Chapter Six

A DESCRIPTIVE ANALYSIS OF THE SPECIAL SCHOOL SETTING

The present chapter affords an insight into the special school milieu afforded to the M.I.R. children who comprise the sample of the present investigation. Existing special class intervention programmes are few in number and it is imperative to assess the programmes on their educational and therapeutic value to judge their efficacy in promoting the mental and psychological health of the retardate and to establish criterion models for further development of such schools.

The present research is aimed towards an effective understanding of the dynamisms operating within the family milieu of the retardate, and the variables predominant in the perceptual framework of the retardate as regards his family and school milieu and his own self and the possible relation of these variables to the improved or deteriorated functioning levels of the retardate within the school milieu. The school milieu comprising of the educational and therapeutic principles, modes of skills inculcation and the role of the special class teacher in implementing remediation techniques, is one which is constant for all the retardates, and hence an over all assessment of the special school setting is attempted to comprehend and
critically analyse the variables operative within it.

A review of literature on the special class and its
efficacies reveals emphasis on reality oriented, living-
playing-learning experiences and activities that offer
continuity, stability, security, and a sense of achievement
to the retarded subjects, Kirk (1966), Bandura (1963),
Quay (1963), Quay (1966). The educational and therapeutic
value of the daily programme depends on how effectively
the special teacher employs individual tutoring and
remediation based on an ongoing assessment of each child's
learning and behavioural problems and deficits, and how
effectively he/she can integrate each child's individual
skills, interests and needs into the programming and
group processes of the class room curriculum, Bayley (1949),

The Selection of a Special Institution

To obtain a first hand information about the special
institution catering to the mentally retarded children,
a number of institutions were visited, and finally the
'Model School for the Mentally Retarded' was chosen,
mainly because of the cooperation showed by the personnel
of the school, and because the school children fulfilled
the conditions of the sample to be chosen.

A Brief Description of the Working of the Institution

The present research was conducted at 'the Model
School for Mentally Retarded Children', Kasturba Niketan, Lajpat Nagar, New Delhi. This is an institution established by the Department of Social Welfare of the Government of India, as a pilot project to provide opportunities for scientific education and training to a limited number of mentally retarded children. The establishment of this school marks the beginning of a new phase because as the name indicates, it aims to undertake valuable work in developing new and more effective techniques for educating the mentally retarded children and at a later date take a lead in the field of training personnel to work in the field of mental retardation.

The school has three types of students who are being imparted training and education:

(a) **The Day Scholars** (with maximum home and minimum school environment).

(b) **The Residents** (with parents/guardians living near. Those children could go home during the weekend. This group is known as the group who has maximum school and partial home environment).

(c) **The Residents** (outstation). These children were confined totally to the institution for a long stretch or semester and could go to their outstation homes only on vacation or times of emergency. This is the total institutional group.
The special school has a capacity to admit approximately one hundred E.M.R. children. It admits only those retardates who are educable and are between the ages of 6 and 12 years provided they are free from severe physical disability.

**Principles of Instruction in the Special Education Programme**

**Assessment**

The E.M.R. child has a special diagnosis including medical, social, psychological and educational evaluations before he/she is assigned to a special class. A reassessment is made at periodic intervals thereafter. The retardate's level of development in various areas is evaluated and represented in the developmental profile. This kind of assessment, together with the medical and social history, gives the teacher an indication of the child's assets and liabilities, an insight into his/her abilities and achievements as shown by his/her developmental pattern, and facts about the retardate's physical and social status, before the teacher begins the process of instruction. Modifications of educational and instructional practices are to a large extent dependent upon the adequate assessment of the child. This is one major feature which differentiates the education of the retardate from that of the average, since the normal child does not usually need such a comprehensive and thorough evaluation.
Special Materials

B.M.R. children need special material. The physical size of the classroom, the desks, and the furnishings are not different from those of a regular grade, but the instructional materials are different. For example, the reading books used in regular classes are geared to the development of an average child. Whereas it may take 17 repetitions of a word before the average child can learn it in a primer or pre-primer, the retardate may need 30 to 35 repetitions before he can master it. This means that for efficient instruction of the retardate, the teacher must use specialised instructional material in a variety of systematic methods and in a variety of situations. It is necessary to adapt and adjust books and instructional material to the rate of learning and the growth potentials of the retardate.

Special Learning Principles

Instructions for the retardate within the special intervention programme is based on certain principles:

(a) Progress is from the known to the unknown, using concrete materials to foster understanding of more abstract facts.

(b) The retardate is helped to transfer known abilities from one situation to another, rather than being expected to make generalizations spontaneously.
(c) The teacher has to use many repetitions in a variety of experiences.

(d) Learning is often stimulated through novel and exciting situations.

(e) The process of task inculcation is made smooth and easy by presenting one idea at a time and presenting learning situations by sequential steps.

(f) Learning is reinforced through using a variety of sense modalities - visual, vocal, auditory, kinesthetic.

The particular special school programme encompasses two categories of instruction.

(a) **Systematic Instruction**

E.H.R. children lack a high level of generalization and are usually unable to learn material without instruction, as the average child learns it. Much of the knowledge and skills acquired by the average child is learned without specific instruction by the teacher. But for the retarded child instruction needs to be systematically presented without too much reliance on incidental learning. Learning for them is programmed in sequence and presented in such a way that the child will learn at a rate compatible with his developmental potential. Systematic instruction in every area requires time, planning, and insight, the essentials in a special education programme for E.H.R. children.
(b) **Individualized Instruction**

The term 'individualized instruction' has two meanings. In the regular grades it means that the teacher adapts instruction to individual differences. The organization of the special class with its philosophy results in a kind of individualization which is not workable in the regular grades. It includes both the adaptation of instruction and materials to the achievement level of each child and also clinical educational teaching for special disabilities. The latter is more feasible in a special class because of the special assessment furnished to the teacher by the psychologist and the smaller size of the class.

**A Brief Discussion of the School Curricula**

The special school programme consists of three major dimensions: (a) a 'play' based programme, or (b) 'social' development programme, and (c) 'academic' skill development programme.

**The Play Programme**

The rational behind this programme is that children learn through many situations as play develops a child's mind and body.

(a) Intellectually, play is stimulating, as the retardate may be planning, measuring, testing, and trying out
combination for space and size.

