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CLASSES for the PHYSICALLY HANDICAPPED



WAR RELOCATION AUTHORITY
Manzanar, California

TABLE OF CONTENTS

..... PREFACE.....

Lucy W. Adams
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Part I DEVELOPMENT OF THE PROGRAM

Genevieve W. Carter
Superintendent of Education

Part II THE CLASS PERSONNEL

Elizabeth M. Moxley
Supervisor of Health and Physical Education

Part III THE CLASS PROGRAM

Clyde L. Simpson
Principal, Elementary Schools

Part IV A TYPICAL SCHOOL DAY

Eleanor Thomas
Special Class teacher

PREFACE

A visit to the class for handicapped children at the hospital at Manzanar is one of the most delightful and interesting experiences which the Center has to offer. The charming class room, the gay spirit of the children, the number of activities they are carrying on, and the amazing progress they have made, has given happiness and encouragement to everyone concerned. The program affords a fine example of cooperation between divisions to meet community and individual needs, and has paved the way for other programs of child care. The Education and Health departments are to be congratulated on their achievement in this field.

Lucy W. Adams

Lucy W. Adams
Ass't. Project Director
Com. Man. Div.

Part I

DEVELOPMENT OF THE PROGRAM

Soon after the initial organization of the Manzanar Schools, attention was directed toward handicapped children who had been neglected in terms of a general educational program. One of the Elementary School teachers who had a rich background in work with handicapped children became interested in three deaf children who were unable to attend any classes in the existing program. This teacher, on her own initiative, conducted an afternoon school program for these deaf children in addition to her own elementary classroom duties. Her work lead to the suggestion that a project-wide survey be made to determine the number of handicapped children in the population who were receiving no educational benefits or who were so maladjusted that they were not making normal progress in regular day classes.

The preliminary survey indicated that there was a need for a class for handicapped children and led to a group conference of interested personnel in the hospital staff and in the education staff. The Chief Medical Officer pointed out that there was class space in the Children's Ward of the hospital, that the hospital ambulance could be used to transport the children to and from the hospital, and that the hospital kitchen could serve lunch to all the pupils in the class group. The Education Department agreed to finance and direct the remodeling of the hospital ward in order to make it into an attractive schoolroom and to furnish the necessary equipment, books, and supplies. It was agreed that the hospital staff would supervise the medical program for the children and that the Education Department would provide and supervise the instructional activities. The two departments would coordinate their activities in order to develop an unified medical and education program.

With the responsibilities and functions determined, the necessary physical arrangements were made to receive the pupils. The classroom was completely redecorated, and the floors were covered with attractive linoleum. Walls were painted a pastel color. Bright orange curtains were placed on the windows, and appropriate furniture for the various types of handicaps was painted and trimmed in attractive colors. Regular classroom supplies and materials for some physical and occupational therapy were made available. A large porch near the classroom was provided with cots and blankets to be used for rest periods. A yard adjacent to the classroom was planted with lawn and flowers, and a section was made available for the children to carry on a gardening project.

During the time the physical arrangements were being made, an extensive population survey was conducted in the community to determine the exact personnel for the class. The survey was undertaken by the Medical Social worker at the hospital in cooperation with the school's Supervisor of Health and Physical Education. Two lists of possible candidates were compiled, one from the records of the Crippled Children's Clinic and one by the Education Department of children who had been observed during health and physical education work. Both lists were combined and separated into two groups, those already attending regular school classes and those who, because of their handicap, were not enrolled in school.

Each child who was attending regular class was observed in a classroom situation, and the teacher was interviewed concerning his ability to adjust in school. If it seemed that it might be advisable to transfer the child to the special class, his name was given to the hospital personnel who were asked to consider his physical condition in reference to adjustment in the special hospital class. If the Chief Medical Officer indicated that the handicapped child would profit from the special class work, the child's family was visited by the Medical Social worker and the Special Class teacher, who explained the purpose of the new class and asked permission for the child to be registered. Without exception, parents were very cooperative and were interested in having their children take advantage of a class where they might be better adjusted. The same procedure of home visits and doctor's recommendations was followed for the groups of children whose handicaps had prevented them from attending schools.

