

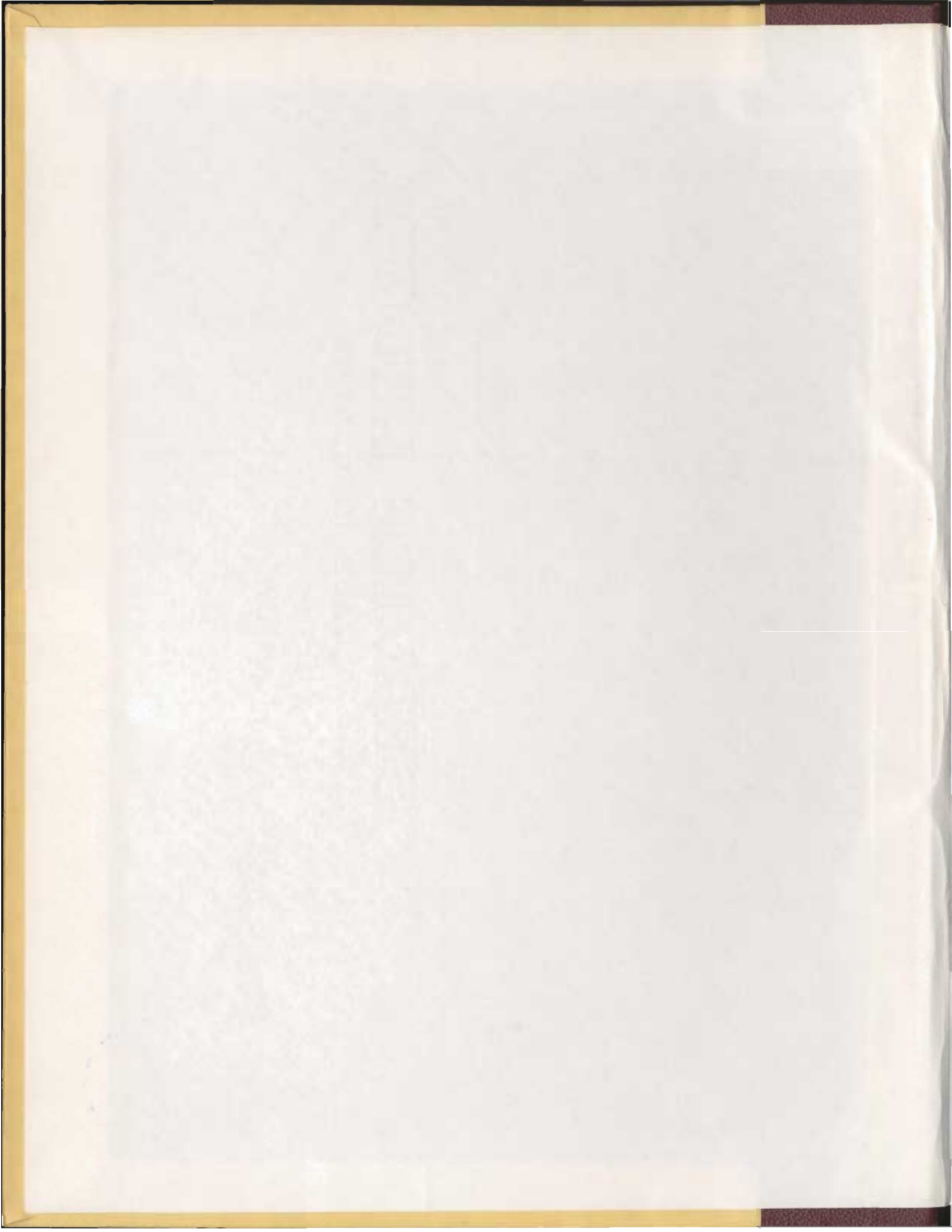
A COMPARISON OF ACADEMIC, PSYCHIATRIC, PHYSICAL, SOCIAL
AND FAMILY CHARACTERISTICS OF CHILDREN ATTENDING
SPECIAL CLASSES WITH A SPECIFIED GROUP OF CHILDREN
ATTENDING REGULAR CLASSES OF THE ST. JOHN'S
EDUCATION SYSTEM

CENTRE FOR NEWFOUNDLAND STUDIES

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THE ST. JOHN'S EDUCATION SYSTEM

by

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AN ABSTRACT OF A THESIS BY

LINDA HOLLETT

THE PROBLEM

The purpose of this study was to compare the academic, psychiatric, physical, social and family characteristics of children attending special classes with children attending regular classes. In Newfoundland, the special classes were designed for "mentally handicapped" children with intelligence tests scores between 50 - 80. At most 27 percent of the estimated need was being met.

PROCEDURE

All the children from three special classes were compared with an equal number of children attending regular classes within the same schools, but experiencing educational difficulty. The groups were equivalent for age, sex and socioeconomic status.

Information was gathered from the teachers, parents and the children. The instruments used were of known reliability and validity. The teachers-completed questionnaires concerning classroom behaviour and health. The parents and

children were seen individually without knowledge of the child's academic placement. The W.I.S.C. and Wide Range Achievement Test were administered to each child blind.

RESULTS

The special class children were found to have a significantly lower intelligence test score than the regular class children, 80.9 as compared with 94. The regular class received higher grade scores in reading and mathematics, while spelling grades were similar in both groups. The special class children demonstrated more educational backwardness than the regular class children but a similar degree of educational retardation as the regular class. Other significant differences included laterality, visual ability and maternal employment. The special class demonstrated increased abnormality in laterality and poorer vision ability than the regular class. The regular class had increased number of mothers working.

The groups were similar on prevalence of psychiatric disorder, motor task performance, health contacts, hearing, height and weight, social and family characteristics.

CONCLUSIONS

The groups were so similar that they were thought to represent collectively an educationally vulnerable group.

The need arising from this seems to be for population statistics. Only one third of the special class children fell within the range of intelligence scores (50 - 80) designated as the range of the special classes. In addition the uncorrected visual difficulties, and unreported perceptual difficulties were found. This was thought to reflect a need for more comprehensive individual assessment, if adequate and effective remediable measures are to be undertaken.

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CHAPTER I

INTRODUCTION AND BACKGROUND TO THE STUDY

In Newfoundland, two special education classes serving approximately twenty-four children, were established in 1961. Since then there has been a rapid increase in the numbers serviced by such classes. Statistics for the 1971 - 72 academic year indicate that 738 children were enrolled in the special education classes in the St. John's area.

The guidelines drawn up by the Provincial Department of Education to aid principals in the assessment of their schools' needs, state:

"Under the provisions of the School Act and Regulations school boards may set up special education classes for handicapped children who cannot benefit from the normal school programme. Special education classes as discussed in this booklet are primarily designed for children who are mentally handicapped."¹ "Mental handicap" is defined by these guidelines as intelligence scores from 50 - 75.² Provincial authorities have stated the range of intelligence

¹Department of Education, "Guidelines for the Establishment of Special Education Classes." (St. John's, Newfoundland: Department of Education, 1969) p. 2

²Ibid., p. 10

scores for such an educational placement as being 50 to 80.3

No statistics are available for the population of St. John's, but assuming that intelligence scores show a normal Gaussian curve of distribution, it is possible to estimate the number of children who might be expected to have intelligence scores falling within this range.

In 1972 there were 28,325 children enrolled in schools in the St. John's area and of these, 10.5 percent or 2977 children would be expected to have intelligence quotients in the range 50 - 80.

In fact the special class population at this time was 738 which represents only twenty seven percent of the estimated need. It appears that at the most only one mentally handicapped child in four receives the educational placement deemed necessary.

Two points emerge which have implications for the educational services for these children.

- (1) Rapid growth in the special class population has occurred without any research concerned with the characteristics of the children so placed.
- (2) The inability of the existing educational system to meet the estimated need based on intelligence scores.

The purpose of this study was to compare

30. Andrews, Director of Special Services, personal interview, May 22, 1974.

characteristics of children attending special classes with some children attending the regular classes in order to determine whether there were significant differences existing between these two groups. Similarities and differences may be found to exist between the two groups which may give rise to additional questions concerning the nature and influence of poor academic performance, selection for and placement in special class, and the effect of placement in the special class.

DELINEATION OF THE STUDY

This study compares children attending three special classes in the St. John's area with children from a specified group within the regular classes in the same school. The groups were equivalent for age, sex and socioeconomic status. The children in the regular classes were selected by their teachers from the lower end of their classes in academic performance. Regular class children or regular class group within the context of this study refers to this specified group. The special class children had been so placed for periods ranging from one to four years. Measurements of emotional, social, familial, academic, intellectual and physical characteristics were undertaken.

QUESTIONS TO BE EXAMINED

1. Are the children attending special classes different from the regular class group in terms of emotional

disturbance? If so, what is the nature of the disturbance?

2. Do the special class children differ from the regular class children in terms of social activities, participation in activities outside the home and friendships?

3. Do the families of the special class children differ from those of the regular class children (e.g. parental educational status and status of natural parents etc.)?

4. Are there academic differences between the special class children and the regular class children in terms of attainments in spelling, arithmetic and reading?

5. Do the regular class children demonstrate significantly higher intelligence scores compared with the special class children? If so, is intellectual superiority reflected in superior academic attainments?

6. Finally, how do special class children compare with regular class children in terms of physical characteristics (e.g. height, weight and in their ability to carry out tasks involving physical skills)?

LIMITATIONS OF STUDY

The demographic characteristics of the populations serviced by each of the three schools which participated in the study could not be clearly defined. Although the policy of the school board is to place children in schools closest to their residence, this is not always possible as rapid growth of residential development in parts of the city would

overload the area school and this has led to placement of children elsewhere. Thus it is not possible to define clearly the catchment area of the schools in the study. Nor was it possible to obtain information concerning occupational and educational status of the populations surrounding these three schools. Therefore, the population serviced by these special classes is unknown, and the results of the study cannot be generalized to other areas of the province nor to the province as a whole.

In summary, this is an exploratory study to compare the characteristics of children enrolled in special classes with children who are performing poorly in academic attainments in the regular class. The nature of the characteristics to be examined are emotional, social, familial, academic and physical.

CHAPTER II

REVIEW OF THE LITERATURE

I. COMPARISON OF CHARACTERISTICS OF EDUCABLE MENTALLY RETARDED CHILDREN IN REGULAR AND SPECIAL CLASSES

The research concerned with the study of educable mentally retarded children in special classes has been designed primarily for two purposes (a) the examination of selection criteria for placement of children into special classes and (b) examination of the efficacy of such educational placements. Both types of study have frequently employed the same design - that of comparing children in special classes with those in regular classes. Often the authors have interpreted the findings according to the objectives of the study, emphasizing the effect of the selection criteria or the educational experience, even though, in many cases sufficient data were unavailable to separate these two important aspects.

Tizard and Bax (1969) stated that much of educational research has been characterized by "...failure of research workers to pay attention to diagnoses... (and) failure to examine the quality of the educational experience."⁴

⁴J. Tizard and M. Bax, Research in Education in Planning for Better Learning, (ed.) P. Wolff & R. MacKeith (London: Wm. Heinemann Medical Books Ltd., 1969) p. 148.

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However such weaknesses need not detract from the information which has been gathered concerning the characteristics of educable mentally retarded children in special classes and those in regular classes. This review deals primarily with the results of the studies rather than the interpretations which have been placed upon them. These findings are grouped with reference to five major headings (a) academic performance and behaviour (b) personal, emotional adjustment (c) physical characteristics (d) social environment and (e) family setting.

A. ACADEMIC ATTAINMENTS AND SCHOOL BEHAVIOUR

Bennett (1932) studied an equal number of educable mentally retarded children in special classes and in regular classes within the same school districts. These children who were matched for age and intelligence score on the Stanford Binet, completed attainment tests in spelling, arithmetic and reading. The educable mentally retarded children from the regular class scored significantly better on the tests than the special class children and the years spent in special class were not correlated with level of attainments.

Pertsch (1936) studied 150 special class pupils and an equal number of children of similar intellectual level attending the regular classes in the same school districts. The regular class children performed better on attainment tests than did the children enrolled in special classes.

Blatt (1956) completed a comparison of educable mentally retarded children, with one group enrolled in regular classes in school districts in which no special class facilities existed. The groups were matched for age and intelligence quotients (mean age 12 and mean intelligence quotient of 67). The special class children were all "in the process of completing at least two years of special class elementary education ..."⁵ He administered the California Achievement Test to the groups. The results failed to provide any significant differences.

Elenbogen (1957) compared children who had received special class instruction for the previous two years with mentally retarded children in a regular class. The groups were equivalent for chronological age, sex, intelligence quotient and school districts. The special class had a "curriculum designed specially for the mentally retarded child".⁶ He measured academic attainment in reading and

⁵Burton Blatt, "The Physical, Personality and Academic Status of Children Who are Mentally Retarded Attending Special Classes as Compared with Children Who are Mentally Retarded Attending Regular Classes" (unpublished Doctoral Dissertation, The Pennsylvania State University 1956) p. 59

⁶Morton Elenbogen, A Comparative Study of Some Aspects of Academic and Social Adjustment of Two Groups of Mentally Retarded in Special Classes and in Regular Grades. (unpublished Doctoral Dissertation, North Western University, Evanston, Illinois 1957) p. 1

arithmetic by administering the Stanford Achievement Test to children in the special and regular classes. These standardized tests revealed significantly higher mean scores for the children without special class training.

Cassidy and Stanton (1959) compared educable mentally retarded children attending special class for the previous two years, with educable mentally retarded children who were enrolled in the regular classes in school districts in which special class instruction was unavailable. These two groups were equivalent for chronological age and intelligence quotient (age range 12 - 14 years 11 months; intelligence quotient range 50-75). The regular class children scored significantly higher on the Stanford Achievement Test than did the special class children.

Thurstone (1959) found that the 503 educable mentally retarded children attending a regular class did significantly better than 767 special class peers on all of the Stanford Achievement Tests with the exception of the subtest for simple arithmetic.

Hoeltke (1967) in his comparison of 70 educable mentally retarded children enrolled in the special class and 50 educable mentally retarded children in the regular class concluded that the regular class children scored higher in reading, spelling and arithmetic than did their peers in the special classes.

Rubin, Krus and Balow (1973) compared a group of 17

children with intelligence quotients below 80, who were enrolled in the regular class stream, with a group of 32 children in special class. The special class group was further divided into three smaller groups (a) those who scored consistently low on the measures of intelligence tests (below 80) (b) those who consistently scored average on the two intelligence tests (over 80) and a smaller group who had scored over the 80 cut off on one measure but below on the other. Since this last group numbered only five subjects, the comparisons with the regular class children were made with (a) those of consistently low intelligence score (below 80) (b) those of consistently scored average intelligence quotient and finally (c) the total special class group including the inconsistent scores. In addition to the two intelligence tests used - Stanford Binet and the Wechsler Intelligence Scale for Children - tests of attainment were also employed. The exact test and the times at which they were administered are given in Table 1.

TABLE 1.--TESTS USED in RUBIN, KRUS and BALOW'S (1973) STUDY
and the TIMES THEY WERE ADMINISTERED

TEST ADMINISTERED	TIME ADMINISTERED
Stanford Binet	At 4 years
Wechsler Intelligence Scale for Children	At 7 years
Wide Range Achievement Test	At 7 years
Partial Stanford Achievement	Summer of Child's 9th Birthday

There were no significant findings to distinguish the regular and special class children in terms of academic attainments. However, the School Behavior Profile was administered while both groups of children were attending first grade, and a significantly poorer score on this measure of classroom behaviour was found in the special class children with average intelligence than in the other groups.

In terms of academic attainments, the findings of the comparison studies which have been controlled for the intelligence quotients in both groups, indicated that:-

(a) educable mentally retarded children enrolled in regular classes scored significantly higher on attainment tests than did those children in special classes or

(b) there are no differences in academic attainments between both groups.

However, in the majority of studies, the finding has been that regular class children scored significantly higher than the special class children. This has been consistently found in the use of Stanford Achievement Test, Elenbogen (1957), Cassidy and Stanton (1959), Thurstone (1959).

B. PERSONAL, EMOTIONAL ADJUSTMENT

Pertsch (1936) studied 150 special class pupils and an equal number of children of similar intellectual level attending the regular classes in the same school districts.

Tests of general adjustment (Maller Character Sketches) were administered twice within a six month period. On each occasion the comparison group of regular class children received a better adjustment score than did the children in the special class.

Jordan (1959) completed a comparison of educable mentally retarded children in regular and special classes with reference to several characteristics including emotional stability. She concluded:

"If these ratings are sound, mentally handicapped children in special classes are emotionally better adjusted (and) have a higher regard for their own mental ability...."

Blatt (1956) administered the New York Scale of Social Maturity and Emotional Stability to his two groups - one including 75 special class children and the other including 50 regular class subjects who were matched with the study group for age and intelligence quotient. The questionnaires which were not tested for reliability and validity, revealed significantly higher values for the special class children than the regular class children.

More recent studies have provided support for the earlier study of Pertsch (1936) who found the regular class

⁷ Ann Jordan, "Personal-social traits of mentally handicapped children, in T. Thurstone, " An Evaluation of Educating Mentally Handicapped Children in Special Classes and Regular Classes (Chapel Hill, North Carolina: University of Northern Carolina, 1959) p. 170

children were better adjusted than their special class peers.

Zito (1967) compared 100 urban black educable mentally retarded children enrolled in special and regular classes; the groups were equivalent for age, intelligence quotient, race and neighbourhood. The children in special classes were found to have significantly lower aspirations and lower choices of future occupations than did their contemporaries in the regular class.

Thus, the findings which have emerged from the comparison of educable mentally retarded children in special classes with those in the regular classes on aspects of personal adjustment are contradictory. Some of the studies have demonstrated that special class children are better adjusted than the regular class intellectually comparable contemporaries but other studies have shown the reverse. Those contradictions may be due to the use of different types of measures of uncertain reliability and validity or the presence of uncontrolled methodological biases.

C. PHYSICAL ATTRIBUTES OF THE CHILDREN

Cassidy and Stanton (1959) in their study of two groups of educable mentally retarded children, one attending special classes and the other attending regular classes in school districts without special class facilities examined the physical disabilities in the children by means of teachers' questionnaires. The special class children had

significantly more physical disabilities than the regular class/children. This study regarded this finding as an indicator of perceptiveness on the part of the teacher but no information concerning the prevalence of disabilities was given. It cannot be stated conclusively that the children differ in terms of physical disabilities but do so in the teachers' reports of such difficulties.

Blatt (1956) compared the physical status of the educable mentally retarded children in special classes with children in regular classes in school districts without special class facilities. The groups were equivalent for chronological age and intelligence quotient. The physical variables measured included: (a) height (b) weight (c) uncorrected physical defect e.g. epilepsy (d) dental defect (e) performance on the Brace Scale of Motor Ability, vertical jump and hand grip strength. The two groups did not differ significantly in height and weight. The special class children had significantly more uncorrected or permanent defects than the regular class children. The children did not differ significantly on the other variables mentioned.

D. SOCIAL ENVIRONMENT

Elenbogen (1957) using the criteria of selection already described - age, sex, intelligence quotients, same school districts - examined social adjustment by rating scales and interview questions covering such variables as classroom

behaviour and adjustment; social participation was also measured. Social adjustment did show significant difference between the mean scores of the two groups, in favour of the special class. The special class children had more realistic vocational aspirations, more friends and were involved to a greater extent in after-school jobs and activities.

Cassidy and Stanton (1959) compared educable mentally retarded children attending special classes with educable mentally retarded children attending regular classes in school districts without special class instruction. In this study, the children in the regular class were judged by their teachers to be more indifferent towards their peers than the special class children. In addition, other social activities, including (a) church attendance (b) membership/in organized activities inside or outside the school (c) paid work - children performing tasks outside the home for money (d) adults least and best liked (e) best and least liked school activities (f) activities prior to the school day, were measured by "informally talking with the child".⁸ However, no significant differences between the two groups were noted on any of the variables examined. Both the special class children and the regular class children tended not to be "joiners" in

⁸Viola M. Cassidy & Jeanette E. Stanton, "An Investigation of Factors Involved in the Educational Placement of Mentally Retarded Children" (Columbus, Ohio: Department of Health Education and Welfare, 1959) p. 57

organized activity.

Again, the comparison study method has produced no clear picture of the nature of social relationships of educable mentally retarded children enrolled in special classes and those enrolled in regular classes. Weaknesses within the study design tend to provide uncertainties concerning the differences in the social relationships of the two groups. It is uncertain to what degree informal talks with children are an effective means of acquiring reliable and valid information.

E. FAMILY CHARACTERISTICS

Cassidy and Stanton (1959) measured parental factors in two groups of educable mentally retarded children - one of the groups had been placed in special class while the remainder was in the regular class in school districts where special class instruction was unavailable. Factors regarded as pertinent in the parents of the children in the two groups included: (a) parental interest in school as manifested by membership in PTA (b) parental work histories (c) parental marital status. A significantly higher percentage of the special class group were found to have experienced parental death. The remaining two categories did not yield any significant differences.

Rubin, Krus and Balow (1973) considered the socioeconomic status in four possible comparison groups - (a) low intelligence quotient (<80) regular class children

(b) special class children with low intelligence quotients (<80), (c) special class children with average intelligence quotients (≥ 80), (d) the total group of special class children encompassing those who had scored consistently above or below the 80 cut off, plus the children who had scored both above and below the 80 cut off, on one of the two tests. A socioeconomic index for each child was determined using a formula established by the U.S. Bureau of Census. The socioeconomic status was significantly lower in the special class children of both average and low intelligence quotients than in the regular class children with the low intelligence quotients.

In summary, with regards to family characteristics, some significant differences between the regular and special class children with similar intelligence quotients have been found. They are:

(a) higher percentage of parental death in the special class children than in regular class ones.

(b) significantly lower socioeconomic status in the special class children than in regular class children. It appears that the family characteristics of both educable mentally retarded children enrolled in special class and in regular class, have not been examined to the extent that other aspects of the child have been examined.

In the aspects examined - academic, personal, emotional, physical, social and family characteristics few

consistent findings emerge. The educable mentally retarded in the regular class were found to be doing at least as well as the special class children in academic attainments. However on social relationships and emotional adjustment the picture was unclear. The special class children were thought to have more physical disabilities, had experienced more parental death and were of a lower socioeconomic status than the regular class children.

II. OTHER STUDIES

Other studies have compared educable mentally retarded children with the general population or other selected groups. These studies have contributed to our knowledge of the characteristics of these children.

Martin (1941) administered the California Test of Personality to 380 children in special classes (mean age 16 and intelligence quotient range 50 - 85). The results were compared with standardized tables and the special class children were thought to be making average adjustment.

Wakefield (1964) compared the family backgrounds of educable mentally retarded children in special class with the family backgrounds of the general populations derived from county statistics. Data were gathered by survey cards from 563 families of children enrolled in public school classes for the educable mentally retarded concerning (a) tested parental intelligence (b) parental level of schooling (c) level of family income and (d) cost of family housing.

Parents of these children were found to be significantly lower than the general population in intelligence, level of schooling, family income and cost of family housing. However, the method employed in this study is open to criticism. Wakefield used two urban school districts as a sample in which 98 percent of the sample received incomes below \$6000 per year. So a study which is measuring indices of socioeconomic status - income, housing and education in a particular group - would be expected to reveal lower cost of housing, lower educational attainment and income, when these school districts are compared with an area of undefined socioeconomic status. It would seem likely that other groups drawn from that predominantly lower social class area would also present a significantly different picture when compared with a larger population.

Studies have also been completed which have compared segments within groups. For example Johnson (1950) compared the social characteristics of children with different intelligence levels from schools without special classes. Sociometric tests were administered to two groups (a) 39 educable mentally retarded and (b) 38 borderline (70 - 89) children. When examined for social acceptance by peers, significantly more of the isolates and rejectees were found in the educable mentally retarded group than the group with higher intelligence quotients (70 - 89). Rejection of the children was attributed to objectionable behaviour, for

example boastfulness, rather than poor academic performance. Baldwin (1958) discovered similar results for educable mentally retarded children, again in the regular class.

Jordan (1961) examined the social relationships within the special classes and discovered a similar arrangement of social relationships as had been found in the regular class in other studies - the low intellect children were maintaining low social position while the higher intellect children were occupying higher social position.

Blatt (1956) employed a combination of methodological designs, comparing both study groups with general population statistics. He did not find significant differences in weight between the regular class and the special class children, however, when these groups were compared with normative data, a greater number of children with low intelligence quotients were more than 10 percent underweight.

In summary, of these studies it would appear that these special class children tend to be from lower socio-economic settings. Children with low intelligence scores, appear to suffer peer rejection, although this was not thought to be a result of poor academic attainment but of behavioural difficulties. A greater number of children with low intelligence were of lower weight for their age, than the general population.

Finally, epidemiological survey of a total population of children has added to the knowledge of the

overall characteristics of children as well as the characteristics of specified groups within the total - among these groups have been children with intellectual and/or educational retardation. The results of such an epidemiological study are presented in detail as the variables examined are similar to those incorporated into this study.

Rutter, Tizard and Whitmore (1970) completed a population survey of all 9 - 10 year old children living in the Isle of Wight. They distinguished between the varieties of retardation and backwardness which were thought to be essential in the planning of services to deal with educational difficulties - intellectual retardation, specific reading retardation and reading backwardness. Intellectual retardation was defined as intelligence quotients occurring two standard deviations below the mean (70). Specific reading retardation and reading backwardness are regarded as aspects of educational handicap. Specific reading retardation was described as a specific disability in reading which was not explicable in terms of the child's intelligence quotient. Reading backwardness was defined as backwardness by 28 months in relation to average attainment given the child's age regardless of the child's intelligence quotient.

By group screening methods, 8 percent of the population were identified as having educational handicap or poor scholastic performance regardless of the reasons. Each of these children was then selected for a more extensive

and intensive study and this group was compared with a randomly selected control group from the general population. Variables measured in addition to intellectual and/or educational retardation included psychiatric, neurological, medical, social and family factors. It is possible to gain information concerning the characteristics of the groups, similarities and differences among the groups and between the group and the general population, without the biasing factors involved in the study of children from highly selective clinic populations. Therefore, the results were reviewed with reference to four headings (a) Academic Performance (b) Adjustment - Psychiatric Characteristics (c) Physical Characteristics - Neurological and Medical Aspects (d) Social Aspects and Family Characteristics.

(A) ACADEMIC PERFORMANCE

Only those children who had an intelligence quotient below 70 and/or were reading backward by 28 months and/or were reading retarded by at least 28 months, were included in the test group. These educational handicaps were thought to represent a severe handicap in the school situation. There was also evidence presented to suggest that it was a persisting educational problem, for when the children were followed up two years after initial study, little improvement in their reading was observed.

The children with specific reading retardation,

were more frequently boys (3.3 to 1 female); boys were also prominent among those children with reading backwardness (2 to 1) whereas the sexual distribution of intellectual retardation was more evenly distributed. The male preponderance was explained in terms of maturational delays, which was reflected in the higher prevalence of males exhibiting delays in other developmental areas including speech development.

Unlike the children with reading backwardness, the average intelligence of the children with specific reading retardation did not permit the reading delay to be explained in terms of intelligence scores. The patterns of verbal and performance subscores differentiated the poor reading groups from the control groups. There was a significantly higher number of poor readers who had verbal intelligence quotients lower than the performance intelligence scores than was present in the control group. The children with reading difficulties also performed poorly on group tests in arithmetic and spelling.

In summary, differentiating features have emerged to distinguish the educationally retarded from the other groups studied: (a) preponderance of males (b) lower verbal intelligence score than the performance (c) difficulties in other academic subjects. Children with specific reading retardation can be distinguished from backward readers by: (a) the sex ratio with males more common (b) average

intelligence scores (c) delays in other maturational areas.

(B) ADJUSTMENT - PSYCHIATRIC CHARACTERISTICS

On group screening procedures, both the intellectually retarded children and the reading retarded children received a higher proportion of positive scores indicating possible psychiatric abnormality. Twenty-five percent and 40 percent of the intellectually retarded group scored positively on the teachers and parental questionnaire respectively, this was a rate some three to four times that of the control group. The high prevalence of psychiatric disorder continued to be present, when the children were assessed by individual psychiatric assessment, 8.1 percent of the reading retarded group had definite marked abnormality and 23.6 percent of the intellectually retarded group showed the same degree of abnormality, as compared with 1.4 percent of the control group.

When comparison of the groups was made in terms of psychiatric diagnoses, the picture presented by the two groups differed. The intellectually retarded group demonstrated an increase in both neurotic and antisocial disorders. The reading retarded group revealed no increase of neurotic disorder as compared to the control group, but the increase in antisocial disorder was similar to that demonstrated in the intellectually retarded group, and the difference between the prevalence of antisocial disorder in the control group and the reading retarded group was highly significant.

The association between organic brain dysfunction and low intelligence quotient has been previously found to exist, as has the association between organic abnormality and the increased prevalence of psychiatric disorder and organic brain disorder. However, it was found that intellectually retarded children without any evidence of neurological abnormality also had a high rate of psychiatric problems.

Neurological abnormalities were found to be associated with psychiatric disorder as determined from the interview with the child. It was felt that "both I.Q. and organic brain dysfunction are important in the development of psychiatric disorder".⁹

On the examination of individual symptoms, an increased frequency in both the intellectually and reading retarded group was found as compared with the control group. In both groups - intellectually and reading retarded - individual behavioural items such as fidgetiness and over-activity were more common than in the general population. Most frequent was poor concentration which was equally common in the intellectually and reading retarded groups. The difference from the normal population was highly significant.

Neurotic items - fearfulness, being worried and

⁹Michael Rutter, Jack Tizard & Kingsley Whitmore, Education Health and Behaviour (London: Longman Group Ltd., 1970) p. 106

miserable - were significantly more frequent in both retarded groups than in the general population. However, somatic complaints and sleeping difficulties were no more frequent in the retarded groups than in the general population.

Frequency of antisocial symptoms was higher in the reading retarded groups of normal intelligence quotients than those of the intellectually retarded group. This increase was characteristic of this group, for the group of intellectually retarded children showed an increase in both neurotic and antisocial disorders. In addition, there was an increased tendency for the reading retarded group to be socially isolated at school - described as "not liked", "solitary" - but not in the home situation.

The intellectually retarded group were described more frequently as having speech disorders, other than stammering, than the reading retarded group. In contrast to the reading retarded group, the intellectual retarded group had more symptoms of developmental delay - bed wetting and thumb sucking.

In summary, the intellectually retarded children were found to have a high rate of behavioural and emotional disturbance even in the absence of organic brain dysfunction. The nature of the psychiatric disturbance seemed to be characterized by increased frequency of neurotic symptoms and antisocial symptoms, behavioural deviance and developmental delays. Among the reading retarded children there was an

increased rate of psychiatric disturbance as compared with the control group. Most prominent features included behavioural items such as poor concentration and increased rate of antisocial symptoms beyond that found in intellectually retarded children.

(C) PHYSICAL - NEUROLOGICAL AND MEDICAL FINDINGS

With regard to neurological abnormality - defined as a neurological function which is abnormal at any age and indicative of pathology of the central nervous system and usually a structural lesion of the brain - the intellectually retarded children from middle class homes were more likely to show neurological abnormalities than were other intellectually retarded children.

Speech and language development was assessed by a history of speech acquisition and the child's use of speech in the interview situation. The intellectually retarded children had a high rate of handicap in all aspects of speech and language; the specific reading retarded children also had difficulties which were several times more prominent than controls but less prominent than the intellectually retarded children. Even when the control and the retarded groups were equated for sex distribution, the difference in speech delays continued to be significant. Rutter et al concluded: "Poor language functioning, as shown by delays in the onset of speech and immaturities of speech and language continuing

even at nine years and ten years, was much more frequent in retarded readers of normal intelligence than it was in the general population."¹⁰

With regard to delays in the acquisition of normal motor functioning, the functions examined included (a) motor milestones (b) strabismus (c) co-ordination (d) constructional abilities (e) motor impersistence (f) choreiform movements. The intellectually retarded children manifested delays in all the areas examined. Such difficulties were present in this group many times that which were found in the general population. The reading retarded group held an intermediate position in the frequency of clumsiness and motor impersistence, with the intellectually retarded children showing higher frequency and the control group showing the lower frequency. In the frequency of the other functions - strabismus, co-ordination and choreiform movements - the specific reading retarded children did not differ significantly from the general population. With motor milestones, the specific reading retarded children were delayed in walking and sitting but not to the extent that was present in the intellectually retarded group. Acquisition of bladder control in the reading retarded did not differ significantly from the general population.

No significant differences with respect to

¹⁰Ibid., p. 62

handedness, footedness, eyedness and also with discrepancies between handedness and footedness and handedness and eyedness were found between the retarded readers and the controls. No support could be given to theories concerning the influence of poor lateralization on reading difficulties. The examination of left-right differentiation did yield significant results; twice as many reading retarded scored poorly on this than did the general population.

In the case of neurological aspects, the intellectually retarded children demonstrated high frequency of neurological abnormality and delays. The reading retarded group, showed increased frequency over the general population in speech and language defects, clumsiness, motor impersistence and left-right confusion. Laterality was not found to be related to reading retardation.

On medical examination, the intellectually retarded children differed from both the control and reading retarded group on the factors measured. These children tended to be of shorter stature for their age, and were slightly overweight for their height. Bronchitis was more prevalent. Only the intellectually retarded boys demonstrated delay in bone growth to the extent that four times as many intellectually retarded boys fell below the 10th percentile; this difference was significant at 5 percent level. Premature birth had occurred in 25 percent of the intellectually retarded group; of these there was an excess of "small for

dates" children.

Other diseases and defects which were prominent in the intellectually retarded group included visual defect and squints; however when the squints were removed from the group the intellectually retarded group no longer demonstrated an excess of visual defects. Although there was more frequent report of early ear infection, and bronchitis, on examination, the occurrence of significant hearing loss was not more frequent than that in normal population. Not only was physical defect more prominent in the intellectually retarded group, but the majority of these defects tended to occur in the minority of the intellectually retarded. It was concluded: "the majority of intellectually retarded children as individuals were only slightly more prone than other children to subnormal growth and physical health."¹¹

The reading retarded group was comparable in health to that of the normal population. Boys in this group demonstrated delay in bone maturation. Unlike the smaller size of intellectually retarded boys, only the girls in the reading retarded group tended to be small for their age.

In summary, the intellectually retarded group demonstrated higher frequency of defects and diseases; however these conditions were not uniform throughout the group, but rather occurred in a small proportion of multi-handicapped

¹¹Ibid., p. 101

children within this group. The reading retarded group did not show any significant deviations from the health and physical state of the normal population.

(D) SOCIAL ASPECTS AND FAMILY CHARACTERISTICS

"Social Aspects" in the case of the Isle of Wight study, deals primarily with social class, rather than peer relationships. There was a lower incidence of non-manual occupations among the fathers of both the intellectually and reading retarded children. More of the children in the intellectually retarded group came from homes where fathers were employed in an unskilled or semi-skilled occupation, while the children in the reading retarded group frequently were from homes where the father was employed in a skilled occupation. Although the amount of time the father was away from home did not differentiate the groups, the fathers of the retarded groups were off work more.

Class mobility as measured by the grandfather - father occupations, did differentiate the retarded groups from the control groups. There was a tendency towards downward occupational mobility among the families of both the intellectually retarded and the reading retarded children, whereas the control group mobility was upward.

The house size tended to be smaller for the intellectually retarded group, but no such tendency was found for the reading retarded group. The groups were similar in

housing facilities, but children in the retarded groups were from much larger families. This tended to make living conditions overcrowded as reflected by the person/room ratio and the family sleeping arrangements.