(b) Socially, the retarded learns to relate to a group, collaborating on a project involving several children and hence developing an ability to speak at least a few understandable words, to convey his ideas to others, to listen to and understand others. Outdoor play also, not only provides a means for good physical exercise and an outlet for excess energy but also stimulates imaginative play and encourages social group formation.

(c) Play stimulates imagination and varied forms of creativity. The retarded learns about sizes, shapes, weights, height and depth.

The Social Development Programme

By definition, 'the school development programme' implies social maturity and social maturity is manifested:

(a) by the extent to which an individual is able and willing to conform to customs, habits and standards of behaviour prevailing in the society in which he lives.

(b) by the degree to which he is able to do so independent of direction and guidance.

(c) by the extent to which he participates constructively in the social affairs and commitments of his community.
This programme further implies the social competence, the social knowledge, the social attitudes and the social relations levels.

The Social Competence

The social competence level implies the retardates ability to take care of his 'self-help' needs and to carry out social tasks appropriate for his level of functioning.

The Social Knowledge

The social knowledge dimension focusses on language development, awareness of persons and the environment and their function and knowledge of common objects and their uses.

The Social Attitude and Social Relations

The social attitude and social relations area is the most difficult to measure and yet it is a dynamically important one in assessing maturity.

The major areas handled are:

(a) the child's relation with himself as indicated by his ability to assure himself, use his leisure profitably, develop and pursue his interests.

(b) the child's relations with his peers as manifested by the type of group-play which he chooses and the extent to which he will cooperate with the group.

(c) the child's interactional modes with adults.
The Academic Skills Programme

The primary area dealt with here is the area of communicative skills. Communication involves language ability, comprehension of the spoken words, quality and quantity of speech and the capacity to think. Their reading ability is important as their ability to grasp arithmetical concepts. They learn relevant quantitative concepts, however, such as more and less, big and little, and the vocabulary of quantitative thinking. Other programmes included in the educative process are development of personnel hygiene, motor development, dramatics, music, sensory training, ability to discriminate visual and auditory patterns etc.

The methods of instruction, used within the academic skill inculcation programme are in many ways, identical to those used by educators with normal children. However within the special class there is a greater emphasis on control, management, motivation efforts, individual remediation and inculcation of adaptive skills. This points up the fact that the goal is schooling, although conditions force attention to the deeper control and motivational complex. The task of special education is to work out a dynamic classroom experience for the children with strong remedial and therapeutic implications. Skills in reading, language, numbers, social relationships and self control are of great importance. Highly organized, step by step
instruction is essential for the retarded child. Because of the E.H.R.'s slower rate of development they must also have their learning of a sequence of successively more difficult skills and concepts distributed over a longer period of time. As the result of remaining at a specified level for a more extended period of time, material is presented in a greater variety of ways and applied to more and varied kinds of situations.

Language Arts

Reading is the single most important skill taught in the special class. Studies by Dunn (1964), Sinches (1963), Cogelka (1970) on reading skills of E.H.R. children, postulate that the E.H.R. children read far below their expectancy or mental age level, which can only be rectified by intensive remedial instruction. The class room analysis of the special school under study indicates a direction towards a definite organized approach towards reading as the base towards an effective development of all academic skills. Additional to reading skills, the retardates are inculcated with skills and experience in speech, language, visual memory and discrimination, auditory memory and discrimination, motor ability etc. Deficiencies in speech skills and language development are overcome by an emphasis on free expression, descriptive oral tests of events and experiences and participation in innumerable games and
activities designed to enhance visual and auditory abilities. Inculcation of academic and adaptive skills is based on the premise that advanced intervention measures will have little or no value unless the retardates have achieved sufficient developmental maturity and the requisite receptivity of inculcation of skills.

The special school academic curricula also emphasizes on important subjects in written communication, spelling, so that the recipient can recognise the written word and writing, so that the word is legible. In teaching spelling, rules and generalizations probably have little value, but adequate auditory discrimination and basic knowledge of phonics are of inestimable value. Each written lesson is inculcated as a spelling lesson and the corrected words are written rather than spelled orally by the retardate as this is the way in which he will eventually use them. The words selected for spelling tests are not from standard spelling lists but rather from words the child actually uses in his restricted written communication. It is also imperative to teach the correct method of producing the individual letters and correct formation of letters and words including proper size and spacing in relation to their use. Correct letter formation, spacing, and legibility are insisted upon.

The Development of Quantitative Concepts

The home and neighbourhood environment of the majority
of the E.M.R. children affects their early acquisition of numerical and quantitative concepts in much the same way that it affects their speech and language development. Many of the basic quantitative concepts a normal child brings with him to the school are absent in the E.M.R. child when he enters the special primary class. The special class teacher, in the present educational milieu includes within the curricula, a number of activities and experiences that develop the concept of longer, stronger, greater, smaller, more, less, after, before and so forth, to insure the basic foundation upon which specific number concepts and skills may later be developed.

It is considered unnecessary at these early stages to set aside specific periods for the development for the child of quantitative understanding. Every situation that arises is taken advantage to promote the retardate's growth in these areas. The special teacher is organised and aware of the retardate's sequential development. Where sufficient quantitative experience with reference to day to day simple concepts are obtained, increased levels of complexities are usually not inculcated within the retardate, and concepts already mastered are reinforced through simple day to day academic and social activities.

An over all critique of the special school curricula of the E.M.R. children reveals a greater emphasis on the development of adaptive and self help mechanisms, rather
than skills requiring cognitive intervention. The aim of the special class is geared towards each retardate's growth potential on the cognitive, social, self-help and psychological dimensions and a development of intervention strategies to suit individual need patterns. This requires an effective insight of the retardate's needs and growth patterns by special educators and effective implementation of intervention programme by competent special class teachers.

The School Personnel

An appraisal of the working of the special educational institution gives rise to the question of a descriptive and critical analysis of the teaching personnel. The efficacy of the special class and its productivity in terms of inducing maximum academic and adaptive skills is dependent, secondarily on the guidelines of educational, occupational, recreational and rehabilitation policies of the institutions, and primarily on the effectiveness of the teaching personnel as specialists in human relations in dealing with the vulnerable handicapped retardates. The special school teachers are socializing agents with specific educational roles. They create a learning environment in which the E.M.R. child, with his lowered cognitive and psycho-social functioning levels, can successfully acquire skill and knowledge related to a more adaptive adjustment. The special class teacher operates not only as an educator, but implements novel
learning strategies and counselling measures as psychotherapists, and provides a disciplinarian milieu characterized by a warm and caring atmosphere, like parent surrogates.

