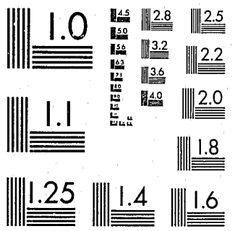

SPECIAL EDUCATION NEEDS OF YOUNG ADULT OFFENDERS

An Assessment of the Impacts of PL 94–142 on the Rehabilitative School Authority and the Department of Corrections

SUBMITTED BY THE JOINT TASK FORCE ON THE IMPACTS OF PL 94 – 142

July 1981
Report No. 81104

ACKNOWLEDGEMENTS

The Joint RSA/DOC Task Force was appointed by Dr. Charles Price, Superintendent of Schools, Rehabilitative School Authority, and Mr. William Weddington, Assistant Director for Program Development and Evaluation, Department of Corrections. The Task Force was coordinated by Thomas Foster, Manager, Research and Reporting Unit, Department of Corrections. The other Task Force members are Barbara Slayden, Director of Academic Programs, RSA; Stan Orchowsky, Researcher, DOC; Andrea Piercy, Educational Specialist, RSA; Robbie Watts, Researcher, DOC.

We wish to thank the staff of the Classification and Records Unit's Inmate Records Section for their cooperation and assistance in making records available for review. Ray Kessler provided information on Department of Corrections' staffing patterns, the Department's Reporting Section staff made available data on previous and current population figures, and Mike Jones assisted with data collection. We thank all of them for their help.

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TABLE OF CONTENTS

	PAGE
LIST OF TABLES	iv
EXECUTIVE SUMMARY	v
INTRODUCTION	1
Rationale	1
PL 94-142	2
METHODOLOGY	7
Limitations of the Research Design	12
RESULTS	13
TRENDS IN THE SIZE OF THE TARGET GROUP	25
IMPLEMENTATION PROCEDURES FOR PL 94-142	28
Identification of Handicapped Youth	28
Provision of Services for Handicapped Youth	33
POTENTIAL GAPS IN COMPLIANCE WITH PL 94-142	34
SUMMARY AND CONCLUSIONS	37
REFERENCES	38

LIST OF TABLES

TABLE		PAGE
1.	Institutional Assignments of Juveniles	14
2.	Ages of Juveniles	16
3.	Types of Offenses of Juveniles	16
4.	Sentence Lengths of Juveniles	16
5.	Tested IQ Categories of Juveniles	17
6.	Highest Grade Completed by Juveniles	17
7.	Institutional Assignments of PEH Vs. Non-PEH Juveniles	21
8.	Ages of PEH Vs. Non-PEH Juveniles	23
9.	Types of Offenses of PEH Vs. Non-PEH Juveniles	23
10.	Sentence Lengths of PEH Vs. Non-PEH Juveniles	23
11.	Tested IQ Categories of PEH Vs. Non-PEH Juveniles	24
12.	Highest Grade Completed by PEH Vs. Non-PEH Juveniles	24
13.	Inmates Under 22 Confined and Committed: 1975-1980	26

EXECUTIVE SUMMARY

Public Law 94-142, The Education for All Handicapped Children Act of 1975, requires local educational agencies to identify juveniles under age 22 who need special education, and to provide such education as needed. The Rehabilitative School Authority (RSA) is a local educational agency whose "students" are individuals confined in Department of Corrections (DOC) institutions.

The purpose of this report is to determine the number of potentially educationally handicapped inmates under age 22 in adult correctional facilities, and to compare the identification and service delivery requirements of PL 94-142 with current RSA and DOC procedures and capabilities.

A sample of 300 inmates under age 22 was randomly selected from the population of 1,276 juvenile inmates confined in adult institutions on January 1, 1981. The records of the 300 inmates were reviewed to collect data regarding home environment, educational history, intelligence and ability test scores, and medical and psychological characteristics. Using the definitions of handicapping conditions provided by the Virginia Department of Education, 47% of the sample were identified as possibly having educational handicaps. Based on recent trends in commitments and confinements of inmates under age 22, it is estimated that preliminary screening of the entire population under age 22 for handicapping conditions would require about 1,000 record reviews, with 470-565 of these inmates requiring complete evaluations to determine precisely the nature (if any)

of the handicapping condition. If all newly committed inmates under age 22 were screened, between 850 and 1,000 preliminary reviews would be required each year, and between 400 and 470 complete evaluations per year would be needed.

The comparison of the screening and evaluation requirements of PL 94-142 with current DOC and RSA practices shows current procedures to be adequate (with minor revisions) for screening purposes. Current procedures would probably be adequate (with revisions) for more detailed evaluation in the medical and sociocultural areas. Major procedural and staffing changes would be needed to meet the requirements regarding the educational and psychological components of the evaluation process. Additional RSA teachers, especially those endorsed in special education areas, would be needed to provide services to those inmates who need special education.

SPECIAL EDUCATION NEEDS OF YOUNG ADULT OFFENDERS

RATIONALE

The specific objectives of the Department of Corrections and the Rehabilitative School Authority task force are to gather and analyze data that describe the incidence and nature of handicapping conditions (as related to PL 94-142) of the 21 year old and younger inmate who is incarcerated in Virginia adult correctional institutions, and to identify present and potential resources for service delivery for that population.

A review of current federal and state legislation and regulations will identify the eligibility criteria by which educational services to the handicapped are provided. Requirements in the overall programming for the handicapped will be outlined. Comparing PL 94-142 requirements to current DOC and RSA resources will identify needs. Prevalence and needs analysis data may necessitate modification of existing programs, initiation of new service elements, and requests for additional budget allocations.

The National Center for State Courts has recently proposed a twelve month study to answer two major research questions: What are the prevalences of the handicapping conditions among juvenile offenders? What are the current practices in the special education of handicapped offenders (Keilitz, 1980)?

The author, using meta-analytic research techniques, will try to arrive at a "best" estimate of prevalence for the juvenile offender.