In relation to maternal employment, the groups were undifferentiated from each other and the general population. There were no differences between the groups in the numbers experiencing broken homes; about one child in seven in all the groups was living in a situation other than with natural parents.

In conclusion, the results of the Isle of Wight study were given without reference to the educational placement of such children. Children who were not attending school or who were attending special schools were identified. However, there were sufficient numbers within the group to allow comparison of children attending a "progress class" within the ordinary school, and those attending the regular classes. The criteria for progress classes are not clearly defined but they are not specially designed for children with reading difficulties. These classes are a part of remedial services which have been described as "inadequate in amount and inadequate often in the conception as well as practice."¹² The children in the progress class did not differ from the regular class in terms of intelligence quotients, academic

¹²Ibid., p. 139

attainments in mathematics and reading, or in social circumstances. The children in these two educational placements did differ in terms of deviant behaviour on the teachers' scale. The progress class children tended to show more deviant behaviour than did the regular class children.

CHAPTER III

THE STUDY

The characteristics measured for the two groups of children - one attending regular classes and the other attending special classes, included social, emotional, familial, academic and physical factors. The specific variables are outlined in Tables 2, 3 and 4 together with the source of the data.

THE SAMPLE

The children were taken from three schools in the St. John's area. Two of the schools were under the jurisdiction of the Avalon Consolidated School Board, while the remaining one was under the jurisdiction of the Roman Catholic School Board. Essentially the selection of these schools was made on the basis of schools in the St. John's area which had special classes for children aged 7 - 10 years and whose principals were likely to agree to having research done in their schools.

All of the pupils in the primary special class in each of the three schools were included in the study group. In addition, an equal number of children in each school was selected from the regular class. The teachers were asked to select children from the regular class whom they felt were performing poorly and who were of similar age, sex and

TABLE 2.--CHARACTERISTICS of THE CHILDREN MEASURED by
THE PARENT'S INTERVIEW

SOCIAL ASPECTS	HEALTH AND PHYSICAL ATTRIBUTES	SCHOOL BEHAVIOUR ACADEMIC ATTAINMENTS	FAMILY ASPECTS
Relationship with Peers	Hospitaliza- tions (Whole Life)	Child's School History	Position in Sibship
Relationship with Sibs	Hospital/ Clinic	Number of Schools	Parental Ages
Relationship with Parents	Contacts (Past Year)	Attended	Status of Natural Parents Child
Relationship with Teachers	G.P. Contacts (Past Year)	School Progress in Each	Living With Housing -
Number of Peer Contacts	Complaint of Stomach Aches Head Aches	Reasons for Change	(a) facilities
Range of Peer Contacts	Psychiatric Assessment	Present School Progress	(b) person - room ratio
Gang, Group Participation		Examination of Difficulties	(c) mental health
Withdrawal		By -	Education of Parents -
Communication		(a) contacts with teachers	(a) final grade completed
Favourite Friends		(b) definition of nature of difficulties	(b) academic difficulties
Visits of Child to Friends House		(c) homework place and time for completion	(c) behavioural difficulties
Visit of Friend to Child's House		(d) remedial steps taken if difficulties present	Siblings Educational Achievement
			Parents Irritability With Child
			Occupations of Parents

TABLE 2—Continued

SOCIAL ASPECTS	HEALTH AND PHYSICAL ATTRIBUTES	SCHOOL BEHAVIOUR ACADEMIC ATTAINMENTS	FAMILY ASPECTS
			Family Life and Relationships Marital Relationship (a) overall rating (b) irritability between parents (c) quarrels between parents

TABLE 3.--CHARACTERISTICS OF THE CHILDREN MEASURED BY
THE TEACHER'S QUESTIONNAIRE

SOCIAL ASPECTS	HEALTH AND PHYSICAL ATTRIBUTES	SCHOOL BEHAVIOUR ACADEMIC ATTAINMENTS	FAMILY ASPECTS
Relationship with Peers	General Health Presence of Prolonged Disease	Classroom Behaviour	

TABLE 4.--CHARACTERISTICS of THE CHILDREN as MEASURED by
THE INTERVIEW WITH THE CHILD

SOCIAL ASPECTS	HEALTH AND PHYSICAL ATTRIBUTES	SCHOOL BEHAVIOUR ACADEMIC ATTAINMENTS	FAMILY ASPECTS
Relationship with Peers	Height of Child	Reading Attainment	Number of Siblings
Relationship with Sibs	Weight of Child	Spelling Attainment	
Relationship with Teachers	Vision - Complaints Vision	Arithmetic Attainment	
Range of Peer Contacts	Reading Chart	Intellectual Functioning	
Number of Peer Contacts	Hearing - Complaints Test	Child's Assessment of Attainment in School	
Activities - Clubs, Teams, Groups, Reading, T.V.	Graphesthesia	Homework - Time for Completion Place Completed	
	Gross Motor Movement	Likes and Dislikes in Academic Subjects	
	Nominal, Receptive Dysphasia		
	Fine Motor Movements		
	Constructional Abilities		
	Motor Impersistence		
	Apraxias of Ideational Ideamotor or Motor Type		
	Laterality		

TABLE 4—Continued

SOCIAL ASPECTS	HEALTH AND PHYSICAL ATTRIBUTES	SCHOOL BEHAVIOUR ACADEMIC ATTAINMENTS	FAMILY ASPECTS
	Left-Right Confusion Medical Attention (Past Year) Hospitaliza- tions Psychiatric Assessment.		

socioeconomic backgrounds as the children in the special class. Poor academic attainment was employed as a selective factor since no I.Q. test scores were available. As the groups were chosen at the end of the academic year, the teacher's knowledge of each child's attainment was likely to be accurate.

The characteristics of the study children defined in May 1973 are outlined in Table 5, page 41. The children ranged in age from 7 years 11 months to 12 years; boys were more prevalent than girls. It can be seen from the tables that the special class group and the regular class group were equivalent in age, sex ratio and socioeconomic status.

SOURCES OF INFORMATION AND THE INSTRUMENTS USED

Information was obtained from the teachers, the parents and the children themselves.

1. TEACHERS

The questionnaire employed contained 26 descriptions of behaviour about which the teacher is asked to respond according to a three interval scale - "doesn't apply", "applies somewhat" and "certainly applies" (Appendix B). This questionnaire has been tested for retest reliability with results derived by product moment coefficient of +0.89 (Rutter 1966). Validity was tested by applying the questionnaire to children from a normal population and children attending a psychiatric clinic. Eleven percent of the boys and

TABLE 5.--AGE, SEX and PATERNAL OCCUPATION of the CHILDREN
WHO PARTICIPATED in the STUDY
(SEPTEMBER - DECEMBER 1973)

SPECIAL CLASS CHILDREN			REGULAR CLASS CHILDREN		
SEX	AGE	FATHER'S OCCUPATION	SEX	AGE	FATHER'S OCCUPATION
M	9 yrs. 9 mo.	117	M	10 yrs.	117
M	8 yrs. 8 mo.	117	M	10 yrs. 6 mo.	117
M	11 yrs. 4 mo.	279	M	10 yrs. 1 mo.	117
M	9 yrs. 9 mo.	513	M	7 yrs. 11 mo.	333
M	12 yrs. 6 mo.	611	F	9 yrs. 2 mo.	513
F	9 yrs. 1 mo.	611	M	12 yrs.	611
M	10 yrs. 7 mo.	612	M	9 yrs. 7 mo.	612
M	10 yrs. 8 mo.	731	M	9 yrs. 6 mo.	619
M	8 yrs. 6 mo.	858	M	11 yrs. 2 mo.	611
M	9 yrs. 11 mo.	821	M	9 yrs. 11 mo.	813
M	8 yrs.	878	F	10 yrs. 3 mo.	854
M	10 yrs. 9 mo.	878	M	10 yrs. 10 mo.	878
M	9 yrs. 1 mo.	854	F	9 yrs. 11 mo.	854
M	10 yrs.	854	M	9 yrs. 5 mo.	853
M	8 yrs. 9 mo.	878	M	8 yrs. 2 mo.	858
M	9 yrs. 2 mo.	858	M	8 yrs. 10 mo.	821
F	10 yrs. 6 mo.	821	M	8 yrs. 11 mo.	917
F	12 yrs.	917	M	9 yrs. 8 mo.	955
M	8 yrs. 8 mo.	953	M	9 yrs. 9 mo.	999
M	9 yrs. 7 mo.	999	M	11 yrs. 10 mo.	999
M	9 yrs. 11 mo.	999	M	9 yrs. 8 mo.	999
F	10 yrs. 2 mo.	917	F	10 yrs. 10 mo.	917
F	9 yrs. 8 mo.	931	F	9 yrs. 2 mo.	279
M	10 yrs. 2 mo.	931	F	9 yrs. 3 mo.	Not Known
F	9 yrs. 5 mo.	Student	F	9 yrs. 7 mo.	-
F	9 yrs. 8 mo.	Not Known	M	10 yrs. 4 mo.	-
F	9 yrs. 11 mo.	Not Known	F	9 yrs. 6 mo.	-

n = 27

n of females = 8

average age = 9.85 yrs.

n = 27

n of females = 8

average age = 9.84 yrs.

Occupational coding represent those employed by Statistics
Canada - (Appendix G)

3.5 percent of the girls from a normal population scored nine or more as compared with 80 percent of the boys and 60 percent of the girls from a clinic population.¹³ In addition, a subscore can be determined to differentiate between neurotic and antisocial disorders. "In about 90 percent of the antisocial children and 80 percent of the neurotic children, the questionnaire diagnosis and the clinical diagnosis were in agreement."¹⁴

The teachers were also asked to complete a questionnaire about health difficulties in the children concerned (Appendix C).

2. PARENTS

Most parents hold a wealth of knowledge concerning the individual child and his family. Difficulties which hinder the eliciting of accurate information include (a) those of retrospective accounts and (b) those of attitudinal biases; these have been studied by Robbins (1963), Wenar (1963), Donoghue and Shakespeare (1967) and Chess, Thomas and Alexander (1966).

¹³Michael Rutter, "A Children's Behaviour Questionnaire for Completion by Teachers: Preliminary Findings", Journal of Child Psychology and Psychiatry, VIII (1966), p. 4

¹⁴Ibid., p. 4

The parental questionnaire employed in this study incorporated the interview technique of Brown and Rutter (1966) and that of Graham and Rutter (1968) which yielded reliable and valid results in the measurement of family life and activities, and led to the acquisition of a complete picture of behavioural abnormalities in the child. The questionnaire combined an open ended interview to elicit spontaneous complaints and a semi-structured approach to review systematically related behavioural disturbance (Appendix D).

3. CHILD

A. INTERVIEW WITH THE CHILD AS A SOURCE OF INFORMATION

A diagnostic interview suitable for 7 to 12 year old children which was developed and tested for reliability and validity by Rutter and Graham (1968) and Rutter et al (1970) was employed. This interview was a semi-structured one which necessitates exploring and probing the severity and duration of a symptom, in order for coding to be possible. This assessment had known limitations in the detection of antisocial disorders and monosymptomatic disorders, but is otherwise of proven validity.

In addition to this assessment, it was necessary to incorporate other variables to be assessed. Such variables included physical characteristics e.g. height, weight, vision, hearing and selected tests of motor development. This section was completed during the interview which maintained the child's

interest without fatiguing him.

The interview employed permitted discussion of non-anxiety producing and high interest topics at the outset; spontaneous comments were noted and discussed so that a more detailed picture was obtained. The coding of the interview was primarily a three interval scale with "zero" representing not present and "two" definite abnormality. (Appendix E).

B. PSYCHOLOGICAL TESTING

The Wechsler Intelligence Scale for Children and the Wide Range Achievement Test were administered to each of the study children individually. The psychologist who tested these study children had extensive experience in testing similar children.

PROCEDURE

Permission to contact the school principals was obtained from the two school boards involved. Letters were then sent to the principals and this was followed up by an interview.

The groups were then defined by the teachers at each of the schools, on the criteria already mentioned. Once the groups had been delineated by the schools, a letter was sent to each child's parents explaining the purpose of the study and requesting permission for their child to participate in it (Appendix F). Similar letters went to both groups, as

the schools had provided either an alphabetical or randomized list so that the academic placement of each child was unknown to the worker. The non-responders were followed up, by making a visit to the homes to discuss any doubts which bothered the parents.

The number of spontaneous responders cannot be accurately given, primarily because the teacher's questionnaires had to be completed prior to completion of the school year, so that the teachers' knowledge of the children gained over the year could be utilized. To maximize this, visits to the children's homes were made within a week of the introductory letters being mailed. Only in three cases was it not possible to take advantage of the teachers' knowledge; for it was not possible by the end of the school year to obtain consent from three families, due in two cases to failure to contact them despite repeated efforts and in one case due to family distress at the time.

Consent was obtained for 54 of the 55 children (98.3 percent). The parents of one child refused consent upon follow up, as they felt the child's academic difficulties were due to teaching methods and expressed a desire to remove him from the school in the next year. The actual numbers from which all the data were collected were 27 special class children and 26 regular class children. One child from the special class moved from the study area during the summer of 1973, and it was not possible to obtain an interview with one

parent of a child from the regular class group despite follow up visits to the home. So all data were collected on 27 of the 28 positive consents received initially in the special class, and 26 of the 27 regular class children. In one case in each group data were incomplete.

The majority of the children were seen during the fall term in the 1973 - 74 school year. All but three children were seen at school. These three children were seen at the pediatric hospital at the end of the school year 1972 - 73. These children would have been removed from the study area if the interviews had been delayed. For each of these children an additional explanation as to why they were visiting the hospital was given; the results of these interviews were not markedly different from those of the group to which they belonged.

The method employed for the majority of the group was to see each child at school first. The schools involved kindly permitted the use of available rooms. The children were seen in alphabetical order or in an order determined by the schools' prior commitment with the child. The interviewer saw each child, knowing only his name and age and without knowledge of his educational placement. The time required to see each of these children individually ranged from one to 2.5 hours. If signs of fatigue, restlessness or anxiety due to the length of the interview were noted, the child was permitted to return to his class and was seen on a second

occasion in order to complete the interview.

The parental interviews were arranged by means of visits to the homes to ascertain convenient times for the parents involved. The majority of the parents were seen at home; parents manifested some reluctance to an interview located outside the home. Parents were usually seen during the school day, while the child was at school or in the evening after the child had been settled for the night.

The most frequent source of information was the mother alone (n = 43) next was both parents together (n = 5) and least frequent was the father alone (n = 2). Older siblings of the study children were sometimes present during the interview and frequently contributed to the information gathered. In two instances substitute parents were interviewed - one being a foster mother, the other a superintendent of a children's home. Auxiliary information was obtained in these two cases through the interviewing of a child welfare officer and relatives of the child.

The parental interview required about three hours. On occasion, it was necessary to make a second visit to the homes to complete the interview schedule.

Individual psychological testing was also completed at school, within two weeks of the completion of the interview with the child. Once again, the order was determined by the alphabetical list or schools' commitments. In two of the three cases where the child was seen at the hospital, psychological

testing was completed during the hospital visit. In the cases where the children had already been tested by the same psychologist during the previous academic year these test results were employed upon written consent from the parents for the release of the information (n = 3).

INTER RATER RELIABILITY

A measure of inter rater reliability was attempted for both the interview with the child and that of the parent.

For the inter rater reliability with the child an additional ten children were seen and rated by two observers independently. Due to practical difficulties such as the time available, it was necessary to use the children referred for a psychiatric assessment to the out patient department of a pediatric hospital. The children seen at the hospital ranged in age from 10 to 13 years. The variation in the sex ratio from that of the study groups was a reflection of the disproportionate number of boys in this age range referred for psychiatric assessment. The sex ratio of this group was four males to one female, while in the study samples the ratio was nine males to four females. The children were interviewed alternately by the writer and another worker with comparable experience and training, knowing only the child's name and age.

Agreement in the overall global judgement occurred in nine of the ten children seen. Comparison of results of

the individual items yielded agreement on 93 percent of the items. Variation between the interviews as wide as two interval codes, only occurred on 2.7 percent of the items in which disagreement was found.

Inter rater reliability with the parental interview was obtained from the parents of ten children referred for psychiatric assessment at a pediatric hospital. The age of the children referred showed more variation than did the study sample, but the difficulties which were operating were similar to those in a psychiatric department i.e. referral biases, patients not keeping appointments and with the additional constraint of limited time. The sex ratio of the children assessed by parental interview was five males to five females.

As with the study groups, the mother was the primary source of information (n = 7). Both parents as informants, occurred less frequently (n = 3) but this represents a higher proportion than observed in the study group.

The parent(s) were seen and the information obtained was rated independently by two observers who were only aware of the child's name and age. A similar method was employed as described above with each rater alternately interviewing the parents.

Overall diagnosis of the information gathered from the parents was identical in 90 percent of the parents seen. The inter rater reliability on the individual variables

measured was 93.3 percent agreement on the codings.

STATISTICAL ANALYSIS OF DATA

The numerical scales involved in this study are primarily of two types (a) nominal - given to coded information and (b) interval - given to scores, measurements etc. From these data and given the purpose of the study - to compare two groups of children to determine whether the variables measured are significantly different within these groups, two statistical tests were employed (a) chi square tables and (b) t test for two uncorrelated samples.

In order to assess whether the frequency of the occurrence or absence of a variable in the special class group was significantly different from that in the regular class group, a 2 x 2 chi square table was used. The r x c chi square tables with (r-1) (c-1) degrees of freedom were employed to determine whether there were significant differences in the extent or severity of a particular variable occurring within the two groups. On one occasion the Goodness of Fit Test was used to determine whether each or both groups differed significantly from normative populations.

Student's t tests for uncorrelated samples fulfilled the same function with interval data as the chi square had with the nominal data. For the purposes of this study a p value of .05 was regarded as indicating significant results.

CHAPTER IV

THE RESULTS

The results are discussed under the headings that have already been used in the presentation of the variables studied and in the review of previous research findings. They are: (1) intelligence scores and academic attainments (2) personal or emotional adjustment (3) physical characteristics and (4) social aspects and family characteristics. Each variable has been examined using the null hypothesis that children attending special class and those attending regular class do not differ significantly in the variable measured. For the purposes of this study a difference between the groups with a p value less than .05 but more than .01 will be referred to as significant and a difference with a p value of less than .01 will be referred to as highly significant.

I. INTELLIGENCE SCORES AND ACADEMIC ATTAINMENT

A. INTELLIGENCE TEST SCORES ON THE WECHSLER INTELLIGENCE SCALE FOR CHILDREN

The range of the Full Scale intelligence quotients on the WISC for the special class children was from 55 to 105. The range of scores of the regular class children was from 77 to 117. The distribution of the scores on each group is shown by Table 6 and Figure 1 shows the extent of overlap

graphically (Figure 1, p. 53).

TABLE 6.--GROUPED FREQUENCY of INTELLIGENCE TEST SCORES in
CHILDREN ATTENDING SPECIAL CLASS
and CHILDREN ATTENDING REGULAR CLASS

INTELLIGENCE TEST SCORES	SPECIAL CLASS n = 27	REGULAR CLASS n = 26
50 - 59	1	0
60 - 69	3	0
70 - 79	4	1
80 - 89	13	6
90 - 99	5	13
100 - 109	1	4
110 - 119	0	2

Only 29.9 percent of the special class children obtained scores on the Wechsler Intelligence Scale for Children which fell within the range 50 - 80, for which the special classes were instituted.

The mean intelligence score of the regular class children was 94.9 and that of the special class children was 80.9. The difference between the mean scores was highly significant. Table 7 provides data from this comparison.

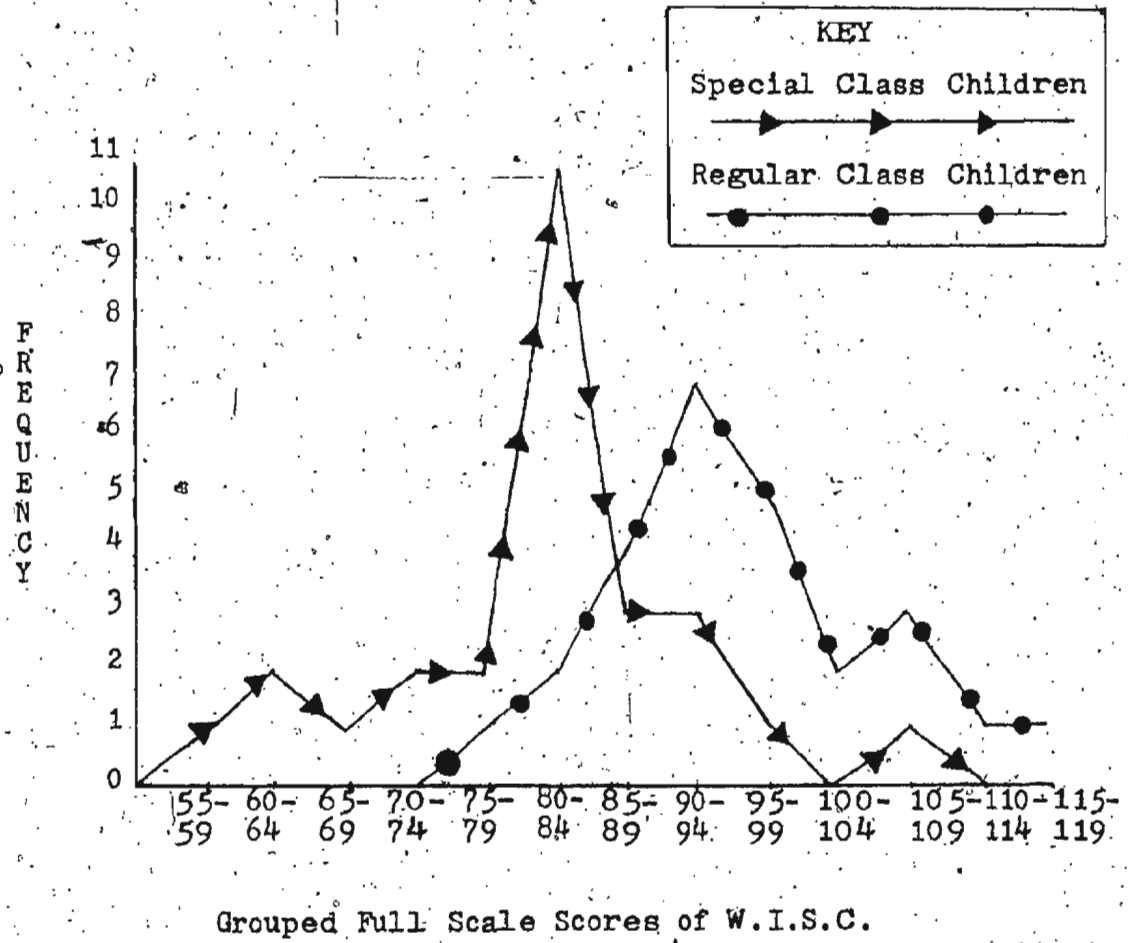


FIGURE 1.--FREQUENCY of W.I.S.C. SCORES in SPECIAL and REGULAR CLASS GROUPS

TABLE 7.--RESULTS of t TESTS COMPLETED on FULL SCALE SCORES
of THE WECHSLER INTELLIGENCE
SCALE for CHILDREN

GROUPING	NUMBER	MEAN	STANDARD DEVIATION	t SCORE	DEGREE OF FREEDOM	P VALUE
SPECIAL CLASS	27	80.85	10.82	5.01	51	.001
REGULAR CLASS	26	94.88	9.79			

When the comparisons were repeated with each of the three schools individually, the results in each case reached a significant level (Table 8).

TABLE 8.--t SCORES of FULL SCALE SCORES (WISC) ACCORDING to
SCHOOLS

SCHOOL	CLASS	NUMBER	MEAN	STANDARD DEVIATION	t SCORE	DEGREES OF FREEDOM	LEVEL OF SIGNIFICANCE
A	SPECIAL	10	81.70	11.63	2.15	18	.05-.02
	REGULAR	10	91.80	8.21			
B	SPECIAL	9	77.77	10.80	4.35	15	beyond .001
	REGULAR	9	100.12	10.26			
C	SPECIAL	8	83.25	10.38	2.22	14	.05-.02
	REGULAR	8	94.12	9.14			

DISCREPANCIES BETWEEN VERBAL AND PERFORMANCE
SCALES OF THE W.I.S.C.

Approximately 25 percent of both the regular and special class groups had a scatter of at least 15 points between the verbal and performance intelligence scores. In each group, a majority of children who had this degree of scatter obtained higher scores on the performance than the verbal scale of the W.I.S.C.

The results of the t test for verbal and performance scales in children attending special and regular classes are shown in Table 9. Highly significant differences occurred between the special and regular class children with regard to verbal and performance scores with the regular class children having higher mean scores in both measures.

TABLE 9.--t SCORES for VERBAL and PERFORMANCE INTELLIGENCE
SCORES of SPECIAL CLASS CHILDREN
and REGULAR CLASS CHILDREN

	PERFORMANCE SCORES		VERBAL SCORES	
	SPECIAL CLASS	REGULAR CLASS	SPECIAL CLASS	REGULAR CLASS
STANDARD DEVIATION	11.11	11.48	10.89	9.84
MEAN	85.96	97.55	78.88	93.4
T STATISTIC	3.77		5.15	
DEGREES OF FREEDOM	52		52	

TABLE 9--Continued

LEVEL OF SIGNIFICANCE	PERFORMANCE SCORES		VERBAL SCORES	
	SPECIAL CLASS	REGULAR CLASS	SPECIAL CLASS	REGULAR CLASS
	Beyond .01		Beyond .001	

When the two groups of children were compared in each of the schools, the performance scores between the special class children and the regular class children were significantly different in only one school; whereas the verbal scores differed to a highly significant extent in two of the three schools. In both instances the regular class children received higher mean verbal scores than the special class children (Table 10).

TABLE 10.--SIGNIFICANT t SCORES for VERBAL and PERFORMANCE INTELLIGENCE SCORES for REGULAR and SPECIAL CLASS CHILDREN by INDIVIDUAL SCHOOLS

GROUP	\bar{X}	σ	t SCORE	df	P VALUE
SPECIAL CLASS (School B) PERFORMANCE	81.2	11.5	3.8	16	Beyond .01
REGULAR CLASS (School B)	101.4	11.0			
SPECIAL CLASS (School B) VERBAL	77.3	10.5	3.6	16	Beyond .01
REGULAR CLASS (School B)	97.0	12.3			
SPECIAL CLASS (School A) VERBAL	77.3	11.9	3.1	18	Beyond .01
REGULAR CLASS (School A)	92.0	9.5			

TABLE 10—Continued

 \bar{X} - Mean σ - Standard Deviation

df - Degrees of Freedom

In summary, the children in the regular class scored higher on the W.I.S.C. than the special class children. Discrepancy between the verbal and performance scores of at least 15 points was common in both groups. In a majority (85 percent) of the cases where this discrepancy occurred, the performance score was higher than the verbal score. The difference between the regular and special class groups in verbal and performance scores was highly significant, with the regular class receiving the higher means on both measures of intelligence.

B. ACADEMIC ATTAINMENT

1. READING ATTAINMENT

The reading grades from the Wide Range Achievement Test were employed to obtain a measure of the children's reading performance. From the reading grade scores, the children in the special class were found to have a mean reading grade of 1.6 and the regular class had a mean reading grade of 2.7. This difference was highly significant (Table 11, p. 58).

From the child's reading performance, it was

determined whether each child was reading retarded and/or reading backward. Reading retardation takes into consideration the intelligence quotient of the child and his age, whereas reading backwardness represents the child's reading ability compared with his age and the average reading level at that age. For example, a child who is ten years old and has the mental ability of a twelve year old, would be considered reading retarded if he were reading at a ten year old level. He would not, however, be reading backward, as his reading attainment would be appropriate to his chronological age.

All of the children were reading at a level behind that which would be expected by calculation based on chronological age. A significant difference was found between the two groups on the extent of reading backwardness; the special class group demonstrated the more extensive degree of difficulty (Table 11).

TABLE 11.--SIGNIFICANT DIFFERENCES BETWEEN SPECIAL and REGULAR CLASS CHILDREN in READING ATTAINMENTS

GROUP	\bar{X}	σ	t STATISTIC	df	P VALUE
Special Class Reading Grade Score	1.63	.61	4.67	51	.01
Regular Class Reading Grade Score	2.68	.93			
Special Class Reading Backwardness	(behind) 28.62 mo.	10.2	2.88	51	.01
Regular Class Reading Backwardness	(behind) 19.92 mo.	11.7			

TABLE 11—Continued

 \bar{X} - Mean σ - Standard Deviation

df - Degrees of Freedom

When the reading level was compared with the level expected; given the child's intelligence quotient on the W.I.S.C., only five of the twenty seven special class children and four of the twenty six regular class children were performing up to or beyond the level expected. The mean delay for the two groups was not significantly different. There was also no significant difference in the extent of reading retardation when the comparison was limited to special class children and regular class children who were shown to be reading retarded (Table 12).

TABLE 12.--t TEST RESULTS on MEASURES of READING LEVELS of SPECIAL CLASS and REGULAR CLASS CHILDREN

GROUP	\bar{X}	N	t STATISTIC	df	P VALUE
READING STATUS (BASED ON INTELLIGENCE SCORES)					
SPECIAL CLASS	11.2 mo. (Behind)	27	1.2	51	.20
REGULAR CLASS	15.3 mo. (Behind)	26			

TABLE 12--Continued.

GROUP	\bar{X}	N	t STATISTIC	df	P VALUE
READING RETARDATION					
SPECIAL CLASS	15.6 mo. (Behind)	21			
REGULAR CLASS	19.2 mo. (Behind)	22	1.2	41	.10

 \bar{X} - Mean

N - Number

df - Degrees of Freedom

Eleven percent of the special class children were reading retarded by as much as two years, while 22 percent of the regular class children were handicapped in reading to that extent. Seventy-four percent of the special class children were reading backward by at least two years and 38 percent of the regular class children were reading backward to that extent.

In summary, the children in both the special class and the regular class appear to be functioning below the expected reading level. Significant differences have arisen in reading levels; when only chronological age is considered the special class children experienced more extensive difficulty. When intelligence scores of the children were taken into account, the regular class children demonstrated a similar degree of reading retardation as that shown by the

special class children.

2. SPELLING ATTAINMENT

Similar comparisons can be made with spelling attainment as have been made with reading attainment. The grade scores derived from the Wide Range Achievement Test did not yield significant differences between the mean grade of the special class children and that of the regular class children. As in the examination of reading status, the child's expected attainment level in this academic subject was determined by a grade level derived from either his chronological age or his intelligence score. Both scores are relative, one by comparison with a large number of peers and the other with the child's own ability.

The discrepancy between the regular class children's spelling grade and the grade level expected given the chronological age was compared with the discrepancy shown by the special class children. The results showed that the regular class children had less spelling difficulty than the special class children. The difference was highly significant (Table 13, p. 62).

When the intelligence quotients of the children were taken into account the special class children were delayed on average 10.3 months in spelling whereas the regular class children were 14.1 months behind the level expected from calculation based on the children's intelligence test scores.

The differences were not significant.

Eleven percent of the special class children were spelling retarded by at least two years while 16 percent of the regular class children experienced this degree of difficulty. The prevalence of spelling backwardness of at least two years within the special class and the regular class were 63 percent and 23 percent respectively.

TABLE 13.--SIGNIFICANT DIFFERENCES BETWEEN SPECIAL and REGULAR CLASS CHILDREN in SPELLING ATTAINMENT

GROUPS	\bar{X}	N	σ	t STATISTIC	d_f	P VALUE
Special Class (Spelling Backwardness)	28.7 mo. (behind)	27	10.0	4.15	51	.01
Regular Class (Spelling Backwardness)	18.6 mo. (behind)	26	7.6			

\bar{X} - Mean

N - Number

σ - Standard Deviation

d_f - Degrees of Freedom

In summary, with regard to spelling, there were no significant differences in mean spelling grades between the two groups. In the measure of spelling backwardness, the regular class children had less handicap than the special class children. The difference was highly significant. When the children's spelling status which took into account each child's intelligence test score was compared, no

significant differences were demonstrated.

3. ARITHMETIC ATTAINMENT

The arithmetic grade scores were generally higher than either reading or spelling scores. The average grade level in the special class was 2.7, while the grade score, indicative of the level of functioning in this area, for the regular class was 3.6. The difference in the mean grade for the special class and the regular class children was highly significant (Table 14, p. 64).

A measurement of backwardness in arithmetic can be obtained by the discrepancy between each child's present level of arithmetic functioning and the level which would be expected given the child's age. The special class children demonstrated significantly more backwardness in arithmetic than the regular class group (Table 14, p. 64).

When the child's intellectual functioning was taken into account, the regular class demonstrated similar degrees of retardation in arithmetic as that shown by the special class. The difference was not significant.

When arithmetical delay calculated from chronological age was considered, 33 percent of the special class group were behind by at least two years while only 10 percent of the regular class group were experiencing that degree of difficulty. Four percent of the regular class children were retarded in arithmetic by at least two years, whereas none of the special class children were delayed to that extent.

TABLE 14.--SIGNIFICANT DIFFERENCES BETWEEN SPECIAL and REGULAR
CLASS CHILDREN in ARITHMETICAL ATTAINMENT

GROUP	\bar{X}	N	σ	t SCORE	df	P VALUE
Special Class (Arithmetic Grade)	2.69	27	.77	4.53	51	.01
Regular Class (Arithmetic Grade)	3.57	26	.63			
Special Class (Arithmetic Backwardness)	19.33	27	10.24	2.08	45	.05
Regular Class (Arithmetic Backwardness)	13.80	20	8.43			

\bar{X} - Mean

N - Number

σ - Standard Deviation

df - Degrees of Freedom

In summary, the special class children had a lower mean grade score in arithmetic than the regular class children. This difference was highly significant. The special class had greater handicap when the level of attainment was related to chronological age (backwardness). However, the handicap was similar in the regular class and special class children when intelligence test scores of the children were taken into consideration.

SUMMARY OF RESULTS WITH REGARD TO ACADEMIC ATTAINMENTS

The regular class children received significantly

higher grade scores in reading and arithmetic than did the special class children. The mean spelling score was similar for both groups.

The children in the regular and special classes demonstrated significant differences in academic backwardness. In the three academic areas studied - reading, spelling and arithmetic - the special class children showed the more extensive degree of backwardness based on calculation with their chronological age than did the regular class children.

When academic delay was based on calculation of the children's intelligence test scores significant differences as had been found in the measurement of backwardness did not emerge. The children attending special classes and those attending regular class were similar in extent of reading, spelling and arithmetic retardation.

II. ADJUSTMENT - EMOTIONAL DISTURBANCE OF CHILDREN

Three sources of information were used to determine the prevalence of psychiatric disorder in both the regular and special class groups. They included: (a) the Teacher (b) the Parents (c) the Child. The prevalence rates and types of disorder for the total group and for the regular and special classes separately will be reviewed according to the source of information.

(A) Teachers. The teachers selected 31.4 percent

of the total group as having psychiatric disorder. In the special class 12 of 27 (44 percent) had psychiatric disorder. Of these 12 children in the special class who demonstrated psychiatric disorder, 9 had antisocial disorder and 3 had neurotic disorder. No children in the group had mixed psychiatric disorder.

In the regular class group, 5 of the 27 children (18.5 percent) were found from the teachers' questionnaires to demonstrate psychiatric disorder. Of these 5 children, three were thought to be manifesting neurotic disorder while the remainder were thought to display antisocial disorder. No other psychiatric disorder was indicated by the teachers in the regular class group. The difference between the number with psychiatric disorder in the regular and special class group, was significant (Table 15).