In spite of the increase in special education programmes for mentally retarded individuals and the concurrent rise in teacher preparation courses in this area of exceptionality, minimal research has been done to assess the efficacy and competencies of the special class teachers.

The present investigation attempted to appraise and comprehend the special class setting which was afforded for the retardate’s growth and educative process. The special class setting comprises of the learning and therapeutic measures implemented as a special educative programme for the retarded children and the special teacher’s role in inculcating learning and adjustive skills in the retardate - up to the units of the retardate’s native endowment. The special teachers' role is probably the most dynamic influence within the school milieu on the retardates developmental process. The teacher acts as a specialist in facilitating the retardate's growth and it is imperative for him/her to posses the training, knowledge and self insight to respond differentially to the varied educational and personality problems presented by the retardates. Since the teacher plays a central and crucial
role in the total therapy of the retarded child, considerable attention must be paid to the selection and preparation of teachers for this work. The areas of special emphasis are the orientation of teachers, personality of teachers, knowledge of the children they teach, the competencies of the teacher with relevance to teaching mentally retarded children, and the varied strategies and techniques for teaching such children.

The present research was aimed towards administering a competency list (CL), (1957) to the special school personnel to determine which specific competencies the teacher rated as absolute necessities in the area of educating retarded children. This was done to provide a descriptive analysis of the special class setting the retardate's functioned in. An appraisal of the special teacher's perceptions of the specified competencies would lend a direction in the understanding of the special class milieu which could be considered as a constant and controlled environment for the retardate population in the school.

There has been an increasing awareness of the vital role of the special school teachers in any intervention programme developed for the mentally retarded and a review of literature offers numerous descriptive analyses as to the competencies necessary in the special school teacher.
Simchos (1963) in her paper proposed that the special school teacher of mentally handicapped children must function in a special role which integrates both the traditional role of the teacher and the clinical role of the psychotherapist, if she is to enable these children to develop and outgrow emotional handicaps, if any, present. There is a theoretical and practical difference between the goals of the traditional teacher with normal children and goals of a teacher of mentally handicapped. As also postulated by Balov (1966), goals with normal children are as follows:

(a) achievement of a specific organised body of useful knowledge,
(b) maintenance of group discipline to the degree necessary for goals and not beyond the point where it interferes with other goals,
(c) stimulation of creativity, resources, and potentials,
(d) importing of social and ethical standards on a larger scale than may take place in the home,
(e) making learning a satisfying experience with pleasurable goals but at the same time increasing the child's ability to meet challenge and frustration.

Comparatively, these goals are no doubt present with retarded children as well, but the latter goals are not immediate ones and cannot be reached by the methods
employed with normal children. Rather, they are long range goals to be achieved after certain prerequisite goals have been attained. The prerequisite goals which fall within the sphere of the teacher of mentally handicapped children have been assessed by educators, Appol (1964), Smith (1966), Bloom (1964) and Cegolka (1971) may be described as follows:

Making the child feel adequate, hopeful and unafraid in the group teaching experience through - (i) undoing distortions in interpersonal relationship by mature handling of retardates, (ii) reducing anxiety in retardates through the reduction of inappropriate expectations from them, (iii) overcoming resistance to learning by an accepting and caring attitude, (iv) setting individual standards to accommodate each retardates growth potential and needs etc.

The Special Teachers Competency in Creating the Educational Tone of the Special Class Room

The class-room for the retarded is a social and learning milieu where the tone and balance are crucial. Keeping in view the retardates growth potential, emphasis is on individual appraisal within a group setting. Group interaction is utilized to encourage the child's socialization. Fortunately, educators have passed through the period when permissiveness was considered the main item of hygienic atmosphere, Smith (1964). It is now considered,
that a pattern with implicit limits is necessary for the security of normal children, and even more so, for disturbed/handicapped children. With the mentally handicapped child, pattern is not expected to mean the elimination of classroom problems. But the problems should be those which stem from the child's pathology rather than from equivocal conditions perpetuated by the teacher. The teacher's recognition of pupils' feelings allows for flexibility within the broad pattern. This has been revealed by a critical analysis of educational designs for disturbed children, Morse (1966). Periods of regression, outbursts of frustrations, and short attention spans are all accepted as normal. The teacher is sensitive to over all moods, remaining the manager rather than the managed, fostering pupil initiative and resourcefulness, yet 'limiting energy here and channeling it there', Hewett (1964), Balow (1966).

**The Teacher's Induction of Pupil Motivation**

Good teaching methodology which exerts a sustaining and directing force on normal children may have no effect at all on retarded children. The teacher is far more consciously involved in motivational problems when working with mentally handicapped children than would be necessary with normal children, Herzman (1966). After the problem of control, the next most pressing problem reported by teachers is motivation. Frequently, though by no means always, mentally handicapped children have a history of
poor school adjustment. Their attitudes toward teachers may be negative, and any sense of self accomplishment through formal learning is lacking. This has been displayed by a series of studies by Morse (1966). Consequently, a primary goal is to develop pupil-teacher rapport and to restore the sense of pleasure in learning.

Hewett (1964) outlines a theory of levels of readiness keyed to the psycho-social development. Hewett suggests that the key to motivation is to assess the real developmental level of the pupil. While most pupils operate on different levels, depending upon the individual test at hand, there is no doubt that teachers often do expect the child to respond on a level higher than fits his capability. There is, then, no magic method of motivation. Motivation is in fact part of everything the teacher does. Problems of motivation underline all educational effort. To be effective, as postulated by Hewetts (1964) study, the school must come to be a place of pleasure and satisfaction.

Another important point universally agreed upon by special teachers is that the programme must be individualized as reported by various educators, Dann (1964), Rabinov (1966), Goldstein (1965). Each child is a school by himself. The curricula of the special school is dictated by the abilities and potentials and limitations of individual pupils. During the pupil orientation event, a base line for social and
cognitive skills is formulated and an intensive intervention programme is initiated to meet the needs of the student retardates.

Hewett's Theory of Teacher Competencies

Hewett's (1964) theory of the hierarchy of teacher competencies presupposes that teachers entering the field of education of the mentally and emotionally handicapped will possess the dedication and vitality necessary for all individuals who become effective teachers of exceptional children. In order of importance (from most basic to highest level), the hierarchy emphasizes that the teacher of the emotionally or mentally handicapped child should be objective, flexible, structured, resourceful, a social skills reinforcer, a curriculum expert, and an intellectual model. Studies pertaining to each area of competency is discussed with the view to realise the relevance and importance of the competencies.