The author contends that there do not currently exist any reliable prevalence data for youthful offenders residing in juvenile correctional facilities. PL 94-142 required full implementation of programs for the 6-18 year old handicapped by 9-1-78. Programming for the 18-21 year old was to be accomplished by 9-1-80. Juvenile is not defined by age in the Keilitz research proposal. If there is not reliable data for youthful offenders within the juvenile system, be this defined as ages 6-18 or ages 6-21, there may be no reliable data on those 21 year old or younger inmates incarcerated in adult correctional institutions.

Such data do not exist for the state of Virginia. The work of this task force is to establish prevalence figures and to analyze all aspects of service delivery for the handicapped 21 year old or younger inmate in Virginia adult correctional institutions.

PL 94-142

PL 94-142, The Education for All Handicapped Children Act of 1975, is the major federal legislation providing educational services to the handicapped. Its regulations mandate the structure of such services. It brings together and underscores for the 2-21 year-old handicapped population many previously determined opinions of state and federal courts and provisions of state and federal laws. It places the ultimate control of education for the handicapped at the federal level.

For years handicapped children were excluded from public school. They were not recognized as persons having rights. A very rigid definition of education in the public schools was accepted. The concept of education was teaching "normal" subjects to "normal" children (Martin, 1978).

The 1954 Supreme Court decision, Brown vs. Board of Education, states that "...it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of education. Such an opportunity, where the state has undertaken to provide it, is a right which must be made available to all on equal terms."

The exclusion of the handicapped from public education began to be challenged. Later state and federal court decisions upheld the constitutional right of the handicapped to equal protection of the laws and upheld that the handicapped could not be treated differently without due process of law.

The "Due Process Clause" of the Fourteenth Amendment to the United States Constitution requires that states intervening in citizens' lives follow due process before restricting liberty. In relation to services for the handicapped, examples of the restriction of liberty are the institutionalizing and the labeling of the handicapped.

The 1971 P.A.R.C. Case and the 1972 Mills vs. Board of Education decisions compelled the federal government to enact standards. The Rehabilitation Act of 1973 (PL 93-112, Section 504) states, "No otherwise qualified handicapped individual in the United States . . . shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, ... any program ... receiving Federal Assistance."

Amendments to already existing federal education laws set up the Bureau of Education for the Handicapped and charged the states to plan for the education of the handicapped and to protect the due process rights of the handicapped.

PL 94-142 enacted in 1975 directly charged the schools with full compliance in providing the handicapped a free appropriate public education. After extensive public review and debate, PL 94-142 regulations were codified in 1977. PL 94-142 requires each state education agency to develop and implement a plan for the provision of such services. This plan is subject to federal approval.

Briefly paraphrased, PL 94-142 states that a free appropriate public education be provided to all handicapped children ages two through 21. This free appropriate public education may include special education and related services to meet unique needs. Rights of handicapped children and their parents are protected. States and localities are assisted, including financial assistance, in providing education for handicapped children. Effectiveness of efforts to educate children will be assessed and insured (Federal Register, August 23, 1977).

Regulations for implementation of Part B of PL 94-142 place the responsibility for the submission of program plans on the state educational agency (State Department of Education in Virginia) on behalf of the state. The provisions of PL 94-142 apply to all political subdivisions of the state that are involved in the education of handicapped children. These include the state educational agency, local educational agencies and intermediate educational units, other state agencies and schools, and state correctional facilities. "The requirements of this part (PL 94-142, Part B) are binding on each public agency that has direct or delegated authority to provide special education and related services in a state

that receives funds under Part B of the Act, regardless of whether that agency is receiving funds under Part B" (Federal Register, August 23, 1977).

The Rehabilitative School Authority is in a unique position. The Code of Virginia requires that the Rehabilitative School Authority maintain a "general system of schools for persons committed to (correctional) institutions." (Code of Virginia, Section 22.1-342). This system shall include special educational schools. The Rehabilitative School Authority is a public agency administering educational services to handicapped children. The Rehabilitative School Authority could be designated as a state educational agency (Miller, 1975), as an intermediate educational unit (Federal Register, August 23, 1977, 121a.7) or as a local educational agency (Federal Register, August 23, 1977, 121a.8).

The actual structural elements necessary in complying with PL 94-142 regulations would not substantially differ by viewing the Rehabilitative School Authority as a state educational agency, an intermediate educational unit or a local educational agency. Differences would occur in regulatory authority and in funding arrangements. Since the purpose of this review is to detail actual compliance requirements, hereafter, the Rehabilitative School Authority will be viewed as a local educational agency, thus subject to the Regulations and Administrative Requirements for the Operation of Special Education Programs in Virginia (Division of Special Education, 1978).

Problematic issues appear to exist between PL 94-142 requirements in the education of handicapped youth and the various state agency mission statements and service delivery formats for serving incarcerated youth.

This review will note such issues as they apply to various procedural requirements.

Issues exist concerning the degree of responsibility of the local school division of original residence for students who presently reside in state institutions for the mentally retarded and the emotionally disturbed. The resolution of such issues may color determination of responsibility to students residing in correctional facilities.

A factor also to be considered is the Reagan administration plan to deregulate federal educational assistance and to make such aid available to the states by noncategorical block funding grants. Such plans may considerably alter PL 94-142 operational procedures.

METHODOLOGY

In order to determine the incidence of educationally handicapping conditions among the inmate population aged 21 years and younger, the task force agreed to rely on historical data contained in inmate files. This historical data came from the following sources:

1. Commitment Face Sheet (C&R Form 1) filled out at the Reception and Classification Center by the Records Clerk.
2. History Form (C&R Form 4) filled out at the Reception and Classification Center by the Classification Specialist.
3. Educational History Form (CTS Form 5) filled out at the Reception and Classification Center by the Test Technician.
4. Medical History (Form 7) filled out by the attending physician at the Reception and Classification Center.
5. Psychological Summary completed by the DOC staff psychologist at the Reception and Classification Center.
6. Pre-Sentence Investigation completed by the Probation and Parole Officer assigned by the committing court prior to transfer to the Reception and Classification Center.