About two months after the original plans for handicapped children were initiated, all arrangements were made, and the class was ready to start. It was agreed that the special teacher would start with a very small enrollment of nine selected pupils and increase the enrollment gradually as she worked out a definite program for each individual child. The enrollment of the class steadily increased until a maximum enrollment of twenty-two children were receiving special training. Soon after the class was initiated, a trained Evacuee Assistant Teacher from the Elementary unit transferred to the Hospital Class to assist the Special Class teacher.

Since the interest and need of special education for handicapped children initiated from the elementary teachers and principal, the program was placed under the administration of the Elementary unit.

Part II

THE CLASS PERSONNEL

Twenty-nine handicapped children have been enrolled in the Special class during the calendar year. Pupils are entered on the register who are in attendance as much as the minimum three hour school day. Thirty or forty other hospitalized children have received various types of service from the Special teacher or her assistant. Assistance with school lessons, stories, recreational books, bed games or handcraft has been provided to children who are bed patients but who are not in the regular Special class enrollment.

The first impression the visitor receives in evaluating the work done in the hospital class, is the pride and interest shared by the Hospital and Education staff members; neither group individually claiming credit for the progress shown by the children. The educational activities for each child have been planned to fit into the individual medical program prescribed by the doctor. In most cases the medical program sets the plan for the instructional activities but in several instances the child's progress, through his instructional activities has changed the plan of the medical program. The following case illustrates this:

Fumiji is a nineteen year old boy whose medical file gives the following diagnosis: "Gastroenteritis, Spastic Quadriplegia, mental deficiency, coxa valga of ankles." When the boy was first examined by the Crippled Children's Clinic, the Orthopedic Specialist stated that although an operation was possible, he would not recommend it until the boy himself was interested in being able to walk. A special chair with an attached work tray was constructed to meet his particular physical handicaps and Fumiji became an active member of the Special Class group. Six months later, when the Orthopedic surgeon held clinic, he was so convinced of the boy's progress that he performed the operation. The boy is now in a cast and will soon return to his class group. The results of the operation will not be known until the casts are removed.

In some cases the special class program has permitted handicapped children to continue the special education that had been interrupted by evacuation. Masaru is another spastic who had previously attended the crippled Children's classes in Los Angeles. The special teachers continued the program already started in providing opportunities for teaching the boy to walk, along with his regular school program. The medical report shows continued physical progress: "operation, plastic lengthening of heel cords, belateral adductor tenotomy and abductor neurectomy. Condition improved."

There are several children who have been able to continue their regular school work with normal progress during their hospitalization period. Frequently, this opportunity has been the deciding factor for parents who hesitate about giving permission for a recommended operation for the child. Kikuyo represents a case illustrating this:

Kikuyo is an eighteen year old girl who was in the Senior Class at High School. Her medical report states: "Operation at Crippled Children's Clinic May, 1943 for Torticollis (wryneck) condition on release, improved. Kikuyo was able to complete her graduation requirements at the hospital and graduated with her class the following July. She practiced daily the exercises that were given to her by the doctor and has developed a new pride and self assurance in her appearance. She is now working as a nurses aide in the hospital.

Choko represents another type of disability. She is a nineteen year old girl with congenital deafness who had received some previous training in speech and lip reading. Choko is an "all around" pupil of the hospital class and will continue to attend as long as she makes progress. She is unusually gifted in handicrafts and art. She often serves as helper for the teachers and assumes a maternal interest in her younger class mates, especially with her five year old brother, who is also congenitally deaf.

Paul, however, represents the typical short term enrollment in the class. His medical report shows: "Tuberculous Pleurisy. Forty three days hospitalization. Condition on release, improved." Paul's class attendance time was regulated by a strict medical program which provided for mid-morning and mid-afternoon rest periods. He has been able to make normal progress in his school work in spite of intermittent absences brought about by his low physical vitality.