The most important single requirement for the effective teacher of the mentally handicapped is to be objective. He/she must be knowledgeable in the field of normal and deviant psycho-social development and familiar with professional literature relating to special education with exceptional children. More important than familiarity with theory and experimental findings, however, is the development of an objective, questioning, educational
attitude towards teaching. It is not enough to rely on the trial approach to special education, using techniques because they seem appropriate or some material because of its previous success. The teacher should make an objective assessment of why particular approaches are successes or failures and communicate his findings to others, particularly as the subjects are critically vulnerable to set-in patterns which are inculcated for a particular period.

Mackie (1957) et. al. state that the teacher of the mentally handicapped child must be emotionally stable and 'not need to be loved by all, or given to achieving vicarious satisfaction through the anti-social behaviour and feeling of others. Rabinov (1960) has described 'individuals' who are drawn to the field, who are mentally unstable and whose own needs are met through involved with disturbed or handicapped children. In an extensive survey of the staff of the Neuropsychiatric Institute (NPI) School at the University of California, Los Angeles, Herrett (1964) reveals that 10 per cent of the teachers who enroll in the training course appear too unstable to work successfully with mentally handicapped children. Suffice to say that the objective teacher has some recognition of his own emotional needs and attempts to separate these from the needs of his/her students, Smith (1964).
Closely related to an objective approach to the education of the mentally handicapped is the need to be flexible. This is established in a vast amount of research done by Johnson (1971) in his critique of special teacher intervention programmes. Perhaps in no other area of education is the teacher faced with such variability among students. The flexible teacher is comfortable, operating in such a state of flux as described by Smith (1964). He also postulates that a continuous assessment of students' available learning capacities and subsequent modification of educational goals are essential. As reported by Lord and Kirk (1966) in their study, in all special education programmes, success experience for the student is given primary focus. They observe that the flexible teacher communicates complete acceptance of all students as individuals, regardless of their manifest intellectual, perceptual motor, and social skills, or current emotional states, Baylay (1949).

Rabinow (1960) in his study postulated that while maintaining a flexible approach, the teacher of handicapped children must be structured and must set consistent and reasonable behavioural and educational limits. Hewett's (1964) study on the staff of the NPI, Los Angeles, displayed that allowance is made for the changing needs and interests of the children as long as they successfully fulfill the role of a student. This role is carefully defined for
the child upon admission to class, and it assures the ability to tolerate some restriction of space, noise level, and activity and to respect the working rights of others. In case a child gets too upset within the classroom milieu he/she is removed from the classroom. Although school is taken away, schooling is not. The latter is provided on a one to one basis until the child can resume the student role. This has been regarded most effective as supplemented by Stulken (1950).

In addition to maintaining predictable behavioural limits, the teacher must also structure student assignments. Work handed out must be defined and realistically attainable, keeping in mind each child's potential to develop. Other factors which are important as revealed by Smith (1964) are assignments corrected immediately, immediate feedback, behavioural rating scales etc.

The resourceful teacher, according to Havett (1964) provides classroom experiences which emphasize maximum reality testing and multisensory stimulation. Such a teacher also selects materials and activities that are meaningful and impactful and which draw the child into an exploratory relationship with his environment. The resourceful teacher also assesses sensory and perceptual motor needs of the child and selects learning activities which provide development in these areas and promote readiness
for increased curriculum experience, Haring and Philipps (1962).

Mentally handicapped children often display seriously disturbed relationships with others, particularly with adults as proposed by Ingram (1953). It is grossly important for the teacher to assess the child's capacity for relating to an authority figure, and consequently use positive social reinforcement, such as praise and individual attention, in an appropriate manner to motivate and control the retarded student. Negative reinforcers, like a stern look, a shaking of the head, a restraining touch, are also essential in maintaining a structured working relationship. Hewett (1964) developed a model that inappropriate behaviour may often be extinguished by ignoring it.

The display of skill as a curriculum expert and a sound basic understanding of educational strategies and techniques for handicapped children can be considered as a crucial competency. Hewett (1964) suggests that teacher training programmes for exceptional children are geared towards instituting appropriate developmental and remedial procedures in simple reading, arithmetic and other basic skills. Related to the aforesaid competency in one postulated by Rothman (1966) which aims towards the development of study habits, pursuit of academic work, frequent discussions with professional in the field of exceptionality, and a deep involvement in special projects of research
relevant to the rehabilitation and handling of mentally retarded children.

The present chapter also focusses on a descriptive analysis of the school personnel, in terms of observing and assessing their perceptions of the multiple competencies deemed crucial in the school personnel's induction of cognitive and psycho-social skills within the retardate.

The present analysis is hence included to lend a direction in the descriptive analysis of the school setting in which the retardates functions. No comparison could be made as regards the qualitative assessment of the 'school milieu' since only one special school was under study. The special school teachers were all included in the assessment programme and an attempt was made to establish a criterion framework in the field of a descriptive analysis of the special school setting comprising of the perceptions of the teachers of the competencies they hold vital in the effective implementation of an educative programme for mentally retarded children. This setting could be considered as a constant variable operating upon all the retardates and being reflected in their psycho-social and cognitive adjustments and functioning.

The competency list, developed by Mackie, Kauracous, Williams (1957), was preceded by a basic factual data eliciting schedule (Appendix VII). The data elicited were:
Table 6.1 Basic information on the special school teachers:

<table>
<thead>
<tr>
<th>Category specification</th>
<th>No. of teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a) Total years of teaching M.R. Children:</strong></td>
<td></td>
</tr>
<tr>
<td>1. 2-5</td>
<td>5</td>
</tr>
<tr>
<td>2. 5-10</td>
<td>2</td>
</tr>
<tr>
<td>3. 10-12</td>
<td>2</td>
</tr>
<tr>
<td><strong>b) Degrees:</strong></td>
<td></td>
</tr>
<tr>
<td>1. None</td>
<td>-</td>
</tr>
<tr>
<td>2. B.A.</td>
<td>6</td>
</tr>
<tr>
<td>3. Special Training/ educative course</td>
<td>3</td>
</tr>
<tr>
<td><strong>c) Reason for joining teaching employment:</strong></td>
<td></td>
</tr>
<tr>
<td>a) Economical</td>
<td>-</td>
</tr>
<tr>
<td>b) Devotion to cause</td>
<td>8</td>
</tr>
<tr>
<td>c) Social work</td>
<td>1</td>
</tr>
<tr>
<td><strong>d) Socio-economic status belonging to:</strong></td>
<td></td>
</tr>
<tr>
<td>a) 500 and below</td>
<td>-</td>
</tr>
<tr>
<td>b) 500-1000</td>
<td>6</td>
</tr>
<tr>
<td>c) 1000 and above</td>
<td>3</td>
</tr>
<tr>
<td><strong>e) Marital status</strong></td>
<td></td>
</tr>
<tr>
<td>1. Single</td>
<td>3</td>
</tr>
<tr>
<td>2. Married</td>
<td>4</td>
</tr>
<tr>
<td>3. Divorced/widow/separated</td>
<td>2</td>
</tr>
<tr>
<td><strong>f) Presence of retardation</strong></td>
<td></td>
</tr>
<tr>
<td>1. Immediate family</td>
<td>1</td>
</tr>
<tr>
<td>2. Extended family</td>
<td>-</td>
</tr>
<tr>
<td>3. Neighbours/close friends</td>
<td>3</td>
</tr>
</tbody>
</table>

Note: (Dimension (f) had a response frequency of only 4)  
N = 9
(a) total years of teaching retarded,
(b) degrees obtained,
(c) reasons for joining present teaching employment,
(d) income status,
(e) marital status, and
(f) presence of additional retardation within immediate or extended family.

Table 6.1 shows the factual data obtained from the teachers. The number of teachers were nine and all were included in the assessment programme. The categorization was as follows, three special class teachers, one social worker, one physical instructor, one speech therapist, one occupational therapist, one teacher in charge of all extra curricular activities and one teacher in charge of arts, crafts and music.

The first aspect studied, was their tenure of being educators of mentally handicapped or similarly afflicted children. This dimension is important because increased affiliation with such handicapped children often induces increased competency in initiating the proper development of such children. A survey of the data reveal that 5 of the teachers were involved in teaching mentally retarded children for about 2 to 5 years and the rest of the teachers had been in this profession from 5 to 12 years.

Another aspect under study was that of the acquisition of special degrees by the teachers to facilitate a mature
handling of the retardates. A look at Table 6.1 reveals that 6 teachers only were equipped with the 'Bachelor of Arts' degree, and only 3 had a special training/special education course degree. This fact however bears little significance on the competencies of the teacher because initially, a teacher with a special training degree, and cognisant with the principles of special education techniques, may be better equipped to teach such children. But an year or two of active handling of retardates also inculcates a competency and the knowledge of the kinds of techniques to apply in their education process. This point is further reinforced by Caine (1964). He postulates at length that the best qualification of teachers for handicapped children is a period of accumulated interaction with such children. This interaction brings to the surface the principle on which each child’s intervention strategy is to be undertaken.

Rothman (1966) had let out a call for special teachers as 'Needed : the teacher as a specialist in Human Relations'. Here the need for a teacher was for mentally handicapped and mentally/emotionally disturbed children. As a critical influence of handicapped and vulnerable children, it is crucial for them to act as specialists in human relations. It is also imperative to question and analyse their reasons for taking up this particular vocation in life. Beck (1966) reports that individuals with middle class instabilities and
economic frustrations mainly stream out into the special school units - as in these special induction programmes there is tremendous lack of manpower. Once personnel came into this field purely for economic reasons, it is also likely that they may not have the necessary humane attitude, patience and understanding adequate to comprehend and educate the handicapped child. Teaching the handicapped is no easy task. It is still feasible for the family to moderate its ambitions and look to the complex needs of the retarded, mainly because he stems from the family but for special educators to accept and mould the often tiring and unrewarding handling of such children is definitely creditable. The present investigation revealed that 8 of the teachers had come mainly for economic reasons; only 1 teacher indicated 'devotion to cause of mental retardation' as a likely reason. The present trend, does not at any cost, imply that, the teachers are incompetent, because their choice of career is for monetary reasons. Whatever be the motivating factor, such teachers have tremendous potentials and eventually grow as specialists in human relations.

The next dimension under consideration was the socio-economic status of the teachers. 6 of the teachers belonged to the Rs. 500-Rs. 1000 per month category and only 3 belonged to the upper or Rs. 1000 and above category as indicated in Table 6.1. This revealed that the special class teachers
were in a comfortable monetary position.

Marital status is a crucial item in the eventual adjustment, personnel and vocational of the teachers and since eight of nine teachers belonged to the female sex, the variable takes on important connotations. In the present investigation the majority or 4 of the teachers were in the 'married' category. Compared to this only 2 were defined as either a widow/divorced or separated, and only 3 were single and as yet unmarried.

Familiarity of the phenomenon of mental retardation by observing it among one's immediate/near/family or among many friends, often has a two fold reaction: (a) it induces a further interest in this subject and a consequent kind and the acceptance pattern with such children or (b) a mild revulsion or disillusionment with such handicapped children. The present study revealed only 4 such affected members. Table 6.6 showed that only 1 teacher had a retardate within the family and only 3 had perceived mental retardation in neighbours and close friends.