Data collected from these forms included the following:

Inmate name, number and date of birth
Race and Sex
Mandatory Parole Date
Discretionary Parole Eligibility Date
Committing Offense
Total Sentence
Urban/Rural Home Environment
Stable/Unstable Home Life
Last School Grade Attended
Work History (if any)
General Impressions of Classification Specialist
TABE scores in Reading, Math, and Language
Medical Record including Chronic Conditions, defects, general condition, vision and hearing
Lorta Score and Otis Score
Societal Prognosis by psychologist
Rehabilitation Needs

Type of Previous School Placement (regular, special ed, vocational placement)
Regular/Irregular school attendance record
Good/Average/Poor school adjustment
Previous referrals and reason for referral to community mental health center and/or psychiatric hospital
Other pertinent information including additional test scores, reports and comments.

On January 1, 1981 there were 1,276 inmates aged 21 years and younger in DOC facilities. The task force decided that a random sample of 300 inmates, allowing for 95% confidence with plus or minus 5% error in projecting the incidence of potentially handicapped inmates among the total target population, would be sufficient for its purposes. Through the use of a computer program a random sample of 300 inmates aged 21 years and younger was generated. The list was verified for accuracy of age, and then taken to the Records Room of the Classification and Records Unit, where each inmate's file was examined and the data listed above recorded on a two-page form.

Once the forms were completed, the following criteria were used to screen the sample of inmates for potentially handicapping conditions:

Last public school grade placement
No high school or GED completion
Special ed placement in public school
Poor school adjustment
TABE scores 3 grade levels lower than last public school grade placement
Beta score below 70
Otis score below 70
More than 1 S.D. (15 points) discrepancy between Otis score and Beta score
Physical defects
Chronic Physical conditions
20/70 vision in either eye
No 3" (12" for fork) notation for hearing
Unstable family background
Referrals to mental health agencies/clinics
Psychiatric commitments
No regular work history
Specific educational or special services related recommendations by classification specialist/psychologist.

Although the nature of the data precluded the reliable identification of specific handicapping conditions, the definitions of these conditions, as set forth in PL 94-142, guided the selection of the above listed criteria. These definitions, taken directly from the Regulations and Administrative Requirements for the Operation of Special Education Programs in Virginia, are:

Deaf means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance. Deaf is defined as a hearing disability to the extent of 70 dB ISO or greater, with or without the use of a hearing aid (Kirk & Gallagher, 1979).

Deaf-blind means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children.

Hard of hearing means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf" in this section. "Hard of hearing" is defined as a hearing disability to the extent of 35 to 69 dB ISO with or without the use of a hearing aid (Kirk & Gallagher, 1979).

Mentally retarded means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance. Significantly subaverage general intellectual functioning is defined as a score of two standard deviations below the norm on individual I.Q. tests, i.e., a score of 70 or below on the Weschler Intelligence Scale for Children or the Weschler Adult Intelligence Scale (Kirk & Gallagher, 1979).

Multi-handicapped means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc.), the combination of which causes such serious educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind children.

Orthopedically impaired means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by cogenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

Other health impaired means limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.

Seriously emotionally disturbed is defined as follows:

a) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
   (1) an inability to learn which cannot be explained by intellectual, sensory, or health factors;
   (2) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
   (3) inappropriate types of behavior or feelings under normal circumstances;
   (4) a general pervasive mood of unhappiness or depression; or
   (5) a tendancy to develop physical symptoms or fears associated with personal or school problems.

b) The term includes children who are schizophrenic or autistic. (Federal regulations now place the autistic in the category of "other health impaired".) The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an "imperfect" ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantages.

Speech impaired means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's educational performance.

Visually handicapped means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

Blindness is defined as visual acuity for distance vision of 20/200 or less in the better eye with correction. The partially seeing are persons with a visual acuity greater than 20/200 but not greater than 20/70 in the better eye with correction (Kirk & Gallagher, 1979).

Limitations of the Research Design

Choosing arbitrary stabilizing factors - the particular date to select the random sample and the analysis of secondary data obtained during the reception process - was necessitated by the changing nature of the population in this age group and the current incapability of either Corrections or R.S.A. to gather directly related (to PL 94-142) primary data on the 300 randomly selected inmates. The regulations of PL 94-142 also compound research design problems. Differing interpretations of the handicapping condition definitions abound (Ysseldyke & Salvia, 1978). The vagueness of the definitions of learning disability and severe emotional disturbance illustrates this point.

The interpretation of criteria outlined in PL 94-142 and the subsequent application of these criteria to secondary data recorded from the review of the 300 randomly selected records represents this task force's best effort to establish prevalence data.

RESULTS

Before presenting the findings of the screening procedure, we will examine some of the relevant characteristics of the 1,276 inmates under age 22 (this information is taken from the computer files). Table 1 shows the institutional assignments of these juveniles* as of January 1, 1981. The second column of Table 1 records the number of these offenders at each institution, while the third column expresses this number as a percentage of the 1,276 total. The fourth column indicates the proportion of each institution's inmate population that the juvenile group comprises. For example, 19.1% of the 1,276 juveniles are housed at Southampton, and these 244 inmates comprise 51.1% of Southampton's population. The last two columns of this table, as well as those of Tables 2-6, show the number and percentage of juveniles from the random sample of 300 who fall into each category. These sample characteristics will be discussed after the presentation of the population characteristics.

As Table 1 shows, Southampton and St. Brides together house about a third of all inmates under age 22, while an additional 5% are at the Southampton reception center. Unit 8 at Harrisonburg contains the third largest number of juveniles, having almost 7% of the total. These four locations plus Powhatan house half of all inmates under 22. Table 1 provides the breakdowns for each major institution and those field units with larger numbers of juveniles.