TABLE 15.--SIGNIFICANT DIFFERENCES BETWEEN the PREVALENCE of PSYCHIATRIC DISORDER in SPECIAL and REGULAR CLASS CHILDREN as INDICATED by the TEACHERS

GROUP DEMONSTRATING HIGHER PREVALENCE RATE	COMPARISON GROUP	χ^2	df	P VALUE
Special Class	Regular Class	4.2	1	.05

TABLE 15—Continued

χ^2 - Chi Square

df - Degrees of Freedom

(B) Parents. From the number of positive findings elicited from the parents 16.6 percent (9 of 53) of all the children were thought to have some psychiatric disturbance. According to the parents' questionnaire, six children (23 percent) of the special class group had psychiatric disorder. The disorders demonstrated in these six children were neurotic disorder and mixed disorder (symptoms of neurotic and antisocial disorder were present with neither type predominating). These disorders were equally prevalent with three children demonstrating each.

Three children in the regular class (11 percent) were found to have psychiatric disorders from the parental interview. Of these children two were thought to have neurotic disorder whereas the remaining one was thought to have mixed disorder.

(C) Child. From the interviews with the children, 17 children demonstrated psychiatric disorders. Of the 17 children identified by this assessment, 9 (33 percent) of the special class had psychiatric disorders. Six of these children were thought to be manifesting neurotic disorder whereas the remaining three of the special class children with psychiatric disorder were demonstrating mixed disorder.

Eight children in the regular class (29.6 percent of the total group) were thought by this assessment to have psychiatric disorder. Six had neurotic disorder whereas two had mixed disorder. No antisocial disorder was found in either the regular class or the special class groups, by this assessment.

Some 30 children from the total study population (n=54) received positive findings on at least one of the assessment techniques. This represents an overall prevalence rate of psychiatric disorder of 59.2 percent.

From Figure 2, the extent of overlap from the sources of information can be seen.

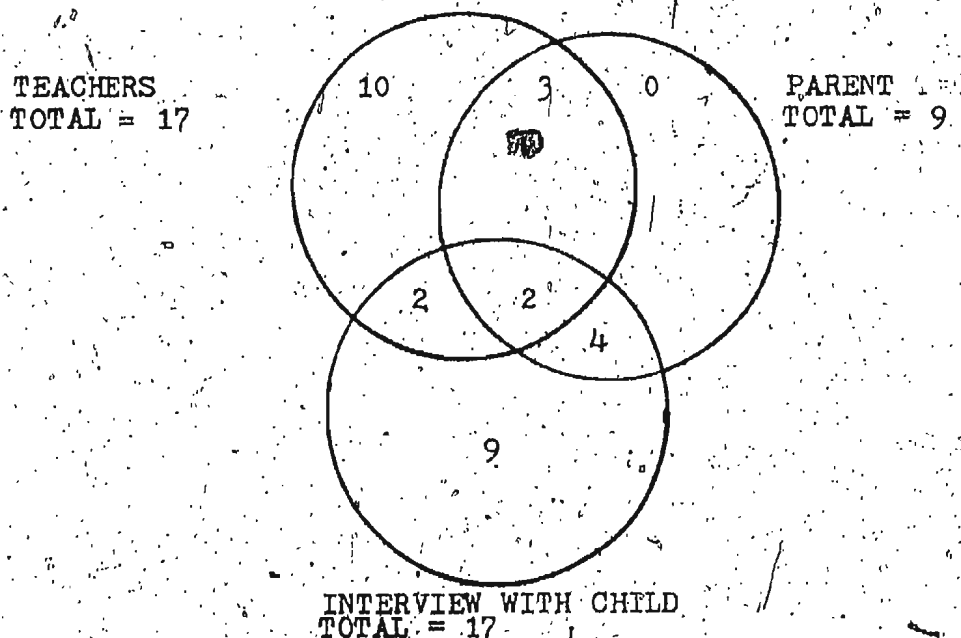


FIGURE 2.--OVERLAP BETWEEN SOURCES of INFORMATION in IDENTIFICATION of PSYCHIATRIC DISORDER in the TOTAL STUDY GROUP (n=54)

From this, it can be seen that the teachers had some overlap with both parents' and children's interviews, however, well over half of the children identified by the teachers were not identified by another source. All of the children indicated by the parents were identified by the teachers, or the interviews with the children or both. The parents did not add any new children to the group with psychiatric disorder. The interview with the child contributed as many children to the group with psychiatric disorder as the teachers, however only four children from each group were identified by both sources. This assessment procedure identified nine children who were not identified by any other source.

It was interesting to note that of the 10 children identified by the teachers only three children were from the regular class and the remaining seven were from the special class. However, of the nine children identified by the interview with the child, only three of the children attended special class whereas the remaining six were attending the regular class. So nineteen children were identified by one source only, nine children by two sources, and two children by all three sources.

The total number of children identified as having psychiatric disorder by at least one source was 30, 18 of these were in the special class and 12 in the regular class. The difference in prevalence of psychiatric disorder between the two groups was not significant.

INDIVIDUAL SYMPTOMS

The prevalence of the individual symptoms as obtained from the three sources of information (teachers, parents, children) are outlined in Tables 16, 17 and 18. In each of the tables, the prevalence for the children attending special classes and those attending regular classes are expressed as percentages. The statistical analysis included 2 x 2 chi square test to determine whether the occurrence in one group differed significantly from the other. Yates correction for continuity was used where the smallest expected value was less than five and where there was one degree of freedom.

A. Motor Items. Over half of the special class children were thought by the teachers to have poor concentration and increased activity. However, no significant differences were found between the two groups on motor items as reported by the teachers nor did the two other sources of information - interview with parent and interview with child - yield any significant differences between the children attending regular class and those attending special class.

When the comparison was made between the sources of information on the variables as reported in each of the two groups of children, significant differences did emerge. Teachers reported overactivity more frequently than the parents in both the regular and special class group. The difference was highly significant (Table 19, p.74).

TABLE 16.--INDIVIDUAL BEHAVIOURAL ITEMS ELICITED FROM
TEACHERS QUESTIONNAIRE

	SPECIAL CLASS %	REGULAR CLASS %	X ²
"Motor Items"			
Overactive	59.2	42.3	1.85
Fidgety	44.4	25.9	2.03
Twitches	18.5	3.7	3.00
Poor Concentration	55.5	37.0	1.86
"Developmental Items"			
Stammers	29.6	3.7	4.80
Other Speech Abnormality			*
"Antisocial Items"			
Truants	25.9	3.7	3.67
Destructive	22.2	3.7	2.62
Fights	59.2	29.6	4.79
Disobedient	48.1	29.6	1.95
Lies	25.9	14.8	1.03
Steals	3.7	0	1.02
Bullies	22.2	25.9	0.10
"Relationship Item"			
Irritable	40.7	25.9	1.33
Not Liked	40.7	11.1	4.72 *
Solitary	18.5	33.3	1.00
"Neurotic Items"			
Worried	29.6	25.9	0.09
Miserable	25.9	14.8	1.02
Fearful	22.2	11.1	1.20
Fussy	11.1	7.4	0.20
Absence from School for Trivia	25.9	11.1	1.90
"Other Items"			
Sucks Thumb	74.0	0	2.07
Bite Nails	3.7	0	1.02
Aches and Pains	0	3.7	1.02
Total Number of Questionnaires Completed	27	27	

* significant beyond p..05

** significant beyond p .01

TABLE 17.--INDIVIDUAL BEHAVIOURAL ITEMS ELICITED FROM the
PARENTAL INTERVIEW of CHILDREN ATTENDING
SPECIAL and REGULAR CLASSES

	SPECIAL CLASS %	REGULAR CLASS %	X ²
"Motor Items"			
Overactive	7.4	0	2.08
Fidgety	18.5	0	3.38
Poor Concentration	3.7	0	1.02
"Developmental Items"			
Stammers	3.7	3.85	0
Other Speech Abnormality	28.5	19.20	0.11
Wets	22.0	11.54	1.20
"Antisocial Items"			
Truants			
Destructive	11.0	11.50	0
Fights	0	11.50	3.30
Lies	28.5	11.50	1.07
Steals	7.4	11.50	0.26
Bullies	25.9	26.90	0
"Relationship Items"			
Irritable	40.0	57	1.52
Not Liked	40.0	26.9	1.13
Solitary	7.4	19.2	1.23
"Neurotic Items"			
Worried	40.0	23.00	1.65
Miserable	33.0	11.50	3.59
Fearful	40.0	53.80	0.91
Fussy	0	0	0
Absence from School for Trivia			
"Other Items"			
Sucks Thumb	11.0	7.60	0.18
Bites Nails	37.0	26.90	0.62
Aches and Pains	29.6	7.00	3.08
Total Number of Questionnaires Completed	27	26	

* significant beyond p .05

** significant beyond p .01

TABLE 18.--INDIVIDUAL BEHAVIOURAL ITEMS ELICITED FROM the INTERVIEW WITH the CHILD

	SPECIAL CLASS %	REGULAR CLASS %	X ²
"Motor Items"			
Fidgety	22.2	7.4	2.35
Twitches	3.7	0	1.02
Poor Concentration	25.9	14.8	1.03
"Antisocial Items"			
Hitting Others	14.8	3.7	1.98
At School	59.2	70.3	0.73
Outside School	51.8	40.7	0.67
"Relationship Items"			
Difficulties with Teacher	3.7	7.4	0.35
Difficulties with Sibs	22.2	7.4	2.35
"Neurotic Items"			
Worries	55.5	66.6	0.70
Fears	66.6	70.3	0
Miserable	51.8	59.2	0.30
Suicidal Ideas			
Loneliness	59.2	62.9	0.08
"Other Items"			
Aches and Pains			
Self Depreciation			
Feelings of Reference	22.2	25.9	0.10
Total Number of Questionnaires Completed	27	27	

* significant beyond p .05
 ** significant beyond p .01

On the item of fidgetiness, highly significant differences were found in the reports from the three sources of information for the regular class children. This item was most likely to be reported by the teacher and least likely by the parent (Table 19).

The reports of poor concentration were compared from the parent and child interviews, as well as the teachers' questionnaires for the regular and special class children separately. In both instances, the teachers reported significantly more children with poor concentration than did the other two sources of information (Table 19).

In summary, the teachers reported overactivity and poor concentration in the regular and special class more frequently than the other sources of data. Fidgetiness was also reported by the teachers in the regular class children more frequently than appeared in the reports of the parents or from the children's interviews. In each case the difference between the sources was highly significant (Table 19).

TABLE 19. -- SIGNIFICANT DIFFERENCES in the REPORT of MOTOR ITEMS FROM PARENTS, TEACHERS and CHILDREN

GROUP REPORTING HIGHER PREVALENCE	COMPARISON GROUP(S)	χ^2	df	P VALUE
Teachers' Report (Overactivity in Special Class Children)	Parent	15.70	1	.01

TABLE 19.—Continued

GROUP REPORTING HIGHER PREVALENCE	COMPARISON GROUP(S)	χ^2	d_f	P VALUE
Teachers' Report (Overactivity in Regular Class Children)	Parent	14.94	1	.01
Teachers' Report (Fidgetiness in Regular Class Children)	Parents & Children	9.52	2	.01
Teachers' Report (Poor Concentration in Special Class Children)	Parent & Children's Interview	17.44	2	.01
Teachers' Report (Poor Concentration in Regular Class Children)	Parent & Children's Interview	12.79	2	.01

χ^2 - Chi Square

d_f - Degrees of Freedom

(B) Developmental Items. Developmental items, as reported by the teachers yielded significant differences between the special class and regular class children.

"Stammering" was recorded by the teachers as being present in 29.6 percent of the special class children as compared with 3.7 percent of the regular class children (Table 20, p. 76).

No other significant differences emerged when the sources of information were compared with the developmental

items for the regular and special class children.

TABLE 20.--SIGNIFICANT DIFFERENCES on STAMMERING as REPORTED
by the TEACHERS BETWEEN the SPECIAL CLASS
and REGULAR CLASS CHILDREN

GROUP DEMONSTRATING HIGHER PREVALENCE	COMPARISON GROUP	χ^2	df	P VALUE
Special Class	Regular Class	4.8	1	.05

χ^2 - Chi Square with Yates Correction for Continuity

df - Degrees of Freedom

(C) Antisocial Symptoms. Among the antisocial symptoms the teachers' report of fighting was significantly higher in the special class group than in the regular class group (Table 21, p. 77). No significant differences were found on other antisocial items, between the special and regular class as noted by parents or in the interview with the child.

On the item, destructiveness, there was a significant difference between the parents' and teachers' reports of this behaviour in the special class children. The teachers reported destructiveness in special class children more frequently than did the parents (Table 21, p. 77).

TABLE 21.--SIGNIFICANT DIFFERENCES in PREVALENCE of FIGHTING
and in REPORT of ANTISOCIAL SYMPTOMS by the
THREE SOURCES of INFORMATION

GROUP SHOWING INCREASED NUMBER	COMPARISON GROUP	χ^2	df	P VALUE
Special Class (Fighting Reported by Teacher)	Regular Class	6.13	1	.05
Teacher (Destructiveness in Special Class)	Parents	4.12	1	.05

χ^2 - Chi Square

df - Degrees of Freedom

(D) Relationship Items. Once again the teachers' questionnaires yielded significant differences between the regular and special class groups on the item "not liked" (Table 22, p. 78). The special class children were more often described as "not liked" than the regular class children. No other significant differences emerged from the comparison of special and regular class children.

When the sources of information were considered, the parents of the special class children reported a similar percentage to that reported by the teachers on the items "irritable" and "not liked". The parents of the regular class children significantly more often described their children as "irritable" than did the teachers for the same group (Table 22, p. 78). No other differences among the sources of information emerged.

TABLE 22.--SIGNIFICANT DIFFERENCES NOTED on RELATIONSHIP
ITEMS

GROUP SHOWING INCREASED NUMBER	COMPARISON GROUP	χ^2	d_f	P VALUE
Special Class (not liked as reported by teacher)	Regular Class	6.17	1	.05
Parents' Report of Regular Class Children on Irritable	Teachers of Regular Class Children Report	5.5	1	.05

χ^2 - Chi square

d_f - Degrees of Freedom

(E) Neurotic Items. No significant differences between the regular and special class children were noted. The overall prevalence of neurotic symptoms was similar from both the child's and parents' interviews while the teachers' report of these items was lower.

Significant differences did arise from the comparison of the sources of information on the individual items within the regular and special class groups. The report of worrying among regular class group, from the children's interviews, differed significantly than the report of teachers' and parents' of the same group (Table 23, p. 79). Information from the interviews with the children reported a higher prevalence of worrying.

Of the three sources of information, the interviews with the children indicated that the prevalence of "miserable"

was higher in the regular class children than had been reported from the teachers and parents. This difference was highly significant (Table 23). The children's interviews also demonstrated significantly greater prevalence of fears in the regular class children than had been reported in the other sources of data (Table 23).

TABLE 23.--SIGNIFICANT DIFFERENCES NOTED ON NEUROTIC SYMPTOMS

SOURCE REPORTING HIGHER PREVALENCE	COMPARISON GROUP	χ^2	d_f	P VALUE
Interview with Regular Class Children on "Worried"	Parents & Teachers	13.43	2	.01
Interview with Regular Class Children on "Miserable"	Parents & Teachers	18.59	2	.01
Interview with Regular Children on "Fears"	Parents & Teachers	20.37	2	.01

χ^2 - Chi Square

d_f - Degrees of Freedom

(F) Other Behavioural Items. No significant differences between the regular and special class children were noted.

Under this category, the only significant differences between the sources of information were that complaints of aches and pains were more frequently reported by the parents of children attending special class, and that reports

of nail biting were significantly more common with parents of regular class children than with teachers (Table 24).

TABLE 24.--SIGNIFICANT DIFFERENCES BETWEEN REPORTS of TEACHERS PARENTS, and CHILDREN on 'OTHER BEHAVIOURAL ITEMS'

SOURCE REPORTING HIGHER PREVALENCE	COMPARISON SOURCE(S)	χ^2	df	P VALUE
Parents of Special Class Children on Complaints on Aches and Pains	Teachers	7.54	1	.05
Parents of Regular Class Children on Nail Biting	Teachers	6.22	1	.05

χ^2 - Chi Square with Yates Correction

df - Degrees of Freedom

In summary only "fighting" and "stammering" on the teachers questionnaires demonstrated significant differences between the regular and special class children. However, significant differences did arise in the comparison of the sources of information. The teachers more frequently reported overactivity, poor concentration, fidgetiness in both groups of children than did the other sources. A greater proportion of the special class children were regarded as destructive by their teachers than by their parents. Parents reported higher incidence of relationship items in their regular class children, and also other

behavioural items - nail biting, and complaints of aches and pains were more frequently reported in parents of special class children than on the teachers questionnaire and children's interviews. On neurotic symptoms, however, the interviews with the children reported a higher prevalence of "worries", "fears" and more children being miserable than was reported by the other sources of information.

PSYCHIATRIC DISORDER AND ACADEMIC ATTAINMENTS

Significant differences did not emerge when the type and severity of psychiatric abnormality was compared with the severity of academic retardation and backwardness. The children with antisocial disorder did not have more extensive educational retardation than children with other disorders, or than children who did not demonstrate any psychiatric abnormality.

III. PHYSICAL ATTRIBUTES AND HEALTH OF THE SPECIAL CLASS CHILDREN AND REGULAR CLASS CHILDREN

This section of the results has been divided into three headings (a) motor tasks (b) health history and (c) present physical state.

A. MOTOR TASKS

The tasks examined in the section included (a) gross motor movements (b) fine motor movements (c) construction-

al. abilities (d) motor impersistence (e) nominal and receptive dysphasia (f) graphesthesia (g) laterality and (h) left-right confusion. These motor tasks were completed as a group for both the children attending special class and those attending regular class, following an introductory period during which information concerning friends and activities was obtained.

1. Gross Motor Movement. In gross motor performance, the special class children performed the tasks equally as well as the regular class children. Neither of the groups received a coding indicating definite abnormality.

2. Fine Motor Movements. The special class group did not differ significantly from the regular class children on this item.

3. Constructional Abilities. Only 11 percent of the special class children and 22 percent of the regular class children were able to complete all of the shapes - triangle, diamond, L, a cross and a star - accurately. The difference was not statistically significant.

When the regular class children with intelligence scores below 85 ($n = 3$) were compared with the regular class children with intelligence scores at or above 85 ($n = 24$), the group with low intelligence quotient exhibited significantly more difficulty in the completion of the cross and star (Table 25, p. 84). No other significant differences emerged when other intelligence quotient groups were considered, nor were there significant differences between the regular class and the special class children, when the

comparison was made in each of the three schools.

4. Motor Impersistence. No significant differences were noted between the special class children and the regular class children. No child in either the special class or the regular class received a coding indicating abnormality.

5. Nominal and Receptive Dysphasia. Both the children attending special class and those attending regular class behaved similarly on these items. Further statistical analyses of the groups yielded results consistent with overall findings. None of the children in either group received a coding of two, indicating definite abnormality.

6. Graphesthesia. No significant differences resulted in the overall response of the children's identification of the letters traced on their hands under the three conditions - (a) eyes open (b) eyes averted and (c) eyes closed. The most frequent error was not that children would fail to identify the letters but rather that the letters were recalled in an inverted manner for example M's were recalled as W's and P's as d's.

7. Laterality. The emphasis in this item was placed on whether the children demonstrated mixed laterality or poor lateralization.

Only 11 percent of the special class children demonstrated consistent dominance on one side of the body whereas 59 percent of the regular class children were consistent in this regard. The special class group showed

a significantly increased number with hand differing from eye - foot orientation (Table 25, p. 85). When further statistical analyses were completed on these two groups in each of the individual schools the differences were maintained in only one school.

In this school 60 percent of the children in the special class demonstrated mixed laterality with hand differing from eye - foot orientation, whereas only 10 percent of the regular class demonstrated similar findings. Statistical examination of various groups determined by intelligence quotients did not yield any further differences.

8. Left-Right Confusion. Requests were made of the children which attempted to determine whether the child had (a) the concept of right/left side of his body and (b) knowledge of the right side differentiated from left of his own body and that of another who was facing him. No significant differences were demonstrated in the occurrence of left-right confusion between the special and regular class children. However, 70 percent of the special class and 48 percent of the children attending regular class scored positively on this item which indicated left-right confusion.

TABLE 25.--SIGNIFICANT DIFFERENCES BETWEEN SPECIAL and REGULAR CLASS on MOTOR TASK PERFORMANCE

GROUP DEMONSTRATING INCREASED ABNORMALITY	COMPARISON GROUP	χ^2	df	P VALUE
Regular Class (IQ < 85) Constructional Abilities	Regular Class (IQ \geq 85)	14.85	2	.01

TABLE 2⁵—Continued

GROUP DEMONSTRATING INCREASED ABNORMALITY	COMPARISON GROUP	χ^2	df	P VALUE
Special Class (n=27) Laterality	Regular Class	8.55	2	.02

* χ^2 - Chi Square

df - Degrees of Freedom

SUMMARY OF MOTOR TASKS

In the motor tasks defined, significant differences occurred between the special class and the regular class children, on the item of laterality the special class demonstrated an increased prevalence of mixed laterality when compared with the regular class children. There was some evidence to suggest that the significant findings at one school may have influenced the overall findings.

The performance of the special and regular class children was similar on tests of gross and fine motor movements, constructional abilities, motor impersistence, nominal and receptive dysphasia, graphesthesia and left-right confusion. However, when statistical analyses were completed on the groupings, significant findings did evolve. These are outlined in Table 26 with the groupings enumerated. The first grouping column was indicative of the pupils who experienced increased difficulty in the assigned tasks.

TABLE 26.--SUMMARY of DIFFERENCES COMPLETED on GROUPINGS
OTHER than the TOTAL SPECIAL CLASS and
REGULAR CLASS SAMPLES

VARIABLE	GROUPING DEMONSTRATING INCREASED ABNORMALITY	COMPARISON GROUPING	LEVEL OF SIGNIFICANCE
Constructional Abilities	Regular Class (I.Q. Less Than 85)	Regular Class (I.Q. at or Above 85)	beyond .01
Laterality	Special Class (School A)	Regular Class (School A)	beyond .05

B. HEALTH HISTORY

The variables measured under this heading included (1) perinatal and neonatal history with milestone acquisition (2) more recent medical contacts and hospitalization.

1. Perinatal and Neonatal History Including Milestone Acquisition. The variables examined were (a) pregnancy complications (b) maternal health during and after pregnancy (c) location of delivery (d) maturity (e) birth weight (f) neonatal difficulties (g) convulsions (h) jaundice (i) milestones (j) comparison of child's milestone acquisition with siblings.

(a) Pregnancy Complications. Both the regular and special class groups presented a similar picture with regard to pregnancy complications. Nineteen percent of the special class group reported definite complications such as

Caesarian section and 12 percent of the regular class group were reported to have had pregnancy complications.

(b) Maternal Health During and after Pregnancy. Mothers in both groups were similar in the recall of health difficulties during this period. None of the mothers in either group experienced any definite health problems at this time.

(c) Location of Delivery. No significant differences arose on this variable, but 11 percent and 8 percent of the special and regular class mothers respectively reported that the delivery had occurred at home.

(d) Maturity. No significant differences in the maturity of the children at birth were observed. Seventy-eight percent and 85 percent of the special and regular class children were full term at delivery. However, some 7 percent (2) and 15 percent (4) of the special and regular class children respectively were premature by one to four weeks. These mothers reported that the doctors had indicated this prematurity to them. Only 4 percent (1) of the special class group reported that the baby was overdue at the time of delivery.

(e) Birth Weight. There were no significant differences in the mean birth weight between the special and regular class children. The mean birth weights for the regular and special class children were 7.7 pounds and 7.0 pounds respectively. Eleven percent of the special class children were at or below 5.5 pounds at the time of birth

while 8 percent of the regular class children were at or below that weight.

(f) Neonatal Difficulties. The groups were similar in the reported prevalence of neonatal difficulties such as difficulties with breathing or feeding.

(g) Convulsions. None of the informants in both groups reported any episodes of convulsions after birth.

(h) Jaundice. None of the mothers of the regular class children reported their children having jaundice after birth, while 7 percent of the special class children were reported to have had jaundice but none to the extent that blood transfusion was required. The differences did not reach statistical significance.

(i) Milestones. The children in both groups demonstrated a similar picture in the acquisition of walking, talking, and bowel and bladder control. Only 11 and 8 percent of the special class group and the regular class group respectively demonstrated delay.

(j) Comparison of Child's Milestone Acquisition with Siblings. Even though the actual objective data concerning milestones were not significantly different, each parent's comparison of his child's milestones with other siblings in his family did reveal highly significant differences. More of the parents of the special class children described their child's milestones as being delayed when compared with the siblings, than did parents of the regular class children (Table 27, p. 89).

TABLE 27.--SIGNIFICANT DIFFERENCES BETWEEN REGULAR and SPECIAL CLASS GROUPINGS on PERINATAL and NEONATAL HISTORY

GROUP DEMONSTRATING INCREASED ABNORMALITY	COMPARISON GROUP	χ^2	df	P VALUE
Special Class (Comparison of Milestones with Siblings)	Regular Class	11.64	2	.01

χ^2 - Chi Square

df - Degrees of Freedom

In summary, the children in the special class were similar to the children in the regular class on all the variables with the exception of comparison of milestone acquisition with siblings. The special class children were more frequently regarded as making less favourable development than their siblings in milestone acquisition than the regular class children, even though the recalled milestone did not demonstrate significantly more delay than that in the regular class group.

2. More Recent Medical Contacts. The variables which were examined under this heading included (a) general practitioner contacts and hospital/clinic contacts in the past year (b) absences from school in the past year (c) hospitalization during whole life.

(a) Medical Contacts. There were no significant differences in attendance/non-attendance at general practitioner's office or at hospital/clinic between the regular and special class children. Forty-one percent of the

special class had not attended a hospital or clinic and 26 percent had not attended a general practitioner's office in the past year. Fifty-four percent of the regular class children had not attended a hospital or clinic and 35 percent had not attended a general practitioner's office in the past year. When further statistical analyses were completed, the special class group from one school had significantly more general practitioner contacts than the regular class (Table 28, p. 91).

(b) Absences^b From School in Past Year. Only 15 percent of the special class children and 8 percent of the regular class children had medical conditions which at the time of the interview were reported by the parents only to require periodic checks. Among the conditions reported were asthma, orthopedic difficulties, epilepsy, cardiac difficulties and tuberculosis. However, when absences from school as reported by the teachers were compared in the two groups, no significant differences emerged, nor were there any differences when the children with long term illness were compared with the remainder of the group.

(c) Hospitalizations. Both groups were similar in regard to hospital admissions of one week duration. Forty-six percent of the special class children had been in hospital for at least one week during their life and 27 percent of the regular class had experienced hospitalization of that duration during their life.

TABLE 28.--SIGNIFICANT FINDINGS BETWEEN REGULAR and SPECIAL CLASS CHILDREN on GENERAL PRACTITIONER CONTACT in PAST YEAR

GROUP DEMONSTRATING INCREASED G.P. CONTACT	COMPARISON CONTACTS	χ^2	df	P VALUE
Special Class (one school)	Regular Class (same school)	5.2	1	.05

χ^2 - Chi Square with Yates Correction

df - Degrees of Freedom

C. PRESENT PHYSICAL STATE

During the interview with the child an assessment of (1) vision (2) hearing (3) height and weight were made.

1. Vision. The children were asked about difficulties with their vision and each of them was asked to read a vision reading chart from a distance of twenty feet. In the majority of the cases a Snellen Chart was used but for three children who were unable to identify the letters a kindergarten chart or the Snellen Symbol Chart was used. The coding recorded indicated the last line which the child had correctly read.

Significant differences did occur between the coded vision chart reading ability of the special class and that of the regular class children. The children in the special class more frequently were only able to read 20/70, 20/50 and 20/40 lines on the charts used, while the regular class

children more frequently read at 20/30 and 20/25 level (Table 29).

When the data were analyzed according to schools, in one school significant difference was demonstrated between the regular and special class on coded vision reading level with better vision being demonstrated by the regular class (Table 29).

When the comparison was limited to special class children with intelligence quotients at or above 85 and all the regular class, the regular class children obtained significantly higher scores on the vision reading chart than the special class children with intelligence quotients at or above 85 (Table 29).

In summary, special class children were functioning with poorer visual ability as measured by the vision reading chart than were regular class children.

TABLE 29.--SIGNIFICANT DIFFERENCES BETWEEN THE CHILDREN
ATTENDING SPECIAL and REGULAR CLASS
on VISION READING CHART

GROUP DEMONSTRATING INCREASED ABNORMALITY	COMPARISON GROUP	χ^2	df	P VALUE
Special Class (n=27)	Regular Class (n=27)	13.96	5	.02
Special Class (School A)	Regular Class (School A)	13.66	4	.01

TABLE 29—Continued

GROUP DEMONSTRATING INCREASED ABNORMALITY	COMPARISON GROUP	χ^2	d_f	P VALUE
Special Class (I.Q. ≥ 85)	Regular Class (n=26)	29.96	3	.02

χ^2 - Chi Square

d_f - Degree of Freedom

2. Hearing. Of the two measures of hearing ability employed, the child's ability to hear a wrist watch tended to be a more valuable test than repetition of words said from a distance of twenty feet. The latter measure tended to be more handicapped by extraneous noise. The children's ability in hearing was quite similar in both groups. Only one child was unable to hear the wrist watch even when placed against his ear; upon additional audiological assessment he was found to have a bilateral 30 decibel conductive loss. Children demonstrated some misinterpretation in word repetition more frequently in the special class than the regular class but this was not a significant difference.

3. Height and Weight. The children in both the regular and special class presented a similar picture on the variables of height and weight. There were no significant differences between these two groups. When the numbers occurring on or near each of the percentile levels in the special and regular class groups were compared, significant differences did occur. The chi square Goodness of Fit Test was used

to compare the number occurring in each group at the percentiles with the numbers which would be expected to occur. When the tests were performed with the heights of special class children and that of the regular class children, both groups were found to be significantly different from the numbers which would be expected from a normal population (Table 30).

When weights of each group were compared with the normal population, only the special class was found to be significantly different from the general population (Table 30).

Twenty-three percent of the special class children were at or below the third percentile for height, whereas 15 percent of the regular class were at or below the third percentile for height. When weight was considered 31 percent of special class children were at or below the third percentile, and 23 percent of the regular class children were at or below this percentile for weight.

TABLE 30.--SIGNIFICANT DIFFERENCES BETWEEN the REGULAR and SPECIAL CLASS CHILDREN on HEIGHT and WEIGHTS

GROUP DEMONSTRATING INCREASED ABNORMALITY	COMPARISON GROUP	χ^2	d_f	P VALUE
Special Class (Heights)	Normal Population	2.53	7	.01
Regular Class (Heights)	Normal Population	24.72	7	.01
Special Class (Weights)	Normal Population	74.09	7	.01

TABLE 30--Continued

 χ^2 - Chi Square

df - Degrees of Freedom

*Percentile charts used, based on the work of R.G. Stennett and D.M. Cram "Cross-sectional, Percentile Height and Weight Norms for a Representative Sample of Urban, School-aged, Ontario Children." Canadian Journal Public Health 1969 60, No. 12, p. 465.

When each child's height percentile was compared with his weight percentile, more of the children attending special class were at a significantly lower percentile for weight than height, than the regular class children. The regular class tended to be heavier than their height percentile. In fact three (12 percent) of the regular class who were at or below the 25 percentile for height, were at or above the 75 percentile for height (Table 32, p. 101).

TABLE 31.--SIGNIFICANT DIFFERENCES in the DISCREPANCY of WEIGHT PERCENTILE from the HEIGHT PERCENTILE, BETWEEN THE SPECIAL and REGULAR CLASS CHILDREN

GROUP WITH INCREASED NUMBER OF OVERWEIGHT CHILDREN GIVEN THEIR HEIGHT	COMPARISON GROUP	χ^2	df	P VALUE
Regular Class	Special Class	7.89	2	.02

 χ^2 - Chi Square

df - Degrees of Freedom

In summary of the present physical state, the special class children were more frequently reading the vision reading chart at a level which indicated greater

handicap than the regular class children. Although the other items measured - hearing, height and weight - did not demonstrate significant differences between the two groups, there was some evidence to suggest that the special and regular class children as a group were shorter than would be expected. Also the special class group weighed significantly less than would be expected from the population percentiles; however, this difference was not present between the regular class and the population census.

IV. SOCIAL AND FAMILY CHARACTERISTICS OF THE CHILDREN IN SPECIAL AND REGULAR CLASS

This aspect of the results, dealt with the environment of each child in the study, which at this age included not only the family but also the school and his peer relationships. The examination of these areas can best be described under four subheadings (A) Housing and Family Structure (B) The Parents (C) The Children and the School (D) The Children and Their Friends.

A. HOUSING AND FAMILY STRUCTURE OF THE CHILDREN IN REGULAR AND SPECIAL CLASS

The children of the special and regular classes came from families in which there had been on an average of 7.19 and 5.6 children born to their mothers respectively. The number of children presently living in their homes was not significantly different between the regular and special class

children; the special class child was, on the average, one of six, while the regular class child was, on the average, one of five. The child's position within that family was fairly similar, irrespective of his educational placement. Sixty-five percent of the special class children and 55 percent of the regular class children were middle children.

The status of the natural parents in 22 percent of the special class group and 25 percent of the regular class group was other than both parents married and living together. So approximately one out of four children in both groups were living in homes with other than both natural parents.

Housing conditions for both groups was also quite similar -- 57 percent of the special class children and 73 percent of the regular class were living in houses in which their families were the sole occupant. Only 11 percent of the children in both groups had a bedroom of their own. More common was sharing a bedroom with a sibling, and most common in both groups was sharing a bed with a sibling. Fifty-seven point six percent of the special class and 53.8 percent of the regular class were reported to be sharing a bed. Another index of the degree of crowding within the living accommodation of both groups is person/room ratio. The average person/room ratio for the housing of children attending special class was .96 and the ratio for the regular class children was 1.19. The t test did not yield significant results for these measures.

Just over one half of the families of the special class children have water and sewerage facilities in their homes, and of the remainder, 75 percent did not have any indoor plumbing while three quarters of the homes of regular class children have such facilities, some 19 percent are without indoor water and/or sewerage. This did not represent a significant difference between the groups.

In summary, the overall picture of the two groups, in terms of family size, housing, facilities, person/room ratio is that the groups are remarkably similar.

B. THE PARENTS OF REGULAR AND SPECIAL CLASS CHILDREN

The average ages of the parents for both groups was similar; fathers of regular and special class children were 42.96 and 42.20 years respectively. The mothers of special class children were, on the average 38.56 years, and those of regular class children were 37.81 years. Only two years separates the average length of marriage of the parents of children attending special class (19.2 years) from that of the parents of children attending the regular class (17.68 years).

Comparison of health factors in the father of special and regular class children presented a similar picture in terms of general health, psychiatric contacts, presence of prolonged hospitalization, reported worrying, fears, nervousness, anxiety, unhappiness, suicidal questioning,

crying, feelings of reference, loss of weight, loss of appetite, sleep disturbance. However it was interesting to note that 29.6 percent of the fathers of special class children and 22 percent of the fathers of regular class children had within the past five years experienced a period of hospitalization and/or convalescence of at least three weeks duration.

The paternal educational experience was also similar. Fifty-nine percent of the fathers of special class children did not obtain a high school diploma; half of these did not go beyond elementary school (Grade VI). Seventy-six percent of the fathers of regular class children did not complete high school, and one quarter of these did not go beyond the elementary grades (Grade VI).

