenectady
Eastern New York Orthopaedic Hospital School; 124 Rosa Road
Staten Island, West New Brighton
St. Vincent's Hospital; 335 Bard Ave.
Syracuse
Wieting-Johnson Memorial Hospital; 960 Salt Springs Road
Upton
Brookhaven National Laboratory
Utica
Children's Hospital Home
Yonkers
St. Joseph's Hospital; 127 So. Broadway

NORTH CAROLINA

Black Mountain
Western North Carolina Sanatorium
Greensboro
Central Carolina Convalescent Hospital; Bessemer Ave.
Winston-Salem
Forsyth County Sanatorium

NORTH DAKOTA

San Haven
North Dakota State Tuberculosis Sanatorium

OHIO

Cincinnati
Children's Convalescent Home; Auburn Ave. and Wellington Place
Children's Hospital; Elland and Bethesda Ave.
Dunham Hospital; Guerley Road
Columbus
Children's Hospital; 561 So. 17th St.
Columbus State School Hospital; 1601 W. Broad St.
Elyria
Elyria Memorial Hospital; 630 E. River St.
Lima
Lima Memorial Hospital; Linden and Mabel St.
Reynoldsburg
Nightingale Cottage Convalescent Hospital
Youngstown
Mahoning Tuberculosis Sanatorium; 4880 Kirk Road

OKLAHOMA

Clinton
Western Oklahoma Tuberculosis Sanatorium; Box 131
Tulsa
Director, Special Education, Tulsa Public Schools

OREGON

Portland
University of Oregon Medical School Hospitals and Clinic; 3181 SW Sam Jackson Park Road
Salem
Oregon State Tuberculosis Hospital; Rt. 4, Box 28
PENNSYLVANIA

Elizabethtown
  State Hospital for Crippled Children

Erie
  Zem Zem Hospital for Crippled Children; 1645 W. 8th

Lancaster
  Lancaster Cleft Palate Clinic; 24 No. Lime St.

Philadelphia
  Children's Heart Hospital; Conshohocken Ave.
  Graduate Hospital of the University of Pennsylvania;
    19th and Lombard St.
  Shriners' Hospital for Crippled Children; Roosevelt
    Blvd. and Pennypack Park

Pittsburgh
  Industrial Home for Crippled Children; 1426
    Denniston Ave.

RHODE ISLAND

East Providence
  Emma Pendleton Bradley Home; 1011 Veterans Memorial
    Parkway

Providence
  Department of Public Schools; 20 Summer St.

SOUTH CAROLINA

Greenville
  Shriners' Hospital for Crippled Children

SOUTH DAKOTA

Hot Springs
  West River Crippled Children's Hospital

TENNESSEE

Knoxville
  East Tennessee Crippled Children's Hospital;
    1912 Laurel Ave. SW

Nashville
  Davidson County Tuberculosis Hospital; 2715 No.
    Hamilton Road
  Junior League Home for Crippled Children; 2400
    White Ave.

TEXAS
Austin
Brackenridge Hospital; 15th and East Ave.
Fort Worth
  Cook Memorial Hospital Center for Children; 1212 W. Lancaster Ave.
Houston
  Hedgecroft Hospital and Clinic; 5120 Montrose Blvd.

UTAH
Salt Lake City
  Shriners' Hospital for Crippled Children; Fairfax at Virginia St.

VIRGINIA
Portsmouth
  Maryview Hospital; Western Branch Blvd.

WASHINGTON
Seattle
  Firland Sanatorium; 1704 E. 150th St.
  Laurel Beach Sanatorium; 10203 47th Ave. SW
Selah
  Central Washington Tuberculosis Hospital
Spokane
  Edgecliff Sanatorium; 511 Park Road
  Shriners' Hospital for Crippled Children; 820 No. Summit Blvd.
Tacoma
  Tacoma Indian Hospital; 2002 E. 28th

WEST VIRGINIA
Hopemont
  Hopemont Sanitarium
Milton
  Morris Memorial Hospital; Rt. 60, Box 272

WISCONSIN
Hawthorne
  Middle River Sanatorium
Madison
  Morningside Sanatorium; Rt. 5
Milwaukee
Milwaukee Children's Hospital; 721 No. 17th St.
Milwaukee County Hospital for Mental Diseases; 8844
Watertown Plank Rd.

WYOMING

Lander
Wyoming State Training School; Box 659
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Heffernan, Helen. "Investigations of the Educational Needs of Spastic and Crippled Children," California School, XV (June, 1944), 141-143.


Nebulung, Raymond G. "Recurrence of Rheumatic Fever in San Francisco Public School Children; Special Classes versus Regular Class Room Instruction," Journal of School Health, XXIV (March, 1954), 82-91.


Schoenbohm, W.B. "Iowa State University Hospital School," Exceptional Children, XVIII (February, 1952), 133-136.


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