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INDIANA
STATE TEACHERS
COLLEGE BULLETIN

TERRE HAUTE, INDIANA

THE HARD OF HEARING
CHILD IN YOUR
CLASSROOM

The Special Education Clinics Issue

THE SPECIAL EDUCATION CLINICS

recognize the demands for professionally trained personnel (clinicians and technicians) to carry out the required program of Hearing Conservation in the State of Indiana.

In addition the Clinics emphasize the training of college students who wish to make a profession of work with children and adults who need help in overcoming special difficulties in the field of hearing, speech, vision, reading, and psychological adjustment.

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The Hard of Hearing Child

Hearing surveys which have been made over the United States show that approximately five percent of the school children have a hearing loss. This means that every schoolroom of thirty children may have one or two hard of hearing children. Such children have often gone with their true problems unrecognized and have instead been labeled as inattentive, slow, careless or even feebleminded. For this reason, teachers and parents should know what some of the symptoms and problems are involved when a child has a hearing loss.

Several states have done much to help these children. Indiana passed a law in 1941 which placed upon the school trustees and commissioners the responsibility for having hearing tests made yearly for each child. Such testing programs are very worthwhile and are the answer to the need for a systematic method of "finding" hard of hearing children. They do not, however, relieve the teacher of all responsibility in finding and reporting such cases.

Children can slip through a testing program with their deficiencies undetected for the simple reasons that a test comes at one specific time of the year. It doesn't take a whole year for a child to lose some of his hearing, and the annual test doesn't take into account the newcomers in a school system. So if the teacher is familiar with the telltale characteristics of the hard of hearing child, she can help him immediately. If he has to wait for the next yearly test, months will be wasted. In states which do not have a compulsory hearing testing program, the need for teacher awareness and parent education is, of course, even more obvious.

WHAT WE HEAR

Telephone and radio engineers have given us information about speech sounds as we hear them. According to recent research the picture is something like this.

Each speech sound (each consonant and each vowel) in our English language has a characteristic pitch range. Some sounds are also more powerful or seem louder to us than others. The normal ear will, under favorable circumstances, hear all such speech sounds and the individual knows that these sounds combined into "words" have meaning.

Various diseases and injuries will affect the hearing mechanism in a variety of ways. A child may be able to hear low pitched tones satisfactorily but have considerable trouble hearing high pitched tones. This means that the speech sounds which are made up of a combination of low and high pitched tones or those which are predominantly high in pitch will not be heard readily. The breath consonants, p, t, k, th, sh, f, s are examples of this type of speech sound.

There are many words in our language which have only slight differences. For example, the following list would present difficulties to the person who has high frequency deafness:

pin	shin
tin	kin
fin	sin
thin	

Not being able to hear the consonants will handicap an individual in making a selection from this list of similar words to fit into the meaning of as much of the sentence as he has heard.

When a child is given directions and fails to understand them completely because he does not hear enough of the words to have the meaning clear, he becomes confused and conspicuous to those around him. After making a few such mistakes he will have a feeling of insecurity which may result in either shy backwardness or boorish bravado.

And here again the time factor must be emphasized. Early detection, guidance and instruction will obviate problems which a few years or months hence may be insurmountable.

HEARING TESTS

For school purposes hearing tests can be made in a variety of ways. The most accurate and by far the preferred method is with the use of a pure tone audiometer. This instrument gives a pure tone of a given intensity and pitch. When a test on a pure tone audiometer has been carefully made it offers to the otologist and the trained tester and teacher a fund of information. If your school system does not have a pure tone audiometer, however, do not assume that the testing cause is completely lost. Perhaps the superintendent's office can borrow one from an otologist, a nearby college or some other agency.

For screening purposes (selecting out of the entire school population those who are below normal in hearing level) another type of audiometer is used. It is a phonograph arrangement with which as many as forty children can be tested at one time. When children fail this test a retest may show that other factors than hearing entered in and were responsible for low scores. These factors can be inattentiveness, excitement due to a testing situation, fatigue, slight cold, or faulty testing procedure.