At the time of the interview, the employment of the fathers of regular and special class children did not usually necessitate being away from home for long periods; the fathers of the regular class children tended to be away from home more frequently. Fifteen percent of the fathers with children attending special class were unemployed, while 19 percent of the fathers with children attending regular class were unemployed.

The mothers of both groups also presented a similar picture on maternal health, hospitalizations, contacts with medical services for psychiatric reasons, overall worrying, fears, nervousness, anxiety, unhappiness, crying, suicidal questioning, questioning regarding feelings of

reference, loss of appetite, loss of weight, and sleep disturbance. Approximately 40 percent of the mothers of both groups of children reported health difficulties in the past year. Forty percent of the mothers with children attending regular classes had experienced prolonged hospitalization of at least three weeks, in the past five years. More of the mothers with regular class children were definite worriers (50 percent), as compared to the mothers of special class children (30 percent). This difference was not statistically significant.

With regards to maternal education and work, the mothers of both groups were similar in educational achievement; approximately 92 percent of the mothers of both groups did not go beyond high school; of these approximately one quarter of the mothers of special class children did not graduate from elementary school, and 12 percent of the mothers of regular class children did not go beyond this level. Two fathers and one of the mothers of the special class children were illiterate. When the comparison was limited to special class children with intelligence test scores below 85, and all the regular group of children the maternal education in the special class group was significantly lower than that of the regular class children (Table 32, p. 101).

More of the mothers with children attending regular class were working outside the home than mothers with special class children. This difference was highly significant (Table 32, p. 101). The duration of employment

varied from full or part-time seasonal employment to full time year round employment. Many of the mothers felt they had to work to augment the family income. If the mother was away at work at the time of the child's arrival home from school the most common caretakers would be either an older sibling or father.

The siblings of the children attending regular and special classes were similar in educational achievement. Only 30 percent of the siblings of the children attending special class had not experienced academic difficulty and 38 percent of the siblings of the children attending regular class were reported as not having academic difficulties.

TABLE 32.--SIGNIFICANT DIFFERENCES BETWEEN the REGULAR and SPECIAL CLASS CHILDREN on FAMILY CHARACTERISTICS

GROUP DEMONSTRATING INCREASED NUMBER	COMPARISON GROUP	χ^2	df	P VALUE
Special Class (Less Maternal Education) (IQ's 78-85)	Regular Class	8.63	3	.05
Regular Class (Maternal Employment)	Special Class	9.74	3	.05

χ^2 - Chi Square

df - Degrees of Freedom

C. THE CHILDREN AND THEIR SCHOOL HISTORY

The group from the special classes was similar to the group from the regular classes on such items as number

of school moves, parents' knowledge of difficulties, method employed to inform parents, parent - teacher contacts, and the child's relationship with his teacher.

Almost half (47 percent) of the regular and special class children had experienced at least one school move since the commencement of their academic career. Approximately 60 percent of the parents of both groups reported being aware of their child's academic difficulties. The most frequently reported means of communication between the parent and teacher, if contact was being maintained at all, was the arranged interviews with teachers, following parental receipt of the report card.

The majority of the children in the special and regular classes were described as having a good relationship with the teacher. No child was coded as having difficulty on this item. Similar findings emerged when the children were asked about their relationship with their teachers. The majority of the children in both groups indicated a good relationship with their teacher. One child in the special class indicated definite difficulties being present. None of the differences were statistically significant.

D. THE CHILDREN AND THE PEERS

The children in regular and special class demonstrated similar patterns of peer relationships. The parents indicated that over half of the children in both

groups had adequate peer relationships; only 15 percent of the special class were thought by the parents to be experiencing definite difficulties in peer relationships. A similar picture of peer relationship evolved from the interview with the child.

The overall groups did not yield any significant differences from parental or child interview on items including teasing by peers, bullied by peers, hitting other children, and loneliness. However, when comparison was made of different intelligence score groupings within the regular and special class samples, significant differences did emerge. Children in the special class with intelligence scores below 85 ($n = 8$) and the regular class group were significantly different on measures of "teasing by peers" and "bullied by peers". The special class grouping experienced significantly more difficulty in these aspects than the regular class children. When the same special class grouping (intelligence quotients below 85) was compared with only regular class children with intelligence quotients at or above 85, significant differences were noted in "bullied by peers" and "in trouble for hitting others". Once again the special class grouping demonstrated increased difficulty.

The special class children with intelligence quotients at or above 85 were compared with those special class children with intelligence scores below 85; significant differences emerged on (a) teasing by peers and (b) bullied by peers. The special class grouping with the intelligence

scores below 85 reported increased teasing and bullying than did the special class children with intelligence scores at or above 85. These same intelligence score groupings were compared in the regular class as well; the regular class children with intelligence scores below 85 ($n = 3$) indicated the more serious difficulties in "getting in trouble for hitting peers" than the regular class grouping with intelligence quotients at or above 85. Table 33 provides a brief summary of the groupings, variable examined, chi square value, degrees of freedom and levels of significance.

TABLE 33.--GROUPINGS, VARIABLES, CHI SQUARE VALUES, DEGREES of FREEDOM and LEVELS of SIGNIFICANCE on PEER RELATIONSHIPS

GROUPING DEMONSTRATING INCREASED DIFFICULTY	COMPARISON GROUPING	VARIABLES	χ^2	df	LEVEL OF SIGNIFICANCE
Special Class (IQ < 85)	Regular Class	Teasing by Peers	8.81	2	beyond .05
		Bullied by Peers	7.38	2	beyond .05
Special Class (IQ < 85)	Regular Class (IQ \geq 85)	Bullied by Peers	7.17	2	beyond .05
		In Trouble for Hitting Others	6.20	2	beyond .05
Special Class (IQ < 85)	Special Class (IQ \geq 85)	Teasing by Peers	9.11	3	beyond .05
		Bullied by Peers	9.12	3	beyond .05

TABLE 33—Continued

GROUPING DEMONSTRATING INCREASED DIFFICULTY	COMPARISON GROUPING	VARIABLES	χ^2	d_f	P VALUE
Regular Class (IQ < 85)	Regular Class (IQ \geq 85)	Trouble with Peers	6.39	2	beyond .05

 χ^2 - Chi Square d_f - Degrees of Freedom

In summary, there appears to be no significant differences in overall adequacy of friends between the regular and special class. However, various groupings based on educational placement and intelligence scores, have indicated differences. It would appear that special class children with intelligence scores below 85 do experience greater difficulty in peer relationship than their regular class peers on teasing and bullying from friends, and they do experience greater difficulty than regular class children with higher intelligence scores, both for being bullied and getting into trouble for hitting others.

When the regular and special class groups are broken down into those with intelligence quotient below 85 and those with intelligence quotient at or above 85, differences in the area of peer relationship again emerge. The special class children with intelligence below 85 are subject more to bullying and teasing from their peers than the special class children with intelligence at or above 85.

The regular class children with intelligence scores below 85 get themselves into more difficulties for hitting peers than their study classmates with intelligence scores at or above 85.

CHAPTER V

SUMMARY AND DISCUSSION

The purpose of the study was to compare the academic, personal, physical, social and family characteristics of children attending regular class and children attending special class. The children in the regular class were of the same age, sex and socioeconomic status as those children in the special class and were performing poorly. Poor academic performance was the alternative adopted when it was found that information concerning the intellectual functioning as measured by intelligence test scores was not available because the children had not been tested. It was thought that a greater possibility existed that the children with low intelligence quotients would also be performing poorly in academic subjects.

The task of this chapter is to consider the results in relation to the questions posed in Chapter I, to compare the results with previous findings and then discuss their significance and make recommendations.

THE QUESTIONS EXAMINED

The results of this study make it possible to answer the questions posed in Chapter I. Each of the questions will be dealt with individually, but the order of presentation will be altered slightly to facilitate later discussion.

1. Do the special class children differ from the regular class children in terms of social activities, participation in activities outside the home and friendships?

Although questions were asked regarding leisure time activities, it was not possible to draw conclusions about the relationships between educational placement and the children's activities. Among the three schools, the regular and special class children had unequal opportunity for leisure time activity in the schools. The special class children tended to live farther from the school, so that extra curricular school activities were less accessible to them. School organized recreational programmes appeared to be a primary source of social activity, as neighbourhood or other recreational services did not appear to exist. Thus, the extent to which these children did participate in social activities may have been influenced more by differences in accessibility than by the inclination of the children concerned.

The children attending regular class and those attending special class were similar in the extent to which peer relationships were adequate. There were difficulties demonstrated in contacts with other children as manifested by being teased, bullied and getting into difficulties for hitting other children. Some of these items did occur with children of lower intelligence (less than 85) in both classes, and when the children in the regular and special class with intelligence tests scores at or above 85 and below 85 respectively were compared, the

special class children were found to be having more difficulty in this area.

2. Do the families of special class children differ from those of the regular class children in terms of such variables as parental educational status and the marital status of natural parents?

The families of both the regular and special class children were statistically quite similar not only in parental educational and marital status, but also in parental health histories; the extent to which fathers are away from home, and unemployment rate of fathers. Family size, housing, sleeping arrangements, person-room ratio were also similar in both groups.

The only variable on which the families of children attending special class and those attending regular class did differ was maternal employment. The mothers of the regular class children more frequently went out to work than the mothers of special class children. The children were usually cared for by an older sibling or father if the mother was not at home at the time of the child's arrival home from school.

3. How do special class children compare with regular class children in terms of physical characteristics eg. height, weight and their ability to carry out tasks involving physical skills?

The children attending special class were similar

to the regular class children in the performance of assigned tasks, health histories and the physical attributes of hearing, height and weight. The only differentiating features from this broad grouping were:-

(a) Laterality. Children attending special class demonstrated increased mixed lateralization compared with children attending regular class.

(b) Comparison of Milestones with Siblings. More of the children in the special class than children in the regular class were described by their parents as having made less favourable milestone acquisition than their siblings, even though the special class children were not reported to have had an increased number with delayed milestone acquisition.

(c) Vision Reading Chart. The children in special class were less able, as a group, to read the vision chart than the regular class group.

4. Are the children attending special classes different from the children attending regular classes in terms of emotional disturbance? If these differences do exist, what is the nature of the disturbance?

Children attending the special class were found to have a similar prevalence of emotional disturbance as those children attending regular class.

The type of disorder was fairly similar in regular and special class children, with the exception of antisocial disorder which was more prevalent in the children attending

special class than the children attending regular class.

Several interesting points were found in the sources of identification of disorder as well. The teachers identified a significantly higher number of special class children than was identified by any other source of information. Not only were the numbers significantly different but the teachers reported significantly higher prevalences of individual symptoms in special class group than the regular class group. When the sources of information were considered, the teachers reported motor and antisocial items more frequently in both groups than the other sources of information, whereas the children's interview reported more frequent prevalence of neurotic items, than the other two sources. The parents reported other items e.g. aches and pains as being more prevalent than reported by the other sources.

5. Do the regular class children demonstrate significantly higher intelligence scores compared with the special class children? If so, is their intellectual superiority reflected in superior academic attainments?

The children attending the regular class scored significantly higher on the **Wechsler** Intelligence Scale for Children than did the children attending special class. These children also showed superior academic attainments on the Wide Range Achievement Test in that the mean grade scores in reading and arithmetic were significantly higher in the

regular class group than in the special class group. There was no significant difference between the two groups in mean spelling grades.

6. Are there academic differences between the special class children and the regular class children in terms of attainments in spelling, arithmetic and reading?

The academic attainments, as indicated by the grade scores on the achievement tests were used to compare the two groups with reference to educational backwardness i.e. each child's attainment being compared to that expected according to his chronological age. The special class children were significantly more backward in the three academic areas measured, than the regular class. When the educational delay was measured with reference to each child's intelligence quotient a different picture emerged. Then the special class group was observed to have a similar degree of retardation in spelling and arithmetic and reading as the regular class group.

So the academic differences which emerged between the two groups varied according to the method employed to determine the educational delay.

COMPARISON OF THE RESULTS WITH RESEARCH LITERATURE

- (1) COMPARISON WITH STUDIES WHICH HAVE EMPLOYED TWO GROUPS OF EDUCABLE MENTALLY RETARDED-ONE IN SPECIAL CLASS AND THE OTHER IN REGULAR CLASS

The studies which examined the personal adjustment of children with similar intelligence quotients, attending regular and special classes, found in some instances better adjustment of special class children than regular class children (Jordan 1959, Blatt 1958); whereas others found the regular class better adjusted (Pertsch 1936). However, as the nature of the educational experience has not been fully controlled, an equally credible premise could be that, in some way, the special or regular class placements themselves were influencing adjustment. In this study, 66 percent of special class children did manifest psychiatric disorder. The number of special class children reported by the teachers as having emotional disturbance was considerably higher than the number selected by the other sources. Rubin et al (1973) also noted that children in special class had lower scores on a measure of classroom behaviour than did the regular class children.

Rutter (1964) found that the psychiatric clinic population differed from the normal population in terms of intelligence, with an excess of children with intelligence quotients of 80 to 89 occurring in the clinic population. Although this was regarded as an artifact of referral bias, the association between low intelligence score and psychiatric disorder was supported by other epidemiological surveys - Douglas, 1964; MacFarlane et al 1954; Mulligan, 1964; Rutter et al 1970. The nature of the association, is in many ways still unclear but the association was

thought to be real. In fact, "antisocial disorders in boys and neurotic disorder in girls were associated with a slightly below average I. Q."¹⁵ It may well be that the present study's findings are a reflection of this association.

In the comparison of social features, peer relationships are the only aspect which can be adequately compared, as organized activity was not universal or practical difficulties made existing services not accessible to all. Children in the special class were able to identify friends with whom they played and recount activities in which they had been involved, quantitatively and qualitatively just as well as children in the regular class. The school friends appeared to be primarily classmates; special class children only infrequently identified children outside of the special class. Children attending the regular class also tended to identify children in their own class and frequently other children with academic difficulties were identified. A minority of children in both groups had difficulties with their friendships.

Difficulties were noted in peer relationships. Children with lower intelligence tests scores (less than 85) in both classes did appear to have difficulties with some aspects of peer relationships. When the children with intelligence scores at or above 85 in regular groups were compared,

¹⁵Rutter, Tizard & Whitmore op. cit., p. 239

with the children in special class who had intelligence test scores below 85, the special class children demonstrated more difficulties in some aspects of their relationships e.g. trouble for hitting others, than the regular class children with higher intelligence test scores. These were somewhat different findings from those found by Elenbogen (1957) and Cassidy and Stanton (1959) in which special class children had more friends and the regular class children were more indifferent to their peers.

The physical attributes of the children in the present study tend to coincide with the findings of Blatt (1958) for height and weight. The groups of children in both studies were similar on height and weight. Physical disabilities have been found by Cassidy and Stanton (1959) and Blatt (1958) to be more prominent among special class children than the regular class children; this was supported to some extent by the present study, in that children in the special class were reading the vision chart with significantly more difficulty than the regular class children. When the children in special class with intelligence test scores at or above 85 were compared with the regular class (n=26), the special class children continued to demonstrate significantly less ability.

2. OTHER STUDIES

Basic information concerning the Newfoundland population as a whole was not available and the population

from which the samples were selected was unknown. Population variations have been found to influence test results, for example Rutter, Tizard and Whitmore (1970) found that children in the Isle of Wight study, when tested on the Wechsler Intelligence Scale for Children scored considerably higher than the standardized tables would have predicted. This was thought to be a reflection of the differences existing in American children tested in the 1940's and British children of the 1960's. This sort of variation may exist in Newfoundland due to such influences as those discussed by Rutter et al (1970) and/or to various cultural differences. Since attempts have not been completed to ascertain whether these tests need standardization for this population; the extent to which Newfoundland children's scores may deviate is unknown.

In addition, statistics concerning the children and the families serviced by the schools could not be obtained for two reasons:-

(a) The school populations are not defined, geographically or demographically by the schools, so that comparison of the findings with data gathered by Statistics Canada was not possible.

(b) Even if this were possible, information concerning some of the variables studied e.g. educational attainments, or occupation of the residents of the area were unavailable.

The present findings concerning peer relationships appear to be similar to the findings of Johnson (1950) and Jordan (1961) who found that the social relations of children attending regular and special class appear to be directly related to intelligence level.

This present study produced similar findings to Blatt (1958). When he compared his two classes of children with typical population for height and weight, he found that more than 25 percent of the special class children were underweight by 10 percent or more. In addition to findings of the present study that the special class children were significantly smaller for weight than the general population, children in both groups were significantly shorter than would be expected on the percentile charts.

Although speech and language development was found to be a significant variable in the Isle of Wight study, speech could not be adequately assessed in this study to permit comparisons. The children in the study were not sufficiently loquacious to allow a judgment concerning speech and language to be made.

Some interesting comparisons can be made between the findings of Rutter et al (1970) and the findings of the present study in terms of socioeconomic status and social class. Over 90 percent of the Isle of Wight study children were living in houses whereas just over 50 percent of the children in this study had this type of accommodation. Al-

though the person/room ratios were similar in both studies, twice as many children in this study were sharing sleeping accommodations than was the case with the educationally handicapped group from the Isle of Wight study.

More of the families in the present study tended to be larger than the families in the Isle of Wight study. Approximately 75 percent of the children in the present study came from families where there were four or more children, whereas only 50 percent of the educationally handicapped from the Isle of Wight came from families with that number of children. One child in five from this study lived in a situation with other than both natural parents, whereas one child in seven from the Isle of Wight study lived in a similar situation.

From these comparisons, it would appear that the educationally handicapped children of the St. John's area are at a distinct disadvantage on important variables such as child-parent contact and overcrowding as measured by sleeping arrangements and person/room ratio, which might be important in the educational functioning of a child to his potential. In order to obtain information about the possible disadvantage, it would be necessary not only to identify the children experiencing educational difficulty, but also to acquire data concerning social environment.

DISCUSSION

From the study, there has been some evidence to

suggest that these children collectively are a part of an "at risk" or vulnerable population. The supportive evidence includes:

(a) a higher report of psychiatric disorder in both groups than has been previously reported among the educationally handicapped children and the 20 percent prevalence rate of psychiatric disorder found in a pilot total population epidemiological study in Newfoundland.¹⁶

(b) relatively high prevalence rate of children who are at or below the third percentile for height.

(c) family characteristics such as a seemingly high number of parents in both groups who have had recent prolonged hospitalization,¹⁷ and the fact that over 75 percent of the families in this study have experienced some educational difficulties.

(d) a higher number of children who are not living with both natural parents than has been found elsewhere. This disruption may have had at least practical implications such as a change of schools.

(e) difficulties in motor task performance.

Approximately half of the children demonstrated left-right

¹⁶M. Sullivan, personal communication, July 31, 1974

¹⁷M. Rutter, Children of Sick Parents: an environmental and psychiatric study. Maudsley Monography no. 16. Oxford: Oxford University Press, 1966

confusion.

Another point for discussion arising from this study, is the relative absence of children with intelligence scores between 50 - 80 in the special class. From a catchment population of several hundred children serviced by these schools and using a Gaussian curve, one would expect approximately 10 percent of these school children would fall within the range of special class candidates. It is interesting to note that only eight special class children fall within this range. The present special class population has a mean intelligence score of 80.9, higher than what could be acquired if all the children were within the range of specified I.Q. for such classes.

The question then appears to be where are these children? The answer can only be logically pursued by the data which could be provided by a total population survey. An epidemiological population of school children or and other selective population, would not be able to provide evidence that such children were not at home or elsewhere.

If special education classes were implemented to benefit mentally handicapped children (I.Q. from 50 to 80) by reduced teacher - pupil ratio and less competitive academic pace, one wonders where these children are and how they are managing without that which was thought to be desirable.

Another point which should be discussed is the number of children with intelligence test scores over 80 in

the special class. The benefit of the special classes to the children of average intelligence might also be questioned if the same teaching techniques are being implemented with these children as those for whom the classes were originally designed. Even if the children are demonstrating other learning disabilities, the teaching techniques presently employed may not be most effective means of teaching. There is some evidence to suggest that other learning difficulties do exist, as some 18 children were selected from the study group as possibly having perceptual difficulties. Only two of these children had been previously tested. Of those tested in this present study, 80 percent of the children did show perceptual handicap of visual and/or auditory nature. If these children were not able to discriminate at an age appropriate level, it would seem that regular teaching techniques would not be all that helpful. What would appear to be needed in these cases is specific teaching techniques which would compensate for the particular difficulty. In order for this to be implemented, it would appear that adequate educational assessment must be made prior to the implementation of services.

RECOMMENDATIONS

From this exploratory study, there appears to be:
(a) lack of basic knowledge concerning the school population upon which services may be developed. This

information is thought to be essential before systematic inquiry considering the efficacy of an education experience can be undertaken.

(b) a lack of specific assessment of each individual's academic difficulty. There is a need for comprehensive assessment, prior to implementation of a programme of treatment (educational rehabilitation) be it in a special class or elsewhere.

Action needs to be taken to help children who are suffering severe educational handicap; for there is evidence to suggest that this degree of disability will not decrease if the handicap is untreated. Rutter et al (1970) found that children who were two years retarded and/or backward at the time of the study, continued to show that degree of disability when tested two years later. In addition, other complicating factors such as experience of failure, may do much to compound the educational difficulty.

Whether educational handicap is the precipitant or the consequence of antisocial disorder can be actively debated. But there is some evidence (Rutter et al 1970) which indicates that the disorder develops in association with failure in reading. Forty percent of the children who were reading at a level 28 months behind what would be expected given their intelligence quotient had disorders which had lasted less than three years; whereas 21.7 percent of the normal readers had disorders of less than three years. The

increase in disorder may be a reflection of the frustration felt by educationally handicapped. However, the frequent association of severe reading retardation with antisocial disorder remains.

The recommendations of this study are therefore:

(a) that a total population study be undertaken so that the characteristics of the children in Newfoundland be known, so that a rationale of service based on knowledge of the extent and severity of the educational and mental handicaps suffered by children in Newfoundland can be adequately formulated,

(b) that a more comprehensive assessment of the individual needs be completed prior to embarking on a plan of remedial action. Inherent in this assessment procedure is the implication that there exists more than one way to deal with academic underachievement.

Some consideration will now be given to the possible method which can be employed to obtain knowledge concerning the characteristics of the children of this province. A two phased total population survey seems to be necessary. The first phase would involve group screening techniques. Teachers and parents can be readily approached by questionnaires and group testing of the children to ascertain intellectual and educational level is practical. Information from this study has shed light on the possible sources of information. Although the parents did not identify any children who had not been identified by the other sources, the parents did provide

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additional information concerning the nature of the difficulties. The numbers selected by the teachers may be a reflection of the fact that they are a sensitive instrument in the detection of disturbance or that the children manifest abnormality in the school and only in that situation.

Secondly then an intensive study of all the children selected by each of the methods, and a randomly selected control group, would be necessary to ascertain the needs of these children so services can be planned. This more in depth study will involve interviews with the children and parents and individual psychological assessment in much the same manner as the present study.

SUMMARY

An exploratory study was undertaken to compare the characteristics of children attending special class and those attending regular class. The groups were similar in age, sex and socioeconomic status. The special class children were found to have significantly lower W.I.S.C. full scale score than the regular class children; however, only 30 percent of the special class children had intelligence scores within the range (50 - 80) for which special class was instituted. Certain aspects of the children were so similar in terms of social, family and physical characteristics that it was suggested that both groups together were a part of a vulnerable population. Comparisons with general populations

were not possible, but it was felt that in order for beneficial services to develop, a priority must be the systematic accumulation of data concerning the characteristics and academic, social and medical needs of the general population of the children of Newfoundland.

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APPENDIX A

DEFINITION OF TERMS

Terms are presented in the order of appearance in the text.

Mentally Handicapped Children and Educable Mentally Retarded Children. Within the context of this study those children with intelligence test scores between 50 and 80 were described as either mentally handicapped or educable mentally retarded.

Intellectually Retarded Children. The children with an intelligence test score falling at or below the second standard deviation below the mean, i.e. receiving a test score of 70 or less, were described as intellectually retarded children.

Academic Retardation. Children who are performing at a level of academic functioning below that which should be expected given their age and intelligence test scores are described as academically retarded. The areas of academic retardation studied in this study are reading, spelling and arithmetic. For example a 10 year old with the mental ability of a 14 year old who was reading at a 12 year level, may be described as reading retarded by two years.

Academic Backwardness. Academic backwardness was used to describe those children who demonstrate a delay in their present functioning in academic subjects when compared with the level expected given the chronological age. The areas of academic backwardness examined in this study were reading, spelling and arithmetic. For example, a child of 12 years who was functioning at a reading level of a 10 year old, may then be described as reading backward by two years.

Educational Disability/Handicap. Both educational disability and/or handicap within the context of this thesis were general terms which described children who were demonstrating academic delay whether it be based on calculation with age and/or intelligence test scores.

Parent. Any person in the role of parent to the child other than temporarily, whether or not the natural parent, was regarded as parent; with these terms of reference step parents were included in the description of health history, unless it was otherwise indicated in the interview schedule.

Sibling. Siblings included all those acting as sibs (i.e. this included adopted, foster, half, or step sibs) if they had been present in the home for more than 6 months. With these terms of reference, children from a previous marriage who had only lived in the home for a period of six months during the subject's life were not included.

Psychiatric Disorder. Diagnosis of psychiatric disorder was made according to Rutter (1965). Behavioural items were assessed in the context of age for severity and frequency. The disorders employed were:-

1. Neurotic Disorder. Any disorder in which neurotic symptoms were predominant was thought to be neurotic disorder. Such symptoms included: enuresis, encopresis, eating, sleeping and speech difficulties, tension or comfort habits, anxiety, headaches, fainting attacks and unhappiness or misery.

2. Antisocial Disorder. A disorder in which anti-social symptoms were predominant was referred to as antisocial. Such symptoms included lying, taunting, wandering away from home, stealing, disobedience, destructiveness, fighting and sexual disorders, morbid deviant sexual activity.

3. Mixed Disorder. Any disorder in which there is such a mixture of neurotic and antisocial symptoms, that neither could be said to predominate,

APPENDIX B

Teacher's Behaviour Questionnaire

STRICTLY CONFIDENTIAL

FOR OFFICE USE ONLY

SCALE B

TO BE COMPLETED BY TEACHERS

Name of Child Boy/Girl School

Code

Date of Birth Grade

Below are a series of descriptions of behaviour often shown by children. After each statement are three columns:— "Doesn't Apply", "Applies Somewhat" and "Certainly Applies". If the child definitely shows the behaviour described by the statement place a cross in the box under Column "Certainly Applies". If the child shows the behaviour described by the statement but to a lesser degree or less often place a cross in the box under Column 1 "Applies Somewhat". If, as far as you are aware, the child does not show the behaviour, place a cross in the box under Column "Doesn't Apply".

Please complete on basis of child's behaviour IN THE PAST 12 MONTHS.

Put ONE cross against EACH statement. Thank you.

STATEMENT	0 Doesn't Apply	1 Applies Somewhat	2 Certainly Applies	FOR OFFICE USE ONLY
1. Very restless, has difficulty staying seated for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Truants from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Squirmy, fidgety child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Often destroys or damages own or others' property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Frequently fights or is extremely quarrelsome with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Not much liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Often worried, worries about many things	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Tends to be on own—rather solitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Irritable. Touchy. Is quick to 'fly off the handle'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Often appears miserable, unhappy, tearful or distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has twitches, mannerisms, or tics of the face or body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Frequently sucks thumb or finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENT	0 Doesn't Apply	1 Applies Somewhat	2 Certainly Applies	FOR OFFICE USE ONLY
14. Tends to be absent from school for trivial reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is often disobedient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Cannot settle to anything for more than a few moments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Tends to be fearful or afraid of new things or new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Fussy or over-particular child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Often tells lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has stolen things on one or more occasions in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Unresponsive, inert or apathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Often complains of aches or pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has had tears on arrival at school or has refused to come into the building in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has a stutter or stammer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Resentful or aggressive when corrected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Bullies other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else unusual about this child's behaviour?—or are there any other comments you would like to make?

Signature: Mr./Mrs./Miss _____

THANK YOU VERY MUCH FOR YOUR HELP

APPENDIX C

Teacher's Health Questionnaire

CHILD HEALTH FORM (TEACHERS)STRICTLY CONFIDENTIAL

NAME OF CHILD _____ DATE OF BIRTH _____

SCHOOL _____

Instructions:

Please answer ALL questions on the form by putting a number or x as appropriate in the boxes by each question. Please give approximate numbers if you are uncertain.

1. How much schooling has he/she missed for any reason in the present school year (i.e. since September 1972)?

Fall Term (Sept.-Dec.)

Possible attendances (half-days)

Actual attendances (half-days)

Winter Term 1973 (Jan.-Apr.)

Possible attendances (half-days)

Actual attendances (half-days)

2. Has the child been admitted to hospital during the present school year (i.e. since September 1972)?

Yes No Don't know

How long was the child away from school for this reason (days)?

(number of days)

If admitted, for what reason was the child in hospital?

Specify if known _____

3. Has he/she had to be sent home for ANY medical reason in the present school year (i.e. since September 1972)?

Yes No

If 'YES', on how many days has this been altogether in the present school year (i.e. since September 1972)?

(number of days)

Specify reasons if known _____

4. Has the school staff had to supervise in the present school year (i.e. since September 1972) any medical dressings?

Yes No

If 'YES', on how many days has this been necessary in the present school year (i.e. since September 1972)?

(number of days)

Specify reasons if known _____

5. Has the school staff had to supervise in the present school year (i.e. since September 1972) any taking of tablets or medicine?

Yes No

If 'YES', on how many days has this been necessary in the present school year (i.e. since September 1972)?

(number of days)

Specify reasons for tablets or medicines, if known: _____

6. Are there any school activities in which he/she is not allowed to take part?

Yes No

If 'YES', please specify activity and reasons for not taking part _____

If 'YES', by whose authority is he/she not allowed to take part (parent, teacher, school doctor, G.P. etc.)

7. (a) Does he/she have a special diet for meals at school?

Yes No

- (b) Does he/she go home for lunch because of a special diet?

Yes No

8. Have special arrangements been made for transport to and from school?

Yes No

If 'YES', please specify _____

9. Have any other special arrangements been made for this child whilst attending school? (e.g. wheelchair, help with feeding or toileting)

Yes No

If 'YES', please specify _____

FITS

10. Has he/she had any fits (e.g. momentary blank spells or falling down unconscious with or without twitching of his/her limbs) at school in the present school year (i.e. since September 1972)?

Yes No

If 'NO', go straight on to Question 11.

(a) If 'YES', what do his/her fits consist of?

Put an x in all boxes that apply
momentary blank spells

falling down unconscious WITHOUT twitchings

falling down unconscious WITH twitchings

other type of attack

please specify _____

(b) If momentary blank spells, how often have these occurred at school in the present school year (i.e. since September 1972)?

(number of times)

(c) If falling down unconscious, with or without twitchings of his/her limbs, how often have these occurred at school in the present school year (i.e. since September 1972)?

(number of times)

(d) If other type of attack, how often have these occurred at school in the present school year (i.e. since September 1972)?

(number of times)

(e) Has he/she ever injured himself/herself in any of these attacks (since September 1972)?

Usually Sometimes Never

(f) Has he/she needed special attention in these attacks (since September 1972)?

Usually Sometimes Never

If 'USUALLY' or 'SOMETIMES' please specify _____

(g) Has he/she ever passed water or lost control of his/her bowels in an attack (since September 1972)?

Usually Sometimes Never

(h) Has he/she ever been dazed or vague after coming out of a fit (since September 1972)?

Usually Sometimes Never

If 'USUALLY' or 'SOMETIMES' for how long does he/she usually remain dazed or vague?

Minutes

(i) Has there been any other change of behaviour occurring before or after his/her fits (since September 1972)?

Usually Sometimes Never

If 'YES', please specify _____

(j) During the present school year (i.e. since September 1972) has he/she been sent home after a fit?

Yes No

If 'YES', how many times has this occurred?

(number of times)

DIABETES

11. As far as you know, does this child have sugar diabetes?

Yes No

If 'NO' go straight on to Question 12.

- (a) If 'YES', has he/she had any reaction of any sort at school in the present school year (i.e. since September 1972)?

Yes No

If yes, please describe _____

- (b) If 'YES', how often have they occurred at school in the present school year (i.e. since September 1972)?

(number of times)

- (c) During the present school year (i.e. since September 1972) has he/she been sent home after a reaction?

Yes No

If 'YES', how many times has this occurred?

(number of times)

ASTHMA

12. Has he/she had any asthma or attacks of wheezing at school in the present school year (i.e. since September 1972)? (include wheezing on exercise)

Yes No

If 'NO', go straight on to Question 13.

- (a) If 'YES', how often have they occurred at school in the present school year (i.e. since September 1972)?

(number of times)

- (b) How often in this period has he/she been sent home after an attack?

(number of times)

SKIN CONDITIONS

13. As far as you know has he/she suffered from any skin rash or spots since September 1972?

Yes No

If 'NO', go straight on to Question 14.

(a) If 'YES', has he/she any skin rash or spots which are visible when fully dressed?

Yes No

(b) Are the skin rash or spots embarrassing to him/her at any time at school, e.g. when doing PE?

Yes Possibly No

(c) Has he/she required bandages or special medical applications for the spots or rash (since September 1972)?

Yes No

SPEECH

14. Is this child's speech:

entirely normal

abnormal in some way, but distinct, clear and easily understandable

speech not quite distinct or clear but easily understandable

understandable with some difficulty

understandable with considerable difficulty

hardly understandable at all

if speech is abnormal or unclear in any way, please describe the child's speech difficulty

SEVERE HEADACHES

15. In the present school year (i.e. since September 1972), has he/she had any severe headaches at school (sufficient to affect his/her concentration)?

Yes No

If 'NO', go straight on to Question 16.

(a) If 'YES', on how many days have they occurred at school in the present school year (i.e. since September 1972)?

(number of days)

(b) How often in the present school year (i.e. since September 1972) has he/she had to be sent home from school because of a severe headache?

(number of days)

(c) Are these headaches sometimes accompanied by vomiting?

Yes No

WEAKNESS OR PARALYSIS

16. Has he/she got any weakness or paralysis of his/her arms or legs?

Yes No

If 'NO', go straight on to Question 17.

If 'YES', please describe it. _____

ENERGY

17. Has this child usually a normal amount of energy?

Bounding with energy

- Just normal amount of energy
- Tired, sluggish or lacking in energy
- Very sluggish, tired, or lacking in energy

HEARING

18. Has this child any difficulty with hearing?

- Yes, marked difficulty
- Yes, slight difficulty
- No

If 'YES', please describe _____

SIGHT

19. Has this child difficulty with sight even when wearing glasses?

- Yes, marked difficulty
- Yes, slight difficulty
- No

If 'YES', please describe _____

COORDINATION

20. Is this child clumsy or poorly coordinated for his/her age?

- Yes, marked clumsiness
- Yes, slight clumsiness
- No

If 'YES', please describe _____

21. Are there any other problems in the health or education of this child?

Please specify _____

THANK YOU FOR YOUR TIME

Name of person completing this form _____

Date of completing form _____

APPENDIX D
Parental Interview *

* The format of the interview has been altered somewhat for presentation within the appendix of the thesis. The interviews were initially compiled, for ease in recording of answers. From the systematic questioning, item one, the pages were so arranged that they were facing each other, the question page on the left and the answer page to the right.

Introduction to the parents should include:

"My name is and I am as you know conducting a study concerning children with some difficulties in school. As I might have mentioned to you previously, it may be possible to help the teachers spot other children who may be having some difficulty. I have taken groups of children from two other schools in the St. John's area besides the one your child is attending."

(All the interview times will be arranged previously by telephone.)

Thank you for letting me ask you some questions. Anything you say will of course be kept confidential.