The last column of the table shows that Unit 8 contains the largest proportion of inmates under age 22: at any given time, about 9 of every 10 inmates at Harrisonburg is under age 22. One out of every two inmates at Southampton is 21 or younger, and about 2 of every 5 inmates at St. Brides. Other institutions with relatively high proportions of

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* The term "juveniles" as used in this section refers to the group of inmates 21 years and younger serving sentences in adult facilities.

TABLE 1

INSTITUTIONAL ASSIGNMENTS OF JUVENILES

	Population (N=1,276)			Sample (N=300)	
Institution	Number	Percentage	Percentage of Institutional Total	Number	Percentage
Southampton	244	19.1	51.1	60	20.0
St. Brides	183	14.3	43.0	38	12.7
Southampton Recpt.	67	5.3	84.8	17	5.7
Powhatan	56	4.4	7.3	8	2.7
Deerfield	50	3.9	19.1	15	5.0
Penitentiary	47	3.7	5.2	10	3.3
Bland	44	3.4	9.9	10	3.3
Mecklenburg	38	3.0	12.7	14	4.7
VCCW	29	2.3	11.5	10	3.3
Staunton	16	1.3	4.9	4	1.3
Deep Meadow	13	1.0	3.3	2	0.7
James River	10	0.8	3.6	1	0.3
Marion	5	0.4	5.1	1	0.3
Powhatan Recpt.	2	0.2	1.0	2	0.7
SUBTOTAL - MAJOR INST.	804	63.0	15.5	192	64.0
Harrisonburg (#8)	87	6.8	90.0	16	5.3
Pocahontas (#13)	24	1.9	11.7	6	2.0
New Kent (#16)	24	1.9	25.3	3	1.0
Halifax (#23)	24	1.9	13.0	4	1.3
Patrick Henry (#28)	21	1.6	21.4	9	3.0
Fluvanna (#12)	20	1.6	23.0	3	1.0
All other field units	243	16.5	10.6	59	19.7
SUBTOTAL - FIELD UNITS	443	34.7	14.5	100	33.3
OTHER*	29	2.3	6.9	8	2.7

* Includes local jails, hospitals, out-of-state court, and escape.

juveniles include Unit 16 - New Kent (25%), Unit 12 - Fluvanna (23%), Unit 28 - Patrick Henry (21%), and Deerfield Correctional Center (19%). Finally, the table shows that 85% of the Southampton Reception Center's population are juveniles, while less than 1% of the Powhatan Reception Center's population are less than 22. This confirms that virtually all of the juvenile inmates are processed through the Southampton Reception Center.

Table 2 shows the age distribution of the 1,276 juveniles. The vast majority are between 19 and 21 years old, while the largest proportion of these are 21 years old. The average age was 19.7 years.

Table 3 shows the general types of offenses for which the juveniles were committed. Most had committed property offenses, and relatively few had committed drug-related offenses.

Table 4 shows the sentence lengths of the inmates. The average sentence length was 10 years, which is somewhat misleading, since long sentences on multiple charges (totaling over 100 years, for example) tend to inflate the mean. Half of the juveniles received sentences of about six years or less (median=6.3 years), while the most common sentence length received (mode) was five years.

Table 5 shows the IQ classifications of the juveniles. These classifications are based on Revised Beta scores; the range of scores corresponding to each category is shown in the table. Over 6% of the juveniles scored in the mentally retarded range, with another 25% scoring in the borderline range. Over half of the juveniles scored below the normal range of intelligence.

TABLE 2

AGES OF JUVENILES

	Population (N=1,276)		Sample (N=300)	
Age	Number	Percentage	Number	Percentage
16	13	1.0	2	0.7
17	49	3.8	11	3.7
18	147	11.5	34	11.3
19	251	19.7	73	24.3
20	393	30.8	82	27.3
21	423	33.2	98	32.7

TABLE 3

TYPES OF OFFENSES OF JUVENILES

	Population (N=1,276)		Sample (N=300)	
Type of Offense	Number	Percentage	Number	Percentage
Person	490	38.4	118	39.3
Property	646	50.6	148	49.3
Drug	44	3.4	12	4.0
Other	96	7.5	22	7.3

TABLE 4

SENTENCE LENGTHS OF JUVENILES

	Population (N=1,276)		Sample (N=300)	
Sentence Length	Number	Percentage	Number	Percentage
1-18 months	18	1.4	5	1.7
1 1/2-2 1/2 years	65	5.1	17	5.7
2 1/2-5 1/2 years	416	32.6	91	30.3
5 1/2-9 1/2 years	246	19.3	56	18.7
9 1/2-14 1/2 years	197	15.4	46	15.3
14 1/2-19 1/2 years	71	5.6	19	6.3
over 19 1/2 years	135	10.6	28	9.3
Life	18	1.4	5	1.7
Indeterminate	110	8.6	33	11.0

TABLE 5

TESTED IQ CATEGORIES OF JUVENILES*

	Population (N=1,276)		Sample (N=300)	
IQ Category	Number	Percentage	Number	Percentage
Above normal (> 109)	60	4.7	18	6.0
Normal (90-109)	443	34.7	105	35.0
Dull normal (80-89)	277	21.7	61	20.3
Borderline retarded (70-79)	316	24.8	76	25.3
Mentally retarded (< 70)	79	6.2	15	5.0
Unknown	101	7.9	25	8.3

* Numbers in parentheses are Revised Beta IQ scores corresponding to categories. Categories and their corresponding scores are those which are routinely used by the Department of Corrections.

TABLE 6

HIGHEST GRADE COMPLETED BY JUVENILES

	Population (N=1,276)		Sample (N=300)	
Grade Level	Number	Percentage	Number	Percentage
6th grade or less	83	6.5	18	6.0
7-9th grade	661	51.8	156	52.1
Some high school	244	19.1	55	18.4
High school graduate, G.E.D.	99	7.8	23	7.7
Special education	16	1.2	5	1.7
Unknown	173	13.6	43	14.3

Finally, Table 6 presents the educational levels attained by the juveniles. Over half of the juveniles had no formal education beyond the 9th grade, and only about 8% of the total had graduated from high school or earned G.E.D.'s.