Results Obtained on the Competency List

Following the factual data eliciting, the competency list, (a slightly modified version to suit only those items specific to teaching mentally handicapped children) developed by Mackie, Kvaraceus, and Williams (1957) were handed out to the respondent teachers. The category
<table>
<thead>
<tr>
<th>Category specification</th>
<th>Responder's rating choice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vital</td>
</tr>
<tr>
<td><strong>Section A: Personal qualifications of Teacher</strong></td>
<td></td>
</tr>
<tr>
<td>1. Ability to be flexible and adaptable</td>
<td>7</td>
</tr>
<tr>
<td>2. Ability to remain stable in emergencies</td>
<td>5</td>
</tr>
<tr>
<td>3. Ability to accept hostility from retardates</td>
<td>2</td>
</tr>
<tr>
<td>4. Ability to remain stable under prolonged stress</td>
<td>5</td>
</tr>
<tr>
<td>5. Possession of good health and endurance and patience</td>
<td>4</td>
</tr>
<tr>
<td>6. Possession of working and adjusive knowledge of one's own personality, structure including one's idiosyncrasies.</td>
<td>2</td>
</tr>
<tr>
<td>7. Ability to differentiate between sympathy and empathy for emotionally disturbed retardates.</td>
<td>4</td>
</tr>
<tr>
<td>8. Ability to display humour with active out withdrawn physically violent children</td>
<td>4</td>
</tr>
<tr>
<td>9. Possession of wide range of interests, hobbies and friends outside field of education.</td>
<td>3</td>
</tr>
<tr>
<td><strong>Section B: Personality Dynamics</strong></td>
<td></td>
</tr>
<tr>
<td>10. Knowledge of differences between normal and abnormal behaviour at various age levels</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Description</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11</td>
<td>Knowledge of theories and research in mental retardation</td>
</tr>
<tr>
<td>12</td>
<td>Knowledge of improved techniques of handling retardates</td>
</tr>
<tr>
<td>13</td>
<td>Knowledge of the theories of the structure of personality</td>
</tr>
<tr>
<td>14</td>
<td>Knowledge of characteristics and causes of psychotic and neurotic behaviour in normal regarded children</td>
</tr>
<tr>
<td>15</td>
<td>Knowledge of the types of cases seen by child guidance centres</td>
</tr>
<tr>
<td>16</td>
<td>Knowledge of social welfare organisations, methods of referral</td>
</tr>
<tr>
<td>17</td>
<td>Knowledge of state and local laws, policies regarding education/welfare</td>
</tr>
<tr>
<td>18</td>
<td>Knowledge of national professional organizations related to the education training of retardates</td>
</tr>
<tr>
<td>19</td>
<td>Knowledge of services of vocational employment rehabilitation</td>
</tr>
<tr>
<td>20</td>
<td>Knowledge of effects of socio economic status, home, community, conditions on retarded</td>
</tr>
<tr>
<td>21</td>
<td>Knowledge of household, adjustment patterns and child rearing practices</td>
</tr>
<tr>
<td>22</td>
<td>Knowledge of mores and modes of living of different economic and social groups</td>
</tr>
</tbody>
</table>
23. Ability to react to different economic groups as per their needs 6 1 2

**Section-E: Mental Health Team:**

24. Ability to refer problem to other staff if unable to handle 5 2 2

25. Ability to maintain professional ethics in dealing with confidential material. 8 1 -

26. Ability to develop educational intervention plans for retardates not benefitting from training. 5 4 -

27. Experience in participating on a clinical team with psychiatrist, psychologist, social worker in studying problem children. 2 4 3

**Section-F: Public and Parent relations:**

28. Ability to interpret the educational problems and needs of people's to their parents. 6 3 -

29. Ability to interpret the emotional/social needs of retardates to their parents. 5 3 1

30. Ability to handle parents of retardates in a considerate manner and give counselling measures. 6 3 -

**Section-G: Diagnostics**

31. Ability to differentiate between educationally retarded and mentally retarded pupils. 8 1 -

32. Ability to evaluate retarded in comparison to his growth potential. 9 - -
33. Ability of sought out family background variables in the development of retardate. 8 1 -

34. Ability to infer causations of behaviour like temper tantrums, stealing, nailbiting, stammering. 6 3 -

35. Ability to administer, interpret, intelligence/educational/social maturity/achievement tests and make strategies accordingly. 7 2 -

36. Ability to anticipate emotional crisis in retardate which might endanger pupil/home/peers 8 1 -

Section-H: Class-room organisation and Management:

37. Ability to reject behaviour without rejecting retardate. 7 2 -

38. Ability to teach individually/very small groups when specialized attention needed. 6 2 1

39. Ability to set different class-room limits for different children in terms of their psychological diagnosis and treatment. 6 2 1

40. Ability to form a warm two-way relationship with withdrawn aggressive pupils. 9 - -

41. Ability to establish a variety of flexible class-room limits from extreme permissiveness to extreme restrictiveness. 8 1 -

42. Ability to design-tolerate a school programme which deemphasise traditional academic objectives and substitute the development of an adequate personality. 8 1 -
Section-I: Teaching Techniques

43. Ability to provide feedback to retardates regarding progress/non-progress. 8 1 -

44. Ability to provide arts and crafts as a means of outlet and expression. 6 2 1

45. Ability to use non-verbal communication. 5 4 -

46. Ability to device special educational procedures for retardates based on psychiatric finding. 4 5 -

47. Knowledge of special techniques for remedial reading arithmetic, self-help, skills and play-therapy. 7 2 -

Section-J: Therapeutic Techniques:

48. Knowledge of procedures used in personal counselling play-therapy/group therapy. 8 1 -

49. Ability to conduct group psychotraphy 6 3 -

50. Ability to conduct individual psychotraphy. 6 3 -

51. Ability to evaluate social/family deficits in failings in retardate. 8 1 -

Section-K: Technical Knowledge:

52. Acquittance with publications/literature/research in the field of education of mentally retarded individuals. 9 - -
specifications and the response frequencies of the special
teachers are displayed in Table 6.2.

The Personal Qualifications of the Teachers

This category considers qualifications of the special
school teacher which are imperative in the task of educating
mentally handicapped or mentally disturbed pupils. The
personal qualifications of the teachers can be regarded as
most dynamic, because these items, exert the maximum influence
upon the nature of interaction and handling of the disturbed
pupils undertaken by them. Three items were clustered under
the vital category by the majority of the teachers. These
were the ability to be flexible and adaptable in situations
which were often novel in nature and required the implement-
tation of varied techniques and processes, the ability to
remain stable under prolonged stresses and in emergencies.
These competencies take a special connotation as they have
been regarded 'vital' by most of the teachers and a probe
into these dimensions reveal that the ability to be adap-
table to novel situations and the quality of remaining calm
in adverse situations is the top priority corrective
measure in dealing with such handicapped children, of either
withdrawn or excitable nature. The task of inculcating skills
in the retardate is often a very time consuming and unreward-
ing phenomenon.
The teachers often have to deal with hostile, uncooperative and antagonistic behaviour from the retarded and they (the teachers) have usually to be equipped with frustration, tolerance, endurance and possession of good health, ability to display humour with aggressive or withdrawn children, and finally the ability to differentiate between sympathy and empathy for the retarded.

Assessing these items, the majority of the special teachers listed under the 'necessary', but not essential category. However, a certain amount of discrepancy was noted in one of the items clustered under the 'personal qualifications' category. As shown in Table 6.2 (category 1), this item, headed, the possession of working and adjusitive knowledge of one's own personality structure (including one's idiosyncrasies) was categorised vital by only 2 teachers, unnecessary by 2 teachers, and necessary by 5 teachers.