I'd like to begin by getting a few details on yourself and your family.

HOW MANY CHILDREN ARE THERE HERE?

AND WHO IS THE OLDEST?

Obtain Details on Children in Household - i.e. group sharing cooking facilities

NAME	SEX	AGE	NAME OF		STEP, FOSTER ADOPTED OR OWN
			PRESENT OR LAST SCHOOL	LIVING IN HOUSEHOLD CHILD	

Check by asking:

SO THERE ARE CHILDREN LIVING HERE?

HAVE YOU ANY OTHER CHILDREN LIVING AWAY FROM HOME?

AND THEN THERE'S YOURSELF, HOW OLD ARE YOU?

Age of Wife

AND YOUR HUSBAND?

Age of Husband

IF DEAD, YEAR OF DEATH _____; REASON,

HOW LONG HAVE YOU BEEN MARRIED?

HAVE EITHER OF YOU BEEN MARRIED BEFORE?

NUMBER OF MARRIAGES FOR HUSBAND

NUMBER OF MARRIAGES FOR WIFE

IF NO: THEN ALL THE CHILDREN ARE YOUR OWN, I MEAN NONE OF THEM ARE FOSTERED OR ADOPTED CHILDREN?

IF YES: ARE ANY OF THE CHILDREN, CHILDREN OF A PREVIOUS MARRIAGE(S) OR ARE ANY OF THEM FOSTER OR ADOPTED CHILDREN?

NO. OF CHILDREN LIVING IN THE HOUSEHOLD (regardless of age)

TOTAL NO. OF CHILDREN BORN ALIVE TO X'S MOTHER

X'S POSITION IN SIBSHIP

(This rating refers to the whole of the child's life time up to the day of interview. Ordinal position should be coded according to the child's position in the family to all other children with whom he has shared the household for the period of 6 months or longer. Foster children should be rated according to the natural family if child not in foster family for more than 1 year.)

- 0 - oldest
- 1 - youngest
- 2 - only
- 3 - other
- 4 - twin
- 9 - not known

IF X'S FATHER IS ALIVE AND LIVING IN HOUSEHOLD, OMIT THE FOLLOWING:

IF X'S FATHER DEAD, ASK:

WHEN DID HE DIE? (if not already known).....

WHEN DID YOU REMARRY? (if applicable).....

IF X'S FATHER IS ALIVE BUT NOT LIVING IN HOUSEHOLD, ASK:

ARE YOU DIVORCED?

LEGALLY SEPARATED?

LIVING APART?

WHEN DID HE STOP LIVING WITH YOU? YEAR.....

DOES HE SEE THE CHILDREN AT ALL?

HOW OFTEN HAS HE SEEN THEM IN THE PAST YEAR?

(If mother dead, repeat page, phrasing questions appropriately)

Status of Natural Parents of X

Scale:

- 0 - Married and living together (include common law marriage)
- 1 - Unmarried
- 2 - Separated
- 3 - Divorced
- 4 - Widowed
- 5 - Other
- 8 - Adopted or fostered within 1 year of birth
- 9 - Not known

X Now Living With

- 0 - Both natural parents
- 1 - Natural father only
- 2 - Natural mother only
- 3 - Natural father and other parent substitute

X Now Living With Cont'd

- 4 - Natural mother and other parent substitute
- 5 - Other relatives (not parents)
- 6 - Other person (neighbor, friend, etc., foster parents)
- 7 - Institution
- 8 - Other
- 9 - Not known

House

NOW I WOULD LIKE TO ASK A LITTLE ABOUT THE HOUSE AND SO ON.

DO YOU OWN THE HOUSE OR ARE YOU RENTING?

Scale A

- 1 - House with family household as only household
- 2 - House shared with other household (facilities common)
- 3 - Apartment - part of a building complex
- 4 - Apartment within house
- 5 - Semi-detached house
- 6 - Other
- 7 - Not known

Scale B

- 1 - Owners
- 2 - Rental privately
- 3 - Agency rental
- 4 - Not known

APART FROM YOU, YOUR HUSBAND AND THE CHILDREN, IS THERE ANYONE ALSO LIVING WITH YOU, SUCH AS OTHER RELATIVES OR A BOARDER?

HAS THERE BEEN DURING THE LAST 3 MONTHS?

House Cont't

- NUMBER OF PERSONS IN THE HOUSEHOLD (regardless of age) (all those who regularly share eating facilities)

HOW MANY ROOMS HAVE YOU ALTOGETHER?

LIVING ROOM?

BEDROOMS?

KITCHEN?

WHAT ARE THE SLEEPING ARRANGEMENTS?

- NO. OF ROOMS IN HOUSEHOLD
- PERSON-ROOM RATIO (express to one decimal place) (no. of persons divided by no. rooms)
- SLEEPING ARRANGEMENTS: (of selected child)
- 1 - Child sleeps alone/own room
 - 2 - Sleeps with parents/own bed
 - 3 - Sleeps with parents/parents bed
 - 4 - Sleeps with sibs/own bed
 - 5 - Sleeps with sibs/shares bed
 - 6 - Shares bed with sibs in parents room
 - 7 - Any other sleeping arrangement/own bed
 - 8 - Any other sleeping arrangement/shares bed
 - 9 - Not known

Facilities

DO YOU HAVE ... A FIXED BATH?

A KITCHEN?

RUNNING HOT WATER? (must come from tap)

) DO YOU
) SHARE IT
) WITH ANYONE

Facilities Cont'd

RUNNING COLD WATER?)
 AN INDOOR TOILET?)
 AN OUTDOOR TOILET?)

Facilities

Coding

BATH.
 KITCHEN
 RUNNING HOT WATER
 RUNNING COLD WATER
 INDOOR TOILET
 OUTDOOR TOILET

0 - Present, not shared
 1 - Shared
 2 - Not present
 9 - Not known

ARE YOU SATISFIED WITH YOUR HOUSING CONDITIONS?

Satisfaction with Housing

VERBATIM ANSWER:

- 0 - No dissatisfaction
- 1 - Slight dissatisfaction
- 2 - Moderate dissatisfaction
- 3 - Marked dissatisfaction
- 9 - Not known

Children's Health

G.P. HOW HAS THE CHILDREN'S HEALTH BEEN IN THE PAST YEAR? HAS HAD TO SEE THE DOCTOR FOR ANYTHING?

Children's Health Cont'd

WHY WAS THIS?

HAS HE/SHE BEEN FOR ANY OTHER REASON?

HOW ABOUT CHECK-UPS?

OR REGULAR PRESCRIPTIONS?

OR ACCIDENTS?

OR ANYTHING ELSE?

HAS HE/SHE HAD TO TAKE ANYTHING TO HELP HIM/HER
SLEEP IN THE PAST YEAR?

HAS HE/SHE HAD TO TAKE ANYTHING FOR WORRYING?

(Repeat the questions for each child. Probe to get a clear idea of contacts and reasons for them, in the past year. Find out whether the child has had to take sedatives or stimulants.)

G.P. Contacts (notes on contacts and reasons)

Child	Medical	Dubious Psychiatric	Psychiatric	Sedatives Stimulants

Children's Health Cont'd

CODING: 0 - No
 1 - Yes
 9 - Not known

Hospitals and Clinics

HAVE THE CHILDREN HAD TO GO TO HOSPITAL OR CLINICS
IN THE PAST YEAR?

EITHER AS OUTPATIENT OR AN INPATIENT?

FOR ACCIDENTS?

OR CHECK UPS?

OR SPECIAL TESTS?

WHY WAS THIS?

HOW LONG WAS HE/SHE THERE?

WHEN WAS THIS?

WHICH HOSPITAL?

HAVE YOU EVER HAD TO TAKE ANY OF THE CHILDREN TO
SEE A SPECIALIST, ABOUT ANY BEHAVIOUR DIFFICULTIES
OR NERVES, OR ANYTHING LIKE THAT?

HOSPITAL CONTACTS: IN PAST YEAR (note details)

Hospitals and Clinics Cont'd

Children	Medical Reasons	Dubiously Psychiatric Reasons	Psychiatric Reasons	Psychiatric Contacts: Whole Life

CODING: 0 - None
 1 - OP
 2 - IP
 9 - Not known

WHAT ABOUT GOING TO HOSPITAL FOR ANY REASON WHEN THEY WERE YOUNG?

HAS EVER BEEN ADMITTED TO HOSPITAL?

IF YES - WHAT FOR?

WHEN?

NOTE DETAIL:

HAS HE/SHE EVER BEEN TO ANY CLINIC? SUCH AS SPEECH THERAPY CLINIC?

IF YES - WHAT WAS THAT FOR?

WHEN?

(Note reason for attendance and date)

Hospitals and Clinics Cont'd

Children	Medical Reasons	Dubious Psychiatric Reasons	Psychiatric Reasons

CODING: No contacts for these reasons 0
 OP contact only for these reasons 1
 IP contact for these reasons 2
 Not applicable 8
 Not known 9

Separation (if applicable)

YOU MENTIONED THAT WAS ADMITTED TO HOSPITAL
 WHEN HE/SHE WAS YEARS OLD.

HAS HE/SHE EVER BEEN AWAY FROM YOU OR YOUR HUSBAND
 FOR ANY (OTHER) REASON?

SUCH AS YOUR GOING INTO HOSPITAL (FOR EXAMPLE TO
 HAVE A BABY)

OR YOUR HUSBAND GOING INTO HOSPITAL?

OR HIS/HER GOING TO STAY WITH RELATIVES OR FRIENDS
 FOR A TIME?

OR YOUR HUSBAND WORKING AWAY FROM HOME?

OR FOR ANY OTHER REASON?

(Obtain details of any separations from either parent for as long as one week, noting reason, age of the child at the time and nature of placement.)

Separations and Admissions - Whole Life (note all separations and admissions)

<u>Child</u>	<u>Separations</u>	<u>Admissions</u>

Separations - Whole Life

None 0

Father only (1/52 or more) 1

Mother only (1/52 or more) 2

Mother and Father at different times (1/52 or more) 3

Mother and Father simultaneously (1/52 or more) 4

Not known 9

Admissions - Whole Life

No admission for as long as 1/52 0

Admissions - Whole Life Cont'd

Admission to hospital for 1/52 or longer but no admission to other institutions or foster homes 1

Admission to an institution other than hospital or to foster care for 1/52 or longer 2

Not known 9

Emotional and / or Behaviour Difficulties

AS I MENTIONED AT THE BEGINNING WE ARE PARTICULARLY CONCERNED WITH SO PERHAPS I COULD ASK IN A LITTLE MORE DETAIL ABOUT HIS/HER BEHAVIOUR OR EMOTIONAL DIFFICULTIES? OR ANY DIFFICULTY WITH HIS/HER NERVES?

(if no go on to next topic)

IF YES:

DO YOU THINK THAT (the difficulties) ARE MORE THAN MOST BOYS OR GIRLS OF 'S AGE HAVE?

WHAT SORT OF DIFFICULTY HAS HE/SHE GOT?

(Obtain a listing. Do not probe for details after the parent stops - ask "Does he/she have any other difficulties? Until the parent says no.)

WHAT DO YOU THINK THESE MAY BE DUE TO?

(Write down informant's answer - verbatim as far as possible. Encourage informant to offer opinion without specific probes.)

BRIEF LISTING OF DIFFICULTIES:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

WHETHER DIFFICULTIES:

- 0 - None
- 1 - Yes, but no more than most children X's age
- 2 - Vague or indefinite
- 3 - Yes, more than most children X's age
- 9 - Not known

SUPPOSED CAUSE OF DIFFICULTIES: INFORMANT'S ANSWER:

CODING:

- 0 - No difficulties
- 1 - Factors in child (other than heredity)
- 2 - Factors in school
- 3 - Factors in heredity
- 4 - Handling by parents
- 5 - Stress outside school
- 6 - Normal part of "growing up"
- 7 - Physical disorder in child
- 8 - Other (specify)
- 9 - Not known

HAVE YOU EVER GONE TO ANYONE FOR HELP OR ADVICE ABOUT THESE DIFFICULTIES?

IF YES - WHO DID YOU SEE?

WHEN DID YOU GO?

WHERE?

WHOSE SUGGESTION WAS IT?

DO YOU FEEL THAT YOU NEED ANYMORE HELP THAN YOU ARE GETTING?

IF NO - DO YOU FEEL THAT YOU WOULD NEED OR WOULD LIKE HELP OR ADVICE FROM ANYONE ABOUTS DIFFICULTIES?

IF YES - WHO DO YOU THINK COULD GIVE YOU THIS SORT OF HELP.

- ATTENDANCE AT CLINIC ETC.:
- 0 - Not attending any clinic, hospital, doctor, etc.
 - 1 - Attending G.P. only for behaviour difficulties
 - 2 - Attending child guidance clinic or psychiatrist
 - 3 - Attending other agency only
 - 9 - Not known

IF ATTENDING ANYWHERE SPECIFY:

WHERE -

SINCE WHEN -

IF ATTENDING ANYWHERE SPECIFY CONT'D:

ON WHOSE SUGGESTION -

WHETHER STILL ATTENDING -

- MORE HELP:
- 0 - Not wanted
 - 1 - Wanted
 - 2 - Vague or uncertain
 - 8 - Not applicable - no difficulties
 - 9 - Not known

HELP WANTED - SPECIFY FROM WHOM:

(The interviewer should now obtain a detailed account of all the behavioural or emotional difficulties mentioned earlier by the informant. Questions for descriptions of actual behaviour is not adequate as an account. The interviewer must find out how the child manifests if and in what circumstances. Similarly, the interviewer should not accept the statement that 'he is jealous' without finding out what it is which makes the parent think this.) The interviewer should also ask about:

Where the behaviour is shown

Severity of the behaviour

Frequency

Date of onset

Precipitants

Course of behaviour last year

NOW MAY I ASK YOU IN A BIT MORE DETAIL ABOUT THE
(behaviour or difficulties) YOU MENTIONED EARLIER.

WHAT EXACTLY DOES HE/SHE DO?

COULD YOU PLEASE DESCRIBE IT FOR ME?

POSSIBLE PROBES - IS HE LIKE THIS ALSO WHEN HE'S AT
SCHOOL? ... OR STAYING WITH
FRIENDS OR WITH RELATIVES?

WHEN WAS HE FIRST LIKE THIS?

HOW OFTEN DOES HE (behaviour) NOW?

WHAT SEEMS TO BRING IT ON?

WHAT MAKES IT BETTER?

HAS IT BEEN GETTING BETTER OR WORSE
OVER THE LAST YEAR?

IN WHAT WAY?

(For inferential items like "worries" ask.)

WHAT IS IT ABOUT HIM/HER THAT MAKES
YOU THINK HE IS WORRYING?

(In each item make a judgment as to whether the
behaviour is significantly abnormal for a child of
X's age. Put yes (definitely); possible (minor or
doubtful); or no.)

ALWAYS NOTE: EXAMPLE

SEVERITY & FREQUENCY
COURSE OVER PAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

CODING: 0 - No abnormality
1 - Possible
2 - Definite
9 - Not known

1.

2.

3.

4.

5.

6.

I WOULD LIKE TO CHECK NOW WHETHER HAS
SHOWN A NUMBER OF OTHER DIFFICULTIES WHICH MANY
BOYS AND GIRLS HAVE?

(If no behavioural or emotional difficulties have
been reported by informant ask:)

PERHAPS I COULD JUST CHECK NOW WHETHER HE/SHE HAS
HAD ANY OF A NUMBER OF OTHER HEALTH OR BEHAVIOUR
PROBLEMS OFTEN SHOWN BY BOYS AND GIRLS?

(Proceed with list of items, but do not ask items
already covered, and do not probe on behaviours
which were present prior to 12 months.)

PROBE ON: WHERE SHOWN
SEVERITY
FREQUENCY
ONSET DATE
PRECIPITANTS

1. DOES HE OR SHE EVER HAVE SEVERE HEADACHES?

IF YES - IS HE/SHE SICK WITH THEM?

DOES IT AFFECT HIS/HER SIGHT AT ALL?

2. WHAT ABOUT STOMACH ACHES?

IF YES - DOES HE/SHE VOMIT?

WHAT TIME OF THE DAY DOES HE/SHE
GET THEM?

DOES HE/SHE GET THEM MORE AT WEEKENDS
OR DURING THE WEEK?

WHAT ABOUT DURING SCHOOL HOLIDAYS?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

1.

2.

3. DOES HE/SHE EVER WET HIS/HER BED?
IF NO - DOES HE/SHE EVER HAVE ANY ACCIDENTS?
IF YES - HOW OFTEN DOES HE/SHE WET THE BED?
HAS HE/SHE ALWAYS WET THE BED?
OR WHEN DID HE/SHE START?
WHAT IS THE LONGEST PERIOD HE/SHE
HAS BEEN DRY?

4. DOES HE/SHE EVER WET HIS/HER PANTS, OR ARE
THERE EVER ANY ACCIDENTS?
IF YES - HOW OFTEN DOES HE/SHE WET HIS/HER
PANTS?
HAS HE/SHE ALWAYS WET HIS/HER PANTS
OR WHEN DID IT START?
WHAT'S THE LONGEST PERIOD HE/SHE
HAS BEEN DRY?
DOES HE/SHE WET AWAY FROM-HOME, SUCH
AS WITH RELATIVES OR ON HOLIDAY?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN.

3.

4.

5. DOES HE/SHE EVER SOIL HIM/HERSELF?

IF YES - HOW OFTEN DOES HE/SHE SOIL HIM/
HERSELF?

ARE THERE ACTUAL PIECES OF MOTION IN HIS/
HER PANTS, OR IS IT JUST STAINING?

HAS HE/SHE ALWAYS SOILED HIM/HERSELF.....
OR WHEN DID THIS START?

WHAT IS THE LONGEST PERIOD HE/SHE HAS
BEEN CLEAN?

DOES HE/SHE SOIL HIM/HERSELF WHEN AWAY
FROM HOME WITH RELATIVES OR ON HOLIDAYS
FOR EXAMPLE.

6. DOES HE/SHE STUTTER OR STAMMER?

IF YES - WHAT IS IT LIKE?

HOW OFTEN? WHEN IS IT WORSE?

WHEN IS IT BETTER? WHEN DID IT START?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

5.

6.

7. DOES HE/SHE HAVE ANY OTHER DIFFICULTY WITH SPEECH?

IF YES - WHAT IS IT LIKE?

HOW OFTEN?

WHEN IS IT WORSE?

WHEN IS IT BETTER?

WHEN DID IT START?

8. IS THERE ANY DIFFICULTY NOW WITH EATING?

WHAT THINGS WON'T HE/SHE EAT?

WHAT HAPPENS IF YOU TRY TO PERSUADE HIM/HER TO EAT THESE THINGS?

WILL HE/SHE EAT THEM WHEN HAVING A MEAL AT SCHOOL, OR RESTAURANT?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
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7.

8.

9. IS THERE ANY DIFFICULTY WITH SLEEPING?

DOES HE/SHE HAVE ANY DIFFICULTY GETTING OFF TO SLEEP?

DOES HE/SHE EVER WAKE IN THE NIGHT?

DOES HE/SHE SCREAM...OR COME TO YOUR BED?

DOES HE/SHE EVER HAVE NIGHTMARES OR WAKE UP WITH BAD DREAMS?

DOES HE/SHE EVER WALK IN HIS/HER SLEEP?

10. HOW ACTIVE IS HE/SHE? WOULD YOU SAY THAT HE IS AN UNUSUALLY OVERACTIVE OR RESTLESS CHILD?

IF YES - HOW DOES HE/SHE SHOW IT?

WILL HE/SHE STAY IF EXPECTED TO - E.G. AT MEAL TIMES?

CAN HE/SHE BE STILL FOR AS LONG AS AN HOUR IF HE/SHE IS DOING SOMETHING HE/SHE IS INTERESTED IN e.g. WATCHING T.V. OR READING A BOOK?

IF CHILD UNABLE TO STAY STILL, ASK:

DOES HE/SHE GET UPSET IF HE/SHE IS FORCED TO BE STILL EVEN FOR A LITTLE WHILE?

ALWAYS NOTE:

EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

9.

10.

38

11. IS HE/SHE A FIDGETY CHILD?

IF YES ← HOW DOES HE/SHE SHOW IT?

WHEN DOES HE/SHE FIDGET?

ARE THERE TIMES WHEN HE/SHE DIDN'T
FIDGET AT ALL?

12. WHAT IS HIS/HER CONCENTRATION LIKE?

(If not already clear from question on activity,
ask:)

WOULD HE/SHE SPEND AS LONG AS 3/4 OF AN HOUR
DOING SOMETHING HE/SHE IS INTERESTED IN? (e.g.
watching T.V.)

13. DOES HE/SHE HAVE ANY MANNERISMS OR TICS, SUCH AS
TWITCHES OF HIS/HER FACE OR SHOULDERS? OR A HABIT
OF BLINKING?

ALWAYS NOTE:

EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

11.

12.

13.

14. DOES HE/SHE SUCK HIS/HER THUMB? OR DOES HE/SHE SUCK ANYTHING ELSE, PENCILS, CLOTHING OR THINGS LIKE THAT?

IF YES - WHAT DOES HE/SHE SUCK?

HOW OFTEN?

DOES HE/SHE TEND TO DO IT AT ANY PARTICULAR TIME? (e.g. ON GOING TO BED OR WHEN WORRIED?)

WHEN DID HE/SHE START DOING IT?

15. DOES HE/SHE BITE HIS NAILS? OR PENCILS OR ANYTHING ELSE?

IF YES - WHAT DOES HE/SHE BITE?

HOW OFTEN?

DOES HE/SHE BITE HIS/HER NAILS RIGHT DOWN?

DOES HE/SHE MAKE THEM BLEED?

DOES HE/SHE TEND TO DO IT AT ANY PARTICULAR TIME?

WHEN DID HE/SHE START DOING IT?

16. DOES HE/SHE HAVE ANY OTHER HABITS OF THAT KIND? SUCH AS BANGING HIS/HER HEAD OR PICKING AT HIS/HER CLOTHES?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

14.

15.

16.

17-20.

HAS HE/SHE GOT ANY FRIENDS AT SCHOOL?

HOW OLD ARE THEY?

DOES HE/SHE PREFER BOYS/GIRLS HIS/HER AGE OR
DOES HE/SHE PREFER THOSE WHO ARE YOUNGER OR
OLDER?

DOES HE/SHE EVER SEE THEM OUTSIDE SCHOOL?

HOW OFTEN?

WHAT ABOUT AT HOME?

HAS HE/SHE ANY FRIENDS WHO LIVE NEARBY?

HOW OLD ARE THEY?

HOW OFTEN DOES HE/SHE SEE THEM?

HOW MANY TIMES WAS THAT IN THE LAST WEEK?

21-22.

HAS HE/SHE GOT A SPECIAL FRIEND?

SOMEONE HE/SHE SPECIALLY ENJOYS GOING OUT WITH?

ALWAYS NOTE: EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER LAST YEAR
 PRECIPITANTS
 AMELIORATING FACTORS
 DATE OF ONSET
 SITUATIONS WHERE SHOWN

17-22.

CODINGS:

None	One	Two-Three	Four-Six	Seven +	Not Known
0	1	2	3	4	9

PEER CONTACTS (past week)

17. HOME FRIENDS
 18. SCHOOL FRIENDS

RANGE OF PEER CONTACTS (past week)

19. HOME FRIENDS
 20. SCHOOL FRIENDS

SPECIAL FRIEND

21. HOME FRIEND
 22. SCHOOL FRIEND

23. DOES HE/SHE GENERALLY GO AROUND WITH A CROWD? I MEAN A GROUP THAT GENERALLY GOES AROUND TOGETHER?

ARE THERE BOYS AND GIRLS IN THE GROUP?

WHEN DID HE/SHE LAST GO WITH THE GROUP?

24. WHERE DOES HE/SHE USUALLY MEET HIS/HER FRIENDS?

DO OTHER CHILDREN EVER COME AND CALL FOR HIM/HER?

DOES HE/SHE EVER GO TO THE HOMES OF HIS/HER FRIENDS?

ALWAYS NOTE:

EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER LAST YEAR
 PRECIPITANTS
 AMELIORATING FACTORS
 DATE OF ONSET
 SITUATION(S) WHERE SHOWN

23. MEMBER OF GANG, CROWD OR PEER GROUP
- | | |
|---|---|
| None | 0 |
| Dubious membership | 1 |
| Definite membership (home oriented group) | 2 |
| Definite membership (school oriented group) | 3 |
| Definite membership (both groups simultaneously) | 4 |
| Definite membership (of any but <u>not</u> seen group in last week) | 5 |
| Not know | 9 |
24. VISITS TO FRIEND'S HOUSE (in past month)
- | | |
|--|---|
| No visits | 0 |
| Visits to friend's house of 'home oriented' friend in last month | 1 |
| Visits to friend's house of 'school oriented' friend in last month | 2 |
| Visits to house of home & school oriented friend | 3 |
| Not Known | 9 |

25. DOES HE/SHE HAVE FRIENDS COME TO VISIT HIM/
HER AT HOME?

26-27.

WHAT DO YOU THINK OF HIS/HER FRIENDS?

HAVE YOU DISCUSSED THIS WITH.....(child's
name)?

HAVE YOU EVER HAD TO SAY THAT HE/SHE SHOULDN'T
GO AROUND WITH A PARTICULAR BOY OR GIRL?

IF YES - DID HE/SHE DO AS YOU ASKED?

ALWAYS NOTE: EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER LAST YEAR
 PRECIPITANTS
 AMELIORATING FACTORS
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<input type="checkbox"/> 25.	VISIT OF FRIEND TO OWN HOUSE (last month)	
	No visits	0
	Visit of home oriented friend to own house	1
	Visit of school oriented friend	2
	Visit of Home & school friend	3
	Not Known	9

<input type="checkbox"/> 26.	PARENTAL APPROVAL OF FRIENDS (home oriented)	
	No parental comment or approval only	0
	Parental disapproval but no prohibition	1
	Prohibition of contact with friends but ineffective	2
	Prohibition by parents adhered to by child	3
	Not Known	9

27. HAVE THERE BEEN ANY SCHOOL FRIENDS OF WHOM YOU HAVE DISAPPROVED?

IF YES - OBTAIN DETAIL CONCERNING RESTRICTIONS.

28. HOW DO YOU THINK HE/SHE GETS ON WITH OTHER BOYS & GIRLS?

IS HE/SHE A GOOD MIXER?

OR DOES HE/SHE PREFER TO DO THINGS ON HIS/HER OWN?

DOES HE/SHE TEND TO BE A LEADER OR FOLLOWER?

ALWAYS NOTE:

- EXAMPLE
- SEVERITY & FREQUENCY
- COURSE OVER LAST YEAR
- PRECIPITANTS
- AMELIORATING FACTORS
- DATE OF ONSET
- SITUATION(S) WHERE SHOWN

27. PARENTAL APPROVAL OF FRIENDS (school oriented)

- No parental comment or approval only 0
- Parental disapproval but no prohibition 1
- Prohibition of contact with friends but ineffective 2
- Prohibition by parents adhered to by child 3
- Not Known 9

28. OVERALL RATING OF ADEQUACY OF PEER RELATIONSHIP (PAST YEAR)

29. DOES HE/SHE EVER GET TEASED BY OTHER BOYS
OR GIRLS?

WHAT WOULD IT USUALLY BE ABOUT?

DO YOU THINK THAT HE/SHE GETS TEASED MORE
THAN OTHER BOYS/GIRLS?

30. WHAT ABOUT BULLYING?

DOES HE/SHE EVER GET BULLIED?

DO YOU THINK HE/SHE GETS BULLIED MORE THAN
OTHER CHILDREN?

ALWAYS NOTE: EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER LAST YEAR
 PRECIPITANTS
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 DATE OF ONSET
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29. TEASED BY PEERS (past year)

Not teased	0
Teased but no more than other children	1
Teased somewhat more	2
Teased a lot more than others	3
Not Known	9

30. BULLIED BY PEERS (past year)

Not bullied	0
Bullied but no more than other children	1
Bullied somewhat more	2
Bullied a lot more than others	3
Not Known	9

31. DOES HE/SHE EVER BULLY OR PICK ON OTHER
BOYS OR GIRLS?

HAS HE/SHE EVER BEEN IN TROUBLE FOR THIS?

32. MANY BOYS/GIRLS HAVE TIMES WHEN THEY FEEL
LONELY.

DO YOU THINK X EVER FEELS LIKE THAT?

IF YES - HOW OFTEN?

AT WHAT SORTS OF TIMES?

ALWAYS NOTE: EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER LAST YEAR
 PRECIPITANTS
 AMELIORATING FACTORS
 DATE OF ONSET
 SITUATION(S) WHERE SHOWN

31. IN TROUBLE FOR HITTING OTHER CHILDREN (past year)

Never	0
In trouble but no more than other children	1
In trouble somewhat more	2
In trouble a lot more	3
Not Known	9

32. LONELINESS (past year)

Never felt	0
Only rarely	1
Occasionally	2
Often	3
Not Known	9

33. DOES HE/SHE GET POCKET MONEY? HOW MUCH?
OR DOES HE/SHE EARN ANY MONEY FOR DOING JOBS?
WHAT DOES HE/SHE USUALLY SPEND HIS/HER MONEY ON?

34. DOES HE/SHE HAVE TO BE IN AT A CERTAIN TIME
AT NIGHT?
WHAT TIME? DOES HE/SHE COME IN WHEN HE/SHE
IS SUPPOSED TO?
DOES HE/SHE HAVE A CERTAIN TIME TO BE IN BED?
WHAT TIME?
IS HE/SHE USUALLY IN BED BY THAT TIME?

ALWAYS NOTE: EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER PAST YEAR
 PRECIPITANT
 AMELIORATING FACTORS
 DATE OF ONSET
 SITUATIONS WHERE SHOWN

33. POCKET MONEY IN THE PAST MONTH
- | | |
|----------------------|---|
| None regular | 0 |
| 25¢ per week or less | 1 |
| 26¢-50¢ per week | 2 |
| 51¢-75¢ per week | 3 |
| 76¢-\$1.00 per week | 4 |
| \$1.00 + per week | 5 |
| Not Known | 9 |
34. PARENTAL DISAPPROVAL OF CHILD'S ACTIVITIES,
 TIME IN ETC.
- | | |
|---|---|
| No comment or approval only | 0 |
| Parental disapproval but no prohibition | 1 |
| Prohibition of activities or time in but
ineffective | 2 |
| Prohibition by parents adhered to by child | 3 |
| Not Know | 9 |

35. DO YOU USUALLY KNOW WHERE HE/SHE GOES WHEN HE/SHE IS "OUT"?

WHAT DO YOU THINK OF THE PLACES HE/SHE GOES?

DO YOU EVER DISCUSS WITH HIM/HER WHERE HE/SHE GOES AND WHAT YOU THINK ABOUT IT?

WHAT DOES HE/SHE SAY?

DOES THIS EVER LEAD TO AN ARGUMENT?

HOW OFTEN HAS THIS HAPPENED IN THE PAST MONTH?
(Is it usually with you or your husband.)

ALWAYS NOTE: EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER PAST YEAR
 PRECIPITANT
 AMELIORATING FACTORS
 DATE OF ONSET
 SITUATIONS WHERE SHOWN

35. ALTERCATION ON CHILD'S ACTIVITIES (LAST WEEK)
- | | |
|-------------------------------------|---|
| No comment or approval only | 0 |
| Altercation once only in past month | 1 |
| 2-3 altercations in the past month | 2 |
| Weekly or more often | 3 |
| Daily or nearly daily | 4 |
| Not Known | 9 |

- 35B. ALTERCATION WITH MOTHER OR FATHER
- | | |
|---|---|
| No altercation | 0 |
| Mainly with mother | 1 |
| Mainly with father | 2 |
| Mainly with both parents together | 3 |
| Mainly separately but equally frequent with either parent | 4 |
| Not Known | 9 |

(If no sibs omit this question)

36. HOW DOES HE/SHE GET ON WITH HIS/HER BROTHERS AND SISTERS?

HOW MUCH DO THEY SQUABBLE?

WHAT OVER?

DO THEY EVER COME TO BLOWS?

IS HE/SHE JEALOUS AT ALL OF THE OTHERS?

(HOW DOES HE/SHE SHOW IT? WHEN DID HE/SHE START TO BE JEALOUS?)

37. HOW DOES HE/SHE GET ALONG WITH YOU?

IN WHAT WAYS DOES HE/SHE SHOW AFFECTION TOWARDS YOU?

38. WHAT ABOUT YOUR HUSBAND?

HOW DOES child's name GET ON WITH HIM?

39. HOW DOES HE/SHE GET ON WITH HIS/HER TEACHERS AT SCHOOL?

40. IS HE/SHE USUALLY HAPPY OR MISERABLE? DOES HE/SHE EVER CRY?

IF UNHAPPY - HOW DOES HE/SHE SHOW IT?

WHAT DOES HE/SHE DO?

HOW OFTEN IS HE/SHE LIKE THAT?

DOES ANYTHING SPECIAL SEEM TO MAKE HIM UNHAPPY?

HOW MISERABLE DOES HE/SHE GET?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATIONS WHERE SHOWN

36.

37.

38.

39.

40.

41. HAS HE/SHE TENDED AT ALL TO BLAME HIM/
HERSELF FOR THINGS THAT DON'T SEEM IMPORTANT?

42. HAS HE/SHE EVER SAID LIKE IS NOT WORTH LIVING?
IF YES - IF EVIDENCE OF MISERY OR UNHAPPINESS?

HAS HE/SHE EVER TRIED TO HARM HIM/
HERSELF OR TAKE HIS/HER LIFE?

HAVE YOU EVER BEEN WORRIED THAT HE/SHE
MIGHT?

43. HAS HE/SHE EVER SEEMED TO THINK PEOPLE WERE
AGAINST HIM/HER? (obtain details)

IF YES - HAS HE/SHE ACCUSED YOU OF THINGS?

HAS HE/SHE FELT PEOPLE WANTED TO HARM
HIM/HER IN ANY WAY?

44. HAS HE/SHE EVER BEHAVED STRANGELY IN ANY WAY?
IF YES OBTAIN DETAILS

45. DOES HE/SHE GET WORRIED EASILY?

IF YES - HOW DOES HE/SHE SHOW IT?

WHAT SORT OF THINGS DOES HE/SHE WORRY
ABOUT?

HOW OFTEN DOES HE/SHE GET WORRIED?

HOW DID HE/SHE USED TO BE?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER PAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

41.

42.

43.

44.

45.

46. DOES HE/SHE EVER WORRY ABOUT HIS HEALTH AT ALL?

HAS HE/SHE EVER THOUGHT HE/SHE MIGHT HAVE A
PHYSICAL DISEASE?

DOES HE/SHE EVER HAVE STOMACH ACHES IN THE
MORNINGS?

IF YES - OBTAIN DETAILS

47. HOW EASILY DOES HE/SHE GET CROSS, IRRITABLE?

DOES HE/SHE TEND TO SULK?

IF YES - HOW DOES HE/SHE SHOW THAT HE'S CROSS?

WHAT SORT OF THINGS MAKE HIM CROSS AND
SULKY?

HOW OFTEN IS HE/SHE LIKE THAT?

DOES HE/SHE EVER HAVE TEMPER TANTRUMS?

IF YES - WHAT ARE THEY LIKE?

DOES HE/SHE SCREAM? OR LIE ON THE FLOOR?
OR BREAK THINGS?

HOW OFTEN?

HOW LONG DO THEY LAST?

WHAT SEEMS TO BRING THEM ON?

DOES HE/SHE HAVE TANTRUMS WHEN AT SCHOOL?

OR WHEN WITH RELATIVES OR FRIENDS?

