recommendations

1) Provide specialized personnel in sufficient numbers to give assistance within the classroom, and to participate as team members in the exploration of curriculum areas.

2) There should be at least one full-time counselor for each 400 pupils. This is higher than the 250 recommended by the federal government, but it is a realistic figure with other aides provided.

3) One psychologist-social worker-psychiatrist team for two schools, with each member of the team being responsible for one school, and on call for the other.

4) A workshop-type training for all, including school aides.

5) Within the basic structure of the school program, provision for conference time, including time for meetings of specialized personnel with teachers.

educating the malfunctioning child

The malfunctioning pupil is one of the major factors responsible for the inexperienced and transient character of the staff in the "difficult" school. By the malfunctioning child we mean the educationally disabled, the socially disruptive, or the emotionally disturbed child.

There is reason to believe that the high incidence of these children in slum area schools is a symptom of the general failure to provide an appropriate educational context for these youngsters.

This is not to ignore, as important causal factors in maladaptive behavior, the non-school determinants, but to reorient our expectancies of the schools as our most viable instrument in the lives of these children. The primary aim, therefore, of our program for the malfunctioning child is to place the necessary means for working with these youngsters in the hands of the local school, where contact with a normal situation would be maintained, and where social ties based on mutual responsibility are strengthened.

recommendations

1) Provide effective clinical and guidance support, with emphasis on setting up an educational program for the school staff.

2) Provide a therapeutic program for the malfunctioning child, resting on an individual case study, based on a pooling of information gathered from educational, clinical, guidance, and familial sources.

3) Provide a hospital-connected pediatric service with opportunity for a thorough physical examination for each malfunctioning child and provision for complete follow-up.

4) Set up a "Junior Guidance Track" (small special classes of disturbed children carefully organized on a therapeutic basis) in each of these schools.

5) Plan for greater involvement of clinical-guidance services in existing classes for the exceptional child, the mentally retarded, the visually impaired, the physically limited, et cetera, since the overwhelming majority of children in this category suffer from associated emotional problems.