The following enrollment of handicapped children have received special instruction during the past calendar year:

Name	Sex	Age	Handicap	Referred to Class by:
1. Fukushima, Phyllis	F	19	Spastic diplegia	Hospital
2. Hayashi, Choko	F	19	Deafness	Social Welfare
3. Hayashi, Tsuichi	M	5	Deafness	Social Welfare
4. Nakaji, Keiko	F	14	Primary pulmonary tuberculosis with tuberculous peritonitis	Hospital

Name	Sex	Age	Handicap	Referred to Class by:
5. Hannah Takaji	F	14	Deafness	Social Welfare
6. Sansui, Sachiko	F	7	Mental retardation	Classroom teacher
7. Tanbara, Utako	F	15	Congenital heart disease	Hospital
8. Terasaki, Yoshinobu	M	10	Pes planus, bilateral- General slow development	Hospital - class room teacher
9. Yamanaka, Sachiko	F	11	Mental retardation	Home
10. Yamashiro, Yoshiko	F	15	Recurrent mastoiditis and Chronic otitis media	Hospital
11. Kawagoye, Choko	F	16	Pulmonary tuberculosis, primary	Hospital
12. Kagawa, Masaru	M	11	Spastic diplegia	Hospital
13. Munemori, Kikuyo	F	18	Postoperative congenital torticollis	Hospital
14. Katsumata, Satoro	M	10	Postoperative congenital torticollis	Hospital
15. Umemoto, Ronald	M	6	Spastic monoplegia	Hospital
16. Tamai, Yoshiyuki Paul	M	6	Arrested tracheo-bronchitis	Hospital
17. Watanabe, Akio	M	8	Nervous tension; retardation in school work	Classroom teacher
18. Nakane, Fumiji	M	19	Spastic quadriplegia	Hospital
19. Fukushima, Shigeko	F	12	Harelip; mentally retarded	Classroom teacher
20. Okamuro, Dennis	M	4	Bilateral genu varus and right strabismus	Hospital
21. Terasaki, Yaeko	F	4	Bilateral congenital dis- location of hips	Hospital
22. Shirai, James	M	4	Primary pulmonary tuberculosis	Hospital
23. Muto, Yasuko	F	9	Chronic glomerulonephritis	Hospital
24. Osajima, Barbara	F	9	Rheumatic heart disease	Hospital
25. Okazaki, Tamiko	F	10	Hypertrophied tonsils and adenoids	Hospital
26. Takikawa, Yukio	M		Arachnodactylia, bilateral; congenital toe deformity	Hospital

Name	Sex	Age	Handicap	Referred to Class by:
27. Doi, Akira	M	10	Postoperative congenital torticollis	Hospital
28. Motowaki, Hideko	F	12	Healed tuberculosis, right hip	Hospital
29. Tanaka, Mari	F	4	Arthritis; chronic atrophica	Hospital
30. Tsukamoto, George	M	4	Acute glomerulonephritis	Hospital
31. Tsukamoto, Nancy	F	7	Acute glomerulo-nephritis	Hospital
32. Doi, Keiko	F	3	Bilateral congenital disloca- tion of hips	Hospital
33. Ichida, Allen	M	14	Bilateral pes planus - post- operative	Hospital
34. Saka, Akitsugu	M	17	Bilateral genu valgus - post- operative	Hospital
35. Takemoto, Roy	M	13	Bilateral Osgood's schlatter's disease	Hospital

Part III

THE CLASS PROGRAM

In working out the class program for the physically handicapped children, the teachers have considered the wide differences in age, the different educational and family backgrounds, and the various types of mental and physical handicaps. They have also consulted the medical staff concerning the length of the school day for each individual child and the types of activities appropriate for the various handicaps.

The children are divided into three groups, the primary, the advanced, and the ward or bed patients. The primary group includes all children below the fifth grade level, regardless of age or handicap. The advanced groups is made up of all children above the fifth grade and includes several people who are of senior high school age. The ward patients are children who are unable to leave their beds and must have individual instruction. The primary and advanced children attend school in the classroom where a typical progressive school environment is provided. The ward patients are given one hour's individual instruction each day in the ward where they are confined.

The class program is organized around the Social Studies. Well-planned units of work cut across all the subjects. Each unit not only integrates history, geography, and civics, but also includes many science facts, fine and industrial arts, problems and understandings. Reading, writing, spelling, as well as speaking, are nearly always present in some form. Units of work that are broad in scope are chosen so that each child, regardless of age and background, will find something on which he is anxious to work with his hands. Each child is encouraged to build something that will make a definite contribution to the total project when it is completed so that he will have the satisfaction of contributing to a common cause and feel an important part of the class. Every effort is made to conduct the class in an informal manner conducive to free conversation and a wholesome, quiet atmosphere.