HOW DO YOU DEAL WITH THEM?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER PAST YEAR
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DATE OF ONSET
SITUATION(S) WHERE SHOWN

□ 46.

□ 47.

48. DOES HE/SHE TEND TO BE OVER-FUSSY ABOUT THINGS?

..... LIKE HAVING CLEAN HANDS OR A CLEAN PLATE?

OR ABOUT THE WAY HE/SHE PUTS ON HIS/HER CLOTHES?

OR ABOUT ANYTHING ELSE?

IN WHAT WAY?

ARE THERE THINGS HE/SHE INSISTS ON DOING IN A SPECIAL WAY?

DOES HE SOMETIMES FIND HIM/HERSELF DOING THINGS THAT SEEM SILLY - LIKE TOUCHING THINGS OR WASHING OVER AND OVER AGAIN?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER PAST YEAR
PRECIPITANTS
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DATE OF ONSET
SITUATION(S) WHERE SHOWN

□ 48.

49-60.

DOES HE/SHE EVER GET WORRIED OR
FRIGHTENED IN CERTAIN SITUATIONS?

OR ARE THERE SPECIAL THINGS THAT
FRIGHTEN HIM?

FOR EXAMPLE SOME BOYS AND GIRLS GET WORRIED AND
UPSET GOING TO SCHOOL IN THE MORNING. DOES HE/
SHE EVER GET LIKE THAT?

WHAT ABOUT GETTING CHANGED FOR P.E. AT SCHOOL
OR UNDRESSING WHEN OTHER PEOPLE ARE THERE?

OR BEING IN A CROWD?

OR GOING TO A PARTY?

OR MEETING NEW PEOPLE?

OR BEING LEFT ALONE IN THE HOUSE?

OR BEING IN THE DARK?

OR ALSO SOME BOYS AND GIRLS ARE FRIGHTENED OF
ANIMALS SUCH AS DOGS OR CATS, IS HE/SHE?

WHAT ABOUT INSECTS?

WHAT ABOUT THUNDER AND LIGHTNING?

OBTAIN FULL DETAILS WHENEVER A FEAR IS REPORTED -
AND DESCRIBED IN FULL.

ALWAYS NOTE: EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER LAST YEAR
 PRECIPITANTS
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SITUATIONAL - SPECIFIC ANXIETY.

CODING

<u>Nil</u>	<u>Dubious</u>	<u>Specify</u>	<u>Situation</u>	<u>Avoidance</u>	<u>Not</u>
<u>0</u>	<u>1</u>	<u>Anxiety</u>	<u>Specific</u>	<u>of object</u>	<u>Known</u>
			<u>Panic Attacks</u>	<u>or situation</u>	
				<u>because anxious</u>	
				<u>4</u>	<u>9</u>

49.	Going to School		49.
50.	Undressing		50.
51.	Crowds		51.
52.	Meeting new People		52.
53.	Going to a Party		53.
54.	Being left alone in the House		54.
55.	Dark		55.
56.	Dogs		56.
57.	Other animals		57.
58.	Insects		58.
59.	Thunder and Lightning		59.
60.	Other Situation - Specify fear		60.

61. (IF A GIRL) HAVE PERIODS STARTED YET?

IF YES - WHEN DID THEY START?

IF NO - ARE THERE ANY SIGNS OF
PUBERTY YET?

BREAST DEVELOPMENT?

BODY HAIR?

(IF A BOY) HAS HE BEGUN TO DEVELOP BODY HAIR
YET?

IN HIS ARMPITS?

AROUND HIS PRIVATES?

62. HAS HE/SHE TAKEN ANY INTEREST IN THE OPPOSITE
SEX?

HOW SHOWN?

ARE THERE ANY DIFFICULTIES ABOUT THIS?

(ASK FOR DETAILS IF ANY ABNORMALITY REPORTED.)

ALWAYS NOTE: EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER LAST YEAR
 PRECIPITANTS
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 DATE OF ONSET
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61. (Describe the state of puberty)

NO SIGNS OF PUBERTY YET	0
PUBESCENT	1
PUBERTAL (PERIODS STARTED IF GIRL)	2
NOT KNOWN	9

GIRLS AGE OF ONSET OF PERIODS. (months of age)

BOYS AGE OF ONSET OF APPRECIABLE BODY HAIR

62. (DESCRIBE ANY SEXUAL DIFFICULTY)

63. HAVE YOU EVER TOLD HIM/HER ANYTHING ABOUT SEX?

WHERE BABIES COME FROM?

DO YOU THINK HE/SHE KNOWS?

HOW DID HE/SHE FIND OUT?

64. IS HE/SHE EVER DESTRUCTIVE?

DOES HE/SHE EVER DAMAGE OTHER PEOPLES THINGS?

HAS HE/SHE EVER HAD THE HABIT OF SETTING
FIRES TO THINGS?

IF YES - DOES HE/SHE SEEM TO DO IT DELIBERATELY?

WHOSE THINGS DOES HE/SHE DAMAGE?

HAS THERE BEEN ANY TROUBLE WITH
NEIGHBORS?

HOW OFTEN DOES IT OCCUR?

65. DOES HE/SHE TELL LIES AT ALL?

IF YES - WHAT SORT?

IN WHAT CIRCUMSTANCES?

DOES HE/SHE LIE TO OTHER PEOPLE?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
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63. SEXUAL INFORMATION

- NO INFORMATION 0
- INFORMATION GLEANED FROM PARENTS 1
- INFORMATION GLEANED FROM PEERS 2
- INFORMATION GLEANED FROM SCHOOL 3
- INFORMATION GLEANED FROM OTHERS 4
- SPECIFY..... 4
- NOT KNOWN 9

64.

65.

66. HAS HE/SHE EVER TAKEN THINGS THAT DON'T BELONG TO HIM/HER?

OR STOLEN ANYTHING?

IF YES - HOW OFTEN?

WHAT SORTS OF THINGS?

WHERE FROM? (HOME, SCHOOL, SHOPS)

WAS HE/SHE ON HIS/HER OWN?

OR DID HE/SHE DO IT WITH OTHERS?

HOW DO YOU DEAL WITH IT?

WHAT DOES HE/SHE DO WITH THE THINGS HE/SHE HAS TAKEN?

67. HAS HE/SHE EVER TRUANTED? OR RUN AWAY FROM HOME? OR STAYED OUT ALL NIGHT?

IF YES - WHEN?

IN WHAT CIRCUMSTANCES?

WHAT HAPPENED?

DID HE/SHE DO IT ON HIS OWN OR WITH SOMEONE ELSE?

WHERE WAS HE/SHE WHEN HE/SHE SHOULD HAVE BEEN AT SCHOOL?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

66.

67.

68. HAS HE/SHE EVER BEEN IN ANY SORT OF TROUBLE
WITH THE POLICE?

HAS HE/SHE EVER BEEN TO COURT?

IF YES - OBTAIN DETAILS?

69. IS THERE ANYTHING (ELSE) ABOUT HIS/HER
DEVELOPMENT, HIS/HER BEHAVIOUR OR HIS/HER
NERVES THAT YOU ARE CONCERNED ABOUT?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
- AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

68.

69.

70. HAS TENDED TO WITHDRAW FROM THE REST OF THE FAMILY AT ALL?

SUCH AS GOING OFF TO HIS/HER ROOM OR STAYING OUT OF THE HOUSE?

OR NOT DOING THINGS WITH THE REST OF THE FAMILY?

OR STAYING IN BED A LOT?

IS THIS ANY DIFFERENT TO THE WAY THINGS WERE WHEN HE/SHE WAS YOUNGER?

SINCE WHAT AGE?

71. HAVE THERE BEEN ANY DIFFICULTIES "GETTING THROUGH" TO X?

IN KNOWING HOW HE/SHE FEELS?

DOES TALK TO YOU ABOUT WHAT HE/SHE'S DOING OR PLANNING TO DO?

OR ABOUT HOW HE/SHE FEELS?

IS THIS ANY DIFFERENT TO THE WAY THINGS WERE WHEN HE/SHE WAS YOUNGER?

SINCE WHAT AGE?

ALWAYS NOTE: | EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER LAST YEAR
 PRECIPITANTS
 AMELIORATING FACTORS
 DATE OF ONSET
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70. 0 - No withdrawal.
- 1 - Some withdrawal but always been
- 2 - Marked withdrawal but always been
- 3 - Some withdrawal, change from when younger
- 4 - Marked withdrawal, change from when younger
- 5 - Some increase in family contact
- 6 - Marked increase in family contact
- 9 - Not known

71. 0 - No difficulty in communication
- 1 - Some difficulty but always has been
- 2 - Marked difficulty but always has been
- 3 - Some difficulty - change from when younger
- 4 - Marked difficulty - change from when younger
- 5 - Some increase in communication
- 6 - Marked increase in communication
- 9 - Not known

PARENTS ATTITUDE TO CHILD'S EDUCATION

I'D LIKE TO ASK YOU NOW A LITTLE ABOUT .child's.name..
SCHOOLING?

72. HOW DO YOU THINK THAT HE/SHE IS GETTING ON WITH
HIS/HER SCHOOL WORK COMPARED WITH OTHER BOYS
AND GIRLS OF HIS/HER AGE?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

72. VERBATIM DESCRIPTION

- 0 - Exceptionally good average
- 1 - Doing well, better than ever
- 2 - Above average
- 3 - Below average, not very well
- 4 - Doing very badly - failing
- 9 - Not known

73. DOES HE/SHE HAVE HOME WORK?

IF YES - HOW MUCH TIME DOES HE/SHE SPEND
AT IT DURING THE WEEK?

WHERE DOES HE/SHE DO IT?

DOES HE/SHE GET ANY HELP FROM
ANYONE?

ALWAYS NOTE: EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER LAST YEAR
 PRECIPITANTS
 AMELIORATING FACTORS
 DATE OF ONSET
 SITUATION(S) WHERE SHOWN

73.

- (a) Homework done:
 past 2 wks, or
 on average)
- 0 - No homework done
 - 1 - Homework done only irregularly
 - 2 - Less than 1 hour per weekday on homework
 - 3 - 1-2 hours per weekday on homework
 - 4 - More than 2 hours per weekday on homework
 - 5 - Homework set but not done
 - 8 - No homework assigned
 - 9 - Not known
- (b) Homework Place:
- 0 - No homework set
 - 1 - Homework set, no special place, no family concession
 - 2 - Homework set, no special place, family concession
 - 3 - Homework set, special place available
 - 4 - Homework set, usually done in school
 - 5 - Homework set, done in library, elsewhere out of home
 - 9 - Not known

74. HAVE YOU HAD ANY CONTACT WITH THE TEACHERS?

WAS IT DURING A REGULAR TEACHERS-PARENTS MEETING?

WAS IT PRECIPITATED BY YOU?
THE TEACHER?

75. HAS EVER GOT INTO DIFFICULTIES AT SCHOOL THAT YOU ARE AWARE OF?

BEHAVIOURAL - HAD TO BE DISCIPLINED FOR INFRACTIONS OF RULES?

ACADEMIC - HAD EXTRA TUTORIAL INSTRUCTION OR PARTICIPATED IN AN EXPERIMENTAL COURSE - TO AID LEARNING?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

74. PARENT-TEACHER CONTACT

- 0 - No contact
- 1 - One parent-teacher meeting
- 2 - One interview precipitated by parent
- 3 - One interview precipitated by teacher
- 4 - Combination of above
- 9 - Not known

75. PARENT KNOWLEDGE OF DIFFICULTIES (within past year)

- 0 - No difficulties
- 1 - Difficulties of performance nature
- 2 - Difficulties of academic nature
- 3 - Combination of both
- 9 - Not known

76. HOW WERE YOU MADE AWARE OF CHILD'S
DIFFICULTIES?

77. WHAT WAS DONE ABOUT THESE DIFFICULTIES?

ALWAYS NOTE: EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER LAST YEAR
 PRECIPITANTS
 AMELIORATING FACTORS
 DATE OF ONSET
 SITUATION(S) WHERE SHOWN

76. METHOD USED TO INFORM PARENT OF CHILD'S DIFFICULTIES

- 0 - No difficulties
- 1 - Parents told by teacher in parent-teacher meeting situation
- 2 - Parents told by principal in P-T meeting situation
- 3 - Parents told by teacher in interview situation
- 4 - Parents told by principal in interview situation
- 5 - Parents told by teacher & principal
- 6 - Discussed by telephone conversation
- 9 - Not known

77. DIFFICULTIES DEALT WITH

- 0 - No difficulties
- 1 - Nothing done
- 2 - Referral to school medical officer
- 3 - Referral to Public Health Nurse
- 4 - Referral to counsellor
- 5 - Recommended additional teaching experiences
- 6 - Special class placement
- 9 - Not known

SCHOOL HISTORY

HAS THIS BEEN THE ONLY SCHOOL YOUR SON/DAUGHTER
HAS ATTENDED?

IF NO. - WHICH SCHOOLS HAS HE/SHE ATTENDED?

HOW DID HE/SHE GET ALONG THERE?

WHY THE CHANGE OF SCHOOLS?

AT ANY OF THESE OTHER SCHOOLS, DID THE
TEACHER EVER CONTACT YOU ABOUT.....?

SCHOOL HISTORY

DESCRIPTION:

NO. OF SCHOOLS

- 0 - No change since commencement of school life
- 1 - Only one change during school life
- 2 - Two changes or more
- 3 - One change per academic year - since beginning of school
- 4 - More than one change per academic year - since beginning of school
- 9 - Not known

DIFFICULTIES AT OTHER SCHOOL

- 0 - None
- 1 - Inability to keep up academically
- 2 - Infractions of school regulations
- 3 - Combination of both
- 4 - Other, specify
- 8 - Not applicable
- 9 - Not known

REASONS FOR CHANGE

- 0 - Continuation of academic career (child had attained highest grade available in that school)
- 1 - Family move into a different school district
- 2 - Parent motivated school move due to dissatisfaction with child's achievement, or school
- 3 - School motivated move due to unsuitability of present placement
- 4 - Other, specify
- 9 - Not known

PERSONAL HISTORY

PREGNANCY & DELIVERY

78. DID YOU HAVE ANY COMPLICATIONS WITH EITHER
PREGNANCY OR DELIVERY?

WERE INSTRUMENTS USED?

EXPOSURE TO INFECTIONS - V.D.
VAGINAL
GERMAN MEASLES

DIABETES?

TOXEMIA OF PREGNANCY?

THREATENED ABORTIONS?

BREECH DELIVERY?

PLACENTA PREVIA?

CORDING OF BABY?

PROLONGED LABOUR?

CAESARIAN SECTION?

RH FACTOR

TWINING?

FIRST BIRTH?

79. WAS THE BABY BORN AT HOSPITAL OR AT HOME?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

78. 0 - No abnormality
1 - Dubious
2 - Definite
9 - Not known

79. LOCATION
0 - Home alone
1 - Midwife or doctor in attendance
2 - Hospital admission
3 - Other (specify)
9 - Not known

80. WAS THE BABY FULL TERM?

PREMATURE? HOW MANY WEEKS?

LATE? HOW MANY WEEKS?

WHO DECIDED PREMATUREITY?

DOCTOR?

81. HOW MUCH DID THE BABY WEIGH?

82. HOW WAS YOUR HEALTH DURING AND AFTER
PREGNANCY?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

80. MATURITY

- 0 - Full term
- 1 - Premature (1-3 wks)
- 2 - Premature (4 + wks)
- 3 - Post mature (1-3 wks)
- 4 - Post mature (4 + wks)
- 9 - Not known

81. WEIGHT (Weight to be given to one decimal place.)

82. SPECIFY - GIVE DETAILS - MEDS:

5

DEVELOPMENT IN INFANCY & NEONATAL PERIOD

I. DID HE/SHE HAVE ANY DIFFICULTIES BREATHING OR FEEDING?

IF YES - WERE THERE TIMES WHEN HE/SHE WOULD BECOME BLUE?

WHAT ABOUT TIMES WHEN HE/SHE APPEARED TO BE GAGGING?

DID HE/SHE APPEAR TO HAVE DIFFICULTY FEEDING DURING NEONATAL PERIOD?

II. DID HE/SHE HAVE ANY CONVULSIONS SHORTLY AFTER BIRTH?

III. WAS HE/SHE JAUNDICED AFTER BIRTH?

IF YES - HOW LONG DID IT LAST?

WAS A TRANSFUSION NECESSARY?

IV. WAS A PLACID OR ACTIVE BABY?

DID HE/SHE RESPOND TO YOU, IN SMILING IF YOU CAME TO FEED OR CHANGE HIM/HER?

DEVELOPMENT IN NEONATAL PERIOD AND INFANCY

- I. DESCRIPTION:
- 0 - No abnormality
 - 1 - Some or dubious abnormality
 - 2 - Definite abnormality
- II. CONVULSIONS
- 0 - None
 - 1 - Dubious form behaviour
 - 2 - Convulsions present during period
 - 9 - Not known
- III. JAUNDICE
- 0 - Not present
 - 1 - Dubious
 - 2 - Present but not warranting transfusion
 - 3 - Present and needing blood transfusion
 - 9 - Not known
- IV. RESPONSE TO MOTHER - DESCRIPTION
- 0 - Mother reports nothing unusual
 - 1 - Mother felt baby did not respond
 - 9 - Mother does not remember

MILESTONES

I. MOTOR

WHEN DID SIT UP ON HIS OWN?

WHAT ABOUT STANDING?

WHEN DID HE/SHE BEGIN TO WALK?

II. VERBAL

WHEN WAS HE/SHE ABLE TO SAY FIRST WORDS.
i.e. NOT BABBLING?

WHAT ABOUT THREE WORD PHRASES?

III. BOWEL AND BLADDER CONTROL

CAN YOU REMEMBER WHEN WAS
FULLY TOILET TRAINED?

i.e. THAT HE/SHE WAS CONTINENT DURING THE
DAY AND NOT HAVE ANY ACCIDENTS?

IV. HOW DOES HIS/HER DEVELOPMENT COMPARE, DO
YOU THINK, WITH OTHER CHILDREN IN YOUR
FAMILY?

MILESTONES - Coding:

0 - No abnormality

1 - Abnormality

9 - Not known

- I. SAT UNSUPPORTED ON A FLAT SURFACE BEFORE THE AGE OF 10 MONTHS AND WALKED WITHOUT HELP OR HOLDING ON BEFORE THE AGE OF 20 MONTHS.
- II. USED WORDS WITH MEANING (OTHER THAN MAMA, DADA, DAY DAY) BEFORE THE AGE OR 2 YEARS AND MADE TWO WORD PHRASES BEFORE THE AGE OF $2\frac{1}{2}$ YEARS.
- III. FULLY CONTINENT OF URINE (BY DAY AND NIGHT) BEFORE THE AGE OF 5 YEARS AND FULLY CONTINENT OF FECES BEFORE THE AGE OF 4 YEARS.
- IV. 0 - Development same as other sibs
1 - Development more favourable than sibs
2 - Development less favourable than sibs
8 - No sibs
9 - Not known

FATHER'S HEALTH IN PAST YEAR (Omit this Section
if Husband Dead or
Separated)

G. P. CONTACTS

NOW I WOULD LIKE TO ASK A LITTLE ABOUT THE REST
OF THE FAMILY

PERHAPS I CAN BEGIN WITH YOUR HUSBAND'S HEALTH.

83. WHAT HAS HIS GENERAL HEALTH BEEN LIKE OVER
THE PAST YEAR?

HAS HE HAD TO GO SEE A G.P. FOR ANYTHING?

HOW ABOUT CHECK UPS?

OR REGULAR PRESCRIPTIONS?

OR ACCIDENTS?

OR ANYTHING ELSE?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS ✓
DATE OF ONSET
SITUATION(S) WHERE SHOWN

83. G.P. Visits

(a) Medical Reasons - Specify

0 - No

1 - Yes

(b) Dubious or Psychiatric Reasons - Specify

0 - No

1 - Yes

(c) Psychiatric Reasons - Specify

0 - No

1 - Yes

84. HAS HE HAD TO TAKE ANYTHING IN THE WAY OF
SLEEPING TABLETS IN THE PAST YEAR?

OR TONICS?

OR NERVE PILLS?

OR ANYTHING FOR DEPRESSION OR WORRYING?

(Probe to get a clear picture of contacts
and the reasons for them in the past year.
Probe also for sedatives and stimulants
etc. from any resource.)

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

84. Sedatives or Stimulants For as Long as a Week - Specify

0 - No

1 - Yes

ANXIETY, FEARS, WORRIES

85. IS YOUR HUSBAND THE SORT WHO WORRIES MUCH?

DOES HE WORRY ABOUT THE CHILDREN AT ALL?

OR HIS WORK (IN PAST YEAR)?

DOES HE EVER WORRY ABOUT HIS HEALTH?

IF YES - IN THE PAST YEAR?

HAS HE WONDERED AT ALL WHETHER HE
MAY HAVE A PHYSICAL DISEASE?

WHAT DID HE DO?

HAS HE WORRIED ABOUT ANYTHING ELSE?

IF ANY WORRY - ASK: HAS WORRYING EVER
INTERFERED WITH WHAT
HE'S DOING?

AFFECTED HIS
CONCENTRATION.....
OR HIS WORK?

OR HOW HE IS AT HOME?

DOES HE EVER LIE AWAKE
WORRYING?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATION FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

85. (a) OVERALL WORRYING/RUMINATIONS

- 0 - None
- 1 - Dubious
- 2 - Definite

(b) HYPOCHONDRIASIS

- 0 - None
- 1 - Dubious
- 2 - Definite
- 3 - Delusions of physical disorder

DOES HE HAVE ANY SPECIAL SORTS OF FEARS?
SUCH AS FEAR OF GOING OUT?
OR BEING ALONE, OR ANYTHING ELSE?

IF YES - HAS HE SHOWN THAT HE IS AFRAID OF.....
IN THE LAST YEAR?

HAS IT INTERFERED WITH HIS LIFE AT
ALL?

HAS HE STOPPED (GOING OUT, STAYING
HOME, OR WHATEVER IT IS)?

DOES HE HAVE ANY PERIODS OF ANXIETY OR PANIC?

IS HE AN ANXIOUS SORT OF PERSON?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

(c) GENERAL FEAR, ANXIETY OR NERVOUSNESS

- 0 - None
- 1 - Dubious
- 2 - Definite

(d) NON-SITUATIONAL PANIC ATTACKS

- 0 - None
- 1 - Dubious
- 2 - Definite

86. DEPRESSION

HAS HE BEEN DEPRESSED OR MISERABLE?

OR TEARFUL?

OR EVER SAID THAT LIFE DIDN'T SEEM WORTH
LIVING?

IF YES - HOW DID HE SHOW IT?

DID HIS FEELING LIKE THAT INTERFERE
WITH HIS LIFE AT ALL?

THE WAY HE WAS AT HOME?

THE AMOUNT HE WENT OUT?

HIS WORK?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

86. (a) MISERABLE, UNHAPPY

0 - None

1 - Dubious

2 - Definite

(b) SUICIDAL THOUGHTS

0 - None

1 - Suicidal thoughts, method not
thought of

2 - Thoughts of method of suicide

3 - Active steps taken but no attempt

4 - Suicidal attempt

HAS HE BLAMED HIMSELF AT ALL FOR THINGS THAT
WEREN'T REALLY IMPORTANT?

HAS HE TRIED TO HARM HIMSELF OR TAKE HIS LIFE?

HAVE YOU BEEN WORRIED THAT HE MIGHT?

HAS HE EVER FELT THAT PEOPLE WERE AGAINST HIM?

OR WERE LOOKING AT HIM WHEN HE WENT OUT AS
PEOPLE SOMETIMES DO WHEN THEY ARE FEELING LOW?

HAS HE BEEN JEALOUS OF THE CHILDREN.....OR OF
YOU?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

- (c) SELF-DEPRECIATION
- 0 - None
 - 1 - Tendency to run self down
 - 2 - Self blame for trivia

- (d) CRYING
- 0 - None
 - 1 - Some
 - 2 - Definite

- (e) FEELINGS AND REFERENCE

87. OBSESSIONS

IS HE UNUSUALLY FUSSY OR FINICKY ABOUT ANYTHING?

(HOW DOES HE SHOW IT?)

LIKE ABOUT GERMS AND CLEANLINESS?

DOES HE TEND TO CHECK THINGS THAT HE REALLY KNOWS ARE ALREADY DONE.....

LIKE GASTAPS, LOCKS ON DOORS OR THINGS LIKE THAT?

DOES HE HAVE RIGID ROUTINES OF DOING THINGS FROM WHICH HE CAN'T DEPART?

IF YES. - (GET DETAILS OF FREQUENCY, SEVERITY AND WHETHER IT INTERFERES WITH LIFE AT ALL)

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
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DATE OF ONSET
SITUATION(S) WHERE SHOWN

87. (a) COMPULSIVE THOUGHTS

- 0 - None
- 1 - Dubious
- 2 - Definite

(b) OBSESSIVE RITUALS

- 0 - None
- 1 - Dubious
- 2 - Definite

WHAT IS HIS APPETITE LIKE?

ANY CHANGE IS THIS?

ANY WEIGHT LOSS RECENTLY?

HOW ABOUT SLEEP, HOW HAS THAT BEEN?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

(c) LOSS OF APPETITE

0 - None

1 - Dubious

2 - Definite

(d) LOSS OF WEIGHT

0 - 0-2 lbs.

1 - 3-7 lbs.

2 - 8 + lbs.

8 - Not known, but some

(e) SLEEP DISTURBANCE

0 - None

1 - Dubious

2 - Definite

88. CONTACTS WITH HOSPITALS AND CLINICS

I'VE ASKED ABOUT GOING TO SEE YOUR FAMILY DOCTOR, BUT WHAT ABOUT HOSPITALS?

HAS HE HAD TO GO TO HOSPITAL OR A CLINIC FOR ANYTHING IN THE LAST 5 YEARS, EITHER AS AN OUTPATIENT OR AN INPATIENT?

PERHAPS FOR ACCIDENTS AT WORK?

OR CHECK UPS?

OR SPECIAL TESTS?

TO SEE A PSYCHIATRIST?

OR OTHER SPECIALIST?

WHY WAS THIS?

HOW LONG DID HE GO FOR?

WHEN WAS IT?

WHICH HOSPITAL?

ALWAYS NOTE: EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER LAST YEAR
 PRECIPITANTS
 AMELIORATING FACTORS
 DATE OF ONSET
 SITUATION(S) WHERE SHOWN

88. HOSPITAL/CLINIC CONTACT

CODE: 0 - No Visit

1 - O.P. Contact only for these reasons

2 - I.P. contact for these reasons

NOTE DETAILS OF ANY CONTACTMEDICAL: LAST YEAR LAST 5 YEARS DUBIOUS PSYCHIATRIC: LAST YEAR LAST 5 YEARS DEFINITE PSYCHIATRIC: LAST YEAR LAST 5 YEARS

89. HAS HE BEEN OFF WORK THROUGH ILLNESS IN
THE PAST YEAR?

HOW MANY TIMES?

HOW LONG ON EACH OCCASION?

WHAT WAS THE TROUBLE THEN?

HAS HE BEEN OFF WORK FOR ANY OTHER REASON
AT ALL?

89. HUSBAND OFF WORK BECAUSE OF ILLNESS

- CODE: 00 - Never or less than one week
96 - Not applicable as retired
97 - Not applicable as unemployed for other reason
98 - Not applicable as husband away from home altogether
99 - Not known

NO. OF WEEKS IN LAST YEAR

(a) HUSBAND UNEMPLOYED IN LAST YEAR (i.e. without a job for any reason)

Code as above:

90. FATHER'S JOB

(N.B. Ask even if husband now dead or separated from wife, but put questions appropriately according to individual circumstances.)

WHAT IS (WAS) YOUR HUSBAND'S JOB?

EXACTLY WHAT DOES HE DO?

IS HE IN CHARGE OF OTHERS AT ALL?

IF YES: HOW MANY?

DID HE HAVE ANY FURTHER EDUCATION
AFTER LEAVING SCHOOL?

WHAT?

DOES HE WORK JUST ORDINARY HOURS OR IS HE ON
SHIFT WORK OR NIGHTS AT ALL?

HAS HE GOT A SECOND JOB?

(IF YES - OBTAIN DETAILS)

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION (S) WHERE SHOWN

90. FATHER'S JOB

(a) DESCRIPTION:

(b) WORKING HOURS

- 0 - Ordinary working hours
- 1 - Rotating shifts excluding nights
- 2 - Rotating shifts including nights
- 3 - Regular night work
- 4 - Unemployed
- 5 - Other
- 9 - Not known

DOES HIS WORK EVER TAKE HIM AWAY FROM HOME
OVERNIGHT?

IF YES - HOW OFTEN WOULD HE BE AWAY FROM
HOME IN AN AVERAGE MONTH?

IS THAT THE SAME ALL THE YEAR
AROUND?

WHAT WAS YOUR HUSBAND'S FATHER'S JOB?

IS (WAS) HE IN CHARGE OF OTHERS AT ALL?
(IF YES - HOW MANY?.....)

DID HE HAVE ANY FURTHER EDUCATION AFTER
LEAVING SCHOOL?

IF YES - WHAT?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS |
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

(c) HUSBAND AWAY FROM HOME

- 0 - Never or rarely away from home
- 1 - Away from home during week but home at weekends for any part of year
- 2 - Away from home less than a week for each month on average
- 3 - Away from home more than a week in each month for any reason
- 9 - Not known

(d) HUSBAND'S FATHER'S JOB

Description:

- 0 - Never or rarely away from home
- 1 - Away from home during week but home at weekends for any part of year
- 2 - Away from home less than a week for each month on average
- 3 - Away from home more than a week in each month for any reason
- 9 - Not known

91. FATHER'S EDUCATION

HOW FAR DID YOUR HUSBAND GET IN SCHOOL?

DID HE HAVE ANY DIFFICULTIES WITH READING, ETC.?
WITH SPEECH, ETC.?

DID HE HAVE DIFFICULTIES GETTING ALONG IN
SCHOOL?

- GETTING INTO FIGHTS?

- MINOR INFRACTIONS OF REGULATIONS?

91. FATHER'S EDUCATION (a) CODE:

- 0 - Grades I - VI
- 1 - Grades VII - IX
- 2 - Grades X - XI
- 3 - University Attendance
- 4 - University Degree
- 5 - College of Trades & Technology
- 6 - College of Fisheries
- 7 - Other (specify)
- 9 - Not Known

 (b) ACADEMIC DIFFICULTIES

- 0 - None
- 1 - Slight (failure of 1 grade)
- 2 - Definite (numerous failures, inability to read, etc.)
- 9 - Not known

 (c) OTHER SCHOOL DIFFICULTIES

- 0 - None
- 1 - Slight (minor infractions, fighting)
- 2 - Definite (major infractions, expulsion, repeated fighting)
- 9 - Not known

92. MOTHER'S JOB

NOW MAY I ASK ABOUT YOUR WORK?

HAVE YOU HAD A JOB OUTSIDE THE HOME SINCE
SEPTEMBER 1971?

(excluding work done at home)

HAVE YOU NOW?

IS IT ALL YEAR ROUND?

IF APPLICABLE, WHEN DID YOU GIVE IT UP?

WHAT IS YOUR JOB?

EXACTLY WHAT DO YOU DO?

(obtain description adequate for coding)

ARE YOU IN CHARGE OF OTHERS AT ALL?

DID YOU HAVE ANY FURTHER EDUCATION AFTER
LEAVING SCHOOL?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

92. MOTHER'S JOB

(a) Description

(b) EMPLOYMENT SINCE SEPTEMBER 1971

- 0 - Employed for less than a month in all or not employed
- 1 - Employed part-time, tourist season or other period lasting 1 month or more but less than 6 months
- 2 - Employed part-time, six months or more
- 3 - Employed full time tourist season or other period lasting one month or more but less than six months
- 4 - Employed full-time, six months or more
- 9 - Not known

WHAT SORT OF HOURS DO YOU WORK?

ARE YOU USUALLY AT HOME WHEN..... GETS HOME FROM SCHOOL?

IF NO - WHO USUALLY LOOKS AFTER HIM UNTIL YOU GET BACK?

WHAT WAS YOUR FATHER'S JOB?

IS (WAS) HE IN CHARGE OF OTHERS AT ALL?

IF YES - HOW MANY?

DID HE HAVE ANY FURTHER EDUCATION AFTER LEAVING SCHOOL?

IF YES - WHAT?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
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SITUATION(S) WHERE SHOWN

(c) ARRIVAL HOME AFTER WORK

- 0 - Mother has not worked for as long as 1 month
- 1 - Works - always at home when child returns from school
- 2 - Works - usually at home when child returns from school
- 3 - Works - sometimes at home when child returns from school
- 4 - Works - hardly at home when child returns from school

(d) CARE OF CHILD

- 0 - Not applicable
- 1 - A relative who is 15 years old or less
- 2 - A relative who is 16 years old or more
- 3 - A friend or neighbour
- 4 - Someone else (specify)
- 5 - No special arrangement
- 9 - Not known

(e) WIFE'S FATHER'S JOB

Description:

93. MOTHER'S EDUCATION

HOW FAR DID YOU GET IN SCHOOL?

DID YOU HAVE ANY DIFFICULTIES WITH READING, ETC.?
WITH SPEECH, ETC.?

DID YOU HAVE DIFFICULTIES GETTING ALONG IN
SCHOOL?

- GETTING INTO FIGHTS?

- MINOR INFRACTIONS OF REGULATIONS?

93. MOTHER'S EDUCATION

- (a) Code:
- 0 - Grade I - VI
 - 1 - Grades VII - IX
 - 2 - Grades X - XI
 - 3 - University Attendance
 - 4 - University Degree
 - 5 - College of Trades & Technology
 - 6 - College of Fisheries
 - 7 - Other (specify)
 - 9 - Not known

 (b) ACADEMIC DIFFICULTIES

- 0 - None
- 1 - Slight (failure of 1 grade)
- 2 - Definite (numerous failures, inability to read, etc.)
- 9 - Not known

 (c) OTHER DIFFICULTIES IN SCHOOL

- 0 - None
- 1 - Slight (minor infractions, fighting)
- 2 - Definite (major infractions, expulsion, repeated fighting)
- 9 - Not known

94. SIBLINGS EDUCATIONAL ACHIEVEMENT

HOW ARE THE OTHER CHILDREN IN THE FAMILY
DOING AT SCHOOL?

DO THEY HAVE DIFFICULTY IN MAINTAINING
CLASS PROGRESS?

ARE THEY FAILING TESTS DURING THE YEAR?

FAILING GRADES?

PLACEMENT IN SPECIAL EDUCATION CLASS?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

94. SIBLINGS EDUCATIONAL ACHIEVEMENT

- 0 - No difficulties with other sibs, only child
- 1 - One or more sibs has failed a grade
- 2 - One or more sibs experienced repeated grade failure
- 3 - One or more sibs have been placed in special education class
- 4 - Other siblings attending school for the mentally retarded
- 9 - Not known

Description

95. MOTHER'S HEALTH IN PAST YEAR(a) G.P. CONTACTS

I'D LIKE NOW TO TALK ABOUT YOUR HEALTH,
PARTICULARLY IN THE PAST YEAR.

WHAT HAS YOUR GENERAL HEALTH BEEN LIKE?

HAVE YOU HAD TO GO TO THE G.P. FOR ANYTHING?

HOW ABOUT CHECK-UPS?

OR REGULAR PRESCRIPTIONS?

OR ACCIDENTS?

OR ANYTHING ELSE?

(b) HAVE YOU HAD TO TAKE ANYTHING IN THE WAY OF
SLEEPING PILLS IN THE PAST YEAR?

OR NERVE PILLS?