The last two columns of Tables 1-6 may be used to assess the degree to which the random sample of 300 juveniles is representative of the total population of juveniles. As Table 1 shows, major institutions were slightly over-represented in the sample (comparing columns 3 and 6), while field units were slightly under-represented. Table 2 shows that the sample contained a greater proportion of 19 year-olds and a lower proportion of 20 year-olds than the population. The mean age of the juveniles sampled was exactly the same (19.7 years) as the population average.

Juveniles with person offenses were slightly over-represented in the sample (Table 3), as were drug offenders. Juveniles with property crimes were slightly under-represented in the sample.

Table 4 shows that the sentence lengths of the sampled juveniles were similar to the population sentences. The mean sentence length for the sample was 9.9 years, compared to 10.0 years in the population. The median sentence length of the sampled juveniles was 6.3 years, exactly the same as in the population median.

Table 5 shows that the mentally retarded category was under-represented in the sample, a fact which should be kept in mind when generalizing our sample findings to the population. In addition, a greater proportion of the juveniles in the sample scored in the above normal

range than did juveniles in the population. Table 6 shows that the grade levels attained by juveniles in the sample were similar to the population in general.

Based on these comparisons, we can safely conclude that our sample of 300 juveniles is representative of the population of juveniles. We can therefore proceed with our analysis of the data obtained from the records.

Based on the criteria discussed previously, 141 juveniles, or 47% of the sample, were designated as potentially educationally handicapped (PEH). Although there was not sufficient data to identify exactly the specific handicapping condition of each juvenile in the sample, it is of interest to note that the categories of mentally retarded, specific learning disability and seriously emotionally disturbed could be used to describe the primary disability of all but one juvenile in the sample (whose record showed evidence of the juvenile being hard of hearing). No inmates were identified as being deaf, blind, speech impaired, orthopedically impaired or health impaired. Again it must be stressed that these categorizations were based on inadequate assessment data, and should not be considered as definitive.

The 47% figure for the proportion of juveniles in the sample who are potentially educationally handicapped is subject to a sampling error of plus or minus 5%. Thus we can say, with an acceptable degree of confidence (95%), that the proportion of adult inmates under age 22 in Virginia prisons who are potentially educationally handicapped is

between 42% and 52%.* Thus we would conclude that on January 1, 1981, there were between 536 and 663 inmates under 22 years old who potentially had educationally-related handicaps.

It should be noted at this point that the information used to arrive at the 47% figure was sometimes sketchy (some inmates, for example, were not tested, and no reason for not testing was given). It was therefore decided that if there were any doubt, the inmate should be classified as handicapped, since not classifying a handicapped inmate as such would be a more serious error than determining that an inmate was handicapped when in fact (s)he was not. This decision almost certainly resulted in the 47% figure being an inflated estimate. On the other hand, recall that juveniles who tested in the mentally retarded range were under-represented in our sample, so that the number of PEH inmates in the population might be greater than the 536-663 we have estimated. These two factors may to some extent cancel each other out, leaving our estimate an accurate one.

Tables 7-12 present a comparison of the 141 juveniles designated as potentially educationally handicapped with the 159 non-PEH juveniles. Table 7 shows the institutional assignments of the juveniles. PEH juveniles were slightly more likely to be found in major institutions than non-PEH juveniles. Disproportionately high numbers of PEH juveniles

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* The actual interpretation of the 95% confidence interval for the proportion .47 is as follows: if we were to draw 100 different random samples of the 1,276 juveniles, the proportion of PEH juveniles identified would be between .42 and .52 in 95 of the samples.

TABLE 7

INSTITUTIONAL ASSIGNMENTS OF PEH Vs. NON-PEH JUVENILES

	PEH Juveniles		Non-PEH Juveniles	
Institution	Number	Percentage	Number	Percentage
Southampton	29	20.6	31	19.5
St. Brides	23	16.3	15	9.4
Southampton Recpt.	6	4.3	11	6.9
Powhatan	4	2.8	4	2.5
Deerfield	7	5.0	8	5.0
Penitentiary	7	5.0	3	1.9
Bland	1	0.7	9	5.7
Mecklenburg	9	6.4	5	3.1
VCCW	2	1.4	8	5.0
Staunton	2	1.4	2	1.3
Deep Meadow	1	0.7	1	0.6
James River	0	0	1	0.6
Marion	0	0	1	0.3
Powhatan Recpt.	0	0	2	1.3
SUBTOTAL - MAJOR INST.	91	64.5	101	63.5
Harrisonburg (#8)	4	2.8	12	7.5
Pocahontas (#13)	4	2.8	2	1.3
New Kent (#16)	3	2.1	0	0
Halifax (#23)	1	0.7	3	1.9
Patrick Henry (#28)	6	4.3	3	1.9
Fluvanna (#12)	1	0.7	2	1.3
All other field units	30	21.3	29	18.2
SUBTOTAL - FIELD UNITS	49	34.7	51	32.1
OTHER *	1	0.7	7	4.4

* Includes local jails, hospitals, out-of-state court, and escape.

were assigned to St. Brides, the Penitentiary, Mecklenburg, and Unit 28. Relatively smaller proportions of PEH inmates were assigned to Bland, the Women's Farm, and Unit 8.

Table 8 presents the ages of the two groups of juveniles. Although the proportion of PEH versus non-PEH juveniles varies at each age, overall the two groups' average ages are almost identical (19.7 years for PEH juveniles and 19.8 years for non-PEH juveniles).

Table 9 shows the types of offenses committed by the juveniles. PEH inmates were much more likely to have been committed for a property offense than non-PEH inmates.

A greater proportion of PEH juveniles were serving sentences between 2 1/2 and 9 1/2 years, while a greater proportion of non-PEH juveniles had sentence lengths in the 9 1/2 - 14 1/2 year range (Table 10). The average sentence length of PEH inmates was 9.4 years, compared with an average of 10.3 years for non-PEH inmates.