Both the primary and advanced groups of children have completed garden units. While engaged on these units, the children planted and cared for flower and vegetable gardens. Eventually, the gardens produced flowers for the hospital wards and vegetables for the noon lunches. At present, the primary children are working on a dairy unit. They have constructed a miniature dairy and made a thorough study of the dairy farms in the United States. The advanced children are studying the clothing industry and the types of clothes worn by people living in different parts of the world. They have made many different types of clothes for dolls which show the history of fashions throughout the world. They have also conducted many experiments with raw mate-

rials that have been eventually made into clothes. These projects are similar to the units of work in a regular Elementary classroom except that normal children are physically able to visit the real farm or the Project clothing factory, for first hand information. In the special class, pictures are substituted for field trips.

Oral English is encouraged throughout the Social Studies period. During the planning and evaluation period, each child in the class discusses his project and asks for suggestions from other pupils. At times, this has been difficult because several children have speech defects which make it very hard for them to be understood. However, the fine spirit of all the children in the classroom in aiding each other with these problems has been remarkable. The sympathetic understanding the children show for each other's handicap has done much to make each child feel free to communicate even though he may not be understood at all times. The noon lunch period, when all the children eat together, is providing one of the finest opportunities to stimulate conversation and promote good oral English. The noon lunch period also provides an excellent learning situation for self-feeding for those who have poor motor coordination. Several children have previously depended upon members of their families to feed them.

Special speech instruction is provided each week for children who have serious speech difficulties. Rhythms are frequently used since most of the children have poor motor coordination. Poems with strong rhythms are learned and repeated as they walk or skip. Vocabulary games are played and mirrors are used for securing correct tongue placement. One deaf girl spends twenty minutes each day on special training in lip reading. She practices specific sounds, drills on words that present specific difficulties, practices conversation, and reads aloud.

Interest in written English is stimulated through the Social Studies program. The children work for independent expression by writing individual and occasionally group stories about some interesting phase of their projects. These stories are illustrated with drawings and placed in the class social studies notebook for reading and discussion. Some time is spent with phonetic sounds and the development of writing through painting and drawing. The teachers provide much individual help during written English periods because the children vary greatly in age and ability.

Music is included in the program several times each day. At times during the play periods, some members of the class play on rhythm instruments while others do simple folk dances, march, or skip around the room. Often the children sing and play flutes and rhythm bells during the free time between lunch and the afternoon classes. The school

victrola is used for regular music appreciation and listening lessons. Several children with special musical ability are taught simple note reading. However, no sustained effort is made to teach notereading to all children.

The teachers take every opportunity during the social studies period to stimulate interest in reading and arithmetic. All types of reading materials for the different age levels are provided. Particular effort is made to gather a variety of reading material related to the social studies units so that all children may read for information, regardless of age or ability. Experiences in measuring, figuring, counting, and making change are often provided when the class is working on their projects. Part of each afternoon is used for individual drill work on the fundamentals of both arithmetic and reading.

In addition to the various activities associated with the Social Studies program, all children have an opportunity to do various types of handicraft work. Materials for weaving, knitting, stencilling, basketry, and mat-making are always available, and the children have various projects in the process of completion at all times. Three older girls also spend part of each afternoon typing and practicing shorthand.

Periods of relaxation and rest are prescribed for the children by the medical staff and are rigidly enforced to insure that each child improves physically as well as educationally. Children who are required to rest during regular class periods, simply stop work on their projects and go to the adjoining porch where they take their assigned cots and rest for a prescribed time. During periods of fair weather, many children spend considerable time relaxing in the yard or working leisurely in the flower or vegetable gardens.

People of the community have become very interested in the Special Class and have shown their interest and enthusiasm in several definite ways. The Red Cross Chapter bought material and made new curtains for the windows. The summer woodwork class made many interesting toys and games. Members of the Parent-Teacher Association have visited the class regularly and have contributed many beautiful pictures and quantities of materials. Individuals in the community have donated books, pictures, magazines, and puzzles.

Close and constant cooperation between the Hospital Staff and the Education Department have made it possible to gain remarkable results with many children. The two sections are constantly checking, rechecking, and conferring together on the progress of individuals. In this manner, the program has steadily developed into a valuable asset from both the health and educational viewpoints. The project officials who have worked

with the Special Class feel that every child who has attended has been materially benefited. In several instances, children who had been considered as possible "wards of charity" throughout their lives are showing such progress that they may some day be able to take their places as regular contributing members of American society.