OR ANYTHING FOR DEPRESSION OR WORRYING?

(Probe to get a clear picture of contacts and
reasons for them in past year. Probe also for
sedatives and stimulants, etc.)

ALWAYS NOTE: EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER LAST YEAR
 PRECIPITANTS
 AMELIORATING FACTORS
 DATE OF ONSET
 SITUATION(S) WHERE SHOWN

95. MOTHER'S HEALTH IN PAST YEAR

(a) MEDICAL REASONS

0 - No

1 - Yes

(b) DUBIOUS PSYCHIATRIC

0 - No

1 - Yes

(c) PSYCHIATRIC REASONS

0 - No

1 - Yes

(d) SEDATIVES OR STIMULANTS FOR AS LONG AS
 A WEEK

0 - No

1 - Yes (specify)

96. ANXIETY, FEARS, WORRIES

ARE YOU THE SORT OF PERSON WHO WORRIES MUCH?

DO YOU WORRY ABOUT THE CHILDREN AT ALL?

OR YOUR WORK? (in past year)

DO YOU WORRY ABOUT YOUR HEALTH?

IF YES - IN THE LAST YEAR?

HAVE YOU WONDERED WHETHER YOU MIGHT
HAVE A PHYSICAL DISEASE?

WHAT DID YOU DO?

HAVE YOU WORRIED ABOUT ANYTHING ELSE?

IF ANY WORRY - HAS WORRYING INTERFERED AT ALL
WITH WHAT YOU DO?

AFFECTED YOUR CONCENTRATION?

OR YOUR WORK?

OR HOW YOU ARE AT HOME?

DO YOU EVER LIE AWAKE AT NIGHT WORRYING?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

96. ANXIETY, FEARS, WORRIES

(a) OVERALL WORRYING/RUMINATIONS

- 0 - None
- 1 - Dubious
- 2 - Definite

(b) HYPOCHONDRIASIS

- 0 - None
- 1 - Dubious
- 2 - Definite
- 3 - Delusions of physical disorder

DO YOU HAVE ANY SPECIAL SORT OF FEARS?
SUCH AS FEARS OF GOING OUT?
OR BEING ALONE?
OR ANYTHING ELSE?

IF YES - IN WHAT WAY?

IN THE LAST YEAR?

HAS IT INTERFERED WITH YOUR LIFE AT ALL?

HAS IT STOPPED YOUR (GOING OUT,
STAYING ALONE, OR WHATEVER IT IS?)

DO YOU HAVE PERIODS OF ANXIETY OR PANIC?

ARE YOU AN ANXIOUS SORT OF PERSON?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

(c) GENERAL FEAR, ANXIETY OR NERVOUSNESS

- 0 - None
- 1 - Dubious
- 2 - Definite

(d) NON-SITUATIONAL PANIC ATTACKS

- 0 - None
- 1 - Dubious
- 2 - Definite

(e) SITUATIONAL PANIC ATTACKS

- 0 - No situational or object specific anxiety
- 1 - Dubious
- 2 - Situation or object specific anxiety/nervousness
- 3 - Panic attacks
- 4 - Positive avoidance of situation

97. DEPRESSION

HAVE YOU EVER BEEN DEPRESSED.....OR
MISERABLE.....OR TEARFUL OR FELT THAT
LIFE WASN'T WORTH LIVING?

IF YES - HOW DID YOU FEEL?

- DID YOUR FEELING LIKE THAT INTERFERE
WITH YOUR LIFE AT ALL?

OR YOUR WORK?

OR THE WAY YOU ARE AT HOME?

OR THE AMOUNT YOU WENT OUT?

HAVE YOU BLAMED YOURSELF AT ALL FOR THINGS
THAT WEREN'T REALLY VERY IMPORTANT?

HAVE YOU EVER FELT SO BAD THAT YOU FELT LIKE
ENDING IT ALL?

HAVE YOU EVER FELT THAT PEOPLE WERE AGAINST
YOU OR THAT THEY WERE LOOKING AT YOU WHEN
YOU WERE OUT - AS PEOPLE SOMETIMES DO
WHEN THEY ARE FEELING LOW?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER PAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATIONS WHERE SHOWN

97. DEPRESSION

- (a) Miserable, Unhappy
 - 0 - None
 - 1 - Dubious
 - 2 - Definite

- (b) Suicidal Thoughts
 - 0 - None
 - 1 - Suicidal thoughts, no method thought out
 - 2 - Thoughts of method of suicide
 - 3 - Active steps taken but no attempt
 - 4 - Suicidal attempt

- (c) Self Depreciation
 - 0 - None
 - 1 - Tendency to run self down
 - 2 - Self blame for trivia

- (d) Crying
 - 0 - None
 - 1 - Some
 - 2 - Definite

- (e) Feelings and Reference
 - 0 - None 1 - Some 2 - Definite

HOW HAVE YOU BEEN EATING?

IF POORLY - HAVE YOU LOST WEIGHT SINCE YOU
HAVE NOT BEEN EATING WELL?

HOW HAVE YOU BEEN SLEEPING?

ANY DIFFICULTIES TO GET TO SLEEP?

WAKING DURING THE NIGHT AND UNABLE TO GET
BACK TO SLEEP?

WAKING EARLY IN THE MORNING?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER PAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

(f) Loss of Appetite

- 0 - None
- 1 - Dubious
- 2 - Definite

(g) Loss of Weight

- 0 - 0-2 lbs.
- 1 - 3-7 lbs.
- 2 - 8+ lbs.
- 8 - Not known but some loss

(h) Sleep Disturbance

- 0 - None
- 1 - Dubious
- 2 - Definite

98. OBSESSIONS

ARE YOU UNUSUALLY FUSSY OR FINICKY ABOUT ANYTHING? (IN WHAT WAY?)

LIKE ABOUT GERMS OR CLEANLINESS?

DO YOU EVER TEND TO CHECK THINGS THAT YOU REALLY KNOW ARE DONE?

LIKE LIGHTS, LOCKS ON DOORS, TURNING STOVE OFF OR THINGS LIKE THAT?

DO YOU HAVE RIGID ROUTINES OF DOING THINGS FROM WHICH YOU CAN'T DEPART EVEN THOUGH YOU KNOW IT IS SILLY?

(IF YES, GET DETAILS OF FREQUENCY, SEVERITY, AND WHETHER IT INTERFERES WITH LIFE AT ALL?)

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER PAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

98. OBSESSIONS

(a) Compulsive Thoughts

0 - None

1 - Dubious

2 - Definite

(b) Obsessional Rituals

0 - None

1 - Dubious

2 - Definite

99. CONTACTS WITH HOSPITALS AND CLINICS

I'VE ASKED ABOUT GOING TO YOUR FAMILY DOCTOR, BUT WHAT ABOUT HOSPITALS?

HAVE YOU HAD TO GO TO HOSPITAL OR CLINIC FOR ANYTHING IN THE LAST FIVE YEARS, EITHER AS AN OUTPATIENT OR AN INPATIENT?

PERHAPS FOR ACCIDENTS AT WORK?

OR CHECKUPS?

OR SPECIAL TESTS?

TO SEE A PSYCHIATRIST?

OR ANY OTHER SPECIALIST?

WHY WAS THIS?

HOW LONG DID YOU GO FOR?

WHEN WAS IT?

WHICH HOSPITAL?

100. HAVE YOU BEEN OFF WORK THROUGH ILLNESS IN THE PAST YEAR?

HOW MANY TIMES?

HOW LONG ON EACH OCCASION?

WHAT WAS THE TROUBLE THEN?

HAVE YOU BEEN OFF WORK FOR ANY OTHER REASON AT ALL?

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER PAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

99. HOSPITAL/CLINIC CONTACT

CODE: 0 - No visit for these reasons
1 - OP contact only
2 - IP contact for these reasons
(note details of any contact)

Medical: Last year
Last 5 years

Dubious Psychiatric: Last year
Last 5 years

Definite Psychiatric: Last year
Last 5 years

100. WIFE OFF WORK BECAUSE OF ILLNESS

CODE: 00 -- Never or less than 1 week/not working
96 - Not applicable as retired
97 - Not applicable as unemployed for other reason
98 - Not applicable as wife away from home altogether
99 - Not known

(a) No. of weeks in past year

(b) WIFE UNEMPLOYED IN LAST YEAR (i.e. without job for any reason)
(code as above)

No. of weeks in last year

101. IRRITABILITY WITH CHILD

WHAT SORT OF THINGS DO YOU AND YOUR HUSBAND DO WITH X?

DOES X HELP ABOUT THE HOUSE AT ALL?

WHO REPRIMANDS WHEN THAT NEEDS TO BE DONE?

I SUPPOSE ALL PARENTS GET IRRITABLE WITH THEIR CHILDREN SOMETIMES - I MEAN SNAPPY OR LIKELY TO FLY OFF THE HANDLE. HOW OFTEN WOULD YOU SAY YOU ARE LIKE THAT?

CAN YOU GIVE AN EXAMPLE?

WHAT ABOUT THE LAST TIME IT OCCURRED?

WHAT SORT OF THINGS MAKE YOU IRRITABLE WITH HIM/HER?

HOW OFTEN WOULD YOU BE IRRITABLE WITH X?

WHEN IT HAPPENS DO YOU FIND YOU LOSE CONTROL A BIT?

DO YOU BELLOW AT HIM/HER?

HOW DO YOU FEEL INSIDE WHEN IT HAPPENS?

HOW LONG DOES IT GO ON FOR?

OBVIOUSLY X HAS TO BE TOLD OFF SOMETIMES - BUT WOULD IT EVER COME TO MORE THAN THAT?

(Get frequency in last 3 MONTHS of shouting, losing some control or being really cross or irritable.)

WHAT ABOUT YOUR HUSBAND?

HOW OFTEN WOULD HE BE IRRITABLE OR CROSS WITH X?

ALWAYS NOTE:

EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER PAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

101. IRRITABILITY TO CHILD

 (a) Mother to Child - Description: (b) Father to Child - Description:

IRRITABLE ACTS

- 0 - Once per month or less
- 1 - More than once per month/up to once per week
- 2 - 2-4 times per week
- 3 - 5-7 times per week
- 4 - More than daily
- 9 - Not known

102. FAMILY LIFE

I'D LIKE TO ASK NOW A LITTLE BIT ABOUT HOW HOUSEHOLD JOBS ARE DIVIDED UP IN YOUR FAMILY, FOR EXAMPLE WHO GENERALLY DOES THE SHOPPING FOR FOOD?

DOES YOUR HUSBAND OR DO THE CHILDREN HELP WITH THIS AT ALL?

HOW MUCH DOES THE REST OF THE FAMILY HELP OUT WITH THE HOUSEWORK?

WHO USUALLY DECIDES THINGS AT HOME?

LIKE BUYING THINGS FOR THE HOME?

HAVE THERE BEEN ANY DECISIONS RECENTLY YOU FEEL SHOULD HAVE BEEN MADE DIFFERENTLY?

HOW MUCH DO YOU AND YOUR HUSBAND CHAT ABOUT EVERYDAY THINGS - I MEAN THINGS LIKE WHAT HAPPENED DURING THE DAY IN HIS JOB OR AT HOME?

OR WHAT'S ON THE NEWS ON THE T.V.?

HOW MUCH WOULD YOU TALK ABOUT ANY PROBLEMS THAT ARISE IN THE FAMILY?

ARE THERE ANY DIFFICULTIES YOU WOULD LIKE TO BE ABLE TO TALK OVER WITH HIM THAT YOU CAN'T FOR SOME REASON?

ALWAYS NOTE: EXAMPLE
SEVERITY AND FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

102. FAMILY LIFE

(Describe pattern of life and informant's
attitude to this.)

103. I SUPPOSE IN ALL FAMILIES PEOPLE GET IRRITABLE WITH EACH OTHER SOMETIMES. HOW OFTEN WOULD YOU THINK THAT YOU GET IRRITABLE WITH YOUR HUSBAND?

OR. CROSS WITH HIM?

WHAT WOULD YOU SAY?

WHAT WOULD HE SAY OR DO?

WHAT WOULD IT USUALLY BE ABOUT?

(Obtain description and frequency in past 3 months.)

104. WHAT ABOUT YOUR HUSBAND?

HOW OFTEN WOULD HE BE IRRITABLE WITH YOU?

WHAT WOULD YOU SAY?

WHAT WOULD HE SAY OR DO?

WHAT WOULD IT USUALLY BE ABOUT?

(Obtain description and frequency in past 3 months.)

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
✓ COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

103. IRRITABILITY OF WIFE TO HUSBAND

- 0 - Once per month or less
- 1 - More than once per month up to once per week
- 2 - 2-4 times per week
- 3 - 5-7 times per week
- 4 - More than daily
- 9 - Not known/not applicable

104. IRRITABILITY OF HUSBAND TO WIFE

- 0 - Once per month or less
- 1 - More than once per month up to once per week
- 2 - 2-4 times per week
- 3 - 5-7 times per week
- 4 - More than daily
- 9 - Not known/not applicable

105. MOST FAMILIES HAVE QUARRELS OR ARGUMENTS FROM TIME TO TIME?

APART FROM THE SORT OR IRRITABILITY WE HAVE BEEN TALKING ABOUT, HOW OFTEN WOULD YOU AND YOUR HUSBAND HAVE A ROW OR TIFF?

(In questioning use informant's terminology - i.e. tiff, argument, quarrel, etc.)

CAN YOU DESCRIBE THE LAST ONE FOR ME? HOW LONG DID IT LAST?

IS THAT THE USUAL TIME? WHAT SORT OF THINGS DO YOU SAY TO EACH OTHER?

DO YOU CALL EACH OTHER NAMES? OR SAY THINGS ABOUT EACH OTHER'S FAMILIES?

OR SHOUT AT EACH OTHER?

OR HIT EACH OTHER?

HAVE YOU SLEPT APART BECAUSE OF A QUARREL?

HOW DO YOU USUALLY MAKE UP QUARRELS?

(Obtain frequency in last 3 months.)

(In questioning on this section the interviewer must be flexible in approach. If clearly there are no tiffs of any kind DO NOT GO RIGHT THROUGH THE DETAILED PROBES. However check by rewording questions that this is so. Use informant's terminology and be prepared to go from quarrels to discussions to tiff to fights. i.e. up and down severity scale as the interview necessitates.)

ALWAYS NOTE: | EXAMPLE
 SEVERITY & FREQUENCY
 COURSE OVER LAST YEAR
 PRECIPITANTS
 AMELIORATING FACTORS
 DATE OF ONSET
 SITUATION(S) WHERE SHOWN

105. QUARRELS

A QUARREL MUST INVOLVE: SHOUTING AND/OR
 VIOLENCE AND/OR
 DENIGRATION OF EACH
 OTHER AND/OR
 DENIGRATION OF EACH
 OTHERS FAMILIES AND/OR
 NOT SPEAKING AT LEAST
 ONE HOUR AFTER
 ALTERCATION AND/OR
 NEGATIVE INTERCHANGE
 LASTING AT LEAST HALF
 AN HOUR

NO. OF DAYS IN LAST 3 MONTHS IN WHICH THERE
 WAS A QUARREL

NIGHTS SLEPT APART THROUGH STRAIN IN LAST
 3 MONTHS

106. MARITAL RELATIONSHIP

In this section IT IS IMPORTANT TO GET THE INFORMANT AS INVOLVED AS POSSIBLE IN THE SUBJECT OF HIS/HER MARRIAGE. Use neutral probes freely to elicit feelings and attitudes.

HOW DO YOU USUALLY SPEND THE EVENINGS WHEN YOU STAY AT HOME NOWADAYS?

WHAT DO YOU DO?

IS THERE ANYTHING THAT YOU AND YOUR HUSBAND DO TOGETHER LIKE:

WATCHING T.V.

SITTING AND CHATTING

PLAYING GAMES

HOBBIES

IS THERE ANYTHING YOU PARTICULARLY ENJOY DOING TOGETHER?

IN GENERAL, HOW WOULD YOU SAY YOU GET ON TOGETHER NOW?

CODING: 0 - None

1 - Dubious

2 - Definite

ALWAYS NOTE: EXAMPLE
SEVERITY & FREQUENCY
COURSE OVER LAST YEAR
PRECIPITANTS
AMELIORATING FACTORS
DATE OF ONSET
SITUATION(S) WHERE SHOWN

106. MARRIAGE RELATIONSHIP

Description:

107. WELL, THAT FINISHES THE THINGS I WANTED TO ASK YOU.

THANK YOU VERY MUCH FOR YOUR HELP.

I VERY MUCH APPRECIATE YOUR GIVING OF YOUR TIME TO SPEAK TO ME.

I'VE ASKED YOU A LOT OF QUESTIONS; I WONDER WHETHER THERE IS ANYTHING NOW YOU WOULD LIKE TO ASK ME?

(Explain about study again if necessary.)

A sample of 7-10 year old children attending schools in the St. John's area; to help children having difficulties in school.

IF ASKED: About services or help (but do not suggest services unless asked)

Advise if you can; offer to pass on any requests for help; or to enquire what is available and let them know.)

Reassure again, if necessary about confidentiality.

DO NOT LEAVE ANYTHING BEHIND

107. - CONDITIONS OF INTERVIEW.

Describe:

- 0 - With mother alone
- 1 - With father alone
- 2 - With both parents together
- 3 - Any other informant
- 4 - Parents with child present
- 5 - Other informant with child present
- 6 - Other - specify.....

108. DURATION OF INTERVIEW

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Minutes

COMMENT ON INFORMANT: (rapport, co-operative attitude, quality of information, etc.)

NAME OF INTERVIEWER _____

DATE OF INTERVIEW _____

APPENDIX E

Interview with the Child

INTERVIEW WITH CHILD

NAME: _____ SCHOOL: _____

1 - 6 Code Number

Circle one number for each question. All questions are to be answered. If in doubt as to the rating circle item 9 (not known).

(The first 5 minutes are spent on general conversation without structured questions, in order to set the child at ease and get to know a little about him and his background.)

The introduction of worker to child will include the following points:

1. seeing samples from a number of schools to see if we can find ways of helping children who may be having difficulties in school.
2. also interested in outside school activities.
3. how boys and girls feel about different things.
4. finally that I will be visiting home to talk to parents and to ask questions partly about them and partly about the family.

** I believe your name is _____, what do you like to be called?

How old are you (name given). Do you know when your next birthday is?

What are you missing in school now, because you have come to talk with me?

How do you like.....?

What sorts of things do you like about school.....
not like about school?

What sort of things do you like to do after school?

Who else is there at home.....any brothers and sisters?

Have you any pets at home? Who looks after him?

What do you like to do on weekends?

(During this time and throughout interview it is important to note child's emotional responsiveness and ability to form relationship, evidence of anxiety, any mannerisms or tics, fidgetiness, overactivity, difficulties in concentration and number of spontaneous remarks. Also note any criticisms of mother, father or school.)

SECTION 1 LIFE AND ACTIVITIES OUTSIDE SCHOOL

** Have you got any friends at school?

What are their names?

How old are they?

Have you seen (friend's name) outside of school (to talk to or play with for 5 to 10 mins).

What about at home - have you any other friends living near you?

What are their names?

Have you played with any of these friends in the last week?

Was last week about the usual in the number of times you have played with your friends?

1. PEER CONTACTS (past week)

	none	one	2-3	4-6	7	or more	not know
a. same sex	0	1	2	3	4	9	
b. opposite sex	0	1	2	3	4	9	

2. RANGE OF PEER CONTACTS (past week)

	none	one	2-3	4-6	7 or more	not known
a. same sex	0	1	2	3	4	9
b. opposite sex	0	1	2	3	4	9

** Have you a special friend? Someone you especially enjoy going out with or to whom you can share secrets?

3. SPECIAL FRIEND

	none	dubious	definite	not known
a. School friends	0	1	2	9
b. Home friends	0	1	2	9

** Do you generally play with a group of other children?

(IF YES) Is there someone who generally acts as the leader? When did you last play in a group?

4. MEMBER OF PEER GROUP

i.e. a group of children who regularly play in a group.

None	0
Dubious Membership	1
Definite Membership - school oriented group	2
Definite Membership - home oriented group	3
Definite Membership - common to both areas	4
Definite Membership of any but not seen in last week	5
Not Known	9

** When do you usually meet your friends?

Do you ever go to the homes of any of your friends?

Have you done so in the last 2 weeks?

Do you ever have friends back to your home since the 24th of May holiday?

5. VISITS TO FRIEND'S HOME (since 24th of May holiday) *

No visit to friend's home since holiday 0

Visit to home of 'school' friend 1

Visit to home of 'home' friend 2

Visit to home of friend who is oriented to both home and school or has visited two friends from different foci of concern 3

Not Known 9

6. VISIT OF FRIEND TO OWN HOME (since holiday)

No visit of friend to own home since holiday 0

Visit of 'school' friend to own home 1

Visit of 'home' friend to own home 2

Visit of friend(s) both foci or different locations 3

Not Known 9

** Have your parents said anything about the friends you see? What did they say? Have they ever said that they did not like for you to be friends with them?

* Times were related to the children, in terms of some evident memorable to them i.e. In the fall, the items used were since the end of your summer holidays and Halloween.

7.	PARENTAL APPROVAL OF FRIENDS (school)	
	No parental comment or approval only	0
	Parental disapproval but no prohibition	1
	Prohibition of contact with friends but ineffective	2
	Prohibition by parents adhered to by boy/girl	3
	Not Known	9

8.	PARENTAL APPROVAL OF FRIENDS (home)	
	No parental comment or approval only	0
	Parental disapproval but no prohibition	1
	Prohibition of contact with friends but ineffective	2
	Prohibition by parents adhered to by boy/girl	3
	Friend common under both conditions	8
	Not Known	9

(any criticisms of mother and father are to be noted for later ratings.)

** Do you have a T.V. at home?

How often do you watch it?

What programmes do you like best? (Exploring generally the child's interests.)

In the last week how long altogether did you spend watching T.V. (Checking both weekdays and weekends.)

9.	T.V.	
	Hours watched in past week.	<input type="checkbox"/> <input type="checkbox"/>
	Not Known	88
	Set broken for most of past week.	99

How often do you go to the movies?

What about since Easter vacation?

What did you see?

10. MOVIE ATTENDANCE (since Easter vacation)

Not visited	0
Once	1
Two - three times	2
Four or more times	3
Not Known	9

** Are you a member of a club? How often do you go?

What about since your Easter Holidays?

Name the club _____

11. CLUB ATTENDANCE (since Easter holidays)

Not attended / Not a member	0
Once	1
Two - three times	2
Not Known	9

** What other sorts of things do you like to do?
(Exploring interests)

Do you play on any sports teams outside school?

12. TEAM GAMES (excluding school teams)

None / not on any sport teams	0
Occasional	1
Regular	2
Not Known	9

** Do you ever read comics or magazines? Which types?
Give names.

13. COMICS, MAGAZINES READ SINCE EASTER HOLIDAYS

None	0
Occasionally (less than once weekly)	1
Regularly (weekly or more often)	2
Not Known	9

** Do you ever read any books outside school (including picture books)? What about since Easter holidays?

What sorts of books did you read?

Did you enjoy it?

Do you borrow books from the library?

14. BOOKS OUTSIDE SCHOOL CURRICULUM READ OR LOOKED AT
(able to give story from examination of book).

None	0
One	1
Two to three	2
Four or more	3
Not Known	9

** Do you ever go out places with your parents?

Where do you go?

What do you do?

What about since your Easter holidays?

15. OUT WITH PARENTS (since holidays)	
No	0
Yes, with family	1
Yes, with friends	2
Yes, with friends on one occasion and family on another	3
Yes, with friends of own age, and with family	4
Yes, on own only	5
Not Known	9

** Do you get any pocket money from home?
 How much do you get?
 What do you usually spend it on?
 (Note during discussion any criticism of mother or father for later rating.)

16. POCKET MONEY IN PAST WEEK (i.e. not including lunch money)	
None regular	0
25¢ or less per wk.	1
26¢-\$1.00 per wk.	2
50¢-\$1.00 per wk.	3
\$1.00-\$1.50 per wk.	4
over \$1.50 per wk.	5
Not Known	9

** Do you have to be in at night at a special time?

What time?

What happens when you are late?

What do you think about this?

Do you feel your parents are more strict or less strict than other parents?

What time do you go to bed?

Are you allowed to climb or jump on the furniture?

(If child mentions argument or alteration obtain frequency in last 2 weeks and obtain information as to which parent was usually involved.)

17. CHILD'S PERCEPTION OF PARENTAL STRICTNESS

Average	0
No parental strictness	1
Less strict	2
Generally, average but a few restrictions felt to be severe	3
More strict	4
Very much more strict	5
Not known	9

** What are the sort of things that make you most upset or angry?

What else?

What about at home at school?

Anything in class What about out of class?

(If home is mentioned first, proceed on then to the areas, making sure after discussing one point to obtain an idea of other areas.)

** Do you help out at all about the house? For example shopping, washing up, gardening?

How often do you help with these things?

Do you do it as a regular thing - I mean are you expected to do it every day or every weekend for example?

How do you feel about chores?

18. HOUSEWORK AND REPAIRS (since Easter holidays)

Never done by child 0

Occasionally only 1

Several times a week but not regularly 2

Regularly but less than daily 3

Regularly and daily 4

Not known 9

19. FEELINGS ABOUT CHORES

Not do chores regularly 0

Likes to do it 1

Likes to do chores occasionally 2

Dislikes - i.e. effort made to evade 3

Dislikes strongly - i.e. has to be coerced 4

Not Known 9

** Have you ever been away from home, without your parents?

Has your mother or father been away from home for a period longer than 1 month? Why?

Separations (more than 4 weeks)

Have you been in hospital? When? Why?

Did you ever go to the Janeway as an out patient?
i.e. not to stay in overnight? How often in past year?

20. MEDICAL ATTENTION (within past 12 months) (contact with medical services - child's account)

None	0
Visits to doctor's office	1
Visits to outpatient department	2
Admission to hospital	3
Long term hospital admission (more than 2 months)	4
Not Known	9

21. SEPARATION FROM PARENTS FOR 1 WEEK OR MORE

None	0
Separation from mother only	1
Separation from father only	2
Separation from mother & father at different times	3
Separation from parents simultaneously	4
Not Known	9

SECTION TWO - ATTITUDES TO PARENTS AND SCHOOL

22. CHILD'S CRITICISM OF MOTHER

None	0
One Critical Remark	1
2-3 Critical Remarks	2

	At least four Critical Remarks	3
	Not Known	9
23.	CHILD'S CRITICISM OF FATHER	
	None	0
	One Critical Remark	1
	2-3 Critical Remarks	2
	At least four Critical Remarks	3
	Not Known	9
24.	CHILD'S REJECTION OF MOTHER	
	None	0
	Possible	1
	Definite	2
	Not Known	9
25.	CHILD'S REJECTION OF FATHER	
	None	0
	Possible	1
	Definite	2
	Not Known	9
26.	CHILD'S CRITICISM OF SCHOOL OR TEACHER(S)	
	None	0
	One Critical Remark	1
	2-3 Critical Remarks	2
	At least 4 Critical Remarks	3
	Not Known	9

27. CHILD'S REJECTION OF SCHOOL OR TEACHERS

None	0
Possible	1
Definite	2
Not Known	9

SECTION THREE

** Could I ask you to do some things for me?

28. CO-ORDINATION

** Would you kick the bean bag over toward the window (wall)?

Can you hop on your foot? (Also note which leg is employed for laterality.)

GROSS MOTOR MOVEMENT

Within normal limits	0
Possible abnormality	1
Definite abnormality	2
Not Known	9

** Can you play the piano on my hand? (Briefly showing the child what I mean.)

Or can you touch tip of your fingers in turn with your thumb? (giving an example.)

(This can employ threading beads onto a string, or making a paper chain. Number of clips or beads used in a 30 second period.)

29. FINE MOVEMENTS

Within normal limits	0
Possible abnormality	1
Definite abnormality	2
Not Known	9

The number of beads (clips) employed within 30 seconds.

The child is then asked to copy the shapes of triangle, diamond, an L, a cross and a star, by making the shapes with matches. To eliminate the possible clumsiness variable, no consideration is given to neatness or time required to complete tasks. Scoring will be on accuracy of copies with original models.

30. CONSTRUCTION ABILITIES

All shapes age comparable	0
Shapes (triangle, diamond, L, X) comparable but star considerably distorted	1
Shapes triangle, diamond, L comparable X and star distorted	2
3 or more shapes not having model configuration properties	3
Not Known	9

At this time, the child could be asked to draw pictures -

** Would you draw me a picture? If the child enquires as to subject of picture, he should be encouraged by saying "Anything you want."

While he is occupied by this activity, an estimate of distractibility can be obtained, by the worker moving about the room, coughing, perhaps juggling coins in pocket, or open and close a drawer i.e. without causing undue noise, as may be the case by closing it forcefully. →

This is to be scored later in observational data. The hand used for drawing to be noted for later scoring.

Once the child has finished this task, he is then asked about his picture. Using general questions i.e. "Would you tell me about it?" An assessment can be made of his speech and language, adequacy of description, grammar and articulation which may aid in the later scoring. Then the child is asked to draw a man.

31. MOTOR IMPERSISTENCE

It is defined as the inability to sustain a voluntary motor act that has been initiated by verbal command. The child is asked how long he can keep his eyes closed, protrude his tongue and keep his mouth open. Duration for which the child is able to maintain each activity is recorded:

Eyes closed.

Tongue protruding

Mouth open

CEREBRAL FUNCTIONING

Nominal dysphasia - The child is asked to participate in "names games" by naming objects pointed out by examiner. (book, chair, table, shirt, door, wall, pictures) and also body parts (eye lash, wrist).

32. NOMINAL DYSPHASIA

Within normal limits	0
Possible	1
Definite	2
Not Known	9

Receptive dysphasia - The child is asked to participate in a game of "hide and seek" by finding an object he has previously named.

33. RECEPTIVE DYSPHASIA

Normal	0
Possible	1
Definite	2
Not Known	9

Apraxias of ideational, ideamotor, and motor type can be obtained by asking the child to perform a complicated motor task - folding a sheet of paper and placing it in an envelope. The tell how he would mail it. So a game of "Let's Play Secretary" is used to accomplish this.

34. APRAXIAS OF IDEATIONAL, IDEAMOTOR OR OF MOTOR TYPE

No abnormality	0
Possible	1
Definite	2
Not Known	9

Finally an aid in the detection of graphesthesia is to be employed. The child will be asked to tell the letters or numbers traced onto the palm of his hand by the examiner. Three conditions will be used:

Eyes opened

Eyes averted

Eyes closed

Scoring should take into account misidentification of three or more letters, in each condition as well as differences among conditions.

	<u>LETTERS USED</u>		<u>LETTERS REPORTED</u>	
	L	R	L	R
Condition A				
Condition B				
Condition C				

35. OVERALL ASSESSMENT OF CEREBRAL FUNCTIONING

No abnormality	0
Possible abnormality present (as indicated by possible scoring on 1 of subtests)	1
Definite (either or both possible and/or definite on 3 or more tests)	2
Not Known	9

Laterality - The child asked to write (print) some of letters in small letters.

To throw a bean bag towards the wall.

Handedness -

The child is encouraged to look through a telescope, or peep through a key hole.

Eyedness -

The child is then asked to kick the bean bag again, optimal to obtain 2 occasions of footedness. This score should be compared with previous observations. If conflicting the event may be done again with the explanation, "Let's pretend we are football stars or a ballerina standing on one foot."

Footedness -

36. LATERALITY

Consistently right or consistently left	0
Hand differing from eye-foot orientation	1
Eye differing from hand-foot orientation	2
Foot differing from hand-eye orientation	3
Not Known	9

** Right-Left differentiation - The child is asked a number of questions including:

1. point to your nose with your left hand
2. point to the examiner's right hand
3. touch your left foot with your right hand
4. point to the examiner's right hand with your left hand

37. RIGHT-LEFT CONFUSION

No abnormality	0
Right-left confusion	1
Not Known	9

Visual Data - The child is observed for any abnormality i.e. squint, and is recorded.

** The child is asked regarding difficulty with his eyes, "Do your eyes pain sometimes?"

If yes, "When was the last time?"

Had he seen a doctor about his eyes?

** Do your eyes go blurry sometimes?

If yes - When was the last time this happened?

How often does this happen?

Did you have to go to a doctor then?

If yes - What did he do?

After this discussion the child is asked to read the eye chart from the prescribed distance first covering one eye then the other. Any abnormality in recounting the letters i.e. B for D should be noted.

38. VISION.

No difficulties	0
Physical abnormality present	1
Complaints of eyes within past 12 months	2
Not Known	9

39. VISION-READING CHART

Normal (6/9 - 6/6) Snellen Chart #8	0
20/200 (Snellen #1)	1
20/100 (Snellen #2)	2
20/70 (Snellen #3)	3
20/50 (Snellen #4)	4
20/40 (Snellen #5)	5
20/30 (Snellen #6)	6
20/25 (Snellen #7)	7
20/15 (Snellen #9)	8
20/13 (Snellen #10)	10
20/10 (Snellen #11)	11
Not Known	9

HEARING

The child is asked about difficulties -

** Does your hearing seem foggy, or is it more difficult to hear things?

If yes - Please tell me about it.

When was the last time it happened?

Could you tell me about it?

What do you do about it?

** Do your ears ever pain?

If yes - Tell me about the last time?

How often do you get earaches?

What do you do when you get an earache?

Record verbatim account -

Hearing tested by use of:

1. clock ticking
2. repetition of words said in low voice

Prior to actual testing it is necessary to determine to what extent if any is the child's ability disguised by formation of wax within the ear. This is done with the use of the otoscope.

The child, seated with his back toward the examiner is told to indicate when he is able to hear the ticking of a clock. The worker is to begin the movement of the watch toward the child's ear from a distance outside the child's range of hearing, slowly the watch is moved toward one ear until the child is able to recognize it. Then a similar procedure is to be repeated for the other ear. Distances are to be recorded in inches.

Left ear -

Right ear -

Another game situation is explained to the child by asking whether he would be able to hear and repeat words which would be said in a low voice. Distance between child and examiner should be between 20--25 feet. Words used - fat, cat, rat, scat, bat, pat, sat, hat, mat.

To aid in detection of possible high tone auditory deficit, no visual cue can be given by worker, i.e. mouth is hidden.

An attempt should be made to recount verbatim the child's responses.

<u>Word Said</u>	<u>Child's Response</u>
fat	
cat	
rat	
scat	
pat	
bat	
sat	
hat	

40. HEARING

No abnormality	0
Some misinterpretation of word repetition	1
Considerable misinterpretation of words	2
Not Known	9

SECTION FOUR - PSYCHIATRIC ACCOUNT FROM CHILD

** Now that we have completed all this, perhaps we could talk a little more about school and home.

Do you ever get teased at school?

What would it usually be about?

Do you think that you get teased more than other boys/girls?

How do you feel about it?

If upset, miserable, etc. get details.

** What about bullying?

Do you get bullied at all?

Do you think you get bullied more than other children?

Do you get into trouble for hitting other children?

If yes - Do you think you are in trouble for this more often than other boys/girls?

Why is that?

** Many boys/girls have times when they feel pretty lonely. Do you ever feel like that?

If yes - How often?

What sort of times do you get lonely?

Can you remember the last time you felt lonely?

What do you do when you feel lonely?