Here a point may be raised that an indepth probe of one's own personality structure is a prerequisite in the acceptance of one's self and consequent dealings with disturbed children. Dealing with retardates often proves to be an emotional overhaul for the teachers, as proposed by Hunt (1966) and Garrison (1971), and it is very vital that they should be able to analyse their basic potentials, the amount they are to be taxed and their consequent enduring strength. A knowledge of one's own weaknesses often induces increased awareness of the problems posed in the process of handling handicapped individuals.
The Personaulity Dynamics Dimension

The second category as shown in Table 6.2 (category 2), includes the 'personality dynamics' of the special school teachers. This dimension however revealed a homogeneity of responses. In all the dimensions under consideration, like (a) knowledge of differences between normal/abnormal behaviour at various levels, (b) and knowledge of theories and research in education, training and personality testing, handling of retarded individuals, awareness of psychotic and neurotic patterns of behaviour etc., majority of the teachers gave their opinion, categorizing the personality dynamics variables, under the dimension of vital. All the respondents reported a knowledge of difference between normal/abnormal behaviour at various age levels, as 'vital' requisites for a special school teacher. A review of the 'personality dynamics' variables, reveals that most of the items, which a special school teacher is to be equipped with to initiate an improved training programme for the retardedes, are inclusive within this category.

Knowledge of Community Services

The third category lists the community services available for the cause of mental retardation within the country. As shown in Table 6.2 (category 3), 7 of the special teachers, listed knowledge of social welfare
organizations and methods of referral of special cases, knowledge of professional organizations related to the education/training of retardates and above all, an awareness of the very important and crucial dimension of services of vocational/employment rehabilitation afforded to such afflicted members of the society, as vital. A knowledge of the varied community services at the state and national level is crucial for the special educators as they can refer cases they are unable to absorb themselves elsewhere. A knowledge of the principles of 'pupil handling' of other organizations and their turnout results are necessary as successful intervention strategies and the principles on which they operate can be utilised by the special school teachers to induce effectiveness in their curricula. A dynamic variable explored was the awareness of services for the retardates once their school tenure is over. This is one variable which the guardians and parent figures of the retarded children are maximally worried about, and educators are continuously implementing various strategies and programmes whereby retardates from special institutions can be absorbed into sheltered workshops or in simple, repetitive jobs with minimal cognitive involvement. 7 of the teaching personnel regarded the above mentioned item as 'vital', and 2 labelled the item as necessary.
Cultural and Social Factors

The fourth category took into consideration certain important cultural and social variables, pertinent in the education and training of retarded individuals. Table 6.2 (category 4), reveals that, 4 items were categorized under this dimension and here once again there was a reported pattern of uniformity in the responders categorization of various dimensions. An awareness of certain unfavourable factors impinging on the handicapped child and related to the home/community (social and economic aspects), is vastly conducive for the teacher to understand the needs, potentials and behaviour patterns of the children. The present item under consideration was rated vital by 8 members of the school staff. Related dimensions, or those of the effects of varied child rearing practices, varied mores and modes of living of different economic and social groups, were also categorized vital by 7 and 5 members of the school personnel respectively. The present dimension thereby postulates that special school personnel must have the ability to recognize the varied needs of various classes of people and react to each individual child on this basis. The retarded is not adaptable to novel situations and stimuli, and it has been perceived by educators, Hober (1967), Kirk (1970), Rabinow (1966), that conditions and behavioural modes embedded within the child by his family - social and economic functioning system, are often continued
into the school milieu. The retardate experiences, a vast change, in the social system, beliefs, mores and values of the school milieu and in his inability to adjust, develops behavioural disorders and emotional upheavals.

The Mental Health Team

The present category refers to the development of a mental health team by the school personnel, to further the growth and development of their pupils. The 3 of the most important variables in the dimension are - the ability to seek the advice of other personnel when one of the staff is unable to tackle the social/psychological problems of a retardate; the ability to chalk out a comprehensive programme for individual pupils showing no benefits from the intervention programme, and the awareness that professional ethics in dealing with confidential information has to be maintained. In all these categories, Table 6.2 (category 5) respondents reported a 'vital' rating, the number of responders being 5, 5 and 8 respectively.

However, the task of operating upon the retardate along with a psychiatrist or psychologist or social worker was rated necessary by only 4 members and vital by only 2 members. What was gathered from the responders was that each teacher thought it to be a good strategy to lay out individual developmental plans for the retardate based on
his/her shortcomings or deficits within the particular domain of the teachers' subject. At the end of a semester programme, they felt, an integrated approach with the psychiatrist and psychologist, to assess the progress and growth potentials and needs of the retarded would prove rewarding. From this point it was assessed that the special teachers did not place too much weightage on continuous assessment of the retarded by the clinical team of class teacher, psychiatrist, psychologist and social workers.

Public and Parent Relations

One of the most dynamic variable operating upon the developmental process of the retarded child, is the influence of the family variables. The extent to which the special school teachers are able to interpret to the parents, the needs and growth deficits and strategies of the retarded child, the extent to which the teachers are able to counsel the parents regarding the stimulation programme they should install to help in the growth of the retarded, are dependent on the presence of avenues of the school personnel to interact effectively with the parents. The three items in the category, i.e., the ability to interpret the educational problems of the retarded to the parent figures, the ability to interpret the emotional/social needs of the child to the family, and afford counselling measures to the family members were
regarded 'vital' pre-requisites for special educators by 5, 5 and 6 of the teachers respectively. This is reported in Table 6.2 (category 5). The dimension of teacher/parent interaction is indeed of critical importance as both the family and school milieu are interlinked as the two main intervention agencies influencing the child. Both the milieu have to be supportive in nature, to induce an effective growth patterns within the handicapped child. The family has to comprehend the nature and aims of the education and training process and stimulate the child and the special school in turn have to realise the adverse factors the child faces within the family milieu and try and remove them by an effective interaction programme with the families of the retarded children.