Part IV

A TYPICAL SCHOOL DAY

A day with the Special Class starts with the approach of the teachers down the corridor of the Children's Ward. Two or three little faces peer around doors to say "Good-Morning". A few minutes later beds and wheel-chairs begin to roll in, and the nursery children arrive, clamoring for favorite toys and books.

The official school day commences at nine o'clock when the ambulance brings its group of a dozen children, picked up from their homes throughout the community. The younger ones find their places at the little table at one end of the long ward room which has been converted into our classroom. The older group settle down at the large tables at the other end. There is enough intervening space, so their activities do not interfere with each other.

Together we carry out simple opening exercises, including the Salute to the Flag, America, and a chosen song accompanied by an older child on the tonette. Then follows the Social Studies period, with each group working on its own unit. The older permanent group carries on its independent research, while the teacher helps the transitory hospital children with their individual problems. Our object is to have these boys and girls carry on their regular studies, so they will not "miss out" in their classwork by hospitalization. Activity follows the planning period. This may consist of weaving, work on a time line, or whatever construction work fits into their particular unit.

Now there is a story hour and recess, with modified play. The latter part of the morning is filled with concentrated work on the skills, arithmetic, language, reading, spelling, each child proceeding at his own pace aided individually by the teacher.

Meanwhile the younger group has been busy with its own activities. The discrepancy in age does not hamper the procedure. Our "younger" group includes a severely handicapped nineteen year old boy, who is "enjoying" his first school experience with the same enthusiasm of the little ones. There has always been a fine, cooperative spirit among all the children, the older helping the younger ones, the less handicapped the more handicapped, the ambulatory the bed and wheel chair children. They have accepted each other naturally, and without question. Whether it is a gardening unit, or the farm, or stores that we have chosen for our unit, there is something that even the smallest child can work on with interest during the Social Studies period. After we put away our materials and discuss

our achievements, we are ready for a recess and rest. During this time there must be quiet so that the other group can carry on their individual reading lessons.

Now we are fresh for the music period, ready for songs, marching, and dramatic play. After this, the nursery children return to their own rooms to prepare for an early lunch, and the others settle down with notebooks and pencils and crayons to work on writing stories and making illustrations. This is the time we concentrate on writing, spelling, and written English.

By now the ambulance has arrived to take home for lunch the children for whom a full school day is too long. One little boy lies down for his pre-lunch nap, and the rest go outside for their play period.

We come in tired and are contented to sit quietly reading library books or working on puzzles. This provides the needed lull for individual work with speech.

Noon. Lunches are delivered from the hospital kitchen. Time to wake Paul! Time to wash hands! Time to set the tables! So many eager hands to help carry the plates from wheeled cart to their places at the tables. The informality of lunchtime conversation has helped more to achieve fluency in hesitant speech and the attainment of English than any formal lessons we could devise. Fortunately, there is still eagerness for the clearing-up. "My turn to carry the dishes!" "My turn to wash the mats!"

Now the blessedness of rest. No more protests about naps. We go to our beds on the sleeping porch if the weather is clear--blankets on the classroom floor for wintertime. But a rest is a rest for all that-- and usually sleep.

"Those big girls and boys eat faster than we do, or perhaps they don't talk so much." They have been outside long since, resting or playing, and are almost ready to return for their afternoon's work. The first afternoon period is devoted to Arts and Crafts or to Music.

By two o'clock, the little ones are awake and ready for reading drill and seat work. The older group has an hour's study period while they take turns with special individual lessons in shorthand, typing, speech, and grammar.

The ambulance returns at three, and the school day is over for our Special Class. For the children in the Tuberculosis ward and those otherwise unable to come into the classroom, the school day has just begun. Individual lessons continue until suppertime.

PICTURES THAT SHOW THE HANDICAPPED CHILDREN

ENGAGED IN VARIOUS ACTIVITIES



Learning to Write



At Work on Our Notebooks



Working out Individual Problems



Growing Our Own Vegetables



Handcraft for the Older Group



Building a Community



Rest time for the Younger
Group



Ready for School