41. TEASED BY PEERS (since last summer)

Not teased	0
Teased but no more than other children	1
Teased somewhat more	2
Teased a lot more than others	3
Not Known	9

42.	BULLIED BY PEERS (since last summer)	
	Not bullied	0
	Bullied but no more than other children	1
	Bullied somewhat more	2
	Bullied a lot more than others	3
	Not Known	9
43.	IN TROUBLE FOR HITTING OTHER CHILDREN (since last summer)	
	Never	0
	Not more than other children	1
	Somewhat more than other children	2
	A lot more than other children	3
	Not Known	9
44.	LONELINESS (since last summer)	
	Never felt	0
	Only rarely	1
	Occasionally	2
	Often	3
	Not Known	9
45.	OVERALL RATING OF ADEQUACY OF PEER RELATIONSHIP (since last summer)	
	Normal relationships	0
	Slightly abnormality	1
	Marked abnormality	2
	Not Known	9

** Nearly everyone gets into trouble for something or other at some time at school.

What sorts of things do you get into trouble for?

How do you feel about it?

What about outside school?

Have there been things you might have gotten into trouble for?

(If criticism of school, alter earlier rating appropriately.)

46. ANTISOCIAL ACTIVITIES REPORTED AT SCHOOL (since last summer)

None	0
Minor disciplinary infringements only	1
Occasional definite antisocial or aggressive behavior	2
Frequent definite antisocial or aggressive behavior	3
Not Known	9

Describe:

47. ANTISOCIAL ACTIVITIES REPORTED OUTSIDE SCHOOL (since last summer)

None	0
Minor only (eg. mischief etc.)	1
Occasional definite antisocial activity	2
Frequent definite antisocial activity	3
Not Known	9

Describe:

** Do you know what a worry is? (If child not able to give definition - suggest that it is something which people think about and sometimes makes them unhappy.)

Well, I suppose everyone worries about some things, don't they.

What sort of things do you get worried about?

If yes - Does worrying ever bother you so much that you can't think about what you're suppose to be doing?

Can you stop worrying when you want to?

Does worrying about things ever keep you awake?

** Do you ever worry about your health?

If yes - Have you ever felt that you might be physically sick?

What did you think was the matter?

Do you ever worry about anything else?

48. OVERALL WORRYING

None	0
Dubious	1
Definite	2
Not Known	9

49. HYPOCHONDRIASIS

None	0
Dubious	1
Definite	2
Delusions of physical disease	3
Not Known	9

** Do you ever find that sometimes you feel nervous all over, or panicky for no particular reason?

If yes - When?

What is it like?

Does anything particular make you feel like that?

50. NON-SITUATIONAL ANXIETY/PANIC

Nil	0
Dubious	1
Non-situational specific anxiety	2
Non-situational panic attacks	3
Not Known	9

** Do you find yourself getting worried or frightened in certain situations?

Or are there special things that frighten you?

FOR EXAMPLE: Some children get worried and upset going to school in the morning. Do you feel like that?

What about getting changed for gym or dressing when other people are there?

Or writing exams in school?

Being in a crowd?

Meeting new people?

Being in the dark?

Sometimes too, boys and girls about your age are afraid of animals, such as dogs or cats, are you?

What about insects?

Finally thunder and lightning frightens a lot of children, do you ever feel scared when we have thunder and lightning?

(Get details sufficient for rating whenever fear reported - writing out full description in an effort to obtain detail, "what do you do when you feel like that?")

SITUATION SPECIFIC ANXIETY

Ratings

Nil	0
Dubious	1
Specific anxiety	2
Situation specific panic attacks	3
Avoidance of objects or situation because anxious	4
Not Known	9

Put appropriate number in each of these spaces

- | | |
|-----------------------------------|-------|
| 51. Going to school | _____ |
| 52. Undressing | _____ |
| 53. Examinations at school | _____ |
| 54. Crowds | _____ |
| 55. Meeting new people | _____ |
| 56. Being left in house alone | _____ |
| 57. Dark | _____ |
| 58. Dogs | _____ |
| 59. Other animals | _____ |
| 60. Insects | _____ |
| 61. Thunder and lightning | _____ |
| 62. Other situation specific fear | _____ |

Specify

- ** Do you sometimes feel unhappy and miserable?
If yes - Can you tell me how you feel at this time?
Do you ever want to cry?
Do you ever feel so bad that you want to get away from it all or to run away?
What sorts of things make you feel like that?
Can you remember the last time you felt like that?
How often do you feel like that?

63. MISERY - UNHAPPINESS

None	0
Slight	1
Marked or very often	2
Not Known	9

- ** Do you ever feel that what happens to you is less important than what happens to other people.....
That you don't matter very much?

64. SELF DEPRECIATION

None	0
Slight	1
Marked	2
Not Known	9

- ** Do you ever feel like you'd rather be any place other than where you are now?
If yes - Where would you rather be?

If child unable to give eg. - Would you rather be anywhere else?

Did you ever want to stop living?

If yes - When?

What did you do?

65. SUICIDAL IDEAS.

None	0
Suicidal thoughts only	1
Thought of method of suicide	2
Active steps taken but no attempt	3
Suicidal attempt	4
Not Known	9

** Do you ever get a tune in your head that you can't get rid of?

Of perhaps thoughts like that - silly thoughts or words that won't go away, though you wished they would?

66. OBSESSIVE RUMINATIONS

None	0
Slight	1
Marked	2
Not Known	9

** Do you ever find yourself doing things which appear silly.....like touching things, i.e. in walls, doors.....or washing your hands over and over again.

67. OBSESSIVE RITUALS

None	0
Slight	1
Marked	2
Not Known	9

** Sometimes when people are feeling sad, they get the feeling that other people are looking at them or talking about them, or maybe laughing at them.

Do you ever feel like that?

If yes - Can you remember the last time you felt like that?

Do you think they were really laughing (talking about) at you?

68. IDEAS OF REFERENCE

No ideas of reference	0
Dubious	1
Definite ideas of reference recognized as unfounded	2
Delusional ideas of reference	3
Not Known	9

** How do you get along with the teachers at school? (Explore if evidence of any difficulties.)

69. RELATIONSHIP WITH TEACHERS (since last summer)

No abnormality	0
Slight difficulties or abnormalities	1
Marked difficulties or abnormalities	2
Not Known	9

(OMIT THE NEXT QUESTIONS IF NO SIBS.)

** What are your brothers and sisters like?

How do you get on with them?

Most brothers and sisters squabble sometimes. How often do you squabble?

What would it usually be about?

What happens?

70. RELATIONSHIP WITH SIBS

No or only trivial difficulties in relationship	0
Slight difficulties or abnormalities only	1
Marked difficulties or abnormalities	2
No sib	8
Not Known	9

** How well do you feel you're doing in school?

71. SCHOOL ACHIEVEMENT

Exceptionally good	0
Doing well, better than average	1
About average	2
Below average, not very well	3
Doing very badly, failing	4
Not Known	9

** Do you find the work (more difficult, less difficult, the same) as compared to other children in the class?

72. WORK AT SCHOOL AS COMPARED TO CLASSMATES

Average - the same as other children	0
Some subjects a little easier than others	1
Subjects a lot easier than others	2
A little bit more difficult	3
Considerably more difficult	4
Not Known	9

** Do you get any homework? 4

How long has it actually taken you over the last week?

Do you have a special place at home to do homework?

When do you actually do it?

73. HOMEWORK DONE (average past 2 weeks)

No homework done	0
Homework done only irregularly	1
Less than 1 hour per weekday on homework	2
1 - 2 hours per weekday on homework	3
More than 2 hours per weekday on homework	4
No homework assigned	8
Not Known	9

74. HOMEWORK PLACE (past 2 weeks)

No homework set	0
Homework set, no special place, no family concessions.	1
Homework set, no special place, family concessions	2

Homework set, special place available	3
Homework set and usually done in school	4
Homework set, done in library, elsewhere out of home	5
Homework set but not done	6
Not Known	9

75. O/E FIDGETINESS (OBSERVATION OF CHILD AT INTERVIEW)

SECTION FOUR

No squirming, wriggling or fidgetiness	0
Occasional fidgety movement - but not present most of the time	1
Wriggling, squirming or fidgetiness present for most of interview	2
Not Known	9

** You were telling me earlier about your school. Could I ask you to do one or two things in your head. See how quickly you can do it.

Take 3 away from 29

Count by 2's to 20

Name the days of the week forward.

I am going to say some numbers. Listen carefully and when I am through say them right after me. (Stop after the child misses both items.)

- | | |
|-------------|----------------|
| I 3,8,4, | II 5,2,1,8,6 |
| II 6,1,2 | I 3,8,9,1,7,4 |
| I 3,4,1,7 | II 7,9,6,4,8,3 |
| II 6,1,5,8 | |
| I 8,4,2,3,9 | |

** Now I am going to say some more numbers, but this time, when I stop I want you to say them backwards. For example, if I say 9,2,1 what would you say?

I 2,5

II 6,3

I 5,7,4

II 2,5,9

I 7,2,9,6

II 8,4,9,3

I 4,1,3,5,7

II 9,7,8,5,2

I 1,6,5,2,9,8

II 3,6,7,1,9,4

(If the child fails to give the correct eg. provide the correct response. Discontinue as above.)

SECTION FOUR - OBSERVATION OF CHILD AT INTERVIEW

		Abnormality			
		None	Slight	Marked	Not Known
76.	O/E Anxiety	0	1	2	9
77.	O/E Sad	0	1	2	9
78.	O/E Tearful	0	1	2	9
79.	O/E Muscular Tension	0	1	2	9
80.	O/E Facial tics (Specify type)	0	1	2	9
81.	O/E Other Tic-like movements (Describe)	0	1	2	9

82. O/E GROSS ACTIVITY LEVEL

Definitely underactive; very little spontaneous movements	0
Normal; child sits on chair throughout interview except when instructed to do otherwise	1
Tendency to increased activity; child gets up from chair spontaneously at least once or moves about at least once when should be standing	2
Child definitely and markedly overactive relative to situation. Several times gets up from chair or moves about room when expected to stay still	3
Child definitely and markedly overactive to absolute extent. Not only gets up and moves about but <u>tempo</u> of activity also increased	4
Not Known	9

Use this to assess attention span and persistence but base rating on whole interview not just these responses.

83. O/E ATTENTION SPAN AND PERSISTENCE

Persists at tasks given until completed (the child may be momentarily distracted but must spontaneously return to the task.)	0
On some tasks needs occasional prompting or reminding to persist until completion	1
Usually needs prompting or reminding to continue with task until completion	2
Not Known	9

84. O/E DISTRACTIBILITY (paying attention in rating to child's response to incidental usual stimuli.)

Not distracted (or only rarely) by usual stimuli when attention engaged in any activity. Not distracted or only momentarily distracted at onset of unusual

O/E DISTRACTIBILITY CONT'D

stimuli (as specified in instructions) when engaged in a task.	0
Occasionally distracted by usual stimuli and/or repeatedly distracted by unusual stimuli.	1
Distracted by usual stimuli or slight unusual stimuli, so that attention frequently diverted from any activity or task	2
Not Known	9

85. O/E EMOTIONAL RESPONSIVENESS (to interviewer)

Emotionally responsive in normal way to interviewer shows range of emotions appropriate to interview situation (may however show excess of emotion eg. crying).	0
Limited emotional response to interviewer. Definite evidence of some appropriate response but restriction of emotional involvement.	1
Markedly lacking in emotional response to interviewer, seems difficult to get through to child, every emotional involvement with interviewer.	2
Not Known	9

86. O/E RELATIONSHIP WITH EXAMINER

Good rapport established and maintained	0
Rather difficult to gain or maintain rapport (for any reason: eg. autism, belligerence, unco-operativeness, negativism, etc.)	1
Rapport with child not obtained or severely limited (for any reason)	2
Not Known	9

87. O/E DISINHIBITION

Some reserve - as normal with a strange adult 0

Treats examiner in an easy, friendly manner with little or no reserve. Rather disinhibited for the interview situation. 1

Treats examiner as if a long standing friend of his own age, that is, markedly disinhibited and over-friendly for the interview situation, may be cheeky, make unprompted remarks about the room or the examiner or his clothes, ask a lot of questions, etc. 2

Disregard of the interviewer or his instructions shown by proceeding with own interests with little regard to the demand of the interviewer. May ask spontaneous questions or make unprompted comments but cheeky or friendly. This kind of disregard is self-centered rather than outgoing and overfriendly. 3

Not Known 9

88. O/E SPONTANEOUS TALK

At least 4 spontaneous comments during the interview 0

1-3 spontaneous comments 1

No spontaneous comments 2

Not Known 9

89. O/E SMILING

Smiles appropriate 0

Smiles only occasionally 1

No or very little smiling 2

Not Known 9

SECTION FIVE

90. OVERALL JUDGMENT OF PSYCHIATRIC STATE

No abnormality	0
Dubious abnormality	1
Slight but definite abnormality	2
Moderate abnormality	3
Marked abnormality	4
Not Known	9

91. TYPE OF ABNORMALITY

No abnormality	0
Anxiety or phobic state	1
Depression	2
Other neurotic disorder	3
Mixed neurotic/antisocial disorder	4
Antisocial	5
Hyperkinetic syndrome	6
Psychotic syndrome	7
Other - specify	8
.....	9
Not Known	9

Specify the evidence for the diagnosis:

92. PHYSICAL APPEARANCE OF CHILD

Definitely pleasant	0
Ordinary	1

PHYSICAL APPEARANCE OF CHILD CONT'D.

Rather unattractive 2

Ugly, deformed, or definitely unpleasant 3

Not Known 9

93. MANNER OF CHILD

Definitely pleasant 0

Ordinary 1

Rather unattractive 2

Definitely unattractive 3

Not Known 9

Free description of child at interview:

I've asked you lots of questions. Is there anything you would like to ask me?

(As far as possible give an age appropriate response to the child - perhaps getting the answer he expected.)

Thank you very much for coming along and being so helpful.

(Shaking hands - not only provide a friendly gesture but also can provide information concerning anxiety.)

DATE OF INTERVIEW: _____

NAME OF INTERVIEWER: _____

NOTES FOR RATING AND GENERAL REFERENCES

Question 1 a, b

Peer: to be defined as another person between the ages of 6 - 11 who is not a sib and who has been seen to talk to for any reason outside school for more than 5 - 10 minutes. Contacts on the way to or from school, unless the child actually went into the friends home, or unless they went to a snack-bar or library on the way home are not to be counted.

Question 2 a, b

Range of peer-contacts: the number of different friends seen in the last week.

Question 3 a, b

A special friend: someone with whom the child has been in contact at least once 2/52, whom he especially enjoys going out with or finds it especially easy to confide in. Rating of 1 if there is such a person but it is doubtful if he feels a special role.

Question 4

Membership in group: child's perception of his being a member of such a group should be taken as sufficient for coding provided that he has had contact with the group within the last week.

Question 5

Visiting: the length of the visit is immaterial but it is not sufficient for rating if the child just knocks at a friend's door to call for him.

Question 7

Parental approval of friends, rating dependent on 1) having been expressed, 2) still actively operative during the period in question. Rating 1 child's thinking that his parents disapprove not sufficient, parents must actually have said something about his friends during the period for the rating to be made.

Question 8

T.V. Hours: round hours upwards if half an hour or more, downwards if less than 1/2 hour.

Question 10

Movies: rating is not dependent on the child's going in the company of friends or family.

Question 14

Books extra curriculum: any book not a requisite for completion of school work may be included.

Question 15

Visiting: includes any sort of leisure outing lasting more than 1 hour as well as visiting relatives, shopping with parents.

Question 16

Pocket money: money given in some sort of regular way by parent or other near relative. Variation of pocket money over weeks - rate average. Earnings: gleaned from tasks inside or outside home, not to be included.

Question 17

Child's perception of parental strictness: Rating not made on the child's response to question although attention should be paid to this aspect. Also take into account any remarks the child makes in other parts of the interview to decide final rating.

Question 17

Parent-child disagreement on child's activities: alteration is a discussion with an element of bad feeling in it or anything more unpleasant than this such as an argument or episode of violence.

Question 18

Housework: any sort of chore taking more than one minute or so counts, i.e. bed making. Such things as bringing milk from front door or care of personal or family pets count towards rating.

Question 22, 23, 26

Spontaneous criticism: remarks made in 1) disapproving or denigrating way; 2) negative emotive voice, eg. "My Mom.. its like talking to a brick wall."; 3) describing negative feeling in themselves which have been produced by the parent, eg. he annoys me.

Question 24, 25, 27

Rejection: spontaneous hostility represents an all pervading attitude the child may have to a person, specific criticism not necessary in rating, as child rejects person as person, eg. "she just doesn't understand anything at all". If doubtful of all pervading attitude - rate 1.

Question 45

Adequacy of peer relationship: common difficulties - inability or relative inability to make or keep friends, feeling in the child that he is especially picked on, is unpopular or is laughed at.

76. O/E Anxiety

1. facial expression
2. any trembling
3. sweating and autonomic components
4. comments by the child about way feeling

77. O/E Sad - rating dependent on:

1. general demeanor at interview
 2. facial expression
 3. tears coming to eyes
 4. remarks made by child
- Caution should be used in rating if child is unresponsive and apathetic.

78. O/E Tearful

- 1. if tears come to eyes at one point
- 2. child actually cries

79. O/E Muscular tension - at rest

- 1. clenching of jaws
- 2. sitting stiffly on edge of chair grasping of hand tightly

80. O/E Facial tics - repetitive movements of face

- 1. blinking
- 2. frowning

81. O/E Other tics - repetitive movements manifested in parts of body other than face.

82. O/E Gross activity level (relative to situation of interview).

75. O/E Fidgetiness

- 1. squirmy movements, shifting around in chair
- 2. cross and uncrossing legs
- 3. movements of child are not a part of child going from one place to another.

84. O/E Distractability - child distracted by:

- 1. objects in room
- 2. people walking past the door
- 3. interviewer making notes
- 4. assessment while child performing tasks

85. O/E Emotional responsiveness.

90. Overall Judgment of Psychiatric State

Dubious abnormality: some abnormality unusual for age, sex, but not constituting any kind of handicapping psychiatric disorder.

90. Cont'd

Slight but definite abnormality; clinically significant psychiatric abnormality present, but is only slight or is isolated eg. facial tic but nothing else evident; generally anxious child.

Moderate abnormality: rate for more general and more severe abnormality, child who is sad, unhappy at home, feeling life not worthwhile or difficulty in peer relationships and repeated antisocial acts.

Marked abnormality: gross and generalized abnormality in emotions, behaviour and relationships that is evident from the interview alone; that the child has a handicapping psychiatric disorder of at least a moderate degree i.e. persistent antisocial behaviour together with social isolation or disregard for other people.

APPENDIX F

Letters to the Parents

March 23, 1973

Dear

I am concerned that some children may not be obtaining the greatest benefit from their attendance at school. As a graduate student at Memorial University, I would like to look at a group of children who are having difficulties in school to see if this is the case. From such information, it may be possible to aid your child and the ones who follow him, in their educational attainment. I would like to include your child, in this study.

The procedure which will be used with each child in the group includes:

1. obtaining a report from the teacher concerning the child's behaviour and his progress in school,
2. seeing the child to obtain some idea of how he views his school, his activities and his friends. Psychological testing may also be required,
3. seeing the parents for the purpose of obtaining information concerning the child in the home.

I would like to stress that the information gained will be held in strictest confidence. The work of obtaining and compiling the information will be done by me and the material presented at completion of the work will not identify individual children or their families.

It would be greatly appreciated if you would indicate whether or not you are willing to participate in this effort to obtain more information about the school system in this province. Your school board has been contacted regarding this proposal and they have given their consent to allow me to work in the school.

Please complete and detach the bottom portion of this letter and return by means of the enclosed reply envelope. If you need further information please call me at 722-5100 ext. 216.

Thank you for your time.

Yours very truly

(Miss) Linda Hollett

I give permission for my child, _____
to be included in this study.

Signature:

Date:

If you have any questions, feel free to indicate them in
the space below.

APPENDIX G
Occupational Coding

MAJOR, MINOR AND UNIT GROUP CODE**MAJOR GROUPS**

- 11 Managerial, Administrative and Related Occupations
- 21 Occupations in Natural Sciences, Engineering and Mathematics
- 23 Occupations in Social Sciences and Related Fields
- 25 Occupations in Religion
- 27 Teaching and Related Occupations
- 31 Occupations in Medicine and Health
- 33 Artistic, Literary, Performing Arts and Related Occupations
- 37 Occupations in Sport and Recreation
- 41 Clerical and Related Occupations
- 51 Sales Occupations
- 61 Service Occupations
- 71 Farming, Horticultural and Animal-Husbandry Occupations
- 73 Fishing, Hunting, Trapping and Related Occupations
- 75 Forestry and Logging Occupations
- 77 Mining and Quarrying Including Oil and Gas Field Occupations
- 81/82 Processing Occupations
- 83 Machining and Related Occupations
- 85 Product Fabricating, Assembling and Repairing Occupations
- 87 Construction Trades Occupations
- 91 Transport Equipment Operating Occupations
- 93 Material-Handling and Related Occupations, n.e.c.
- 95 Other Crafts and Equipment Operating Occupations
- 99 Occupations Not Elsewhere Classified

MINOR GROUPS

MAJOR GROUP 11 - MANAGERIAL, ADMINISTRATIVE AND RELATED OCCUPATIONS

- 111 Officials and Administrators Unique to Government
- 113/114 Other Managers and Administrators
- 117 Occupations Related to Management and Administration

MAJOR GROUP 21 - OCCUPATIONS IN NATURAL SCIENCES, ENGINEERING AND MATHEMATICS

- 211 Occupations in Physical Sciences
- 213 Occupations in Life Sciences
- 214/215 Architects and Engineers
- 216 Other Occupations in Architecture and Engineering
- 218 Occupations in Mathematics, Statistics, Systems Analysis and Related Fields

MAJOR GROUP 23 - OCCUPATIONS IN SOCIAL SCIENCES AND RELATED FIELDS

- 231 Occupations in Social Sciences
- 233 Occupations in Social Work and Related Fields
- 234 Occupations in Law and Jurisprudence
- 235 Occupations in Library, Museum and Archival Sciences
- 239 Other Occupations in Social Sciences and Related Fields

MAJOR GROUP 25 - OCCUPATIONS IN RELIGION

- 251 Occupations in Religion

MAJOR GROUP 27 - TEACHING AND RELATED OCCUPATIONS

- 271 University Teaching and Related Occupations
- 273 Elementary and Secondary School Teaching and Related Occupations
- 279 Other Teaching and Related Occupations

MAJOR GROUP 31 - OCCUPATIONS IN MEDICINE AND HEALTH

- 311 Health Diagnosing and Treating Occupations
- 313 Nursing, Therapy and Related Assisting Occupations
- 315 Other Occupations in Medicine and Health

MAJOR GROUP 33 - ARTISTIC, LITERARY, PERFORMING ARTS AND RELATED OCCUPATIONS

- 331 Occupations in Fine and Commercial Art, Photography and Related Fields

333 Occupations in Performing and Audiovisual Arts

335 Occupations in Writing

MAJOR GROUP 37 - OCCUPATIONS IN SPORT AND RECREATION

371 Occupations in Sport and Recreation

MAJOR GROUP 41 - CLERICAL AND RELATED OCCUPATIONS

411 Stenographic and Typing Occupations

413 Bookkeeping, Account-Recording and Related Occupations

414 Office Machine and Electronic Data-Processing Equipment Operators

415 Material Recording, Scheduling and Distributing Occupations

416 Library, File and Correspondence Clerks and Related Occupations

417 Reception, Information, Mail and Message Distribution Occupations

419 Other Clerical and Related Occupations

MAJOR GROUP 51 - SALES OCCUPATIONS

513/514 Sales Occupations, Commodities

517 Sales Occupations, Services

519 Other Sales Occupations

MAJOR GROUP 61 - SERVICE OCCUPATIONS

611 Protective Service Occupations

612 Food and Beverage Preparation and Related Service Occupations

613 Occupations in Lodging and Other Accommodation

614 Personal Service Occupations

616 Apparel and Furnishings Service Occupations

619 Other Service Occupations

MAJOR GROUP 71 - FARMING, HORTICULTURAL AND ANIMAL-HUSBANDRY OCCUPATIONS

711 Farmers

713 Farm Management Occupations

718/719 Other Farming, Horticultural and Animal-Husbandry Occupations

MAJOR GROUP 73 - FISHING, HUNTING, TRAPPING AND RELATED OCCUPATIONS

731 Fishing, Hunting, Trapping and Related Occupations

MAJOR GROUP 75 - FORESTRY AND LOGGING OCCUPATIONS

751 Forestry and Logging Occupations

MAJOR GROUP 77 - MINING AND QUARRYING INCLUDING OIL AND GAS FIELD OCCUPATIONS

771 Mining and Quarrying Including Oil and Gas Field Occupations

MAJOR GROUP 81/82 - PROCESSING OCCUPATIONS

811 Mineral Ore Treating Occupations

813/814 Metal Processing and Related Occupations

815 Clay, Glass and Stone Processing, Forming and Related Occupations

816/817 Chemicals, Petroleum, Rubber, Plastic and Related Materials Processing Occupations

821/822 Food, Beverage and Related Processing Occupations

823 Wood Processing Occupations, Except Paper Pulp

825 Pulp and Papermaking and Related Occupations

826/827 Textile Processing Occupations

829 Other Processing Occupations

MAJOR GROUP 83 - MACHINING AND RELATED OCCUPATIONS

831 Metal Machining Occupations

833 Metal Shaping and Forming Occupations, Except Machining

835 Wood Machining Occupations

837 Clay, Glass, Stone and Related Materials Machining Occupations

839 Other Machining and Related Occupations

MAJOR GROUP 85 - PRODUCT FABRICATING, ASSEMBLING AND REPAIRING OCCUPATIONS

851/852 Fabricating, and Assembling Occupations, Metal Products, n.e.c.

853 Fabricating, Assembling, Installing and Repairing Occupations: Electrical, Electronic and Related Equipment

854 Fabricating, Assembling and Repairing Occupations, Wood Products

855/856 Fabricating, Assembling and Repairing Occupations: Textile, Fur and Leather Products

857 Fabricating, Assembling and Repairing Occupations, Rubber, Plastic and Related Products

858 Mechanics and Repairmen, n.e.c.

859 Other Product Fabricating, Assembling and Repairing Occupations

MAJOR GROUP 87 - CONSTRUCTION TRADES OCCUPATIONS

- 871 Excavating, Grading, Paving and Related Occupations
- 873 Electrical Power, Lighting and Wire Communications Equipment Erecting, Installing and Repairing Occupations
- 878/879 Other Construction Trades Occupations

MAJOR GROUP 91 - TRANSPORT EQUIPMENT OPERATING OCCUPATIONS

- 911 Air Transport Operating Occupations
- 913 Railway Transport Operating Occupations
- 915 Water Transport Operating Occupations
- 917 Motor Transport Operating Occupations
- 919 Other Transport Equipment Operating Occupations

MAJOR GROUP 93 - MATERIAL-HANDLING AND RELATED OCCUPATIONS, N.E.C.

- 931 Material-Handling and Related Occupations, n.e.c.

MAJOR GROUP 95 - OTHER CRAFTS AND EQUIPMENT OPERATING OCCUPATIONS

- 951 Printing and Related Occupations
- 953 Stationary Engine and Utilities Equipment Operating Occupations
- 955 Electronic and Related Communications Equipment Operating Occupations, n.e.c.
- 959 Other Crafts and Equipment Operating Occupations, n.e.c.

MAJOR GROUP 99 - OCCUPATIONS NOT ELSEWHERE CLASSIFIED

- 991 Occupations Not Elsewhere Classified

APPENDIX H.
Chi Square Tables

ADJUSTMENT

1. Teachers' Report of Psychiatric Disorder in Special and Regular Classes.

	Dis- order	No Dis- order	
Special Class	12	15	27
Regular Class	5	22	27
	17	37	54

2. Reports of "Overactivity" in Special Class Children by Teachers and Parents

	Over- activity	No Diffi- culty	
Parents	2	24	26
Teachers	16	11	27
	18	35	53

3. Reports of "Overactivity" in Regular Class Children by
Parents and Teachers

	Over- activity	No Diffi- culty	
Parents	0	26	26
Teachers	12	15	27
	12	41	53

4. Reports of "Fidgetiness" in Regular Class Children by
Parents and Teachers

	Fidgeti- ness	No Difficulty	
Parents	0	26	26
Teachers	7	20	27
	7	46	53

5. Reports of "Poor Concentration" in Special Class Children
by Parents, Teachers, Observation from the
Children's Interviews

	Poor Con- centration	No Diffi- culty	
Parents	1	25	26
Teachers	15	12	27
Children	7	20	27
	23	57	80

6. Reports of "Poor Concentration" in Regular Class Children
by Parents, Teachers, Observation from the
Children's Interviews

	Poor Con- centration	No Diffi- culty	
Parents	0	26	26
Teachers	10	17	27
Children	4	23	27
	14	66	80

7. Teachers' Report of "Stammering" in Special Class and Regular Class Children

	Stammering	No Difficulty	
Special Class	8	19	27
Regular Class	1	26	27
	9	45	54

8. Teachers' Report of "Fighting" in Special and Regular Class Children

	Fighting	No Difficulty	
Special Class	16	11	27
Regular Class	7	20	27
	23	31	54

9. Reports of "Destructiveness" in Special Class Children by
Teachers and Parents

	Destruc- tiveness	No Diffi- culty	
Teachers	6	21	27
Parents	0	26	26
	6	47	53

10. Teachers' Report of "Not Liked" in Special and Regular
Class Children

	Not Liked	No Diffi- culty	
Special Class	11	16	27
Regular Class	3	24	27
	14	40	54

11. Reports of "Irritable" in Regular Class Children by Teachers and Parents

	Irritable	No Difficulty	
Teachers	7	20	27
Parents	15	11	26
	22	31	53

12. Reports of "Worried" in Regular Class Children by Parents, Teachers and Children.

	Worried	No Difficulty	
Parents	6	20	26
Teachers	7	20	27
Children	18	9	27
	31	49	80

13. Reports of "Miserable" in Regular Class Children by Parents,
Teachers and Children

	Miser- able	No Diffi- culty	
Parents	3	23	26
Teachers	4	23	27
Children	16	11	27
	23	57	80

14. Reports of "Fears" in Regular Class Children by Parents,
Teachers and Children

	Fears	No Diffi- culty	
Parents	14	12	26
Teachers	3	24	27
Children	19	8	27
	36	44	80

15. Reports of "Aches and Pains" in Special Class Children by
Parents and Teachers

	Aches & Pains	No Diffi- culty	
Parents	8	18	26
Teachers	0	27	27
	8	45	53

16. Reports of "Nail Biting" in Regular Class Children by
Parents and Teachers

	Nail Biting	No Diffi- culty	
Parents	7	19	26
Teachers	0	27	27
	7	46	53

PHYSICAL ATTRIBUTES AND HEALTH

17. Constructional Abilities in Regular Class (IQ below 85) and Regular Class Children (IQ at or above 85)

Codings:	0	1	2	3	
Regular Class (< 85)	0	0	3	0	3
Regular class (≥ 85)	6	14	2	2	24
	6	14	5	2	27

18. Laterality in Special Class Children and Regular Class Children

Codings:	0	1	2	3	
Special Class	7	7	10	3	27
Regular Class	16	1	7	3	27
	23	8	17	6	54

19. Laterality in Special Class Children and Regular Class Children, at One School

Codings:	0	1	2	
Special Class	1	6	3	10
Regular Class	6	1	3	10
	7	7	6	20

20. Comparison of Child's Milestone Acquisition with Siblings in Special and Regular Class Children

Codings:	0	1	2	
Special Class	17	0	9	26
Regular Class	20	5	1	26
	37	5	10	52

21. G.P. Contacts in Special and Regular Class Children
Attending One School

	G.P. Contacts	No G.P. Contacts	
Special Class	1	9	10
Regular Class	7	3	10
	8	12	20

22. Vision Reading Chart Performance in Special and Regular Class Children

Codings:	0	3	4	5	6	7	
Special Class	1	3	1	7	9	5	
Regular Class	0	0	0	1	11	14	
	1	3	1	8	20	19	54

23. Vision Reading Chart Performance in Special and Regular Class Children in One School

Codings:	0	3	5	6	7	
Special Class	1	2	5	0	0	8
Regular Class	0	0	1	4	4	9
	1	2	6	4	4	17

24. Vision Reading Chart Performance in Special Class (at or above 85) and Regular Class Children

Codings:	0	5	6	7	
Special Class (≥ 85)	10	4	1	2	17
Regular Class	0	1	11	14	26

25. Height in Special Class Children and the Normal Population

	Percentiles: 3	10	25	50	75	90	97	100	
Special Class	6	5	6	2	4	3	0	0	26
Normal Population	.72	1.7	3.6	6	8.6	1.8	1.7	.7	26
	6.72	6.7	9.6	8	10	6.6	1.7	.7	52

26. Height in Regular Class Children and the Normal Population

Percentiles:

	3	10	25	50	75	90	97	100	
Regular Class	4	5	4	7	2	3	0	1	26
Normal Population	.75	1.85	4.1	6.25	6.5	3.9	1.7	.9	26
	4.75	6.85	8.1	13.25	8.5	6.9	1.7	1.9	52

27. Weights in Special Class Children and the Normal Population

		Percentiles:								
		3	10	25	50	75	90	97	100	
Special Class		8	4	5	5	4	0	0	0	26
Normal Population		.8	1.9	4.1	6.3	3.9	3.9	1.7	.9	26
		8.8	5.9	9.1	11.3	7.9	3.9	1.7	.9	52

28. Weight Height Percentiles Discrepancies in Special and Regular Class Children

	Overweight	appropriate	Underweight	
Special Class	4	10	11	25
Regular Class	11	11	3	25
	15	22	14	50

29. Maternal Education in Special Class Children (below 85)
and Regular Class Children

Codings:

	0	1	2		
Special Class (< 85)	5	2	1	0	8
Regular Class	3	11	10	0	25
	8	13	11		33

30. Maternal Employment in Regular and Special Class Children

Codings:

	0	1	2	4	
Regular Class	12	3	5	6	26
Special Class	23	0	2	2	27
	35	3	7	8	53

33. "Bullied by Peers" in Special Class Children (below 85)
and Regular Class Children (at or above 85)

Codings:

	0	1	2	
Special Class (<85)	1	7	0	8
Regular Class	12	8	4	24
	13	15	4	32

34. "In Trouble for Hitting Others" in Special Class Children
(below 85) and Regular Class Children (at or above 85)

Codings:

	0	1	2	
Special Class (<85)	2	4	1	8
Regular Class (≥ 85)	17	7	0	24
	19	11	1	32

31. "Teasing by Peers" in Special Class Children (below 85) and Regular Class Children

Codings:

	0	1	2	3	
Special Class (<85)	0	7	0	1	8
Regular Class	9	10	7	1	27
	9	17	7	2	34

32. "Bullied by Peers" in Special Class Children (below 85) and Regular Class Children

Codings:

	0	1	2	
Special Class (<85)	1	7	0	8
Regular Class	14	9	4	27
	15	16	4	34

35. "Teasing by Peers" in Special Class Children (below 85)
and Special Class Children (at or above 85)

Codings:

	0	1	2	3	
Special Class (< 85)	0	7	0	1	8
Special Class (≥ 85)	8	13	4	1	27
	8	20	4	2	34

36. "Bullied by Peers" in Special Class Children (below 85)
and Special Class Children (at or above 85)

Codings:

	0	1	2	3	
Special Class (< 85)	1	7	0	0	8
Special Class (≥ 85)	10	4	2	1	17
	11	11	2	1	25

37. "Trouble for Hitting Others" in Regular Class Children
 (at or above 85) and Regular Class Child-
 ren (below 85)

Codings:

	0	1	2	
Regular Class (\geq 85)	17	1	0	18
Regular Class ($<$ 85)	2	0	1	3
	19	1	1	21