The Diagnostics Category

This category, far far, requires maximum clinical insight and perception of the school staff into the behaviour, performance, progress or deficits of the retarded children. The items clustered under the category of 'Diagnostics' are one's which require sensitivity and special training on the part of the staff. This category had six items classified under it, all of them, being rated vital by 6 to all 9 members of the school personnel (Table 6.2, category 7). The first item under study is the possession of the ability to distinguish between the
educationally retarded and the mentally retarded. The difference between the two categories is that the former group, are usually the victims of early cultural and environmental deprivation factors, but if provided with an intense stimulation programme are likely to function in a normal pattern pertaining to their corresponding age groups. The second category involves mental retardation or arrested growth of a nature, which is an irreversible process and groups afflicted with this can develop to only certain predicted mental/physical levels, subject to rigorous inculcation of cognitive, psycho-social skills. The two groups need to be handled by very different strategies and the educationists have to be alert to discriminate between the two groups. This item was regarded vital by 8 members of the staff. The awareness of the impact of family background variables in the development or deterioration of performance of the retardates, and the ability to administer and interpret intelligence/social maturity/achievement tests were rated 'vital' by 8 and 7 members of the teaching personnel respectively. A very important dimension considered, which deals with the very principle the present investigation is based on, is the ability of the teachers to plan out each retardate potential for growth and his actual development and growth. This dimension was categorized 'vital' by all the school personnel.
Retarded or handicapped children often display unpleasant behavioural patterns like temper, tantrums, stealing behaviour, enuresis, nail biting, stammering etc. which may have a cause in the basic insecurities or anxieties of the retarded child. The retardate may perceive the school/family milieu to be hostile and regress to infantile patterns of reacting behaviour. The educators function is to stop in at this period, isolate the variables causing the retardate to behave in such a manner and implement a therapeutic strategy. This item was again rated 'vital' by 6 and necessary by 5 members of the staff personnel.

**Classroom Organization and Management Factors**

These factors were considered under the next category. One of the most important items considered here is the task of the educator to set different class room units for different children according to their psychological diagnosis and growth potentials. A related variable is the ability of the teachers to evolve individual strategies for individual children and if need arises to implement them on a one to one basis as well. Table 6.2 (category 8) shows 6 of the responders rated the above mentioned item 'vital' for teachers of retarded children. Competency in the 'class-room management area' was the ability to make the class milieu flexible, to integrate the varied
behaviour patterns of the different retardates, the ability to design a curricula based on the socio-adaptive needs of the retardate (because the retardate's school programme de-emphasises traditional academic objectives and emphasises the growth of an adequate personality). Both these items, 8 of the teachers considered 'vital' for special education purposes. The final variables considered were the ability to form a two-way relationship with such children, so that confidence and trust in teachers could be induced in the retardates; and the development of the ability on the part of the teachers 'to reject unpleasant behaviour of the retardate without rejecting the child himself, Hewett (1964). This final item requires a great deal of insight into the variables of human relations and a considerable amount of sensitive handling of the retardates. Both the aforementioned categories were rated vital by all 9 and 7 members of the special school staff.

The Teacher Techniques

This category involves a probe into the 'techniques' utilized by the staff in the education of mentally retarded children. The major techniques evolved under this category were the utilization of special techniques for inculcating remedial reading, arithmetic and self help skills, the ability to provide an effective feedback to the retardates regarding his progress/non-progress and the ability to
provide arts/crafts and other recreational material as a means of outlet and expression. As shown in Table 6.2 (category 9), in all the items outlined above, 5 to 8 members of the personnel rated as vital requisites in the effective teaching and classroom management of retarded children. A special mention is made of the utilization of play therapy as an expression of creativity, where it exists, and more often, a concrete channel of regulating excess energy and restlessness. Play therapy involves free access to playing with wooden/plastic objects, molding pliable substances into desired shapes, utilizing paints and plastics for creative purposes, manipulating with props to stimulate classroom and home conditions and consequently act out any hostility prevalent towards the two milieu, playing with peer group to stabilize social interaction patterns, etc. It is for the special school teacher to initiate and implement such activities in the retardates which further the positive growth of such children.

Therapeutic Techniques

The next dimension considers certain items which can be broadly categorized as 'the therapeutic techniques' utilized by the educators in their daily implementation of the training process, as shown in Table 6.2 (category 10). The staff members do not have to belong to a
clinical background to implement therapeutic measures within the classroom. Specified broadly, the total handling of each retardate becomes therapeutic in nature, if the teacher has a knowledge of the retardates' psycho-social and economic background, the diagnosis of the child and the retardate's present and prescribed levels of functioning respectively. The major item clustered under this category are the educators' ability to conduct individual and group psychotherapy, in cases where behaviour deficits and aberrations are obvious and psychotherapy, or facilitating the retardates to act out their insecurities and tension, seem to be the only way out, and the alertness to evaluate which variables (school/family) are operative in cases of behaviour deficits. However, the former item, recognises the need for the special educators to be competent in the counseling procedures and principles of psychotherapy as misguided behaviour deficits. These items were all however categorized 'vital' by a majority of the responders - the frequency ranging from 6 to 8 members of the staff.

**Technical Knowledge Dimension**

The final competency item analysed in the present study was that of possession of technical knowledge, which specified a close acquaintance with the latest publication/literature/research in the field of the training and educative principles of mentally handicapped children.
This was one of the few items, where there was a consensus by all the staff personnel, and the item was qualitatively assessed 'vital' by all, (Table 6.2, category 11).

The purpose of this investigation was to administer the competency list to the special school personnel and determine which specific competencies the teachers perceived as absolute necessities in the field of educating the mentally handicapped child and hence gain an insight in the descriptive analysis of the special school setting. The conclusions of this investigation must be considered in the light of its weaknesses. The sample was indeed very small, but this fact depended on the availability of the sample members. Although the competencies were assumed to be definitely specific to the type of teaching, the conclusions drawn could not be analysed on a comparative basis as the sample was restricted to one special school milieu only.

A Concluding Review

The present chapter provided an insight to the descriptive analysis of the special school setting from which the S.M.A. sample was drawn. The chapter afforded an in-depth description of the educative and therapeutic mode of the functioning of the special school.
The chapter further aimed at a review of existing literature of evaluations of the competencies of teachers of exceptional children. An attempt was also made to assess the perceptions of the special class teachers as regards the competencies deemed vital in teachers of the mentally handicapped children.

A broad understanding of the efficacy of the special school setting is vital, as the present investigation focusses on the dynamisms operative within the family milieu, holding the special school as a base line in both the phases - the initial phase where the retardate functions in a minimal school and maximum home environment, and the second phase where the retardate having left the school milieu, functions only within a home environment. These operative dynamisms are discussed in the next three discussion chapters.