Table 11 shows, as would be expected, that a much larger proportion of PEH juveniles had IQ scores in the borderline and mentally retarded ranges, while a larger proprotion of non-PEH inmate scored in the normal and above normal ranges on the Revised Beta test.

Table 12 shows that the PEH juveniles had less formal education than non-PEH juveniles, as would be expected. The average educational level of PEH inmates was 7.7 years, compared with an average of 8.3 years for non-PEH inmates.

TABLE 8

AGES OF PEH Vs. NON-PEH JUVENILES

	PEH Juveniles		Non-PEH Juveniles	
Age	Number	Percentage	Number	Percentage
16	1	0.7	1	0.6
17	3	2.1	8	5.0
18	22	15.6	12	7.5
19	30	21.3	43	27.0
20	45	31.9	37	23.3
21	40	28.4	58	36.5

TABLE 9

TYPES OF OFFENSES OF PEH Vs. NON-PEH JUVENILES

	PEH Juveniles		Non-PEH Juveniles	
Type of Offense	Number	Percentage	Number	Percentage
Person	52	36.9	66	41.5
Property	79	56.0	69	43.4
Drug	3	2.1	9	5.7
Other	7	5.0	15	9.4

TABLE 10

SENTENCE LENGTHS OF PEH Vs. NON-PEH JUVENILES

	PEH Juveniles		Non-PEH Juveniles	
Sentence Length	Number	Percentage	Number	Percentage
1-18 months	2	1.4	3	1.9
1 1/2-2 1/2 years	6	4.3	11	6.9
2 1/2-5 1/2 years	46	32.5	45	28.3
5 1/2-9 1/2 years	32	22.7	24	15.1
9 1/2-14 1/2 years	16	11.3	30	18.9
14 1/2-19 1/2 years	9	6.4	10	6.3
over 19 1/2 years	15	10.6	13	8.2
Life	2	1.4	3	1.9
Indeterminate	13	9.2	20	12.6

TABLE 11

TESTED IQ CATEGORIES OF PEH Vs. NON-PEH JUVENILES

	PEH Juveniles		Non-PEH Juveniles	
IQ Category	Number	Percentage	Number	Percentage
Above normal (>109)	2	1.4	16	10.1
Normal (90-109)	35	24.8	70	44.0
Dull normal (80-89)	29	20.6	32	20.1
Borderline retarded (70-79)	55	39.0	21	13.2
Mentally retarded (<70)	13	9.2	2	1.3
Unknown	7	5.0	18	11.3

TABLE 12

HIGHEST GRADE COMPLETED BY PEH Vs. NON-PEH JUVENILES

	PEH Juveniles		Non-PEH Juveniles	
Grade Level	Number	Percentage	Number	Percentage
6th grade or less	13	9.2	5	3.1
7-9th grade	75	53.2	81	50.9
Some high school	28	19.9	27	17.0
High school graduate, G.E.D.	1	0.7	22	13.8
Special education	5	3.5	0	0
Unknown	19	13.5	24	15.1

TRENDS IN THE SIZE OF THE TARGET GROUP

The target group for PL 94-142 as applied to RSA is all incarcerated inmates under the age of 22. In the adult system, the size of this group on January 1, 1981 was 1,276. Of this number, as determined by the present study, between 42% and 52% are potentially educationally handicapped. It would be useful for planning services to know how the size of the target group will change in the future, since the number of PEH inmates will change accordingly. The first three columns of Table 13 present past data on the size of the target group of adult inmates under 22 from 1975-1980 (the only years for which this data is easily retrievable). Although the total size of the entire confined inmate population increased steadily for those years, the proportion of the total population that inmates under 22 represented decreased steadily (column 3 of Table 13). The result of these two conflicting trends was an increase in the actual number of under 22 inmates from 1975-1978, followed by decreases in 1979 and 1980. Thus despite the fact that the size of the total confined population is expected to continue to increase through 1990, the proportion (and number) of inmates under age 22 may continue to decrease. It seems reasonable to conclude that for the next three years, there will be about 1,000 confined inmates under age 22 in Virginia institutions. Assuming that the estimates of the proportion of PEH inmates discussed above will apply for the next three years, we may safely conclude that there will be at least 420 potentially educationally handicapped inmates confined in adult institutions.

TABLE 13

INMATES UNDER 22 CONFINED AND COMMITTED: 1975-1980

	Confined Population*		New Commitments**	
Year	Number of Juveniles	Percentage of Total Inmates	Number of Juveniles	Percentage of Total Inmates
1975	1,119	20.8	826	35.4
1976	1,138	20.0	962	36.0
1977	1,325	19.7	1,109	32.8
1978	1,412	18.9	1,037	34.9
1979	1,330	17.2	884	32.4
1980	1,285	15.1	1,031	28.1

* On June 30 of the year given; felons only.
** For the fiscal year ended June 30; felons only.

Presumably, all new inmates under age 22 sentenced to confinement in an adult institution will need to be screened to determine whether they are educationally handicapped. It is therefore important to attempt to estimate the number of screenings per year that will be needed.

The last two columns of Table 13 present historical data showing the number of inmates under age 22 committed. The number of under 22 inmates committed paralleled the number of total commitments for these years: an increase in 1976 and 1977, decreases in 1978 and 1979, and an increase in 1980. The proportion of under 22 inmates did not follow this pattern. For example, while the number of such inmates increased from 884 in 1979 to 1,031 in 1980, under age 22 inmates comprised a greater proportion of the total commitments in 1979 (32.4%) than in 1980 (28.1%). It therefore seems reasonable to conclude that inmates under age 22 will continue to comprise a smaller proportion of new commitments in the next few years. However, since it is extremely difficult to project total commitments, this information is of little use.

Preliminary data on total commitments for the current fiscal year show that for the first nine months (July, 1980-March, 1981) there were a total of 2,241 new commitments. Assuming that commitments for the fourth quarter follow a similar pattern, total commitments for 1981 will be around 3,000, far short of the 1980 total of 3,664. If inmates under age 22 represent the same proportion of 1981 commitments as they did in 1980, there will be about 850 new inmates under 22 years old. The number of screenings needed in future years would almost certainly be less than 850, although the actual number cannot be estimated.