Those, however, who have low scores on a second test should then be retested individually with the above mentioned pure tone audiometer. This test will reveal the severity of the loss and show what pitch levels are affected.

Since it is possible to do reasonably fast screening with the pure tone audiometer too, it would pay a small school system to purchase this type of instrument because it will serve any purpose desired of it.

SYMPTOMS TO WATCH FOR

If a child is inattentive and uninterested in the things that go on in school it may be that he is not completely aware of what is going on. If he is socially maladjusted and often misunderstands the words or intentions of his playmates perhaps he hasn't heard them or the teacher when directions or rules of play were given. It is, of course, obvious that poor school grades naturally follow any one or a combination of the above mentioned characteristics. Other symptoms which will point to a hearing loss are:

1. Turning one side of the head toward the source of sound thus compensating for the poorer ear.

2. Wanting to watch the face of the speaker.
3. Having the ability to read lips although he has had no formal instruction.
4. Having a medical history of chronic colds, infectious diseases, other deafness in his family, enlarged tonsils, adenoids.
5. Having a speech defect, even though it is only a minor one.
6. Mouth breathing.

WHY HARD OF HEARING CHILDREN SHOULD BE FOUND EARLY

Early detection of poor hearing is vital for two reasons.

First: the sooner we know that an infant or child is not hearing adequately, the sooner he can be taken to the physician for medical care. Poor hearing is many times a symptom of some other condition which, if ignored, will continue to affect the hearing. If the source of infection is treated, the child has a chance of being a hearing rather than a deafened adult.

Second: the teacher of the child has just that much more time in which to help him learn. A little extra guidance may make him a good student rather than a grade repeater.

It is important for the teacher to know when in the child's career his hearing began to fail him. If it was in infancy we will understand that he fails to comprehend vocabulary and language used in school, simply because he may never have heard them. If he had an ear infection at five years of age, we can expect him to have the language development of the average five year old but must be prepared to teach him things other children have learned incidentally through their ears after that age.

HE JUST DOESN'T LISTEN

You have often heard it said by teacher and parent, "If Johnny would only listen," or "I wish he would pay attention." Occasionally the attitude expressed through these statements is more than unfair to the child concerned. Johnny may be "listening" for the things he never hears. The trouble is that too often teachers and parents do not know what he is hearing.

Most of the time Johnny may seem to get along pretty well because, however faulty his hearing patterns may be, he has adjusted to them and recognizes the auditory stimulus, for example, *ar* as representing the object chair, or *o* for coat. He has learned, too, to let the situation of the moment help him decide the meaning of these auditory patterns. It is obvious that such a child should not be called stupid simply because he does not always understand. On the contrary, he is demonstrating considerable ability by getting along in school at all.

A child who has a slight hearing loss is not a problem solely because of his inability to hear. He is a problem because we do not know he cannot hear as well as most people do. We are expecting him to give normal responses to stimuli which you and I would not even recognize. In other words, it is not only the physical defect itself but the attitude of others toward the defect and its possessor which creates educational and personality problems.

CASE HISTORY

As a typical case, consider a child who, in a quiet room and with his eyes closed, could answer questions put to him by the tester. In a casual conversation about things familiar to him he might give every evidence of being a normally hearing child. Still a series of tests on a pure tone audiometer would show that the child definitely drops below the normal hearing level. Upon further acquaintance with the child, these facts may be uncovered:

1. In a reasonably noisy schoolroom he often misunderstands directions given him.
2. He is inattentive to auditory stimuli after short periods of concentration.
3. He has a minor speech defect.
4. He is low in achievement for his age.
5. He can read lips even though he has no formal training in lipreading.
6. He has chronic colds.

An observer would be going too far to say immediately that the first five characteristics were definitely a result of the hearing loss alone. It is not, however, a possibility so remote that it can be overlooked. The last item, colds, must be investigated as a possible indirect reason for the other five factors.