IMPLEMENTATION PROCEDURES FOR PL 94-142

The Virginia regulations for the operation of special education programs detail the procedures which would be required for adequate compliance with PL 94-142. This section will spell out these requirements, and compare them with current procedures and staffing patterns, identifying some of the gaps which exist.

Implementation of the state regulations can be divided into two major steps: identification of handicapped youth (screening and evaluation), and provision of specialized services for handicapped youth (development and implementation of the Individualized Education Program).

Identification of Handicapped Youth. PL 94-142 states that not only must agencies provide services to educationally handicapped youth, they must also actively pursue a "child find" program by which all youth under their auspices who are potentially handicapped might be located. If RSA is considered to be a public agency administering educational services (to persons committed to institutions), then it is responsible for identifying handicapped youth (under age 22) from among the entire adult prison population (as well as new additions to that population). This identification process consists of two phases: screening and evaluation.

State regulations call for an annual review of file information to determine the existence of possible handicapping conditions. If such evidence is found, a full evaluation would be initiated. For newly committed adult inmates under age 22 (RSA's version of children newly enrolled in school), a screening process must be undertaken covering the

areas of speech, voice, language, motor function, vision and hearing. Specific measures or instruments employed must include both performance and observational data, and must not be discriminatory. Screening in the areas of vision and hearing must be accomplished within 15 working days (three weeks) of reception; screening in the remaining areas must be completed within 60 working days (12 weeks).

The Department of Corrections currently conducts the kind of assessment described above as a part of the inmate's intake process at the Powhatan, Southampton, and Women's Farm Reception Centers (as noted previously, the vast majority of males under age 22 are processed through Southampton). All new inmates routinely receive a medical assessment by a physician and/or a nurse, including a medical history, routine physical examination, vision screening (using the Snellen Chart) and a hearing screening (using a tuning fork or wristwatch distance test). An educational assessment is completed by a test technician and includes the TABE test (scored for math, language, and reading ability), and the Otis (verbal) and Beta (non-verbal) IQ tests. Both tests are administered to small groups of inmates tested together. Inmates are also assessed by a psychologist and a classification specialist, who review information in the record, including the Pre-Sentence Investigation Report, and talk with the inmate.

Comparison of the PL 94-142 screening requirements with current routine procedures at the reception centers suggests that the two are quite similar. Improvements in the medical assessment procedures at the Reception Centers might be needed (for example, the vision and hearing testing procedures are not very precise), and more specific documentation

of findings would perhaps be called for (for example, documentation of level of motor functioning). In general, though, current practices appear adequate to complete the initial screening required by the state's regulations.

If an inmate is identified by the screening process as being potentially handicapped, a formal evaluation procedure must be initiated within 30 days of the referral. Written notification of the evaluation must be provided, along with assurances of confidentiality of the results and the opportunity for an impartial hearing.

The formal evaluation process includes assessments in four areas: educational, medical, sociocultural and psychological. The educational assessment is a written report describing performance and documenting instructional needs in academic skills and language performance. The medical component requires a written report from a licensed physician detailing medical history and identifying any medical problems which might affect learning. The sociocultural component involves a written report describing background and behavior in home and school. Finally, the psychological assessment involves administration of a battery of individual intelligence and psycho-educational tests, and a report of the findings (a clinical evaluation would be included if needed). In addition to these four areas assessments in other areas, such as cognitive and motor development, speech, and language functioning, would be conducted if necessary, depending on the nature of the disability suspected.

In all four of the above areas, tests and other evaluation methods used must be administered in the inmate's native language, must be

valid for the purpose for which they are used, and must be conducted by trained personnel in the manner that the test designers intended. In addition, tests must be specific to individual areas of educational need, and not general in nature (such as IQ tests which produce a single, general score). The tests used must reliably measure what they purport to measure, and test results should not reflect physical or sensory impairments not being tested.

The entire evaluation process must involve a multidisciplinary team of assessors, including at least one teacher or specialist with knowledge of the area of the suspected disability. More than one procedure must be used in determining the problems and needs of the inmate. A final judgment about the inmate's eligibility for special education and related services must be made within 45 working days (9 weeks) of the start of the evaluation process.

Once the evaluation is completed, the findings go to an eligibility committee. This committee is comprised of (at a minimum) the individuals who provided the assessments of the inmate and a special education administrator or designee. The eligibility committee reviews the evaluation information and determines if the inmate has a handicapping condition. Individuals designated as handicapped must be re-evaluated, using the above-outlined procedures, at least once every three years.

Of the four components required in the evaluation procedure, the Department of Corrections may already be providing two, and is not providing the other two. There is no educational evaluation of new inmates, as there are currently no teachers or specialists in this area assigned

to the reception centers. Within RSA facilities at the various institutions, a variety of tests and procedures are used for determining progress and promotion. Not all of the tests used are standardized and validated, and specific procedures employed vary from one facility to another.

The psychological assessment component also would not be fulfilled by current DOC procedures. No individualized intelligence tests are now administered and psycho-educational tests are not currently given. Current written reports by psychologists at the reception centers are based on interviews, background information, and group IQ and personality tests (the latter is the 16PF, which is a personality measure routinely given to inmates at reception). At the institutions, psychological reports are not written regularly, and are not based on test data when they are written.

The medical examinations currently given at the reception centers would probably suffice for the medical evaluation component. It might be that narrative reports would be needed rather than completion of the checklist type form currently used at reception.

Finally, the sociocultural evaluating component could probably be satisfied by the Pre-sentence Investigation Report, submitted by the probation and parole officer to the judge as a part of the pre-confinement process. Such reports, while submitted in most cases, are not required; this optional status would have to be changed to meet the evaluation process requirement (at least for individuals under age 22). It may also be necessary for those parts of the PSI that relate to school performance and behavior and home environment

to be expanded. It would also be necessary for the officer to visit the home in every case to question the parent(s) regarding such matters as the inmate's childhood development and their perception of the inmate's school problems.