LIPREADING

The act of understanding language by watching the speaker's lips and facial expressions is called lipreading. Most of us do a certain amount of lipreading even though we have normal hearing. It is always easier to understand what a person says if we can watch him while he is speaking.

Any individual who has a hearing loss should begin to develop the ability to read lips. It will fill in the gaps for him when he fails to hear words and will lead to more complete understanding. Lipreading is not difficult for children to learn nor does it seem tedious to them. In fact, they usually enjoy it. Although it is one of the greatest assets to a hard of hearing person, it can also prove to be a handicap to the teacher who wishes to discover the children who have low hearing levels. A clever child will learn to lipread to some extent without any formal instruction. Circumstances force him to do so. Because of this he may fail to show in a marked degree the before mentioned symptoms. Do not be misled when you find such a child. He still needs formal training if his progress is to be accelerated.

EAR TRAINING

Equally as vital to that child's training as lipreading is teaching the child to recognize through his ear all of the sounds individually and combined into words and sentences. This may seem incongruous. "If a person can't hear," you will say, "why bother with that?" Remember that the closer you stand to a person the louder your voice will seem to him. Also, sound can be amplified electrically. Therefore a hearing aid may be of great help. If a child is carefully given the true auditory pattern for speech sounds he will profit in his own speech habits, his language comprehension and social adjustment.

WHAT YOU CAN DO TO HELP

When a child begins having trouble with his lessons or in getting along with the other children or fails occasionally to understand oral directions, it will well pay you to investigate his ability to hear. An investigation should follow this procedure.

1. See your school nurse and check the child's medical history. See if he has had any of the diseases that could cause a hearing loss. Some of these causes are:

Spinal Meningitis	Allergies
Scarlet Fever	Measles
Mumps	Pneumonia
Whooping Cough	Congenital Syphilis
Chronic Colds	Familial Deafness
Sinus Infections	Head Injuries
2. Have him referred for a careful hearing test on a pure tone audiometer.
3. Refer him to his family or school physician for a thorough physical check. Be sure that any factors which might contribute to a progressive loss in hearing are eliminated as far as possible.
4. Seat in the classroom so that he is
 - a. as near as possible to the teacher
 - b. always able to see his teacher's face but not facing the light
 - c. seated with his best ear toward the largest possible group of people.
5. Provide formal instruction in lipreading. (Particularly if the cause of his deafness is such that the hearing loss might increase.)
6. Explain to the child the reasons for this special consideration and be sure that teacher and other children accept it as a matter of fact thing, no more important than wearing glasses. He must not be set apart as "different."
7. Have periodic checkups on hearing and also physical checkups by the doctor.
8. Launch adult education program with the parents, to be sure they understand the nature of their child's difficulty and the need for special attention.
9. Consult the tester for information about his particular type of hearing loss and familiarize yourself with resulting difficulties.
10. Consult with someone qualified to determine the need for a hearing aid and get advice on fitting such an instrument to the individual. You yourself will not be able to do this fitting but you can be of extreme value when you realize that it is something that should be very carefully done by a trained person who is not economically concerned.
11. Secure advice on the necessity of ear training for the child.
12. Always speak distinctly but do not mouth or exaggerate your own lip movements when speaking to him yourself.
13. Acquire a text book on lipreading and learn how you can help the child become more proficient in his ability to read lips.

SOURCE OF HELP

Below are listed agencies which can be of service to you in meeting the needs of hard of hearing children.

1. State Department of Education, State House, Indianapolis, Indiana.
2. State or local board of health.
3. School doctor and nurse.
4. County welfare department.
5. Indiana Society for Crippled Children, 621 Lemke Bldg., Indianapolis, Ind.
6. The local League for the Hard of Hearing.
7. College or University child guidance clinics.
8. Parent Teacher Organizations.
9. Service Clubs.
10. The Volta Bureau, 1537 35th St., N.W., Washington, D. C.

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DR. D. W. MORRIS
- GENERAL COLLEGE
Write the Registrar
MR. HARRY E. ELDER