In addition to these four basic component reports, any assessments needed because specific handicaps are suspected could probably not be handled under the current DOC/RSA system. For example, a complete audiological examination is required if the inmate is suspected of being hearing impaired, and an ophthamological examination is required if a visual impairment is suspected. These services would probably have to be contracted for with specialists outside the DOC and the RSA.

Provision of Services for Handicapped Youth. Once an inmate has been determined to be educationally handicapped, RSA is responsible for providing a continuum of alternative placements to provide special education and related services to the inmate. PL 94-142 calls for special education and related services to be provided in the "least restrictive environment" (LRE). The concept of the LRE involves ensuring that handicapped youth receive educational and related services with non-handicapped juveniles whenever possible.

The beginning step in service delivery to handicapped youth is the development of an individualized education program (IEP). The IEP is a written statement of the needs of the youth which must be developed within 30 calendar days of the determination that the inmate needs special education.

The IEP, which is the responsibility of the individual RSA school, must include: the youth's present levels of educational performance, annual goals and instructional objectives, the specific special education and related services to be provided to the inmate, the time frames for provision of services, and evaluation criteria for measuring whether instructional objectives are being met. The IEP must be reviewed annually in a meeting attended by the RSA teacher, a special education professional, the child's parent or legal guardian and the child, if appropriate.

Once the IEP is developed, the RSA is responsible for providing special education and related services. Special education is specially designed instruction to meet the unique needs of the handicapped inmate, and includes vocational education, physical education and speech pathology services provided individually, in a special education class, or as part of regular classroom instruction. Related services, if needed, are provided to assist the handicapped inmate to benefit from special education. Related services might include speech pathology and audiology, psychological services, physical therapy, occupational therapy, recreation, and medical services for diagnosis or evaluation. Obviously, such services could only be provided in conjunction with the Department of Corrections.

POTENTIAL GAPS IN COMPLIANCE WITH PL 94-142

The results of this study's research findings, in conjunction with the evaluation and service delivery requirements of the state regulations, suggest that there are gaps in the current capabilities of RSA/DOC to fulfill the requirements of PL 94-142.

If all newly committed adult inmates under age 22 are to be screened, the estimates outlined earlier suggest between 850 and 1,000 screening per year. Since the current DOC reception process is probably adequate for PL 94-142 screenings (with some modifications), this phase would prove to be little additional burden for DOC, provided that this method is used. If RSA is required to actively find handicapped inmates by screening all confined inmates, about 1,000-1,200 screenings would have to be completed, depending on when the process was initiated. This screening would be very similar to the current research study, but carried out for all inmates under age 22. Although it is not clear who would carry out the record review, the process could easily be accomplished without additional resources.

According to this study's findings, about 47% of the confined juveniles would be designated as potentially educationally handicapped. Thus between 470 and 565 evaluations would need to be done, if RSA were obligated to actively search for all handicapped youth. Since the research study did not focus on new commitments, we cannot state unequivocally that 47% of all new commitments for a given year would be designated as potentially educationally handicapped. Assuming that this was the case, about 400-470 full evaluations would have to be done each year.

With the changes in procedures noted previously, the medical and sociocultural portions of the assessment process would present few problems, assuming that all of the inmates had had PSI's done. In addition, there is a physician (full-time or part-time consulting) available at every major institution and field unit, should assessments be needed at these locations.

If the educational component of the evaluation process were to be conducted at the reception centers, several teachers or educational specialists would need to be assigned to these units to handle the projected number of assessments. There are currently no such staff at the reception centers, although there are about five academic teachers assigned to Powhatan, nine to Southampton, and four to VCCW.

The reception centers employ about six full-time psychologists, and a similar number of psychology test technicians. A psychologist or a trained psychometrician would certainly be needed to interpret individualized intelligence and performance tests, as called for by PL 94-142, and ideally would administer them as well. It seems unlikely that the current number of staff could handle the large number of evaluations projected in addition to the current testing procedures being employed. About 15 additional full-time psychologists are employed throughout the system, although it seems unlikely that their present workloads would allow them to assist in the evaluation process. The same could be said of the three full-time and five part-time psychiatrists employed by the Department.

For the purpose of specialized assessments, the Department may be able to use one or more of its four optometrists, and one of its four physical therapists. The Department does not employ audiologists or ophthamologists.

RSA employes about 63 academic and 37 vocational teachers in the adult correctional system. Of these, eight are endorsed in one or more special education areas, and four others are working toward endorsement. Only three of these 12 teachers are located at field units. Despite

the fact that all of the needs of a handicapped inmate do not have to be met by special education teachers, it probably will not be possible to deliver specialized educational services without additional staff. Additional teachers certified in special education areas would greatly help the situation, since many new responsibilities (such as the development of the IEP) will be added to those of the RSA teachers by the requirements of PL 94-142.

SUMMARY AND CONCLUSIONS

Study of a random sample of 300 adult inmates under age 22 suggests that about 47% are potentially educationally handicapped. To meet the requirements of PL 94-142, between 1,000 and 1,200 confined inmates would need to be screened, with 470-565 requiring complete evaluations to determine whether a handicapping condition exists. Between 850 and 1,000 new inmates would have to be screened each year, and about 400-470 of those would need complete evaluations.

Present DOC procedures at reception are, for the most part, sufficient for screening purposes. Although present procedures would be marginally adequate for evaluation in the medical and sociocultural areas, staffing and procedural changes would be needed to meet the evaluation requirements in the psychological and educational components.

RSA is in a unique position with regard to PL 94-142, since its clients are quite different from public school students. Ultimately, the requirements of the law will have to be balanced against the Department of Corrections mandate to maintain a safe and secure prison system. Moreover, the two agencies will need to work together in order to fulfull the intent of PL 94-142: to provide special education to handicapped youth.

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